EVALUATION REPORT

Youth Endowment Fund's Agency Collaboration Round 2: a supportive home

Feasibility and Pilot Study Report

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LIVERPOOL JOHN MOORES UNIVERSITY

University of BRISTOL

YOUTH ENDOWMENT FUND

About the Youth Endowment Fund

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

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

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

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

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About BBC Children in Need and The Hunter Foundation

BBC Children in Need and **The Hunter Foundation** partnered with the YEF on this project to improve outcomes for children, young people and families at risk of being affected by violence – helping them to stay safe, achieve their potential and thrive.

BBC Children in Need believes that every child should have the chance to thrive and be the best they can be. For this to happen, we want every child to have someone they can turn to for help or support in overcoming the challenges they face. We make sure there's someone able to give food, clothes and beds to a child living without; someone qualified to talk a child who is anxious, isolated or grieving; someone trained to mentor teenagers in communities facing inequality, violence or lack of opportunity; and someone to be there for children living with serious illness or disability or carrying a load that's just too heavy to manage alone.

The Hunter Foundation is a proactive venture philanthropy that seeks to invest in determining model solutions, in partnership with others, to troubling systemic issues relating to poverty reduction and educational enablement. However, it is their strong belief that geographical factors can be overcome to afford every child an equal opportunity to succeed, regardless of location.

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About the evaluator

The YEF Agency Collaboration Round 2 (ACF2) was evaluated by a consortium, including evaluators from Liverpool John Moores University (LJMU) and the University of Bristol (UoB).

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Executive summary

The project

Agency Collaboration Fund Round 2 (ACF2) is a set of locally developed approaches that aims to provide targeted support to children and young people aged 10–20 years who are at risk of, or experiencing, serious violence and criminal exploitation. In this project, in 10 neighbourhoods across five local authority areas (Cardiff, East Sussex, Newham, Swansea and Swindon), specialist multi-agency panels referred children and young people into support that combined dedicated one-to-one work with a keyworker and access to a wider range of commissioned services and activities. Key worker support was broadly consistent across sites, but wider activities and services varied by site. For example, one area commissioned personal, social, health, and economic education (PSHE) and theatre workshops, while another employed educational psychologists to lead targeted interventions. Key workers also engaged with children and families to assess needs before providing tailored support, typically over a minimum of 12 weeks. Their role involved one-to-one work to build a trusting relationship with each child, alongside developing a plan to meet identified needs. The type, intensity and duration of support varied across sites, shaped by the local context and the needs of each child, young person or family. Parents and carers were also offered support, including family conferencing, peer support groups and help accessing multi-agency support for their children. ACF2 was also complemented by neighbourhood interventions, which aimed to address the underlying causes of, and contextual factors relating to, violence and criminal exploitation within the community. This included interventions such as location-based disruption, safety planning and outreach work.

The Youth Endowment Fund (YEF), BBC Children in Need and the Hunter Foundation developed ACF2 in partnership with sites and funded a feasibility and pilot study that aimed to describe programme reach, retention and delivery. The studies aimed to establish how consistently the eligibility criteria were used; explore the referral, engagement and support processes; and identify the factors that support or impede delivery. The evaluation also aimed to understand how ACF2 was experienced, refine and test the theory of change, and assess the feasibility of progressing to a full efficacy study, including whether the measurement of individual and area-level outcomes was possible. The study used a mixed-methods design. Programme monitoring data were analysed to track referrals, participation and delivery. Children and young people completed baseline and follow-up Strengths and Difficulties Questionnaires and Short Warwick-Edinburgh Mental Well-being Scale surveys to test the feasibility of measuring outcomes over time. The evaluation also involved interviews and focus groups with 52 children and young people, 23 parents or carers, and 65 multi-agency stakeholder and practitioners to understand experiences of ACF2. It also explored administrative data from schools and the police to explore whether these records could be used in a future efficacy study. A total of 726 children and young people were eligible for the programme. Baseline survey participants were of Asian or Asian British ethnicity (6.4%), Black or Black British ethnicity (10.0%), Mixed ethnicity (8.5%), White ethnicity (71.1%) and Other ethnicity (4.0%). The study took place between April 2024 and May 2025.

Key conclusions
ACF2 was delivered as expected. All five local authority areas had specialist multi-agency referral panels and eligibility criteria in place, and each provided trusted, coordinated key worker support alongside wider family and peer support, as well as neighbourhood interventions.
ACF2 successfully engaged and retained children and young people. A total of 726 children and young people were eligible across the five local authorities, of whom 635 received key worker support. Retention was enabled by the trusted relationships built between children and their key workers.
Children, parents and practitioners generally viewed ACF2 positively. Children and parents valued the inclusivity and adaptability of support and the trusted relationships with key workers. Practitioners and schools also viewed ACF2 positively. Practitioners described it as filling a gap in provision by engaging children who would not otherwise have received targeted help.

It was feasible to collect outcome data at the individual, site and programme levels. Survey targets were met across sites, with children and young people completing baseline and follow-up measures. Administrative records, including school data and police data, could be used to measure outcomes at the neighbourhood level and, when combined across all delivery sites, at the programme level.
Progressing to a full efficacy study is feasible. The most feasible approach is a quasi-experimental design using neighbourhood-level outcomes. This would require between 14 and 22 local authority sites. A cluster randomised controlled trial with outcomes at the individual level was considered unlikely to be feasible.

Interpretation

Programme monitoring data and stakeholder interviews indicated that ACF2 can be delivered as expected across multiple sites. Core features, such as trusted key worker relationships, multi-agency referral processes and a minimum of 12 weeks of support, were embedded across all five local authority sites. There was variation in wider activities, such as family and peer support, with more structured provision for parents and carers in some sites than in others. Evaluators considered this variation to be acceptable for an efficacy evaluation. Referral processes were broadly consistent across sites, but eligibility criteria were refined during delivery to include children who were not resident in pilot neighbourhoods but were experiencing risks within them.

ACF2 successfully engaged and retained children and young people. A total of 726 children and young people were eligible across the five local authorities, of whom 635 received key worker support. Stakeholder interviews identified several factors that influenced delivery. Building a trusted relationship with a key worker was perceived as important for engaging children and young people. Focusing on specific neighbourhoods helped build close working relationships with schools and voluntary, community, faith and social enterprise (VCFSE) agencies. Co-location of partners also supported stronger multi-agency relationships and increased capacity. Strong existing cultures of working in partnership to address exploitation and violence helped facilitate the creation of specialist multi-agency panels, and strong multi-agency commitment was seen as essential for ensuring all aspects of the model were embedded in practice. At the same time, in several sites, national shortages of psychologists caused delays in recruiting mental health professionals.

Qualitative insights gathered from children and young people and their parents presented an overall positive experience of engaging with ACF2. They perceived strengths in the adaptability of the interventions offered and in the key workers' ability to tailor support to the needs of each child. Practitioners and schools also responded positively. Practitioners reported a shift to more child-centred multi-agency working, which helped them take a holistic view of children's needs rather than focusing on individual agency outcomes. Schools spoke positively about their relationships with key workers and felt reassured that children below safeguarding thresholds could now access support. Interviews with practitioners highlight two areas for refinement if ACF2 progresses to an efficacy study: extending the intervention beyond 12 weeks, which stakeholders felt was often insufficient, and allowing more time at the outset to build and sustain relationships. While stakeholders recognised the positive value in progressing to an efficacy study, they were more supportive of an area-level comparison study and raised concerns about randomly allocating individual children for support.

Collecting survey data, along with local police and school administrative data, was feasible. Sixty-nine per cent of children completed both baseline and follow-up surveys. While it is feasible to assess impact at the individual and programme levels, a cluster randomised controlled trial with individual-level outcomes would likely need around 46 neighbourhoods and could be challenging where services in comparison areas overlap within the same local authority. An alternative option is an area-level quasi-experimental design (QED) using police-recorded crime and education data, which would require a minimum of 14 local authority sites, covering around 51 neighbourhoods. The evaluators noted that a QED may be more feasible, but the choice of approach would need consideration. Strengthening race equity monitoring was identified as important to ensure future evaluations can better understand how children from Black, Asian and other Minority ethnic communities experience ACF2.

The YEF has no plans, at this stage, to proceed with further evaluation of ACF2.

1. Introduction

1.1 Background

Experience of violence and criminal exploitation outside the home (often referred to as extra-familial harm) amongst children and young people (CYPs) can include child sexual and/or criminal exploitation, peer sexual abuse, child radicalisation, teenage abuse in intimate relationships and serious violence in public places (Brandon et al., 2020; HM Government, 2018; House of Commons Committee, 2016; Jay, 2014; Langdon-Pearce, 2014; Shreeve et al., 2021; Turner et al., 2019). These harms can emerge in CYP peer groups, in public and school settings (Brandon et al., 2020; HM Government, 2018), with adults outside of the family unit, within the wider community and/or online (Sapiro et al., 2016; Turner et al., 2019; Wroe, 2021). Whilst accurate data on the extent and nature of extra-familial harm in England and Wales is limited, evidence suggests that it is an increasing concern. A recent review of social care demand between 2014 and 2021 found a rise in cases identifying concerns related to extra-familial harm (Hood et al., 2024). Further, a survey of over 10,000 children aged 13–17 in England and Wales found that one in five (20%) had been a victim of violence, with several indications of exposure to extra-familial harm (e.g. 30% of victims reported that the violence occurred outside of school before or after the school day and 24% in a park, common or other public space) (Youth Endowment Fund [YEF], 2024).

The impact of extra-familial harm on CYPs is wide-ranging and includes poor emotional well-being and mental health, threats to physical health (including potentially fatal violence), criminalisation and negative impacts on future behaviours (e.g. behavioural difficulties/use of violence) and achievements (e.g. educational attainment). Importantly, coercion to carry out criminal activities can lead to CYPs being treated as perpetrators rather than victims (Firmin et al., 2023; Turner et al., 2019). This can lead to potentially lifelong impacts, with this blurred victim–perpetrator role not being easily responded to by services that are often set up to work with either one or the other (Firmin et al., 2023; Turner et al., 2019). Furthermore, families may be impacted due to threats of violence and death to silence and control the victim or by being forced to settle debts. These threats also result in victims being unable to speak openly to professionals who may be able to help (Turner et al., 2019). The Child Practice Review Panel (2020) found that CYPs at risk of criminal exploitation often reach 'critical moments' in their lives (such as being excluded from school, physically injured or arrested), when a 'decisive response' is paramount in making a difference to their long-term outcomes.

Effectively preventing and responding to extra-familial harm across England and Wales is critical. In recent years, policy makers, child (and adult) protective services and researchers have increasingly focused on how approaches can be enhanced (MacAlister, 2022). The Children's Acts of 1989 and 2024 and the Children and Social Care Act of 2017 provide the legislative framework for safeguarding and child protection. A shift to a place-based approaches has led to the formation of local safeguarding partnerships led by the local authority, integrated care boards (health) and police, who are tasked with working together with other relevant authorities to coordinate work to protect and promote the welfare of CYPs, including those at risk of harm. The term 'extra-familial harm' was defined by the UK Government in 2018 so that practitioners involved in safeguarding CYPs could respond to statutory safeguarding practice guidelines more effectively (HM Government, 2018). Contextual safeguarding is another more recent framework implemented across local authorities in England and Wales to necessitate that child protective systems i) target the social conditions of abuse, ii) incorporate extra-familial contexts in child protection legislative frameworks, iii) use

partnerships with individuals and organisations responsible for the spaces where CYPs spend their time and iv) measure contextual outcomes.

However, the recent 2023/2024 child safeguarding practice review identified continued concerns about the national response to child criminal exploitation, including a lack of strategic coordination, inadequate multi-agency responses and poor engagement with CYPs' lived experiences (HM Government, 2024). Further, recent research shows that multi-agency partnerships and child welfare agencies often do not prioritise the social conditions of abuse, but rather target individual behaviours (Owens and Lloyd, 2023). This omission can negatively impact CYPs, as it does not adequately address the contextual factors that increase the risk of extra-familial harm. Firmin et al. (2020) suggest that the barriers to dealing with extra-familial harms are the policy and practice frameworks they are grounded in, rather than the legislation that deals with harms outside the home. For example, traditional practices among, for example, child protective and welfare services do not have a category of 'extra-familial harms' within their frameworks, resulting in them using tools that are used for abuse or neglect.

The Independent Review of Children's Social Care, commissioned by the UK Government and published in 2022, highlighted that the "*current children's social care system was increasingly skewed to crisis intervention, with outcomes for children that continue to be unacceptably poor and costs that continue to rise",* and that *"for these reasons, a radical reset is now unavoidable"* (MacAlister, 2022). Among its recommendations, the report called for changes to the children's social care response so that CYPs and their families receive more responsive, respectful and effective support. This included recommending the introduction of a multidisciplinary Family Help Team to cover both early targeted help and Child in Need to reduce referrals and handovers between services and teams and to ensure the provision of meaningful support. Teams would be based in community settings that are known to and trusted by families (e.g. schools or family hubs) and be composed of multi-agency professionals, including family support workers, mental health practitioners and social workers. Critically, the service offered to CYPs and their families would be tailored to their needs and to those of the neighbourhood, as identified by a robust needs assessment and feedback from families.

1.2 The study

Existing evidence suggests that approaches to addressing extra-familial harm amongst CYPs need enhancing and should adopt a place-based multi-agency approach to supporting CYPs and their families that is child-centred and addresses contextual harms. However, to date, there is very little evidence on what an effective multi-agency approach to supporting CYPs and families affected by extra-familial harm looks like or the services they should provide. The YEF Agency Collaboration Fund: Supportive Home Programme (ACF2), aims to build this evidence by piloting specialist multi-agency and multidisciplinary teams (referred to as multi-agency hereafter) located in neighbourhoods to support CYPs aged 10–20 years (and their families or carers) who are at risk of, or experiencing, violence or criminal exploitation outside the home.[1] The multi-agency team approach builds on evidence and aims to test recommendations set out in the Independent Review of Children's Social Care for England for Family Help Teams (MacAlister, 2022). The ACF2 programme represents a novel approach in several ways: it spans the transitional age range of 10–20 years, is embedded in neighbourhoods to enable early identification and trust-building, integrates joined-up statutory and

[1] Violence or criminal exploitation may be identified as a primary or secondary risk.

voluntary, community, faith, and social enterprise (VCFSE) provision tailored to local needs (MacAlister, 2022) and aims to identify and address the contextual factors of extra-familial harm. This evaluation sought to assess:

- The feasibility of implementing the ACF2 programme across diverse local contexts
- The feasibility of conducting a robust efficacy study in the future

Full research questions are detailed in sections 2 (Feasibility of implementation) and 3 (Feasibility of efficacy study). This study takes place amidst wider policy developments, including the proposed statutory legislation (Crime and Policing Bill) on child criminal exploitation, and the introduction of a single safeguarding identifier for children. These developments highlight the relevance of ACF2 in shaping future multi-agency safeguarding and early intervention models.

1.3 The ACF2 programme intervention

In 2024/2025, the ACF2 programme was piloted in 10 neighbourhoods across five local authority areas (two neighbourhoods per site: Cardiff, East Sussex, Newham, Swansea and Swindon) to enable the testing of how different contexts, systems and conditions influence implementation. This cross-jurisdictional scope across England and Wales provides a unique opportunity to explore how different legislative, policy and practice contexts influence the implementation of multi-agency approaches to extra-familial harm.[2] At the site level, programmes were led by the local authority, and the multi-agency teams consisted of statutory and VCFSE organisations. The composition of each site's multi-agency team was based on the local context, needs, strengths and assets; thus, there was some variation across sites (Table 1). Appendix 1 provides a full framework developed by the YEF which lists the professionals essential to each multi-agency team and additional suggested professionals where flexibility was possible within their pre-defined parameters.[3]

An *a priori* high-level programme theory of change was developed by the YEF and is presented below (see Appendix 2 for the *a priori* detailed YEF programme theory of change). The programme aimed to provide targeted support to CYPs (and their families or carers[4]) who were at risk of, or experiencing, violence or criminal exploitation outside the home. Multi-agency teams were expected to be co-located within trusted community settings (e.g. community centres, libraries, schools), with key workers tasked with building direct relationships with CYPs (and their families where appropriate) to coordinate support. The programme combined work that is typically implemented at 'Targeted Early Help' (Level 2), 'Child in Need' (Level 3), and 'Child Protection' and In Care' (Level 4) and transitional safeguarding support for young adults aged 18–20 offered by preventative and statutory services for CYPs aged 18+ years. It aimed to enable a cohesive support offer for all CYPs at risk of or experiencing extra-familial harm, including a focus on early intervention, supporting those who may not meet thresholds for existing service provision. Support was person- and family-centred and strengths-based, and, thus, the nature, type and dosage of support was determined by the individual needs of each CYP. The targeted support for CYP (and their families) was complemented by interventions delivered in the neighbourhood by the multi-agency team that aimed to

[2] For example, in Wales, the programme operates within the distinct legal framework of the Social Services and Well-being (Wales) Act (2014) and is shaped by a rights-based policy environment, including the Well-being of Future Generations (Wales) Act (2015).
[3] Based on the recommendations set out in the Independent Review of Children's Social Care for England for Family Help Team (MacAlister, 2022).
[4] Referred to as families hereafter.

address the underlying causes of, and contextual factors relating to violence and criminal exploitation within the community.

Table 1 provides a summary of site-level programme delivery, including the neighbourhoods in which delivery took place, programme activities and multi-agency team composition, programme inclusion and exclusion criteria, and the expected study sample size. Appendix 3 provides a detailed summary of the site-level delivery models that were implemented during the study using the Template for Intervention Description and Replication (TIDieR) framework (Campbell et al., 2018).

The targeted support provided through the multi-agency teams was expected to contribute to various individual-, family- and community-level outcomes. These included:

- **Outcomes for CYPs,** e.g. reductions in offending behaviours, behavioural difficulties and the experience of maltreatment and abuse and improved emotional well-being and mental health.
- **Outcomes for the families and carers,** e.g. improved family stability, resilience, employment and financial security and reductions in alcohol and other drug use and housing problems.
- **Outcomes for the community,** e.g. reductions in offending behaviours, increased feelings of safety, increased community cohesion and empowerment.
- **Outcomes for localities and wider whole-system changes,** e.g. better joined-up services, quality and stable service provision, simplified navigation of the system for CYPs and families, and fewer CYPs being referred to and entering the care system.

Figure 1. YEF *a priori* high-level theory of change

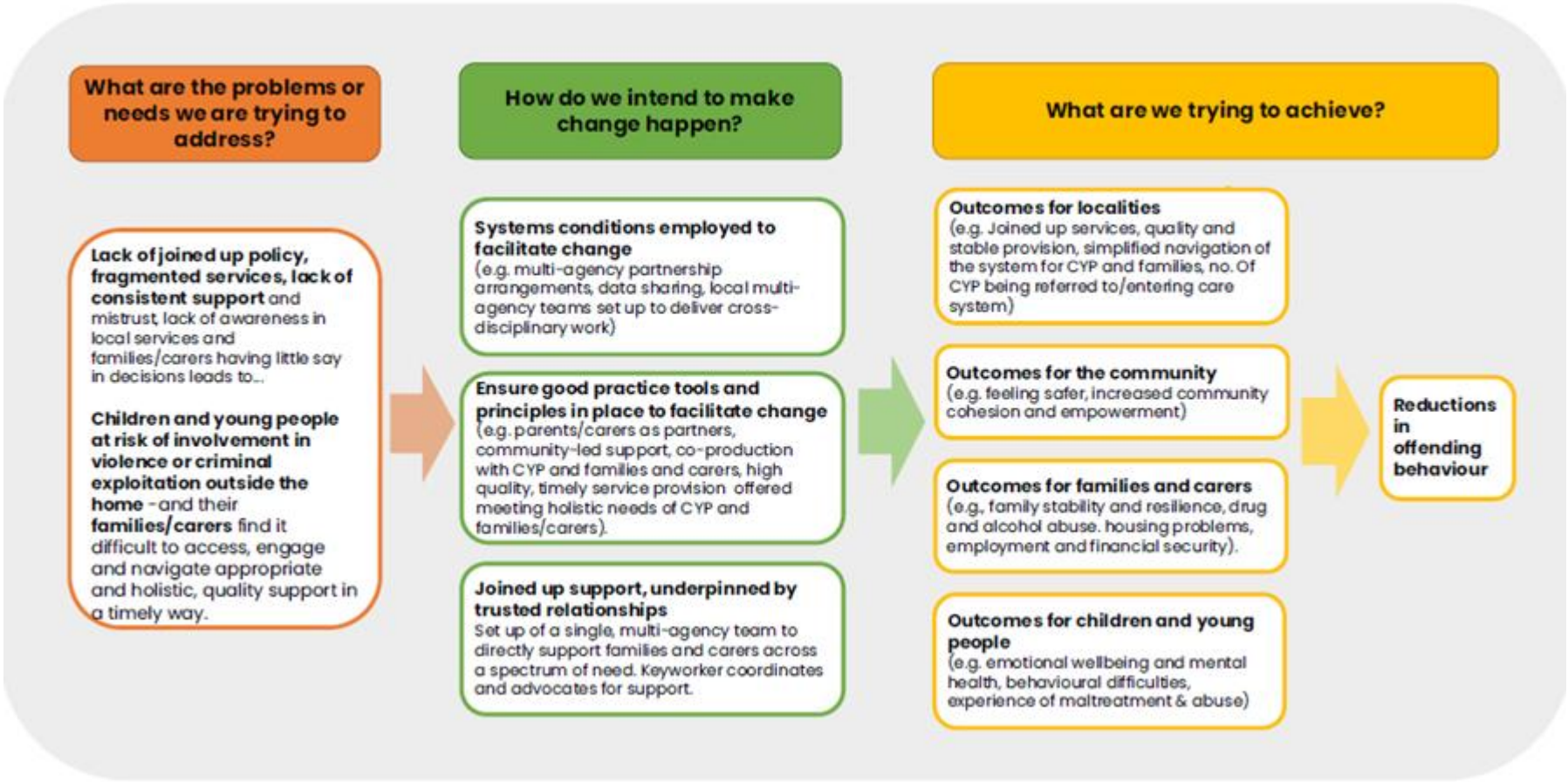


Table 1. High-level summary of sites and programme activities

Site	The Keeping and Staying SAFE project	The BrightPath Project	The Thriving Communities Initiative	The CMET United project	The Supportive Family Homes Programme
	East area (Llanrumney, Rumney, Trowbridge, St Mellons and St Mellons [East]) and North area (Llanedeyrn, Pentwyn, Pontprennau and Llanhisen)	Castle and Devonshire wards	East Ham and Plaistow wards	Penderry and East Swansea	Park North, Park South and Walcot East; Pinehurst; and Penhill
Activities	**1. Children and young people (CYPs) key worker offer:** assessment by a multi-agency panel; assignment to a key worker; and assessment, support and mentoring from a key worker and/or a multi-agency team based on the needs of the CYP. The support offer is chosen in discussion with CYPs and can include one-to-one work and links to the wider offer of support. ***Eligibility criteria:*** CYPs aged 10–20 years who are involved in or at risk of involvement in extra-familial harm within pilot neighbourhoods. The offer varies by site based on local needs and partnership arrangements. ***Sample size:*** minimum 100 per neighbourhood.				
	2. Multi-agency support offers for parents/families: the offer and eligibility criteria vary by site based on the local context and partnership arrangements. The multi-agency support is offered to parents of CYPs who are engaged in the key worker offer, and group support can also be offered to other parents in the wider community (for example, parents whose children decline keyworker support). Activities include family conferencing, peer support groups, group programmes and one-to-one work to support parents in accessing multi-agency support for their children.				
	3. Early intervention offers for CYPs/peer groups: the offer varies by site based on local needs and partnership arrangements. Activities target the networks of children engaged in the key worker pathway (for example, peers and schools) and can include school-based education programmes/workshops, peer group assessments and group support for CYPs at risk; CYP forums to discuss extra-familial harm and inform prevention approaches; and positive and diversionary activities/outreach work. Activities may be co-produced with CYPs. CYPs who received the key worker offer may be referred into these activities, and CYPs engaging in these activities may be referred into the key worker offer.				
	4. Contextual safeguarding and community safety approaches: these are dependent on the local context and existing partnership arrangements. Activities include multi-agency contextual safeguarding assessments and responses focused on specific locations and/or peer groups.				
	5. System-wide activities: these are dependent on local needs and existing partnership arrangements. Examples of system-wide activities include changes to partner assessment procedures to identify CYPs at risk of or experiencing extra-familial harm, training and regular supervision/case discussion for practitioners (e.g. mentoring approaches), training and self-assessments for partnering schools, and changes to data- and intelligence-sharing structures and activities.				

1.4 Ethical review

An ethical review was undertaken by the evaluator's Research Ethics Committee, with the study approved in March 2025 (reference 24/PHI/008).

For this study, participants consented to the intervention and the evaluation as separate activities. This is an exception to one of YEF's usual redlines in evaluation, which are outlined **here**. The rationale for this exception was that the delivery of ACF2 programmes was embedded in the delivery of statutory services in many sites; therefore, CYPs had a legal right to receive the statutory elements of provision.

All study participants (CYPs, parents and multi-agency stakeholders) were provided with a participant information sheet (see Appendix 4), with informed consent obtained either in writing or verbally. CYPs (and parents, as relevant) who were referred and were eligible to take part in the key worker element of the programme were provided with an introduction to the study and an invitation to take part via their key worker. This included a detailed verbal description of the study, the provision of relevant information sheets (i.e. age and developmentally appropriate) and an opportunity to ask questions and consider their participation. Consent procedures for CYPs depended on their age. For those aged 16–20, consent was sought directly from the young person. For those aged 10–15 years, parents had the opportunity to opt their child out (i.e. inform the keyworker that they didn't want the child to take part). For CYPs, completing the research questionnaire implied their assent/consent. During this consent process, CYPs and their parents also consented for their data to be deposited in the YEF data archive. For interviews with children aged 10–15 years, parents had the opportunity to opt their child in (i.e. inform the keyworker if they wanted the child to take part). All CYPs were asked to assent/consent to their own participation.

1.5 Data protection

The legitimate interest under which personal and special categories of data were collected for this study comes under the basis of legitimate interest for research purposes. As data controllers of the routine programme monitoring data and the bespoke (interview and survey) data, the evaluators were registered and fully compliant with the Data Protection Act 2018, which incorporates the principles of GDPR and the Freedom of Information Act 2000. Interview and survey data were collected and stored by the evaluators, and routine programme monitoring data were collected by the delivery sites.

The research was conducted in accordance with an agreed data-sharing agreement for the three English sites. This was drafted by the evaluator's legal team, where relevant, drawing on YEF general principles and with reference to the YEF data archive. For the two Welsh sites, which were not required to provide identifiable information at the end of the project to include in the YEF data archive, the evaluators were added to the sites' standard multi-agency Information Sharing Protocol, which is supplementary to the Wales Accord on the Sharing of Personal Information. This includes consideration of the requirements of relevant data protection legislation and details what information is being shared, how and by whom.

All programme monitoring data were transferred to the evaluator in pseudo-anonymised form and was compliant with the Digital Services Act and Inspectorate of Strategic Products. Data storage was on secure servers and abided by the statutory and legal principles which provide the framework for the governance of data exchange. During the course of the study, only the members of the research team who were working with the programme monitoring data had access to the files. The data were stored on Windows 2008 R2 servers, which are members of a Windows 2008 R2 domain and secured via the Active Directory. Access to

each file share is restricted to users named by the share owner in each case. The data is backed up every night. The Liverpool John Moores University (LJMU) firewall stops anyone from outside of LJMU from accessing the particular file server in question. It also stops unauthorised people from logging in to the domain. File shares use BitLocker disk-level encryption, per-file encryption and the Advanced Encryption Standard with 256-bit keys and are Federal Information Processing Standard 140-2 compliant. There is no unauthorised public access to the buildings in which the data are stored and processed.

The pseudo-anonymised data will be electronically held on secure servers by LJMU for five years after the final evaluation report has been published. The separate file containing identifiable data will be deleted from LJMU secure servers upon transfer to the YEF evaluation data archive.

Privacy notices and information sheets were provided to all programme stakeholders who acted as gatekeepers and to CYPs and their families who took part in the evaluation. This also included information on the transfer of data from the evaluation team to the YEF data archive at the end of the project (relevant only for the three English sites).

1.6 Project team/stakeholders

Within each site, development and delivery of the intervention was led by a core multi-agency project team, with project leadership from:

- Cardiff: Chris Davies (Cardiff local authority)
- East Sussex: Charlotte Flynn and Nicola Maxwell (East Sussex local authority)
- Newham: Ryan Brock and Michelle Edwards (Newham local authority)
- Swansea: Kelly Shannon (Swansea local authority)
- Swindon: Andrew Whitehouse, Melissa Smith and Stephanie Gillet (Swindon Borough Council)

Prior to implementation, each site developed an intervention blueprint and site-level theory of change, with support from the co-design partner (Research in Practice [RIP]). The evaluation team reviewed and provided feedback on site-level blueprints and theories of change, with a focus on intervention evaluability (e.g. alignment with the programme model, clearly defined inclusion/exclusion criteria and outcomes). All site-level blueprints and theories of change were reviewed and approved by the YEF prior to pilot commencement.

The evaluation team included researchers from LJMU and the University of Bristol (UoB):

- Professor Zara Quigg (LJMU): principal investigator – project lead and key liaison for YEF and delivery sites, lead for feasibility of implementation.
- Professor Harry Sumnall (LJMU): co-investigator – project co-lead, contributing to research design, and lead for individual-level pre-post outcome data.
- Professor Frank De Vocht (UoB): co-investigator – project co-lead, contributing to research design, and lead for area and programme-level outcome data feasibility and efficacy study options development.
- Dr Jane Harris (LJMU): research fellow, key liaison for YEF and delivery sites and lead researcher for feasibility of implementation and individual-level pre-post outcome data.
- Dr Cheryl McQuire (UoB): lead researcher for area- and programme-level outcome data feasibility and efficacy study options development.
- Nadia Butler (LJMU): research fellow, lead researcher for routine monitoring data.
- Jade Craven/Evelyn Hearne (LJMU), Dr Anastasiia Kovalenko/Dr Katrina d'Apice (UoB): researchers.

The study plan was developed by Quigg, Sumnall, De Vocht, Harris, Butler and McQuire, with input from site leads and members of the multi-agency partnership. The study plan (Quigg et al., 2024[5]) was reviewed and approved by the YEF (and the LJMU Research Ethics Committee) prior to commencement. Further, two experts provided input on the study design and interpretation of findings: Professor Michelle McManus (expertise – multi-agency safeguarding arrangements) and Dominique Walker (expertise – race equity). The study was funded by the YEF in partnership with BBC Children in Need and The Hunter Foundation. In addition, each site provided additional resources to support intervention delivery.

[5] Available at: https://youthendowmentfund.org.uk/wp-content/uploads/2024/07/REVIEWED-YEF-AC2-Feasibility-Pilot-Study-Plan-FINAL-July-2024.pdf

2. Feasibility of implementation

2.1 Research questions

This phase aimed to better understand the feasibility of programme implementation, to review, and if relevant, refine the *a priori* programme theory of change and to generate knowledge for future implementation. This phase included answering the following questions:

1. What are the programme recruitment, retention and reach across activity strands?
2. Is there a clear and consistent set of eligibility criteria being adhered to across sites and activity strands that also reaches key worker pathway pilot targets?
3. What does programme referral, engagement, support offer and completion look like for CYPs (and their families/carers) receiving targeted support through the key worker offer and wider programme activities?
4. What factors support or impede programme delivery?
5. What are service users' and practitioners' views and experiences of the programme?
6. Can the programme be implemented with fidelity to the programme-/site-level theory of change and delivery framework?
7. Does the programme implementation plan and/or theory of change need refining?

2.2 Success criteria and/or targets

Table 2 details the success criteria used to inform progression to an efficacy study.

Table 2. Success criteria and/or targets

Criterion	Indicator	Fully met	Partially met	Not met
Creation of a programme-level theory of change	Agreed by the YEF, LJMU/The University of Bristol, RIP[6]	Yes	-	No
Creation of a site-level theory of change	Agreed by the YEF, LJMU/The University of Bristol, RIP	Yes	-	No
Creation of a site-level system map	Agreed by the YEF, LJMU/The University of Bristol, RIP	Yes	-	No
Ability of the programme to be implemented as planned (fidelity)	Agreed by the YEF, LJMU/The University of Bristol, RIP, and delivery leads	Yes	Yes, with relevant adaptations	No
Ability of the programme to receive appropriate referrals	Proportion of participants who meet programme inclusion criteria	70–100%	40–69%	0–39%
Ability of the programme to engage participants	Proportion of participants consenting to the intervention	70–100%	40–69%	0–39%

[6] YEF; [THE EVALUATOR], LJMU; and RIP

Criterion	Indicator	Fully met	Partially met	Not met
Ability of the programme to retain participants	Proportion of participants who attend programme intervention activities	80–100%	40–79%	0–39%
Ability to collect routine monitoring data	Proportion of missing baseline data on programme participants captured by data systems	0–35%	36–50%	51–100%

Additional criteria derived from assessment of other data include:

1. **Effects of programme participation:** from the analysis of pilot outcome and qualitative data:
   - No evidence of substantial negative effects of participation in target groups
   - Evidence of substantial negative effects of participation in target groups
2. **Acceptability of programme activities:** from the analysis of qualitative data:
   - Target groups report that programme activities and interventions are acceptable and/or could be feasibly improved.
   - Target groups report that programme activities and interventions are unacceptable and cannot identify how they could be improved. Sites develop a plan to increase acceptability.
   - Target groups report that programme activities and interventions are unacceptable and cannot identify how they could be improved. Sites cannot identify a plan to increase acceptability.
3. **Programme implementation:** from the analysis of theories of change and system maps and interviews with providers:
   - The programme is coherent: it meets the criteria for a multi-agency approach and is distinct from business as usual.
   - The programme is not coherent: it does not meet the criteria for a multi-agency approach and is not distinct from business as usual. Sites identify a plan to improve coherence.
   - The programme is not coherent: it does not meet the criteria for a multi-agency approach and is not distinct from business as usual. Sites cannot develop a plan to improve coherence.

2.3 Methods

Participant selection

Stakeholders (interviews): stakeholders were purposively selected from different levels of activity and across partner organisations to ensure diversity and that the whole system surrounding each multi-agency team was captured (guided by each multi-agency team's theory of change and through saturation). Stakeholders had to be over 18 years of age, able to give informed consent and be involved in the delivery of the multi-agency programme at one of the five local authority delivery sites (i.e. delivery leads; members of the multi-agency team, including keyworkers; and partners supporting the delivery of programme activities [beyond the multi-agency team]).

Engagement with stakeholders took place at two time points (three to four months and 10–12 months of delivery) to enable timely feedback and adaptations prior to study completion:

- Delivery months three to four: the programme steering group, site leads and members of the multi-agency team involved in programme design and the initial implementation
- Delivery months 10–12: key workers, additional members of the multi-agency team and repeat interviews with site leads

Stakeholders were approached by a gatekeeper (programme lead) who explained the study and asked whether they were happy to have their contact details shared with the researchers. The researcher provided them with a participant information sheet, gave them the opportunity to ask any questions before taking consent and arranged a suitable time and date for the interview. Reminders were sent for those who did not respond. The study purpose was explained again verbally at the beginning of each online interview, and participants were given the opportunity to ask any questions.

Parents and CYPs (interviews): gatekeepers identified potential CYPs, parents and carers to invite to participate in interviews from those already enrolled in the intervention (either receiving key worker support or other programme support). As standard, for those receiving key worker support, interviews took place with CYPs at 12 weeks (defined as when the CYP and/or their parent accepted the key worker support or completed baseline measures) or at the end of their key worker support (if this was less than 12 weeks).

The interview process was initially explained by the key worker (or relevant partner), and CYPs/parents were provided with an information sheet. The participant was able to ask their key worker (or relevant partners) any questions and was also provided with contact details for the researchers. The researcher explained the study verbally again at the start of each interview, copies of participant information sheets were available for participants and they had the opportunity to ask any questions. For interviews with children aged 10–15, parents had the opportunity to opt their child in (i.e. inform the key worker/delivery partner that they wanted the child to take part). All CYPs assented/consented to their own participation.

The study eligibility criteria for programme recipients were:

- A CYP aged 10–20 who is at risk of or experiencing violence or criminal exploitation outside the home and who is enrolled in the intervention (either receiving key worker support or other programme support).
- Participant has the capacity to provide informed consent/assent.
- The key worker/delivery partner has deemed that there are no current (or previous) safeguarding risks that would be impacted by the CYP's inclusion in the research activity that cannot be addressed through minor amendments to the study design.

Theory of change/logic model development

To inform the development of site-level programmes, the YEF produced a high-level (Figure 1) and detailed (see Appendix 2) *a priori* programme theory of change. These were used by sites to guide their initial funding applications to the YEF to deliver the programme and their development of site-level theories of change and project blueprints produced by sites with support from the co-design partner during the co-design phase. The YEF and site-level theories of change were reviewed by the evaluation team at the end of the implementation period, and the YEF *a priori* programme theory of change was updated based on the findings of the study (see Section 2.4). Detailed summaries of each intervention using the TIDieR framework are provided in Appendix 3.

Data collection

Assessment of routine programme monitoring data: as part of YEF routine monitoring processes, all sites submitted programme progression data to the YEF on a quarterly basis. In collaboration with the evaluation team, the YEF developed a monthly programme progression monitoring data sheet for completion by each site. This sheet included the collection of data on:

- The number of CYPs (and/or parents) referred to and accepting the key worker support (and the number retained, withdrawn and completing support).
- The number of CYPs (and/or parents) approached and agreeing to participate in the evaluation (and numbers completing the baseline and follow-up measures[7]).
- The number of CYPs (and/or parents/carers) referred, recruited and retained in whole systems or targeting support.
- The number of other whole system activities implemented (e.g. targeting practitioners/community activities/contextual safeguarding).

Individual-level programme monitoring data relating to the key worker support offer were also shared with the evaluation team to add context to the cohort accessing this support (e.g. identified needs).

Review of programme documentation and refinement of the intervention description: to add context to the study, we collated and reviewed programme documentation. This included delivery plans, programme materials and YEF programme monitoring forms. Further, the TIDieR for Population Health Programmes (TIDieR-PHP) reporting guideline was completed in collaboration with sites during an online workshop. The TIDieR-PHP is a 12-item checklist used to describe the structure and content of all interventions received by the target group(s) (Campbell et al., 2018) (see Appendix 3).

Stakeholders (interviews): interviews and focus groups (virtual, in person or via telephone) were undertaken with CYPs (n=52), parents (n=23) and stakeholders at different levels of the system (n=65) to examine views and experiences of programme implementation and outcomes, co-production and feedback loops, and, as relevant, evaluation design and outcome measurements. Interview topic guides were developed to ensure consistent topic coverage across participants; however, separate topic guides were produced for each participant group type to reflect their varying roles within the programme (questions were age and developmentally appropriate and culturally sensitive). Stakeholder interviews were between 20 and 60 minutes long.

Analysis

Assessment of routine programme monitoring data: analyses utilised descriptive statistics to describe programme delivery, including programme uptake, dosage and attrition.

Interviews and focus groups: with participants' permission, interviews and focus groups were audio recorded (using MS Teams or a voice recorder), transcribed verbatim (and checked for accuracy) for analysis and anonymised.

We used Normalisation Process Theory (NPT) to help develop interview schedules and to provide a structure for the analysis and presentation of qualitative data (May et al., 2007). NPT describes important individual and organisational factors that are likely to have influenced the embedding of the programme into practice, including how multiple stakeholders made sense of the multi-agency approach (coherence), their willingness to commit to the work required (cognitive participation), their ability to take on the work required (collective action) and the activities undertaken to monitor and review the implementation independently of the evaluation (reflexive monitoring). This approach allowed us to capture important qualitative information on i) the acceptability of the multi-agency approach, ii) unforeseen

[7] Monitoring figures completed by the evaluation team.

resource/capacity implications, iii) contextual factors influencing engagement with the multi-agency approach, iv) perceived mechanisms by which the programme exerts its effects and which may lead to a reduction of extra-familial harm and related risk factors, v) perceived unintended consequences and vi) the experience of co-production with CYPs and their families.

Data were analysed manually using framework analysis, following the five steps outlined by Ritchie and Spencer (2002): familiarising, identifying a thematic framework, indexing, charting, and mapping and interpreting. After familiarisation with the data, a thematic framework was created within which the data were sorted. The thematic framework drew on *a priori* factors (the feasibility of the implementation study, research questions and themes of NPT) and was refined to become more responsive to the emergent themes from the participants. The thematic framework was then systematically applied to all data (indexing) by three researchers, and the data were rearranged according to the appropriate thematic context (charting) before being mapped and interpreted as a whole. Verbatim interview quotations have been provided to support key findings.

Review of programme documentation: programme documentation was reviewed and summarised to contextualise the findings. Outputs were reviewed with consideration of the deductive and inductive themes derived from the analyses of interviews and focus groups, and examples of programme documentation have been used to provide support for key findings.

Timeline

Table 3. Timeline

Dates	Activity
Apr. 24–May 25	Monthly monitoring of the routine programme monitoring data
Mid-July–mid-Sept. 24 Jan.–mid-Apr. 25	Interviews with practitioners
July 24–Apr. 25	Interviews with CYPs and families

Table 4. Methods overview

Research questions	Data collection methods	Participants/data sources (type, number)	Data analysis methods
Can the programme be implemented with fidelity to the programme-/site-level theory of change and delivery framework?	Semi-structured interviews Review of programme monitoring data Review of programme documentation	CYPs (n=52), families (n=23) and stakeholders at different levels (n=65) Programme recipients/multi-agency data collection systems Multi-agency teams	Framework analysis guided by research questions and NPT. Descriptive analysis of programme monitoring data
Does the programme implementation plan and/or theory of change need refining?			
What is the programme recruitment, retention and reach across strands?			
Is there a clear and consistent set of eligibility criteria being adhered to across sites and activity strands that also reaches key worker pathway pilot targets?			
What does programme referral, engagement, support offer and completion look like for CYPs (and their families) through the key worker offer and other programme activities?			
What factors support or impede programme delivery?			
What are service users' and practitioners' views and experiences of the programme?			
Does the programme implementation plan and/or theory of change need refining?			

2.4 Findings

Participants

The findings draw on interviews with multi-agency staff (n=65), CYPs (n=52) and parents (n=23) (Table 5); programme documentation; and routine monitoring data.

Table 5. Stakeholder interview participants

Site	Multi-agency staff	Children and young people	Parents/carers
A	14	10	6
B	15	12	7
C	11	6	6
D	13	22	4
E	12	2[2]	0
Total	65[1]	52	23

[1] Site leads (n=5) participated in two interviews (during rounds one and two) but have not been double-counted in these figures.
[2] Participant numbers reflect low engagement with the interview component and not the programme.

RQ1: What is the programme recruitment, retention and reach across activity strands?

Recruitment: two sites (Sites C and D) began recruiting CYPs in April 2024, and three sites (Sites A, B and E) began recruitment in May 2024. All five sites had established new multi-agency panels to receive and review referrals and were open to any referrer, including (but not limited to) self-referrals from CYPs and families,

schools, statutory services, VCFSE services and existing multi-agency safeguarding panels. During the pilot, 824 CYPs were referred to the programmes from a range of sources (Table 6). Of these, 726 were deemed eligible after the review process (98 were deemed ineligible due to being out of scope/area).

Table 6. Number of referrals by referral source and site

Site	Site A	Site B	Site C	Site D	Site E
Total referrals	79	200	144	229	172
Referral source					
Children's Social Care	56	80	43	22	39
Multi-Agency Safeguarding Hub	-	-	49	-	-
Early Help	-	-	15	-	-
Police	-	-	-	23	-
Schools	7	119	28	168	-
Youth Justice	7	-	-	-	-
VCFSE partners	9	1	-	2	164
Self-referral	-	-	-	1	-
Other	-	-	9	13	-

Most sites began the implementation confident that their existing structures (for example, Multi-Agency Safeguarding Hub [MASH] processes and intelligence-sharing with partners, such as police) would facilitate referrals of eligible CYPs to their new ACF2 programme multi-agency panels. However, all sites noted that several factors impacted recruitment during the first months of implementation. These factors included the timing of programme delivery (with school summer holidays happening within two months of implementation) and the time taken to recruit staff and communicate new expectations with multi-agency partners. For example, a participant at site C described how referral partners did not initially differentiate their model as distinct from existing provisions, which was limiting the number of referrals.

"There's a lot of other services with similar criteria to us […] for the first two months, we didn't have any referrals […] these other services, […] they're already established. They're getting the referrals, […] then we might get it once they've worked with this person […]". (C2)

The coherence construct of NPT describes the sense-making work that people must do to implement a new set of practices. This includes building a shared understanding of the new set of practices (communal specification) and how they differ from existing practice (differentiation), which helps partners understand their individual responsibilities (individual specification) and the value (internalisation) of the new programme. Stakeholders across the five sites recognised the significant preparatory coherence work required to raise awareness of the early indicators of extra-familial harm and programme eligibility criteria. For example, stakeholders from Sites B and D described establishing a regular presence in neighbourhood schools to facilitate referrals and increase staff confidence to discuss extra-familial harm.

"We did some work with the schools around […] worry about what's that going to do to my relationship with the family that I've maybe spent years building, particularly as we're talking about exploitation, […] there's maybe an understandable apprehension about what's going to happen if I [speak] to this family about this project". (B7)

Overall, CYPs and parents had a good awareness of why they had been referred to the programme, with reasons cited including violence in a romantic relationship, being groomed into criminal exploitation, unsafe online activity, peer-to-peer physical or emotional abuse, being victims of assault or stabbing, experiencing missing episodes, substance use, and police involvement due to escalating behaviour in the community or at school (fighting, aggression, weapon carrying, etc.). Younger children were less likely to have knowledge

of why they were referred, and some CYPs noted that they had not been prepared for their key worker's first visit because this had not been communicated to them by their parents.

"He was taking himself here, there and everywhere, getting the train by himself [at] age 11 […]. None of us really knew what he was doing or who he was with. And then it comes to that he was drug dealing and getting moved from place to place, from the drug dealers […]; then, key worker [came] to give him some support and get him out of running away and doing bad things when he's running away or letting people intimidate him into doing things". (B_P7)

Retention: overall retention across sites was 87.5%.[8] A key facilitator of retention that was identified by stakeholders was building trust with CYPs and their families. Stakeholders and CYPs recognised that many CYPs were initially wary of engaging with the programme because they felt they had been let down or unsupported by statutory services in the past; however, this was alleviated once they formed a trusted relationship with their key worker. Participating stakeholders also noted that *"the families' historic experience" (A5)* of engaging with services could act as a barrier for parents. Some families may initially feel a sense of judgement when offered support, whilst others had a desire for support but did not know what help they needed or how to access it. Stakeholders also identified several external factors which could impact upon CYP's retention, including a mental health crisis, arrest or bail conditions, missing episodes and changes in living arrangements.

"When [key worker] was introduced, I was like, oh, here we go […]. I was a bit stressed out about it. But then once I got to know her, I just found her, like, accepting". (B_YP9)

Stakeholders described several mechanisms to remove the barriers to engagement for CYPs, including physical barriers such as *"transport, food, etcetera, money. So, we've tried to remove those barriers of engaging" (D2)*, meeting CYPs in a setting that was comfortable and giving them choices over the support they received by *"finding what works best to suit their learning style, their ability or just their tolerance levels really". (A6)* Placing key workers in a non-statutory multi-agency team (Sites B and D) and using key workers from non-statutory organisations, such as youth workers and VCFSE workers (Sites A, C and E), was also viewed as facilitating engagement by developing relationships with CYPs outside of statutory requirements. Some CYPs were already familiar with their key workers because they had previously supported siblings/peers or were known to them within their community (for example, at local youth hubs), and this familiarity encouraged them to engage.

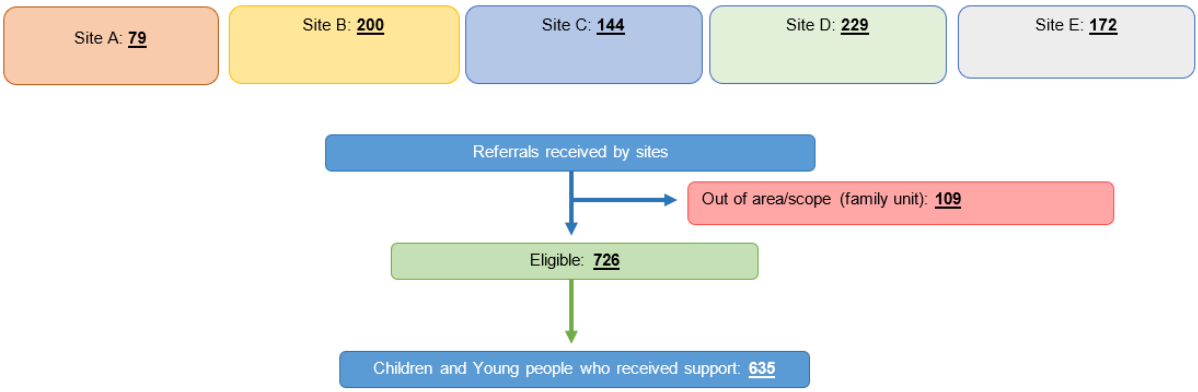
Reach: stakeholders across all sites felt that the neighbourhoods selected were appropriate, and these judgements were based on a combination of data-led identification of needs and practitioner experience of working in these local areas. As the project progressed, this appropriateness was confirmed for stakeholders through discussions at partnership meetings and positive responses from CYPs and neighbourhood communities. This combination of individual and communal specifications is recognised in NPT (Murray et al., 2010) as an important part of the sense-making work (coherence) that partners undertake when implementing a new intervention. Differentiation is also another important aspect of this coherence work, and stakeholders also frequently discussed how they were reaching groups of CYPs who would not have

[8] Site A: 74 eligible, 66 retained. Site B: 156 eligible, 134 retained. Site C: the number eligible was not available so it was based off 125 retained. Site D: 226 eligible, 221 retained. Site E: 145 eligible, 89 retained.

previously been supported through their business-as-usual provision. For example, the age range of the programme (10–20 years) allowed them to support young people across a range of transitions, such as the transition from primary to secondary school (Sites B and D).

"I've got really high confidence in the assessments that are going on […] children are coming up that […] police have quite a bit of information on, but […] they've not come across our paths before, […] but they've got 30 occurrences". (B5)

Figure 2. Consort diagram showing programme- and site-level referral and retention[9]



RQ2: Is there a clear and consistent set of eligibility criteria being adhered to across sites and activity strands that also reaches key worker pathway pilot targets?

Evidence from the monitoring data showed that 88.1% of referrals were eligible for the intervention.[10]

Across the five site-level theories of change, clear eligibility criteria were described as 1) CYPs aged 10–20 years and their families, 2) CYPs vulnerable to extra-familial harm, 3) CYPs within two pilot neighbourhoods and 4) CYPs across levels 2–4 on the Continuum of Need framework implemented by each local authority[11] spectrum of need. Three sites (Sites B, C and D) had chosen neighbourhoods which aligned with electoral wards, and two sites had defined neighbourhoods which consisted of more than one ward (Sites A and E). Interviews demonstrated a clear understanding of the eligibility criteria across all five sites, with multi-agency partners consistently referring to age, geographical and needs-based criteria and showing good awareness of the indicators of risk of extra-familial harm.

"My understanding is that we are looking at how we can prevent […] the experience of violence for children and young people in [Site C …] children who […] may be vulnerable because they're not attending school […] because they are part of

[9] The number of eligible referrals for Site C was not available; therefore, the number retained was used for Site C.

[10] Site A: 79 referred, 74 eligible; Site B: 200 referred, 156 eligible; Site C: 144 referred, number eligible was not available, so it is based on 125 who engaged; Site D: 229 referred, 226 eligible; Site E: 172 referred, 145 eligible.

[11] Local authorities offer safeguarding support to CYPs across a Continuum of Need. There are locality-specific variations to these continuums, which are specified in sites' TIDieR frameworks, but levels of need are broadly defined as level 1: without additional needs, level 2: additional needs, level 3: complex needs and level 4: immediate protection needs.

a gang or have friends who are gang members, they may have already been identified at being at risk […] of exploitation; […] they can be identified in several different ways: by schools, by social workers, by other professionals". (C8)

During the first few months of implementation, the sites and the YEF (with agreement from the implementation partner and evaluators) refined the neighbourhood eligibility criteria to include CYPs who were not resident within pilot neighbourhoods but experienced significant harm in these areas. Examples of being at risk identified within the qualitative interviews included being in a romantic relationship with someone in the area, going missing in the area, avoiding school within the area, exhibiting antisocial behaviour within the area, socialising at places or with peers that made them vulnerable to harm, and engaging in lower level criminal activity (within the area).

The main reasons for ineligible referrals discussed in the interviews were CYPs not residing or experiencing harm in the neighbourhood areas, incorrect age, a lack of sufficient information on the referral form due to lack of familiarity with the form among new referrers and, at Site A, form length (which was subsequently shortened). Participants from several sites acknowledged that the appropriateness of referrals had improved over the pilot implementation period as staff became accustomed to the new intervention and learnt from inappropriate referrals.

RQ3: What does programme referral, engagement, support offer and completion look like for CYPs (and their families) receiving targeted support through the key worker offer and other programme activities?

Interview data, site-level documentation, theories of change and TIDieR frameworks were used to describe the programme support offer at each site. The core components of delivery across the five sites (aligned with the programme-level theory of change) are discussed below. See Appendix 3 for a detailed summary of the support offer at each site.

Programme referral: CYPs were referred to each site's multi-agency panel by a range of multi-agency partners (see RQ1 for further detail). All sites accepted individual referrals: Sites B and D received contextual referrals, including peer group referrals. CYPs meeting the eligibility criteria (see RQ1) were assigned a keyworker.

Key worker pathway of support (joined-up support underpinned by trusted relationships)

All five sites provided a key worker pathway of support which had four common components: 1) an assessment of a CYP's needs, 2) dedicated one-to-one work to build a trusting relationship, 3) the development of a plan with the CYP to support their needs and 4) a link for the CYP to the wider offer of multi-agency support.

Assessment of CYPs' needs: four sites (A, C, D and E) used existing exploitation assessment tools, while Site B adapted its existing tool specifically for the programme. Key workers were employed either directly by the local authority (Sites B and D) or through VCSFE partners (Sites A, C and E). At Site A, CYPs could also be allocated a key worker from a wider multi-agency partner (for example, youth justice or a youth worker) if they already had a trusting relationship with the professional. Key workers came from a range of professional backgrounds, including youth work, youth justice, social work and education, and were matched to CYPs based on how their expertise, skills and interests aligned with the CYP's goals, needs and preferences.

"We look at the young person's needs […] and the things that they like to do; […] we have one youth worker who is very good [at] working with older boys [who], you know, might have been involved in crime and gangs. He's a big guy, and he gets their respect. […] Then, we've got another youth worker who's got a lot of experience working with children with ASC (autism)". (E8)

Dedicated one-to-one work to build a trusting relationship: key working took place at a range of locations, including homes, schools and the community, depending on where the young person felt most comfortable. All sites had dedicated funding to support CYPs participating in individual and group sporting and recreational activities (for example, gym membership, boxing, motocross, ice skating, sports tournaments and music workshops), and key workers frequently provided CYPs with transportation to attend these activities. As well as providing CYPs with a safe and positive environment to pursue their interests, stakeholders felt these individual recreational activities increased CYPs' engagement with the key worker pathway.

"One guy, the first time I met him, he was basically in supported living; […] he was not interested, so I spoke to him about how I'm a boxing coach and we've got a gym we can use and it'll just be us two; […] I got some feedback from one of the support workers, and she said, 'Oh, he's really up for that; he's going to come next week'". (E7)

The development of a plan with the CYP to support their needs: across the duration of their support, key workers helped CYPs identify and address their individual goals (for example, re-engaging in education, socialising in peer groups that the young person felt were positive and safe, or improving their mental well-being). They offered practical support (for example, providing transportation and attending school meetings, new activities, or support services with the CYP) and educational support. All sites worked to increase CYPs' awareness of the risks of exploitation by adapting existing interventions (for example, on violence, knife crime, online safety and child sexual exploitation) and wider supplementary materials on topics such as mindfulness, anger and mental well-being.

The multi-agency teams also focused on the social networks of CYPs participating in the key worker pathway to identify opportunities for preventative work with larger cohorts of CYPs (for example, siblings, peer groups, school year groups and communities). For example, four sites (Sites A, B, C and D) delivered regular sessions which combined educational interventions and recreational activities (e.g. music, sports and art) to groups of peers who had been involved in antisocial behaviour within their youth hubs and schools. Site C ran a girls' group to focus on issues relating to violence against women and girls, online harm and anger management, and Site B ran a group for unaccompanied migrant CYPs who were at potential risk of criminal exploitation. Site D took a contextual safeguarding approach by targeting outreach work at specific time periods (for example, exam results nights) and places (for example, where CYPs were known to congregate and engage in antisocial behaviour or substance use). Participants felt these activities allowed them to build relationships with CYPs in informal settings, intervene early to prevent harm from escalating and support CYPs to negotiate positive relationships and negative influences.

"There's been a group of young people […] who they were worried about criminal exploitation, so they sent some referrals in; there was a group of them; […] some of them are keywork and I'll see weekly, and some of them we ended up doing an exploitation awareness session with them. So, we got interpreters in; we did the session that was really tailored to them and some of the stuff that they have going on". (B8)

A link for CYPs to the wider offer of multi-agency support: key workers worked alongside multi-agency professionals (for example, Police Community Support Officers, social workers and Child and Adolescent Mental Health Services [CAMHS]) to respond to each CYP's needs. In some cases, the multi-agency team allowed for expedited referrals; for example, two sites had mental health provision (educational

psychologists in Site C and a psychologist in Site B) embedded within their teams who could assess and support CYPs as they transitioned into CAMHS or other support. Stakeholders felt that having the key worker as the main point of contact increased CYPs' access to multi-agency support while reducing the potential for overwhelming CYPs and/or their families. Key workers felt that it was their responsibility to build the right combination of support for the CYP and then ensure that the relevant services were taking accountability to provide that support.

"So, we've got social services, we've got police, we've got the youth justice service in our team, so we have that ability to do work across the board. So, one of the lads I'm working with, most of the information that goes to him comes from me, so I'm always the friendly face; […] I've introduced new people to him, so rather than getting like seven knocks on his door a week". (A13)

"A lot of the stuff that we were doing was scaffolding, making sure that the right services were aware and the right services were taking accountability for the work that they had to do, and then we'll go from there". (C10)

For the purposes of the study, follow-up measures were completed with CYPs after 12 weeks of key worker support; however, the duration of key worker support across sites was variable. At Sites A, C and E, where third sector organisations had been commissioned to deliver key work, the intervention length had been fixed at 12 weeks. However, stakeholders gave examples of situations where support may need to exceed 12 weeks due to the CYP's needs (for example, being in crisis or having complex needs) or the engagement being intermittent (for example, due to missing episodes, statutory disposal or court hearings). Decisions to end key worker support were usually needs-based; for example, CYPs having reached their goals, reducing their engagement with the key worker or experiencing a crisis requiring support beyond what the key worker could provide. Key workers had processes in place to ensure successful transitions when support ended, for example, by attending meetings with CYPs and local youth workers (Site A) or encouraging CYPs to transition to weekly youth clubs (Site E).

"It might be they're engaging well with a key worker and then something happens externally; [for example,…] they've been arrested or missing. […] They disengage; however, we know that young person is going to […] we don't want to say because they haven't engaged for a fortnight, that means the intervention is […] no longer applicable to you". (A12)

System change: the two main necessary system changes reported by multi-agency teams were offering training and supervision for staff and facilitating data sharing between multi-agency partners. Some sites implemented additional training for staff (see Appendix 3). Two sites (Sites B and D) discussed specific equality, diversity and inclusion processes they had developed; for example, a stakeholder from Site D describes how they used their demographic data to identify whether a CYP or their family could benefit from an inclusion officer's support.

"We have the inclusion officers, which, before, we didn't. Also, through our demographics data, […] now we can record more accurate data, for example, ethnicity, […] and we can also see the intersectionality, so we can see when one young person has more than one protected characteristic, and then we allocate them to the inclusion officer". (D1)

All sites began the study with confidence in their data and intelligence-sharing processes due to their MASH panels and other pre-existing multi-agency partnerships. However, participants described some additional enhancements to their routine data-sharing practices; for example, Sites B and D had implemented more regular data-sharing meetings with police partners specifically focused on exploitation and youth violence, and Site C had given educational psychologists access to their client management systems (Early Help and AZEUS). The multi-agency panels also directly shared and received data from non-statutory partners, including VCSFE organisations and schools, which had not been common prior to implementation. Finally, several sites described a shift in partner attitudes towards data sharing, moving from high levels of caution

to thinking more proactively about how they could use multi-agency meetings to share data under their existing agreements in order to safeguard CYPs.

"I think that we've developed better working relationships with those partner agencies […] within the realms of data sharing and the legalities around it; I think people are more open to […] having those conversations around, this is safeguarding. So, actually, you are within your rights to be able to share". (E1)

Good practice tools and principles: parents as partners was an approach taken by all sites, and stakeholders felt that this increased effective communication and buy-in from parents, leading to better engagement with more joined-up and non-judgemental support for CYPs. Parental support varied between sites and included parent–peer groupwork in cafes as a forum for discussion (Sites A, C and D), family-based activities (Sites B and C) and some individual support from key workers to address CYPs' needs (for example, completing Educational Healthcare Plan assessments, Child Benefit or PIP applications and requesting school moves). Parent cafés aimed to increase awareness of the indicators of extra-familial harm, with content specific to each location and based on consultation with parents and peer support, and were reported as helping reduce feelings of stigma or judgement for parents.

"I think the issue with exploitation [is that] there's often a view that parents are responsible, and we need to be doing more to support the parent within the home. As a parent, you can feel very isolated if you feel well, I've done everything I can, what have I done wrong? And I think we need to, kind of, move it from parents blaming themselves to understanding [that] actually, they're not the only people in this situation". (A2)

All sites undertook consultations with CYPs within their communities to ensure their needs and preferences were reflected in the work done by the multi-agency partnerships, including consulting CYPs prior to implementation about the support they felt they needed and gathering feedback on intervention sessions and language used during implementation. Several sites described resources co-produced by CYPs which would last beyond the study, including Peace of Mind packs for CYPs experiencing violence (Site D), podcasts (Site D), videos and resources for girls involved in exploitation (Site B), music tracks (Site A) and a mural at a local youth hub (Site A).

"We've continued to engage with the young people around the issues that we're dealing with through the project. […] So the youth panel, […] they've developed Peace of Mind packs, which are like […] packs for the practical items they made [themselves] over the last year, […] so they're going to be applying for funding to make those packs a reality. […] What they would do then is receive referrals from us [for a] young [person who has] experienced violence, can we access one of your packs, […] and it gives them that ownership over something that they've developed". (D2)

RQ4: What factors support or impede programme delivery?

Six key themes were identified from the qualitative interviews with stakeholders which could support or impede programme delivery. These were 1) the relationship with the key worker, 2) the locality-based nature of the model, 3) the co-location of multi-agency teams, 4) the existing organisational culture surrounding extra-familial harm, 5) the commitment to act from multi-agency partners and 6) staffing the new model.

The relationship with the key worker: building a trusted one-to-one relationship with a key worker was seen as a facilitator for engagement with CYPs. Key workers felt that flexibility, persistence and being a non-judgemental listening ear for CYPs were vital attributes. Key workers noted that relationship-building activities, including offering food, providing transportation or engaging in activities the CYP was interested in, often had to take place before they could engage CYPs in conversations about their needs and the violence and exploitation elements of the programme. As previously discussed, key workers could act as a

single point of contact to help CYPs navigate multi-agency support, but they had to be clear in distinguishing themselves from statutory services during their first meetings with CYPs and their families, who otherwise may view them as *"an extra layer of scrutiny dressed up as help". (A10)* This trust was evidenced when keyworkers successfully encouraged CYPs to access services they had previously declined (*"these young people have had services in and out of their [lives] the whole time. [They] would say no to […] a referral for drugs and alcohol but will now say yes because we've got those people in our team; […] we introduce them". D4)*

"One of the things our youth worker does is just [goes] for a walk or a drive with the young person because when we start getting the worksheets out or the baseline survey, that can be a barrier straight away. So, before we do any of that work, they will play games; she gives them fidget spinners and makes them feel as comfortable as possible, letting them know we're here to help and we're not there to make them do anything they don't want to do". (D10)

"He wouldn't have been able to take anything from me if it hadn't been for […] the key worker being there, helping him regulate, understand, maybe talk about the information afterwards […] because there were such strong feelings of shame". (B15)

Locality-based model: the locality-based nature of the model also appeared to support delivery by enabling close working with schools and VCSFE agencies. Stakeholders discussed the strengths of formal partnerships with VCFSE agencies that were already known in the neighbourhoods and working preventatively with CYPs at risk. VCSFE participants also noted potentially greater flexibility than statutory services to work outside of regular hours or implement wider support for CYPs due to their pre-existing suite of interventions and facilities. VCFSE and statutory stakeholders positively described an *"equality of partnership" (B1)*, and VCSFE participants valued the opportunity to attend panels, be in regular communication, share information across wider partners, and receive specialist training. Stakeholders noted that formalising these partnerships had required some initial adaptations to align VCFSE and statutory ways of working (for example, safeguarding protocols for volunteer mentors at Site E), suggesting that time and support for this should be built into future programme implementation.

"We all feel really valued; […] we feel that our opinions are really valued, and the decision-making process seems to be really transparent and inclusive. […] The strategic forum that my CEO sits on, there's really good data sharing; that's one of the real strengths for me: the information is not siloed; they don't keep any of their information just for the council. […] The communication is really good, they want our narrative". (D10)

Establishing and strengthening relationships with schools within the neighbourhoods was also important. Schools had regular contact with CYPs, could identify indicators of risk earlier and ensured the CYPs' voices and needs were reflected within the assessments by multi-agency teams. For example, at Site D, key workers attended weekly drop-ins in four partnering schools, which participants felt had improved information-sharing with schools and increased CYPs' willingness to engage with support earlier. As previously discussed in RQ1 and RQ2, ensuring effective partnerships with local schools also required preparatory work, including training school staff to recognise and discuss extra-familial harm and embedding key workers into school communities.

"To get the schools referring is really interesting because the schools are seeing the children every day, whereas the social workers see them every now and then; police only see them in extremis. […] A lot of the time [the schools] are right on the ball with it […] to be able to see the value in intervening at an early stage and what the cost to us that it saves but also the potential trauma to the child that they're not going to suffer before we would have got involved, […] and they've got the voice of the child, what the child wants and what the child thinks is happening". (B5)

Co-location: co-location was seen to facilitate the delivery of the multi-agency models by bringing a multitude of professional experiences together, creating stronger working relationships and increasing capacity. For example, at Site B, the key workers, youth justice staff and police officers were co-located in an office within a neighbourhood, which allowed conversations and information-sharing to happen regularly and consistently between professionals who knew each other, leading to prompter responses and the earlier identification of CYPs' needs. Some stakeholders expressed initial caution about co-location due to misconceptions or a lack of knowledge about other professionals' ethos and roles. However, once partners saw the daily work other professionals were undertaking to support CYPs, these concerns were alleviated and trusting working relationships developed.

"Being sat within the local authority and aligned with children's services means we're linked up with existing safeguarding processes and procedures; […] having the [policing team] co-located with us is making a really big difference in terms of information-sharing about children but also the possibility for joint working at a much earlier stage because obviously police, […] they're going in arresting or interviewing children who are committing crimes in the context of exploitation, whereas this project is offering opportunities for police to start building relationships with children and families at that much earlier point". (B7)

Organisational culture towards extra-familial harm: stakeholders across all five sites felt that the strong existing culture of working in partnership to address exploitation and violence for CYPs helped facilitate the creation of their multi-agency teams. Stakeholders felt that partners had a communal understanding of the value of earlier intervention to support CYPs, *"rather than when things have gone seriously wrong [for the young person]". (E8)* From the perspective of NPT (Murray et al., 2010), this suggests that some of the required coherence work to develop a communal multi-agency understanding of youth violence and exploitation had happened prior to implementation. As discussed in RQ1, this existing organisational culture was particularly successful in facilitating the creation of specialist multi-agency panels and the sharing of intelligence at all sites. Site leads felt these elements of the model played to their strengths as a local authority because *"obviously, you know, [our] bread and butter is around assessment and care planning and safeguarding". (A1)*

"The one that always crops up is the difference in the policing mindset against the sort of more social services mindset, […] but we're also dealing with the pointy end of that, aren't we? We're dealing with one child stabbing another child; […] when you work with the police, you will have a little bit of push-back, a little bit of cynicism, […] and we try to combat that; […] it's professional conversations, isn't it? We don't fall out about it, but […] we work in different ways; […] we see slightly different things". (E12)

Commitment from multi-agency partners to act: stakeholders acknowledged that even where there was good commitment from leaders within partner organisations, additional work was still required to ensure this translated into multi-agency action from practitioners. For example, at Site A, which had the lowest number of referrals, stakeholders noted that changes in senior leadership meant their multidisciplinary team had not developed as anticipated, and staff from partner agencies had not moved over to the team as planned. Stakeholders described needing time at the beginning of the project for staff to understand their individual roles and to ensure that sufficient systems and policies were in place.

"Delivery's king, especially when you've got a target; […] people thought this was a great idea, […] but I don't think it's been, perhaps, seen as a strategic enough […] priority across all the agencies; […] it's kind of just been left to me to manage the operational and the strategic. I'm doing that against the backdrop of trying to do my day job as well". (A1)

"It took a while to get things started; [...] people didn't know exactly what their role was, how we're going to split things and work together and not step on each other's toes, […] but I think […] any new team is going to have that". (C6)

NPT notes that the implementation of complex interventions isn't necessarily related to people's attitudes or intentions, but rather to their actions. Even when partners have done the coherence and cognitive work of understanding what they must implement and created a community of practice around the new intervention, it still requires collective, operational action to embed new practices. Collective action requires interactional work between partners to embed new practices in everyday settings (interactional workability), building accountability and confidence in new practices as they use them (relational integration), dividing up the work required (skill set workability) and allocating resources, protocols, policies and procedures (contextual integration). For example, in the quote below, a stakeholder at Site B discusses legitimising their individual responsibilities around data sharing. Key workers noted the important role of the multi-agency team lead, who had an overall picture of the support and any emerging issues for each CYP. Key workers felt that the team leads trusted them and their expertise, which helped key workers recognise their value in the multi-agency team.

"I did find it tricky at the beginning because I hadn't worked in this sort of area before, and 'What was I allowed to share?' certainly in terms of intelligence, but now I don't have that problem anymore […] because I'm just more confident in my job, […] and if I ever have a little wobble, I just say to myself, 'Is it going to safeguard a child?' – yes, well, that's fine". (B13)

"It's nice to be able to, like, kind of, troubleshoot and do some reflective practice with the coordinator […] because I felt trusted; […] I know this young person better than most, so I know [what is] going to work. What I've had with other organisations is 'No, no you've got to do this; you've got to do that', whereas with this, […] it's the fact that I was there every week and showed that young person I was someone he can rely on and someone he can talk to". (A11)

Staffing the multi-agency model: the short timescales for programme set-up were a significant barrier to implementation across all sites. Many sites had vacancies in the first four months, as funding conditions meant they could not recruit new staff in the preparatory phase without the required confirmation that they would progress to implementation. Wider organisational factors in different partner agencies also impacted recruitment; for example, partners noted national shortages of psychologists, which caused delays in recruiting mental health professionals in several sites. In the later stages, staff also noted challenges in replacing staff who left, as the short contract length and lack of job security were not appealing to potential applicants.

RQ5: What are service users' and practitioners' views and experiences of the programme?

Practitioner views: qualitative findings indicated that the programme design and approach were acceptable to participating staff across all five sites. Participants described a positive shift across their multi-agency partnerships to more child-centric ways of working, which allowed them to take a holistic view of CYPs' needs rather than focusing on agency-specific outcomes. Key workers felt that their work helped to readdress power imbalances within services by allowing CYPs' voices to be more clearly heard. Staff members' positive attitudes towards the multi-agency team increased as they saw it working to provide benefits for CYPs.

"Working here, I now have the police side, and I have the social side. So, I feel like I have a rounded opinion and view of the children […] that definitely gives that child-centric approach to it; […] I don't think I would see that in the same way if we weren't working in this". (B13)

"It's nice to see when people […] are happy, and they benefit from the support, and you see that progression […] through the support, and you see, okay, something's going right; we're obviously seeing something right here". (D3)

Stakeholders in schools also spoke positively about their relationships with key workers visiting the schools and the impacts on CYPs and their school communities. Positive impacts discussed included increased confidence to recognise and have initial conversations about extra-familial harm with families, reduced violence and aggression on their school sites, prompter mental health support for children on CAMHS waiting lists and increased school attendance. In particular, schools described being reassured that they could now access support for children who they felt required support but who were not meeting the current safeguarding thresholds or who were on long waiting lists for Education, Health and Care plans. In line with NPT (Murray et al., 2010), these findings are early indicators of legitimation (schools believing that it is right for them to participate in the programme and that they can make a valid contribution) and collective action to put the programme into practice.

"I remember when I first sent in the first eight referrals, and then they came back with, 'We're gonna take on everyone'. I was just a bit like, 'What!' […] If I'm making a referral where I feel it's useful for that child that they're being picked up, […] it shows me that I'm not reading those signs wrong". (B3)

"We've had quite a few instances of violence and aggression over the past few years; […] the [young] people that engaged with the project have found it really beneficial, and also some of their peer groups". (D15)

Service user views: qualitative insights gathered from CYPs and their parents present an overall positive experience of engaging with the programme, highlighting key themes, including the inclusivity of support, effectiveness of key workers, value of learning opportunities and adaptability of services. Participants expressed appreciation for the comprehensive nature of support offered, noting that it extended beyond the CYPs in need to encompass family members, suggesting that holistic support structures may foster a more positive experience for families and reinforce a sense of shared assistance rather than isolated intervention.

"They just told me where they come from and explained that the help isn't just for my son; they can help me too and help everybody else in the house as well, so I thought it was quite nice that it was not just for my son". (D_24P)

Moreover, engagement in structured discussions and learning sessions undertaken with their key workers was seen as a significant factor in shaping positive relationships throughout the programme. Such support was believed to provide CYPs with relevant knowledge to foster informed decision-making. One CYP specifically highlighted the educational value of the programme, stating, *"I really enjoyed learning, especially the knife crime session, as I got to understand things better and understood what carrying could cause". (D_25YP)* The adaptability of interventions offered and the ability of key workers to tailor support to the needs of the CYP were welcomed.

"If one wave of support doesn't work with you, with how they're doing it, there's always another way. […] Support will evolve. I think that is the greatest thing because if something doesn't work out, you know there's always something that will". (D_YP18)

Participants consistently praised the dedication and professionalism of the support staff, noting their competence and approachability. One participant expressed strong confidence in the programme, stating, *"Honestly, I would refer this programme to a lot of different people I know [be]cause it's beneficial; they have a great staff team; it's pretty much perfect". (E_YP12)* Moreover, CYPs further mentioned key workers' ability to foster comfortable and conducive settings for discussions, particularly for those who may struggle in traditional environments, by offering and facilitating engagement with CYPs outside of uncomfortable settings. One CYP noted the benefit of engaging in conversations outside of school, stating, *"If you're willing to speak but don't like being in the school, if it's not the environment for you, you could ask them if you can*

go outside school; […] it's more of an environment that I like, not having the teachers there". (D_YP12) Such feedback indicates high levels of satisfaction among participants with the offering of adaptable engagement settings, which were seen to enhance participation and openness, leading to more meaningful interactions.

Furthermore, a strong theme was the ability of support workers to deeply understand CYPs' emotions, even when they struggled to articulate them themselves. One individual expressed appreciation for this empathetic approach, saying, *"They've got a good understanding of emotions; […] they're able to understand how you feel about things even when you don't quite understand yourself; […] to know that you can be heard by someone is the nicest thing possible". (D_YP18)* This focus on emotional intelligence by key workers was further appreciated by one parent, who described the impact of the key worker on her children, noting, *"They don't really like to talk to any professionals that come in the house, but when she comes, […] they are sitting on the couch and talking to her; […] my boys have never done that; it is a change". (B_P6)* This shift in openness reflected a process of trust-building, where CYPs move from reluctance to actively engaging in conversations that they previously avoided.

The consistency and dependability of key workers were identified as important factors in satisfaction with the programme. One CYP emphasised the reassurance that came from professionals who followed through on their commitments, stating, *"It's so nice because it happens often when someone says they're gonna do something, but they don't. Whatever he says, he's gonna do it". (D_YP24)* This highlights the importance of reliability in building CYPs' confidence and fostering a sense of security in the support system.

Participants provided varied perspectives on potential improvements to the programme, highlighting preferences for expanded activities, session length adjustments and alternative meeting locations. Several service users expressed a desire for greater diversity in activities, particularly in relation to physical engagement options.

There were differing views on session duration, with some CYPs feeling that sessions were too short, while others considered them an acceptable duration. One individual shared, *"I do feel like the sessions [are] not long enough; […] I would like to see her more than once a week", (D_YP21)* suggesting that increased frequency and longer interactions could improve the support experience. Conversely, another participant felt that *"the sessions are long enough, maybe too long". (D_YP12)* This contrast indicates that preferences for session length vary among the CYPs engaged in the programme, emphasizing the need for flexibility in scheduling and personalised approaches to accommodate different engagement needs.

The setting in which sessions took place was identified as an area for potential improvement. One participant suggested a more informal environment, stating, *"Meeting [key worker] in, like, a coffee shop or something instead of always being in the house." (C_P4)* This feedback highlights the potential benefit of offering alternative meeting locations that may foster a more relaxed and comfortable atmosphere, promoting more open discussions and engagement, especially with parents and carers.

Findings from the follow-up survey with CYPs engaging in the key worker pathway, which used the Experiences of Service Questionnaire (ESQ, n=370), measured CYPs' satisfaction with care and the service environment. As illustrated in Table 7, CYPs generally reported positive experiences of services and the support provided.

Table 7. Responses to the Experience of Services Questionnaire (ESQ) measured at follow-up

ESQ statement	Certainly true	Partly true	Not true	Don't know	Total
I feel that the people who saw me listened to me	72.9%, 269	16.5%, 61	2.4%, 9	8.1%, 30	369
It was easy to talk to the people who saw me	67.8%, 250	22.8%, 84	4.3%, 16	5.1%, 19	369
I was treated well by the people who saw me	76.7%, 283	14.4%, 53	3.3%, 12	5.7%, 21	369
My views and worries were taken seriously	72.9%, 269	14.1%, 52	4.6%, 17	8.4%, 31	369
I feel the people here know how to help me	66.1%, 244	20.6%, 76	5.1%, 19	8.1%, 30	369
I have been given enough explanation about the help available here	70.8%, 262	20.5%, 76	3.2%, 12	5.4%, 20	370
I feel that the people who have seen me are working together to help me	71.0%, 262	18.4%, 68	3.8%, 14	6.8%, 25	369
The facilities here are comfortable	61.0%, 225	20.9%, 88	4.3%, 16	13.8%, 51	369
My appointments are usually at a convenient time	62.7%, 232	23.0%, 85	4.1%, 15	10.3%, 38	370
It is quite easy to get to the place where I have my appointments	71.5%, 263	17.9%, 66	3.3%, 12	7.3%, 27	368
If a friend needed this sort of help, I would suggest coming here	69.2%, 256	19.2%, 71	4.3%, 16	7.3%, 27	370
Overall, the help I have received here is good	69.2%, 256	19.2%, 71	4.3%, 16	7.3%, 27	370

RQ6: Can the programme be implemented with fidelity to the programme-/site-level theory of change and delivery framework?

As summarised in Appendix 2, the programme-level theory of change suggests that a combination of 1) system-level changes (multi-agency partnership arrangements, data sharing, etc.), 2) good practice tools and principles (co-production with CYPs and families and holistic, timely, good-quality provision) and 3) joined-up support underpinned by trusted relationships (multi-agency support for CYPs and families coordinated by key workers) will lead to reductions in offending behaviours through a range of intermediary outcomes. These intermediary outcomes are theorised to be at the:

- CYP level: improved mental health and emotional well-being, and reduced behavioural difficulties and experience of maltreatment)
- family/carer level: improved stability, resilience, employment and financial security and reduced housing issues and drug/alcohol abuse
- community level: increased safety, cohesion and empowerment
- Locality level: improvement in joined-up services, increased quality and more stable provision, easier navigation, a reduction in the nubmer of CYPs entering the care system.

System-level changes (employed to facilitate change): sites had largely adhered to the system-level changes described in their site-level theories of change. Activities included the formation of multi-agency assessment panels (all sites) and specialist training for staff (described in Appendix 3). As discussed in RQ4, the main facilitators of system change were co-location, a collective understanding of exploitation and the formation of locality-level partnerships. The primary barriers were translating the initial multi-agency commitment into collective action to support delivery and difficulties in recruiting and retaining staff.

Good practice tools and principles: in line with the overall theory of change, qualitative data confirmed that sites had used a combination of local data sources, national toolkits, local experience of effective approaches and community consultation to develop and implement their interventions. Consultation with CYPs and families informed the intervention content throughout implementation, but this activity was less frequent than during the co-design phase.

Joined-up support underpinned by trusted relationships: all five sites had successfully implemented a key worker pathway, which provided trusted, coordinated, one-to-one support for CYPs. All sites successfully recruited and retained CYPs into this pathway, although the numbers at all sites were lower than the 200-person target set for the study by the YEF (evaluator team expectation: minimum 100), with three sites less than 100: Site A, n=66; Site B, n=134; Site C, n=77; Site D, n=221; and Site E, n=89.

As detailed in RQ3, all sites implemented wider group-based multi-agency activities for the social networks of CYPs on the key worker pathway (siblings, peers, school-based activities, groups within the community) and their families. This included group sessions targeted to needs, groups of CYPs or contexts (Sites A–E), psychological support (Site C), specialist PHSE provision and school transition support (Sites A–D), one-to-one or group parent/carer support (Sites A, B, E) and parent peer support groups (Sites A–D). Qualitative interviews highlighted that these activities were delivered with lower fidelity to the site-level theories of change due to ongoing adaptations during the implementation period. For example, Site B had initially proposed weekly family-based support sessions delivered by a VCFSE partner in their locality hubs but changed this to a bespoke positive activity offer for families due to low uptake. Stakeholders in the qualitative interviews acknowledged that adjustments based on local need were a common part of multi-agency approaches, particularly when being guided by a contextual safeguarding approach which responded to peer group or community needs. In NPT, this is referred to as reflexive monitoring (Murray et al., 2010), where individual and communal appraisal can lead to the reconfiguration of practice.

"Personally, I think what we're doing, evaluation and reflection and adapting and being comfortable with making changes is key; […] let's look at other opportunities and building capacity for others to be able to offer that support". (A6)

RQ7: Does the programme implementation plan and/or theory of change need refining?

As discussed in RQ6, the qualitative findings of the implementation study suggest that the YEF *a priori* theory of change could largely be implemented as intended. Qualitative stakeholder engagement suggested two potential areas for refinement which should be considered when progressing to an efficacy study: the length of the key worker intervention and the length of the preparation and implementation phases.

Intervention length: follow-up measures for the study were set at 12 weeks to roughly align with the completion of key worker support across all sites. Sites which contracted VCSFE keyworkers (Sites A, C, E) had a fixed intervention length of 12 weeks to align with contract requirements. Sites with local authority–employed keyworkers (Sites B, D) had greater flexibility in the intervention length, with support often exceeding 12 weeks. Stakeholders identified some benefits to a fixed intervention length, including creating clear expectations for the young person regarding the support being offered and how long they were expected to engage. A 12-week intervention was viewed as sufficient in certain circumstances; for example, in supporting a young person in transitioning to support from a social worker (Level 4) or returning to mainstream school after a short period out of education. However, stakeholders felt that 12 weeks was insufficient for many eligible CYPs due to the complexity of their needs and the time required to build trust with CYPs and their families to allow them to engage with more intensive, goal-based work. Participating

key workers expressed frustration when they had to end support for CYPs who still had ongoing risks and vulnerabilities, particularly when the CYP was not engaging in any other form of support.

"You know, they're meeting the criteria for the programme for a reason; the home is all over the place in terms of support, parent [who's] involved in criminality, 12 weeks isn't enough for them really. I think that they need longer-term support really for us to have an impact; […] they need quite intense intervention really". (A12)

"I went into this project thinking, 'Would 12 weeks be enough?' […] Because sometimes you can spend six weeks actually just trying to […] engage these young people who aren't engaging with anyone else; […] It is hard to let go; […] really, we're talking about really highly vulnerable young people. So, I do think as a professional, it's quite difficult to let go of those cases as well". (C8)

Overall, the study suggests that while there were some benefits to a fixed intervention length, the nature of the key worker pathway requires greater flexibility. Future programme design should either extend the length of the key worker intervention or allow for a flexible period of engagement/relationship-building between key workers and CYPs prior to the fixed-length intervention taking place.

Lengths of the preparation and implementation phases: whilst all sites had managed to implement a programme which showed fidelity to their theory of change, many stakeholders believed that the 12-month timescale of the study did not allow sufficient time to both recruit and train a multi-agency team and achieve the intended outcomes. In particular, stakeholders were concerned that practical elements, such as the key worker pathway, prevention-based work, co-location and intervention-specific referral routes, were unlikely to be sustained if there was a substantial time lag between this study and a future efficacy study. This presents challenges in relation to the efficacy study. The loss of skilled key worker staff could cause time delays in implementing an efficacy study (like the delays seen in this study) while new staff are recruited and retrained. For sites contracting VCSFE keyworkers, this also presents risks to sustaining VCSFE partnerships. If VCSFE partners sought alternative funding sources to continue provision during the interim period between this study and a future efficacy study, it may impact how distinct the efficacy study would be from business as usual. Similarly, if sites begin to implement some changes relating to multi-agency and locality-based working into their usual practice during the bridge period, some system-level intervention components currently described in the site-level theories of change may no longer be distinct from business as usual. Stakeholders also noted concerns about losing trust and reputation among CYPs, families and schools upon the withdrawal of support, which could impact their engagement with a future efficacy study.

"I think that's one of the frustrations, that the project is only 12 months; it doesn't feel like a long enough time; […] we're only starting to see a shift and a change now with referrals, and it makes you wonder if it was longer, I wonder how much more effective we could be, and we could potentially see a real shift again from where we are now". (A12)

"If there is going to be a significant gap, then [it's] not so easy because […] all of the workers that we've got now will have moved on to different places; […] training of the staff network would have to start from scratch; […] we'd lose the expertise that we've developed over the last six months, potentially lose the trust in those schools; […] we wouldn't just be able to hit the ground running with the impact [study]". (D2)

2.5 Conclusion

Evaluator's judgement of intervention feasibility

Overall, the study found that it was feasible for all five participating sites to implement multi-agency support with fidelity to the three key aspects of the *a priori* theory of change: 1) joined-up support underpinned by

trusted relationships, 2) good practice tools and principles and 3) systems conditions to facilitate change. A refined programme-level theory of change is presented in Figure 3, which provides a detailed summary of common programme components and mechanisms which facilitate implementation and improved outcomes. Table 8 provides a summary of implementation feasibility against the success criteria, and Table 9 provides a summary of key findings for each research question.

Table 8. Summary of implementation against success criteria

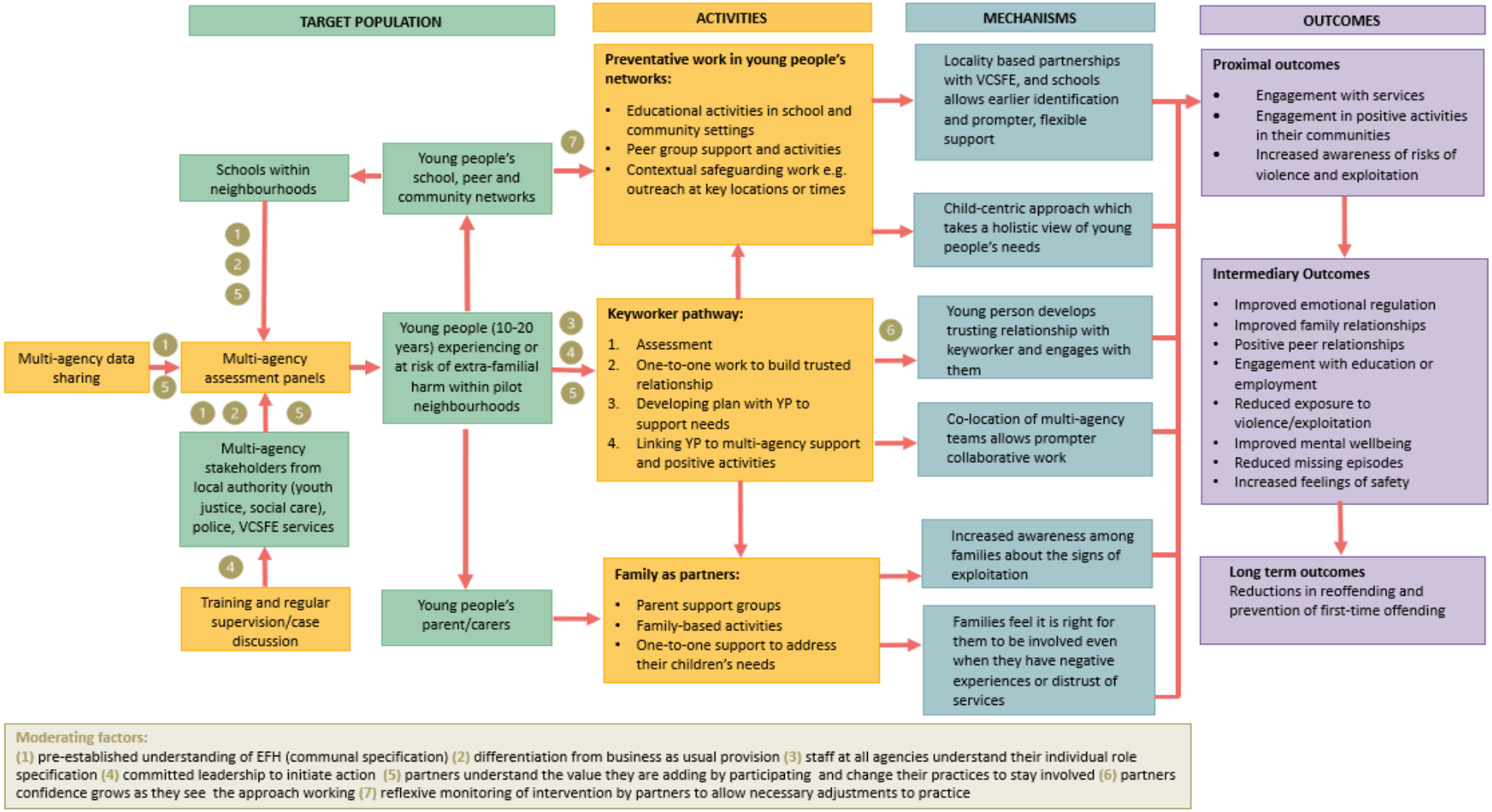
Criterion	Indicator	Fully/partially/ not met
Creation of programme-level theory of change	Agreed by the YEF, evaluators and co-design partner	**Fully met**
Creation of site-level theory of change	Agreed by the YEF, evaluators and co-design partner	**Fully met**
Creation of site-level system map	Agreed by the YEF, evaluators and co-design partner	**Fully met**
Ability of the programme to be implemented as planned (fidelity)	Agreed by the YEF, evaluators, co-design partner and delivery leads	**Fully met**
Ability of the programme to receive appropriate referrals	Proportion of participants who meet programme inclusion criteria	**Fully met** (88.1%)
Ability of the programme to engage participants	Proportion of participants consenting to intervention	**Fully met** (87.5%)
Ability of the programme to retain participants	Proportion of participants who attend programme intervention activities	**Fully met** (100%)
Ability to collect routine monitoring data	Proportion of missing baseline data on programme participants captured by data systems	**Fully met** (0% – demographics)

Table 9. Summary of the feasibility of the implementation study findings

Research question	Finding
What is the programme recruitment, retention and reach across strands?	During the study, 726 children and young people were recruited across the five sites, and 635 received key worker support. All sites had established new multi-agency panels to receive referrals. The number of referrals received increased over the implementation period, with significant preparatory work needed to raise awareness among referring partners of the early indicators of extra-familial harm, eligibility criteria and available support. This demonstrates that there is a period necessary to embed the intervention into usual practice. Retention in the programme was facilitated through trusting relationships between children and young people and their key workers. Stakeholders felt that they were reaching children and young people who would not have been previously supported through their business-as-usual provision.

Is there a clear and consistent set of eligibility criteria being adhered to across sites and activity strands that also reaches key worker pathway pilot targets?	Across the sites, clear eligibility criteria were 1) children and young people aged 10–20 years and their families, 2) those at-risk of/experiencing extra-familial harm, 3) those within two neighbourhoods and 4) those requiring early, targeted or specialist help, assessed by meeting levels 2–4 of the Levels of Need Safeguarding framework used by local authorities. An additional refinement was made to these pre-established eligibility criteria during the study period by the multi-agency teams, the YEF and evaluators to include children and young people experiencing risk but not resident in the pilot neighbourhoods. This included children and young people engaging with the following extra-familial risks within the pilot neighbourhood: a romantic relationship with identified risks; school avoidance, which increased vulnerability to exploitation, antisocial behaviour and socialising with peers in places that made them vulnerable to harm; and engagement in criminal activity or weapon carrying.
What does programme referral, engagement, support offer and completion look like for children and young people (and their families) through the key worker offer and other programme activities?	Key workers' supported eligible children and young people through 1) the assessment of children and young people's needs, 2) dedicated one-to-one work to build a trusting relationship, 3) the development of a plan with children and young people to meet their needs, including support for their networks (peers, school, family) and 4) linking children and young people to the wider multi-agency support offered in the site. Parental support varied across sites and included peer groups, family-based activities and individual support from key workers to address children and young people's needs. System-level changes included data sharing, as well as training and supervision for staff.
What factors support or impede programme delivery?	Six key themes, which could support or impede programme delivery, were identified from the qualitative interviews and focus groups with stakeholders. They were 1) a relationship with the key worker, 2) the locality-based nature of the model, 3) the co-location of multi-agency partners, 4) the existing organisational culture surrounding extra-familial harm, 5) the commitment from multi-agency partners to act and 6) staffing the new model.
What are service users' and practitioners' views and experiences of the programme?	Qualitative findings generally indicated that the programme design and approach were acceptable to staff across all five sites. Participants at four sites noted the positive response to the programme from partnered schools within their neighbourhood areas. Stakeholders who had referred children and young people into the programme felt confident that the children and young people and their families were finding the support acceptable. Qualitative insights gathered from children and young people and their parents present an overall positive experience of engaging with the programme, highlighting key themes such as the inclusivity of support, effectiveness of keyworkers, value of learning opportunities and adaptability of services.
Can the programme be implemented with fidelity to the programme-/site-level theory of change and delivery framework?	Qualitative data confirmed that sites could implement the programme with fidelity to the key activities specified in the YEF's *a priori* theory of change. Namely, all five sites had 1) used good practice tools and principles to develop and implement their model of provision, 2) provided trusted, coordinated key worker support alongside wider family and peer level support and 3) implemented system-level changes to facilitate multi-agency working. Further refinement and testing of the *a priori* theory of change during the qualitative data collection identified common mechanisms and moderators (Figure 3).
Does the programme implementation plan and/or theory of change need refining?	The implementation study indicated that the programme was largely implemented in alignment with the YEF *a priori* theory of change. Qualitative data indicated areas of refinement which should be considered if progressing to an efficacy study: intervention length (with stakeholders feeling that 12 weeks was not sufficient) and the need to ensure the implementation and efficacy study timescales allowed them to build and sustain relationships with the relevant stakeholders.

Figure 3. Updated programme-level theory of change



Interpretation

This study aimed to assess the feasibility of implementing specialist multi-agency teams to support CYPs (10–20 years) who are at risk of or experiencing violence or criminal exploitation outside the home and their families. This allowed for refinement of the *a priori* theory of change and the generation of knowledge for future implementation. This study drew on qualitative data collected from 140 participants (stakeholders=65, CYPs=52, parent/carers=23), routine monitoring data collected by each site and TIDieR frameworks describing site activities (developed in collaboration with each site). NPT was used as a guiding analytical framework for this study (Murray et al., 2010). NPT proposes that practices become normalised through four key constructs: coherence, cognitive participation, collective action and reflexive monitoring, which are used here to shape the discussion of the mechanisms underlying successful implementation (Murray et al., 2010).

Coherence: our findings highlight that significant coherence (or sense-making) work was required to support the implementation of ACF2. All sites believed partners began with a strong shared understanding (communal specification) of multi-agency practices to prevent extra-familial harm through existing structures such as MASH and multi-agency child exploitation panels. However, stakeholders acknowledged that establishing new partnerships in their neighbourhoods (such as schools and VCSFE partners) required additional work to develop a communal specification of ACF2. In addition, some sites noted that the activities of their ACF2 multi-agency teams were clearly differentiated from business-as-usual provision (particularly supporting CYPs below the threshold for Level 4 support or in receipt of Level 4 support but with emerging exploitation concerns), but sense-making work was required with their referring partners to ensure they sufficiently understood this differentiation. As a result, multi-agency staff at some sites did not begin the study with a clear understanding of their individual responsibilities in delivering the intervention (individual specification). Translating the initial commitment made by multi-agency partners into collective action to support the delivery of ACF2 and difficulties in recruiting staff to new posts within the study timescales were key barriers to this.

However, once this sense-making work had taken place, multi-agency partners showed greater understanding of their individual roles and internalised the value of the intervention. These findings are supported by previous implementation research. A study of a multi-agency safeguarding partnership in an English local authority similarly found that congruence in actions between leaders and frontline workers and partners feeling included and valued were vital facilitators of coherence in multi-agency partnerships (Ball et al., 2024).

Our implementation study suggests that coherence work is required to establish multi-agency teams to support CYPs experiencing extra-familial harm. This work includes creating a communal understanding of extra-familial harm and the associated risk factors across multi-agency partners, clearly differentiating between the work of the multi-agency team and business-as-usual offerings and ensuring understanding across all multi-agency team members of their roles in delivering the programme. Multi-agency partners then internalised the value of the programme, leading to increased numbers of eligible referrals and more proactive multi-agency support for CYPs. Importantly, our implementation study demonstrates that this coherence work requires time and capacity within the multi-agency team to build relationships and communicate their aims with partners. Future efficacy studies should therefore build time for this coherence work into their timelines, ideally after key workers are in post but before delivery begins, to ensure prompt and effective implementation.

Cognitive participation describes the relational work that people do to build a community of practice around a new programme. Relational work at the individual, practice and system levels was identified as a key element of building a multi-agency approach to extra-familial violence across all sites. As previously discussed, at the system level, some sites experienced issues with leadership driving the actions (initiation) needed to put multi-agency working in place. These findings concur with research on multi-agency safeguarding partnerships, where proactive, present and passionate leaders were vital to enacting multi-agency working and driving forward the agenda to respond to exploitation (Ball et al., 2024).

Sites also noted that developing a multi-agency team at the neighbourhood level required them to enrol new partners, including local schools and VCSFE partners. VCSFE participants had a clear sense of how their work added value to existing statutory support and felt a strong sense of equality in the multi-agency partnerships through attendance at panels, regular communication and access to relevant data and intelligence. These qualitative findings suggested good legitimation of the programme among VCFSE partners, who clearly believed it was right for them to be involved. Similarly, police partners, particularly those who were co-located to allow them to collectively contribute to the multi-agency team (enrolment), described making refinements to their data-sharing practices to allow them to sustain and stay involved in the work of the multi-agency team (activation). Finally, all sites described developing a community of practice around each individual CYP, with wider support offered to their family, peer and school networks. Participants noted that building trusting relationships with CYPs' family and school networks led CYP to believe it was right to be involved (even when they had distrust or negative experiences of services in the past; legitimisation) and thus increased and sustained CYPs' engagement with the support offered (activation). In their research with six UK-based interventions to address extra-familial harm, Firmin et al. (2024) describe this distinction between CYPs who are truly "known by professionals" compared to those who are simply "known to services". Relationships where CYPs were "known by professionals" were characterised by closeness (physical, cultural, temporal, emotional) between the CYP and the professional, built on a close understanding of who the CYP is, which allowed professionals to coordinate support to meet their needs.

Our implementation study, therefore, suggests that successful multi-agency approaches for CYPs experiencing or at risk of extra-familial harm require a community of practice to be at the individual CYP (family, peer, school networks), organisational (multi-agency partners) and system (leadership) levels to ensure that all partners feel it is right for them to be involved in the programme and that they sustain the work required for them to stay involved in the multi-agency team. Trusting relationships were the driving facilitator of cognitive participation at all levels of the programme, highlighting the importance of selecting key workers and leadership who can build this trust.

Collective action: the key to any complex multi-agency programme is the operational work that needs to be done to embed it into everyday practice. NPT describes four qualities of this collective action: people interacting to implement a programme in everyday settings (interactional workability), building accountability and maintaining confidence in the new practices (relational integration), allocating and dividing up the necessary labour (skill set workability) and creating policies and protocols to manage the practices (contextual integration). Our study suggested that interaction work was a core part of embedding the key worker pathway, with relationship-building work between key workers, CYPs and families being key to enrolling and engaging CYPs in the programme (interactional workability). As multi-agency partners saw the programme working, their confidence in it grew (relational integration). For key workers, this was seeing improvements in intermediary outcomes for CYPs, such as better school engagement, increased confidence

and well-being, and the development of positive peer relationships. Multi-agency team leads played an important role by providing regular supervision to key workers (contextual integration) but also trusted their skills and expertise (skill set workability). This led key workers to recognise their value in the multi-agency team, and it built their sense of accountability. These findings align with previous research on the implementation of the Strengthening Families Programme across Wales, which found that practitioners value interventions when they believe they can help families, fill a gap in existing provision and receive training and supervision, which increases their understanding of what they are required to deliver and how (Segrott et al., 2017).

Similarly, all CYP and parent interviewees expressed increased confidence in the support they received as engagement progressed. All participants said they would recommend the support they had received to a friend, with several giving examples of where they had helped the team identify further eligible CYPs. Ongoing system-level work, such as regular data sharing, as well as training and supervision of staff, helped sustain this collective action (contextual integration).

Reflexive monitoring is a continuous process when implementing a new, complex programme and describes the appraisal work partners do to understand how effective the intervention is (systemization), whether it is working, how it is valued by different groups (communal appraisal) and individuals (individual appraisal), and how it needs to be modified (reconfiguration). Communal appraisal was central to the multi-agency approach, facilitated through the formal channel of multi-agency referral panel meetings and regular, informal meetings between multi-agency team members, such as regular supervisions, case meetings and data meetings. Participants described how these meetings gave them opportunities to see how the multi-agency approach was working and, in some cases, led to a reconfiguration of their practices. Staff participants also described high acceptability of the multi-agency teams, which increased over time as they individually appraised the outcomes and benefits of the new practices on their work. This individual appraisal also led to some reconfiguration of practice.

3. Feasibility of an efficacy study

3.1 Research questions

The feasibility of an efficacy study aimed to answer the following questions:

1. What is the level of consistency and standardisation of programme implementation across the five sites overall?
2. Are sites aligned enough in their aims and approaches to make a collective efficacy study feasible?
3. What is the feasibility of measuring impact at an individual, site and programme level?
4. What is the required sample size for a full efficacy study?
5. Is it feasible to achieve a sample size with enough power to progress to an efficacy study?
6. Across sites, is the programme sufficiently distinct from business as usual for an efficacy study to be feasible?
7. What are the direction and magnitude of potential changes in identified outcomes, and does the study evidence promise of the programme achieving its intended outcomes?
8. Are the piloted outcomes/measures appropriate/practical/reliable/valid for the programme?
9. What are the options and considerations for the design of an efficacy study (e.g. what potential is there for randomisation at the individual or area level; do any subgroup effects need to be considered and why)?
10. What scale of delivery would be required for the sample size to be met, given the evaluation design being recommended at the end of the feasibility study (e.g. how many sites; how many neighbourhoods in each site)?
11. What research questions could a robust efficacy study answer?
12. What is the acceptability of an efficacy study to programme stakeholders?
13. Do sites have the capacity to scale up if the study progresses to a full efficacy study (considering pilot recruitment/retention/reach and local needs/systems)?

3.2 Success criteria and/or targets

Table 10 details the success criteria used to inform the decision on progression to an efficacy study. These were developed by the evaluators, agreed with the YEF and were based on the recommendations provided by Mellor et al. (2023). Criteria selection was a pragmatic choice based on study objectives, understanding of the ACF2 programme model and assumptions about delivery, and criteria used in similar studies. The Red-Amber-Green system adopted was not used as a strict benchmark but to draw attention to problems and highlight areas that might require (urgent) attention. These were used to inform decisions on feasibility and progression.

Table 10. Success criteria and/or targets

Criteria	Indicator	Fully Met	Partially met	Not Met
Ability to collect children and young people's (CYPs') baseline measures	Proportion of CYPs completing baseline questionnaires	60–100%	40–59%	0–39%
Ability to collect CYPs' follow-up measures	Proportion of CYPs completing follow-up (+3 months) questionnaires	60–100%	40–59%	0–39%
Outcome measure data completeness	Proportion of missing data for each primary and secondary measure[i]	0–39%	40–59%	60–100%
Availability of routine data for site-specific, selected important outcomes	Agreed by the YEF and the evaluators. Proportion of outcomes for which data can be made available	60–100%	40–59%	0–39%
Linked individual-level outcome data from routine sources can be made available, and, if not, area-level routine outcome data can be made available at a sufficiently disaggregated level	Agreed by the YEF and the evaluators. Data can be made available at the individual level or appropriate area-level aggregation (appropriate geographical area to be determined in collaboration with sites based on the target area of intervention and hypothesised geographical reach of associated impacts)	Yes	-	No
Outcome data can also be made available for small numbers without high levels of censoring for area-level data	Uncensored, anonymised, small area-level data	≤20% of outcome data censored	>20% of data censored; appropriate imputation methods can be applied	>20% of data censored; appropriate imputation methods cannot be applied
Outcome data are available at an appropriate level of temporal aggregation	Primary outcome data available at monthly intervals or less	Data available at monthly intervals or less (e.g. weekly)	Data available at quarterly intervals	Data available at intervals of more than a quarter (e.g. 6-monthly or annual)
Outcome data are available for control sites	Primary outcome data available at monthly intervals or less	Data available at monthly intervals or less (e.g. weekly)	Data available at quarterly intervals	Data are available at intervals of more than a quarter (e.g. 6-monthly)

[1] Individual-, site- and/or area-level routine data on: violent offending, victimisation, school exclusions, school attendance, and opportunities for education, employment and training, including data on those not in education, employment or training

Additional criteria derived from the assessment of other data included:

Acceptability of evaluation methods: from the analysis of qualitative data, target groups report evaluation methods are:

- Acceptable and/or could be feasibly improved.
- Unacceptable, and we cannot identify how they could be improved. Evaluator/sites can develop a plan to increase acceptability.
- Unacceptable, and we cannot identify how they could be improved. Evaluator/sites cannot identify a plan to increase acceptability.

3.3 Methods

Participant selection – pre–post pilot data

As noted previously, participants consented to the intervention and the evaluation as separate entities (see Section 2.3). CYPs engaging in the key worker pathway were asked to complete a set of measures at baseline (the initial point of engagement with a key worker or a relevant time thereafter) and follow-up (+3 months[12]). Questionnaires were self-completed by CYPs while they were present at each delivery site using an online questionnaire (hosted by the evaluator on the Qualtrics platform) accessible via computer, tablet or mobile phone, depending on the IT infrastructure at each site. We aimed to collect pre- and post-outcome measures from a minimum of 500 and a projected maximum of 1,000 CYPs who specifically received key worker support. As this was a feasibility and pilot study, this sample size was a pragmatic decision to allow us to determine whether the sites and programme as a whole meet the progression criteria for an efficacy study.

Administrative data

Data set identification and assessment strategy: to assess the availability and suitability of administrative data sources for a future efficacy study at the individual, site and programme levels, we: i) conducted Internet searches of major data repositories (e.g. Office for National Statistics) and crime and education data sources that comprised the primary and/or secondary outcome measures, ii) explored the existing knowledge of possible data sources within the evaluation team, iii) reviewed data dictionaries and user guides where available, iv) read the YEF Administrative Data Guidance report (Ellison and Cook, 2024) and academic literature related to specific data sets, v) emailed repository data teams to request further information and vi) consulted with relevant stakeholders at each study site. For the last item, we first approached site managers and data leads to start discussions about the availability of and suitability of using local data sources for future efficacy study. Where it was necessary to gather more detailed information about the availability and characteristics of specific data sets, site managers and/or data leads signposted us to other relevant colleagues, such as local police and Youth Justice Board contacts, for further discussion. We collected all information via online meetings or email.

Target trial framework (TTF): the evaluation team extracted relevant information from existing site documentation and contacted all site leads to discuss TTF for natural (quasi) experimental evaluation (De Vocht et al., 2021) templates to assess where a site evaluation design can mimic an ideal controlled trial and where it is likely to deviate. A more detailed description of the TTF is provided below.

[12] Ideally, follow-up data would have been collected at +6 months, as behavioural change and wider family/contextual factors are expected to take time. Further, incidence of engagement in violence or criminal exploitation may be low. However, owing to the implementation period being 12 months, the uncertainty of when and how well recruitment will proceed, and, if so, how long CYPs will stay engaged in the programme, for this study, we implemented a +3-month follow-up period to ensure that baseline and follow-up data were collected. This may mean that findings at +3 months may be an underestimate of effects.

Data collection – pre–post pilot data

Primary outcome measure: in accordance with YEF specifications and in agreement with delivery partners, the primary outcome measure for individual-level data[13] was:

- Emotional regulation and behaviour using the self-completed Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997).

This 25-item SDQ scale assesses behaviours, emotions and relationships across five domains: emotional symptoms, conduct problems, hyperactivity, peer problems and prosocial behaviours. The SDQ is included in the YEF Outcomes Framework (due to its statistical association with offending behaviour), and it was chosen as the primary outcome measure owing to its relevance to the *a priori* theory of change at the programme and site levels.

Secondary outcome measures: secondary outcome measures common to all sites were selected based on the YEF overarching programme *a priori* theory of change and site-level theories of change, and and questionnaires were piloted to ensure completion in under 15 minutes was possible.

- Mental health and well-being were assessed using the short version of the Warwick-Edinburgh Mental Well-being Scale (SWEMWBS; Melendez-Torres et al., 2019). SWEMWBS is a 7-item, self-completed scale, which has been previously validated in UK school children and addresses different aspects of mental health and well-being.
- CYPs' experiences of the service were assessed using the Child Experiences of Services Questionnaire (CHI-ESQ; Brown et al., 2014) at post-intervention only. This measure has relevance to this programme primarily because the aim is to offer CYPs and their families a new model of support via the key workers and multi-agency team approach. Understanding CYPs' views of the programme is important for future delivery and for exploring mechanisms of change.

Demographic data, including age, gender, ethnicity and socioeconomic status (SES; using the Family Affluence Scale [FAS]), were also collected (all questions were taken from the England version of the World Health Organization Health Behaviour in School-aged Children [HBSC] cross-sectional survey (Hulbert et al., 2023).

Data collection – Administrative data

National data sets: members of the evaluation team extracted information about administrative data sets relevant to assessing our primary and secondary outcomes into a standardised Microsoft Excel spreadsheet. This spreadsheet was designed to capture information relevant to the success criteria (Table 4), including i) data source (name and link/reference), ii) data completeness, iii) whether data were available at the individual or area level, iv) the lowest level of geographical aggregation available (if data was only available

[13] Two other validated tools were identified which had the potential to measure programme outcomes: 1) Self-reported offending using the 19-item Self-Report Delinquency Scale (Smith and McVie, 2003) and 2) Violent victimisation – using an adapted version of the Juvenile Violence Victimisation Questionnaire (Finkelhor et al., 2011). However, these were not chosen for use in the study due to the context of the programme and target group and concerns around safeguarding CYPs (see Appendix 5 for further details).

at an area-level; e.g. Lower Super Output Area) v) censoring (e.g. small number suppression) and vi) temporal aggregation of data (e.g. monthly). We also captured further information relevant to our understanding of these data sets and/or important to consider in planning a future efficacy study. This information included coverage (e.g. England only or Wales only), specific variables of interest, the approximate number of events/sample size for each data set per relevant time period/population subgroup (if this information was available), the date range covered by the data, the date of the latest data release, reporting lag, approvals and access processes, and other data quality/methodological considerations.

Local data sets: the evaluation team prepared a site-level data proforma (see Appendix 6) for sites to complete and circulated this to site managers and key data contacts. The proforma asked sites to indicate whether specific data sources were available to measure the overall programme outcomes and common site-specified outcomes that were identified from sites' theories of change. These were individual, site and/or area-level routine data on i) violent offending, ii) victimisation, iii) school exclusions, iv) school attendance and v) opportunities for education, employment and training, including data on those not in education, employment and training (NEET). For each of these outcomes, sites were asked to describe the specific variables available in their data to measure each outcome (e.g. police-recorded incidents of violent crime), describe the data source (e.g. local police data) and provide contact details of the person or team with oversight of each data source so that the evaluation team could contact them to discuss the data further, if required. Sites were given the option to return the completed pro formas to the evaluation team via email or to discuss the pro forma elements in an online meeting with support from the evaluation team. Following receipt of the pro forma, the evaluation team carried out detailed online follow-up meetings with sites to ascertain the availability and feasibility of using these local data for a future efficacy study. These discussions followed a topic guide (see Appendix 7) structured around the prespecified *Success Criteria* relevant to routine data assessment (Table 4). This included i) whether each outcome measure was available at an individual- and/or area-level and, if area-level, the lowest level of geospatial aggregation available, ii) how frequently each outcome measure was recorded (e.g. monthly, quarterly), iii) any thresholds/protocols for censoring (e.g. small number suppression), iv) details of any lags in data availability/reporting and v) any further information important to understand the feasibility of using these measures, including data quality and access considerations.

Target trial framework: we created a TTF for natural experiments template, following De Vocht et al. (2021), tailored to this specific context (see Appendix 8). We used the TTF to inform the design of a future efficacy study along seven key domains to make explicit where a future evaluation will mimic and where it deviates from the ideal target trial we would ideally conduct. Specifically, we developed a matrix for each intervention site along the following axes outlined in De Vocht et al (2021): eligibility criteria, treatment strategies, assignment procedures, follow-up period, outcomes, causal contrasts of interest and analysis plan to optimise the evaluation design and data requirements to maximise the strength of causal statements. Importantly, this includes information about the selection of optimal potential control areas for matching (De Vocht et al., 2016; 2021). As part of the matrices, we have developed mitigation evaluation design elements for those domains where the quasi-experimental evaluation design will have to deviate from the target trial, such that we optimise the strength for causal conclusions for the outcomes of interest.

To minimise burden on sites, we drafted site-level TTFs using information from existing study documentation, including site-level theories of change, referral pathways/eligibility criteria, completed TIDiER frameworks, and qualitative and monitoring data. We then met with sites to check that the information we had extracted into the TTFs was correct, addressed any inaccuracies and gathered

information to complete any remaining aspects of the TTFs. We then moved on to synthesise the site-level TTFs to develop a programme-level TTF (see Appendix 9). This informed the design of a potential future efficacy study to support robust causal claims.

Analysis

Routine programme monitoring data were analysed using descriptive statistics. Primary pre–post survey data were analysed using descriptive statistics. This was not an efficacy trial, so no inferential analyses were undertaken.

Timeline

Table 11. Timeline

Dates	Activity
Dec. 23–Mar. 25	Administrative data feasibility assessments
15 Apr. 24–Feb. 25	Recruitment to evaluation – individual-level data
15 Apr. 24–May 25	Pre/post individual-level outcome data
May 24–May 25	Monthly monitoring of individual-level outcome data
Mid-Jul. to mid-Sept. 24 and Jan. to mid-Apr. 25	Interviews with practitioners
Jul. 24–Apr. 25	Interviews with CYPs and families

Table 12. Methods overview

Research questions	Data collection methods	Participants/data sources (type, number)	Data analysis methods
What is the level of consistency and standardisation of programme implementation across the five sites overall?	Semi-structured interviews Review programme documentation and monitoring data	CYPs (n=54), families (n=24) and stakeholders at different levels (n=63) Programme recipients/multi-agency data collection systems Documentation, as relevant, across 5 sites	Framework analysis guided by research questions and NPT
Are sites aligned enough in their aims and approaches to make a collective efficacy study feasible?			
What is the feasibility of measuring impact at the individual, site and programme level?	Review programme monitoring data and individual-level outcome data Assess administrative data	Programme recipients/multi-agency data collection systems Individual/site/programme level	Descriptive statistics
What is the required sample size for a full efficacy study?	Review programme monitoring data and individual-level outcome data	Programme recipients/multi-agency data collection systems	
Is it feasible to achieve a sample size with enough power to progress to an efficacy study?			
Across sites, is the programme sufficiently distinct from business as	Semi-structured interviews	Stakeholders at different levels (n=63)	Framework analysis guided by research

usual for an efficacy study to be feasible?	Review programme documentation	Consultation with multi-agency teams/stakeholders	questions and NPT
What are the direction and magnitude of potential change in identified outcomes, and does the programme achieve its intended outcomes?	Review programme monitoring data and individual-level outcome data	Programme recipients/multi-agency data collection systems	Descriptive statistics
Are the piloted outcomes/measures appropriate/practical/reliable/valid for the programme?	Semi-structured interviews Review programme documentation, monitoring data and individual-level outcome data Assess administrative data	CYPs (n=54), families (n=24) and stakeholders at different levels (n=63) Consultation with multi-agency teams/stakeholders Programme recipients/multi-agency data collection systems Individual/site/programme level	Framework analysis guided by research questions and NPT Assessment using the target trial framework
What are the options and considerations for the design of an efficacy study?			
What scale of delivery would be required for the sample size to be met, given the evaluation design recommended at the end of the feasibility study?			
What research questions could a robust efficacy study answer?			
Do sites have the capacity to scale up if the study progresses to a full efficacy study?	Semi-structured interviews Review programme documentation/monitoring data and individual-level outcome data	Stakeholders at different levels (n=63) Consultation with multi-agency teams/stakeholders	

3.4 Findings

Participants – individual-level programme monitoring data (key worker pathway)

Demographics of CYPs differed across sites: the majority in four sites were male, but the gender split was more equal in Site B; across all sites, the majority were aged 10–17 years; and the majority were of White ethnicity across four sites (however, ethnicity across Site C was more diverse) (Table 13).

Table 13. Demographics (programme monitoring data – key worker pathway)

	Site A	Site B	Site C	Site D	Site E
Total N	**78**	**124**[14]	**104**[15]	**205**	**144**[16]
	% (n)	**% (n)**	**% (n)**	**% (n)**	**% (n)**
Gender					
Male	73.1 (57)	55.6 (69)	63.5 (66)	62.8 (123)	68.3 (97)
Female	26.9 (21)	44.4 (55)	36.5 (38)	36.7 (72)	31.7 (45)
Other	0.0 (0)	0.0 (0)	0.0 (0)	0.5 (1)	0.0 (0)
Age group (years)					
10–13	33.3 (26)	84.4 (103)	26.2 (27)	33.5 (59)	36.8 (53)
14–17	50.0 (39)	13.9 (17)	68.9 (71)	64.2 (113)	55.6 (80)
18–20	16.7 (13)	1.6 (2)	4.9 (5)	2.3 (4)	7.6 (11)
Ethnicity					
Asian or Asian British	N/A	0.0 (0)	21.2 (22)	4.2 (8)	0.0 (0)
Black or Black British	N/A	2.4 (3)	37.5 (39)	3.6 (7)	0.0 (0)
Mixed	N/A	4.8 (6)	19.2 (20)	4.7 (9)	8.4 (12)
White	N/A	75.8 (94)	20.2 (21)	84.3 (161)	87.4 (125)
Other	N/A	16.9 (21)	1.9 (2)	1.0 (2)	4.2 (6)

Note. Ethnicity for Site A was not available, as they didn't record ethnicity using standard categories/nationality was recorded under ethnicity. Site B only provided individual monitoring data for those who consented to evaluation.

Identified needs of CYPs across sites: routine monitoring data collected on the identified needs of CYPs engaged in the key worker pathway varied by site.

Site A recorded free-text case notes for the majority of needs described below. The free-text case notes were coded by the evaluation team to indicate the presence or absence of a given need.

- 60.3% (n=47) of CYPs had a suspected or an identified disability, additional learning, or emotional or mental health need. For the majority, these were related to neurodiversity and autism.
- Of those still of school age, 75.4% (n=49) had identified previous or ongoing issues with education provision, including exclusions and/or attendance and behavioural issues.
- 75.6% (n=59) of CYPs were linked to social services. Of these CYPs, 52.5% (n=31) had a care and support plan, 6.8% (n=4) were care leavers, 8.5% (n=5) were under child protection, 8.5% (n=5) were looked after children and 23.7% (n=14) were under another status (e.g. well-being assessment being completed).
- 22.0% (n=13) had a National Referral Mechanism (for potential victims of modern slavery) in place.
- 65.4% (n=51) had identified safeguarding concerns, including criminal and sexual exploitation, violent victimisation by peers and family members, household dysfunction (parental mental illness, substance use or domestic violence), poverty, substance use, weapon carrying, violence perpetration and criminal behaviour.
- There was another agency/professional involved in supporting the CYP in 39.7% (n=31) of cases.

[14] Includes cases who consented to evaluation only.

[15] Data included cases who were supported in this project and who had key work recorded on their files through the sites' in-house systems. A small number of children were supported in this project through voluntary and community sector organisations, were not known to Children's Services or did not consent to having their contact recorded on our systems but consented to Thriving Communities support. This means there are some inconsistencies in the numbers for the individual-level data presented here and the collated referral and support data.

[16] Data included cases who consented to evaluation. One child was referred twice; they are only counted once in the individual-level data but appear twice in the collated referral data.

In Site B:

- Less than one in ten CYPs had a child in need status (8.9%; n=11) or a child protection plan (8.1%; n=10), whilst 4.8% (n=6) were looked after children.
- 48.4% (n=60) of CYPs had special educational needs and disability (SEND) status.

Site C assessed CYPs' needs using the outcomes outlined in the National Supporting Families Outcome Framework (2022–2025; Department for Education [DfE], 2022). This framework sets out ten headline outcomes (e.g. getting a good education), each of which has several need indicators (e.g. average of less than 90% attendance).

- 77.5% (n=31) had more than one headline outcome need recorded, and 25% (n=10) had five or more identified needs.
- 25.0% (n=26) had identified needs related to school attendance and education.
- 20.2% (n=21) had identified needs related to mental and physical health.
- 4.8% (n=5) had identified needs related to substance use.
- 9.6% (n=10) had identified needs related to family relationships.
- 21.2% (n=22) had identified needs related to abuse and exploitation.
- 8.7% (n=9) had identified needs related to criminal behaviour.
- 6.7% (n=7) had identified needs related to domestic abuse.
- 5.8% (n=6) had identified needs related to housing security.
- 8.7% (n=9) had identified needs related to financial instability.

In Site D

- 67.6% (n=138) of CYPs were referred owing to involvement in youth violence, 7.4% (n=15) because of child criminal exploitation, 2.9% (n=6) for missing person concerns, 9.3% (n=19) for child sexual exploitation, 2.9% (n=5) for peer-on-peer abuse and 1.5% (n=3) for sexually harmful behaviour.
- 82.9% (n=170) were referred for prevention work, whilst the remaining (17.1%; n=35) were referred because of experience of significant harm.
- 26.2% (n=49) had identified additional needs. For the majority, these were related to neurodiversity and autism.
- 12.2% (n=23) had a diagnosed disability or impairment.
- A small proportion were looked after children (1.1%; n=2) or had a Special Guardianship Order (1.7%; n=4).

In Site E:

- 72.7% (n=96) of CYPs had a history of abuse, trauma or neglect.
- 46.3% (n=61) had indicators of poverty.
- 14.5% (n=19) had experienced racism or discrimination.
- 64.1% (n=84) had experienced violence, either as a victim and/or a perpetrator.
- 45.0% (n=59) had a sibling or family member who was at risk of violence, experiencing exploitation or regularly coming to the attention of the police.
- 30.5% (n=40) had a history of offending behaviour linked to serious violence, including drugs, public order and weapon carrying offences.
- 36.6% (n=48) had previously come to the attention of the police for antisocial behaviour or offending in the community.
- 41.8% (n=56) had SEND status, and 15.3% (n=20) were NEET.
- There were concerns for the majority of CYPs relating to substance use and/or mental health and emotional well-being.

Outcome measurements: data were captured across two sites (B, C) as part of the routine monitoring data. A summary is provided below just to illustrate the types of data. Further work would be needed to understand if we could reasonably expect some of these measures to change over a 12-week period and assess their suitability in an efficacy study.

- Site B: there was an increase in school attendance for three in ten (31.1%; n=28) CYPs in the month prior to case closure, compared to the month prior to case opening. There was no change in school attendance for 32.2% (n=29) of CYPs; however, the majority of these had complete attendance at baseline, and there was a decrease in school attendance for 36.7% (n=33) of CYPs.[17]
- Site C: there was an improvement in at least one of the identified indicators of need from case opening to case closure for 77.5% (n=31) CYPs, with 30.0% (n=12) showing improvement across all identified needs.

Participants – primary baseline survey data (key worker pathway)

Baseline data were available for 552 CYPs who had participated in the evaluation (Table 7).

Demographics: all sites had more male than female participants, with Sites A and D seeing the highest proportion of males (Table 7). Age group distribution of participants varied between sites, with few survey participants aged 18–20 years at Sites B, C, D and E compared to one-fifth of survey participants at Site A (Table 7). The largest age group for Site B was those aged 10–13 years, the largest age group for Sites C and D was 14–17 years and there was a relatively even split of 10–13 years and 14–17 years at Sites A and E (Table 7).

Across most Sites (A, B, D, E) most survey participants were of White ethnicity, while at Site C, the largest group of survey participants were of Black or Black British ethnicity (Table 7).

SES was measured using the FAS (Torsheim, 2019). Total scores were divided into low, medium and high SES.[18] The SES of baseline survey participants varied across sites, but all sites had the largest proportion of survey participants in the medium SES bracket (Table 14).

Table 14. Demographics (primary baseline survey data – key worker pathway)

	Site A	Site B	Site C	Site D	Site E	All sites
Total N	**59**	**133**	**92**	**181**	**87**	**552**
	% (n)	**% (n)**	**% (n)**	**% (n)**	**% (n)**	**% (n)**
Gender						
Male	70.7 (41)	57.3 (75)	59.3 (54)	58.9 (106)	67.4 (58)	61.2 (334)
Female	27.6 (16)	42.0 (55)	40.7 (37)	40.0 (72)	31.4 (27)	37.9 (207)
Other	1.7 (1)	0.8 (1)	0.0 (0)	1.1 (2)	1.2 (1)	0.9 (5)
Age group (years)						
10–13	32.8 (19)	78.9 (105)	27.2 (25)	39.2 (71)	42.5 (37)	46.6 (257)
14–17	39.7 (23)	17.3 (23)	62.0 (57)	50.8 (92)	52.9 (46)	43.7 (241)
18–20	20.7 (12)	3.0 (4)	3.3 (3)	2.2 (4)	2.3 (2)	4.5 (25)
Ethnicity						
Arab	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)

[17] The mean % attendance in month prior to case opening was 91.4%, whilst the mean % attendance in the month prior to case closing was 89.6%.

[18] FAS is a six-item scale which is scored (0-13) and grouped into low (0-7), medium (8-11) and high (12-13) affluence.

Asian or Asian British	3.6 (2)	3.2 (4)	23.6 (21)	4.0 (7)	0.0 (0)	6.4 (34)
Black or Black British	5.4 (3)	4.8 (6)	38.2 (34)	5.7 (10)	0.0 (0)	10.0 (53)
Mixed	10.7 (6)	4.8 (6)	19.1 (17)	4.0 (7)	10.7 (9)	8.5 (45)
White	75.0 (42)	79.2 (99)	18.0 (16)	83.5 (147)	86.9 (73)	71.1 (377)
Other	5.4 (3)	8.0 (10)	1 (1)	5 (2.8)	2.4 (2)	4.0 (21)
Socioeconomic status						
Low	23.9 (11)	13.4 (16)	15.7 (13)	10.8 (18)	14.5 (12)	14.1 (70)
Medium	47.8 (22)	47.9 (57)	57.8 (48)	53.9 (90)	65.1 (54)	65.1 (271)
High	23.8 (13)	38.7 (46)	26.5 (22)	35.3 (59)	20.5 (17)	31.5 (157)

Identified needs: CYPs' needs at baseline were assessed using the SDQ. Just under half of CYPs completing the baseline survey across the five sites were above the normal range (reporting high or very high difficulties) for SDQ in relation to total difficulties (45.3%), conduct problems (48.3%) and hyperactivity (45.5%). (Table 15). Over a quarter of young people scored above the normal range (high or very high difficulties) for emotional problems (27.7%), peer problems (29.4%) and prosocial problems (25.0%). Over three-quarters (76.2%) of CYPs reported their difficulties had high or very high impacts on their everyday life.

Table 15. Strengths and difficulties questionnaire (primary baseline survey data – key worker pathway)

	Site A	Site B	Site C	Site D	Site E	All sites
Total N	**59**	**133**	**92**	**181**	**87**	**552**
	% (n)	**% (n)**	**% (n)**	**% (n)**	**% (n)**	**% (n)**
Total difficulties subscale						
Normal (0–15)	42.6 (23)	58.6 (75)	62.0 (49)	56.1 (97)	41.7 (40)	54.7 (284)
Borderline (16–19)	31.5 (17)	21.1 (27)	21.5 (17)	18.5 (32)	31.8 (27)	23.1 (120)
Abnormal (20–40)	25.9 (14)	20.3 (26)	16.5 (13)	25.4 (44)	21.2 (18)	22.2 (115)
Emotional problems subscale						
Normal (0–5)	70.2 (40)	69.7 (92)	75.9 (66)	72.1 (129)	74.4 (64)	72.3 (391)
Borderline (6)	8.8 (5)	10.6 (14)	12.6 (11)	11.7 (21)	7.0 (6)	10.5 (57)
Abnormal (7–10)	12 (21.2)	19.7 (26)	11.5 (10)	16.2 (29)	18.6 (16)	17.2 (93)
Conduct problems subscale						
Normal (0–3)	50.9 (28)	60.0 (78)	58.8 (50)	44.9 (80)	46.5 (40)	51.7 (276)
Borderline (4)	10.9 (6)	13.8 (18)	14.1 (12)	22.5 (40)	12.8 (11)	16.3 (87)
Abnormal (5–10)	0.0 (0)	26.2 (34)	27.1 (23)	32.6 (58)	40.7 (35)	32.0 (171)
Hyperactivity subscale						
Normal (0–5)	46.4 (26)	60.5 (78)	68.6 (59)	48.3 (86)	49.4 (43)	54.5 (292)
Borderline (6)	23.2 (13)	22.5 (29)	18.6 (16)	27.5 (49)	20.7 (18)	23.3 (125)
Abnormal (7–10)	30.4 (17)	17.1 (22)	12.8 (11)	24.2 (43)	29.9 (26)	22.2 (119)
Peer difficulties subscale						
Normal (0–3)	60.7 (34)	74.2 (98)	63.2 (55)	74.6 (132)	61.6 (53)	62.8 (404)
Borderline (4–5)	14.3 (8)	21.2 (28)	32.2 (28)	20.9 (37)	31.4 (27)	11.5 (62)
Abnormal (6–10)	25.0 (14)	4.5 (6)	4.6 (4)	4.5 (8)	7.0 (6)	13.5 (73)
Prosocial subscale						
Normal (6–10)	60.7 (34)	117 (89.3)	72.1 (62)	76.1 (137)	62.8 (54)	62.8 (404)
Borderline (5)	14.3 (8)	4.6 (6)	12.8 (11)	11.1 (20)	19.8 (17)	11.5 (62)
Abnormal (0–4)	25.0 (14)	6.1 (8)	15.1 (11)	12.8 (23)	17.4 (86)	13.5 (73)
Impact supplement subscale						
Normal (0)	4.1 (2)	35.7 (35)	27.6 (21)	21.2 (33)	22.5 (16)	23.8 (107)
Borderline (1)	28.6 (14)	22.4 (22)	30.3 (23)	19.9 (31)	23.9 (17)	23.8 (107)
Abnormal (2–10)	67.3 (33)	41.8 (41)	42.1 (32)	59.0 (156)	53.5 (71)	52.4 (236)

CYPs' mental well-being was assessed using the SWEMWBS (Table 16). Three-fifths of CYPs reported normal/high well-being. This varied by site, with over two-thirds of CYPs at Site B, over half at Sites D and E,

and just under half at Site C reporting normal/high mental well-being. This was lower at Site A, where just over a third of CYPs reported normal/high mental well-being, a third reported probable anxiety/depression and a quarter reported possible anxiety and depression. Over a quarter of CYPs at Sites C and D, one in five at Site E and just over one in ten at Site B reported probable anxiety/depression.

Table 16. Short Warwick Edinburgh Mental Well-being Scale

Site	Site A	Site B	Site C	Site D	Site E	All sites
Total N	59	133	92	181	87	552
	% (n)	% (n)	% (n)	% (n)	% (n)	% (n)
Probable depression or anxiety	26.3 (15)	13.8 (18)	28.4 (81)	26.7 (47)	20.7 (17)	22.8 (120)
Possible depression or anxiety	35.1 (20)	8.5 (11)	24.7 (20)	14.8 (26)	20.7 (17)	17.9 (94)
Normal/high well-being	38.6 (22)	77.7 (101)	46.9 (38)	58.5 (103)	58.5 (48)	59.3 (312)

RQ1. What was the level of consistency and standardisation of programme implementation across the five sites overall?

Referral processes across the sites were consistent, with all sites using a multi-agency panel and accepting open referrals from all eligible referrers. Sites described common eligibility criteria in relation to age (10–20 years), geography (neighbourhoods) and extra-familial harm. Definitions of CYPs at risk within a neighbourhood were evaluated on a case-by-case basis at the site level but could be standardised prior to an efficacy study. The key worker pathway appeared consistent across all sites, with a period of relationship building with CYPs/families, tailored intensive one-to-one support, educative elements related to extra-familial harm, and risk and linking of CYPs to wider multi-agency support.

Key worker caseloads were variable across sites, but most sites reported that this caseload was higher than similar key worker interventions within their local authorities, with many key workers at full capacity. The content of key worker support sessions was guided by CYPs' needs and, therefore, not standardised. Two sites implemented staff training in standardised approaches: Adaptive Mentalization Based Integrative Treatment (Sites A, E) and Dialectical Behaviour Therapy (Site A). All sites had implemented wider multi-agency support for CYPs receiving key worker support and within their social networks, including peer, school-based and parental support, but these activities were less comparable across sites. We did not assess programme outcomes on parents/carers, but interviews suggested that having a key worker independent of statutory support for their child, feeling they were not alone in their experiences of extra-familial harm as a parent and having increased knowledge and awareness of the risks of extra-familial harm were mechanisms for improving CYPs' engagement and outcomes.

RQ2. Are sites aligned enough in their aims and approaches to make a collective efficacy study feasible?

As discussed in Section 1 RQ6, site-level theories of change aligned with the three core areas of the YEF programme-level theory of change (systems-level changes, joined-up support underpinned by trusted relationships, and good practice and principles). The main barriers to a collective efficacy study were the sustainability of systems change, including maintaining collective action and programme staffing in current wider organisational climates of financial deficit, staffing shortages and organisational change.

RQ3. What is the feasibility of measuring impact at an individual, site and programme levels?

Individual-level programme monitoring data

Across all sites, there were significant challenges with capturing individual-level programme monitoring data. An overview of site-specific challenges is presented below. Generally, sites collect monitoring data on different systems using different metrics and parameters, with varying levels of resources needed to provide this data in a format suitable for evaluation. Further consideration would need to be given to how individual-level programme monitoring data could be captured consistently across sites for an efficacy study. This might require the development of a bespoke monitoring data set specifically capturing information required for an efficacy study between the evaluators and sites. Critically, though, consideration of the additional resources needed for sites to complete this bespoke evaluation monitoring database, along with their own recording systems, would need to be considered and accounted for.

Site A: all individual-level programme monitoring data were manually extracted by sites from the initial referral form. Redacted case note data on support being provided were also available, including what is working well for the family in terms of support, areas of concern and impacts, barriers to support and aimed outcomes of the work with the CYP and their family. This was manually coded by the evaluators to explore areas of need. The use of case note data to identify needs, as opposed to standard check boxes, may lead to inconsistencies between key workers recording this information. Consideration should be given to the use of check box criteria to identify needs in a standardised way if the programme is scaled up. There is no information available on progress throughout the programme or outcome data. A further consideration is the resources required for the site to manually extract case note data to provide to the evaluators and the impact that scaling up the programme in the future might have on the resources required to provide this.

Site B: all individual-level programme monitoring data were manually captured on an Excel spreadsheet. These data included information on demographics, some information on needs identified and outcomes related to school attendance and exclusions.

Site C: all individual-level programme monitoring data were captured on their AZEUS system, which pulls data from multiple sources, including Early Help Records and MASH. Site C assessed needs and progress using the outcomes outlined in the National Supporting Families Outcome Framework (2022–2025; DfE, 2022).

Site D: the majority of individual-level programme monitoring data were captured on the Welsh Community Care Information System WCCIS Solution national IT programme, which is a single integrated health and social care record system for social services and community health services. Individual assessment data is captured every three months in a case note format and is not currently held on this system. To redact identifiable information, these data would require manual extraction in the future if required for the evaluation. As at Site A, future consideration would need to be given to the resources required to do this if the programme were scaled up in the future. Individual programme-level monitoring data also included counts of the number of contacts with professionals, contacts with families, visits to CYPs, visits to families, other contacts, public protection notices received, missing episodes, return home interviews undertaken, times the emergency duty team was involved and strategy meetings held.

Site E: all individual-level programme monitoring data was captured on their ASSET+ system. These data included demographics and identified needs, but there were no measures of outcomes.

Individual-level pre–post survey data (key worker pathway)

During the pilot period, 552 CYPs completed the baseline survey. The majority, 90% (556/616), who received support consented to take part in the evaluation. Matched baseline and follow-up survey data were

available for 391 CYPs – an attrition rate of 29%. Within the sample of 391 CYPs who had completed the baseline and follow-up measures, 94% (n=368) of SDQ measures (primary outcome) were sufficiently completed to allow for the calculation of a total score. For the SWEMWBS (secondary outcome), completion rates were slightly higher, at 97% (n=378). There were also occasional issues across sites using the correct individual participant codes and the correct survey link (e.g. using the follow-up instead of the baseline survey link), which were resolved through weekly contact with the evaluation team. Among unmatched surveys, 91% (n=158) were baseline surveys for which no follow-up was available, and 9% (n=16) were follow-up surveys which did not match a baseline survey.

Availability and suitability of administrative data for a future efficacy study

National data sets: we identified 11 possible data sources, which were assessed for suitability against pre-defined progression criteria (Appendices 10 [violent offending] and 11 [victimisation and school exclusions]; Table 21). These are described below. Each data set offers distinct strengths and limitations, particularly with respect to granularity, individual-level tracking and data completeness.

Violent offending data: for the primary outcome measure – violent offending – we identified three data sources that may be suitable for an efficacy study: 1) local police data, 2) Police National Computer (PNC) and 3) data.police.uk (Table 21).

Local police data records crime event data – which includes unique crime and person identifiers, date of offence, offence type (Home Office), outcome category, nominal data (suspect/victim/witness identifiers, including name, date of birth, address, gender and PNC ID), location data (address, coordinates, Lower Super Output Area and ward) and flags for contextual categories (e.g. domestic abuse, hate crime). While some data are eventually transferred to the PNC (see below), local systems typically provide more granular, complete and timely records. Local systems also include crimes for which no offender has been found/prosecuted (unlike other police data). Therefore, this local data set may include people who are victims of crimes (e.g. offences against the person), so it could be a suitable data source for the secondary outcome measure – victimisation. We did not find any other suitable routine data source for the victimisation outcome. Data are available with fine spatial (e.g. street-level coordinates) and temporal (e.g. daily) resolution, which allows for time series analysis.

The PNC data set is another candidate data source for a future efficacy study. One key benefit of this data set is that it provides individual-level data from which it is possible to construct offence histories. Through secure access via the Ministry of Justice (MoJ), researchers can provide participant identification codes to enable individual-level follow-up and the construction of an individual's offending history. However, in most cases, researchers will need to obtain individual-level consent from each person to enable linkage, and there may be a considerable lag. This is likely to lead to low levels of and bias in recruitment and high levels of attrition, which would compromise the feasibility and robustness of an efficacy study based on this data set. It is also important to note that crime that does not result in identifying an offender will not be recorded in the PNC, which will therefore underestimate area-level crime. In addition, the record might lack detailed location data. To sum up, while PNC enables longitudinal tracking of offenders and might be useful for recidivism analysis, it might not be the most suitable option for area-level analysis.

Data.police.uk benefits from a low level of spatial aggregation (street-level, albeit with some geo-masking applied to disguise precise location, and Lower Super Output Area), good temporal frequency (monthly data) and a relatively short lag in data publication (two to three months). The main limitations of this data set for the purposes of a future efficacy study are that sexual and violent offending are grouped within a single

category and data are not presented by age group, preventing us from looking at these offending and participant subgroups in isolation. In addition, it only supports area-level evaluation and does not support individual-level outcome evaluation.

School exclusions data: regarding the secondary outcome – school exclusions – we identified the National Pupil Database (England) and Education Wales and Welsh Government Pupil Level Annual School Census (PLASC) data sets as possible data sources. Given the national coverage of these data sets, they would be suitable for the evaluation of outcomes in both intervention and control sites. The National Pupil Database (England) and Education Wales data sets both benefit from a high level of temporal resolution (daily), and the National Pupil Database provides individual-level data linked to postcodes. Based on our investigation of PLASC data via the Welsh Government, we understand that open data are only available at the local authority level. However, requests to access individual- and school-level data for statistical and research purposes can be made directly to the Welsh Government. There is a track record of the Welsh Government approving research data access requests from universities and other organisations. Welsh data on exclusions are also available via the Education Wales data set. This data set also includes an encrypted school identifier; however, the latest data set (at the time of this report) only extends to 2021, so it may not cover the follow-up dates required for an efficacy study. School-level data sets have since been identified at the local level through discussion with service providers; these are updated twice daily (see below).

Local data sets: Table 22 summarises our assessment of the feasibility of using local administrative data in a future efficacy study based on the relevant success criteria. A detailed summary is provided in Appendix 12. Our investigation of these data sources indicated that local routine police and school data are likely to provide the most consistent, well-defined, objective and repeated measures of violent offending and school attendance/exclusions for participants across all levels of need. These data are likely to be available in a relatively standardised format across all police forces and public schools, given mandatory Home Office, MoJ and DfE reporting requirements. Therefore, they offer promising data sources for a future efficacy study. These data would, in principle, offer an opportunity for evaluation at the individual level, in contrast to most of the national administrative data sets described above, which mainly support area-level evaluation (with the exception of the PNC data set accessed securely via the MoJ, described above). Local police data sets are likely to be more comprehensive than nationally available PNC data, as they also capture crimes for which an offender has not been identified. They further benefit from good geographical (coordinates for the locations of offences) and temporal (daily) aggregation. These data would need to be secured via local data access arrangements with each police force. Procedures and resources would need to be established to link the intervention allocation of individuals to these routine data. Intervention delivery sites indicated that linkage to police data at individual level may be resource intensive, posing a risk of an insufficient sample size selection bias due to non-consent if, for example, individuals at the greatest risk of offending are less likely to consent to data linkage than those at lower risk of offending, which could compromise the feasibility and robustness of a efficacy study. We also acknowledge the risk of drop-out or censoring, where individuals are no longer observed in data sets that rely on ongoing administrative records. Therefore, if using linked individual-level administrative data, it would be important to formally characterise, where possible, the reasons for this drop-out. Reasons could include, for example, out-of-area migration, death, a move from child to adult services or problems with data quality/classifications (such as identity change, aliases, input errors), which may mimic drop out. In all instances – while adhering to confidentiality/data-sharing restrictions, it would be important to investigate the likely reason for data missingness/drop-out through discussions with service providers (delivery sites, local police and education providers, participants and their families, and other relevant multi-agency partners) and/or exploration of data set documentation (to

understand recording procedures and limitations) and site-level routine monitoring data. This will enable the evaluation team to characterise the nature of this drop-out, determine whether it is random/non-random and incorporate this into formal analysis frameworks (e.g. through multiple imputation, inverse probability weighting) to reduce bias.

Censoring of aggregate data: we understand that some administrative data sets apply disclosure control procedures to protect privacy, for example, by suppressing or redacting cell counts below a certain threshold (often <5) when data are reported at the small-area or subgroup level. In our assessment of data availability, we found that most sites reported low levels of aggregate-level suppression for violent offending, school attendance and exclusions data – typically below 10%. However, suppression levels for outcomes such as NEET status or victimisation remained unclear. At the time of data access, it will be necessary to document the extent and patterns of any aggregate-level suppression. Where feasible, the evaluation team would need to request pre-aggregated summary data that fall above disclosure thresholds.

Notwithstanding the above, based on our conversations with sites about data governance and access to local police and education data, it appears to be feasible to use these data sources in a future efficacy study. However, it was pointed out that additional time should be allocated for the preparation of data requests and their processing by the police (i.e. two to four weeks, as estimated by the local police contacts, although it might take longer) on top of the data-sharing and access procedures already required (for example, agreeing on data-sharing agreements and research ethics procedures, which are likely to take up to three months). The evaluation team was able to establish contact with local police across all sites, and sites B, C, D and E confirmed that the data requests from the evaluation team can come directly to the police, while site A prefer to be the gatekeepers and forward all requests on behalf of the evaluation team. All sites report having access to local school data, although coverage is incomplete for some areas (e.g. some academies may not participate in these data returns). School data are updated twice daily in a standardised format mandated by the DfE.

Sites reported that they also collect individual-level data through a range of case management systems, most commonly the Integrated Youth Justice Information System ChildView (available across all sites). While this offers the potential for consistency in data capture across sites and functionality to provide a chronological summary of a young person's journey before and after entering the youth justice system, sites inform us that, in practice, such systems are unlikely to provide repeated measures that will allow for change to be measured over time. Data are typically populated from case reports when key statutory or operational events occur, rather than routinely at certain time points. Structured assessments (e.g. AssetPlus) are entered upon the person's arrival, but similarly, are not systematically conducted at standardised time points. Although Outcome Stars Framework does measure outcomes relevant to the YEF, it does not provide consistent and complete data on follow-up. Therefore, based on their current usage, these data systems are unlikely to be useful for an efficacy study.

Summary of local data suitability against progression criteria: all sites met the minimum threshold of capturing the prespecified programme- and site-level key outcomes via local routine data and most are available at a satisfactory level – discussed below (Table 22 and Appendix 12). Sites and/or relevant partner organisations have indicated that it would be possible for these data to be provided for research purposes, subject to local data access arrangements and the completion of relevant data agreements.

Importantly, all sites reported that they were able to provide suitable data on key primary and secondary outcomes – violent offending, school exclusions and attendance. For victimisation and NEET data, suitability varies.

For all prespecified outcomes (violent offending and victimisation; school exclusions; school attendance; and opportunities for education, employment and training, including NEET), sites indicated that data were available at the individual level or the suitably disaggregated area level to enable evaluation (postcode, street, LSOA, ward).

Outcome data on offending, school attendance and exclusions could also be made available for small numbers without high levels of censoring (likely to be less than 10%) across all sites. However, this would need to be confirmed according to the terms of the relevant data access agreements locally. Sites A, B, C and E could not confirm the levels of censoring of victimisation data, highlighting that this information would only be available once the specific data were requested. Sites A and E also explained that levels of censoring of NEET data were unclear, but in Sites B, C and D, levels of censoring were likely to be low (less than 20%).

Data for violent offending, school attendance and exclusions are available at an acceptable level of temporal frequency (at least monthly) to support a future efficacy study. However, all sites explained that quarterly data reports on school attendance and exclusions are likely to be more accurate. This is to allow for any further manual quality checks by the sites. Monthly victimisation data is likely to be available in Sites B, C and E, but Sites A and D were not able to clarify the levels of temporal frequency for this outcome. For NEET data, quarterly reports are likely to be provided. It is also worth noting that NEET data are likely to be most accurate for the 10–18-year-old cohort.

RQ4. What is the required sample size for a full efficacy study?

For this type of multi-agency place-based programme, with delivery and expected outcomes at the individual (CYP and family) and neighbourhood levels, we propose options and considerations for two efficacy study designs: i) a cluster RCT with outcome measurements at the individual level and ii) a quasi-experimental study with outcome measurements at the neighbourhood level.

i) Cluster RCT design sample size estimate: we assumed that individual-level randomisation was not acceptable to providers (see RQ10). Running null multilevel models (with a maximum likelihood estimator with robust standard errors) on the mean SDQ score across all sites, we calculated intraclass correlation coefficients (ICCs) of 0.023 at baseline and 0.034 at follow-up. The sample size estimation was undertaken in the NIH parallel group-randomized trial Sample Size Calculator.[19] This assumes a regression analysis at follow-up, adjusted for baseline covariates. We used this to estimate the required sample size for a cluster RCT (randomised at the LSOA/neighbourhood level within local authorities). We assumed a minimum detectable effect size of 0.2, which represents a mean score difference of 1.1 points on the SDQ, an alpha of 0.05 and a desired power of 0.80. This gave an estimated sample size of 23 in each arm, a total of 46 clusters (assuming an average cluster size of 74, based on feasibility study recruitment).

For comparison, although we identified no studies that had investigated a similar area-level violence reduction intervention, Parker et al.'s (2023) meta-analysis of ICCs in school-based interventions estimated

[19] https://researchmethodsresources.nih.gov/grt-calculator

a median ICC for a socioemotional functioning outcome of 0.05 (IQR 0.02–0.097), higher than the ICC used in this calculation. Table 17 also lists several recent studies using the SDQ as a primary outcome. The table summarises the estimated study ICC and the achieved total sample size (number of clusters across both control and intervention arms) of other recent school-based interventions using SDQ as an outcome.

Table 17. Comparable studies

Authors	Journal	Outcome	Population	ICC	Total sample size
Blair et al. (2024)	Public Health Research 12, 6	SDQ total Difficulties Score	Primary school pupils	0.03	38 schools
Kiviruusu et al. (2016)	BMC Psychology	SDQ total difficulties score	Primary school pupils	0.9	79 Schools
Humphrey et al. (2022)	Public Health Res 10, 7	SDQ (conduct problems)	Primary school pupils	Not stated	77 schools
Ford et al. (2019)	Public Health Res 7, 6	SDQ total difficulties score	Primary school pupils	0.18 (9m) to 0.12 (30m)	80 schools
Ford et al. (2021)	JAACAP 60, 12, 1467–78	SDQ total difficulties score	Secondary school pupils	0.024	85 schools
Almeida et al. (2023)	IJ Ment Health and Add	SDQ total difficulties score	Secondary school pupils	Not stated	73 schools
Hinze et al. (2024)	JAACAP 63, 2, 266–282	SDQ total difficulties score	Secondary school pupils	0.028	84 schools

SDQ = strength and difficulties questionnaire

Quasi-experimental study sample size estimates: no quantitative area-level data are currently available on the effect of neighbourhood-based multi-agency programmes aimed at reducing extra-familial harm. We have therefore calculated a range of sample size estimates based on effect sizes from two broadly relevant quasi-experimental studies of local interventions to reduce violence. These are described below. Source i) represents the upper bound for our effect estimate (23% reduction in violent crime over the study period), and source ii) represents the lower bound (4% reduction in violent crime over the study period).

i. A quasi-experimental study of the impact of the Community Initiative to Reduce Violence among youths in Glasgow (Williams et al., 2015) – a focused deterrence intervention which showed a 23% reduction in rates of violent offending over a two-year follow-up period
ii. A quasi-experimental evaluation of the impact of place-based alcohol licensing policies on local rates of violent crime that showed a reduction of 4–6% in violent, sexual and public order offences over a four-year period compared with areas where these policies were not in place (De Vocht et al., 2017).

These sources were deemed broadly applicable as a starting point for estimating plausible effect sizes for the multi-agency neighbourhood-based intervention in an efficacy study, given that they are place-based interventions, targeted at individuals, with an assumed impact at the local area level. However, the effect size observed in the focused deterrence intervention study (source i.; 23% reduction in violent offending) is likely to be much larger than the effect we would expect to find in an efficacy study, as the focused deterrence intervention targeted higher risk individuals (gang members), who are likely to be responsible for a higher proportion of crimes than the lower risk individuals (e.g. 'early help' level) that may be included in the ACF2 multi-agency neighbourhood programme. In contrast, the alcohol licensing intervention (source ii.; 4–6% reduction in offending) may be expected to have a lower effect size than what we would expect to see in an efficacy study, since the licensing intervention was universal and had a focus broader than violence reduction. This can therefore be considered a conservative lower bound of area-level effects. Therefore, for an efficacy study of the multi-agency neighbourhood-based programme, we suggest that effect sizes in the region of a 5–10% reduction in violent offending rates across the whole population would be plausible. Table

18 provides a range of sample size estimates for the number of sites (local authorities) and neighbourhoods (LSOAs) that would be required to detect a range of plausible effect sizes within the upper and lower bounds demonstrated in previous literature using Poisson regression applied to count data. The total sample size for sites has been rounded up to the nearest even number where necessary, to enable an equal ratio of intervention to control sites. Assuming that the ACF2 intervention would lead to a 10% reduction in the annual number of violent offences in the local area, we suggest that a total sample size of 14 local authority sites (seven intervention and seven comparison sites), consisting of a total of 51 neighbourhoods (~four LSOAs per site) would provide adequate power for an efficacy study using population-based area-level data. Assuming a 5% reduction in area-level violent offending annually, a sample size of 22 local authority sites (11 intervention, 11 comparison sites) corresponding to 84 neighbourhoods (~four LSOAs per site) would be required. Annual follow-up was deemed appropriate, as more frequent intervals (e.g. monthly or quarterly) would result in low counts of violent offences, leading to insufficient power in analysis.

Table 18. Sample size estimates for Poisson regression, looking at the impact of the ACF2 programme on the number of annual violent offences in intervention compared to control areas[20]

Average (N) violent offences per LSOA per year (base rate)	Expected difference in % reduction in violent offending in the intervention vs the control group	Total sample size: neighbourhoods[2]	Total sample size: sites[3]	Number of sites in each group (intervention and control)
59[1]	23%	9	4	2
	20%	12	4	2
	15%	22	6	3
	10%	51	14	7
	5%	84	22	11
	4%	133	30	15

[1] Calculated based on Police Recorded Crime Data in the year to March 2023 (Source: Home Office). This equates to 2,113,383 violent offences against the person/35,692 local authorities in England and Wales. [2] Lower Super Output Level (LSOA). Rounded up to the nearest even number to allow for equal allocation of intervention and control sites. [3] Number of local authorities required, assuming approximately four neighbourhoods (LSOAs) per site. Note: each local authority has an average of 105 LSOAs. The total sample size for sites has been rounded up to the nearest even number, where appropriate, to enable an equal ratio of intervention to control sites.

RQ5. Is it feasible to achieve a sample size with enough power to progress to an efficacy study? / RQ9. What scale of delivery would be required for the sample size to be met, given the evaluation design being recommended at the end of the feasibility study (e.g. how many sites, how many neighbourhoods in each site)?

The feasibility of progressing to an efficacy study is dependent upon the final research design chosen.

Cluster RCT design: using a cluster RCT design, we estimate that 23 clusters per trial arm would be required. Assuming five sites, as per the current study, this would require approximately five intervention and five control LSOAs per site. Control sites could be drawn within sites or from externally matched local authority areas. Based on staff interviews, we conclude that this would be challenging for existing sites to achieve owing to resource (key worker) requirements (see below).

[20] With power = 0.80, alpha = 0.05 and a 1:1 intervention to control group allocation ratio

For reference, for this study, a minimum sample size of 100 was set per site. Of CYPs who consented to take part in the intervention, the proportion of CYPs who were recruited and consented to take part in the evaluation varied by site: Site A, 100% (n=74); Site B, 92% (n=133); Site C, 72% (n=90); Site D, 51% (n=114); and Site E, 100% (n=145).

Quasi-experimental study: although studies of similar programme approaches delivered in the UK are not available, based on the findings of Williams et al. (2015), a 10% reduction in the annual number of violent offences in the local area may be plausible. A sufficiently powered natural study design using area-level data would require a total of 14 local authority sites (seven intervention and seven comparison sites), consisting of a total of 51 neighbourhoods (~four LSOAs per site). This would require the recruitment and funding of an additional two intervention sites across the programme, and two additional LSOAs per local authority. Based on the availability of area-level data and data collected through our assessment of implementation, we conclude that this is feasible. Site lead interviews suggested that expanding delivery to a further two LSOAs was feasible but would require additional key worker staff to meet this increase, as the majority were working at full capacity during the study. As staffing was the main cost identified through the cost analysis, this would lead to increased programme costs.

RQ6. Across sites, is the programme sufficiently distinct from business as usual for an efficacy study to be feasible?

As discussed in Section 1, the majority of sites described a programme of support which was sufficiently distinct from business as usual for a population of CYPs not currently eligible or accessing equivalent support.

Some sites described initial challenges in communicating this distinction to other services, particularly for CYPs who had higher levels of need, but this had improved as implementation progressed. In accordance with the NPT, the need for initial work to establish the coherence of an intervention across partners is common in implementation processes. Our stakeholder and monitoring data suggested increased referral uptake by the end of the study, suggesting improved coherence. Qualitative findings indicated some potential challenges in sustaining this distinction in the interim period between the study and a potential future efficacy study, for example, if sites or VCSFE partners sought alternative funding sources to allow them to continue supporting CYPs at risk of violence and exploitation in the interim period.

RQ7. What are the direction and magnitude of potential changes in identified outcomes, and does the pilot evidence promise of the programme achieving its intended outcomes?

The baseline and follow-up surveys of 391 CYPs could be matched for analysis (69% of all completed surveys). Whilst no inferential analysis has been undertaken because it would be underpowered, between baseline and follow-up, there was an increase in the prosocial subscale of the SDQ (baseline = 6.8 ± 2.2, follow-up =7.2 ± 0.21) and a decrease in the impact supplement score (baseline = 2.7 ± 0.33, follow-up =1.9 ± 0.29). All other subscales showed little change from baseline to follow-up (Table 19).

Subgroup breakdowns of SDQ scores by gender, age and ethnicity are provided in Appendix **13**. We investigated differences in primary outcomes between gender and ethnicity at baseline and follow-up (only a summary of significant differences is reported here).

- For gender, at baseline we found differences in the SDQ total difficulties score ($t = 2.73$, $p = 0.007$), emotional problems ($t = 6.10$, $p < 0.001$), peer problems ($t = 2.90$, $p = 0.004$), prosocial ($t = 3.50$, $p < 0.001$) and impacts ($t = 3.10$, $p = 0.002$). Scores were all higher in females than males. At follow-up,

there were differences in conduct problems (t = 2.60, p = 0.01 – higher male scores), emotional problems (t = 5.75, p < 0.001 – higher female scores) and prosocial (t = 3.77, p < 0.001 – higher female scores).

- For ethnicity, at baseline, there were differences in the SDQ total difficulties score (F = 4.844 $_{2df,}$ p = 0.008), conduct problems (F = 3.808 $2_{df,}$ p = 0.023) and hyperactivity (F = 9.070 $_{2df,}$ p < 0.001). Post hoc analysis (Tukey's) suggested that the total difficulties score and conduct problems were higher in Asian/British Asian vs White participants, although hyperactivity scores were lower. Hyperactivity scores were lower in Black/Black British vs White participants. At follow-up, there were again differences in the SDQ total difficulties score (F = 4.746 $_{2df,}$ p = 0.009), conduct problems (F = 5.875 $2_{df,}$ p = 0.003) and hyperactivity (F = 10.946 $_{2df,}$ p < 0.001). The profile of between-groups differences changed at follow-up, with no differences identified through post hoc tests for the total difficulties score. Conduct problems and hyperactivity were lower in Asian/British Asian vs White participants, and hyperactivity was lower in Black/Black British vs White participants.

Finally, there was an increase in the total SWEWMBS scores on the measure from baseline to follow-up, with mean well-being increasing from 21.8 (SD 5.9) to 24.1 (SD 5.6) (Table 20).

Table 19. Mean Strengths and Difficulties Questionnaire scores at baseline and follow-up

	N followed up	Baseline		Follow up	
		Mean ±SD (95%CI)		Mean ±SD 95%CI)	
Total difficulties score	352	14.70 ± 5.47 (14.12;15.28)		13.56 ± 5.70 (14.13;15.28)	
Emotional problems score	374	3.77 ± 2.55 (3.51;4.02)		3.41 ± 2.53 (3.15;3.67)	
Conduct problems score	367	3.54 ± 1.99 (3.33;3.74)		3.07 ± 1.92 (2.87;3.23)	
Hyperactivity score	371	5.08 ± 1.84 (4.89;5.23)		4.78 ± 1.94 (4.58;4.98)	
Peer problems score	370	2.30 ± 1.73 (2.13;2.48)		2.30 ± 1.73 (2.13;2.48)	
Prosocial score	368	6.98 ± 2.14 (6.76;7.19)		7.17 ± 2.08 (6.96;7.38)	
Impact score	223	2.65 ± 2.48 (2.32;2.98)		1.89 ± 2.17 (1.60;2.17)	

Table 20. SWEMWBS scores at baseline and follow-up

	Baseline (n=524) (%, n)	Follow-up (n=393) (%, n)
Probable depression or anxiety	22.7%, 119	11.7%, 49
Possible depression or anxiety	18.0%, 94	11.7%, 49
Normal/high well-being	59.4%, 311	75.1%, 295
Mean total score ±SD (n=361)	21.82 ± 5.66 (21.24;22.41)	24.07 ±5.44 (23.51;24.64).

RQ8. Are the piloted outcomes/measures appropriate/practical/reliable/valid for the programme?

The selection of the primary outcome measure (SDQ) was specified by the YEF and agreed through consultation with the sites. Three alternative outcome measures were also proposed: the Self-Report

Delinquency Scale (SRDS – YEF recommended; Smith and McVie, 2003), the Juvenile Victimisation Questionnaire (JVQ; Finkelhor et al., 2011), and the ESQ. Some sites expressed concerns about the SRDS in relation to the language used (e.g. references to delinquency) and the scale length. Safeguarding concerns were also identified related to the anonymous nature of the SRDS and JVQ, whereby CYPs could report safeguarding concerns which may not otherwise be disclosed to key workers. There were also concerns that asking about these measures at baseline before key workers had developed a relationship with CYPs could reduce trust. Following this consultation, the evaluation team selected the SDQ, including the impact supplement, the SWEMWBS and ESQ (at 12 weeks only). Alongside demographic measures (gender, age, ethnicity), the FAS was included to measure SES. A member of the evaluation team ran a training session on the evaluation processes for key workers at each site. Patient and public involvement and engagement work was undertaken with CYPs at two sites (n=7), resulting in the addition of Welsh to the ethnicity options on the questionnaire. CYPs also queried the personal nature of the FAS scale, and their feedback was incorporated into the key worker training.

Qualitative feedback collected during the study suggested that completing the questionnaires on an electronic device was acceptable to CYPs. Two main concerns were identified in relation to the primary outcome measures: the timing of data collection and the length of the questionnaire. A number of key workers felt that their first session with a young person was not always the most appropriate time to complete the baseline questionnaires with CYPs. They described a number of factors, including CYPs having emotional regulation needs, setting incorrect expectations of the intervention (i.e. that it would involve a lot of paperwork or questioning from the key worker) and CYPs lacking the opportunity to build trust with the key worker. Key workers felt this lack of a trusting relationship could lead to some response bias, with CYPs giving socially desirable responses rather than disclosing their true emotions and difficulties.

"They don't mind at all. They just do it. And they're like, 'Yeah, fine, done'. And I think the fact that they can do it on your phone like […] kids are just so used to just like click, click, click". (B10)

"There's a general rule that I don't do paperwork in week one; […] this would be the plan: I'm going to come next week with some paperwork for you, you know I think building that relationship gets the more honest answers; […] if you do the first week, they'll usually tell you there's no problems because you're just some random guy that's just come into their house asking them to pour their heart out you know". (A11)

Secondly, keyworkers reported that the length of the questionnaire could be overwhelming for some CYPs. During the study, the questionnaire was only available in English and Welsh, and CYPs whose first language was not English needed support from translators, which increased the length of time taken to complete the questionnaire. Similarly, the length of the questionnaire was also a barrier for some CYPs with SEND or neurodiverse conditions, such as ADHD. Some stakeholders also noted that some neurodiverse CYPs had difficulties interpreting the ambiguity of some questions measured on the SDQ. Other stakeholders noted some concerns about the FAS, with some CYPs and families finding the questions about their financial circumstances intrusive and potentially upsetting. Some key workers reported that the length of the questionnaire could have led to inattentive responding among some CYPs, who answered questions without full reflection owing to boredom or wanting to complete the questionnaire quickly. Some key workers suggested having the option to save and return to the questionnaire to enable them to take breaks while completing it.

"The only thing I found with my young people is they're slightly, a bit too long. By the time I'm getting to near the end, they're not giving their proper answers. They're just like, 'Oh, yeah, all the time'". (B11)

RQ10. What are the options and considerations for the design of an efficacy study (e.g. what potential is there for randomisation at the individual or area level; do any subgroup effects need to be considered and why)?

Efficacy study using a cluster RCT design with outcome measurement at the individual level: as described above in RQ5, we conclude that it may not be feasible to achieve the estimated cluster targets across existing sites.

In general, CYPs were referred into the programme on an individual basis, and although mechanisms differed between sites, this was primarily through schools, social services and multi-agency referral panels. Although complex to manage, these recruitment pathways could support randomisation at the individual level. We achieved acceptable levels of intervention and evaluation consent, and our follow-up/data matching criterion was fully met. We do not currently have any reason to believe that similar rates would not be achieved in an efficacy study. We do not have any outcome data on the wider target population in each site area, so we can draw no conclusions on whether the sample in the current study was representative of the broader at-risk population.

Inspection of the primary outcome (and subcomponents) at baseline and follow-up suggested some subgroup differences in gender and ethnicity. Site C also had a higher proportion of non-White participants. This suggests the importance of incorporating ethnicity in sampling and recruitment strategies and incorporating appropriate subgroup statistical analysis.

Although individual-level recruitment and follow-up are likely to be methodologically feasible, in most sites there was no current provision (business as usual) for CYPs at lower levels of risk. Furthermore, consultation with the YEF and delivery sites suggests that randomisation is unlikely to be feasible, as intervention sites and the neighbourhoods that are targeted within these are generally purposively selected based on high levels of need. Individual- or neighbourhood-level randomisation would therefore present significant ethical and safeguarding concerns for providers (also see RQ13 below). Furthermore, the programme was delivered at the neighbourhood level (i.e. LSOA) but included local authority–level and systems change activities, and many sites included activities targeting peer and other socialisation and support networks that operate across neighbourhoods. Finally, participants were often identified and referred from an intervention neighbourhood but did not necessarily reside there. There is, therefore, a high risk of contamination at both the individual and neighbourhood levels within local authorities.

Efficacy study with a quasi-experimental design using secondary data: the assessment of site- and programme-level information against the TTF protocol components (see Appendices 10 and 11) and our prespecified progression criteria suggests that a quasi-experimental (natural experimental) evaluation of intervention impact on local violent offending and school attendance/exclusions at the site and programme levels would be most feasible. This design – particularly the focus on evaluation at the local area level – is most consistent with the place-based, systems-oriented framework of the programme. A controlled quasi-experimental approach, therefore, offers the most feasible, appropriate and robust method for evaluation. To strengthen causal inference, we propose a matched control design that focuses on maximising the comparability of the intervention and control areas using propensity score methods, includes the use of spatial and temporal sensitivity and falsification analyses (e.g. the inclusion of negative control outcomes that are unlikely to be affected by the intervention, such as rates of fraud-based offending), and integrates qualitative information and stakeholder consultation to understand the local context in which the intervention has been implemented (or not). Such contextual information is crucial for understanding the

local reach of the programme and associated outcomes (e.g. spillover effects, shared learning between neighbouring areas), mechanisms of change, the identification of competing interventions, and, therefore, the ability to exclude potential comparison areas that are not true controls. Where feasible, a staggered/phased rollout of the intervention to different sites would also strengthen the efficacy study design. In addition to the between-area control methods described above, a phased rollout would allow each programme site to change from control to intervention in a staggered rollout of the programme, and, therefore, each area would serve as its own control.

We propose that an efficacy study at both the site and programme levels would be appropriate to enable the investigation of how different contexts, systems and conditions influence outcomes while also permitting the investigation of the high-level impact of the programme across sites.

RQ11. What research questions could a robust efficacy study answer?

An efficacy study using a cluster RCT design with outcome measurement at the individual-level (using the SDQ): what is the impact of specialist multi-agency teams supporting CYPs at risk of or experiencing violence or criminal exploitation outside the home on CYPs' externalising behaviours?

An efficacy study with a quasi-experimental design with outcome measurement at the neighbourhood level (using secondary data): what is the impact of specialist multi-agency teams supporting CYPs at risk of or experiencing violence or criminal exploitation outside the home on local rates of violent offending and school attendance/exclusion?

Implementation and process evaluation: any efficacy study should be accompanied by a robust implementation and process evaluation addressing the following questions:

- What do programme referral, engagement, support offer and completion look like for CYPs (and their families/carers) receiving targeted support through the key worker offer and wider programme activities?
- What is the programme's recruitment, retention and reach across sites?
- Is the programme being delivered as intended? How does the context influence implementation and effectiveness?
- What factors support or impede programme delivery?
- How does the programme work, for whom, why and under what conditions?
- What features of the programme are essential for its success?
- What are participants', their families', their carers' and practitioners' views and experiences of the programme?
- What are the programme set-up and running costs?

RQ12. What is the acceptability of an efficacy study to programme stakeholders?

Across site leads, there was agreement about the positive value of progressing to an efficacy study to enable more CYPs to access support (beyond business as usual) and to understand the impacts of the programme on extra-familial harm. However, sites raised several considerations for progressing to an efficacy study. As noted earlier, whilst some components of the programme could be maintained during the gap between this study and the efficacy study (should it progress), the key worker component could not, and many partners involved in the multi-agency team would also be moving on to other roles. Stakeholders noted that it would take significant time and resources to reestablish the multi-agency team and recruit and train new key

workers. Adequate funding and resources from the YEF were noted as being key to enabling efficacy study implementation and/or scaling up to more neighbourhoods. This would help to ensure programmes had enough funding and resources to contribute to all aspects of an efficacy study (including programme delivery and efficacy study data collection) and enough key worker capacity/resources to manage demand and the varying complexity of CYPs' needs and to reduce the potential for excessive waiting lists.

"It [programme restricted to two neighbourhoods] helped us to curb our referral numbers. If it was open to all of [the local authority], we would have been overwhelmed. […] We would have had to have a waiting list; […] I'm on the fence in the sense that it helped us to be focused […] in the areas that we're supporting, but if I'm looking at need, all of them need it". (C11)

"I would say 10–11 [young people on the case load], as long as you've got that variation within that case load […] of the children, for example, from the primary schools […] who need maybe less intensive work […] done outside of those face-to-face sessions. Because those children [who] are open to level 4 services, [there are] huge amounts of work in terms of regular contact with parents and carers, meetings with the professional network, etc". (B7)

A few site leads noted the importance of having clear parameters for efficacy study aims, target groups/neighbourhoods and the programme specification, considering the place-based nature of extra-familial harm. During this study and within interviews, all sites noted the value of including CYPs who had experienced extra-familial harm within the neighbourhood, regardless of their area of residence, and how this also helped increase the study sample size. Adequate mapping to identify appropriate efficacy study neighbourhoods (as with the co-design phase) was also noted as vital, particularly due to the evolving nature and movement of extra-familial harm and the impact of wider policies and programmes addressing similar harms and target groups. The Home Office–funded *Clear, Hold, Build* programme was noted as an example of an intervention that may reduce extra-familial harm within implementing localities. However, whilst one site noted a reduction in gang-related activities within a locality in their local authority, they acknowledged that, despite this, a significant number of CYPs remain at risk.

"If you want to make an impact in a particular area, […] not all the children who go to school there have their friendships there, […] go to the park there, all live in that neighbourhood. […] You won't make an impact if you're holding out probably half the children that you would have worked with because they didn't live in that area". (E13)

There were several concerns regarding individually and randomly allocating CYPs into the case or control group for the purposes of an efficacy study. Partners felt that restricting access to support after CYPs had been identified as being at risk and subsequently referred into the programme was unethical, and they equally felt that wider partners may be reluctant to refer CYPs to the programme without an assurance that they would receive support. One partner noted that whilst individual randomisation could be implemented, this type of approach would need approval and buy-in from senior leads within the local multi-agency partnership.

"I would feel we are sort of neglecting those children: if they are referred to us, they are referred to us for a reason. […] I wouldn't be comfortable with that knowing that the child needs support and is not getting it from us". (A1)

"I don't think that [a randomised controlled trial] is a child-friendly, trauma-informed, sensitive way of getting your comparative data". (C11)

Site leads were more supportive of an efficacy study with case and control neighbourhoods. Using neighbourhoods outside the local authority but within the same police force area was noted as beneficial for two reasons: there would be similar statutory service data on CYPs, which could be accessed across case and control neighbourhoods (at the neighbourhood level) and there would be comparable business-as-usual

activities, as neighbourhoods would likely have the same multi-agency partnership arrangements and processes (e.g. local safeguarding boards).

"We could consider a neighbouring locality. So, we obviously have a neighbouring authority [that has] similar demographics, [shares] the same safeguarding board, [shares] the same health board, [shares] the same police force. So, we'd be getting similar interventions but not following the same approach as us". (D2)

RQ13. Do sites have the capacity to scale up if the study progresses to a full efficacy study (considering pilot recruitment/retention/reach and local needs/systems)?

Accurate data on the number of CYPs affected by extra-familial harm are lacking; therefore, the total population in need of this programme is unknown. However, across sites, stakeholders perceived that there was a wider cohort of CYPs within the neighbourhoods and more broadly in the local authority area who were at risk of or exposed to extra-familial harm and thus could be included within an efficacy study. Some sites noted having referrals from outside the pilot neighbourhoods, which they had declined, but they would have otherwise met the inclusion criteria had they resided or been exposed to harm in the pilot neighbourhoods.

"I do feel confident. I think there's a real, clear need for the work that's really clearly been identified. We're still getting referrals now, which we're having to pause while we finish and think about the next referral routes. So, there is kind of a clear need, appetite for it […] in some ways; we could have opened up more referral routes to other teams within children services, for example, as part of the pilot or, for example, probation, but we wouldn't have had the capacity to take them. […] I'm not concerned about numbers of referrals coming in; I think that isn't the issue. It's more that we need to ensure that we've got the capacity within the team to be able to then support that number of children and families". (B7)

"Easily, we still had referrals coming through up until maybe two weeks ago, and we closed our referrals mid-Feb; […] we've had so many, even established teams like our MASH teams, our social workers, like, 'Okay, where do we go now?' […] You've only had us for a year, and you're asking us what you're going to do now shows the impact that we've had because they're like, 'We're lost'". (C11)

Whilst a clear need for the programme was identified, as noted above, sites had reservations about their capacity to progress to an efficacy study, including the time and resources required to reestablish the programme, multi-agency teams and key worker provision. One site also noted that further work was required to successfully embed the programme into local multi-agency data and programme monitoring systems and that more consideration was needed with regard to how programme leads and managers can effectively manage and coordinate delivery across a multi-agency team.

"There are multiple different partners under me, and a lot of them, I don't directly line manage, but I'm expected to have oversight and responsibility [for], and that's very difficult to execute. So, for example, [our] Education and Inclusion Officer, I'm not an education manager, so he had their head of education who was his line manager. But I'm the one who did all his supervisions. I'm the one who had oversight over all his recording and workflows and timescales. […] Same with our VCFSE partners. So, they have their own managers in their youth clubs, but I'm the one who has to have oversight of their work, what they're doing, the workflows, the documentation, support them with their practice, link them in with internal staff because they don't have access". (C11)

Table 21. Overview of the most suitable administrative data sources against the success criteria

Outcome measure	Data source	Success criteria				Summary of suitability
		Data completeness	Geographical aggregation	Censoring	Temporal aggregation	
Violent offending	Data.police.uk	Fully met	Fully met	Fully met	Fully met	Good. A good level of geographical resolution (street level upwards, albeit with some geo-masking of exact locations). Good temporal resolution and short publication time lag compared with other data sets. Limitations include: sexual and violent offending are presented as a combined category, and data are not presented by age group, limiting the ability to look at youth crime in isolation.
	PNC	Unclear	Unclear	Unclear	Fully met	Possible. Offending histories can be constructed. Researchers will need to obtain individual consent to enable linkage. But crimes that do not result in identifying an offender will not be recorded in the PNC.
	Local police data	Fully met	Fully met	Unclear	Fully met	Very good. Likely to be the most complete data set on crime (even when no offender is identified). It has appropriate geographical and temporal aggregation. Data governance will need to be set up with each police force.
School exclusions	Linked Ministry of Justice and DfE data[1]	Unclear	Unclear	Unclear	Fully met	Possible. The individual-level linked crime and education data would be very beneficial for an evaluation; however, the considerable publication time lag (two years) may make this data set unsuitable for an efficacy study.
	National Pupil Database[1]	Unclear	Fully met	Unclear	Fully met	Good. It includes access to exclusion data via an application to the DfE Data Sharing Service and has good geographical and temporal aggregation.
	Pupil-Level Annual School Census via the Welsh Government[2]	Fully met	Fully met	Unclear	Fully met	Good. It includes national coverage of pupil-level data for all state-maintained primary, middle, secondary and special schools. Open data tables provide data at the local authority level only; however, requests to access individual- and school-level data for statistical and research purposes can be made directly to the Welsh Government. There is a track record of the Welsh Government approving research data access requests from universities and other organisations.
	Local schools data	Fully met	Fully met	Unclear	Fully met	Good. This is likely to be one of the most complete data sets on school exclusions, with appropriate geographical and temporal aggregation (but for monthly data, you need to allow two to three weeks for quality checks/manual follow-ups by sites). Data governance will need to be set up with each school data provider.

Note. [1]England only, [2]Wales only, LSOA = lower layer super output areas, LA = local authority, DfE = Department for Education, PNC = Police National Computer

Table 22. Suitability of locally available routine data against prespecified success criteria

Success criterion	Site				
	A	B	C	D	E
Availability of routine data for site-specific, selected important outcomes[a]	Yes	Yes	Yes	Yes	Yes
Linked individual-level outcome data from routine sources can be made available, and, if not, area-level routine outcome data can be made available at a sufficiently disaggregated level.	Yes	Yes	Yes	Yes	Yes
Outcome data can also be made available for small numbers without high levels of censoring (≤20% of primary outcome data censored).	Yes	Yes	Yes	Yes	Yes
Outcome data are available at an appropriate level of temporal aggregation (monthly or less).	Yes	Yes	Yes	Yes	Yes
[a] Proportion of prespecified primary, secondary and site-identified important outcomes available via local data for each site. Outcomes include individual-, site- and/or area-level routine data on 1) violent offending, 2) victimisation, 3) school exclusions, 4) school attendance and 5) opportunities for education, employment and training, including data on those not in education, employment and training.					

3.5 Evaluation feasibility

Key conclusions for each research question are briefly summarised below (and in Table 14).

RQ1: What is the level of consistency and standardisation of programme implementation across the five sites overall?

Referral and multi-agency panel processes were consistent across sites, with common eligibility criteria, although definitions of CYPs at risk could be further standardised prior to an efficacy study. The key worker pathway appeared consistent across all sites, and all sites had implemented wider multi-agency support for CYPs receiving key worker support and within their social networks, but these activities were less comparable across sites.

RQ2: Are sites aligned enough in their aims and approaches to make a collective efficacy study feasible?

The study showed that sites met the same broad approaches and criteria, meaning that this complex intervention had core features that are appropriate for programme-level evaluation. These core components were a multi-agency referral panel (accepting referrals from all sources) and one-to-one support from a trusted adult key worker for a minimum of 12 weeks. All sites implemented support for parents and group activities for CYPs' social networks, but these varied in form and duration. As these activities were associated with mechanisms of change and secondary outcomes, this level of variation should be acceptable in an efficacy study.

RQ3: What is the feasibility of measuring impact at an individual, site, and programme level?

An efficacy study using a cluster RCT design with outcome measurement at the individual level (using the SDQ): three feasibility criteria are relevant:

i) Ability to collect CYPs' baseline measures – the proportion of CYPs completing baseline questionnaires

ii) Ability to collect CYPs' follow-up measures – proportion of CYPs completing follow-up (+3 months) questionnaires

iii) Outcome measure data completeness – proportion of missing data for each primary and secondary outcome measure

All three were rated as **fully met** across sites in accordance with the prespecified benchmarks. We therefore conclude that it would be feasible to assess impact at the individual, site and programme levels. We are currently unable to assess the likely completeness/missing data at extended time points. In the study, follow-up was at +3 months, which corresponded with the end of the fixed intervention period. Extended follow-ups would require additional strategies to optimise data collection, which will present additional research costs. These costs include collecting comprehensive contact information (which may include family members), having regular and meaningful communication through a variety of platforms (e.g. calls, texts, emails) and offering incentives.

An efficacy study with a quasi-experimental design using secondary data/administrative data: based on the information from our extensive data scoping activities, the TTF specification and the place-based, system-oriented focus of the intervention, an area-level quasi-experimental efficacy study at the site and/or programme level would be most feasible and appropriate. Our assessment of the availability and suitability of routine data against the prespecified progression criteria suggests that secondary data can be used to explore the impact of the intervention on violent offending and school attendance/exclusions across sites and at the programme level. All sites reported that access to local police and school-level data would be possible (subject to appropriate data access agreements) and that this is likely to be scalable due to national reporting requirements of offending and school-based data.

RQ4: What is the required sample size for a full efficacy study?

An efficacy study using a cluster RCT design with outcome measurement at the individual level (using the SDQ): based on an Minimal Detecatable Effect A of 0.2 and using the ICCs calculated from the current study, 23 clusters are required per intervention arm.

An efficacy study with a quasi-experimental design using secondary data/administrative data: assuming that the ACF2 intervention would lead to a 10% reduction in the annual number of violent offences in the local area, we suggest that a total sample size of 14 local authority sites (seven intervention and seven comparison sites), consisting of a total of 51 neighbourhoods (~four LSOAs per site) would provide adequate power for an efficacy study using population-based area-level data. Assuming a 5% reduction in area-level violent offending, a sample size of 22 local authority sites (11 intervention, 11 comparison sites) would be required.

RQ5: Is it feasible to achieve a sample size with enough power to progress to an efficacy study?

Whilst stakeholders in the current study perceived that there was a wider population of CYPs experiencing extra-familial harm outside the areas for the current study recruitment and reported that they had the ability to scale up, the lack of population-level data on CYPs at risk of extra-familial harm prevents an estimation of the likely recruitment numbers per population from each area. Our study suggests two options for an efficacy study. We conclude that it is i) likely not feasible to achieve the required cluster size for a cluster RCT (with outcome measurement at the individual level) and ii) feasible to achieve the required number of local authorities (seven or 11 dependant on assumed violence reduction) at the area level for an efficacy study with a quasi-experimental design; however, this would depend on having the resources to implement the multi-agency teams.

RQ6: Across sites, is the programme sufficiently distinct from business as usual for an efficacy study to be feasible?

Overall, sites described a programme of support which was distinct from business as usual for a population of CYPs not currently eligible for or accessing equivalent support. Some sites described initial challenges in communicating this distinction to other services, particularly for CYPs who had higher levels of need, but this had improved as implementation progressed.

RQ7: What are the direction and magnitude of potential changes in identified outcomes, and does the study evidence promise of the programme achieving its intended outcomes?

Although we did not undertake inferential analysis, we found that the primary outcome (SDQ) was sensitive to change across the follow-up period. We found no evidence of unintentional harmful consequences to participants in the programme. Examining the primary outcome, there were improvements in the prosocial subscale of the SDQ (positive social skills and behaviours, such as empathy, helpfulness and sharing) and a reduction in the impact score (overall distress and impairment caused by difficulties).

RQ8: Are the piloted outcomes/measures appropriate/practical/reliable/valid for the programme?

Our assessment is that the SDQ would be an appropriate outcome measure to use for a full efficacy study with measurement at an individual level. However, the programme theory of change and qualitative work with providers suggest that other assessments would need to be included to fully capture the range of outcomes associated with the programme. Linkage to individual educational data on exclusions and local police data (which would include youth cautions and conditional cautions) should be included in an efficacy study. Our assessment suggests that local police-recorded crime data and education data are most appropriate for an area-level outcome measurement efficacy study.

RQ9: What are the options and considerations for the design of an efficacy study?

We suggest that an area-level quasi-experimental efficacy study is most suitable for an efficacy study. Although randomisation at the individual level is feasible, albeit challenging, we conclude that it is likely to be less acceptable to programme providers in the context of the systems-oriented, place-based approach of this intervention.

RQ10: What scale of delivery would be required for the sample size to be met, given the evaluation design being recommended at the end of the feasibility study (e.g. how many sites; how many neighbourhoods in each site)?

As noted in RQ4, an area-level evaluation would require a minimum of 14 local authority sites (seven intervention sites, seven comparison sites) consisting of a total of 51 neighbourhoods (~four LSOAs per site), assuming a 10% reduction in the annual number of violent offences in the local area.

As noted in RQ4, using a cluster RCT design, we estimate that 23 clusters per trial arm would be required. Assuming five sites, as per the current study, this would require five control and five intervention LSOAs per site. Assuming seven intervention and seven comparison sites as per the proposal for the natural study, this would require six LSOAs per site.

RQ11: What research questions could a robust efficacy study answer?

An efficacy study using a cluster RCT design with outcome measurement at the individual level (using the SDQ): what is the impact of specialist multi-agency teams supporting CYPs at risk of or experiencing violence or criminal exploitation outside the home on CYPs' externalising behaviours?

An efficacy study with a quasi-experimental design with outcome measurement at neighbourhood level (using secondary data): what is the impact of specialist multi-agency teams supporting CYPs at risk of or experiencing violence or criminal exploitation outside the home on local rates of violent offending and school attendance/exclusions?

RQ12: What is the acceptability of an efficacy study to programme stakeholders?

There was agreement about the positive value of progressing to an efficacy study; however, several considerations were raised, including 1) the need for adequate funding and resources to enable implementation and/or scaling up to more neighbourhoods (also considering shifts in extra-familial harm and the implementation of other violence reduction interventions) and 2) the need for clear parameters for efficacy study aims, target groups/neighbourhoods and the programme specification, considering the place-based nature of extra-familial harm. There were concerns regarding randomly allocating CYPs into case and control groups for the purposes of an efficacy study. Stakeholders were more supportive of an efficacy study with case and control neighbourhoods.

RQ13: Do sites have the capacity to scale up if the study progresses to a full efficacy study (considering pilot recruitment/retention/reach and local needs/systems)?

Across sites, there was a clear need for the programme. However, reservations about the capacity to progress to an efficacy study were noted, including the time and resources required to reestablish the programme, multi-agency teams and key worker provision.

3.6 Evidence of promise

We conclude that, overall, there is evidence that the programme shows promise. Although the study was not powered to allow for inferential analysis, and we only included a short-term follow-up (+3 months), there was an improvement in components of the primary outcome and in the secondary outcome, and there was no evidence of harmful intervention effects. Qualitative data collected from CYPs, parents and stakeholders identified a range of promising proximal and intermediary outcomes (in addition to the primary outcome) across the study period. All of these secondary outcomes align with the YEF's outcome framework (individual, family and relationships, school and employment), suggesting that the intervention has the potential to impact the wider factors associated with becoming involved in extra-familial harm.

Individual: participating CYPs described improved mental well-being as a result of engaging with key worker support, including reduced stress and anxiety and increased confidence and happiness. CYPs felt more able to regulate their emotions, particularly anger and violent responses to stressors, and described making use of the coping strategies taught to them by key workers to regulate their emotions. Key workers and school staff described CYPs being more able to recognise, express and de-escalate their emotions and behaviours. CYPs' relationships with their key workers also helped identify mental health conditions and substance use needs for which they were not receiving support and expedite access to assessment and support through multi-agency partners.

"I feel so much more confident now; it's quite mad how much I have changed from how I was two to three months ago. […] I can speak to new people; I can actually do stuff for myself. I'm not a bag of nerves like I used to be. […] I'm a lot calmer now. […] I'm not shouting and raging all the time; I'm not upset all the time and crying all the time. I actually am happy". (A_YP5)

Family and relationships: CYPs identified improvements in their family and peer relationships. CYPs described increased awareness of the risks of extra-familial harm, including understanding online safety, keeping safe within their communities, recognising the signs of criminal exploitation, not engaging in antisocial or risky behaviours and knowing the consequences of violence for themselves and others. Key workers aimed to educate CYPs about recognising negative influences within their social networks (including peers, adults and online relationships) and resisting or safely challenging peers when they were being put at risk. As the quotes below illustrate, participating CYPs and parents gave examples of CYPs being more able to reject negative influences in their social networks and developing new, positive relationships. Participants felt that improved peer relationships reduced missing episodes and were facilitated by engaging in positive activities (including sport, music, youth clubs), which gave CYPs a place within their communities.

"She fell out with her friends the other day. She said that they were going in cars with boys who are 18, and she's only 15, and going to get alcohol, […] but [CYP name] knew that she shouldn't go. And she was so angry with them because […] it's not safe. And they usually want a little bit more than just a ride in a car. […] She was so on it and has fallen out with these two girls about it because they just think it's fine". (B_P5)

"He is happy now we've moved, […] and his friends are kids. They're not friends like he was hanging about with; […] He can walk down the road without looking over his shoulder. And he can play out. He can get on the bus. […] where I lived before, he didn't go out of the house, obviously, because he got stabbed when he was 11. Now, he's a totally different child […] now that more people are being honest with him, telling him what the situation was, how it could have turned out; […] I don't think [key worker has] ever lied to [him] about anything, which he respects that". (B_P7)

Participants also identified improved family relationships, including reduced child-to-parent violence, fewer missing episodes and improved communication between parents and their children. Parents valued having someone independent to talk to about their child's needs. They described increased awareness of the signs of extra-familial harm and reduced feelings of shame and isolation that came from meeting other parents with similar experiences. Parents and carers who had encountered barriers when advocating for their children appreciated the role key workers and multi-agency teams played in helping them pursue the required support for their children.

"I've learned to not fight because […] when you're older, you could not get into a job because you've had fights. […] I would literally go and chop the wall. I would fight everyone, everything. I used to be bad. I used to fight my dad; […] I'd get really angry all the time, and I'd hit him, and I wouldn't stop hitting him. But he didn't hit me; it was just me hitting him. So, [key worker] has helped me a lot, really". (A_YP7)

"We have quite a lot of child-on-parent violence in our house, and it's really difficult to talk to parents that don't experience that. […] You know your son and you know the good in him, but the way that you put it across to somebody else that isn't experiencing that, they might not understand it. Whereas a parent that's going through a similar thing will understand that bad things can come out of good people". (A_P4)

School and employment: CYPs, parents and key workers described improvements in school attendance and engagement. Key workers outlined a range of practical steps which they undertook to help CYPs re-engage or remain in education, including providing school equipment (stationary, backpacks, water bottles, hygiene products), supporting with transport (helping CYPs plan public transport routes, providing lifts and supporting with arranging local authority–funded taxi provision) and being physically present when CYPs

transitioned to new schools or re-engaged after long absences. Key workers also supported families in communicating with schools about appropriate adjustments for their children, including re-engaging on reduced timetables, finding alternative educational provision for CYPs who had been excluded and seeking Education, Health and Care plan assessments. For older CYPs, key workers provided support in pursuing further education and employment opportunities and transitioning to independent living. CYPs described reduced anxiety, greater confidence to engage with school, increased self-esteem and clearer hopes and aspirations for the future.

"I was nervous and stuff to go into PRUs [pupil referral units] because the past times when I went to PRU, I [would] get jumped because of a lot of gang-related problems, [but…] I went to the PRU, [and] it was all good. […] The feeling inside in my heart from the past, you know, and that's what they were trying to explain for me to just let go; […] they made a whole plan for me when I went back to school. Do maths and English, then after maths and English I could do full-time, which I'm on full-time now. […] To be honest, I just got some hope 'cause I haven't been in school since year nine, so two years". (C_YP1)

"There was a point where he was point-blank refusing to go to school, and he was, you know, looking at getting expelled from his primary school. He was not up for going to secondary school. He was very scared, very anxious about it, and I think you [to key worker] had chats with him, haven't you? And it's, sort of, made him feel […] a bit better about going to school. But we've had no problems since he's been there. […] He struggles a lot with change; he's been referred by the GP for an autism and ADHD assessment. […] And discipline, he really struggles with, so if you tell him to do something, it's a 'no' straight away, but he's not been like that since he's been at the school". (B_P1).

3.7 Readiness for trial

The study suggests that it is possible to conduct a full trial; however, consideration needs to be given to what the study design and primary outcome measurement should be. Our study suggests that a quasi-experimental efficacy study measuring area-level impact using secondary administrative data is the most feasible and appropriate design for this complex whole system intervention. Whilst an efficacy study with individual randomisation and individual-level outcomes using the SDQ may be feasible, it is important to consider the following:

- Would practitioners and/or CYPs (and their parents/carers) be willing to be randomly allocated to intervention or control arms of a trial?
- What would business as usual look like for the control arm of a trial (particularly as many would not meet the Level 4 threshold and may receive no/little intervention)? Is this acceptable to practitioners and/or CYPs (and their parents/carers)?

For either approach, it is important to ensure that all sites:

- Are able to (re)establish the full multi-agency team and implement the key worker pathway and wider support/contextual safeguarding
- Have clear and comparable recruitment referral processes and eligibility criteria and a comparable minimum length of key worker support (e.g. 12 weeks)
- Have an identified need for the programme (i.e. CYPs at risk of or experiencing extra-familial harm and not accessing existing support) that enables recruitment targets to be met

Table 23. Summary of efficacy study feasibility against success criteria and/or targets

Criteria	Indicator	Fully/partially/not met
Ability to collect children and young people (CYPs) baseline measures	Proportion of CYPs completing baseline questionnaires	Fully met (99.3%)
Ability to collect CYPs follow-up measures	Proportion of CYPs completing follow-up (+3 months) questionnaires	Fully met (70.1%)
Completeness of outcome measure data	Proportion of missing data for each primary and secondary measure[i]	Fully met (of those who completed the baseline and follow-up: SDQ 6.0%, SWEMWBS 3%)
Availability of routine data for selected site-specific important outcomes	Agreed by the Youth Endowment Fund (YEF) and evaluators Proportion of outcomes for which data can be made available	Fully met (100% – violent offending and school exclusions)
Linked individual-level outcome data from routine sources can be made available, and, if not, area-level routine outcome data can be made available at a sufficiently disaggregated level.	Agreed by the YEF and evaluators Data can be made available at the individual level or appropriate area-level aggregation (appropriate geographical area to be determined in collaboration with sites based on the target area of intervention and hypothesised geographical reach of associated impacts).	Yes
Outcome data can also be made available for small numbers without high levels of censoring for area-level data.	Uncensored, anonymised, small area–level data	Yes
Outcome data are available at an appropriate level of temporal aggregation.	Primary outcome data are available at monthly intervals or less.	Yes
Outcome data are available for control sites.	Primary outcome data are available at monthly intervals or less.	Yes

3.8. Cost information

A cost-consequence analysis (CCA) was used to estimate the cost of the multi-agency models. We used a micro-costing approach to account for the actual local costs and resources used in delivery, following the YEF Cost Reporting Guidance for CCA (YEF, 2022). The researchers used site-level TIDieR frameworks to develop a costing template which listed costs under the following subheadings: staff and labour, procurement, buildings and facilities, materials and equipment, incentives, and other inputs. The researchers then met with the relevant staff at each delivery site to review and refine the proposed cost items. Sites completed the costing template using actual local delivery costs (including wage costs), which were reviewed during a second meeting with the research team. As the study was implemented within a 12-month period, no adjustments for inflation were made.

Table 24 presents a summary of ACF2's estimated costs at each delivery site. Due to variations in programme delivery, costs are presented at the site level only and not collated to the programme level. Total costs and costs per participating CYP/family are provided. Costs per participating CYP/family are based on the assumption that CYPs attended all planned activities. Total costs ranged from £652,580 at Site D for delivery to 221 CYPs (£2,953 per young person) to £448,165 at Site B for delivery to 134 CYP (with a slightly higher cost per young person of £3,344. Site A had the highest cost per young person at £7,408 per participant (based on 66 participants), followed by Site E at £6,615 per participant (based on 89 participants). The largest driver of costs at all sites was recurring staff costs.

As actual salary costs were used, recurring staff costs are based only on the time period that the person was in post, which was not always the full time period of the intervention (for example, due to recruitment delays or staff leaving before the end of the study). These annual costs could be higher for an efficacy study if these individuals were in post for the 12-month period (see Appendix 14 for site-level details). Costs were included in the set-up category if they were incurred only once during the implementation period of the study. However, these could become recurring annual costs in a future efficacy study (for example, resource license renewals or training for new staff). These costs are indicated by an asterisk in Appendix 14.

Table 24. Summary of costs per site

Site	Set-up	Recurring	Total*
Site A			
Total cost	£148,964.79	£339,963.21	£488,928.00
Cost per participant	£2,257.04	£5,150.96	£7,408.00
Site B			
Total cost	£8,100.00	£440,065.00	£448,165.00
Cost per participant	£60.00	£3,284.00	£3,344.15
Site C			
Total cost	£10,060.00	£451,687.00	£461,747.00
Cost per participant	£80.00	£3,613.00	£3,694.00
Site D			
Total cost	£312.00	£652,268.00	£652,580.00
Cost per participant	£1.41	£2,951.44	£2,952.85
Site E			
Total cost	£200.00	£588,513.23	£588,713.23
Cost per participant	£2.25	£6,612.51	£6,614.76

*Not all sites were able to estimate in-kind costs provided by the local authority (for example, the proportion of staff time spent on the project by data analysts and team managers and initial set-up costs), so these were excluded from the calculations

4. Conclusion

Table 25. Summary of study findings – feasibility of an efficacy study

Research question	Finding
1. What is the level of consistency and standardisation of programme implementation across the five sites overall?	Referral processes were consistent across all sites, using multi-agency panels and accepting open referrals based on common eligibility criteria. While definitions of at-risk youth were evaluated case by case, standardisation may be needed before an efficacy trial. The key worker pathway was broadly consistent, though caseloads varied by site. All sites offered wider multi-agency support, but these additional services are less comparable.
2. Are sites aligned enough in their aims and approaches to make a collective efficacy study feasible?	The study showed that site approaches were aligned to the overall Youth Endowment Fund *a priori* theory of change, meaning that the intervention was appropriate for programme-level evaluation (i.e. a multi-agency referral panel, one-to-one support from a trusted adult key worker for a minimum of 12 weeks and support for parent/carers and group activities for children and young people's (CYPs') social networks (peers, school, community). Whilst support/activities varied, as these activities were associated with mechanisms of change and secondary outcomes, this level of variation should be acceptable in an efficacy study.
3. What is the feasibility of measuring impact at an individual, site and programme level?	Based on the piloting of pre–post measures using the Strengths and Difficulties Questionnaire (SDQ), feedback from stakeholders across sites and a review of area-level outcome measures, we conclude that it is feasible to assess impact at the individual, site and programme levels using participant-reported and/or local area–level routine data. For this type of multi-agency, place-based programme, with delivery and expected outcomes at the individual (CYPs and families) and neighbourhood levels, we propose options and considerations for two efficacy study designs: i) a cluster randomised controlled trial (RCT) with outcome measurements at the individual level (i.e. SDQ) and ii) a quasi-experimental study with outcome measurements at the neighbourhood level (i.e. offending/school attendance).
4. What is the required sample size for a full efficacy study?	A cluster RCT with outcome measurements at the individual level based on a minimum detectable effect size of 0.2 and using the intraclass correlation coefficients calculated from the current study: 23 clusters per intervention arm (n=46 participants per cluster) A quasi-experimental study with outcome measurements at the neighbourhood level – for a programme-level, quasi-experimental evaluation with a two-year follow-up and an assumed 5 to 10% reduction in the annual number of violent offences in the local area (providing adequate power using population-based area-level data): • 10% reduction in annual offending rates: 14 local authority sites (seven intervention, seven comparison sites), consisting of a total of 51 neighbourhoods (~four LSOAs per site)

	• 5% reduction in annual offending rates: 22 local authority sites (11 intervention, 11 comparison sites).
5. Is it feasible to achieve a sample size with enough power to progress to an efficacy study?	We conclude that it is i) likely not feasible to achieve the required cluster size for an RCT and ii) feasible to achieve the required number of local authorities to implement an area-level quasi-experimental study.
6. Across sites, is the programme sufficiently distinct from business as usual for an efficacy study to be feasible?	Overall, sites described a programme of support which was distinct from business as usual for a population of CYPs not currently eligible for or accessing equivalent support.
7. What are the direction and magnitude of potential changes in identified outcomes, and does the study evidence promise of the programme achieving its intended outcomes?	Although the study was not powered to allow for inferential analysis, and we only included a short-term follow-up (+3 months), there was an improvement in components of the primary outcome and in the secondary outcome and no evidence of harmful intervention effects.
8. Are the piloted outcomes/measures appropriate/practical/reliable/valid for the programme?	A cluster RCT: SDQ would be an appropriate outcome measure to use in a full efficacy study. However, other assessments would need to be included to fully capture the range of outcomes associated with the programme. Linkage to individual educational data on exclusions and local police data could be included in an efficacy study. A quasi-experimental study at the neighbourhood level: local police-recorded crime data and education data are most appropriate for an area-level efficacy study.
9. What are the options and considerations for the design of an efficacy study (e.g. what potential is there for randomisation at the individual or area level; do any subgroup effects need to be considered and why)?	We suggest that an area-level quasi-experimental efficacy study is the most suitable design, given that randomisation at the individual level is unlikely to be acceptable or appropriate for the systems-oriented, place-based approach of the ACF2 programme. Whilst area-level randomisation is feasible, this would require careful consideration of the choice of comparison sites. We conclude that there is a high possibility of contamination if comparison sites are within the same local authority area, whilst the collection of data from matched comparison sites would require sufficient resourcing. However, if an RCT is preferred, then the inspection of the primary outcome (and subcomponents) at baseline and follow-up suggested some subgroup differences in gender and ethnicity. Site C also had a higher proportion of non-White participants. This suggests the importance of incorporating ethnicity in the sampling and recruitment strategies and incorporating appropriate subgroup statistical analysis.
10. What scale of delivery would be required for the sample size to be met, given the evaluation design being recommended at the end of the feasibility study (e.g. how many sites; how many neighbourhoods in each site)?	A cluster RCT with outcome measurements at the individual level: we estimate that 23 clusters per trial arm would be required. Assuming five sites, this would require five intervention and five control LSOAs per site. A quasi-experimental study with outcome measurements at the neighbourhood level: we estimate a minimum of 14 local authority sites (seven intervention, seven comparison sites), consisting of a total of 51 neighbourhoods (~four LSOAs per

	site) (assuming a 10% reduction in the annual number of all violent offences in the local area, irrespective of the age of the perpetrator).
11. What research questions could a robust efficacy study answer?	A quasi-experimental study with outcome measurements at the neighbourhood level: what is the impact of specialist multi-agency teams supporting CYPs at risk of or experiencing violence or criminal exploitation outside the home on local rates of violent offending and school attendance/exclusions? A cluster RCT with outcome measurements at the individual level: what is the impact of specialist multi-agency teams supporting CYPs at risk of or experiencing violence or criminal exploitation outside the home on CYPs' externalising behaviours?
12. What is the acceptability of an efficacy study to programme stakeholders?	There was agreement about the positive value of progressing to an efficacy study; however, several considerations were raised: 1) the need for adequate funding and resources to enable implementation and/or scaling up to more neighbourhoods (also considering shifts in extra-familial harm and 'other' intervention implementation) and 2) having clear parameters for the efficacy study aims, target group/neighbourhoods and the programme specification, considering the place-based nature of extra-familial harm. There were concerns regarding randomly allocating CYPs into case and control groups for the purposes of an efficacy study. Stakeholders were more supportive of an efficacy study with case and control neighbourhoods as opposed to the random allocation of CYPs to a programme within the neighbourhood.
13. Do sites have the capacity to scale up if the study progresses to a full efficacy study (considering pilot recruitment/retention/reach and local needs/systems)?	There is a clear need for the programme. The time and resources required to reestablish the programme, multi-agency teams and key worker provision need to be considered for progression to an efficacy study.

4.1 Evaluator judgement of the intervention and evaluation feasibility

Our study suggests that it is both feasible and acceptable to implement the programme. However, across sites, mobilisation of the programme took some time, and stakeholders noted that sufficient time and resources are needed to (re)establish the programme for an efficacy study. The study also suggests that it is possible to conduct a full trial, with most of the success criteria being met. Our study suggests that an efficacy study measuring area-level impact using secondary administrative data is feasible and appropriate for this complex whole-system intervention. Whilst an efficacy study measuring individual-level outcomes using the SDQ may be feasible, there are several considerations, particularly in relation to the feasibility of randomisation in an RCT and the number of clusters required for a cluster-based RCT.

4.2 Interpretation

The study aimed to test and provide insight into the feasibility of implementing a multi-agency approach to providing targeted support to CYPs (and their families) who are at risk of or experiencing violence or criminal exploitation outside the home. As noted in the introduction, this builds on recommendations from the Independent Review of Children's Social Care (Haves, 2022; MacAlister, 2022), and to our knowledge, this is the first study to test such an approach. During the study, there was a clear need for the programme, with

over 700 CYPs recruited across the five sites and the large majority (>600) receiving key worker support. In the early stages of the study, refinements led to a more clear and consistent set of eligibility criteria across sites, which supported programme recruitment to the key worker pathway, with keyworkers supporting CYPs through 1) assessing their needs, 2) conducting dedicated one-to-one work to build trusting relationships, 3) developing plans with CYPs to meet their needs, including support for their networks (peers, school, family) and 4) linking CYPs to the wider multi-agency support offered at the site. Support was person-centred, with wider activities, such as parental support and system-level changes, also based on local needs. Whilst this leads to some variability across sites, this person-centred, contextual, whole-system approach is an important component of the programme and aligns with national guidance and approaches (Firmin, 2020; Firmin and Lloyd, 2023; MacAlister, 2022; Quigg et al., 2023).

Qualitative findings generally indicated that the programme design and approach were acceptable to staff, CYPs and families. Qualitative insights gathered from CYPs and their parents presented an overall positive experience with engaging with the programme. The study was not sufficiently powered to allow for inferential analysis, and we only included a short-term follow-up (+3 months), but there was an improvement in components of the primary and secondary outcomes, and there was no evidence of harmful intervention effects. Qualitative data collected from CYPs, parents and stakeholders also identified a range of promising proximal and intermediary outcomes (in addition to the primary outcome) across the study period. All of these secondary outcomes align with the outcomes required by the YEF, suggesting the intervention has the potential to impact wider factors associated with extra-familial harm.

The study indicated that the programme was largely implemented in alignment with the *a priori* theory of change (making a collective efficacy study feasible). Qualitative data indicated areas of refinement, which should be considered if progressing to an efficacy study: intervention length (with stakeholders feeling that 12 weeks was not sufficient) and the need to ensure that implementation and efficacy study timescales allowed them to build and sustain relationships with the relevant stakeholders.

Whilst we conclude that it is feasible to assess impact at the individual, site and programme levels using participant-reported and/or local area–level routine data, we suggest that an efficacy study measuring impact at an area level is most feasible.

This is primarily due to concerns around individual randomisation of CYPs to case and control arms in an RCT. Although the number of clusters per arm (n=23) required for a cluster RCT is feasible, there is a high risk of contamination within a systems-level programme if randomisation is at the LSOA level within a local authority (or equivalent). However, should an efficacy study with measurement at the individual level proceed, we conclude that for this type of programme, the SDQ would be an appropriate outcome measure to use for measuring impacts at the individual level, although other secondary outcomes would need to be included to fully capture the range of outcomes associated with the programme.

For an area-level evaluation, local police–recorded crime data and education data are most appropriate. An area-level evaluation would require a minimum of 14 local authority sites (seven intervention, seven comparison sites), consisting of a total of 51 neighbourhoods (~four LSOAs per site). This, however, assumes a 10% reduction in the annual number of violent offences in the local area, which, given the lack of evidence on the impact of these types of programmes, should also be viewed with caution.

Overall, there is a clear need for the programme. The time and resources required to reestablish the programme, multi-agency teams and key worker provision need to be considered for progression to an efficacy study. Equally, consideration should be given to trial design.

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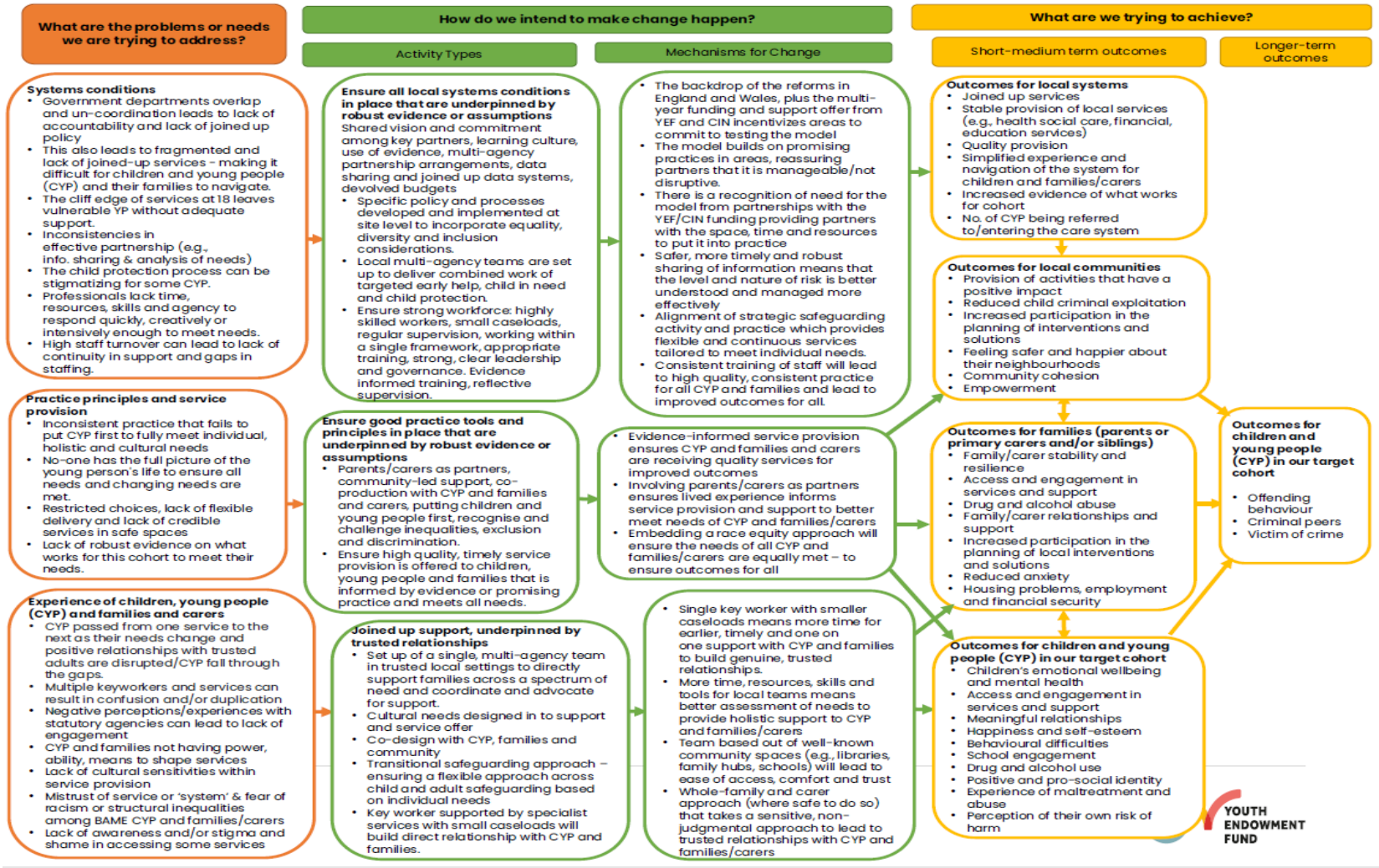
Appendix 1: YEF's justification for inclusion of agencies in the multi-agency team

Key professionals	Flexibility possible?	Rationale/Requirements for flexibility
Social worker	**No**	**Rationale:** Delivery plans should be aligned with planned policy changes in England – including joining up targeted Early Help and Children in Need support. Whilst it does not need to be a qualified social worker who undertakes a S17 Child in Need assessment, a social worker in the team should have oversight of these cases. A qualified social worker should lead on child protection enquires – working alongside the child's keyworker. The child protection social worker may or may not be part of the multi-agency team. Whilst this policy does not apply to Wales, the evidence base suggests it would be good practice for delivery sites in Wales to adhere to this also.
Council Early help service	Yes	**Requirements for flexibility:** Some local authorities may outsource Early Help provision to voluntary agencies. Flexibility is acceptable in terms of Early Help provision being delivered by either statutory agencies or strong voluntary agencies. Importantly, if Early Help provision is delivered by voluntary agencies, this provision should have necessary strategic links and a clear pathway to the local authority as project lead.
Youth Offending Team	Yes	**Requirements for flexibility:** Strategic links, data sharing and joint working with the Youth Offending Team (YOT) is expected. Including YOT staff in the multi-agency team is optional.
Education	Yes	**Requirements for flexibility:** Strategic links, data sharing and joint working with local schools is expected. Including school staff in the multi-agency team is optional.
Council delivered youth work	Yes	**Requirements for flexibility:** It is expected that youth workers/youth support workers will form part of the multi-agency team. This may be from the local authority or VCFSE sector, depending on local arrangements. Importantly, youth service provision should be delivered by qualified youth workers and a clear pathway and strategic link between youth service provision and the local authority as project lead should be established.
Young adult council services	Yes	**Requirements for flexibility:** Young adult provision varies between areas, and support for the 18–20-year-old cohort may be delivered by statutory and/or VCFSE services depending on local arrangements. Importantly, if young adult provision is delivered by VCFSE agencies, a clear pathway and strategic link between youth service provision and the local authority as project lead should be established.
VCFSE	**No**	**Rationale:** The scope for this round is to test the effectiveness of multi-agency working. This would require VCFSE professionals to be part of the multi-agency team, and for data sharing to be in place between agencies. The exact VCFSE agency will depend on local context and service user needs assessment. VCFSE workers could provide a variety of roles in the team as suggested in this document. Teams should also develop strong relationships with local VCFSE organisations as part of the project.
The police	**No**	**Rationale:** Given the nature of extra-familial harm, some police presence in the team is expected and for collaboration to take place between the police and the wider team, to establish and promote community safety strategies and crime prevention activities. In some instances, police officers might spend part of their working week as part of the team but remain in their substantive roles.
Adult probation	Yes	**Requirements for flexibility:** A probation officer is not expected to be a member of the multi-agency team; however, we would need the team to have strong links to the Probation Service to support young adults over the age of 18 where appropriate.
Mental health - children	Yes	**Requirements for flexibility:** If possible, a mental health practitioner is to be part of the multi-agency team – either from CAMHS (Child and Adult Mental Health Services) or from the VCFSE sector with CAMHS oversight. Should this not be possible, a CAMHS supervision/consultation should be made available to the team as a minimum and for timely access to specialist CAMHS where required through an agreed pathway.

Mental health - adults	Yes	**Requirements for flexibility:** Where possible, mental health practitioners are to be part of the multi-agency team – either from statutory adult mental health services or from the VCFSE sector with adult mental health service oversight. Should this not be possible, adult mental health supervision/consultation should be made available to the team as a minimum and for timely access to specialist adult mental health support where required through an agreed pathway.

Appendix 2: YEF's detailed a priori programme level theory of change



Appendix 3: Site level programmes (TIDieR framework)

Site A	
TIDieR-PHP item	**Item description**
1 Brief name	Keeping and Staying SAFE
2 Why	Key partners and professionals working with CYP and families across Site A were invited to a workshop to discuss the key issues they are seeing while working with CYP in the city. This included professionals from the police, health (child and adolescent mental health), the Youth Service, [regional] Police, Probation, Youth Justice Service, Children's services including the Safeguarding Adolescents from Exploitation (SAFE) team, Early Help and Family Support, and the Third sector. The understanding was that Site A has an issue with an increasing population of 10-20-year-olds feeling disconnected from school, parents/family, community, and professionals. Many CYP in the north and east of Site A are spending time unsupervised with no positive or meaningful activities or adults around. Many are on fixed term exclusions/permanently excluded, or on reduced timetables. This is leaving them open and vulnerable to being exploited and involved in criminal activities as well as violence associated with these activities. CYP and children in Site A were identified as having a disjointed and inconsistent experience of support from professionals such as social workers, youth workers and/or Youth Justice Service (YJS). CYP who turn 18 and remain at risk of exploitation and serious youth violence require support, advice and guidance in respect of transitional safeguarding and their vulnerabilities linked to exploitation, and CYP have a lack of trusted adults/positive role models or relationships with adults (family and professionals). CYP feel disconnected from their communities, their families and from professionals and as a result are vulnerable to and becoming involved in criminal exploitation and serious violence. This is caused by a lack of meaningful and consistent involvement in education, positive activities and a lack of consistent and meaningful relationships with professionals, parents, carers/, peers and education leading to them spending large amounts of time unsupervised and alone – disconnecting them further from trusted adults, support and systems that could provide routine and structure. The Keeping and Staying SAFE Multi-Disciplinary teams provide targeted and enhanced support to the CYP living in Site A neighbourhoods with highest levels and/or increasing criminal exploitation and youth violence. This project will provide wrap around, holistic support that will span the spectrum of need from early intervention to statutory intervention with the specific remit of reducing criminal exploitation and youth violence. Working with parents as partners, where safe to do so, is a core element of the model, as we recognise that in order to secure lasting changes and make a difference to CYP's lives, we must work with the networks in which CYP exist. The team will adopt a young person first, strengths focused and trauma informed approach.
3 What – materials	Programme documentation: theory of change, systems mapping, eligibility criteria, Gantt chart. **Materials and physical resources (apart from staff) that were developed specifically or used for the programme:** Assessment forms/ policies: Keeping and Staying SAFE YEF MDT Assessment, Exploitation identification tool: (1) Professionals assessment form (2) parent carer assessment form (3) exploitation included on care plan. An online (MS Forms) and physical option sent via email is available to reduce any referral barriers. This form was shortened during project. Materials for sessions and interventions that keyworkers to use during one-to-one sessions Goal setting materials from Outcome Stars ™ are used during sessions. £30,000 budgeted for resources for CYP and parents: (1) to engage and build relationship with individual CYP and build relationship for example gym membership, rugby kit etc., (2) to engage with groups of CYP for example, funded summer boxing programme youth service, arranged Care team summer programme at [City] football club (£5k). Training or materials used group sessions on emotional wellbeing and resilience: (1) Virtual knife training (2) DBT skills groups (beginning 7th Oct 6 weeks – then offered as reoccurring group when needed) comes with workbook of exercises to complete with CYP.

	Resources developed for early intervention and prevention workshops in schools: (1) Virtual knife training (12 months of school terms). (2) Training materials differentiated between schools and PRU and SEN to ensure suitable. (3) gang workshops and identity (expanded through YEF from previous targeted offer – YS previously had core funding, partnered to expand to 4 x pilot area schools, PRU, and SEN schools). Changes to materials used for care coordination when planning continuity of care for 18–20-year-olds: (1) YJS outcome star (capture the complexities of transition experience of 16–20-year-olds). (2) NRM panels – transition planning including a checkpoint human trafficking MARAC (adult NRM) – consolidated through this project. Materials or resources for individual work with parents and carers: (1) 23rd Oct safeguarding workshop which will be evenly split between parents and professionals (DSLs in schools, LPs in north and east children's services – how safeguarding, views of parents etc. to upskill parents but also empower parents). (2) Parent café – parents now attending – leaflets through schools to aid recruitment. Content guided by CYP and parents to develop sessions that are relevant to them. Training for staff (additional to business as usual): AMBIT training, Trauma informed training, DBT training (6-day training – 3 days online essentials, 3 days DBT groups). Virtual reality knife programme license and training (12-month license). Changes to data forms, data systems and outcome measures: Recording programme data through excel and online referral form database. Purchased licence for Outcome Star ™ and completed validated training. Adapted star using colours to replace number scaling – using Teen Star ™ for all CYP and additionally Youth Justice Star (as applicable and piloting to potentially be used with all over 16s as more appropriate). Evaluation materials: Baseline and week 12 outcomes questionnaire (demographics, Family Affluence Scale (FAS), Strength and Difficulties questionnaire (SDQ), Shortened Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS), service experiences scale. Evaluation information sheets, consent forms, parental consent forms Interview topic guides (stakeholder, CYP, parent/carers) Vouchers (£10 per CYP or parent/carer participant) WASPI Information Sharing Protocol.
4 What and how	**Eligibility:** The proposed community based Multi-Disciplinary Team will focus on offering a range of support to CYP 10–20-year-olds and their parents & carers who are vulnerable to exploitation in the communities of Neighbourhood A1 and the communities of Neighbourhood A2. Support is available for children and families across the spectrum of need. **Referrals:** Referrals can be made to the team by anybody, including self-referrals from CYP, their parents and carers and families, schools in the pilot areas, third sector organisations and statutory services. In order for any referral to be accepted by the SAFE YEF MDT project the young person being referred is either at risk of or there are signs and indicators that they are currently involved in youth violence and or criminal exploitation. Keeping and Staying SAFE YEF MDT Project will accept referrals for all CYP in the pilot areas between 10 years and 20 years of age subject to being in the cohorts detailed below including: - CYP not known to statutory services - CYP receiving Care & Support (CASP) - CYP on the Child Protection Register (CP) - Children Looked After (CLA) including Section 31 Care Orders and Section 76, Voluntary Accommodated including Care Leavers. Following referral, the first point of contact with the service will be a conversation. Information from this conversation, alongside other available intelligence and information will be triaged by the MDT Manager and the referral taken to the next available MDT Meeting for discussion and allocation as appropriate for an MDT keyworker with the most appropriate knowledge, skills and experience to best support the young person and their network. For those CYP, parents/carers not eligible for this project, a conversation will be had with them to discuss this, and they will be supported in accessing other services where possible. **Intervention activities:**

	Offer from keyworker/lead professional (10-17 years): including activities (assessments, support, co-planning, and other offered work), sessions and/or one-to-one work. Offered to CYP at risk of or currently being excluded from school, NEET, on reduced timetables and with poor school attendance. Or to CYP at the edge of care, their placements are breaking down, or they are facing homelessness and are in Youth/Young Adult Gateway accommodation. Offer from keyworker/lead professional (18-20 years): including activities (assessments, support, co-planning, and other offered work), sessions, one-to-one work, support, guidance, advice and assistance with CYP to access and obtain support from within adult social services and other support services. Offered to CYP aged 18-20 years old with a transitional safeguarding focus and are at risk of/or being criminally exploited/involved with youth violence. Individual or group run sessions: with a focus on emotional mental wellbeing and resilience. Offered to all CYP working one-to-one with the project MDT keyworker. Education/early intervention and prevention workshop sessions: Offered to groups of CYP in schools around exploitation and the risks and harms. Targeted towards CYP in year 6 in primary schools, year 7 in secondary schools and all years in Special Educational Needs (SEN) Schools in the pilot areas and the KS3 and KS4 (BYD) PRU provision. From these early intervention and prevention sessions, referrals by or for individual CYP might be made for keyworker support. Continuity of care: Coordinating transitional care and/or support for CYP with statutory partners and other agencies/organisations. Offered to CYP aged 18-20 years old with a transitional safeguarding focus and are at risk of or are being criminally exploited/involved in youth violence. Individual work for parents and carers: provided by parenting workers and offered to the parents/carers and families of all CYP working one-to-one with project MDT keyworkers. Peer support group: consisting of parent cafes offered to the parents/carers and families of all CYP working one-to-one with project MDT keyworkers.
5 Who provided	The programme was primarily delivered by two youth support workers (service allocated), with support from a Think Safe worker, one full time parent support worker and one part time parent support worker, a health worker, a family therapist, a counsellor and a Co-production and Activity Coordinator. Parent work is being delivered with [named] VSCFE partner workers and independent contract a health visitor. The MDT will work to deliver preventative activities working with Early Help, Family support and education/schools in Neighbourhood A1 and A2. Health staff employed as part of the project will deliver Dialectical Behaviour Therapy (DBT) as well as family therapy sessions offered to CYP and their parents/carers to support families and help improve relationships. Keyworkers/Lead professionals delivered activities, sessions and one-to-one work with the CYP. All staff aligned to the project MDT will be trained in Motivational Interviewing, Trauma Informed practice, Non-Violent Resistance Training (NVR) Adverse Childhood Experiences (ACES), attachment theory and safeguarding children as key intervention approaches to support CYP, their parents and carers. All members of the MDT team were trained both in the AMBIT and NEST frameworks. The MDT were further trained in the following areas: Safeguarding, Trauma and Attachment, Dialectal Behaviour Therapy (DBT) and Mindfulness and Motivational Interviewing (MI). The whole MDT will work in a mentalising way utilizing the specialist AMBIT (Adaptive Mentalization Based Integrative Treatment) framework with training provided by the Anna Freud Centre. Four members of the YEF project (SAFE Service Manager - Project Operational Lead, Site A Children's Services; Appointed YEF MDT Manager, Site A Children's Services; the Clinical Consultant Psychologist, CAMHS Service; and Training Officer, Site A Children's Services) partnership attended a five day AMBIT Local Facilitator Training course. A full day consultation with the Anna Freud centre and YEF partners took place in order to plan for a 4 day Local Team /MDT training programme around AMBIT. This was bespoke and tailored training to the project and as an MDT and the areas of AMBIT quadrants, and wheel that the team felt best meet the needs as an MDT and the CYP and their families that the team will be working with as part of the YEF funded project.
6 Where	The Keeping and Staying SAFE team provide targeted and enhanced support to the CYP living within the Site A neighbourhoods that have the highest levels and concerns in relation to increasing criminal exploitation and youth violence, which included Neighbourhood A1 and Neighbourhood A2.

	One-to-one support for CYP and parents is delivering in community venues where CYP feel comfortable – including but not limited to youth service venues, VCFS venues, schools, homes, sports/leisure facilities. The MDT and/or wider partners will deliver workshop sessions in schools, with training providers, colleges, youth settings and to community groups around exploitation and youth violence. Hubs, leisure centres, Neighbourhood A1 community hub (East), Neighbourhood A2 community hub (north). School provision is in 4 schools, one PRU, and one SEN school. Co-location: for teams in each area at family centres and social workers office (Neighbourhoods A1 &A2), [VCFSE partner] (YP Hub). Panels and meetings take place at the Youth Justice office.
7 When and how often	Typical intervention with keywork support aims for a minimum 12 weeks but is flexible according to each young person's needs to allow a sufficient time frame to develop motivation to stay engaged which is limited enough for transition. There will be ongoing monitoring through the Keeping and Staying SAFE MDT panel, where timeliness and practice would be reviewed. Case closure will take place at panel.
8.1 Planned variation	The MDT workers will tailor a help and support plan to each young person and will include activities and interventions that will best meet their individual needs. Staff within the project will identify CYP's likes, hobbies and interests and co-produce a plan of activities and or interventions that specifically meet personal outcomes for that young person that are child centred, and solution focused and enable CYP to overcome any barriers and difficulties they are experiencing and help to reduce their risk of harm. Tailored direct work sessions will be undertaken with individual CYP or groups of CYP where there are exploitation or youth violence concerns. Length of one-to-one interventions will be guided by CYP's needs.
8.2 Unplanned variation	Changing length of referral form. Safeguarding nurse advisor post vacant.
9.1 How well	(1) Monthly case provision with keyworkers, reflective practice using AMBIT on last Monday of month – review cases focusing on particular issues e.g. time between referral and engagement. (2) Weekly MDT panels – sharing information and also opportunity for knowledge sharing and reflecting on professional skills, barriers, and experiences within partner agencies. Collection of routine monitoring data on referrals, recruitment, engagement, activities undertaken, evaluation engagement submitted to evaluation team and YEF. This data is used by the team in (1) Fortnightly catch-up between team. (2) Quarterly budget meeting. (3) Weekly meeting takes place between members of the team to review referrals, ongoing cases, evaluation etc. Collection of week one and week 12 surveys to measure outcomes for CYP receiving one-to-one support Qualitative interviews with stakeholders, CYP and parents/carers to explore feasibility and process of implementation, acceptability, barriers, facilitators and outcomes. Ongoing and monthly clinical supervision with a member of the Anna Freud Centre team

Site B	
TIDieR-PHP item	**Item description**
1 Brief name	The BrightPath Project
2 Why	The existing offer for children vulnerable to extra-familial harms and risks in Site B local authority is targeted at those children requiring Level 4 services and those for whom there is evidence of exploitation. Furthermore, the early help and third sector have focused resources upon targeting families with young children which has resulted in a lack of diversionary activities and support for those older children with emerging risks. Services are often fragmented and there has been limited funding opportunities or collaboration between statutory agencies and the local VCFSE sector. This creates a system that can feel hard for children and families to navigate. Within the local authority, practitioners with high caseloads are limited in capacity to work intensively and creatively with children and families to build trusting and supportive relationships. Specific gaps in service provision have been identified at critical transition points for children and CYP, particularly between primary to secondary school and for CYP who turn 18 years old. At eighteen, services may cease, or thresholds change, and in

	respect of child exploitation the narrative and response often shift from victim to perpetrator, tending to result in solely punitive responses, leaving young adults who continue to be vulnerable to exploitation without adequate support. In addition, there is recognition that there are limited safe places and spaces for children that feel relevant and engaging for them within their local community. As part of a whole systems approach to child exploitation, there will be two community-based specialist multi-agency teams that will provide integrated support to children and families. The teams will work with 10–20-year-olds in Ward B1 and Ward B2 who are vulnerable to exploitation or violence with a particular focus on CYP at transition points.
3 What – materials	Programme documentation: theory of change, systems mapping, eligibility criteria, Gantt chart. **Materials and physical resources (apart from staff) that were developed specifically for or used for the programme.** Assessment forms: (1) new assessment tool (2) adapted early help plan with specific exploitation screening tool. (3) Use existing SAFER referral form with existing exploitation themes which is a Word form uploaded to Liquid Logic (process and collaboration with family during this is the same as BAU). (4) In addition, new referral forms have been developed (a) within children's services, (b) schools, (c) schools (theatre production) – all developed with schools in consultation. Specific recruitment materials developed: (1) leaflets about the BrightPath project for parents approached by schools etc., leaflets about wellbeing hub sessions given by keyworkers. (2) Designated Safeguarding Leads in schools – collating positive feedback for sharing with other parents when approaching them to take part (while maintaining confidentiality). Training for staff (additional to business as usual): Specific assessment and early help plan training through practice development session with keyworkers where completed templates of plans and assessments as prompts and examples of plans and current cases worked through. Materials or resources for keyworkers to use in one-to-one sessions: Ongoing resource pack with specific resources developed by keyworker that are used in most interventions – (1) what is exploitation? (2) safety – keeping safe in community, peers, online safety, managing big feelings. (3) substance use. Developed by keyworkers alongside a young person with experience of exploitation. Materials include videos, quizzes, information slides, sheet to guide going into community with young person, and identifying risks. (4) Resources that can also be left with CYP for future. Existing resources are mostly focused on older children – therefore keyworkers produced these resources by adapting the language and content to have relevance to younger children. (5) Sensory aids. (6) Occasional resources bought. (7) Subsistence costs – food in session. (8) Transport provided as needed in individual plans. Training or materials developed for school staff for PHSE and theatre-led sessions: Resources for PHSE curriculum supplement after consultation with schools – appropriate language around exploitation and school terminology. Materials developed for bespoke CYP co-produced positive and diversionary activities: Funding specific activities – gym passes, AQA education training. Wellbeing hub sessions: Materials and resources for these sessions are purchased by the VCFSE partner delivering this element as part of their commissioned provision. Changes to data forms, data systems and outcome measures: Own spreadsheet for measuring contact, engagement etc. Translation services: Translation for families to support initial parental engagement and ongoing through intervention processes. This translation service is externally provided and funded by the project. Some schools have bilingual support officers who support where possible. CACE groupwork for parents: Additional options (BAU 6–7-week groupwork sessions), workshop developed by keyworkers and parent mentors and resources for parents to take place. Takes place in community locations e.g. community hubs, schools (accessible). Analytical products from police: Contextual safeguarding for a peer group. Evaluation materials: Baseline and week 12 outcomes questionnaire (demographics, Family Affluence Scale (FAS), Strength and Difficulties questionnaire (SDQ), Shortened Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS), service experiences scale. Evaluation information sheets, consent forms, parental consent forms Interview topic guides (stakeholder, CYP, parent/carers)

	Vouchers (£10 per CYP or parent/carer participant) Information sharing agreement.
4 What and how	**Eligibility:** The targeted offer of support for children at risk of violence and exploitation outside of the home is currently through the Safeguarding Adolescents from Exploitation and Risk (SAFER) process. This involves a referral process for lead professionals into a multi-agency SAFER screening hub for children where there are concerns about exploitation and/risk of serious harm to others. The screening hub progress cases to monthly main operational meetings if: the child is open to a Level 4 service, and if evidence, disclosure, or assessment indicates that the child is at immediate/continuing risk of exploitation or a high risk of serious harm to others/themselves. The main meeting provides the multi-agency oversight, safety and risk management planning for these children and may include a SAFER keyworker who can work intensively with children and families around exploitation risks. The SAFER process is only for children up to the age of 18. For children who are not progressed to the main operational meetings, (those children where there is limited evidence that the child is at risk of exploitation or evidence that the child is vulnerable to exploitation) there is an offer of consultation to the lead professional. As part of a whole systems approach, the community based multi-agency teams will focus on offering a range of support to 10–20-year-olds and their families who are vulnerable to exploitation in Castle and Devonshire wards. Support is available across a spectrum of need, from Level 2 to Level 4, meaning that children and families who do not currently meet statutory thresholds will be able to access support. Keyworkers will work across service thresholds and continue to work with children and families if concerns escalate/de-escalate. **Referrals:** New direct referral pathways mean that referrals can be made to the teams by anybody, including self-referrals from children and families, targeted schools, VCSFE and statutory services. The newly developed referral routes relate to specific provision and eligibility criteria. In recognition that children and families may require a range of support and/be ready to engage in different types of activities at different times, our model also means that children and families can be referred to different targeted interventions within the teams. Following referral, the first point of contact with the service will be a conversation with a member of the team. Information from this conversation, alongside other available intelligence and information will be fed into a triage panel for review and assessment of eligibility. This will be a multi-agency panel that sits within our community-based teams with representation from the VCFSE sector, Children's Services (including a lead social worker, Practice Manager and the Contextual Safeguarding Coordinator) and [regional] Police. For those children and families not eligible for this project, a conversation will be had with them to discuss this, and they will be supported in accessing other services where possible. **Intervention activities:** <u>Keyworker support:</u> This will be co-worked with a social worker for those CYP assessed as Child in Need/child protection. Length of support will be dependent on need. Offered to: - CYP on roll at targeted school in year 5/6 at point of referral AND have at least two indicators of either 1) attendance issues in school, 2) Fixed term exclusions/at risk of permanent exclusion, 3) Difficulties forming and sustaining peer relationships/starting to associate with peer group that is known to police, 4) Associating with peers/older children that use substances, 5) Concerns about unsafe internet use, 6) Concerns around mental health and emotional well-being, 7) Starting to come to attention of police for anti-social behaviour in the community, 8) Sibling/family member at risk of/experiencing exploitation/regularly coming to Police attention, 9) Child's needs inconsistently met by parents/carers (e.g. not accessing universal services, inconsistent boundaries, 10) Parent/carers have limited understanding of exploitation. - OR are aged 10-18, open to L3 or L4 statutory service at point of referral, identified in SAFER hub as having emerging or moderate concerns in relation to exploitation and violence and live in Ward B1 or B2 or impacted by exploitation in these neighbourhoods, - OR are aged 18+, open to L4 statutory service at point of referral and open to SAFER and live in Ward B1 or B2 or impacted by exploitation in these neighbourhoods. <u>PHSE school-based programme:</u> Including bespoke PHSE curriculum and workshops. Offered to CYP on roll at targeted school in year 5/6 at point of referral AND have at least two indicators from the keyworker criteria.

	Collaboration against child exploitation (CACE) peer support and CACE group work programmes: education workshop for parents delivered in the local communities by professionals and parent-mentors with lived experienced. Offered to parents or carers of CYP 10-20 years old living in Ward B1 or B2 who are vulnerable to exploitation and/or violence outside of the home OR parents/carers of child aged 10+ in targeted school who meets the keyworker criteria. Wellbeing Hub sessions for CYP and families: Groupwork sessions around positive activities on how this can be used as an exit strategy from keywork. At the moment groupwork sessions are with two specific peer groups for 2 sessions per week. Very activity based and focused on particular concerns for example substance use and understanding group dynamics and influence. Offered to CYP aged 10-20 in the Ward B1 or B2 OR parent or carer of CYP aged 10-20 in the Ward B1 or B2 AND CYP has at least two indicators of either 1) Open to statutory services and lead professional has identified concerns around exploitation, 2) Attendance issues in school, 3) Fixed term exclusions/at risk of permanent exclusion, 4) Missing episodes, 5) Not in education, training or employment, 6) Difficulties forming and sustaining peer relationships/starting to associate with peer group that is known to police, 7) Substance use/associating with peers/older children that use substances, 8) Concerns about unsafe internet use, 9) Concerns around mental health and emotional well-being, 10) Coming to attention of police, 11) Sibling/family member at risk of/experiencing exploitation/regularly coming to Police attention and, 12) Parent/carers have limited understanding of exploitation
5 Who provided	Keyworker role: Keyworkers will have small caseloads of a maximum of 10 children enabling them to work intensively, flexibly, and creatively with families. Keyworkers will work holistically and develop bespoke plans to respond to the presenting needs of the child and family. Unlike the current system, children and families will not be allocated a new keyworker from a different threshold team if concerns escalate or de-escalate. Children in Need or those requiring protection will be co-worked by a qualified social worker who sits within either the locality social work teams, or the Exploitation Team. 4 keyworkers. Social worker: A specialist social worker from the Exploitation Team will adopt the social work function within our multi-disciplinary teams. They will be part of the triage panel, providing guidance on safeguarding concerns, alongside consultation and support to keyworkers for those children who do not have an allocated social worker. Police: As part of the development of a new Child Exploitation Team in Site B, there will be a PC and Specialist Child Exploitation Co-ordinator co-located within the multi-agency team. Their role will include the identification of children vulnerable to exploitation, direct work with children and families, information and intelligence sharing and participation in the triage panel. VCFSE workers: A lead worker and support workers from the VCSFE partner will deliver weekend wellbeing hubs within both neighbourhoods. The lead worker will also sit on the triage panel to support information sharing and decision making around eligibility. Contextual Safeguarding Coordinator role: This post will support contextual assessments and the delivery of place-based interventions for children and vulnerable adults in response to identified concern within the local communities. These may include peer groups and specific locations such as parks, shopping centres and transport hubs. Building relationships with the local communities and 'non-traditional' partners will be an important part of this role. This post will also form part of the triage panel. CACE parent-mentors: Parents/carers with lived experience of child exploitation will co-design and co-deliver the CACE group programmes. Child and adult mental health practitioners: A designated child and adult specialist will provide case consultation to workers who have cases with mental health concerns. This will include those service users accessing keywork support, the well-being hubs and CACE programmes.
6 Where	The most serious violent crime across Site B occurs in the coastal towns. Within these towns the most concentrated incident of serious violent crime takes place in the town centre locations of Ward B1 and B2. There are also high numbers of children resident or frequently accessing these wards involved or at risk of exploitation and serious violence as well as additional risk factors within these locations such as the numbers of families living in poverty and high rates of school absence and exclusion. As such the programme was delivered in the Ward B1 and B2.

	One-to-one keywork support takes place at a venue that is comfortable to the young person (and their families) in community-based venues which include (but are not limited to): schools, homes, youth services/VCFS community locations, leisure/sports facilities, wellbeing hubs. Sessions for CYP and families take place at the Wellbeing Hubs within the wards. PHSE provision takes place within one of four partner primary schools within the ward. CACE peer support and group work sessions (6-week programmes for parents co-delivered in the local communities by professionals and parent-mentors with lived experience) take place in community venues. The team is co-located with youth justice and police, and wider exploitation team including exploitation social workers, education coordinator for YJS, youth justice practitioners, child discovery team (PC, Exploitation caseworker, Sussex Police), and under 25 substance misuse worker. Based in local authority office.
7 When and how often	Typical intervention with keyworker support would last 12 weeks, however full length of support will be dependent on the CYP needs. CACE peer support and CACE work programmes will involve six weeks of activity. Wellbeing Hub sessions for CYP and families will run in closed groups and will involve six weeks of sessions.
8.1 Planned variation	Keyworker support will be individualised based on CYP's needs. PHSE school-based programmes will be designed following consultation with schools. CACE peer support and CACE group work and Wellbeing hub sessions will be tailored to the indicators and needs identified in referral and assessment. Specific multi-agency work which has been developed following consultation during the project include: In order to prepare the team to take referrals from the UASC team, professionals have met on how to work collaboratively to support unaccompanied asylum seekers and develop workshops around exploitation and recognising risks. Peer group work has been undertaken in Ward B1 with work with professionals around information sharing and actions leading to development of CACE workshop and group workshops for peers. Also lead to specific work with police around address and location, cuckooing, and disruption work. Exploitation awareness events: in town centres
8.2 Unplanned variation	CACE workshop programme has been adapted following consultation with parents. Following low uptake of family-based support at Wellbeing Hubs, this has been adapted to focus on peer group support for CYP delivered by the same VCFSE provider
9.1 How well	One-to-one supervision will be provided for all roles within the team. Team members meet monthly for a whole team meeting followed by a practice development or group supervision. Practice development and group supervision will be alternated with a clear plan of topics of focus developed. Additional group supervisions, practice development sessions and whole team meetings will be arranged on an as-needed basis, with opportunities for workers to feed into topics of focus. Keyworkers have bimonthly reflective practice with YJS and wider team. Whole team meetings are held regularly and parent mentor volunteer meetings every 6-weeks. Collection of routine monitoring data on referrals, recruitment, engagement, activities undertaken, evaluation engagement submitted to evaluation team and YEF. This data is taken to child exploitation strategic group were the project is a regular item on the agenda. The project manager undertakes regular reviews of evaluation numbers and deep dive undertaken on each case where evaluation incomplete to identify barriers. Also monitor referral numbers coming to identify work that needs to be done around understanding and eligibility criteria. Collection of week one and week 12 surveys to measure outcomes for CYP receiving one-to-one support Qualitative interviews with stakeholders, CYP and parents/carers to explore feasibility and process of implementation, acceptability, barriers, facilitators and outcomes.

Site C	
TIDieR-PHP item	**Item description**
1 Brief name	Thriving Communities

2 Why	In Ward C1 and C2, CYP drawn into violence may have experienced distressing events beyond their control, face well-being challenges during significant life events (like changing schools or starting work) and have multiple needs but don't meet statutory provisions, leading to escalating needs requiring intensive intervention. Conversely, those meeting thresholds may have disjointed plans and unaddressed challenges .Of the 4,048 children referred to MASH for Ward C1 and C2 between Jan 2022 and Jan 2023, 820 were referred to Child In Need (CIN) assessments under section, 17,491 were referred to Early Help, 106 were referred to domestic violence support services, 20 were referred to youth justice services, and 253 were referred to strategy meeting discussions. Furthermore, over 1,000 children were referred to Universal agencies (e.g. schools, children's centres) and will have required additional intervention from those agencies. This demonstrates a high level of need in these areas that existing early help services, Child and Mental Health Services (CAMHS) and other targeted agencies are struggling to address within their existing silos and why an integrated response to address these needs is key. As part of the multi-agency approach to this area, Thriving Communities will create and deliver tailor-made interventions to support children and families, with the overall aim to support and improve school inclusion, helping CYP to build self-esteem and increase happiness, improve connection within the community, increase school attendance and attainment, increase feelings of safety and reduce the overall incidences of CYP at risk of or currently involved in extra-familial harms.
3 What – materials	Programme documentation: theory of change, systems mapping, eligibility criteria, Gantt chart. **Materials and physical resources (apart from staff) that were developed specifically for or used for the programme:** Assessment forms: Existing early helping record that was suitable for Thriving Communities. This is accessible by (1) online via MASH [already existed/used] (2) internal email inbox which social workers and internal colleagues can complete and refer via that route [new mechanism for receiving referrals specific to Thriving Communities]. Training for staff (additional to business as usual): (1) Already existing training was relevant for some staff within Thriving Communities such as Early Help, Youth Justice, and ASEUS training. (2) EP received specific training on systems (Early Help and ASEUS) as this is different to what they normally use. Materials and resources for keyworker support: (1) Existing early help framework used. (2) Existing exploitation toolkit used. Materials and resources for the enhanced youth work offer: (1) Interventions developed in response to/based on needs of the CYP such as (a) girls empowerment group (b) anger management. Interventions developed as a team. (2) Workshop materials developed and printed etc., cost factor. Programme of Educational Psychological Support (CBT and range of approaches) materials and assessment: (1) Adapted existing materials dependent upon young person. (2) Range of approaches (not only CBT). Community Psychological Support: Parenting group, workshops for CYP and 1-to-1 support materials. Changes to data forms, data systems and outcome measures: (1) Pre-existing system – no real changes. (2) Additional reports built for this service area. Evaluation materials: Baseline and week 12 outcomes questionnaire (demographics, Family Affluence Scale (FAS), Strength and Difficulties questionnaire (SDQ), Shortened Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS), service experiences scale. Evaluation information sheets, consent forms, parental consent forms. Interview topic guides (stakeholder, CYP, parent/carers). Vouchers (£10 per CYP or parent/carer participant). Information Sharing Agreement.
4 What and how	**Eligibility:** Offering a range of support to 10–20-year-olds, and their families, who are vulnerable to exploitation in Ward C1 and C2. The team will support new and existing cases across a spectrum of need, from Level 2 to Level 4. Eligibility for different intervention activities are described in "activities" below. **Referrals:**

	Referrals can be made directly to the team by any agency or source, including self-referrals from children and families, our Multi-Agency Safeguarding Hub (MASH), targeted schools, VCSFE and statutory services and from intelligence and insight monitoring boards. Following referral, the first point of contact with the service will be a conversation. Information from this conversation, alongside other available intelligence and information will be fed into a panel for review and assessment of eligibility. This will be a multi-agency Thriving Communities Panel that sits within our community-based teams. Thriving Communities multi-agency Panel will review cases and allocate them accordingly. A lead professional from the multi-agency team will be allocated to the case. In cases where a Social Worker is required as a lead professional, they will step into the multi-agency team as required. **Intervention activities:** Keywork support: Offered to (1) children in year 5&6 on roll at school in Ward C1 and C2 with 2 indicators (attendance issues, permanent exclusion or risk of exclusion, missing incidents, difficulties sustaining peer relationships, associating with peer group known to Intelligence and Insight briefing, substance use concerns, mental health or bullying concerns, antisocial behaviour, family member at risk/experiencing exploitation or coming to police attention, needs inconsistently met by parent/carer, parent/carer has limited knowledge of exploitation). (2) aged 10-20 years living in Ward C1 and C2 and identified through MASH or Probations Transitions Hub as having emerging concerns in relation to extra-familial harm or violence. Targeted youth offer: Any resident in Ward C1 and C2 aged 10-18 years can access Universal Youth Work. Targeted approach will be offered to young women and girls, children 10-12 years, children with additional needs. Peer group work: CYP aged 10-20 years, living in Ward C1 and C2 with at least one indicator (using vapes, substance use problems) Parenting support: Parent of CYP with keyworker support living in Ward C1 and C2 – existing group by third sector partners and TC come alongside to support CYP and parents/family in specific areas. Educational psychological support: CYP allocated a keyworker with at least one indicator (neuro-divergent, speech, language and communication difficulties, additional needs, concerns about emotional health and wellbeing. Community psychological support: Aged 10-20 years old, living in or have strong connections in Ward C1 and C2, at risk of or impacted by youth violence and serious youth violence. Possibly CAMHS – this element of the project hasn't begun yet. Transition groups and bespoke PHSE: On roll at targeted school in Year 5/6 at point of referral with a least one indicator (fixed term exclusions, risk of permanent exclusion, concerns about unsafe internet use, concerns about mental health/emotional wellbeing, needs inconsistently met by parents/carers, parent/carers have limited understanding of exploitation. Wellbeing hub: aged 10-20 years living in Ward C1 and C2. Using existing youth clubs/hubs. Used as a venue for bespoke groups. Those venues also have existing programmes and referrals-in for one-to-one support.
5 Who provided	Education and Inclusion officer: Will be in post to deliver a wide range of system change interventions with a focus on child criminal exploitation, which could include training police and partners, writing guidance or producing resources to support improved practice and developing strong partnerships to undertake multi-agency working. The officer is responsible for promoting and maintaining an inclusive and supportive educational environment within the local authority and across the borough working closely with schools, parents, students, and other stakeholders to identify and address barriers to learning and ensure equal opportunities for all. They will further work alongside the newly established Thriving Communities team to provide hyper-local support for the whole family to address the underlying determinants to youth violence. Educational Psychologist: An assistant educational psychologist will deliver evidenced-based, high quality psychological services to CYP and families involved in the project and will be heavily involved in the early evidence gathering stages to provide targeted early intervention services. Range of EPs are involved in delivery including senior EPs (senior supervision and oversight of cases and appropriate EP responses); main grade EPs (provide support that assistant EP is not qualified to provide); and assistant EPs. Youth justice support officers: Fulfil a full range of case management responsibilities associated with work with low to high-risk children, including undertaking assessments, planning, interventions, and supervision with children. This role includes participating in the delivery of a wide range of Youth Justice Service (YJS) programmes on an individual and group work basis; and officers will be attending court, prison, and police custody where necessary to fulfil case management responsibilities. VCFS partners: [2 VCSFE partners] who also hold cases.

6 Where	The Thriving Communities multi-agency teams will focus on offering a range of support to 10–20-year-olds, and their families, who are vulnerable to exploitation in Ward C1 and C2. These locations were identified as having high levels of deprivation and as a result of this, higher instances of youth violence and exploitation. The support will be linked into educational settings within these areas and will as such be location based. The Thriving Communities team are based at Ward C1 and C2 Family Hub. This is located at Ward C1 Library, and it serves residents of Ward C1 and C2. Support for CYP and parent/carers takes place within the community at venues which a comfortable for the CYP/family including Family Hubs, schools etc. Also home visits if suitable for CYP and family.
7 When and how often	Typical intervention with keywork support would last 12 weeks. There would be ongoing monitoring through Thriving Communities panel, where timeliness and practice would be reviewed. Case closure would take place at panel: (1) Majority of cases have been longer (engagement time, system start, and changes). Some concerns about whether length is appropriate for needs. (2) Weekly sessions on average (EH framework standard ten days but more frequent in practice).
8.1 Planned variation	Keywork support, peer group work, enhanced youth offer, and transition work (including bespoke PHSE) will be tailored to the indicators and needs identified in referral and assessment. Educational psychological and parenting support will be offered to CYP allocated keyworker according to certain needs/indicators (described above). While all CYP 10-20 years living in Ward C1 and C2 are eligible for enhanced youth work offer, targeted youth work will be offered to young women and girls, children aged 10-12 years and children with additional needs based on mapping exercise undertaken to inform intervention design.
8.2 Unplanned variation	Senior practitioner role: still vacant as re-recruiting.
9.1 How well	Strategies used or actions taken to maintain fidelity of the intervention (i.e., to ensure that the intervention was delivered as intended): EPs: (1) Monthly and group supervision (once per half term). (2) Weekly referral meeting (reflect cases, EP triage going forward). (3) Weekly TC meeting to review development, progress, reporting etc. (4) Case review, regular monitoring of cases. Collection of routine monitoring data on referrals, recruitment, engagement, activities undertaken, evaluation engagement submitted to evaluation team and YEF: (1) Case management spreadsheet (caseload per practitioner, evaluation measures). (2) Monthly meetings, reviewed on a weekly basis to monitor. (3) Signpost cases that do not meet criteria to other services. Collection of weeks one and week 12 surveys to measure outcomes for CYP receiving one-to-one support. Qualitative interviews with stakeholders, CYP and parents/carers to explore feasibility and process of implementation, acceptability, barriers, facilitators and outcomes.

Site D	
TIDieR-PHP item	**Item description**
1 Brief name	CMET United
2 Why	Data collected by the CMET team and partner agencies (January 2023- June 2023) indicated 59 referrals were made for a prevention intervention in Site D including 4 for youth violence, 3 for domestic abuse and 1 for violence. Between the same period, 1096 fixed term exclusions and 17 permanent exclusions were handed down, of which 20% (n=220) and 64% (n=9) respectively were related to violence. Data collected by [organisation name] reported 185 CYP in were custody during this period, which included arrests for threats to kill, attempt to cause criminal damage, criminal damage, assault by touching, domestic violence assault, arson, assault by beating, assault of an emergency worker, common assault, affray and grievous bodily

	harm among other activity. This data reflects the magnitude at which CYP in Site D are involved in and at risk of harm outside of the home and within the community. A local mapping exercise (which consulted with 100 CYP, 40 community members and 30 professionals) highlighted community concerns about the links between youth violence, substance use, gangs and peer pressure and a local assess assessment was undertaken to understand what support is already available to CYP at risk of harm and how this can be enhanced. The Safer Homes programmes has been developed to focus on Identifying, assessing, and responding to the unmet needs of those at risk of experiencing significant extra-familial harm and taking a contextual multi-agency approach to preventing and responding to extra-familial harm. By doing so, the Safe Homes programme will ensure more people from multiple agencies are able to recognise and respond to harm and increase the number of CYP that feel safe from violence or harm in the communities of Ward D1 and D2.
3 What – materials	Programme documentation: theory of change, systems mapping, eligibility criteria, Gantt chart. **Materials or physical resources (aside from staff) that have been developed specifically for or that are being used for delivery:** Changes made to assessment forms and consent procedures: Assessment more geared towards extra-familial harm with support of Cascades (Cardiff University) who developed an exploitation toolkit. Use toolkit and strengths-based approach. Assessment is in Word based format. Training programmes for staff (additional to business as usual): (1) Specific mandatory training plan staff undertook at beginning (to send). (2) Mappy hour (once per month) which is training and supervision combined, to /describe explain the process of mapping cases. Materials for sessions and interventions that keyworkers to use during one-to-one sessions: Case-by-case basis (to check with 3rd sector workers if there are resources they have been using). Keyworkers have a budget for activities such as peer groups/networks which can be accessed by asking for funding on a case-by-case basis. Specific materials related to equality and diversity work in the one-to-one sessions: YMCA training by diversity and inclusion worker. Materials developed or given to parents at the parenting forum: (1) Training for parents around exploitation. (2) Coffee morning for parents wherein the parents have planned what they want to do such as leisure activity. Training or materials for professionals to increase understanding of peer group referral: YES specific for project. Peer group assessment forms: Contextual assessment – forms developed based on the need for this project. Resources developed for peer group meetings and interventions e.g. sessions on weapons, emotional health, substance use etc.: Developed based on CYP's needs from existing baseline. Location based safeguarding assessment forms. Location referral forms developed specific for project. Training for safe people in location based safeguarding: Resources you use for outreach (detached work) work in these locations: (1) Risk assessment proforma. (2) Detached training (keep staff members safe). (3) Youth club vehicle. School self-assessment forms and materials: YES Training for staff for accessible sports diversion (on hold): Football tournament, sports, part of transition projects. Resources for CYP's forum: (1) Recent set-up in schools). (2) Plan in place for future including for safeguarding week. Resources and materials for intergenerational workshops: On hold but integrated into case-by-case work. Evaluation materials: Baseline and week 12 outcomes questionnaire (demographics, Family Affluence Scale (FAS), Strength and Difficulties questionnaire (SDQ), Shortened Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS), service experiences scale. Evaluation information sheets, consent forms, parental consent forms Interview topic guides (stakeholder, CYP, parent/carers) Vouchers (£10 per CYP or parent/carer participant) WASPI Information Sharing Protocol.
4 What and how	**Eligibility criteria:**

	CYP identified at being at risk of, or currently involved in violence outside the home, aged 10-20 years and residing or at risk of harm in Ward D1 or D2 (pilot sites) of Site D. **Referrals:** CYP can be referred into the service by either self-referral, parental/guardian, intelligence generated referral form, public protection notices, schools, partner agency referral, referral on arrest for eligible offence, referral after an incident of serious violence by virtue of being present or involved and IIAA referral containing key indicators of extra-familial harm. Referrals will be made through the single point of contact for child and family services and sent through to CMET team. Cases identified in the pilot area where there is referral due to indicators of harm will be triaged by the single point of contact and sent to the CMET central team for proportionate assessment and decision on intervention depending on where CYP are currently on the continuum of need as summarized below: Tier 1: CYP not at risk of extra-familial harm = universal support (business as usual) Tier 2: CYP who may have vulnerabilities that require additional support to prevent extra-familial harm (for example displaying worrying ideologies such as toxic masculinity, gang idolization, involvement in antisocial behaviour, absconding from school) = youth work led interventions, brief third sector work Tier 2b: CYP who is likely to have multiple vulnerabilities and one or two risks that increase risk of extra-familial harm (for example involvement in violence/exploitation, missing episodes, known to Social Care/Early Help, did not meet Social Care/Early Help threshold, refused/declined to engage, looked after child, unexplained wealth/possessions, association with criminal peers or known gang hotspot, presentation with suspicious injury, under Youth Offending Service/Probation management or sibling of someone under management) = youth worker for specialist early intervention, third sector worker for group/individual work depending where primary needs fall in specialist area Tier 3: CYP who is likely to have multiple vulnerabilities and one or more indicators that put them at higher risk of extra-familial harm (for example: risk of criminal exploitation, gang link, arrest for trigger offence of PWITS, weapon possession or gang linked offence) Organised Crime Group linked or mapped nominal, National Referral Mechanism pending or in place, Missing episodes, transitioning from Youth Offending Service intervention plan to Probation Service at age 18) = social worker where safeguarding needs have been identified, youth/third sector worker depending on primary needed identified, parenting support around extra-familial harm Tier 4: CYP with clear indicators of significant risk or already being harmed (for example in custody for trigger offence of Possession with Intent to Supply, knife offence/assault where there are clear links to locality gangs, directly connected to incident of serious violence in locality = social worker with assessment specific to extra-familial harm and ongoing safety planning work with social worker supported by CMET panel and agency locality team. Contextual response to locations, places, responses or peer groups (residing or spending time) within the locality where extra-familial harm such as serious violence or exploitation has taken place = youth worker will undertake prevention and early intervention, social worker where there is significant harm. **Activities:** <u>Change of standard assessment:</u> for 10–20-year-olds at risk of harm that to include an unmet need assessment that lead to vulnerability (as well as presenting concern) and using a reachable moment for the CYP that have been affected by extra-familial harm. Lead to interventions based on need. <u>Keywork -</u> Dedicated one-to-one work with CYP aged 10-20 years where there are indicators that they could be at risk of youth violence or extra-familial harm (would usually receive support from early help, Children in Need and Child Protection cases) focusing on needs identified in assessment. Allocation of keyworker depends on need with social worker support for CYP where there is significant harm. Sessions will focus on helping CYP understand how they can impact on their own safety from extra-familial harm and team around the young person approach adopted where there is opportunity for specialized intervention (e.g. Youth Justice Service worker undertaking intervention around preventing offending). Keyworker will also facilitate access to diversionary sport and music activities. For 18–20-year-olds, there will also be a focus on supporting YP into adulthood and work with services such as housing and probation

	Engagement with parents as partners: parents/carers of CYP identified as at risk made to feel part of the child protection process, ensure they are informed and equipped on protection from risk and feel supported when they are unable to manage. Parents forum will give parents a voice and help services understand how best to support them Equality and diversity work through specialised one-to-one work and advocacy for CYP who experience harm because of discrimination (for example those who identified as LGBT+, from different ethnic backgrounds or with disabilities). Work to educated and promote change will also be undertaken with those who are involved in harming those who experience discrimination Peer group work (contextual) involving 1) consultations with professionals working with CYP (10-20 years) to understand how peer networks can impact safety and what interventions can be offered 2) peer group assessment for CYP aged 10 – 18 who have been affected by inequality or bullying, witnessed incidents of violence, experienced exploitation or in a peer network that experienced exploitation 3) peer group meetings that bring together professionals to share concerns and impacts on safety of peer group and develop a plan for intervention 4) intervening with the peer group in places they feel comfortable to address the identified need, increase resilience and build safe relationships. Location based work (contextual): safeguarding assessments and interventions based on a contextual safeguarding approach (locations such as bus stations, parks etc. but with a focus on the impact on CYP aged 10-20 who use these spaces). Interventions may include 1) multi-agency meetings to discuss the context 2) multi-agency location-based disruption 3) location-based safety planning 4) outreach work 5) building guardianship through training safe people in the contexts. School self-assessment to help schools (with pupils aged 11-16 years) understand the risks and strengths in addressing extra-familial harm. Assessment could lead to further intervention for example training staff in trauma informed approaches. Development of accessible sport: by training people working in sport to respond to early indicators of extra-familial harm and put support in place in the neighbourhood. Young people's forum with CYP aged 10-18 years at risk of or experiencing extra-familial harm: to discuss extra-familial harm, shape the services they access, have a voice in their community and be more involved in decisions about safety. Intergenerational workshops between 10–18-year-olds who have been involved in Anti-Social Behaviour, verbal and physical violence in communities and aging population to share views on what will keep communities safer and improve intergenerational relationships and community inclusion. Transition project (year 6): identified as a need. Combination of educational sessions about risk and exploitation, football programme and keyworker support with visits to new secondary schools.
5 Who provided	Delivering the activities specified in the programme will be two social workers, two youth workers, four CMET youth workers, one (Drug and alcohol] worker, one YMCA worker and a [VCSFE service] worker. Also aligned staff members called on to support work e.g. YJS, CAMHS, Early Help support (and additional agencies). The social workers will case manage complex and safeguarding individual and contextual cases, undertake unmet need assessments and fulfil statutory requirements for cases they hold. They will liaise with traditional safeguarding partners and also build upon non-traditional safeguarding partners in their localities. The youth workers will case manage individuals and contextual cases at an early intervention level, they will link in closely with the schools and be a point of contact for them, they will also link closely with the Youth Homelessness Development Officer from the area. They will undertake detached work in the community and build on the community profiles building guardianship in their local areas. The CMET youth workers will be available to support the area youth workers if capacity is reached, they will also be able to share their expert knowledge on managing contextual cases and support by double manning any group-based interventions that may require extra staffing. [Service name] are a specialist substance misuse service that will work with CYP where substance use is a key factor in the harm. They will take a harm reduction approach to understanding the impact that substances are having on CYP. YMCA have been commissioned from the YEF funding to provide inclusion and diversity specialism. They will work with CYP affected by extra-familial harm and violence where protected characteristics have been identified as a factor in the violence i.e. – if there are CYP displaying violence towards marginalized CYP in the community. [VCSFE service] are a [national] based Charity that specialize in responding to serious youth Violence and Criminal exploitation, they have independently evaluated programs that respond to violence and Weapons and will provide expert knowledge to the teams and carry a caseload where there are concerns around weapons and or CCE.

6 Where	The programme targeted two wards within the Site D area, Ward D1 or D2, which were identified as being high risk locations, and areas in which there were elevated incidences of violence, extra-familial harm, gang and drug lines and community safeguarding concerns. Four comprehensive schools within the areas were identified to work with and provide support and training to staff as well as to the CYP at risk or currently involved in extra-familial harm. Further to this, existing sporting teams and clubs were acknowledged to have the potential to become even more supportive environments for CYP if they understood how to respond to concerns and become more inclusive, and as such local sports clubs within the communities were also drawn into the project to host events and activities. The Teams are situated within the communities in which each locality has its own early help hub where teams will work from on a day to day basis. There is a central building in the east area that both teams are also able to use. The intention is for the teams to be visible and accessible in the areas of Ward D1 or D2. Schools – four days per week, one in each school. Four schools (and Pupil Referral Unit but not part of YEF funded element of work but same provision). Four primary schools in project area – receive referrals and transition work.
7 When and how often	The initial timeframe for partnership activities will be 12 months commencing in the year 2023/2024. A month of training and preparation beginning January 2nd to ensure the core teams and partnerships have the relevant training to affectively deliver the planned intervention. Duration of one-to-one support is influenced by the participants needs (young person led with regular supervision to guide). Frequency guided by assessment of needs – minimum of once every six weeks. Drop-in services were offered to the four schools included in the programme once a week where CYP and school personnel could speak to a member of the multi-agency team regarding any concerns and issues. Keyworkers are in the school once per week to support with de-escalation, signposting etc. with this activity recorded on a school basis. The Team also ran a transition project over the summer, which was made up of weekly sessions at a local sports ground, to educate and talk through specific themes with the CYP and their parent/caregiver, following footballing activities. Parent café runs monthly. Ward D1 community café (currently provided here for both areas) – monthly, offer transport, food.
8.1 Planned variation	Length of one-to one intervention guided by CYP's needs Support and intervention offered in one-to-one, third sector group work, peer groups and contextual safeguarding approaches is led by identified needs in the new assessment process CYP's forum and parents' forum consultation will be used to guide support needs. Parenting support – led by parents in first meeting.
8.2 Unplanned variation	Sports work and intergenerational work not happening on scale initially planned (due to caseload size, staff recruitment etc) but being incorporated into individual-level work where there is a need at the moment.

9.1 How well	Individual supervision: All staff receive monthly case management supervision from senior member within the structure. The social workers will be supervised by the practice lead and the prevention workers by social workers in the team. The commissioned 3rd sector workers will also receive personal supervision from their agency. Aligned staff will continue to receive supervision in line with their organisation. Group supervision: Site D Children services using signs of safety module undertake group supervision, this will be undertaken on a monthly basis where we will map out a challenging case within the team and come up with combined solutions. The core and aligned staff will be invited to these sessions, they will be facilitated by social work staff within the team and all staff will have the opportunity to present a case. Collection of routine monitoring data on referrals, recruitment, engagement, activities undertaken, evaluation engagement submitted to evaluation team and YEF. During team meetings, the team generally use this data to review progress and this data is also shared at CMET panel (for example to review the range of referral sources such as schools, police etc.) Collection of week 1 and week 12 surveys to measure outcomes for CYP receiving one-to-one support. Qualitative interviews with stakeholders, CYP and parents/carers to explore feasibility and process of implementation, acceptability, barriers, facilitators and outcomes.

Site E	
TIDieR-PHP item	**Item description**
1 Brief name	Supportive Family Homes Programme
2 Why	In 2021 a Site E Violence Needs Assessment (VNA) was produced by Site E Borough Council's Public Health team. The focus of the VNA was on child and CYP aged up to 25 years old as they were most at risk of violence and offending. The VNA sought to build an understanding of the reality of violence in Site E and the prevalence of underlying risk factors that may make the Site E community more susceptible or less resilient to violence. The local service mapping identified gaps in violence prevention interventions available in the borough of Site E. Although, there are a range of violence prevention interventions available in Site E, a significant proportion of these interventions only accept referrals for individuals who are known to social services and Early Intervention, Youth and Communities or have encountered the police or wider criminal justice system. Furthermore, the majority of universal interventions on violence prevention are provided in the school settings which may limit their reach and opportunities to intervene early. This finding has been central to the Support Family Home (SFH) programme design and approach to ensure interventions that are different from business as usual. As of March 2023, Police data indicates that over the rolling 12 months Site E has seen 292 offences where a knife has been used – this represents on average an additional four crimes per month. Possession offences in Site E have also increased, on average by an additional five crimes per month. One of the key emerging themes highlighted in the partnership data is the issue of youth violence and their links to gang culture with nearly half of all suspects, 48%, being under 25. Linked to this, young males are more likely to be victims of homicide and near miss homicide. Furthermore, males aged 16-25 were most likely to be victims of knife related homicide and near miss homicide crimes. This highlights a two-fold issue whereby young males make up a large proportion of victims in terms of count, as well as the severity of injury that is being inflicted. Currently, local engagement and outcome data for Site E highlights that CYP and families exposed to violence struggle to engage in traditional service provision. For example, recent Youth Justice Service (YJS) performance report data reports that 55% of the YJS cohort are educated outside of mainstream schools (November 2023) and 17% are not in Education, Training and Employment (Q1 2023/24). Furthermore, non-compliance data from October 2022-September 2023 found that seven CYP missed 449 appointments (with 121 classed as non-compliance) and all of these CYP were assessed as at risk of violence.

	This means that an innovative, multi-agency approach, located in communities and with co-production at its heart will be central to improving outcomes for this group. The approach is a model that has not been tested before in Swindon and therefore there will be distinct differences in programme design and delivery, from approach to identification and referrals though to programme design and delivery.
3 What – materials	Programme documentation: theory of change, systems mapping, eligibility criteria, Gantt chart. **Materials and physical resources (apart from staff) that were developed specifically or used for the programme. This includes:** Assessment forms: (1) Screening Tool (excel spreadsheet) developed specifically for the project which captures information on CYP referrals and eligibility. (2) Flow chart for professionals to establish the right time to refer and encourage referrals. (3) Safer Families – a) Outcomes hexagon to map changes, periodically reviewed and updated. b) Initial family picture (risk assessment) (from interview). (4) [VCSFE partner] – a) Own evaluation form, b) check in wheel pre and post intervention (which evaluates areas of wellbeing including family life and physical health), c) qualitative evaluation following intervention (from interview). (5) BEST – a) check in wheel similar to [VCSFE partner tool]. Changes to consent process: (1) All three agencies involved in delivering the project activities have their own referral and consent forms to be completed, following the approval of any referrals made to the central inbox and approved for inclusion following weekly panel meetings. (2) Safer Families - designed their own screening tool to use following referral into their service. Training for staff (additional to business as usual): (1) Clinical supervision for multi-agency professionals and volunteers. (2) Appointed clinical psychologist to supervise agency staff and deliver extra training if necessary across all agencies involved (Using the AMBIT model). (3) Advanced social worker in place to undertake community based work and link in with police. In the interim period before a clinical psychologist was appointed, each agency had their own supervision leads. (4) FTC coordinator and Social worker supervised by programme manager. Materials and resources for keyworker support: (1) All three agencies involved in delivering the activities of the project have their own materials for delivering keyworker support. There is currently no one set of materials overall across the project deliverers, however moving forward this is aimed to be established while incorporating community conversations and coproduction work. (2) The Family Group Conference (FGC) lead has their own allocated budget to deliver activities/resources of need to the CYP and parent/caregiver (from interview). Materials and resources designed to deliver youth and community outreach, group work and community development work and the virtual schools and YJS training and employment: None developed. Resources which have already been established are being used to carry out this work. It has been established that moving forward, further tools will be designed to carry out this work. Safer Families are undertaking the majority of work with the parents regarding the family mentoring and adult mental health and wellbeing, and have their own tools and materials used to facilitate activities. Training/guidance developed for community volunteers: (1) Linking in with community, policies would be in place. (2) Looking at using resources from clinical psychologist to support parents to understand the context that children are in. Changes to data forms, data systems and outcome measures: (1) Spreadsheet designed using existing YJS database to record children in the project. (2) Spreadsheet monitoring referrals into the project and FGC referrals. (3) ChildView to record data on 18-20 year olds (voluntary intervention). Evaluation materials: Baseline and week 12 outcomes questionnaire (demographics, Family Affluence Scale (FAS), Strength and Difficulties questionnaire (SDQ), Shortened Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS), service experiences scale. Evaluation information sheets, consent forms, parental consent forms Interview topic guides (stakeholder, CYP, parent/carers) Vouchers (£10 per CYP or parent/carer participant) Information sharing agreement.
4 What and how	**Eligibility:**

	Site E's supportive home programme will focus on supporting CYP (and their families) who are primarily aged between 10 and 20 years old and who are involved in/or at risk of involvement in violence outside the home and/or criminal exploitation. Violence or criminal exploitation may be identified as a primary or secondary risk. CYP will be currently engaging with interventions from Tier 2 (targeted early help) to Tier 4 (statutory/child protection). As a result, the multi-agency team will be working across early help, youth justice, children's social care and integrated adolescent teams. With regard to working with 18-20 year olds, the team will initially target those that are open to the National Probation Service for violent or associated offences. Further to this the team will work with the police and communities to identify other families where there are concerns of serious violence and a lack of intervention for young adults. **Referrals:** CYP identified as being at risk of, or currently involved in violence outside the home, can be referred into the service by either themselves, their family, schools, voluntary, community or social enterprise organisations (VCSE) and statutory services. Referrals will be discussed at a new partnership panel (contextual risk panel) with the multi-agency team and VCFSE organisations and will consider who is best placed to approach the family and offer support and help. The initial targeted families from the above, will be discussed and an approach agreed. A visit will then be arranged where consent and initial evaluation screening tools will be completed. Families who accept the help and support of the programme will be supported to engage in a community conversation to co-produce the model of support in their local area to reduce the risk of serious violence. Following the initial cohort of identified families, the intention is to align the referral routes to that of the integrated adolescence service (IAS) and ensure families at risk of exploitation and violence are discussed by the multi-agency and SFH is offered where there is additional value in this service and a clearly defined differentiated offer is deemed to be of value. Within the Supportive families home (SFH) offer, VCFSE partner safe families will also be offering family volunteer mentors to all families in the programme. Families identified via initial data set and/or referrals to the contextual risk panel, will be discussed by the multi-agency staff including VCFSE and a SFH worker or the panel will complete an online referral form to input the family onto the safe families database. A discussion will take place between the safe Families referral team and the referrer to discuss the needs within the family and complete a pre assessment. Once a referral is agreed, a family visit is then arranged by a Safe Families Family Support manager and following the needs identified by the family, the most suitable volunteer is introduced to the family to start support. The Family Support Manager would manage the volunteers and regularly review the support with the family. For all CYP accepted on to the programme, a solution focused restorative meeting will occur to co-produce a plan of support with the intention of supporting the development of pro-social identity development. Family group conferencing will also be an option where this is deemed to be beneficial and have an impact for the wider family network. The plan for families will focus on supporting identity development to reduce risk of exploitation and violence and seek to fully implement the 'fresh AIR' model used in YJS across the wider SFH cohort. **Intervention activities:** <u>Keyworker/Lead professional support</u>: An advanced social worker which will focus on intensive, trusted adult relationships/mentoring and one to one work focused on identity development. Offered to children who do not have an existing trusted adult relationship with Business as Usual (BAU) services. Linked in with Virtual school/YJS education, training and employment approach: providing intensive support for CYP who have disrupted education and/or Not in Education, Employment or Training (NEET) including development of Personal Education Plans (PEP). This will include working closely with schools to support a child's learning, behaviour advocacy if at risk of exclusion, supporting attendance post 16 years and careers advice and guidance. Offered to children who are/have experienced a disrupted education attendance, exclusions and/or special education needs, children (16-17) who are NEET and young adults (18-20) who are NEET. Virtual school (works with looked after children) – don't have a huge amount of children who are children looked after, weaved into one to one worker, if a need is identified it will be referred to a professional. <u>Youth and community outreach, group work and community development CYP co-produced interventions:</u> Offered to CYP identified with pro-criminal peer groups and/or don't currently engage in traditional case work or young adults who are not engaging with traditional case work models of support in probation. <u>Safe Families (VCSFSE) family mentoring and adult mental health/wellbeing interventions:</u> Including community volunteer based intensive mentoring for parents/whole families. Offered to all families who have a CYP who meet the eligibility criteria.

	Family group conferencing (FGC) meeting for families to develop a family led plan: provided by a FGC coordinator to support case holding staff to use FGC approaches in intervention planning across the pilot. Offered to CYP and parents where the multi-agency and/or the family feel a family led plan would be beneficial to reduce risk. Forensic Child and Adolescent Mental Health clinical supervision for multi-agency professionals and volunteers: Adaptive Mentalization Based Integrative Treatment (AMBIT) Supporting children through hierarchy of needs, upskilling responders of needs to improve
5 Who provided	The multi-agency team was made up of six main partners including the local authority, who provided a social worker, youth and community workers and a FGC coordinator; the Youth Justice Service/National Probation Service who provided a YJS outreach worker; Voluntary, Community, Faith and Social Enterprise (VSFSE) who provided safe families-family mentoring and adult mental health/wellbeing interventions, the police who provided YJS police, Integrated Offender Management (IOM) police and Neighbourhood policing team police (NPT), mental health professions who provided FCAMHS-AMBIT approach, YJS child and mental health services, FSM clinical psychology and adult mental health services and, education who provided education safeguarding leads – SBC and ETE lead and NEET team. Partnership wide training offer is being developed and rolled out for front line practitioners in identifying and reporting warning signs of Children and vulnerable adults at risk of serious violence. A family Group Conference (FGC) coordinator supported case holding staff to use FGC approaches in intervention planning across the pilot. A forensic child and adolescent mental health clinical supervisor oversaw agency professionals and volunteers delivering the pilot. Workers offered assistance with education, training and employment. Advanced social workers, YJS outreach workers and youth and community workers delivered mentoring and one to one work. Safe Families VCSFE delivered family mentoring and adult mental/health wellbeing interventions.
6 Where	The programme sought to deliver the intervention across the 4 most deprived wards across Site E as identified by the Indices Multiple Deprivation (IMD) scores, which included Neighbourhood E1 and E2. Family group conferencing activities take place in a council building in the town centre. No specific number of schools working with, main secondary school working with is [school name]. Currently no co-location of teams, all three agencies work within their own buildings.
7 When and how often	Typical intervention with keywork support would last 12 weeks. There would be ongoing monitoring through the Supportive Family Home contextual risk panel, where timeliness and practice would be reviewed. Case closure would take place at panel. One to one support is set at 12 weeks supports, however following follow up evaluation, this support will continue until the needs of the CYP and families are met, in some instances this may be up to six months with safe families.
8.1 Planned variation	Keywork support, youth and community outreach and group work, education, training and employment, family mentoring, and FGC will be tailored to the indicators and needs identified in referral and assessment. Outreach probation approaches will be offered to CYP aged 18-21 years old. Youth and community approaches will be offered to CYP aged 18–21-year-olds with a focus on participation and coproduction. VCSFE organisations - Limited caseloads with the two agencies providing a sporting/physical activity approach, as such an agreement was made for access to free gym memberships for 6 months for CYP aged 14-17 in local gyms, which can be attended by the CYP with their mentor for support, allowing [VCSFE organisations to have a higher availability to work with CYP with higher risks and concerns.
8.2 Unplanned variation	Following the launch of the programme, the eligibility criteria for referrals was amended to include CYP who don't reside in the targeted locations, but attended schools in the locations and/or were involved in harmful activities within the location, ensuring that the intervention would attempt to identify and support all CYP who may be at risk or are currently involved with violence outside of the home within the specified wards, ensuring a safer community to all who reside and visit the areas.

	A screening tool was brought in to capture all information on referrals and eligibility which was not in place at the beginning of the project, to streamline referrals which meet the eligibility criteria to the other agencies.
9.1 How well	Strategies used or actions taken to maintain fidelity of the intervention (i.e., to ensure that the intervention was delivered as intended): A family Group Conference (FGC) coordinator supported case holding staff to use FGC approaches in intervention planning across the pilot. A forensic child and adolescent mental health clinical supervisor oversaw agency professionals and volunteers delivering the pilot. Collection of routine monitoring data on referrals, recruitment, engagement, activities undertaken, evaluation engagement submitted to evaluation team and YEF Collection of week one and week 12 surveys to measure outcomes for CYP receiving one-to-one support Qualitative interviews with stakeholders, CYP and parents/carers to explore feasibility and process of implementation, acceptability, barriers, facilitators and outcomes. Referrals meeting on weekly basis – attended by all partners along with FGC coordinator and Keyworker. Monthly steering group – reviewing data – moving forward monthly individual meeting with each partner to go through all data linking together. Moving forward will have FCAHMs meetings. Each child and young adult will be supported to engage with an assessment and intervention planning process and this information will be recorded on youth justice systems under a voluntary intervention. This process will support evaluation screening using the SDQ measure. Reports will be built in ChildView in order to report on key Performance Information and Outcomes to aid the evaluation.

Appendix 4: Participant information sheets

INFORMATION SHEET FOR CHILDREN AGED 10 TO 11 YEARS
To be shown and read by parent/guardian if required (CYP questionnaire)

Project title: Feasibility and pilot study of a specialist multi-agency team embedded in neighbourhoods to support children, young people, & their families who are at risk of or experiencing violence or criminal exploitation outside the home.

Research Ethics Committee Reference Number: 24/PHI/008

Hi, my name is XXXXX and I work at [The Evaluator]. I am doing an evaluation project and would like you to join in.

Evaluation is a way we try to find out the answers to questions. We want to see whether the support you get from [site project name] which is where your keyworker works is helpful for children and their families.

You can talk to your family, friends, keyworker, or the researchers if you want to before you agree to join in.

Do I have to join in?
Your parent/guardian has said it is OK for you to join in, but you do not have to join in if you do not want to. You can ask questions before choosing whether you want to join in and you can change your mind at any time by telling the researchers, keyworker, or your parent/guardian. You do not have to say why.

If you decide to stop, no one will be upset with you.

What will happen?
If you say yes to taking part, you will be asked to fill in two questionnaires. The first questionnaire will be when you have your first session with your keyworker. You will complete the same questionnaire again three months later. The questionnaire will ask you some questions about your emotions and behaviours.

The questionnaire will take about 15 minutes. Your keyworker will give you a tablet, computer or phone and ask you to fill in the questionnaire by yourself. Your answers are private. Only the researchers will see them, and we will not know your name. Your keyworker will not see your answers, but they will be in the room, and you can ask them for help if you want to. When you are done with all the questions you want to answer, press the submit button before you give the tablet/computer/phone back to your keyworker so that your answers are kept private.

Will anything about the project upset me?
Nothing about the questionnaire should upset you. If you do get upset your keyworker will be with you, and they can help and support you.

Will joining in the interview help me?
The interview will not help you now, but the information we find out might help you or other children in the future.

Will anyone else know I am doing this?
The people in our project team and your keyworker will know you are taking part. No one else will know that you have helped us with this project - unless, of course, you tell them yourself!

What happens to what the researchers find out?
When we collect information from you, we will keep it in a safe place and only the people doing the project, or helping with the project, can look at it. Your keyworker and people working at [site project name] won't see your answers to the questionnaire, only the researchers will. We will use the information to write a report for the people who gave us money to do this project. They are called the Youth Endowment Fund (YEF).

When the project is done, your answers and some information about the support you had (for example, how many times you saw your keyworker) will be sent to the Youth Endowment Fund data archive. A data archive

is a place where research information is kept so that other researchers can use it in the future. No one will see your name or know the answers belong to you.

Is this project OK to do?
Before any project involving people happens, it has to be checked by a group of people known as a Research Ethics Committee to make sure that it is fair. This project has been checked by the Ethics Committee at [The Evaluator].

What if there is a problem or something goes wrong?
If you are not happy because of something that happened in the project, please talk to your parent/guardian or keyworker who will let the researcher know.

Thank you for reading – please ask us any questions.

INFORMATION SHEET FOR CHILDREN AGED 12 TO 15 YEARS (CYP questionnaire)
To be shown and read by parent/guardian if required

Project title: Feasibility and pilot study of a specialist multi-agency team embedded in neighbourhoods to support children, young people, & their families who are at risk of or experiencing violence or criminal exploitation outside the home

Research Ethics Committee Reference Number: 24/PHI/008

My name is *XXXXX* and I work at [The Evaluator]. I am doing an evaluation project and would like to invite you to take part.

Before you decide if you would like to take part, it is important to understand what the project is about, why we are doing it and what it would involve for you. Please read and think about this leaflet carefully. Please feel free to talk to your family, friends, or the researchers about it if you want.

If anything is not clear or you have more questions you can ask your parent/guardian to give us a call and we can discuss it with you and your parent/guardian.

Why are we doing this project?
Research/evaluation is a way we try to find out the answers to questions. We want to see whether the support you get from [site project name] which is where your keyworker works is helpful for young people and their families. We have been asked to do this by an organisation called the Youth Endowment Fund (YEF) and will make recommendations to them about what makes a good service for children and young people.

Why have I been invited to take part?
We have asked you to take part because you are being supported by a keyworker at Keeping & Staying SAFE.

Do I have to take part?
No - It is up to you. We will give you a copy of this information sheet. You are free to stop taking part at any time during the project without giving a reason, but we will keep information about you that we already have. You may withdraw from the project by telling the keyworker who told you about the research.

What will happen to me if I take part?
If you decide you want to take part, you will be asked to complete two questionnaires at different times. The first questionnaire will be at the first session with your keyworker. You will be asked to fill in the same questionnaire three months later. Your keyworker will give you the questionnaire on a tablet, computer or phone for you to complete yourself. It will take 15 minutes to complete.
The questionnaire will ask you about your emotions and behaviours. Your answers will be private. Only the researcher will see your answers and they will not know your name. Your keyworker and staff working at [site project name] will not see your answers, but your keyworker will be in the room if you need their help. Once you have answered all the questions you want to, press the submit button before you give the tablet/computer/phone back to your keyworker so that your answers are kept private.

What happens to the results of the project?
When we collect information from you we will keep it in a safe place and only the people doing the project, or helping with the project, can look at it. Your keyworker and people working at [site project name] won't

see your answers to the questionnaire, only the researchers will. We will use the information to write a report for the people who gave us money to do this project. They are called the Youth Endowment Fund (YEF).

When the project is done, your answers and some information about the support you had (for example how many times you saw your keyworker) will be sent to the Youth Endowment Fund data archive. A data archive is a place where research information is kept so that other researchers can use it in the future. No one will see your name or know the answers belong to you.

What are disadvantages of taking part?
Taking part in the project is not meant to cause you any disadvantages or discomfort.

Are there any benefits in taking part?
There will be no personal benefit to you from taking part in this project. We hope the results will be used to make services for children experiencing risk of violence or harm better in the future.

What if I don't want to take part in the project anymore?
Just tell your parent/guardian or your keyworker and the people carrying out the project that you do not want to take part. You do not have to give a reason, and no one will be upset or annoyed with you. It is YOUR choice if you want to stop taking part.

Who is organising and who is funding the project?
This project is organised by [The Evaluator] and funded by the Youth Endowment Fund (YEF).

Who has reviewed the project?
Before any project involving people can start, it has to be checked by a Research Ethics Committee to make sure that it is OK for the project to go ahead. A Research Ethics Committee is a group of people at the University who make sure everything is being done in a way that is safe and fair. This project has been approved by the [The Evaluator] Research Ethics Committee.

What if there is a problem or something goes wrong?
Please tell us if you are worried about any part of this project, by contacting *XXXXX*. You may also talk to your keyworker/parent/guardian who will let the researchers know. If you are still unhappy or wish to make a complaint, either you or your keyworker/parent/guardian can contact the chair of the Research Ethics Committee [The Evaluator]:

Data Protection
[The Evaluator] is the data controller with respect to your personal data. Information about your rights with respect to your personal data is available from:

- https://www.[The Evaluator].ac.uk/legal/privacy-and-cookies/external-stakeholders-privacy-policy/research-participants-privacy-notice
- **by asking one of the project team or contacting us using the information below**

Contact details
Principal Researcher: Professor XXXXX Lead researchers: Dr XXXXXXXX
Member of [THE EVALUATOR] Staff: XXXXXXX
[THE EVALUATOR] Email address: XXXXX
[THE EVALUATOR] School/faculty: XXXXXXXXXX
[THE EVALUATOR] Central telephone number: XXXXXXX

Thank you for reading this – please ask any questions if you need to.

PARTICIPANT INFORMATION SHEET (CYP questionnaire, 16 years and over)

Title of Project: Feasibility and pilot study of a specialist multi-agency team embedded in neighbourhoods to support children, young people, & their families who are at risk of or experiencing violence or criminal exploitation outside the home.

Research Ethics Committee Reference Number: 24/PHI/008

You are being invited to take part in an evaluation project. You do not have to take part if you do not want to. Before you decide, it is important for you to understand why the project is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information.

What is the purpose of the project?
[Site project name] which supports you is one of five new teams across the UK which has been funded by the Youth Endowment Fund. The Youth Endowment fund wants to understand how this type of multi-agency team can work to help young people who are at risk of or experiencing violence or criminal exploitation outside of their family home. Our research team at [The Evaluator] has been asked to evaluate these teams to better understand how they can support young people and their families. As part of this evaluation, we would you to complete a questionnaire at your first session with your keyworker and three months later, to understand if certain outcomes have improved for you over this time.

This project hopes to answer the following questions: how do children and young people's behaviours and emotions change over the time they are being supported by [site project name]

Why have I been invited to participate?
You have been identified as a potential participant by your keyworker at [site project name]. You have been invited because you are currently receiving support from [site project name]. We will be collecting data from approximately 200 young people being supported by the [site project name] team.

Do I have to take part?
You can ask questions about the project before deciding whether to take part. If you do not want to take part, that is OK.

If you do agree to take part, submitting the questionnaire implies your consent to participate in this project.

You can stop being part of the project at any time, without giving a reason. You may withdraw from the project by informing your keyworker. You may also withdraw by pressing the 'Exit' button/ closing the browser on the questionnaire.

Anonymous data already collected will be retained and used because we cannot trace this information back to you.

What will happen to me if I take part?
If you agree to take part, you will be asked to complete two questionnaires. One questionnaire at your first session with your keyworker and the same questionnaire again three months later. You will complete the questionnaire on a tablet, computer or phone during a normal session with your keyworker. The questionnaire will ask you about your emotions, behaviours, mental wellbeing, and experiences of the service. We will ensure your privacy when completing the questionnaire so that nobody can oversee your answers. Only the research team will see your responses and they will be pseudonymised using a code so no one will see your name. Pseudonymised means that we replace any identifiable information (like names) with codes so that we can link the data from the questionnaires and some data from the service about the support you have had (for example how many times you saw your keyworker) together without identifying you. Your keyworker will not see your questionnaire responses, but they will be present in case you need their help to complete the questionnaire. Once you have completed the questionnaire, you will press a button to submit your answers before returning the device to your keyworker.

Are there any possible disadvantages or risks in taking part?
Participating in the project is not anticipated to cause any disadvantages or discomfort. The potential psychological harm or distress will be the same as any experienced in everyday life. If participation in this project has negative effects on you, please seek help and advice from your keyworker.

Are there any benefits in taking part?
There will be no direct or personal benefit for those people participating in the project. This project will make recommendations to the Youth Endowment Fund on how services can best support children, young people and families at risk of or experiencing violence and criminal exploitation outside their home.

What information will be collected and what will happen to information/data provided?

The information you provide as part of the project is the **project data**. Any project data from which you can be identified (your name, date of birth and postcode), is known as **personal data.** This project does not involve the collection of identifiable data.

The Youth Endowment Fund are funding this study and they have created a YEF data archive to allow them to see if offering early support to children and young people prevents violence and improves outcomes longer term. They would like your questionnaire answers and information collected by keyworkers during the project (for example how many times you saw your keyworker, what types of support you received) to be stored in their secure and confidential YEF data archive. This means, when we finish the study, we'll give the information about you to the YEF, and they will become the 'controller' of it. They will keep your questionnaire answers and data collected about your participation in the programme in a safe place called the YEF archive indefinitely. As part of this process, your questionnaire data and data sent to us by the service will be sent to the Office for National Statistics so that it can be deposited in the YEF archive. There is more detail on this in the next paragraph. YEF have made sure this process meets GDPR requirements to keep your questionnaire answers and participation data secure and follows the Office for National Statistics Five Safe's Framework for keeping data safe. You can also find more information about the YEF archive on the YEF's website: https://youthendowmentfund.org.uk/evaluation-data-archive.

Your questionnaire data and participation data will not be directly identifiable to anyone at YEF or anyone that YEF shares the data with. This is because all identifying information such as names, date of birth, postcode will be removed from the data and replaced with a unique reference code (a process called pseudonymisation). Only people who have a legitimate interest in understanding these impacts for young people (e.g. approved researchers) will be able to see data in the YEF data archive and they will not be able to identify you.

Will the project be published? Could I be identified from any publications or other project outputs?
The findings from the project will be written up in academic publications, conference presentations and a report commissioned by the Youth Endowment Fund. We will write our reports in a way that no-one can work out that you took part in the project.

Who is organising and who is funding the project?
This project is organised by [The Evaluator] and funded by the Youth Endowment Fund
Whom do I contact if I have a concern about the project or I wish to complain?
If you have a concern about any aspect of this project, please contact XXXXX and we will do our best to answer your query. You should expect a reply within 10 working days. If you remain unhappy or wish to make a formal complaint, please contact the Chair of the Research Ethics Committee at [The Evaluator] who will seek to resolve the matter as soon as possible:

Data Protection
[The Evaluator] is the data controller with respect to your personal data and as such will determine how your personal data is used in the project. The University will process your personal data for the purpose of the project outlined above. Research/evaluation is a task that is performed in the public interest. Further Information about your rights with respect to your personal data is available from:

- the [THE EVALUATOR] Privacy Notice for Research Participants (https://www.[The Evaluator].ac.uk/legal/privacy-notice-and-cookies/external-stakeholders-privacy-policy/research-participants-privacy-notice)
- by asking one of the project team or contacting us using the information below.

Contact details
Principal Researcher: Professor XXXXX
Lead Researcher: Dr XXXXX
Member of [THE EVALUATOR] Staff:
[THE EVALUATOR] Email address: XXXXX
[THE EVALUATOR] School/faculty: School of Public and Allied Health
[THE EVALUATOR] Central telephone number: 0151 231 2121

PARENT/GUARDIAN INFORMATION SHEET (CYP questionnaire)

Title of Project: Feasibility and pilot study of a specialist multi-agency team embedded in neighbourhoods to support children, young people, & their families who are at risk of or experiencing violence or criminal exploitation outside the home

Research Ethics Committee Reference Number: 24/PHI/008

You child is being invited to take part in an evaluation questionnaire. They do not have to take part if you do not want them to, or they do not want to. Before you decide and your child decide, it is important for you both to understand why the questionnaire is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. A child friendly information sheet is also available to help your child decide.

What is the purpose of the project?
The [site project name] team which supports your child is one of five new teams across the UK which has been funded by the Youth Endowment Fund. The Youth Endowment fund wants to understand how this type of multi-agency team can work to help children and young people who are at risk of or experiencing violence or criminal exploitation outside of their family home. Our research team at [The Evaluator] has been asked to evaluate these teams to better understand how they can support young people and their families. As part of this evaluation, we would like children and young people receiving support to complete a questionnaire at their first session with their keyworker and three months later, to understand if certain outcomes have improved for them over this time.

This questionnaire hopes to answer the following questions: how do children and young people's behaviours and emotions change over the time they are being supported by the [site project name] team?

Why has my child been invited to participate?
Your child has been identified as a potential participant by their keyworker at [site project name]. Your child has been invited because they are currently or have recently received support from [site project name]. We will be collecting data from approximately 200 young people being supported by the [site project name] team.

Does my child have to take part?
You and your child can ask questions about the project before deciding whether to take part. If you do not agree to their involvement or if your child does not want to take part, that is OK.

If you do agree to their involvement and your child does want to take part, you do not need to inform the investigator. If you DO NOT want your child to participate in this project, YOU MUST INFORM THE RESEARCHER. You can do this by returning the opt-out consent form to your child's keyworker by contacting their keyworker to let them know your decision.

Submitting the questionnaire implies your child's assent to participate in this project.

Your child can stop being part of the project at any time, without giving a reason. However, please note that once your answers are submitted it is not possible to withdraw your child's data from the survey.

What will happen to my child if they take part?
If you and your child agree to take part, they will be asked to complete two questionnaires. One questionnaire at their first session with their keyworker and the same questionnaire again three months later. They will complete the questionnaire on a tablet, computer or phone during a normal session with their keyworker. The questionnaire will take them around 15 minutes to complete. The questionnaire will ask your child questions about their behaviours, emotions, wellbeing, and experience of services. The questionnaire will **not** ask your child about their experiences of harm or violence and their keyworker will be available for support while they complete the questionnaire. If you would like to see a copy of the questionnaire, you can ask your child's keyworker who will be able to give you a copy, or you can contact the researchers using the contact details below. We will ensure your child's privacy when completing the questionnaire so that nobody can oversee their answers unless they ask their keyworker for help. Their keyworker will not see their responses, but they will be present in case your child needs their help to complete the questionnaire. Once your child has completed the questionnaire, they will press a button to submit their answers before returning the device to their keyworker.

Your child's questionnaire will be given a pseudonymised code. Pseudonymised means that we replace any identifiable information (like names) with codes so that we can link different data about the young person together without seeing their personal information. Each questionnaire will be coded so that we can link their answers to the first questionnaire with their answers to the three-month questionnaire without seeing your child's name. Using this code, we will also obtain information collected about your child by the keyworker during the programme (such as how often they attended, what support they received) - and link this to the questionnaire answers.

Are there any possible disadvantages or risks in taking part?
Participating in the project is not anticipated to cause your child any disadvantages or discomfort. The potential psychological harm or dist*ress* will be the same as any experienced in everyday life. If participation in this project has negative effects on your child; please seek help and advice from their keyworker.

Are there any benefits in taking part?
There will be no direct or personal benefit for those people participating in the project. This project will make recommendations to the Youth Endowment Fund on how services can best support children, young people and families at risk of or experiencing violence and criminal exploitation outside their home.

What information will be collected and what will happen to information/data provided?
The information your child provides as part of the project is the **project data**. Any project data from which your child can be identified (their name, date of birth and postcode), is known as **personal data.** This project does not involve the collection of personal data.
The Youth Endowment Fund are funding this study and they have created a YEF data archive to allow them to see if offering early support to children and young people prevents violence and improves outcomes longer term. They would like your child's questionnaire answers and information collected by keyworkers during the project (for example how many times they saw their keyworker, what types of support they received) to be stored in their secure and confidential YEF data archive. This means, when we finish the study, we'll give the information about your child to YEF, and they will become the 'controller' of it. They will keep your child's questionnaire answers and data collected about their participation in the programme in a safe place called the YEF archive indefinitely. As part of this process certain data about your child will be sent to the Office of National Statistics to deposit in the YEF archive. This is described in more detail below. YEF have made sure this process meets GDPR requirements to keep your child's questionnaire answers and participation data secure and follows the Office for National Statistics Five Safe's Framework for keeping data safe. You can also find more information about the YEF archive on the YEF's website: https://youthendowmentfund.org.uk/evaluation-data-archive.

It is important to note that for some evaluations commissioned by the Youth Endowment Fund, young people must take part in the evaluation to take part in the programme and receive support. This is not the case for this questionnaire evaluation. Your child can take part in the programme, and they have the choice as to whether or not they complete the questionnaires. You can confirm your choice by completing the form to opt out your child and returning it to their keyworker.

Your child's questionnaire data and participation data will not be directly identifiable to anyone at YEF or anyone that YEF shares the data with. This is because all identifying information such as names, date of birth, postcode will be removed from the data and replaced with a unique reference code (a process called pseudonymisation). Only people who have a legitimate interest in understanding these impacts for young people (i.e. approved researchers) will be able to see data in the YEF data archive and they will not be able to see your child's name or identify them.

Will the project be published? Could I be identified from any publications or other project outputs?
The findings from the project will be written up in academic publications, conference presentations and a report commissioned by the Youth Endowment Fund. We will write our reports in a way that no-one can work out that your child took part in the project

Who is organising and who is funding the project?
This project is organised by [The Evaluator] and funded by the Youth Endowment Fund

Whom do I contact if I have a concern about the project or I wish to complain?
If you have a concern about any aspect of this project, please contact Professor XXXXXXXXXXX and we will do our best to answer your query. You should expect a reply within 10 working days. If you remain unhappy or

wish to make a formal complaint, please contact the Chair of the Research Ethics Committee at [The Evaluator] who will seek to resolve the matter as soon as possible:

Data Protection
[The Evaluator] is the data controller with respect to your personal data and as such will determine how your personal data is used in the project. The University will process your personal data for the purpose of the project outlined above. Research/evaluation is a task that is performed in the public interest. Further Information about your rights with respect to your personal data is available from:

- the [THE EVALUATOR] Privacy Notice for Research Participants (https://www.[The Evaluator].ac.uk/legal/privacy-notice-and-cookies/external-stakeholders-privacy-policy/research-participants-privacy-notice)
- by asking one of the project team or contacting us using the information below

Contact details
Principal Researcher: Professor XXXXX
Lead Researcher: Dr XXXXX
Member of [THE EVALUATOR] Staff:
[THE EVALUATOR] Email address: XXXXX
[THE EVALUATOR] School/faculty: School of Public and Allied Health
[THE EVALUATOR] Central telephone number: 0151 231 2121

INFORMATION SHEET FOR CHILDREN AGED 10 TO 11 YEARS
To be shown and read by parent/guardian if required

Project title: *Understanding how the Keeping and Staying SAFE team helps children and young people who have experienced or are at risk of violence and harm*

Research Ethics Committee Reference Number: 24/PHI/008

Hi, my name is XXXXX and I work at [The Evaluator]. I am doing an evaluation interview and would like you to join in.

Evaluation is a way we try to find out the answers to questions. We want to see whether the support you get from the [site project name] team, which is where your keyworker works, is helpful for children and their families.

You can talk to your family, friends, or the researchers if you want to before you agree to join in.

Do I have to join in?
Your parent/guardian has said it is OK for you to join in, but you do not have to join in if you do not want to. You can ask questions before choosing whether you want to join in and you can change your mind at any time by telling the researcher, your keyworker, or your parent/guardian. You do not have to say why.

If you decide to stop, no one will be upset with you.

What will happen?
If you say yes to taking part, you will be interviewed by a researcher. In the interview the researcher will ask you some questions about the help you have been getting from your keyworker and the [site project name] team and whether you think things have changed because of their help. There are no right or wrong answers, the researcher just wants to listen to what you have to say.

The interview will take about 20 minutes and will be at the [site project name] team premises or online using Microsoft Teams. Your keyworker will be with you for the interview. You do not need to answer any questions you do not want to and you can stop at any time without giving a reason.
If it is ok with you, we will record your voice using a digital recorder like the one in the picture. Only the researchers will be allowed to listen to this recording it will be totally confidential

Will anything about the project upset me?
Nothing about the interview should upset you. If you do get upset your keyworker, will be with you and they can help and support you.

Will joining in the interview help me?
The interview will not help you now, but the information we find out might help you or other children in the future. We will give you a £10 shopping voucher to say thank you for taking part.

Will anyone else know I am doing this?
The people in our research team and the keyworker will know you are taking part. No one else will know that you have helped us with this project - unless, of course, you tell them yourself!

What happens to what the researchers find out?
When we collect information from you, we will keep it in a safe place and only the people doing the project, or helping with the project, can look at it. We will use the information to write a report for the people who gave us money to do this project. They are called the Youth Endowment Fund (YEF).

Is this project OK to do?
Before any project involving people happens, it has to be checked by a group of people known as a Research Ethics Committee, to make sure that it is fair. This project has been checked by the Ethics Committee at [The Evaluator].

What if there is a problem or something goes wrong?
If you are not happy because of something that happened in the interview, please talk to your parent/guardian who will let the researcher know.

Thank you for reading – please ask us any questions.

INFORMATION SHEET FOR CHILDREN AGED 12 TO 15 YEARS
To be shown and read by parent/guardian if required (CYP interviews)

Project title: Feasibility and pilot study of a specialist multi-agency team embedded in neighborhoods to support children, young people, & their families who are at risk of or experiencing violence or criminal exploitation outside the home.

Research Ethics Committee Reference Number: 24/PHI/008

My name is *XXXXX* and I work at [The Evaluator]. I am doing an evaluation interview and would like to invite you to take part.

Before you decide if you would like to take part, it is important to understand what the project is about, why we are doing it and what it would involve for you. Please read and think about this leaflet carefully. Please feel free to talk to your family, friends, our keyworker, or the researchers about it if you want.

If anything is not clear or you have more questions you can ask your parent/guardian to give us a call and we can discuss it with you and your parent/guardian.

Why are we doing this project?
Research/evaluation is a way we try to find out the answers to questions. We want to see whether the support you get from [site project name], which is where your keyworker works, is helpful for young people and their families. We have been asked to do this by an organisation called the Youth Endowment Fund and will make recommendations to them about what makes a good service for children and young people.

Why have I been invited to take part?
We have asked you to take part because you are being supported by a keyworker (intervention worker) at [site project name].

Do I have to take part?
No - It is up to you. We will ask you to sign a form to say that you agree to take part (an assent form). We will give you a copy of this information sheet and your signed form to keep. You are free to stop taking part at any time during the project without giving a reason, but we will keep information about you that we already

have. You may withdraw from the project by telling the researcher (XXXX) or by telling the keyworker who told you about the research.

What will happen to me if I take part?
If you decide you want to take part you will be asked to do an interview with the researcher. The interview will ask you questions about the support you have got from your keyworker at [site project name], anything you think could be done differently or better, and any ways that the [site project name] team has helped you. There are no right or wrong answers, we just want to hear what you have to say.

The interview will last between 20 and 30 minutes. It will be at [site project name] premises or on MS Teams. Your keyworker will be with you during the interview. You do not have to answer any questions you don't want to and you can stop at any time without giving a reason, no pressure.

If it is ok, we will record your voice using a digital recorder. Only the researchers will be allowed to listen to this recording, and it will be confidential.

Will I be photographed or video/audio recorded and how will the recorded media be used?
We would like to audio record the interview. If you do not want to be, just tell us and we will not interview you.

What happens to the results of the project?
The information you provide during the project is the **project data**. Any project data from which you can be identified (e.g. from identifiers such as your name, date of birth, audio recording etc.), is known as **personal data.** Your participation in this project will involve the collection/use of personal data (signature on consent form, voice recording).
We will keep all information about you safe and secure. People who do not need to know who you are will not be able to see your name. Your data will have a code number instead.
Once we have finished the project, we will keep some of the data so we can check the results.
We will write our reports in a way that no-one can work out that you took part in the project, and it will be confidential.
What are disadvantages of taking part?
Participating in the project is not anticipated to cause you any disadvantages or discomfort.

Are there any benefits in taking part?
There will be no personal benefit to you from taking part in this project. We hope the results will be used to make services for children experiencing risk of violence or harm better in the future. We will give you a £10 shopping voucher to say thank you for taking part.

What if I don't want to take part in the project anymore?
Just tell your parent/guardian or your keyworker (intervention worker) and the people carrying out the project that you do not want to take part. You do not have to give a reason, and no one will be annoyed with you. It is YOUR choice.

Who is organising and who is funding the project?
This project is organised by [The Evaluator] and funded by the Youth Endowment Fund (YEF)

Who has reviewed the project?
Before any project involving people can start, it has to be checked by a Research Ethics Committee to make sure that it is OK for the project to go ahead. A Research Ethics Committee is a group of people at the University who make sure everything is being done in a way that is safe and fair. This project has been approved by the [The Evaluator] Research Ethics Committee.

What if there is a problem or something goes wrong?
Please tell us if you are worried about any part of this project, by contacting *XXXXX* You may also talk to your keyworker/parent/guardian who will let the researcher know. If you are still unhappy or wish to make a complaint, either you or your keyworker/parent/guardian can contact the chair of the Research Ethics Committee [The Evaluator]:

Data Protection
[The Evaluator] is the data controller with respect to your personal data. Information about your rights with respect to your personal data is available from:

- https://www.[The Evaluator].ac.uk/legal/privacy-and-cookies/external-stakeholders-privacy-policy/research-participants-privacy-notice
- **by asking one of the project team or contacting us using the information below**

Contact details
Principal Researcher: Professor XXXXX
Lead researchers: Dr XXXXX
Member of [THE EVALUATOR] Staff:
[THE EVALUATOR] Email address: XXXXX
[THE EVALUATOR] School/faculty: School of Public and Allied Health
[THE EVALUATOR] Central telephone number: 0151 231 2121

Thank you for reading this – please ask any questions if you need to.

PARTICIPANT INFORMATION SHEET (CYP Interview, 16 years and over)

Title of Project: Feasibility and pilot study of a specialist multi-agency team embedded in neighbourhoods to support children, young people, & their families who are at risk of or experiencing violence or criminal exploitation outside the home.

Research Ethics Committee Reference Number: 24/PHI/008

You are being invited to take part in an evaluation interview. You do not have to take part if you do not want to. Before you decide, it is important for you to understand why the evaluation is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether you wish to take part.

What is the purpose of the project?
The [site project name] team which supports is one of five new teams across the UK which has been funded by the Youth Endowment Fund. The Youth Endowment fund wants to understand how this type of multi-agency team can work to help children and young people who are at risk of or experiencing violence or criminal exploitation outside of their family home. Our research team at [The Evaluator] has been asked to evaluate these teams to better understand how they can support young people and their families. As part of this evaluation, we would like to speak to the young people supported by [site project name] to learn more about your experiences and the outcomes for you.

This project hopes to answer the following questions: what are young people's experiences of being supported by [site project name]? what could be done differently? and how have things changed for you because of this support?

Why have I been invited to participate?
You have been identified as a potential participant by your keyworker (intervention worker) at [site project name]. You have been invited because you are receiving support from the [site project name] team. We will be speaking to around 25 young people in [site] to understand their experiences.

Do I have to take part?
No. You can ask questions about the project before deciding whether to take part. If you do not want to take part that is OK. We will ask you to sign a consent form and will give you a copy for you to keep. You can stop being part of the project at any time, without giving a reason. You may withdraw from the project by contacting the researcher or the keyworker (intervention worker) who told you about the project. Data can be withdrawn until December 2024 (but, if possible, we will withdraw your data if we receive your request after this date).

What will happen to me if I take part?
If you decide to take part, you will be asked to take part in an interview with the researcher. The interview can take place at the [site project name] team premises, using MS Teams, or on the telephone depending on which you prefer, and should take approximately 30 minutes. You will be offered regular breaks as necessary.

The interview will discuss your experience of being supported by the [site project name] team, any other support they could give you, and how it has helped you and your family.
Please remember, you have the right to decline to answer any questions you do not want to, and you can also ask to pause or stop the interview at any time, and we can reschedule if needed.

Will I be photographed or video/audio recorded and how will the recorded media be used?
We will audio record the interview using a digital recorder. The audio recording is essential to your participation, but you should be comfortable with the process. You are free to stop the recording at any time and therefore withdraw your participation. The audio recording of your interview made during this project will be used only for analysis. No other use will be made of them.

Are there any possible disadvantages or risks in taking part?
Participating in the project is not anticipated to cause you any disadvantages or discomfort. The potential *psychological harm or* distress will be the same as any experienced in everyday life. If participation in this project has negative effects on you, please seek help from your keyworker (intervention worker) who told you about the project.

Are there any benefits in taking part?
There will be no direct or personal benefit for those people participating in the project. This project will make recommendations to the Youth Endowment Fund on how services can best support children, young people, and families at risk of or experiencing violence and criminal exploitation outside their home. We will give you a £10 shopping voucher to thank you for taking part.

What information will be collected and what will happen to information/data provided?
The information you provide as part of the project is the **project data**. Any project data from which you can be identified (e.g. from identifiers such as your name, date of birth, audio recording etc.), is known as **personal data.** Your participation in this project will involve the collection/use of personal data.

We will keep personal data safe and secure. People who do not need to know who you are will not be able to see your name or contact details. The personal data collected will include:

- Contact details.
- A record of consent (which will include your name).
- Project data. We will use a code/pseudonym so that you cannot be directly identified from the data. Project data will include audio recording[s] (which include your voice). Interview recordings will be deleted once the interview transcript has been verified as accurate and an evaluation has determined that it has no further value.

Identifiable project data will be stored securely at [THE EVALUATOR] for the duration of the project – unless there is no need for the data to be identifiable, at which point it will be made anonymous. Other project data (including consent forms) or project data that needs to be identifiable, will be stored securely at [THE EVALUATOR] for three years after publication or public release of the work.

The Investigator will keep confidential anything they learn or observe related to illegal activity unless related to the abuse of children or vulnerable adults, money laundering or acts of terrorism. In certain exceptional circumstances where your child or others may be at significant risk of harm, the investigator may need to report this to an appropriate authority. This would usually be discussed with you first. Examples of those exceptional circumstances when confidential information may have to be disclosed are:

- The investigator believes your child is at serious risk of harm, either from themselves or others
- The investigator suspects a child may be at risk of harm
- Your child poses a serious risk of harm to, or threaten or abuse others
- We are passed information relating to an act of terrorism

Will the project be published? Could I be identified from any publications or other outputs?
The findings from the project will be written up in academic publications, conference presentations and a report commissioned by the Youth Endowment Fund. We will write our reports in a way that no-one can work out that you took part in the project, and we would like your permission to use direct quotations but without identifying you in any outputs.

Who is organising and who is funding/commissioning the project?
This project is organised by [The Evaluator] and funded by the Youth Endowment Fund.

Whom do I contact if I have a concern about the project or I wish to complain?

If you have a concern about any aspect of this project, please contact XXXXX and we will do our best to answer your query. You should expect a reply within 10 working days. If you remain unhappy or wish to make a formal complaint, please contact the Chair of the Research Ethics Committee at [The Evaluator] who will seek to resolve the matter as soon as possible:

Data Protection
[The Evaluator] is the data controller with respect to your personal data and as such will determine how your personal data is used in the project. The University will process your personal data for the purpose of the project outlined above. Research/evaluation is a task that is performed in the public interest. Further Information about your rights with respect to your personal data is available from:

- the [THE EVALUATOR] Privacy Notice for Research Participants (https://www.[The Evaluator].ac.uk/legal/privacy-notice-and-cookies/external-stakeholders-privacy-policy/research-participants-privacy-notice)
- by asking one of the project team or contacting us using the information below

Contact details
Principal Researcher: Professor XXXXX
Lead researchers: Dr XXXXX
Member of [THE EVALUATOR] Staff:
[THE EVALUATOR] Email address: XXXXX
[THE EVALUATOR] School/faculty: School of Public and Allied Health
[THE EVALUATOR] Central telephone number: 0151 231 2121

PARENT/GUARDIAN INFORMATION SHEET (CYP Interviews)

Title of Project: Feasibility and pilot study of a specialist multi-agency team embedded in neighbourhoods to support children, young people, & their families who are at risk of or experiencing violence or criminal exploitation outside the home

Research Ethics Committee Reference Number: 24/PHI/008

Your child is being invited to take part in an evaluation interview. They do not have to take part if you do not want them to, or they do not want to. Before you decide and your child decides, it is important for you both to understand why the project is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. A child friendly information sheet is also available to help your child decide.

What is the purpose of the project?
The [site project name] which supports your child is one of five new teams across the UK which has been funded by the Youth Endowment Fund. The Youth Endowment fund wants to understand how this type of multi-agency team can work to help children and young people who are at risk of or experiencing violence or criminal exploitation outside of their family home. Our research team at [The Evaluator] has been asked to evaluate these teams to better understand how they can support young people and their families. As part of this evaluation, we would like to speak to the young people supported by [site project name] to learn more about their experiences and the outcomes for your family.

This project hopes to answer the following questions: what are young people's experiences of being supported by the [site project name] team? what could be done differently? and how have things changed for your child because of this support?

Why has my child been invited to participate?
Your child has been identified as a potential participant by their keyworker at [site project name]. Your child has been invited because they are currently or have recently received support from [site project name]. We will be speaking to approximately 25 young people being supported by the [site project name] team.

Does my child have to take part?

You and your child can ask questions about the project before deciding whether to take part. If you do not agree to their involvement or if your child does not want to take part, that is OK. We will ask you to sign a consent form, and your child to complete an assent form and will give you a copy for you to keep

Your child can stop being part of the project at any time, without giving a reason. You may withdraw your child, or your child may withdraw, from the project by contacting the researcher (XXXXX or speaking to their keyworker (or intervention worker). Data can be withdrawn until December 2024 (but if possible, we will withdraw your child's data if we receive your request after this date), without giving a reason and without prejudice.

What will happen to my child if they take part?
If you and your child agree for them to take part, they will be asked to take part in an interview with one of the researchers. The interview will take place at [site project name] premises or using MS Teams or the telephone depending on you and your child's preference. Your child's keyworker can support in finding a suitable place for the interview. The interview should take between 20 and 30 minutes. Your child will be offered regular breaks as necessary. The interview will discuss their experiences of being supported by [site project name] team, any other support they would like, and any changes as a result of this support.

Please remember, your child has the right to decline to answer any questions they do not want to and they can also ask to pause or stop the interview at any time, and we can reschedule if needed.

Will my child be photographed or video/audio recorded and how will the recorded media be used?
We will audio record the interview using a digital recorder or MS Teams video recording. The recording is essential to your participation, but you should be comfortable with the process. You are free to stop the recording at any time and therefore withdraw your participation. The audio recording of your interview made during this project will be used only for analysis. No other use will be made of them.

Are there any possible disadvantages or risks in taking part?
Participating in the project is not anticipated to cause your child any disadvantages or discomfort. The potential *psychological harm or distress* will be the same as any experienced in everyday life. If participation in this project has negative effects on your child please seek help and advice from your child's keyworker.

Are there any benefits in taking part?
There will be no direct or personal benefit for those people participating in the project. This project will make recommendations to the Youth Endowment Fund on how services can best support children, young people and families at risk of or experiencing violence and criminal exploitation outside their home. Your child will be given a £10 shopping voucher to thank them for taking part.

What information will be collected and what will happen to information/data provided?
The information your child provides as part of the project is the **project data**. Any project data from which your child can be identified (e.g. from identifiers such as their name, date of birth, audio recording etc.), is known as **personal data.** Your child's participation in this project will involve the collection/use of personal data.

We will keep personal data safe and secure. People who do not need to know who your child is will not be able to see their name. The personal data collected will include:

- Contact details.
- A record of consent/assent (which will include your and your child's names).
- Project data. We will use a code/pseudonym so that your child cannot be directly identified from the data. Project data will include an audio recording (which include your child's voice). Interview recordings will be deleted once the interview transcript has been verified as accurate and an evaluation has determined that it has no further project value.

Identifiable project data will be stored securely at [THE EVALUATOR] for the duration of the project – unless there is no need for the data to be identifiable, at which point it will be made anonymous. Other project data (including consent forms) or project data that needs to be identifiable, will be stored securely at [THE EVALUATOR] for three after publication or public release of the work.

We will write our reports in a way that no-one can work out that your child took part in the project.

The Investigator will keep confidential anything they learn or observe related to illegal activity unless related to the abuse of children or vulnerable adults, money laundering or acts of terrorism. In certain exceptional

circumstances where your child or others may be at significant risk of harm, the investigator may need to report this to an appropriate authority. This would usually be discussed with you first. Examples of those exceptional circumstances when confidential information may have to be disclosed are:

- The investigator believes your child is at serious risk of harm, either from themselves or others
- The investigator suspects a child may be at risk of harm
- Your child poses a serious risk of harm to, or threaten or abuse others
- We are passed information relating to an act of terrorism

Will the project be published? Could I be identified from any publications or other project outputs?
The findings from the project will be written up in academic publications, conference presentations and a report commissioned by the Youth Endowment Fund. We will write our reports in a way that no-one can work out that your child took part in the project.

Who is organising and who is funding/commissioning the project?
This project is organised by [The Evaluator] and funded by the Youth Endowment Fund.

Whom do I contact if I have a concern about the project or I wish to complain?
If you have a concern about any aspect of this project, please contact Professor XXXXXXXXXX and we will do our best to answer your query. You should expect a reply within 10 working days. If you remain unhappy or wish to make a formal complaint, please contact the Chair of the Research Ethics Committee at [The Evaluator] who will seek to resolve the matter as soon as possible:

Data Protection
[The Evaluator] is the data controller with respect to your child's personal data and as such will determine how their personal data is used in the project. The University will process your child's personal data for the purpose of the project outlined above. Research/evaluation is a task that is performed in the public interest. Further Information about your rights with respect to your child's personal data is available from:

- the [THE EVALUATOR] Privacy Notice for Research Participants (https://www.[The Evaluator].ac.uk/legal/privacy-notice-and-cookies/external-stakeholders-privacy-policy/research-participants-privacy-notice)
- by asking one of the project team or contacting us using the information below

Contact details
Principal Researcher: Professor XXXXX
Lead Researcher: Dr XXXXX
Member of [THE EVALUATOR] Staff:
[THE EVALUATOR] Email address: XXXXX
[THE EVALUATOR] School/faculty: School of Public and Allied Health
[THE EVALUATOR] Central telephone number: 0151 231 2121

PARTICIPANT INFORMATION SHEET (Stakeholder Interview)

Title of Project: Feasibility and pilot study of a specialist multi-agency team embedded in neighbourhoods to support children, young people, & their families who are at risk of or experiencing violence or criminal exploitation outside the home.

Research Ethics Committee Reference Number: 24/PHI/008

You are being invited to take part in an evaluation interview. You do not have to take part if you do not want to. Before you decide, it is important for you to understand why the evaluation is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether you wish to take part.

What is the purpose of the project?
The [site project name] is one of five multi-agency teams across the UK which has been funded for a pilot and feasibility study by the Youth Endowment Fund (YEF). The study aims to understand how multi-agency teams can support children, young people and their families who are at risk of or experiencing violence or criminal exploitation outside the home. Our research team at [The Evaluator] has been funded by YEF to evaluate the

multi-agency teams to understand how they are being implemented and the potential impacts for children, young people and their families. As part of this evaluation, we want to interview stakeholders who are part of or working with the multi-agency teams to understand their experiences of implementation.

This project hopes to answer the following questions: what are staff experiences of implementing [site project name]? what are the facilitators and barriers to implementation? what outcomes are being achieved for children, young people and their families and how could the [site project name] be sustained in the future?

Why have I been invited to participate?
You have been identified as a potential participant by a colleague at the [site project name] who was asked to identify key stakeholders. You have been invited because you are a member of staff working within or in partnership with the [site project name]. We will be speaking to approximately 20-25 stakeholders from [site project name].

Do I have to take part?
No. You can ask questions about the project before deciding whether to take part. If you do not want to take part that is OK. We will ask you to sign a consent form and will give you a copy for you to keep. You can stop being part of the project at any time, without giving a reason. You may withdraw from the project by contacting the researcher (XXXXX, Data can be withdrawn until we begin analysing your data in December 2024 (but if possible, we will withdraw your data if we receive your request after this date), without giving a reason and without prejudice.

What will happen to me if I take part?
If you agree to take part, you will be asked to take part in an interview with the researcher. The researcher will ask you to complete a consent form and return it to them via email. They will then arrange a suitable date and time with you for the interview. The interview will take place using MS Teams and should take approximately 30-60 minutes. You will be offered regular breaks as necessary. The interview will discuss your experience of implementing and working with the [site project name] team, the facilitators and barriers to implementation, the intended outcomes for children, young people and families, and sustainability.

Please remember, you have the right to decline to answer any questions you do not want to and you can also ask to pause or stop the interview at any time, and we can reschedule if needed.

Will I be photographed or video/audio recorded and how will the recorded media be used?
The MS Teams video recording is essential to your participation but you should be comfortable with the process. You are free to stop the recording at any time and therefore withdraw your participation. The video recording of your interview will be used only for analysis. No other use will be made of them.

Are there any possible disadvantages or risks in taking part?
Participating in the project is not anticipated to cause you any disadvantages or discomfort. The potential psychological harm or distress will be the same as any experienced in everyday life. If participation in this project has negative effects on you, please seek help and advice from the staff wellbeing services within your own council.

Are there any benefits in taking part?
There will be no direct or personal benefit for those people participating in the project. It is hoped that this project will inform the development of ongoing multi-agency support for children, young people and families who are at risk of or experiencing violence and criminal exploitation in [local authority area]. The findings will also be used by the Youth Endowment Fund (YEF) to contribute to the evidence on effective multi-agency approaches in the UK.

What information will be collected and what will happen to information/data provided?
The information you provide as part of the project is the **project data**. Any project data from which you can be identified (e.g. from identifiers such as your name, date of birth, audio recording etc.), is known as **personal data.** Your participation in this project will involve the collection/use of personal data.

We will keep personal data safe and secure. People who do not need to know who you are will not be able to see your name, job title or contact details. The personal data collected will include:
Contact details (email address or telephone number).
A record of consent (which will include your name)
Project data. We will use a code/pseudonym so that you cannot be directly identified from the data. Project data will include a MS Teams video recording (which includes your voice and image). Interview recordings will

be deleted once the interview transcript has been anonymised, verified as accurate and an evaluation has determined that it has no further value.

Identifiable project data will be stored securely at [THE EVALUATOR] for the duration of the project – unless there is no need for the data to be identifiable, at which point it will be made anonymous. Other project data (including consent forms) or project data that needs to be identifiable, will be stored securely at [THE EVALUATOR] for five years after publication or public release of the work.

The Investigator will keep confidential anything they learn or observe related to illegal activity unless related to the abuse of children or vulnerable adults, money laundering or acts of terrorism. In certain exceptional circumstances where your child or others may be at significant risk of harm, the investigator may need to report this to an appropriate authority. This would usually be discussed with you first. Examples of those exceptional circumstances when confidential information may have to be disclosed are:
The investigator believes your child is at serious risk of harm, either from themselves or others
The investigator suspects a child may be at risk of harm
Your child poses a serious risk of harm to, or threaten or abuse others
We are passed information relating to an act of terrorism

Will the project be published? Could I be identified from any publications or other outputs?
The findings from the project will be written up in academic publications, conference presentations, and a report commissioned by the Youth Endowment Fund (YEF). We will write our reports in a way that no-one can work out that you took part in the project, and we would like your permission to use direct quotations but without identifying you in any outputs.

Who is organising and who is funding/commissioning the project?
This project is organised by [The Evaluator] funded by The Youth Endowment Fund (YEF).

Whom do I contact if I have a concern about the project or I wish to complain?
If you have a concern about any aspect of this project, please contact Professor XXXXX(XXXXX), and we will do our best to answer your query. You should expect a reply within 10 working days. If you remain unhappy or wish to make a formal complaint, please contact the Chair of the Research Ethics Committee at [The Evaluator] who will seek to resolve the matter as soon as possible:

Data Protection
[The Evaluator] is the data controller with respect to your personal data and as such will determine how your personal data is used in the project. The University will process your personal data for the purpose of the project outlined above. Research/evaluation is a task that is performed in the public interest. Further Information about your rights with respect to your personal data is available from:

- the [THE EVALUATOR] Privacy Notice for Research Participants (https://www.[The Evaluator].ac.uk/legal/privacy-notice-and-cookies/external-stakeholders-privacy-policy/research-participants-privacy-notice)
- by asking one of the project team or contacting us using the information below

Contact details
Principal Researcher: Professor XXXXX
Lead researchers: Dr XXXXX
Member of [THE EVALUATOR] staff :
[THE EVALUATOR] Email address: XXXXX
[THE EVALUATOR] School/faculty: School of Public and Allied Health
[THE EVALUATOR] Central telephone number: 0151 231 2121

PARTICIPANT INFORMATION SHEET (Parent/Carer Interview)

Research Ethics Committee Reference Number: 24/PHI/008021216

Title of Project: Feasibility and pilot study of a specialist multi-agency team embedded in neighbourhoods to support children, young people, & their families who are at risk of or experiencing violence or criminal exploitation outside the home.

You are being invited to take part in an evaluation interview. You do not have to take part if you do not want to. Before you decide, it is important for you to understand why the evaluation is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether you wish to take part.

What is the purpose of the project?
The [site project name] which supports you and your child is one of five new teams across the UK which has been funded by the Youth Endowment Fund. The Youth Endowment fund wants to understand how this type of multi-agency team can work to help children and young people who are at risk of or experiencing violence or criminal exploitation outside of their family home. Our research team at [The Evaluator] has been asked to evaluate these teams to better understand how they can support young people and their families. As part of this evaluation, we would like to speak to the parents/carers of young people supported by the [site project name] team to learn more about your experiences and the outcomes for your family.

This project hopes to answer the following questions: what are parents/carers experiences of being supported by the [site project name] team? what could be done differently? and how have things changed for your family because of this support?

Why have I been invited to participate?
You have been identified as a potential participant by your child's keyworker (or intervention worker) at [site project name]. You have been invited because your child is receiving support from [site project name] team. We will be speaking to around 20 parents/carers in Cardiff to understand their experiences.

Do I have to take part?
No. You can ask questions about the project before deciding whether to take part. If you do not want to take part that is OK. We will ask you to sign a consent form and will give you a copy for you to keep. You can stop being part of the project at any time, without giving a reason. You may withdraw from the project by contacting the researcher or the keyworker (or intervention worker) who told you about the project. Data can be withdrawn until December 2024 (but if possible, we will withdraw your data if we receive your request after this date).

What will happen to me if I take part?
If you decide to take part, you will be asked to take part in an interview with the researcher. The interview can take place at either; [site project name] premises, using MS Teams, or on the telephone; depending on which you prefer, and should take approximately 30 minutes. You will be offered regular breaks as necessary. The interview will discuss your experience of being supported by the [site project name] team, any other support they could give you and how it has helped your family. Please remember, you have the right to decline to answer any questions you do not want to, and you can also ask to pause or stop the interview at any time, and we can reschedule if needed.

Will I be photographed or video/audio recorded and how will the recorded media be used?
We will audio record the interview using a digital recorder or MS Teams video recording. The recording is essential to your participation, but you should be comfortable with the process. You are free to stop the recording at any time and therefore withdraw your participation. The audio recording of your interview made during this project will be used only for analysis. No other use will be made of them.

Are there any possible disadvantages or risks in taking part?
Participating in the project is not anticipated to cause you any disadvantages or discomfort. The potential psychological harm or distress will be the same as any experienced in everyday life. If participation in this project has negative effects on you please seek help from the keyworker (or intervention worker) who told you about the project.

Are there any benefits in taking part?
There will be no direct or personal benefit for those people participating in the project. This project will make recommendations to the Youth Endowment Fund on how services can best support children, young people and families at risk of or experiencing violence and criminal exploitation outside their home. You will also be given a £10 shopping voucher to thank you for taking part.

What information will be collected and what will happen to information/data provided?

The information you provide as part of the project is the **project data**. Any project data from which you can be identified (e.g. from identifiers such as your name, date of birth, audio recording etc.), is known as **personal data.** Your participation in this project will involve the collection/use of personal data.

We will keep personal data safe and secure. People who do not need to know who you are will not be able to see your name or contact details. The personal data collected will include:

- Contact details (your email or telephone number).
- A record of consent (which will include your name)
- Project data. We will use a code/pseudonym so that you cannot be directly identified from the data. Project data will include audio recording[s] (which include your voice). Interview recordings will be deleted once the interview transcript has been anonymised, verified as accurate and an evaluation has determined that it has no further value.

Identifiable project data will be stored securely at [THE EVALUATOR] for the duration of the project – unless there is no need for the data to be identifiable, at which point it will be made anonymous. Other project data (including consent forms) or project data that needs to be identifiable, will be stored securely at [THE EVALUATOR] for five years after publication or public release of the work.

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- The investigator believes your child is at serious risk of harm, either from themselves or others
- The investigator suspects a child may be at risk of harm
- Your child poses a serious risk of harm to, or threaten or abuse others
- We are passed information relating to an act of terrorism

Will the project be published? Could I be identified from any publications or other outputs?
The findings from the project will be written up in academic publications, conference presentations and a report commissioned by the Youth Endowment Fund. We will write our reports in a way that no-one can work out that you took part in the project, and we would like your permission to use direct quotations but without identifying you in any outputs.

Who is organising and who is funding/commissioning the project?
This project is organised by [The Evaluator] and funded by the Youth Endowment Fund.

Whom do I contact if I have a concern about the project or I wish to complain?
If you have a concern about any aspect of this project, please contact Professor XXXXXXXXXX and we will do our best to answer your query. You should expect a reply within 10 working days. If you remain unhappy or wish to make a formal complaint, please contact the Chair of the Research Ethics Committee at [The Evaluator] who will seek to resolve the matter as soon as possible:

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- by asking one of the project team or contacting us using the information below

Contact details
Principal Researcher: Professor XXXXX
Lead researchers: Dr XXXXX
Member of [THE EVALUATOR] Staff:
[THE EVALUATOR] Email address: XXXXX
[THE EVALUATOR] School/faculty: School of Public and Allied Health

[THE EVALUATOR] Central telephone number: 0151 231 2121

Appendix 5: Validated tools considered for pre-post surveys

Three validated tools were identified which had the potential to measure programme outcomes:

- Outcome - Emotional regulation and behaviour: self-completed Strength and Difficulties questionnaire (SDQ; Goodman, 1997). This 25-item scale assesses behaviours, emotions, and relationships across five domains: emotional symptoms; conduct problems; hyperactivity; peer problems; and prosocial behaviours.
- Outcome - Self-reported offending: 19-item Self-Report Delinquency Scale (SRDS; Smith and McVie, 2003) over the previous three months.
- Outcome - Violent victimisation: an adapted version of the Juvenile Violence Victimisation Questionnaire (JVVQ; Finkelhor et al., 2011). Questions assess witnessing violence or violence victimisation across a series of domains and locations (for this study exposure to items inside and outside of the family home over the previous three months would be most appropriate).

The SRDS and JVVQ are not being implemented for the following key reasons:

- SRDS: concerns the tool was not trauma-informed and particularly at baseline may impact on the development of the relationship between the keyworker and the child or young person; not all questions are applicable to the older cohort (18+), e.g. 'have you skipped school'.
- JVVQ: individual data collection measures will be collected confidentially and anonymously (i.e. CYP will be assured answers to these questions are not seen by their keyworker, only by the research team). However, since each young person's individual-level outcome data will be matched by the research team to their monitoring data via a pseudo-anonymised code (provided by the service), it would be possible for the research team to inform the service of any identified risk (i.e. disclosures of violence victimisation) based on the responses to the questions in this measure and thus there would be a requirement by both the research team and the service to implement safeguarding procedures. The ability to link the data back to the individual experiencing violence, and thus necessitating implementation of safeguarding procedures thus conflicts with the requirements that the individual-level outcome data is collected confidentially.

Appendix 6: Site-level outcome data proforma

Instructions

This document has been designed to understand and describe what **local routine data** are available to understand the impact of the YEF programme at site-level.

Please note, **we are not asking for any of this data to be given to us**. We are just seeking to understand what data is available to assess the feasibility of a future impact evaluation.

We hope that local data colleagues can help us complete this proforma. We are also happy for this to be circulated to relevant contacts across the multi-agency partnership, as appropriate.

If you would prefer to go through this form in an online meeting, then just let XXXXXX and she will be happy to arrange a convenient time.

Alternatively, sites can send us a list of available data sources/variables (with no personal data. E.g. some data systems have a 'data dictionary' or 'variable list'). The evaluation team can then look through these and match against the outcomes listed in this proforma.

Please do get in touch with any queries and return completed versions to Dr XXXX . We kindly request that completed proformas are returned by 30th August 2024, if possible. We will then be in touch to discuss the data in more detail with relevant colleagues.

Site name:

Key data contact(s) for site:

Outcome	**Local data available to measure this outcome (Y/N/unknown)**	**Specific variable(s)**	**Data source (e.g. name of system)**	**Named contact for discussing these data/access arrangements**
Overarching outcomes related to secondary data[1] (from YEF protocol)				
EXAMPLE: Individual, site, and/or area-level routine data on violent offending	*Yes/No/Unknown (delete as appropriate)*	*Area level: Data are available on the number of police-recorded incidents of violent crime in the relevant area(s) over a specified time period.* *Individual level: Data are available on whether a certain individual (i.e. someone enrolled in the YEF programme) has committed a violent offence in the relevant area(s) over a specified time period. This might be expressed as Yes/No, or as a number of incidents for that person during that time.*	*e.g. AssetPlus*	*e.g. Name and contact details of data colleagues in local Youth Justice Service/safeguarding team who hold this data.*
Individual, site, and/or area-level routine data on violent offending	*Yes/No/Unknown (delete as appropriate)*			

Individual and/or area-level data on victimisation	*Yes/No/Unknown (delete as appropriate)*			
Individual and/or area-level data on school exclusions	*Yes/No/Unknown (delete as appropriate)*			
Site Level Outcomes (from site's Theory of Change)				
[Insert additional site level outcomes related to school attendance or Opportunities for Education, Employment and Training, including data on those not in Education, Employment and Training (NEET) here]				
Are there any other local routine data sources that you think would be relevant to this project that haven't been covered above? (e.g. Safeguarding., Outcome Stars Data) If so, please describe these in the box opposite.				

Thank you very much for completing this form. Please return completed forms and any additional information, such as 'data dictionaries' to XXXX by 30th August 2024.

[1] Note: We acknowledge that there are other key outcomes beyond those that are listed in this table e.g. 'Emotional regulation and behaviour of the Children and Young People', measured using the Strength and Difficulties Questionnaire (SDQ). These will be captured for each site through primary data collection. For the purpose of this proforma, we are interested in outcomes that can be measured using routinely collected local data.

Appendix 7: Site-level data topic guide

Local outcome data – topic guide

Questions
Individual-level data **Linkage** **To what extent is it possible to track a person across different data systems** e.g. to understand their criminal justice and educational outcomes and whether they have been involved in the YEF intervention or not)? **Follow up over time** **To what extent is it possible to follow up criminal justice and educational outcomes for a person over time?** For example, we understand that some systems might enable this (e.g. by producing 'Distance Travelled'/'Journey of Change' summaries for an individual), whereas others may provide a one-off 'snapshot in time' (e.g. Childview, Asset+ might give case history for intervention planning/case management reasons). Does local police/safeguarding education data enable us to assess individual outcomes over time (e.g. through a person ID/identifier)? **Any data lags?** And what are they typically? **How often are records updated for various sources?** **Any issues in following up through certain datasets?** e.g. transition from childhood to adulthood – can individual record be followed through this transition? Other recording/data quality issues? **Are we able to access data on what other interventions a child/young person may have received (outside of the YEF programme)?** **Is demographic information (e.g. sex, ethnicity, age/DOB) recording and which system(s) can this be accessed through?** **Access considerations** Is access to (de-identified) individual-level data covered through existing site/[THE EVALUATOR] data agreements and does this include all relevant health and crime outcome datasets? Does this cover just local authority-owned datasets and/or those of partner organisations (e.g. police/schools) ***Area-level data*** Note that if individual-level data are available and we can access these we should be able to aggregate this to suit the needs of the evaluation (e.g. group at area level/different temporal frequencies), but we would need to understand the data structure (e.g. are dates provided to indicate timing of offences, how is residence/location of crime recorded?). **What level of geographic aggregation are the data available at (lowest level)?** E.g. 'neighbourhood' – and, if so, how is neighbourhood defined (e.g. residence within particular postcodes), wards, LSOA, Local authority? **Data recording vs data reporting frequency?** How often are data recorded (e.g. weekly/monthly), and reported? **Any censored data - are any values likely to be suppressed?** e.g. If <5 crimes in certain time period may be censored to avoid unintentional disclosure of identity.

Local system in schools/exclusions on school attendance? How is it recorded?

Offence group classifications - are they unified? Are they the same as in Home Office outputs e.g. offence-group-classification-june-2022.xlsx (live.com). In particular, is there a measure of youth violence (e.g. separate from violent offences for all age groups); is there a category for weapons offences and, if so, is this grouped with violent crime or separately?

Is there likely to be missing data?
E.g. certain areas/outcomes for which information is missing (as opposed to it simply not occurring?); what proportion?
Are there any data quality issues we need to consider?

Overall
Which data are available through the local authority and which do we need to get direct from other services (e.g. police?)

Are demographic data available and, if so, through which source?

Appendix 8: Target Trial Framework for Natural Experimental Studies Template

This document will be used to assess feasibility and inform design of an efficacy study of the programme. Key examples/definitions of the Target Trail Framework (TTF) from existing literature are in De Vocht et al (2021a).[21]

Site: Name of intervention: Neighbourhoods:

Protocol Component	**Considerations for the design, reporting and appraisal of Natural Experiment Studies**	**Site-level comment/question**
Eligibility Criteria	1. Does the study include a **precise and detailed description of the population who have/will feasibly be exposed to the intervention**, with **special focus on the boundaries of the intervention which may be fuzzy** and/or may not overlap with boundaries of (routine) data collection or risk of the outcome?	**1.1 General eligibility information:** The evaluation team have obtained most of this information from the site-level documentation, including the eligibility and recruitment document. **Please can you confirm whether this information, provided below, is correct, or inform us of any required changes/updates?** [EVALUATION TEAM TO INPUT EXISTING INFORMATION HERE] **1.2 'Boundaries' of intervention:** We are especially interested in any further information about the 'boundaries' of the intervention, especially if there are grey areas in eligibility criteria. E.g. we know that many areas include referrals for children and CYP who reside outside of the pilot area(s), but who are at risk of violence/exploitation within the pilot area(s). **Please can you describe, where possible:** The number/proportion of referrals for CYP who reside outside of the pilot area. What criteria you are using to define someone 'at risk' within the pilot area(s)? Which area(s) of residence do CYP typically come from, if they are living outside of the pilot area(s)? Please provide any further information about the boundaries of the intervention that has not been covered above.

[21] The supplement provides a worked example: https://bmcmedresmethodol.biomedcentral.com/articles/10.1186/s12874-021-01224-x#Sec11

	2. Is a definition and description of the eligibility of potential control populations to ensure independence and exclude spill-over effects included? *Note: For efficacy study, the YEF evaluation team will be looking into the suitability of other areas as 'control areas' (i.e. those who have not received the intervention).*	**2.1 To determine the suitability of potential control areas for efficacy study, we would like to understand the following:** **Do you anticipate any spill-over effects of the intervention in <u>areas</u> where this has not been implemented?** *E.g. given your knowledge about the spread of criminal networks in your area, are crime rates in neighbouring or other relevant areas expected to be affected, and if so in what way?* **Do you expect any spill-over effects of the intervention on <u>individuals</u> who have not been involved in the intervention?** *E.g. if a young person who has peers enrolled in the intervention, but that young person is not enrolled can you anticipate any impacts on the non-enrolled individual?* **Are there any likely <u>changes in practice</u> that we might expect in sites where the YEF intervention[1] has <u>not</u> been introduced, as a result of the introduction of this initiative in your pilot sites? If so, please describe what changes might be expected and in which areas.**
	3. Are potential issues of collider bias or other forms of selection bias considered? *Note: Selection bias can occur when individuals or groups in a study differ systematically from the population of interest. This can lead to errors when evaluating the true impact of the intervention on the target population. The evaluation team will be able to assess some aspects of selection bias through the recruitment and monitoring data that sites provide.*	**3.1 How representative are the children, young people, and families recruited into the intervention to the intended target population (i.e. all those who would meet your eligibility criteria)?** **3.2 Have you observed any differences in the characteristics of participants who complete the intervention compared to those who are referred but do not enrol, or those who enrol but do not complete the intervention?**
Treatment strategies	4. Are the intervention, the dose, and treatment regimes, and what it aims to affect, including when and where it is introduced defined?	**4.1 Are the intervention, the dose and treatment regimes, and what it aims to affect, including when and where it is introduced defined?** Note: The evaluation team have added some of this information based on the site documentation, monitoring and implementation data gained from site interviews, below. Please can you check this information and amend/update as necessary. [EVALUATION TEAM TO INPUT EXISTING INFORMATION HERE]
	5. Has the baseline timepoint been defined?	**5.1 Can you provide the baseline timepoint (i.e. when was the YEF intervention first introduced in your selected pilot sites)?** [EVALUATION TEAM TO INPUT EXISTING INFORMATION HERE]

	6. Has the control condition (including the potential for reactions even if intervention was not received) in the post-intervention period been defined, and/or has the counterfactual been defined?	**6.1 What is usual practice in the areas where the YEF multi-agency intervention has not been introduced, including other local neighbourhoods/local authority areas (i.e. what is business as usual)?** [EVALUATION TEAM TO INPUT EXISTING INFORMATION HERE] **6.2 What is the expected trend in the prespecified adverse crime and educational outcomes in the absence of the YEF intervention?** [EVALUATION TEAM TO INPUT EXISTING INFORMATION HERE]
	7. Does the study describe the plausibility of the Stable Unit Treatment Value Assumption (SUTVA)? [1]	
Assignment procedures/Referral pathways	8. Given that the assignment procedure of the intervention is not controlled by the researcher, has the assignment rationale and procedures been reported in detail? *Note: The intervention group can also be the whole population (e.g. if exposed to the intervention at a well-defined timepoint) or, in the absence of a suitable control population defined by a temporal or spatial boundary, can be a synthetic counterfactual*	**8.1 Referral process for individuals:** [EVALUATION TEAM TO ADD FROM ELIGIBILITY CRITERIA DOCUMENT] **8.2 Please explain how you decided which local areas to include in this programme and these were selected:** [EVALUATION TEAM/SITE TO PLEASE ADD INFO HERE]
	9. Has the plausibility of *as-if* randomisation of the assignment been discussed?	[EVALUATION TEAM TO DISCUSS]
	10. Has the parallel trends assumption been assessed prior to the intervention implementation (when analysis based on time series data)	[EVALUATION TEAM TO DISCUSS]
	11. Has the plausibility of intervention and control groups remaining in their allocation group throughout the study been discussed?	[EVALUATION TEAM TO DISCUSS INC RATES OF NON-COMPLETION]
	12. Has conditional exchangeability been formally evaluated for observed factors? Note that this cannot be done for unobserved factors and requires knowledge about exposure allocation procedures.	[See if LJUMU/sites have information on characteristics on those enrolled vs not enrolled (both for intervention and evaluation components]
Follow-up period	13. Has the follow-up period, which starts prior to assignment of intervention to groups, includes assignment, and ends after *a priori* defined period post-intervention, been described?	[EVALUATION TEAM TO DISCUSS]
Outcome(s)	14. Does the study describe the outcome (or outcomes) of interest in detail, and does the description include *a priori* hypothesized individual-level or population-level parameters at *a priori* defined period post-intervention or cumulative/average outcomes from	**14.1 A priori primary and secondary outcomes have been described in the YEF Study Plan/pre-registered proposal** [EVALUATION TEAM TO ADD THESE]

	start of intervention until *a priori* defined period post-intervention?	
Causal contrasts of interest	15. Has the causal contrast, or contrasts, to be evaluated been precisely defined?	[EVALUATION TEAM TO ADD. See protocol. Need to outline these at individual and area-level including any between-group and time-based comparisons]
	16. Has the causal contrast of interest been specified as an 'average-treatment-effect' (ATE) for the population, or as 'average-treatment-effect-treated' (ATT) for self-selected interventions?	[EVALUATION TEAM TO DISCUSS]
Analysis plan	17. Is the measure of the result specified as a relative or absolute measure?	[EVALUATION TEAM TO DISCUSS. Probably both? Relative effect measures and e.g. absolute number of crimes/exclusions?]
	18. Is the measure of the result specified as the difference between post-intervention minus pre-intervention outcome of interest in intervention group and post-intervention minus pre-intervention outcome of interest in control group?	
	19. Has the statistical methodology to calculate the impact or effect of the event or intervention been described in sufficient detail to replicate this?	

[1] Schwartz S, Gatto NM, Campbell UB. Extending the sufficient component cause model to describe the stable unit treatment value assumption (SUTVA). Epidemiol Perspect Innov. 2012;9:3. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3351730/#:~:text=In%20this%20paper%20we%20extend,connections%20between%20interaction%20and%20SUTVA.

Appendix 9: Programme-level Target Trial Framework to inform the design of a future efficacy study

Protocol Component	Considerations for the design, reporting and appraisal of Natural Experiment Studies	Question	Further considerations in the design or analysis of Natural Experiment Studies to improve the strength of causal claims
Eligibility Criteria	1. Does the study include a **precise and detailed description of the population who have/will feasibly be exposed to the intervention**, with **special focus on the boundaries of the intervention which may be fuzzy** and/or may not overlap with boundaries of (routine) data collection or risk of the outcome?	**1.1 General eligibility information:** **Programme level** Essential across all sites for Keyworker and Multi-Agency work with CYP: **CYP age 10–20 and their parents & carers** **Education within the ward, or antisocial behaviour within that area, or residing within the area.** **AND at risk/experiencing youth violence or criminal exploitation in that area.** **1.2 'Boundaries' of intervention** **1.2a. The number/proportion of referrals for CYP who reside outside of the pilot area** The number/proportion varies. Range in pilot sites was 75% (for school-led referrals). Others were 50% or less. **1.2b. What criteria you are using to define someone 'at risk' within the pilot area(s)?** "as in the eligibility criteria" + below examples of site-specific details that may be relevant to larger efficacy study: Evidence of being exploited (in the process), not in school/education; increase in antisocial behaviour, substance abuse; crime gangs CYP in the pilot areas between 10 years and 20 years of age subject to being in the cohorts detailed below including: • CYP not known to statutory services • CYP receiving Care & Support (CASP) • CYP on the Child Protection Register (CP) • Children Looked After (CLA) including Section 31 Care Orders and Section 76, Voluntary Accommodated including Care Leavers. Tier 2: CYP who may have vulnerabilities that require additional support to prevent extra-familial harm (for example displaying worrying ideologies such as toxic masculinity, gang idolization,	• Consider broadening out the eligibility criteria for multiple control groups that differ in some consequential way; to include, for example, comparable groups or areas from other geographical locations for sensitivity analyses. For example, sensitivity analysis including different sets of control areas.

		involvement in antisocial behaviour, absconding from school) = youth work led interventions, brief third sector work • Tier 2b: CYP who is likely to have multiple vulnerabilities and one or two risks that increase risk of extra-familial harm (for example involvement in violence/exploitation, missing episodes, known to SC/EH, did not meet SC/EH threshold, refused/declined to engage, looked after child, unexplained wealth/possessions, association with criminal peers or known gang hotspot, presentation with suspicious injury, under YOS/Probation management or sibling of someone under management) = youth worker for specialist early intervention, third sector worker for group/individual work depending where primary needs fall in specialist area • Tier 3: CYP who is likely to have multiple vulnerabilities and one or more indicators that put them at higher risk of extra-familial harm (for example: risk of criminal exploitation, gang link, arrest for trigger offence of PWITS, weapon possession or gang linked offence) OCG linked or mapped nominal, NRM pending or in place, Missing episodes, transitioning from YOS intervention plan to Probation Service at age 18) = social worker where safeguarding needs have been identified, youth/third sector worker depending on primary needed identified, parenting support around extra-familial harm • Tier 4: CYP with clear indicators of significant risk or already being harmed (for example in custody for trigger offence of PWITS, knife offence/assault where there are clear links to locality gangs, directly connected to incident of serious violence in locality = social worker with assessment specific to extra-familial harm and ongoing safety planning work with social worker supported by CMET panel and agency locality team. **1.2c. Which area(s) of residence do CYP typically come from, if they are living outside of the pilot area(s)?** Pilot sites were able to define where out-of-area referrals were coming from. Important to include monitoring of where out-of-area referrals come from in future efficacy study. **1.2d. Please provide any further information about the boundaries of the intervention that has not been covered above.**	

		Not applicable	
	2. Is a definition and description of the eligibility of potential control populations to ensure independence and exclude spill-over effects included? *Note: For efficacy study, the YEF evaluation team will be looking into the suitability of other areas as 'control areas' (i.e. those who have not received the intervention).*	**2.1 To determine the suitability of potential control areas for efficacy study, we would like to understand the following:** **2.1a. Do you anticipate any spill-over effects of the intervention in <u>areas</u> where this has not been implemented?** This is context specific, and it will be important to acquire knowledge of this for each site. For example, 3/5 pilot sites reported that reach of local criminal networks, and crime perpetrated is usually concentrated in small local areas and that perpetrators do not tend to go to other areas. 2/5 pilot sites noted larger spread of criminal activity, with lots of movement between areas. This local knowledge of spill-over effects will be crucial for selecting appropriate control areas, and for defining area for outcome measurement in a future efficacy study. **2.1b. Do you expect any spill-over effects of the intervention on <u>individuals</u> who have not been involved in the intervention?** Impact through activities and communication with friends is likely (and has been observed in pilot sites). Furthermore, need to be aware of 'competing interventions' i.e. interventions independent from the target intervention, but which may be delivered in local/'control' areas and which may impact on local offending/comparison rates. *Note: For efficacy study, the YEF evaluation team will be looking into the suitability of other areas as 'control areas' (i.e. those who have not received the intervention).* **2.1c. Are there any likely <u>changes in practice</u> that we might expect in sites where the YEF intervention[1] has <u>not</u> been introduced, as a result of the introduction of this initiative in your pilot sites? If so, please describe what changes might be expected and in which areas.** Yes. Collaborative intelligence and practice networks mean that practice may be shared and adopted in non-intervention areas. As above, stakeholder consultation and identification of changes in practice in potential control areas will need to be considered when selecting comparison areas for future efficacy study.	
	3. Are potential issues of collider bias or other forms of selection bias considered?	**3.1 How representative are the children, young people, and families recruited into the intervention to the intended target population (i.e. all those who would meet your eligibility criteria)?**	

	Note: Selection bias can occur when individuals or groups in a study differ systematically from the population of interest. This can lead to errors when evaluating the true impact of the intervention on the target population. The evaluation team will be able to assess some aspects of selection bias through the recruitment and monitoring data that sites provide.	Experience from pilot sites suggests that these data are not commonly compared or considered. **3.2 Have you observed any differences in the characteristics of participants who complete the intervention compared to those who are referred but do not enrol, or those who enrol but do not complete the intervention?** More detailed information should be collected to determine this in future efficacy study, where possible. Experience from pilot sites suggests that these data are not commonly collected/compared.	
Treatment strategies	4. Are the intervention, the dose and treatment regimes, and what it aims to affect, including when and where it is introduced defined?	**4.1 Are the intervention, the dose and treatment regimes, and what it aims to affect, including when and where it is introduced defined?** Detailed intervention specification and theories of change will be required to assess this in a full efficacy study. Our pilot study showed that sites met the same broad criteria, meaning that this complex intervention had core features that are appropriate for Programme-level evaluation. We suggest that additional sites would need to adopt similar core components to enable Programme-level evaluation. Commonalities from pilot sites are described below. All pilot sites offered the same intervention features: keyworker support; multi-agency support for CYP, multi-agency support for parents/carers/families. Activities themselves vary, but typically involve 1:1 support, mentoring, workshops, peer support groups, co-produced workshops: <u>Keyworker.</u> • 1-1 work with key professionals. • Individual or group Sessions/mentoring. Needs targeted: 1) lack of consistent trusted adult and positive role model. 2) need in a safe space to talk about mental health and wellbeing. 3) Risk of exploitation and serious youth violence. 4) Exclusions and poor attendance; NEET or reduced timetables with poor attendance. 5) CYP in transition ages. <u>Multi-agency support offer for CYP</u>	• Consider the possibility of pre-implementation changes resulting from anticipating the intervention (for example changes in behaviour or reactions from industry [42]).

		• Workshop sessions (e.g., group work – all sites, theatre-led sessions; wellbeing work). • Co-produced contextual (e.g. substance use, vaping etc.) interventions. • Safeguarding assessments; location-based work and accessible sport. Needs targeted: 1) Raising knowledge and awareness of the harms of exploitation (contextual: harms of substance use, vaping etc). 2) CYP in transition ages; also needs in career advice and guidance. 3) Exclusions and poor attendance. 4) CYP with pro-criminal peer group, antisocial identity & behaviours, non-compliance with services. 5) Need in knowledge and strategies to support healthy peer relationships and wider meaningful relationships. <u>Multi-agency support offer for parents/family</u> around exploitation/youth violence • Parent cafe/ Parent peer support groups/Parent forum "parents as partners" • 1:1 Mentoring or intensive mentoring for the whole family • Inter-generational workshops (Swansea specific) • Group workshops delivered either by professionals, or by "parents-mentors" • "Wellbeing Hub" (East Sussex specific) Needs targeted: 1) Raising awareness of risks and harms of exploitation. 2) Increasing parental confidence. 3) Need in support where there are risks and concerns associated with exploitation and violence; trauma and neglect, poverty. 4) Need to develop a family led plan (specified in Swindon only). Length, dosage: All sites: Typical intervention with keywork support would last 12 weeks. Aim for minimum 12 weeks (flexible according to each young person's needs). Sufficient time frame to develop motivation to stay engaged but time limited enough for transition.	
	5. Has the baseline timepoint been defined?	**5.1 Can you provide the baseline timepoint (i.e. when was the YEF intervention first introduced in your selected pilot sites)?** This was well defined in all sites (day, month, year) and should be captured for additional sites in future efficacy study. Note that for many sites there may be a lag between first contact and completion of baseline measures. The child and young person may be in crisis,	• Consider additional other, likely earlier, baseline timepoints to exclude anticipation behaviour in sensitivity analyses.

		and keyworkers have reported that some relationship building is needed before they can sit down and complete baseline measures (pilot sites suggested that it may take 3-4 weeks from initial contact to build trust before completion of baseline measure)	
	6. Has the control condition (including the potential for reactions even if intervention was not received) in the post-intervention period been defined? - and/or has the counterfactual been defined?	**6.1 What is usual practice in the areas where the YEF multi-agency intervention has not been introduced, including other local neighbourhoods/local authority areas (i.e. what is business as usual)?** Non-intervention areas typically report non-integrated siloed working that tends to target 'higher risk' individuals, rather than those at the early help stage. **6.2. What is the expected trend in the prespecified adverse crime and educational outcomes in the absence of the YEF intervention?** Review of local site documentation, statistics and consultation with local stakeholders suggest that outcomes are likely to have worsened or stayed at the same level in the absence of the intervention.	
	7. Does the study describe the plausibility of the Stable Unit Treatment Value Assumption (SUTVA)? [22]	The SUTVA assumption is not likely to hold for place-based interventions that aim to reduce reoffending (e.g. see here). This suggests that closely neighbouring areas are unlikely to be suitable as controls in future efficacy study, and alternatives should be sought.	
Assignment procedures/Referral pathways	8. Given that the assignment procedure of the intervention is not controlled by the researcher, has the assignment rationale and procedures been reported in detail? *Note: The intervention group can also be the whole population (e.g. if exposed to the intervention at a well-*	**8.1 Referral process for individuals:** Assignment processes are non-random. In future efficacy study, it will be important to create comprehensive referral pathway documents to characterise referral routes (as pilot sites had done) in order to understand assignment processes.	• Consider whether partial control of assignment of intervention is possible. • Consider the selection of controls that are geographically locally to the intervention units • Consider selection of intact control groups that are matched to

[22] Schwartz S, Gatto NM, Campbell UB. Extending the sufficient component cause model to describe the stable unit treatment value assumption (SUTVA). Epidemiol Perspect Innov. 2012;9:3. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3351730/#:~:text=In%20this%20paper%20we%20extend,connections%20between%20interaction%20and%20SUTVA.

	defined timepoint) or, in the absence of a suitable control population defined by a temporal or spatial boundary, can be a synthetic counterfactual		intervention units based on pre-intervention measures of the outcome. • Consider control groups for whom measurement of the exposure, outcome, and covariates is performed similarly to that for the intervention group • Consider inclusion of (additional) control groups or use of synthetic counterfactuals to improve assessment of conditional exchangeability for observed and unobserved factors. • Consider the inclusion of additional controls hypothesized to not be affected by the intervention (negative controls)
	9. Has the plausibility of as-if randomisation of the assignment been discussed?	As-if-random allocation is unlikely to hold for this intervention. Areas are likely to be selected for intervention based on criteria including level of need and readiness to deliver. Individual referrals are not randomised.	
	10. Has the parallel trends assumption been assessed prior to the intervention implementation (when analysis based on time series data)	National offending statistics show variability in area-level trends. Therefore, the parallel trends assumption will need to be considered when comparing intervention and control areas in the future efficacy study.	
	11. Has the plausibility of intervention and control groups remaining in their allocation group throughout the study been discussed?	Since this is an area-level intervention, allocations should remain fixed, unless the intervention is subsequently rolled out to previous 'control' areas. Future efficacy study should monitor this and would be able to account for new introductions of the intervention, by isolating presence of intervention at each time point.	

	12. Has conditional exchangeability been formally evaluated for observed factors? Note that this cannot be done for unobserved factors and requires knowledge about exposure allocation procedures.	Conditional exchangeability will be maximised in a future efficacy study through propensity score methods and/or control for relevant covariates.	
Follow-up period	13. Has the follow-up period, which starts prior to assignment of intervention to groups, includes assignment, and ends after *a priori* defined period post-intervention, been described?	Given that the current YEF funding period ends in March 2029, we would expect a maximum of 3-years follow up, assuming an efficacy study start date of March 2026.	• Consider different follow-up periods to assess evidence of pulse impacts (short-term temporal effect followed by regression to the mean)
Outcome(s)	14. Does the study describe the outcome (or outcomes) of interest in detail, and does the description include *a priori* hypothesized individual-level or population-level parameters at *a priori* defined period post-intervention or cumulative/average outcomes from start of intervention until *a priori* defined period post-intervention?	A priori primary and secondary outcomes have been described in the YEF Study Plan/pre-registered proposal and final report.	Consider evaluation of additional outcomes: also hypothesised to be affected by intervention (positive control) hypothesised to be unaffected by intervention (negative control) [e.g. fraud offences]
Causal contrasts of interest	15. Has the causal contrast, or contrasts, to be evaluated been precisely defined?	Yes, rates of offending in intervention and control areas at LSOA level over defined follow up period.	Consider, and report, whether Natural Experiment Study enables the estimation of intention-to-treat effects and/or per-protocol effects (although in natural experiments the latter may be rarely available) Consider additional causal contrasts, for example in subgroups
	16. Has the causal contrast of interest been specified as an	ATE given expected population-level effects.	

	‘average-treatment-effect’ (ATE) for the population, or as ‘average-treatment-effect-treated’ (ATT) for self-selected interventions?		
Analysis plan	17. Is the measure of the result specified as a relative or absolute measure?	Comparison of absolute rates of offending (rates) and relative differences in trends.	Consider the inclusion of temporal falsification analyses by choosing different, randomly assigned, implementation times for the intervention Consider the inclusion of spatial falsification analyses using different combinations of units, irrespective of true assignments Consider improving causal claims by analytic triangulation using different statistical methods.
	18. Is the measure of the result specified as the difference between post-intervention minus pre-intervention outcome of interest in intervention group and post-intervention minus pre-intervention outcome of interest in control group?	Yes	
	19. Has the statistical methodology to calculate the impact or effect of the event or intervention been described in sufficient detail to replicate this?	We will pre-register a detailed analysis plan for the future efficacy study.	

Appendix 10: Assessment of national administrative datasets for violent offending against success criteria

Data Source	Progression Criteria				Data Considerations		Summary of Suitability
	Data Completeness	**Geographical Aggregation**	**Censoring**	**Temporal Aggregation**	**Advantages**	**Disadvantages**	
Data.police.uk	Data without location allocated <20%	Street-level, LSOA[1]	Geo-masking and geo-privacy (some 'jittering' of street level data). At LSOA unit of geography the spatial accuracy of the data is very good.	Monthly	Publicly available. High level of geographical resolution. Good temporal frequency. Short publication time lag (~2 or 3 months).	No offender characteristics, so we cannot identify youth crime. Violent and sexual crimes grouped together and cannot be separated.	Good. Good level of geographical resolution (street level upwards, albeit with some geo-masking of exact locations) Good temporal resolution and short publication time lag compared with other datasets. Limitations include that sexual and violent offending are presented as a combined category. Also, data are not presented by age group limiting the ability to look at youth crime in isolation.
Police Recorded Crime Open Data Tables	The completeness of the data is dependent on data being received from Police Forces.	Police Force Area, and Community Safety Partnership area.	None reported	Quarterly	Publicly available. Quality assured by ONS statisticians. Short publication time lag (~4 months).	High geographical and temporal aggregation compared with Data.police.uk. No information on offender characteristics, can only identify youth crime by some outcomes.	Unsuitable. Because of the high geographical aggregation in this dataset it is unlikely to be suitable for evaluating community level interventions.
Police National Computer (PNC)	Unclear	Police force that processed the case. Partial post code (of the offence location and	Some personal characteristics may not be accurate as based on officers' impressions.	Daily (date of offense)	This is an offence level dataset for individuals so offending histories can be constructed. Secure access via	Crime that does not result in identifying an offender will not be recorded in the PNC.	Possible. Because crime that does not result in identifying an offender will not be recorded in the PNC, this may underestimate area level crime.

		offenders address) is present in the dataset but it is unclear whether this could be shared with researchers.			application to MoJ: Researchers can supply IDs for matching in PNC, in most cases need consent forms from each participant.		
Ministry of Justice (MoJ) Court Data	Unclear	LSOA	None reported	Daily (date of offense)	Can use demographic data to restrict to youths within areas of interest.	Only captures offences where the perpetrator was apprehended, so will underestimate total crime. Lag in court appearances (if taken to court). Delay between data collection and access ~18 months - 2 years.	Unsuitable. This dataset has many limitations which makes it unsuitable to use for evaluation purposes, most notably, the considerable time lag between the date of the offense and the court appearance.
Local Police Data (LPD)	Likely to be more complete than PNC	x-y coordinates (British National Grid (BNG), LSOA, police beat	Some personal characteristics may not be accurate as based on officers' impressions.	Daily (date of offense)	Provides detailed description of crimes at a high spatial resolution. Because LPD also includes crimes for which no offender has been found/ prosecuted (unlike other police/court data) this may include people who are victims of crimes.	Requires data governance to be set up with each police force.	Very good. This is likely to be the most complete dataset on crime (even when no offender is identified) with good geographical (postcode, street, LSOA-ward) and temporal aggregation (monthly, quarterly). However, time and resources will need to be invested in establishing data governance processes and procedures with each police force.
Youth Justice Statistics	Unclear	Local authority	Unclear	Annual	Publicly available. Includes children aged 10-17 in England and Wales. Also available in the MoJ-DfE	High geographical and temporal aggregation.	Unsuitable. Because of the high geographical and temporal aggregation in this dataset it is unlikely to be suitable for evaluating community level interventions.

					linked data for England.		

Appendix 11: Assessment of national administrative data for victimisation and school exclusions against success criteria

Data Source	Progression Criteria				Data Considerations		Summary of Suitability
	Data Completeness	Geographical Aggregation	Censoring	Temporal Aggregation	Advantages	Disadvantages	
Crime Survey for England and Wales (CSEW). For the secondary outcome measure, victimisation.	Unclear	Community safety partnership (publicly available). LSOA by secure access.	None reported	Annual	National Statistics status (indicates good quality). Includes children aged 10-15 from Jan 2009.	Subject to sampling error as the CSEW is based on a sample (only 1,500 children aged 10-15 years across England and Wales). Self-report survey that relies on respondents recalling events.	Unsuitable. Designed to provide national estimates of crime, not suitable for estimating crime in small geographical areas.
Linked Ministry of Justice Department for Education (MoJ-DfE) data[1]	Unclear	Postcode of individuals are present in the dataset (unclear if this could be shared with researchers).	Unclear	Daily (date of offense/ exclusion)	Enables access to linked education (e.g. exclusion) and police national computer (PNC) records.	England only ~ 2 year lag (the current data goes to 2021/22) Does not include arrest data	Possible. The individual-level linked crime and education data would be very beneficial for an evaluation, however the considerable publication time lag may make this dataset unsuitable.
Suspensions and Permanent Exclusions in England[1]	Unclear	School-level, local authority	Unclear	Termly (LA level) Academic year (school level)	Publicly available. Accredited official statistics.	England only. Aggregated data: school level (per academic year), local authority level (per term), pupil characteristics at LA level per year. 1 year publication lag	Unsuitable because school level data is only available per academic year.
National Pupil Database[1]	Unclear	Individual-level data linked to postcode	Unclear	Daily (date of exclusion)	Accredited official statistics	England only 1 year publication lag	Good. Access to exclusion data via an application to DfE Data Sharing Service, good geographical and temporal aggregation.

Education Wales via the SAIL databank[2]	Unclear	Local authority (encrypted school ID)	Unclear	Daily (date of exclusion)	Access to Welsh data	Data access costs Time lag TBC	Possible. Access to Welsh education data, however need to investigate if a lower geographical aggregation than local authority can be obtained. This appears possible, since the dataset includes an encrypted school identifier. We are contacting the data provider for further information.

Note. [1]England only, [2]Wales only, LSOA = Lower layer Super Output Areas, LA = Local Authority, SAIL = Secure Anonymised Information Linkage.

Appendix 12: Assessment of local outcome data for future efficacy study

Progression criterion		Sites				
		A	**B**	**C**	**D**	**E**
Availability of routine data for site-specific selected important outcomes (Data source)	1. Individual, site, and/or area-level routine data on violent offending	Y (ChildView[1], Local Police Data)	Y (Childview [1]; Local Police Data)	Y (ChildView[1], Supporting Families Outcome Plan[2], Local Police Data)	Y (ChildView[1], Local Police Data)	Y (ChildView[1], Daily Risk Briefing, Local Police Data)
	2. Individual and/or area-level data on victimisation	Y (ChildView, CareFirst, Local Police Data)	Y (Childview, Local Police Data)	Y (Supporting Families Outcome Plan[2,] ChildView)	Y (Contextual and Safeguarding Forum; ChildView)	Y (ChildView[1], Local Police Data)
	3. Individual and/or area-level data on school exclusions	Y (Atlas[3], IYSS[4], CareFirst[5])	Y (LiquidLogic[6])	Y (Supporting Families Outcome Plan[2,] Impulse[9])	Y (Local authority)	Y (EWO[7])
	4. School attendance	Y (Atlas[3], IYSS[4], CareFirst[5])	Y (LiquidLogic[6])	Y (Supporting Families Outcome Plan[2], Impulse[9])	Y (School management information systems SIMS,Capital One, ClassCharts)	Y (EWO[7])
	5. Opportunities for Education, Employment and Training, including data on those not in Education, Employment and Training (NEET)	Y (Atlas[3], IYSS[4], CareFirst[5])	Y (source tbc)	Y (Supporting Families Outcome Plan[2])	Y (source tbc)	Y (AssetPlus[8])
	Total proportion of outcomes available [a]	**100%**	**100%**	**100%**	**100%**	**100%**

Linked individual-level outcome data from routine sources can be made available and, if not, area-level routine outcome data can be made available at a sufficiently disaggregated level (level)	1. Individual, site, and/or area-level routine data on violent offending	Y (individual)	Y (individual)	Y (individual)	Y (individual)	Y (individual)
	2. Individual and/or area-level data on victimisation	Y (individual)	Y (individual)	Y (individual)	Y (individual or suitable area-level, details tbc)	Y (area)
	3. Individual and/or area-level data on school exclusions	Y (individual)	Y (individual)	Y (individual)	Y (individual or suitable area-level, details tbc)	Y (individual)
	4. School attendance	Y	Y (individual or suitable area-level, details tbc)	Y (individual)	Y (individual or suitable area-level, details tbc)	Y (area)
	5. Opportunities for Education, Employment and Training, including data on those not in Education, Employment and Training (NEET)	Y (individual)	Y (individual up to 18 years old, not reliably available)	Y (individual up to 18 years old more consistent)	Y (individual)	Y (individual)
Outcome data can be made available for small numbers without high levels of censoring	1. Individual, site, and/or area-level routine data on violent offending	Y	Y	Y	Y	Y
	2. Individual and/or area-level data on victimisation	tbc	tbc	tbc	Y	tbc
	3. Individual and/or area-level data on school exclusions	Y	Y	Y	Y	Y
	4. School attendance	Y	Y	Y	Y	Y
	5. Opportunities for Education, Employment and Training, including data on those not in Education, Employment and Training (NEET)	tbc	Y	Y	Y	tbc
Outcome data are available at an appropriate level of temporal aggregation monthly;	1. Individual, site, and/or area-level routine data on violent offending	Monthly, Quarterly	Monthly, Quarterly	Monthly, Quarterly	Monthly, Quarterly	Monthly, Quarterly
	2. Individual and/or area-level data on victimisation	tbc	Monthly	Monthly, Quarterly	tbc	Monthly

quarterly, or more than a quarter (e.g. annual)	3. Individual and/or area-level data on school exclusions	Quarterly (monthly also available but needs quality check first)	Quarterly (monthly also available but needs quality check first)	Quarterly (monthly also available but needs quality check first)	Quarterly (monthly also available but needs quality check first)	Quarterly (monthly also available but needs quality check first)
	4. School attendance	Quarterly (monthly also available but needs quality check first)	Quarterly (monthly also available but needs quality check first)	Quarterly (monthly also available but needs quality check first)	Quarterly (monthly also available but needs quality check first)	Quarterly (monthly also available but needs quality check first)
	5. Opportunities for Education, Employment and Training, including data on those not in Education, Employment and Training (NEET)	Quarterly	Quarterly (monthly also available but needs quality check first)	Recorded monthly, Quarterly report provided	Quarterly or longer period	Quarterly or longer period

Table footnotes: Abbreviations: tbc = to be confirmed, pending further discussions with sites.

[a] Proportion = number of available important outcome measures per site/all prespecified outcome measures (i.e. X/5) e.g. If a site has violent offending, exclusions and NEET outcome data available but not school attendance or victimisation, then the proportion of pre-specified outcomes available = 3/5 = 60%. Success criteria: 60-100%, 40-59%, 0-39%.

[1] ChildView is an Integrated Youth Justice Information System. Further details available from: https://www.caci.co.uk/software/childview/

[2] Supporting Families Outcome Plan. Further details available from: https://www.gov.uk/government/publications/supporting-families-programme-guidance-2022-to-2025/chapter-3-the-national-supporting-families-outcome-framework#the-national-supporting-families-outcome-framework

[3] Atlas Curriculum Management System. Further details available from: https://www.onatlas.com

[4] Integrated Youth Services System. Further details available from: https://www.capita.com/expertise/services/integrated-youth-support-services-software

[5] CareFirst is a social care case management support service. Further details available from: https://www.applytosupply.digitalmarketplace.service.gov.uk/g-cloud/services/950621920148441

[6] Liquidlogic Social Care case management system. Further details available from: https://www.applytosupply.digitalmarketplace.service.gov.uk/g-cloud/services/392206590537233

[7] EWO = education welfare officer

[8] AssetPlus assessment and planning in the youth justice system (YJS). Covers those involved in YJS only. Further details available from: https://www.gov.uk/government/publications/assetplus-assessment-and-planning-in-the-youth-justice-system

[9] Impulse Nexus education service system. Further details available from: https://www.caci.co.uk/software/impulse/

Appendix 13: Mean SDQ scores at baseline and follow-up, by gender, age and ethnicity

		Baseline			Follow up		
		n	Mean (95%CI)	SD	N	Mean (95%CI)	SD
Total difficulties score	Male	220	15.19 (14.30;16.09)	4.84	217	14.78 (13.80;15.74)	5.27
	Female	145	17.10 (16.03;18.14)	4.83	142	16.07 (15.00;17.14)	4.93
	10-13 years	195	16.52 (15.56;17.49)	5.04	191	15.19 (14.12;16.20)	5.26
	14-17 years	142	15.46 (14.40;16.55)	4.82	142	15.95 (14.83;17.07)	5.05
	18-20 years	19	15.71 (10.38;21.05)	5.77	18	11.43 (7.26;15.59)	4.50
	White	264	16.33 (15.54;17.13)	4.96	255	15.50 (14.74;16.26)	4.73
	Asian or British Asian	24	16.44 (11.78;21.10)	6.06	26	14.00 (10.35;17.65)	4.74
	Black or Black British	26	15.63 (13.15;18.12)	3.69	28	15.91 (10.78;21.03)	7.63
Emotional problems score	Male	225	3.27 (2.86;3.68)	2.23	224	3.23 (2.76;3.69)	2.52
	Female	150	5.14 (4.63;5.65)	2.34	148	4.88 (4.37;5.40)	2.37
	10-13 years	202	4.19 (3.71;4.67)	2.51	201	3.97 (3.48;4.45)	2.52
	14-17 years	145	3.90 (3.38;4.42)	2.35	144	4.14 (3.54;4.73)	2.68
	18-20 years	20	4.71 (1.06;8.63)	3.95	18	1.86 (-0.37-4.09)	2.41
	White	271	4.17 (3.76;4.58)	2.55	266	3.91 (3.51;4.31)	2.50
	Asian or British Asian	25	4.11 (1.33;6.89)	3.62	26	3.33 (0.87;5.80)	3.20
	Black or Black British	28	3.77 (2.73;4.73)	3.62	29	4.72 (2.71;6.74)	3.00
Conduct problems score	Male	221	4.10 (3.74;4.47)	1.99	222	3.90 (3.55;4.25)	1.90
	Female	150	3.58 (3.20;3.97)	1.78	147	3.40 (3.02;3.79)	1.79
	10-13 years	200	4.09 (3.71;4.48)	2.02	197	3.69 (3.33;4.05)	1.89
	14-17 years	143	3.65 (3.25;4.04)	1.76	144	3.73 (3.29;4.16)	1.94
	18-20 years	20	3.43 (1.84;5.02)	1.72	20	3.00 (1.93;4.01)	1.15

	White	268	3.82 (3.51;4.13)	1.95	264	3.69 (3.40;3.98)	1.79
	Asian or British Asian	24	4.11 (2.70;5.52)	1.83	26	3.11 (.46;4.76)	2.15
	Black or Black British	28	4.73 (3.22;6.23)	4.75	29	4.00 (2.17;5.83)	2.72
Hyperactivity score	Male	224	5.50 (5.21;5.57)	1.55	223	5.41 (5.12;5.69)	1.54
	Female	150	5.50 (5.15;5.85)	1.62	148	5.30 (4.95;5.64)	1.58
	10-13 years	200	5.68 (5.38;5.98)	1.58	198	5.42 (5.11;5.73)	
	14-17 years	145	5.31 (4.97;5.66)	1.54	144	5.33 (4.99;5.40)	1.52
	18-20 years	20	5.14 (3.42;6.88)	1.86	20	5.14 (4.15;6.13)	1.07
	White	269	5.63 (5.37;5.88)	1.56	265	5.49 (5.26;5.71)	1.40
	Asian or British Asian	25	4.89 (3.38;6.40)	1.96	26	5.22 (3.74;6.70)	1.92
	Black or Black British	27	4.90 (3.94;5.88)	1.45	29	4.63 (3.25;6.02)	2.06
Peer problems score	Male	224	2.32 (2.02;2.62)	1.61	223	2.23 (1.92;2.55)	1.68
	Female	150	2.87 (2.50; 3.23)	1.72	146	2.49 (2.08;2.89)	1.86
	10-13 years	201	2.56 (2.23;2.90)	1.69	198	2.11 (1.77;2.46)	1.79
	14-17 years	146	2.61 (2.22;2.90)	1.74	142	2.76 (2.38;3.14)	1.72
	18-20 years	19	2.42 (2.24;2.99)	2.87	20	1.43 (0.03;2.83)	1.51
	White	270	2.72 (2.45;2.98)	1.68	264	2.41 (2.12;2.69)	1.78
	Asian or British Asian	25	3.33 (1.84;4.82)	1.94	26	2.33 (1.32;3.35)	1.32
	Black or Black British	27	2.27 (0.93;3.62)	2.00	28	2.55 (1.33;3.76)	1.81
Prosocial score	Male	222	6.46 (6.05;6.87)	2.21	223	6.80 (6.40; 7.20)	2.17
	Female	150	7.34 (6.91;7.78)	2.00	146	7.58 (7.18:7.98)	1.84
	10-13 years	201	6.45 (7.31;6.97)	2.25	198	7.37 (6.98;7.77)	2.07
	14-17 years	143	6.85 (6.41;7.29)	1.99	143	6.76 (6.29;7.23)	2.09

	18-20 years	20	7.57 (5.19;9.95)	2.57	20	7.57 (5.012;10.12)	2.76
	White	270	6.93 (6.59;7.27)	2.11	265	7.04 (6.70;7.38)	2.14
	Asian or British Asian	25	6.78 (5.16;8.40)	2.11	24	7.56 (6.01;9.10)	2.01
	Black or Black British	27	5.91 (4.51;7.30)	2.07	29	7.18 (5.88;8.45)	1.94
Impact score	Male	184	2.17 (1.76;2.58)	2.20	141	1.73 (1.34;2.12)	2.10
	Female	126	3.05 (2.45;3.65)	2.75	104	2.10 (1.62;2.57)	2.20
	10-13 years	166	2.33 (1.88;2.79)	2.39	137	1.77 (1.35;2.18)	2.18
	14-17 years	127	2.61 (2.06;3.16)	2.47	91	2.15 (1.66;2.64)	2.18
	18-20 years	12	5.29 (2.91;7.66)	2.56	12	1.00 (-0.31;2.31)	1.41
	White	230	2.61 (2.21;2.99)	2.44	185	1.84 (1.53;2.16)	1.98
	Asian or British Asian	18	2.89 (0.7;5.08)	2.85	12	2.11 (0.37;3.85)	2.26
	Black or Black British	19	1.72 (0.48;2.97)	1.85	18	2.18 (0.10;4.26)	3.09

Appendix 14: Estimated costs per site

Site A Cost items	Upfront or recurring	Assumptions	Costs
Staff			
Programme operational lead	Set-up	Percentage of Operational Lead costs and general management costs	£20,000.00
Programme manager	Recurring	FT Role	£71,381.22
Data and administrator	Recurring	FT Role	£59,390.00
Keyworkers - Safer Wales	Recurring	1 FT post, 2 posts at 3 days a week, 2 support workers 1 at 10 hours, 1 at 16 hours. Support workers have only been post in February 2025	£ 137,023.48
Safeguarding Nurse Advisor	Recurring	Part time role, 2 days a week only for 1st 5 months of the project	£5,868.68
Police (PCSO)	-	1 part worker 2 days a week, no cost to project	£0.00
Programme			
Keyworker budget for food, transport etc.	Recurring	Small costs incurred by keyworkers when working with CYP e.g. food, transport	£8,100.00
Activities fund for CYP and parents	Set-up*	£30,000 Fund which keyworkers can draw from to fund activities which build relationship and encourage engagement e.g. rugby kit, gym membership etc	£21,999.20
Youth service summer boxing programme	Set-up*	10 individuals referred to this	£4,723.00
Care Team summer programme - Cardiff Football club	Set-up*	12 individuals referred to this	£4,704.00
Virtual knife training license	Set-up*	This for use by Youth Service, all YEF staff trained on how to use as well	£17,980.57
DBT Skills Group license and resources	Set-up*	This includes training	£31,479.03
Gang workshops (independent delivery partner)	Recurring	1 trainer - to date 30 people have attended workshops, some staff and also parents. Next steps are do workshops with CYP in schools	£11,739.00
Trauma informed training for staff	Set-up*	15 staff attended this training	£1,777.73
Anna Freud Centre Team	Recurring	Includes training and ongoing supervision	£17,072.00
Parent and Carer Peer Support and Café engagements	Recurring	Supported by 1 trainer and 2 YEF Staff members. Limited take up	£20,000.00
Buildings and Facilities			
Parent Café Venues	Recurring	Community Centre in Local Area (4 Parents engaged on a regular basis)	£840.00
Community Venues	Recurring	Used for training sessions (average attendance for training 15 people)	£3,090.83
Materials and Equipment			
YJS and Teen Outcome star	Set-up*	15 Licenses granted, 1 administrator license and 14 for staff.	£2,155.00
Marketing, Publicity	Set-up*	Translations, leaflets et al., Criminal Exploitation Campaign	£17,700.00
I.T. equipment, Phones and office costs	Recurring	Laptops, Mobile Phones for all staff in the team, inhouse printing costs, inhouse security costs for id cards, monitor, membership to 2 professional organisations	£21,000.00
Other costs			
Hot Chicks Project - Workshops, Resources and Tickets	Set up	120 tickets, 8 workshops	£6,068.00

Education and School Resources for Exploitation	Set up	5 schools, 2 youth clubs and SAFE Service all have been provided with monies to support purchasing items around Criminal Exploitation and how to education YP	£6,000.00
Unhealthy friendships: raising awareness about child criminal exploitation in educational settings. (Cardiff University)	Set up	Project being run by the University. Will be supporting approx 30 CYP (legacy related)	£3,620.00
Young People and Family Voice legacy Project (Safer Wales/Radio Cardiff)	Set up	Approx 8 YP will be working on this project.	£9,000.00
Mural Instalation and Maintenance	Set up	Legacy Project	£1,300.00
Paed Adolscent Area Health Project	Set up	Equipment and Materials for Paeds Unit, approx 200 yp have access to this information on a weekly basis.	£458.26
Total cost			
Set-up	-	-	£148,964.79
Recurring	-	-	£339,963.21
Total	-	-	**£488,928.00**
Cost per participant			
Number of participants	-	-	66
Set-up cots per participant	-	-	£2,257.04
Recurring costs per participant	-	-	£5,150.96
Total costs per participant	-	-	**£7,408.00**

Site B Cost items	**Upfront or recurring**	**Assumptions**	**Costs**
Staff			
Practice Manager - Contextual Safeguarding	Recurring	28 hours	£50,640
Keyworkers	Recurring	4 keyworkers	£129,728
Contextual Safeguarding Coordinator	Recurring	Provides line management to keyworkers, leads on contextual responses and interventions	£31,801
Central management costs	Recurring	Project management input from Strategic Lead, Data Analyst resource, Admin Resource	£49,632
FSN support workers develiring family wellbeing sessions (VCSFE partner)	Recurring	Support workers to deliver interventions, management oversight of support workers and representation on multi-agency triage panels (Due to nature of FSN delivery, this came from positive activities and engagement fund)	£50,000
Police	Recurring	Salary for exploitation case worker, representation on multi-agency triage panel, time and representation at exploitation intelligence meetings, time linked to police-led operations as part of contextual safeguarding work, PC time at joint visits	£57,400
CACE development	Recurring	Salary costs for development and delivery of new workshops	£45,000
CAMHS	Recurring	Salary costs	£3,728

Programme			
Transport costs	Recurring	Keyworker transport to attend sessions and transport CYP to activities	£4,000
Theatre sessions delivery partner	Set-Up	Delivery of theatre-based PHSE sessions on exploitation	£2,500
Fund for CYP's activities	Recurring	Funding specific activities to support CYP e.g. gym passes, AQA Education training (does not include money for positive activities via FSN)	£1,222
Translation services	Recurring	Externally funded translation used (some school bilingual support officers used where possible)	£140
Buildings and Facilities			
Building costs	Recurring	Contribution to building costs	£16,774
Materials and Equipment			
Technology	Set-up	Phones, laptops	£5,600
Total cost			
Set-up			£8,100
Recurring			£440,065
Total			£448,165
Cost per participant			
Number of participants			134
Set-up cots per participant			£60
Recurring costs per participant			£3,324
Total costs per participant			£3,344.51

Site C **Cost items**	**Upfront or recurring**	**Assumptions**	**Costs**
Staff			
Senior practitioner role	*Recurring*	Began role Dec 2024	£28,015
Project lead	*Recurring*	Cost from July 2024 when they came into post	£41,998
Education and inclusion officer	*Recurring*	Held 45 cases and also delivered workshops and worked closely with schools to identify children with low school attendance. Left post one month before end of project	£65,414
Youth justice support officers	Recurring	3 posts. 2 staff members held total of 44 cases, one left post before working with CYP	£104,982
Bonnie Downs youth worker (VCFSE)	*Recurring*	Held cases (keyworker) and led on activities and mentoring	£77,605
REIN worker (VCSFE)	*Recurring*	Held cases (keyworker) and led on activities and mentoring	£69,040
Educational Psychologist	*Recurring*	Supported 40 children the EP team also offered weekly drop-in sessions for Practitioners	£63,077
Programme			
Keyworker subsistence costs	Recurring		£200
Keyworker travel costs	Recurring		£22
Buildings and Facilities			
Community venue hire	Recurring	4 venues x £200 for activities and workshops	£800
Materials and Equipment			
Workshop materials	Set up*	Workshop materials and stationery	£534

Back to School Education Kits	Set up*	Bought on two occasions for 20 children who are not attending school regularly	£399
Incentives			
Easter Eggs	Set-up		£127
Other costs			
Liminality Group (Youth Offending Services)	*Set-up*	One-to-one ongoing support provided to CYP	£9,000
Catering Services	*Recurring*		£534
Total cost			
Set-up			£10,060
Recurring			£451,687
Total			£461,747
Cost per participant			
Number of participants			£80
Set-up cots per participant			£3,613
Recurring costs per participant			£3,694
Total costs per participant			£80

Site D Cost items	Upfront or recurring	Assumptions	Costs
Staff			
Principal social worker	Recurring		£68,873
Regional Early Intervention and Prevention Coordinator	Recurring	The REIPC in Swansea is not paid from YEF but have been heavily involved in the performance and data element. Approximately 14 hours a week/15k approx cost pro rata	£40,852
Social workers	Recurring	4 social workers	£218,101
Youth workers	Recurring	3 youth workers	£87,406
CMET youth workers	Recurring	4 youth workers	£158,635
Barod (substance use service) worker	Recurring	Only employed for the last three months of the project	£1,999
YMCA worker	Recurring		£36,666
Media Academy worker	Recurring		£36,666
Programme			
Subsistence costs for CYP during keyworker sessions	Recurring		£170
Travel costs for keyworker sessions	Recurring		£2,900
Buildings and Facilities			
Community venue costs	-	Team used local partnerships to secure community venues at no additional cost to the project	

Materials and Equipment			
Materials for parenting forums	Set-up		£312
Total Cost			
Set-Up			£312
Recurring			£652,268
Total			£652,580
Cost per participant			
Number of participants			221
Set-up cots per participant			£1.41
Recurring costs per participant			£2,951.44
Total costs per participant			£2,952.85

Site E Cost items	Upfront or recurring	Assumptions	Costs
Staff			
Project Initial Set up Costs	Set-up	Set-up, In kind from Local Authority	
Team Manager (0.25 FTE)	Recurring	In kind from Local Authority	
Assistant team manager	Recurring	YEF	£71,900
YJS Data Analyst (0.25 FTE)	Recurring	In kind from Local Authority	
Project manager (0.25 FTE)	Recurring	In kind from Local Authority	
Family Group Conference Coordinator	Recurring	YEF	£45,300
Forensic CAMHS clinical supervisor	Recurring	YEF	£19,000
Advanced social worker	Recurring	YEF	£66,300
6.5 FTE Social Workers and Lead Professionals	Recurring	In kind from Local Authority	
Iprovefit keyworkers	Recurring	YEF	£58,333
BEST Keyworkers	Recurring	YEF	£58,333
Safe Families workers	Recurring	YEF	£269,347.23
Programme			
Family Group Conference Budget	Set-up	for CYP and family resources/activities	£200
Buildings and Facilities			
Community venues		Buildings have been provided through goodwill of partners	
Total cost			
Set-up			£200
Recurring			£588,513.23
Total			£588,713.23
Cost per participant			
Number of participants			89
Set-up cots per participant			2.25
Recurring costs per participant			6612.51
Total costs per participant			6614.76

Appendix 15. Dataset suitability assessment

Outcome (priority level for evaluation)	Individual/ area-level[1]	Relevant variable(s)	Dataset (provider)	Access	Highest geographical resolution (relevant nation[s])	Highest temporal resolution (last update as of August 2024)	Publication time lag for data[2] (months)	Data considerations	
								Advantages	**Disadvantages**
Violent offending (Primary)	Area	**Crime** Violence and sexual offences[3] (grouped) 'Control' offences for falsification tests[4] **Geographic ID** Latitude/longitude (jittered) Street name LSOA **Participant characteristics** None reported	Police Recorded Crime: Data.police.uk	Public	Street-level (jittered), neighbourhood; police force area, and LSOA (England and Wales)	Monthly (June 24)	2	Compared to ONS/Home Office police recorded data: Higher level of geographical resolution (i.e., street level compared to CSP area) Greater temporal frequency	No information on offender characteristics (age, gender), so we cannot identify youth crime. Violent and sexual crimes grouped together and cannot be separated. Geo-masking and geoprivacy mean that this dataset never provides the exact location of where a crime was committed.
	Area	**Crime** Violence against the person (grouped and for specific offences) **Location ID** Police Force, and CSP Name **Participant characteristics** None	Police Recorded Crime Open Data Tables (ONS and Home Office)[5]	Public	Police Force Area, and Community Safety Partnership (CSP) area[6]	Quarterly (March 2024)	4	Quality assured by ONS statisticians[7]	Compared with police.uk data ONS/Home Office subject to more quality checks, but lower temporal frequency, and higher spatial aggregation. No information on offender

									characteristics (age, gender), can only identify youth crime by some outcomes - if given a caution (listed as Caution - youth) or underage (Prosecution prevented – suspect under age).
	Individual	**Crime** All offences including (Youth) Violence against the person	**Police National Computer (PNC).** The Ministry of Justice (MoJ) receive an extract of the PNC.	The data is accessed via application to the MoJ.	(partial) postcode of offenders address, offence postcode (England & Wales)		Monthly extract	This is an offence level dataset for individuals. A key benefit of this is that offending histories can be constructed	• Crime that does not result in identifying an offender will not be recorded in the PNC. This may make the PNC less useful in evaluations that are targeting area level crime reduction, where measures of recorded crime may be more appropriate.
	Individual	**Crime** All offences including (Youth) Violence against the person	**Local Police Data (LPD)**	Data governance to be set up with each police force, this will vary depending on the police force.	the x-y coordinates (British National Grid), the address, Census Wards, Lower Layer Super Output Areas (LLSOAs), Output Areas (OAs) and other administrative geographies (police beat / wards)	Daily	Unknown, depends on resources available at each police force for extracting data.	Provides detailed description of crimes at a high spatial resolution so could be good for neighbourhood level reporting. Because LPD also includes crimes for which no offender has been found/prosecuted (unlike other	Requires data governance to be set up with each police force.

								police/court data which is based on individual offenders) this may include people who are victims of crimes.	
	Individual	**Crime** All offences including (Youth) Violence against the person (grouped and for specific offences) **Individual ID (per case)[8]** Pseudonymised **Location ID** LSOA of offender residence **Participant characteristics**	**MoJ: Data First** Contains linked court (Magistrates, Crown, Family, Civil), prison and probation data.	Secure (application required)	LSOA[9]		18 – 24	Can use demographic data to restrict to youths within areas of interest.	Only captures offences where the perpetrator was apprehended, so will underestimate total crime. Court records may not be a useful indicator of intervention impact in the short-term as there will be a lag in court appearances (if taken to court). Delay between data collection and access ~18 months - 2 years. Therefore, the timing of the analysis may fall outside the evaluation period.
Victimisation (Secondary)		Victimisation against children Violent and sexual offences involving a knife or sharp instrument Number of hospital admissions in NHS hospitals	Crime Survey for England and Wales (CSEW)		Community Safety Partnership [10]	2019/20		National Statistics status (indicates good quality) Includes children aged 10-15 from Jan 2009. Core sample	Designed to provide national estimates of crime. Not suitable for estimating crime in small geographical areas. Police recorded crime data is provided to us in aggregate form only. We

		in England and Wales for assault with sharp objects by age group PNC records Reoffending Perpetration of violence						designed to be representative of the population of households in England and Wales and people living in those households.	do not hold or have access to individual records. The smallest geographical areas we hold and publish police recorded crime data for are CSPs.
			Crime in England and Wales, victim characteristics (from CSEW)		Region				Only (partially) relevant age bracket is age 16-24.
School Exclusions (secondary)	Individual	Full variable list here **Exclusions** **Offences** (all; grouped and detailed home office code) **Participant characteristics** Date of birth (year/month) Age at start of term Free school meals Ethnicity Offence date Age at offence Gender Adjudication codes (e.g. guilty/not guilty/caution) Postcode	Ministry of Justice – Department for Education linked dataset (MoJ-DfE data-share)	Secure_(via Data First)	Local authority (England only)	tbc (2021/22)	18 – 24	Enables access to linked education (e.g. exclusion) and police national computer (PNC) records. Can use demographic data to restrict to youths within areas of interest.	England only.[11] 2 year lag.
	Individual	**Exclusion, Absence** Date of exclusion Reason for exclusion[12]	National Pupil Database (DfE, ONS)	Secure (DfE)[13] Data Sharing Service. Must also be	Exclusions data linked to a young persons home address	Date of exclusion (2005/06 to	Absence data is available termly with a 6–9-	Individual-level data linked to home address	England only (see Wales equivalent below).

		Participant characteristics Home address Date of birth Ethnicity Gender Area deprivation		accredited under the ONS approved researcher scheme.	(England only)	2022/23)	month lag; exclusions data is available with a 1-year lag		
	Area	**Exclusions** and suspensions **Pupil characteristics** Age, gender, ethnicity, FSM etc. Only available at LA level per academic year. **Reason for Exclusion** Only available at LA level per academic year.	Suspensions and Permanent Exclusions in England	Public	School level (per academic year), local authority level (per term).	Termly (LA level) Academic year (school level) (2022/23 published July 2024, next update Nov 2024)	12 months		Aggregated data: School level (per academic year), local authority level (per term), pupil characteristics/reason for exclusion at LA level per year.
	Area	**Exclusions**	Education Wales/Pupil Level Annual Schools Census data	Public	Local authority level	Academic year	TBC Need to contact StatsWales for latest dataset, online currently up to 2012/23		Low geographical resolution
	Individual	**Exclusions**	SAIL Databank, Education Wales (includes Pupil Level Annual Schools Census data	Secure via application to SAIL Databank including safe researcher training	Exclusions data linked to Unique pupil number, encrypted school ID, local education authority (Wales only)	Date of exclusion	TBC current data from 2004 – 2021 Check with SAIL if this is accurate	Access to Welsh data	

School attendance (secondary)	Individual	**Attendance**	Education Daily Attendance Dataset (EDAD)		Unique pupil number, encrypted school ID	Monthly		Data provision is free from SAIL.	There is no ALF within this dataset, projects will need apply for education (EDUW) data to enable ALF linkage to other datasets