Randomised controlled trial of STEER

Cordis Bright

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YOUTH ENDOWMENT FUND

STEER
Evaluation protocol

Evaluating institution: Cordis Bright

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Project title	**Randomised controlled trial of STEER**
Developer (Institution)	Salford Foundation
Evaluator (Institution)	Cordis Bright
Principal investigator(s)	Dr Stephen Boxford (PI). Co-PIs: Professor Darrick Jolliffe, Kam Kaur, Suzie Clements
Protocol author(s)	Dr Stephen Boxford, Professor Darrick Jolliffe, Suzie Clements and Madeleine Morrison
Trial design	Two-arm, parallel randomised controlled trial with random allocation at the young person level
Trial type	Efficacy study
Evaluation setting	Salford Foundation setting, school, home, community settings
Target group	Young people aged 10-17 and who are at risk of involvement in violent crime because they have an association with peers or family member(s) involved in serious violence, organised crime or gangs and who consent to participate in the programme.

Number of participants	654 young people
Primary outcome and data source	Reduction in prevalence and variety of self-reported offending behaviours (SRDS, Variety Score) (See, Smith & McVie, 2003)
Secondary outcomes and data source	Positive relationship between young person and mentor (treatment group) or significant adult (control group) measured by the Social Support and Rejection Scale (SSRS) (Roffman et al. 2000) Improved pro-social values and behaviours measured by the pro-social values subscale in the Strengths and Difficulties Questionnaire (SDQ) (Goodman, 2005) Improved emotional problems measured by the emotional symptoms subscale in the SDQ (Goodman, 2005) Improved behaviours measured by the conduct problems sub-scale in the SDQ (Goodman, 2005) Positive relationships/role models measured by the peer relationships subscale in the SDQ (Goodman, 2005)

Protocol version history

Version	Date	Reason for revision
1.0 [*original*]		

Any changes to the design or methods need to be discussed with the YEF Evaluation Manager and the developer team prior to any change(s) being finalised. Describe in the table above any agreed changes made to the evaluation design. Please ensure that these changes are also reflected in the SAP (CONSORT 3b, 6b).

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1. Study rationale and background

1.1. Introduction

This is an efficacy study trial protocol for a two-armed parallel randomised control trial (RCT) evaluation and implementation and process (IPE) evaluation of Salford Foundation's STEER programme.

The efficacy study included an internal pilot which identified that the programme was ready to progress to a fully efficacy study. The internal pilot study report can be seen here: **LINK TO BE INSERTED WHEN PUBLISHED.**

The internal pilot trial started in January 2022 and concluded in May 2023. The trial moved to full efficacy in August 2023 and is due to complete in May 2025.

This section provides:

- An overview of the STEER programme

- The national and local context in which STEER operates

- A rationale for the programme

- A rationale for an efficacy study of the programme

1.2. Overview of the STEER programme

Salford Foundation's STEER programme (STEER) is a six-month intensive mentoring, coaching, family support and case management programme. It pairs young people who are at risk of serious youth violence and child criminal exploitation with a youth worker (mentor). Participants take part in STEER on a voluntary basis. The mentor delivers weekly face-to-face sessions which follow a toolkit of mandatory and optional themed interventions. In addition to these sessions, STEER provides weekly wrap-around case work and support for young people and offers their parents/carers a total of 14 hours of family support to facilitate greater family cohesion. More information about the intervention is available in Chapter 2.

1.3. National and local context

Nationally, STEER is being delivered in a context where the Government's Serious Violence Strategy (2018) recognises that *"tackling serious violence is not a law enforcement issue alone. It requires a multiple strand approach involving a range of partners".* It is also being delivered against a backdrop of the need for evidence about "what works" in preventing and/or reducing young people's involvement in offending and violence. This is exemplified by

the creation of the What Works Centres Network including the Youth Endowment Fund which is funding the STEER programme and its evaluation.

At a local level, STEER was developed by Salford Foundation to address:

1) An increase in the number of children and young people involved in serious youth violence, organised crime and gangs in Greater Manchester. For instance, the number of serious youth violence offences in Manchester increased by over 200% between 2016 and 2019 (Gray, Smithson, and Jump, 2021) and 22% of perpetrators of serious violence in Greater Manchester are aged between 15 and 19 (The Greater Manchester Serious Violence Action Plan, 2020).

2) An increased recognition among professionals in Greater Manchester, as reported by Salford Foundation stakeholders, of the complexity of issues displayed by children and young people involved in serious youth violence, organised crime and gangs.

3) Local stakeholders reporting to Salford Foundation that the available statutory responses on their own, for a range of reasons, were not working effectively to reduce young peoples' involvement in serious youth violence, organised crime and gangs in Greater Manchester.

4) A belief amongst local stakeholders of the need to take an asset-based, trauma-informed approach working with young people on a voluntary basis which may work more effectively than other statutory responses to prevent involvement in serious youth violence, organised crime and gangs.

5) An understanding that progress for young people in desisting from serious youth violence, organised gangs and crime is not a linear process (Phillips, 2017, and Edward et al., 2004).

6) A recognition, backed up by evidence, that parents and carers can enhance protective factors which reduce the risk of young people becoming involved in serious violence or crime (Wikstrom and Butterworth, 2006, and Boxford, 2006).

The Greater Manchester Serious Violence Action Plan (2020) has recognised the promise of the STEER programme, which started operation in Salford in 2017:

> *"We have seen first-hand the impact that schemes offering mentoring, peer support or coaching can have in the lives of vulnerable young people. One such example is the STEER project in Salford bringing together the police, local authority and charity Salford Foundation to provide intensive mentoring for young people who are on the fringes of involvement in gangs or organised crime."*

1.4. Rationale for the STEER programme

The STEER model was developed in response to both the national and local context, and to respond to research that shows that young people's propensity for becoming involved in serious youth violence, organised crime, violence and gangs is increased by:

a) Having close relationships with peers, associates and family members who are involved in serious violence, organised crime and gangs (Murray and Farrington, 2008).

b) Low levels of aspiration (Mahler et al., 2017).

c) Risk-taking attitudes and behaviours (such as carrying weapons) (Boxford, 2006).

d) Poor emotional control (Salinas and Venta, 2021).

e) Low levels of pro-social values (Wikstrom and Butterworth, 2006, and Boxford, 2006).

STEER aims to address these factors via intensive mentoring, case management, coaching and family support. The programme has a focus on mentoring because mentoring, especially if frequent and intensive, has been shown to reduce the propensity to offend (College of Policing What Works Toolkit). Mentoring typically aims to both reduce reoffending and to improve positive life outcomes (College of Policing What Works Toolkit).

STEER takes a trauma-informed and voluntary approach, as evidence suggests these encourage better engagement by young people with services than statutory interventions for this cohort (National Lottery Fund, 2018).

The STEER Family Support offer was developed in recognition that providing parents and carers with skills and understanding to manage risk factors and enhance protective factors can reduce serious violence and involvement in gangs (National Lottery Fund, 2018, and H.M. Government, 2010). This support is also available to non-biological carers of young people. National Institute for Health and Care Excellence (NICE) guidance (2021) suggests that it is important that the care network around a looked-after child or young person consists of positive relationships, and that carers are provided with appropriate support services.

1.5. Rationale for an Efficacy Study of STEER

As outlined above, there is emerging evidence that mentoring approaches can be moderately effective in preventing and/or reducing young people's involvement in crime

and violence. This conclusion is in line with the Youth Endowment Fund's Toolkit[1] which concludes that on average mentoring programmes are likely to have a moderate impact on violent crime:

Mentoring is effective in both reducing crime and the behaviours associated with crime and violence. The research suggests that, on average, mentoring reduces violence by 21%, all offending by 14% and reoffending by 19%.

Conducting an efficacy study will add to the limited robust evidence base for what works to reduce offending among young people in the UK. This limited evidence base is highlighted in the YEF toolkit which found two studies conducted in the UK and Ireland: one of these evaluations was a randomised control trial of the Big Brothers Big Sisters mentoring programme with children aged 10-14 in Ireland. The evaluation suggested that the programme failed to have an impact on behaviour or substance use. The other evaluation was of 'Mentoring Plus', a programme for young people at risk of social exclusion. The evaluation found desirable effects on educational attainment and employability skills but no effect on offending.

Internal pilot RCT of the STEER programme

The STEER programme was evaluated through an internal pilot[2] RCT which started in January 2022 and concluded in May 2023. Based on evidence from the evaluation STEER was deemed ready to move to an efficacy study; the pilot trial performed well against its progression criteria and all aspects of evaluation feasibility were of required levels for the project to scale up. Findings showed that:

- Recruitment and randomisation processes had been established and embedded effectively and worked well in practice.

- Questionnaire (outcomes measures) administration had been established and embedded successfully.

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[1] See: https://youthendowmentfund.org.uk/toolkit/mentoring-2/ Last accessed 4 August 2023.

[2] The pilot was internal in nature as the data collected during the pilot will also be used as part of the efficacy study. For more information about the differences between internal and external pilot approaches see Avery et al. (2017).

- Analysis of the data in the pilot trial report shows that questionnaires were completed with high response rates, and appeared to be reliable, valid and practical for the project. [3]

- Based on recruitment and retention rates in the study, it is likely that STEER will meet the required sample size for an efficacy study.

- STEER has been implemented with fidelity to the co-designed Theory of Change and STEER toolkit.

- The RCT design has been accepted and stakeholders understood its value and importance.

As such, no changes to the design and methods of the trial evaluation were required for the programme to progress to efficacy study.

The efficacy trial will be a two-armed, parallel randomised control trial (RCT). There will also be a parallel Implementation and Process evaluation (IPE) More detail about the evaluation design is available in Chapters 3 and 5.

2. About the STEER programme

2.1. Overview

This section describes the STEER programme. It covers:

- The STEER theory of change.

- Who does the programme aim to work with?

- What is required to deliver STEER?

- How does the programme work with young people and families?

- What does the programme aim to achieve?

2.2. Theory of Change

Figure 1 presents the STEER Theory of Change which was co-developed by Cordis Bright, Salford Foundation and YEF colleagues. It is based on:

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[3] The pilot trial report can be accessed here: [insert link here when published]

- Documentation provided by Salford Foundation.

- Co-design workshops and project management meetings between Cordis Bright, Salford Foundation and YEF.

- A rapid review of evidence.

Figure 1: STEER Theory of Change

Why	Why	Who: participants	How: intervention	What: short-term outcome	What: medium-term outcome	What: long-term outcome
STEER has been developed to address 1) An increase in the number of children and young people (CYP) involved in serious youth violence, organised crime and gangs in Greater Manchester. 2) An increased recognition among professionals of the complexity of issues displayed by children and young people (CYP) involved in serious youth violence, organised crime and gangs (e.g., the number of serious youth violence offences in Manchester increased by over 200% between 2016 and 2019. In the last 3 years the number of knife crime offences in schools increased by 108%, and 22% of serious violence offenders in Greater Manchester were aged between 15 and 19) (Greater Manchester	CYP's propensity for involvement in serious youth violence, organised crime, violence and gangs is increased by: a) Having close relationships with peers, associates and family members who are involved in serious violence, organised crime and gangs (Murray and Farrington, 2008) b) Low levels of aspiration (Mahler et al., 2017) c) Risk-taking attitudes and behaviours (such as carrying weapons) (Boxford, 2006) d) Poor emotional control (Salinas and Venta, 2021) e) Low levels of pro-social values (Boxford, 2006) Mentoring is shown to have a positive impact on propensity to offend especially if it is	Young people aged 10-17 <u>and</u> who are at risk of involvement in violent crime because they have an association with peers or family member(s) involved in serious violence, organised crime or gangs <u>and</u> who consent to participate in the programme. As part of this, CYP also have to meet one of the following criteria which evidence shows are risk factors for serious violence organised crimes and/or gangs a) Experiencing violence in the family (Cordis Bright, 2015) b) Exhibits overt coercion or violent behaviour (Cordis Bright, 2015) c) Regularly carry weapons such as knives (Emmert, Hall and Lizotte, 2018).	**A minimum dose of weekly, 1-hour sessions of one-to-one mentoring/coaching/casework sessions around safety planning, relationship mapping and understanding healthy relationships, exploitation, weapon carrying, attitudes and behaviours and goal setting (also optional: cannabis use, anger and aggression control, family conflict, educational support). In addition, there will be another 1-hour of wrap-around case-work and support (e.g. phone calls; online support; advocacy with other agencies; attending multi-agency meetings).** **The weekly one-to-one sessions include one-to-one activities and opportunities, signposting, and information-sharing. These sessions aim to** give CYP access to a positive role model with whom they can identify and who can model positive behaviour. This is the key mechanism of change As part of this, the mentor:	Increased number of CYP reporting they have a trusted relationships with a positive role model CYP has improved understanding of the risks and consequences associated with behaviour CYP have improved pro-social values and behaviours CYP have improved skills in emotional regulation CYP have coping mechanisms to disengage from contextual factors that may be encouraging serious violence and organised	CYP engages with more positive role models and has more positive trusted relationships CYP demonstrate pro-social values and behaviour CYP has fewer contacts with police CYP have improved engagement with training or employment opportunities (where appropriate) CYP report improved aspirations around career, employment, future life, etc	There is a reduction in: a) Violent criminal offences b) Organised crime c) Gang membership d) Non-violent offences

Why	Why	Who: participants	How: intervention	What: short-term outcome	What: medium-term outcome	What: long-term outcome
Serious Violence Action Plan, 2020 and Gray, Smithson and Jump, 2021). 3) Local stakeholders recognising that the available statutory responses on their own were not working effectively to reduce CYP involvement in serious youth violence, organised crime and gangs in Greater Manchester. 4) A belief amongst local stakeholders of the need to take an asset-based, trauma-informed approach with CYP on a voluntary basis which may work more effectively to prevent involvement in serious youth violence, organised crime and gangs	frequent and intensive (College of Policing What Works Toolkit). Having a mentor can reduce the likelihood of offending through the provision of a positive role model (College of Policing What Works Toolkit). Voluntary participation tailored to individual interests, taking a trauma informed approach encourages better engagement by CYP with services than statutory interventions for this cohort (National Lottery Fund, 2018). A recognition that providing parents and carers with skills and understanding to manage risk factors and enhance protective factors can reduce serious violence and	d) Disengaged from mainstream education (Cordis Bright, 2015, Home Office, 2018, H.M. Government, 2018 and H.M. Government, 2020). e) Missing from home or staying out unusually late or on a regular basis (H.M. Government, 2020). CYP will not be eligible if they already have interventions from multiple other services and/or have received multiple custodial sentences.[4] Parents/carers of CYP will be offered support from Family Support workers. This will be aimed at the adult/adults which are most significant to the young person's nurturing and flourishing. All young	- Helps CYP understand the level and dynamics of risk associated with their behaviours - Provides sessions on social and emotional learning - Gives CYP knowledge about how to understand and control their emotions - Gives CYP knowledge of the implications of committing crime for their lives - Encourages CYP to consider options for their future and supports them to make informed, positive choices - Helps CYP develop skills to sustain healthy, positive relationships - Gives CYP strategies to disengage from contextual factors that might carry risk (such as spending time with peers engaging in criminal activity, or peer pressure to miss school or stay out late)[5] - Encourages CYP to access positive activities that divert CYP from offending and from high-risk peers and associates	crime (such as factors in school, peers and families). CYP have improved understanding of and motivation for opportunities available to them (such as employment/ training opportunities, education opportunities, and opportunities in the community) CYP have improved communication with parent(s)/carer(s)	CYP report that they have improved positive relationships with existing peers, associates and family members and/or a higher number of positive relationships with new peers and associates CYP report improved positive engagement with school (where appropriate) and other conventional societal interventions.	

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[4] This is because it is challenging operationally to deliver interventions when multiple other services are involved.

[5] The strategies used vary dependent on the individuals' circumstances and needs.

Why	Why	Who: participants	How: intervention	What: short-term outcome	What: medium-term outcome	What: long-term outcome
5) A belief that progress for CYP in desisting from serious youth violence, organised gangs and crime is not a linear process. (Phillips, 2017).	gangs (Cordis Bright, 2015, H.M Government, 2010 and National Lottery Fund, 2018). Not all of the STEER cohort will live with biological parents, and recent NICE guidance suggests that it is important that the care network around a looked-after child or young person consists of positive relationships, and that carers are provided with support services (NICE, 2021).	people's most significant primary care givers will be offered this support. Participation of adults in this support will be on a voluntary basis.	**Family support worker: 14 hours over 6 months) for families or care givers of the Steer cohort:** - Improves parenting skills of parent(s)/carer(s) of CYP - Gives parent(s)/carer(s) strategies to manage boundaries with CYP - Gives parent(s)/carer(s) and CYP strategies to communicate more effectively with each other - Helps parents/carers interact more effectively with professionals			

2.3.   Who does STEER work with?

The target group for the STEER programme and therefore the efficacy RCT are young people aged 10-17, who are at risk of involvement in violent crime because they have an association with peers or family member(s) involved in serious violence, organised crime or gangs and who consent to participate in the programme.

Young people must also meet one of the following criteria which evidence shows are risk factors for involvement in serious violence organised crimes and/or gangs (see section 1.3 for more detail).

a) Experiencing violence in the family

b) Exhibits overt coercion or violent behaviour

c) Regularly carry weapons such as knives

d) Disengaged from mainstream education

e) Missing from home or staying out unusually late or on a regular basis

They will not be eligible for participation in STEER or the research if they already have interventions from multiple other services and/or have received multiple custodial sentences. This is because if a young person is receiving interventions from multiple other services, it will be more challenging to attribute any impact to STEER alone. There is also a risk that the young person and their family will be overwhelmed by professional input, which may lead to disengagement. STEER will not work with young people who have received multiple custodial sentences because the project aims to intervene at an earlier stage of criminal activity to prevent young people from entering the criminal justice system.

All young people's most significant primary care givers (i.e. those who are most significant to the young person's nurturing and flourishing) will be offered Family Support. This offer is open to any caregivers in the young person's life and is not restricted to a specific number of care givers.

This eligibility criteria are based on evidence of risk-protective factors in existing research and has been researched and agreed by Salford Foundation, Cordis Bright and YEF.

Delivery of the STEER programme for the purposes of this evaluation started in May 2022 and is due to finish in January 2025.

2.4. What is required to deliver STEER?

To deliver the intended outcomes and activities, STEER requires the following inputs:

- **Funding.** This was £222,793 in Year 1 and will be £391,924 in Year 2 and £383,349 in Year 3. This is a total of £988,066.

- **Personnel.** The funding will support the following full-time equivalent (FTE) roles:

    o Operations Manager (0.4 FTE)

    o Project Manager

    o Family support worker (x 0.8 FTE)

    o Youth workers (Mentors) (x 7.1 FTE)

    o Referral and Assessment coordinators (x 2.5 FTE)

- **Facilities.** This includes office space for workers which will be at Salford Foundation House and co-located with partner agencies, including the Youth Offending Team, Early Help Hubs, and partner charity offices.

- **Workforce training and support.** STEER Youth Workers and Referral and Assessment coordinators are directly employed by Salford Foundation. Workers have proven experience of supporting young people with complex needs, typically with a background in education, the voluntary sector or social care. The mentoring will take place in the location that is most appropriate for the young people. This could include at home, school, the Salford Foundation offices, or in the community.

    Youth workers and Referral and Assessment coordinators complete comprehensive induction training before they commence work with young people. This includes safeguarding, trauma-informed practice, trusted relationships, Adverse Childhood Experiences (ACEs), risk management and safety planning. Full induction training is also provided in the application of the STEER project toolkit, the administration of the evaluation questionnaire including the YEF core measures of the Strengths and Difficulties Questionnaire

(SDQ) [6] and Self-Reported Delinquency Scale (SRDS[7]) (see Chapter 4 for more detail) and data recording. Where possible, new staff shadow a more experienced colleague when they start. Family Support Workers have the same training, support and supervision measures in place as the youth workers.

In addition to comprehensive induction training, workers have a weekly team meeting to discuss cases and good practice etc. They have (1) daily contact with their immediate colleagues and line manager, and (2) formal performance reviews/ management supervision on a six-weekly basis. All workers receive support from a psychologist in the Trusted Relationships team at North Pennine Mental Health Trust. The psychologist works in the team one day per week and provides case formulation and consultation, non-management supervision and bespoke training.[8]

2.5.   How does STEER work with young people and parents/carers?

The STEER Toolkit sets out the activities that the programme delivers to achieve its intended outcomes. The following summarises the key activities:

1) **Familiarisation and assessment planning.** Initial interactions over four weeks allow youth workers to assess and build understanding of the young person's strengths and needs. Youth workers also use this time to carry out full risk assessments, using conversations to build a picture of family context, supplemented by information shared between agencies. Co-design is a fundamental part of this process, taking on board the young person's thoughts, ideas, hopes and concerns - in particular, to inform the optional and diversionary activities (see below).

2) **Weekly one-hour, one-to-one mentoring sessions plus an additional one hour a week support over a period of 24 weeks (six months) on average.** The young person will agree an individual action plan (IAP) with their youth worker based around their needs/risk assessments. They then receive weekly one-to-one sessions including one-to-one activities and opportunities, signposting, and information-sharing plus an additional hour of wraparound support each week for young people. This support aims to give young people access to a positive role model with whom

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[6] For more detail, see: https://res.cloudinary.com/yef/images/v1623145467/cdn/18.-YEF-SDQ-guidance/18.-YEF-SDQ-guidance.pdf Last accessed 14th August 2023.

[7] For more detail, see: https://res.cloudinary.com/yef/images/v1623145465/cdn/19.-YEF-SRDS-guidance/19.-YEF-SRDS-guidance.pdf Last accessed 14th August 2023.

[8] This support will be paid for through the YEF grant but the psychologist will not be employed in the STEER team.

they can identify and who can model positive behaviour. This is the key mechanism of change. As part of this, the mentor:

- Helps the young person understand the level and dynamics of risk associated with their behaviours.

- Provides sessions on social and emotional learning.

- Gives young people knowledge about how to understand and control their emotions.

- Gives young people knowledge of the implications of committing crime for their lives.

- Encourages young people to consider options for their future and supports them to make informed, positive choices.

- Helps young people develop skills to sustain healthy, positive relationships.

- Gives young people strategies to disengage from contextual factors that might carry risk (such as spending time with peers engaging in criminal activity, or peer pressure to miss school or stay out late).[9]

- Encourages young people to access positive activities that divert young people from offending and from high-risk peers and associates.

The face-to-face sessions follow a toolkit of mandatory and optional themed interventions. Mandatory interventions include sessions on: aspirations and goal setting; relationship mapping; safety planning; thinking, attitudes and behaviours; criminal exploitation, and; emotional control and anger management. Young people undertake three hours of work on each topic.

Young people also have additional unit options dependent on their needs (including additional support) if progress in any of the above areas is slow, such as drug use; family relationships; emotional literacy and support. These sessions focus on developing the pro-social behaviours of children to build protective factors and reduce risk factors, adopting a strengths-based approach. This includes signposting and referral to mainstream providers to support diversionary activities. This helps

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[9] The strategies used will vary dependent on the individuals' circumstances and needs.

participants prepare for the end of the programme and builds their capacity to take part in positive activities independently.

3) **14 hours of Family Support Work spread across the duration of the six-month intervention**. Recognising that young people on STEER live in a wide variety of family and care-giving models, the youth worker will help the young person to identify which adult or adults are most significant to their nurturing and flourishing. The family support will then be targeted and offered to this individual or individuals. This is a voluntary offer. In line with recent NICE guidance (see NICE 2021), this support will also be offered to those undertaking care-giving roles for STEER young people who are looked after children and care experienced. The Family Support Worker element aims to:

- Improve parenting skills of parent(s)/carer(s) of the participants.

- Give parent(s)/carer(s) strategies to manage boundaries with young people.

- Give parent(s)/carer(s) and young people strategies to communicate more effectively with each other.

- Help parents/carers interact more effectively with professionals.

The whole STEER programme is trauma-informed, i.e., staff are trained in using trauma-informed approaches and resources have been critically reviewed to ensure they are trauma-informed. STEER's trauma-informed approach includes understanding how a young person's previous trauma can or has impacted them, identifying and discussing triggers and challenges the young person and their family have faced due to trauma, and ensuring young people are not re-traumatised through the work.

2.6. What does STEER aim to achieve?

STEER aims to divert young people who have an association with someone involved in serious violence, organise crime and gangs away from youth violence and crime. The short, medium and long term outcomes are described in sections 2.6.1 to 2.6.3.

2.6.1. Short-term outcomes

The programme aims to achieve the following **short-term outcomes**:

- Increased number of young people reporting they have a trusted relationships with a positive role model.

- Young people have improved understanding of the risks and consequences associated with behaviour.

- Young people have improved pro-social values and behaviours.

- Young people have improved skills in emotional regulation.

- Young people have coping mechanisms to disengage from contextual factors that may be encouraging serious violence and organised crime (such as factors operating in schools or with peers and families).

- Young people have improved understanding of, and motivation for opportunities available to them (such as employment/ training opportunities, education opportunities, and opportunities in the community).

- Young people have improved communication with parent(s)/carer(s).

2.6.2. Medium-term outcomes

- Young people engage with more positive role models and have more positive trusted relationships.

- Young people demonstrate pro-social values and behaviour.

- Young people have fewer contacts with police.

- Young people have improved engagement with training or employment opportunities (where appropriate).

- Young people report improved aspirations around career, employment, future life, etc.

- Young people report that they have improved positive relationships with existing peers, associates and family members and/or a higher number of positive relationships with new peers and associates.

- Young people report improved positive engagement with school (where appropriate) and other conventional societal interventions.

- Young people demonstrate pro-social values and behaviour.

2.6.3. Long-term outcomes

The long-term outcome of STEER is that there is a reduction in the involvement in the following among STEER participants:

- Violent criminal offences

- Organised crime

- Gang membership

- Non-violent offences

3. Impact evaluation

3.1. Overview

This section presents an overview of information about the impact evaluation. It covers:

- Research questions.

- Trial design.

- Randomisation approach.

- Participant journey through the trial.

- Sample size calculations.

3.2. Research questions

The key research question for the efficacy study is:

"Does a co-designed mentoring, coaching, family support, and case management programme delivered to children and young people with known family members or peers involved in offending behaviour, reduce the likelihood of participant involvement in serious youth violence and future offending or reoffending in comparison to receiving business as usual?"

The key primary outcome measure for the evaluation will be a reduction in prevalence and variety of self-reported offending behaviours measured by the Self-Reported Delinquency Scale (Variety Score) (for more about this YEF core measure, see: https://res.cloudinary.com/yef/images/v1623145465/cdn/19.-YEF-SRDS-guidance/19.-YEF-SRDS-guidance.pdf).

Additional research questions are:

1. **Delivery**: Can the STEER programme work under ideal circumstances?

2. **Impact**: a) What is the impact of STEER? b) For whom does STEER work and under what conditions?

3. **Unintended consequences**: a) Does STEER have any unintentional consequences? If so, what are these? b) Do different groups of young people experience these differently?

4. **Iatrogenic effects**: Are there any serious negative effects attributed to STEER on any intended or unintended outcomes?

5. **Mechanisms**: a) How does STEER work to reduce children and young people's involvement in serious youth violence? b) Which factors contribute most to the observed outcomes?

3.3. Trial Design

The efficacy trial will be a two-arm, parallel randomised control trial (RCT). All young people referred into the project, who meet the eligibility criteria and who consent to be part of the evaluation will be allocated at random to a treatment or control group on a 1:1 basis.

Figure 2 presents an overview of the efficacy study trial design. Further information on the rationale for each of the following elements of the trial design is provided in the following sections:

- Randomisation (section 3.4)

- Participant journey (section 3.5)

- Sample size (section 3.5)

- Outcomes measures (Chapter 4)

Figure 2: Trial design

Trial design, including number of arms		Two-arm parallel randomised controlled trial with random allocation at the young person level
Unit of randomisation		Individual participant
Stratification variables (if applicable)		Not applicable
Primary outcome	variable	Reduction in prevalence and variety of self-reported offending behaviours

	measure (instrument, scale, source)	SRDS Variety Score
Secondary outcome(s)	variable(s)	Positive relationships between the young person and mentor (treatment group) or young person and significant adult (control group) Improved pro-social values and behaviours Improved emotional symptoms Improved behaviours Positive relationships/role models
	measure(s) (instrument, scale, source)	Positive relationship between young person and mentor (treatment group) or significant adult (control group) measured by the Social Support and Rejection Scale (SSRS) (Roffman et al. 2000). Improved pro-social values and behaviours measured by the pro-social behaviour sub-scale in the Strengths and Difficulties Questionnaire (SDQ) (Goodman, 2005) Improved emotional symptoms measured by the SDQ emotional symptoms sub-scale (Goodman, 2005) Improved behaviours measured by the SDQ conduct problems sub-scale (Goodman, 2005) Positive relationships/role models measured by the Peer relationships problem sub-scale in the SDQ (Goodman, 2005)
	variable	Reduction in prevalence and variety of self-reported offending behaviours

Baseline for primary outcome	measure (instrument, scale, source)	SRDS (Variety Score)
Baseline for secondary outcome	variable	Improved pro-social values and behaviours Improved emotional symptoms Improved behaviours Positive relationships/role models
	measure (instrument, scale, source)	Improved pro-social values and behaviours measured by the Strengths and Difficulties Questionnaire (SDQ) pro-social values sub-scale (Goodman, 2005) Improved emotional symptoms measured by the SDQ emotional symptoms sub-scale (Goodman, 2005) Improved behaviours measured by the SDQ conduct problems sub-scale (Goodman, 2005) Positive relationships/role models measured by the measured by the SDQ peer relationships problem sub-scale (Goodman, 2005)

3.4. Randomisation approach

The efficacy study will be a two-arm, parallel RCT. Randomisation will be done at the individual level.

All young people who are referred to the programme, meet the eligibility criteria, consent to be part of the evaluation and complete a baseline questionnaire will be allocated at random to the treatment or control group on a 1:1 basis, as per Hutchison and Styles (2010).

A 1:1 randomisation approach means the treatment and control group will be of a similar size (achieving as close to a 1:1 ratio as possible).

Randomisation will be done using randomly varying blocks of four, six and eight young people, in which the numbers of young people allocated to the treatment and control group will be

the same. The use of randomly varying block sizes means that practitioners are less likely to guess the pattern. See Nesta guidance for more information (Edovald and Firpo, 2016).

The process will follow a digitally generated randomisation sequence. Generating the randomisation sequence digitally rather than manually means the integrity of the process is more likely to remain intact, it is easier to implement, and there is a clear audit trail (Dettori, 2010). This limits the opportunity for interference in the process and means the evaluation team can audit and monitor the randomisation approach.

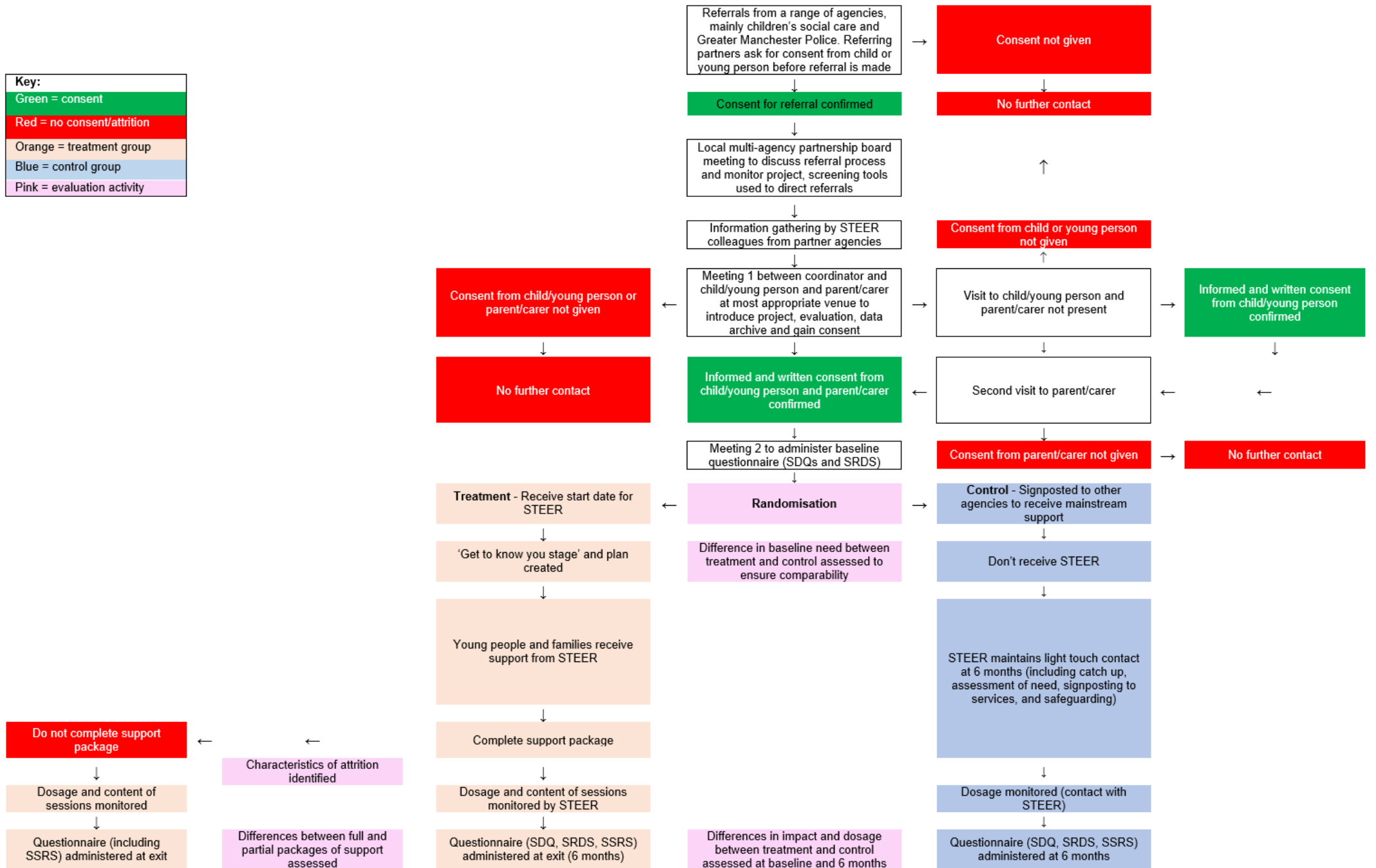## 3.5. Participant Journey

Figure 3 presents the participant flow diagram for the efficacy study. This shows the following key steps:

- Referral and screening processes.

- Collecting informed consent.

- Data collection at baseline and follow-up.

- Randomisation processes.

- Delivery.

The rest of this section describes how each of these processes will be implemented and conducted in full.

Figure 3: Salford STEER participant pathway

Key:
- Green = consent
- Red = no consent/attrition
- Orange = treatment group
- Blue = control group
- Pink = evaluation activity

Referrals from a range of agencies, mainly children's social care and Greater Manchester Police. Referring partners ask for consent from child or young person before referral is made → Consent not given → No further contact

Consent for referral confirmed

Local multi-agency partnership board meeting to discuss referral process and monitor project, screening tools used to direct referrals

Information gathering by STEER colleagues from partner agencies

Consent from child/young person or parent/carer not given ← Meeting 1 between coordinator and child/young person and parent/carer at most appropriate venue to introduce project, evaluation, data archive and gain consent → Visit to child/young person and parent/carer not present → Informed and written consent from child/young person confirmed

Consent from child or young person not given

No further contact ← Consent from child/young person or parent/carer not given

Informed and written consent from child/young person and parent/carer confirmed ← Second visit to parent/carer ← Informed and written consent from child/young person confirmed

Meeting 2 to administer baseline questionnaire (SDQs and SRDS)

Consent from parent/carer not given → No further contact

Treatment - Receive start date for STEER ← **Randomisation** → **Control** - Signposted to other agencies to receive mainstream support

'Get to know you stage' and plan created

Difference in baseline need between treatment and control assessed to ensure comparability

Don't receive STEER

Young people and families receive support from STEER

STEER maintains light touch contact at 6 months (including catch up, assessment of need, signposting to services, and safeguarding)

Do not complete support package ← ← Characteristics of attrition identified ← Complete support package

Dosage and content of sessions monitored

Dosage and content of sessions monitored by STEER

Dosage monitored (contact with STEER)

Questionnaire (including SSRS) administered at exit

Differences between full and partial packages of support assessed

Questionnaire (SDQ, SRDS, SSRS) administered at exit (6 months)

Differences in impact and dosage between treatment and control assessed at baseline and 6 months

Questionnaire (SDQ, SRDS, SSRS) administered at 6 months

3.4.2. Referral and screening process

Referral partners identify young people with risk factors in line with STEER's eligibility and inclusion criteria and refer them into the STEER programme. The STEER Project Manager reviews all referrals against the STEER screening tool (which was co-developed by Salford Foundation and Cordis Bright and implemented before the start of the pilot trial) to identify which young people are eligible for STEER. STEER colleagues gather information about the young person from partner agencies to inform this screening process.

3.4.3. Collecting informed consent

If a young person is identified as eligible for STEER, a STEER practitioner arranges a meeting with the young person and their parent/carer at the most appropriate venue (i.e. school, home, or in the community. This meeting occurs within one week of the initial referral.

During this meeting, the STEER practitioner:

- Explains the research and the project to young people and their parent/carer using a script and supported by training provided by Cordis Bright.

- Gives young people and parents/carers a participant information sheet, clarifying any issues that are not clear and reading out the information if required.

- Gives young people and parents/carers the consent form to read and sign (the practitioner reads out the consent form if required).

These processes have been designed to adhere to good practice guidelines, including YEF and the Government Social Research Unit's guidance, to ensure they are accessible, inclusive and culturally sensitive.[10]

3.4.4. Data collection

After they have collected consent, STEER practitioners administer the baseline tools (Time 1, or T1) during this introductory visit with the young person, before randomisation.

STEER practitioners administer the six-month follow up measures (Time 2, or T2) where the intervention normally takes place, i.e., school, home, in the community, or in Salford Foundation offices.

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[10] The evaluation includes a disbursement ceiling in case the following is needed: Document and tool translation into community languages; simultaneous translation; supporting the delivery of evaluation summaries into community languages; supporting tool use for young people with SEND.

The trusting relationship that STEER practitioners develop with young people is critical in ensuring a good response to the questionnaires. Our approach also helps to ensure that young people will not be influenced by STEER practitioners when completing questionnaires through the following mechanisms:

- We have co-developed a practitioner evaluation handbook and provided training which outlines dos and don'ts concerning questionnaire administration to help ensure young people complete the questionnaires independently.

- The questionnaires are online and each young person completes them on a tablet. As part of the co-developed evaluation handbook and through practitioner training we have asked practitioners not to look at the responses young people are providing.

Findings from the evaluation of the pilot trial suggested these measures were working well, as there was no evidence from analysis of questionnaire responses or from qualitative interviews that STEER staff administering self-reported questionnaires resulted in bias.

3.4.5. Randomisation processes

As described in section 3.4, young people are randomised on a 1:1 basis to either the intervention or control group. The randomisation process was tested during the pilot trial and found to have been established and embedded effectively and to work well in practice. The same process will therefore be followed in the efficacy study.

Sequence generation

The randomisation sequence is generated digitally, by online software Sealed Envelope.[11] This was generated at the start of the efficacy study period for the full potential sample of young people. The randomisation sequence is stored securely on Cordis Bright servers and is not accessible by Salford Foundation colleagues.

Randomising

Cordis Bright staff prepare randomisation envelopes using the sequentially numbered, opaque, sealed envelopes (SNOSE) method using carbon paper. Each envelope is marked with an evaluation identification number, and inside each envelope there is a slip of paper marked either 'STEER' or 'Signposting' corresponding with the randomly generated sequence. These are prepared in six-month batches (i.e., for the maximum number of young people that could be

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[11] See https://www.sealedenvelope.com/.

recruited in the next six-month period), couriered to Salford Foundation Offices and stored securely. Only the STEER project manager and Operations Manager has access to these.

The STEER project manager assigns the envelopes in numerical order to young people who are referred into the project. Once the young person has been assessed as eligible, consented to be involved in the evaluation, and completed the baseline questionnaire, the project manager opens the envelope that corresponds to their unique identifier and the result is communicated to the young person and their family. Allocation of the young people and their unique identifier is then inputted into a spreadsheet and the STEER case management system as soon as possible.

As part of the pilot trial, STEER practitioners were given training, an evaluation handbook and access to continuing support from Cordis Bright on how to implement this process, as well as on how to communicate the randomisation result to the young person and their parents/carers, so as to avoid the feeling of winning or losing depending on the outcome. Stakeholders interviewed as part of the pilot trial evaluation reported that this training and evaluation handbook was important in supporting them to engage young people with questionnaires and ensuring they were completed consistently and to a high standard. We will therefore re-deliver this training to new and existing STEER staff employed as part of the efficacy study in an interactive, face-to-face evaluation training day in Autumn 2023.

Auditing

The evaluation team has access to a data audit log of all randomisations which have been conducted. Throughout the study Cordis Bright will regularly audit this log against the evaluation monitoring data (including the opened envelopes which will be returned to Cordis Bright following randomisation and the randomisation sequence) to ensure the integrity of the randomisation process is intact.

Allocation concealment

STEER practitioners cannot access the randomisation sequence and it cannot be 'gamed' (e.g. by reading through envelopes). This limits the risk of practitioners attempting to influence which group a young person is assigned to and threatening the integrity of the randomisation process. For the same reason, we have implemented a process by which envelopes are stored securely, recording the allocation of young people and maintaining an audit trail, which limits the opportunity for interference in the process.

Blinding

No blinding of allocation will be possible in this process. STEER practitioners, who act as data collectors, need to be aware which group the young person has been allocated to so that they

can administer support accordingly. Young people need to be informed of what the treatment and control group are to receive so that they can give their informed consent.

3.4.6. Delivery

Those in the treatment group receive STEER (up to six months of intensive mentoring, coaching, family support and case management, in line with section 2.5 above). Those in the control group attend a meeting with a STEER practitioner after randomisation where they receive signposting to existing services and have any safeguarding needs identified and addressed by a STEER practitioner. Young people in the control group receive appropriate support which would normally be offered under 'business as usual' (i.e., that they would have likely received anyway, without STEER being present).

As part of the evaluation, those in the control group attend a meeting after six months at which time they complete a T2 questionnaire. The STEER practitioner assesses need, signposts the young person to existing services and identifies any safeguarding concerns. If any safeguarding needs are identified during these meetings, STEER practitioners refer on to the relevant authorities.

3.6. Sample size calculations

We have conducted Power Calculations in line with YEF guidance which suggest a total sample of 654 young people (327 per group) over the pilot trial and efficacy study would allow a statistically significant result to be identified (Power=0.80, two tailed, P<.05) for a reduction of involvement in offending of 11%.

Our approach has been conservative and is in line with Lipsey and Wilson (2001) who state that ½ d=r, which is in turn equivalent to the difference in proportions. Figure 4 shows that if we suggest that 30% of the young people that STEER does not work with commit violence compared to 20.5% of the young people that STEER does work with committing violence (equivalent to a Cohen's d=.19) a total sample of 654 (327 in each group) would be needed to detect a statistically significant result (Power=.80), in a two-tailed test (p<.05). This level of Cohen's d was selected because it is conservative and is about equivalent to a 10- 11% difference which is in line with a weighted average effect size of mentoring programmes, based on comparisons of 18 studies in a meta-analysis of mentoring and offending using a random effects model (d=.21, 95% confidence interval .07 to 34) presented by Jolliffe and Farrington, 2008.[12]

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[12] Please note that this rapid evidence assessment found that mentoring was more effective in reducing reoffending when contact between mentor and mentee was greater, in smaller scale studies, and when mentoring was combined with other services and interventions.

Please note in Figure 4 in line with our conservative approach, we have suggested pre-test/post-test correlation of 0. This is because we have no reason to believe based on data collected during the pilot trial that the variance would be different between the treatment and control group. However, inclusion of a pre-test as a covariate in impact analyses helps to explain (error) variance in the post-test and improves the likelihood of uncovering programme impacts by reducing the standard error of the impact estimate. It is difficult to estimate what the pre-test/post-test correlation will be as this depends on unknown sample characteristics and the characteristics of the measure under investigation (the SRDS when used in a sample similar to STEER, i.e., those who are known to have peers or family members involved in offending behaviour). The greater the estimated pre-test/post-test correlation the lower the MDES and the smaller the sample needed to detect this. In practice however, if the pre-test/post-test correlation changes from 0.0 to 0.4 the MDES for a sample size of 500 decreases from .25 to .23.

It is likely that there will be a pre-test/post-test correlation between the SRDS at Time 1 (T1) and SRDS at Time 2 (T2), for example, but we do not have a way of reliably estimating this. Having the pre-test/post-test correlation set at 0 means that we have more of a buffer to detect a significant impact if it exists, if STEER does not recruit the numbers anticipated, or if questionnaires are spoiled etc.

SPSS 25 was used for these power calculations.

Figure 4: Sample size calculations

		Protocol	Randomisation
Minimum Detectable Effect Size (MDES)		0.19	
Pre-test/ post-test correlations	level 1 (participant)	0.0	
	level 2 (cluster)	N/A	
Intracluster correlations (ICCs)	level 1 (participant)	N/A	
	level 3 (cluster)	N/A	
Alpha		0.05	0.05
Power		0.8	0.8

		Protocol	Randomisation
One-sided or two-sided?		Two-sided	
Number of participants	intervention	327	
	control	327	
	total	654	

Based on the referral rates and attrition rates from the pilot study report of STEER, and the projected recruitment and referral rates presented by Salford Foundation, we have modelled the expected recruitment rates for STEER going into Years 2 and 3 in Figure 5. This predicts that 70 young people would be referred into STEER each month for 12 months, taking into account that the shortfall of 28 young people in Year 1 has been recruited before the start of the efficacy study.

According to this modelling, STEER could receive 970 referrals over the course of the efficacy study (including incorporation of the sample from the internal pilot trial). This would allow for a 33% attrition rate which would still meet the 654 recruitment target.

Figure 5: Modelling of efficacy study referral and recruitment rates (T1= time 1 questionnaire, T2=time 2 questionnaire)

	Year 1 pilot trial	Year 1a: pause period (actual)	Year 2 (estimates)		Year 3 (estimates)	
	Jan 23 – April 23	May 23 – July 23	Aug 23 – Jan 24	Feb 24 – Jul 24	Aug 24 – Jan 25	Feb 25 – Jul 25
Referred	183	108	70 per month (420 total)	70 per month (420 total)		
Starts STEER/signposting (T1 questionnaire)	n/a	35	70 per month (420 total)	70 per month (420 total)		
Cumulative T1 sample at end of time period	96	131	550	**970**		
Completes STEER/signposting (6 months T2 questionnaire)	n/a	16	Approx. 75	70 per month (420 total)	70 per month (420 total)	
Cumulative T2 sample at end of time period	39	55	130	550	**970**	

Total sample	Efficacy study potential Sample	Attrition rate allowance	Target Sample
Total	970	33%	654
Control	485	33%	327
Treatment	485	33%	327

4. Outcome measures

4.1. Overview

Figure 6 maps the outcomes from STEER's theory of change against the validated measures which will be used to capture them. Both the outcomes and measures have been discussed, prioritised and agreed through discussions between Cordis Bright, Salford Foundation and YEF.

Questionnaires will include the YEF core measure: Strengths and Difficulties Questionnaire (SDQ, for more information see: https://youthendowmentfund.org.uk/wp-content/uploads/2022/04/18.-YEF-SDQ-guidance-April-2022.pdf) and Self-Reported Delinquency Scale (SRDS, for more information see: https://res.cloudinary.com/yef/images/v1623145465/cdn/19.-YEF-SRDS-guidance/19.-YEF-SRDS-guidance.pdf).

Questionnaires also include the Social Support and Rejection Scale (SSRS) to measure the quality of the relationship with a mentor for those in the treatment group or a significant adult for those in the control group at six months. This measure was selected because this relationship with a mentor was hypothesised to be a key mechanism of change of the STEER project. The length and the quality of the relationship that develops between young people and their mentors is considered the central avenue through which mentoring can benefit (or, in some instances inadvertently, harm) young people (Karcher & Nakkula, 2010). The SSRS was selected following a review of scales measuring Mentorship Relationship Quality conducted by Cordis Bright. More information about the SSRS is available here: https://nationalmentoringresourcecenter.org/resource/measurement-guidance-toolkit/#mentoring-relationship-quality-and-characteristics--social-support-and-rejection-scale

All measures were reviewed prior to the internal pilot trial to ensure they were in line with Early Intervention Foundation evidence standards, i.e. that they are not amended, that they are standardised and validated, and capture the projects outcomes. In addition, measures were prioritised which were brief, use clear and age-appropriate language, and have been validated for use with young people of the same age.

The baseline questionnaires were administered to 97 young people in the pilot trial and were completed to a high standard, with analysis of responses suggesting they were reliable and valid.

Figure 6: Outcomes measures

Outcome from the theory of change	Measure	Sub-scale(s)	Number of items	Collection point(s)
Primary outcomes measure				
Reduction in prevalence and variety of self-reported offending behaviours	Self-reported Delinquency Scale (SRDS)	Variety Score	19	Baseline, six months post randomisation
Secondary outcomes measures				
Positive relationship between young person and mentor (treatment group) or young person and significant adult (control group)	Social Support and Rejection Scale (SSRS)	Full measure	22	Six months post randomisation.
Improved pro-social values and behaviours	Strengths and Difficulties Questionnaire (SDQ)	Pro-social behaviour sub-scale	5	Baseline, six months post randomisation
Improved emotional symptoms	Strengths and Difficulties Questionnaire (SDQ)	Emotional symptoms sub-scale	5	Baseline, six months post randomisation

Outcome from the theory of change	Measure	Sub-scale(s)	Number of items	Collection point(s)
Improved behaviours	Strengths and Difficulties Questionnaire (SDQ)	Conduct problems sub-scale	5	Baseline, six months post randomisation
Positive relationships/role models	Strengths and Difficulties Questionnaire (SDQ)	Peer relationships problem sub-scale	5	Baseline, six months post randomisation

Outcomes will be measured at the individual level through the administration of online self-reported validated measures. Self-report data will be collected with support from STEER practitioners at home, in school, the community, or at Salford Foundation offices. Measures will be obtained at:

- **Baseline (T1),** i.e., once informed consent has been achieved from parents/carers, prior to randomisation and before support from STEER begins for those in the treatment group.

- **Six months (T2),** for both the treatment (on exit from the programme) and control groups.

In addition to the self-report measures described above we will also conduct exploratory analysis using police data. This will measure whether STEER has an impact on the contacts young people have with the Police in comparison to the control group.

We are working with Salford Foundation and Greater Manchester Police (GMP) to collect police data for the young people in the evaluation. To achieve this, Salford Foundation will provide a list of names of young people in the control and treatment group to GMP along with an evaluation reference number (unique identifier) they were assigned when they consented to take part in the evaluation. This will be provided via secure email. GMP will then match offending history data to individuals. They will share this by secure email with Cordis Bright with the evaluation reference number but with names removed. This will prevent us from receiving any individual's names and enable us to match offending data with other self-reported outcomes measures (e.g.., SDQ, SRDS and SSRS) and activity data.

4.2. Primary outcome

The primary outcome for the evaluation of STEER is a reduction in prevalence and variety of self-reported offending behaviours between baseline and six months. This will be measured by the SRDS. The primary outcome timepoint is T2, i.e., six months after randomisation or at the end of support from STEER. We will explore the impact of STEER in comparison to the control group on the SRDS Variety Score, which measures the number of different offending behaviours that the young person has been involved in.

The SRDS variety score is being used as the primary outcome measure rather than the volume score because: (1) Evidence shows that there is a high correlation between the prevalence/variety of offending and the frequency/volume of offending (Monahan and Piquero, 2009). (2) Statistically, the volume score may be less accurate, as it asks young people to report the range of number of incidents, rather than a specific number, and (3) the questionnaire structure means volume data is collected after variety – this adds a greater chance of reporting error and potential for testing effects. On this basis we consider that the use of the SRDS variety score is the most statistically and theoretically sound measure for use in this study. However, we will submit volume scores as well as variety scores to the YEF data archive as per YEF guidance.

4.3. Secondary outcomes

The secondary outcomes that we are investigating are that young people receiving STEER have:

- Positive relationships with their mentor.

- Improved pro-social values and behaviours.

- Improved emotional symptoms.

- Improved behaviours

- Positive relationships/role models.

See Figure 6 for more information about these and how they will be measured. For all measures the secondary outcome timepoint is T2, i.e., approximately six months post randomisation. These measures were selected in agreement between Salford Foundation, YEF and Cordis Bright.

4.4. Compliance

Compliance for the purposes of the efficacy study will be met when young people have been randomised and allocated into the treatment or control group. Any further compliance

analysis relating to fidelity to the programme (e.g., quantity of dose) will be exploratory in nature. This is because:

- **We will take an "intention to treat" approach to analysis.** This is in line with YEF statistical analysis guidance[13] and means that all those allocated to treatment and control conditions in the randomisation will be included.

- **Evidence has yet to be collected about what optimum dosage (measured by quantity) is for the programme to have an impact on young people.** We plan to conduct exploratory analysis concerning compliance as part of the evaluation.

Our approach to exploratory analysis will be set out in the Statistical Analysis Plan for the study.

4.5.   Quantitative analysis

This section outlines our high-level approach to:

- Primary outcome analysis

- Secondary outcomes analysis

- Sub-group analysis

4.5.1. Primary outcomes analysis

Our analyses will be conducted in line with the YEF Analysis Guidance. First, all analyses will be conducted on an intention to treat basis, which means the data of all those who commence STEER will be included regardless of the 'dose' received.

The primary analysis will be an analysis of covariance (ANCOVA), controlling for STEER versus business as usual on the SRDS variety score measure (see: https://res.cloudinary.com/yef/images/v1623145465/cdn/19.-YEF-SRDS-guidance/19.-YEF-SRDS-guidance.pdf). The outputs from this analysis will be used to calculate the effect estimate (Hedges' G) for the impact of STEER on young people's offending.

After the completion of this analysis, we will conduct a robustness check particularly related to the demographic characteristics of STEER compared to business as usual (control) group. That is, if these are unbalanced a model controlling for this may be employed.

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[13] See: https://res.cloudinary.com/yef/images/v1623145483/cdn/6.-YEF-Analysis-Guidance/6.-YEF-Analysis-Guidance.pdf . Last accessed 13 July 2023.

If the analysis would be sufficiently powered, the impact of support from STEER on the other secondary outcomes (e.g., SDQ sub-scales and SSRS scale presented in Figure 6) could provide an interesting explanation for any differences observed between the treatment and control groups.

4.5.2. Secondary outcomes analysis

There are four secondary outcome measures of interest in this RCT. These are that young people receiving STEER have:

- Positive relationships with their mentor (SSRS).

- Improved pro-social values and behaviours (SDQ pro-social behaviour sub-scale).

- Improved emotional symptoms (SDQ emotional symptoms sub-scale).

- Improved behaviours (SDQ conduct problems sub-scale).

- Positive relationships/role models (Peer relationships problem sub-scale).

We will mirror the analytic approach used for the primary outcome (e.g., ANCOVA) to predict the post-measure (e.g., SDQ sub-scale final scores and SSRS final scores) based on whether the individual was in the STEER or business as usual (control) group. We will calculate Hedges' G and the corresponding confidence intervals for these analyses.

4.5.3. Exploratory analysis

We propose conducting exploratory data analysis on the following questions:

- **Model compliance.** This will utilise monitoring data collected by STEER. We will explore questions concerning what level of dosage was associated with a desirable outcome on the SRDS. For example, does attending 75% of STEER mandatory sessions result in a similar impact as attending all sessions?

- **Police data**. If we are successful in obtaining police data for this study we will use it to: (1) Explore how useful Police contact data is for use in this study, and for similar RCTs which investigate the impact of programmes like STEER on serious youth violence and youth offending, (2) Conduct exploratory analysis of the impact of STEER on police contact and triangulate the findings with regards to the SRDS., (3) Share learning in relation to how to access and use police data effectively for similar studies.

- **Race equity, equality, diversity and inclusion.** If there are sufficient participants from ethnic minority and White British backgrounds for a comparative analysis to be

statistically powered, we propose conducting an ANCOVA to evaluate whether STEER worked equally well with individuals of both ethnic groupings.

4.5.4. Data quality monitoring and support

We have trained and will train new STEER staff in the use of the evaluation handbook that we produced before implementing the internal STEER pilot trial. This includes providing guidance and support to STEER staff and managers concerning data collection. We are also in the process of planning and organising training specifically related to improving the consistency and completeness of monitoring data recording which will be delivered as part of an evaluation training day in Autumn 2023 (see section 5.2.1 for more detail).

We have also created an evaluation email inbox so that all STEER practitioners can easily contact the evaluation team with questions which can be responded to quickly.

We will conduct regular data quality audits. These will assess data completeness, reliability and validity including Cronbach's Alpha and correlation analysis to confirm if the scales are performing as we would theoretically expect them to.

We will monitor how tools have been completed and amend administration techniques based on the findings of our audits and monitoring data and on feedback from practitioners and young people in the trial to ensure that the data collected is high-quality and complete.

5. Implementation and process evaluation

The implementation and process evaluation as part of the efficacy study has been designed in line with YEF guidance on feasibility studies and IPEs. This section outlines the research questions, methods and analyses to be undertaken as part of the IPE.

5.1. Research questions

The implementation and process evaluation has been designed in line with YEF guidance on feasibility studies and IPEs, and Education Endowment Foundation (EEF) guidance on IPEs. The primary objectives of the IPE are to:

- Understand the association between aspects of STEER's implementation and delivery, and successful outcomes.

- Gather data to support guidelines for successful implementation of STEER.

As such, key research questions are as follows:

1. **Dimensions of implementation:** How effectively has STEER been implemented?

a. *Fidelity:* To what extent has support been delivered in line with STEER's Theory of Change and Toolkit?

b. *Dosage:* How many sessions have been delivered to young people? How many sessions need to be delivered to have an impact?

c. *Quality:* How well has STEER been delivered?

d. *Reach:* How well has STEER reached its intended cohort?

e. *Responsiveness:* To what extent have young people engaged with the intervention?

2. **Factors affecting delivery and implementation?** What are the key factors which influence successful delivery and implementation of the STEER programme? This includes:

a. *Local area / community level factors:* Which factors have impacted implementation in local areas and communities? For example, level of need, availability of other services, system structures, existing referral pathways, readiness for change, and/or policy practice and funding context?

b. *Organisation level factors:* Which factors have impacted implementation at the organisational level? For example, capacity, skills and training, co-ordination and resources?

c. *Unexpected factors:* Which other factors have had an impact?

3. **Experiences of support:** What are young people's experiences of support?

a. Which aspects of STEER have supported positive outcomes?

b. How have young people's experiences of support differed?

4. **Guidelines for future implementation:** What are the implications for future replication, scale and spread?

5.2. Research methods

The efficacy study IPE will use a mixed methods approach to evaluate the process and implementation of STEER. The qualitative evidence captured from the IPE will be triangulated (see Section 5.2.4 for more information about our approach to triangulation) with quantitative evidence from the RCT to support evidenced recommendations concerning the ways in which the STEER could improve in the future, and also potential for future development and roll-out of both the initiative and evaluation.

Figure 7 provides an overview of data collection methods to address the IPE research questions.

Figure 7: IPE methods overview

Research methods	Data collection methods	Participants/ data sources (type, number)	Data analysis methods	Research questions addressed	Implementation/ logic model relevance
Quantitative STEER monitoring data analysis	Recorded by STEER practitioners on their Client Relationship Management (CRM) data systems. Exported and transferred securely to Cordis Bright by Salford Foundation.	Background information for all young people who started the STEER trial including: numbers participating in the trial, accommodation type, local authority, child services involvement, postcode, date of birth, ethnicity, gender, disability, language, religion, sexuality, and address. Activity data for all young people in STEER treatment group who completed the programme including: activities/sessions/support offered and received by young people and families; Duration of support; Quantity of support;	Simple descriptive statistics (e.g., univariate statistics, frequencies, means, percentages etc) and comparisons (e.g. measures of association and effect sizes, statistical significance).	1a, 1b, 1d, 1e, 4	Assessing implementation of STEER and implications for future implementation (regarding whether STEER is reaching its intended target cohort and the profile of their target cohort, the extent to which STEER has been delivered with fidelity to the model, dosage, and engagement with young people).

Research methods	Data collection methods	Participants/ data sources (type, number)	Data analysis methods	Research questions addressed	Implementation/ logic model relevance
		Completion/non-completion of the full programme.			
Semi-structured interviews with young people	Telephone interviews with young people conducted by the Cordis Bright team.	15 young people in the treatment group who have completed STEER	Thematic analysis	1a, 1c, 1e, 3a, 3b, 4	Assessing implementation of STEER and implications for future implementation (regarding fidelity to the model, quality of delivery, and engagement with young people). Assessing experiences of support (regarding which aspects of STEER have supported positive outcomes and how young peoples' experiences of support differed).
Semi-structured interviews with project staff	Interviews with STEER project staff conducted by the Cordis Bright team via Microsoft Teams or telephone.	10 interviews with project staff, including: Project Manager, Mentors, Referral and Assessment Co-ordinators, Family Support Worker, CEO of Salford Foundation,	Thematic analysis	1a, 1b, 1c, 1d, 1e, 2a, 2b, 2c, 3a, 3b, 4.	Assessing implementation of STEER and implications for future implementation (regarding fidelity to the model, dosage, quality of delivery, reach of STEER, and engagement with young people).

Research methods	Data collection methods	Participants/ data sources (type, number)	Data analysis methods	Research questions addressed	Implementation/ logic model relevance
		Operations Manager of Salford Foundation.			Assessing factors affecting delivery and implementation (regarding local areas level factors, organisational level factors, and unexpected factors which impacted upon delivery and implementation). Assessing experiences of support (regarding which aspects of STEER have supported positive outcomes and how young peoples' experiences of support differed).
Semi-structured interviews with wider programme stakeholders	Interviews with wider programme stakeholders associated with STEER either via Microsoft Teams or telephone.	10 wider stakeholders. This may include representatives from the police, youth services, education, children's social care.	Thematic analysis	2a, 2b, 2c, 3a, 3b, 4.	Assessing factors affecting delivery and implementation and implications for future implementation (regarding local areas level factors, organisational level factors, and unexpected factors which impacted upon

Research methods	Data collection methods	Participants/ data sources (type, number)	Data analysis methods	Research questions addressed	Implementation/ logic model relevance
					delivery and implementation).
					Assessing experiences of support (regarding which aspects of STEER have supported positive outcomes and how young peoples' experiences of support differed).

5.2.1. Monitoring and activity data

STEER practitioners will share monitoring data with Cordis Bright on:

- **Flow through the programme** for all young people who have been referred to STEER (including numbers of referrals, numbers accepted as eligible, consented, not consented, started, completed, or dropped out).

- **Background characteristics** for all young people who have consented to be involved in the evaluation (including accommodation type, borough, children's services involvement, postcode, age, ethnicity, gender and disability).

- **Activity data, including:**

    o Duration of support for young people in the treatment group (dates started, ended and points in between).

    o Quantity of support for young people in the treatment group (number of sessions received).

Following the pilot trial, we identified some areas for improvement as to how monitoring and activity data is recorded. We will work with STEER staff to address these areas and to improve the consistency and completeness of monitoring data recording. This will include working with colleagues on:

- The importance of recording monitoring information in an accurate, complete and timely manner.

- Ensuring that all activities delivered are recorded against a support area (i.e., a topic or theme of support).

- Linking specific activities in the monitoring data with times, to reduce the burden of data collection and increase consistency of recording dosage.

- Reviewing the metrics that are collected to ensure only those relevant to the evaluation or project delivery are being collected, and to reduce duplication of data.

We will work with the STEER project manager to plan and organise training for STEER staff around these topics. We will deliver this training to new and existing staff employed as part of the efficacy study during the evaluation training day in Autumn 2023 (see section 3.4.6 for more detail).

Following this, we may also be able to receive activity data on:

- Onward referrals to other services for young people in the treatment and control group.[14]

- Activities/interventions received for young people in the treatment group (mandatory sessions from STEER Toolkit/ optional interventions from STEER Toolkit/onward referrals to other services/ Family Support).

Data will be transferred to Cordis Bright by secure email and saved on Cordis Bright's secure cloud-based server using the unique identification number assigned to each individual who has consented to take part in the evaluation. Personal or sensitive data will have additional encryption with access only to designated/authorised members of the evaluation team. More information is available in Chapter 9.

5.2.2. Interviews with young people

Cordis Bright will work with STEER practitioners to gain informed consent from 15 young people and their parents/carers in the treatment group to take part in an interview.

Cordis Bright will work with STEER practitioners to identify young people who are interested and provide informed consent to take part in a telephone interview. We will work with STEER practitioners to identify a sample that is as representative as possible of the groups of young people they are working with in terms of gender, age, ethnicity.

STEER practitioners will approach the young people selected and ask if they would like to participate in an interview. STEER practitioners will use an information sheet and consent form designed by Cordis Bright to explain to young people and their parents/carers how we will use and store their interview data. Consent will be needed from young people and their parents/carers for young people to take part in the interviews.

Once young people and their parents/carers have consented for them to take part in an interview, Cordis Bright will liaise with STEER practitioners to organise a suitable time and place for the young person to take a telephone call with a member of the Cordis Bright team. The call is likely to take place in a private space where young people usually receive the intervention (i.e., home, school, STEER offices, or community setting). STEER practitioners will also provide a meal for participating young people as a thank you for their time.

Interviews will be conducted by a member of the Cordis Bright research team who is experienced in conducting sensitive research and interviews. Young people will be

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[14] 'Business-as-usual' for the control group is likely to vary widely by borough and young person and so will be very challenging to measure. However, we may be able to explore what 'business-as-usual' looks like for the control group through this activity data and interviews.

interviewed via telephone. The rationale for this is that the uptake of telephone interviews was more successful than face-to-face interviews during the internal pilot trial. The interviewer will take contemporaneous notes of the conversation. These notes will be stored on our secure server and only accessible to research team members, i.e. they will be password protected. We will delete the notes six months after we have delivered the final report.

To minimise bias, the interviewer will be external (i.e. from Cordis Bright rather than Salford Foundation) and where possible interviews will take place in a different room to the young person's mentor (although they will have the option to have their mentor present if they wish).

Topic guides for all interviews will be designed by Cordis Bright and will explore the key implementation and process evaluation research questions identified in Figure 7. We will discuss and refine the guides with Salford Foundation and YEF colleagues before use in the field. We will draw upon STEER staff's knowledge of the young people they are working with to ensure that interview guides for young people are as accessible as possible and can be easily understood by young people, including those with SEND and/or literacy support needs. We will also use Cordis Bright's internal Equality Diversity and Inclusion Toolkit to ensure that all topic guides are designed with racial and cultural sensitivity and are accessible to all participants.

5.2.3. Interviews with STEER staff and wider stakeholders

We will agree a sample of 10 STEER project staff to interview with senior colleagues from Salford Foundation. Wider stakeholders will be nominated by STEER project leads based on their level of involvement with STEER. Wider stakeholders may include representatives from partners working with the young people in STEER, including the police, youth justice, liaison and diversion, and children's social care.

Once nominated for interview, the research team will contact the stakeholders giving them more information about the purpose of the research and interview and what it will involve. They will ask for their consent to be involved in the interview and then organise a time to speak with them.

Wider stakeholders and project staff will be interviewed by a member of the Cordis Bright team via telephone or Microsoft Teams. We will ask at the start of interviews if staff and stakeholders consent to the interview being recorded. If they do, we will store the recording for six months after we have delivered the final report. If they do not consent, or if the interview is taking place via telephone, we will take contemporaneous notes. We will also take contemporaneous notes if the interview is being recorded. These notes will be stored on our secure server and only accessible to research team members, i.e. they will be password protected. We will delete the notes six months after we have delivered the final report.

5.2.4. Analysis

The qualitative evidence captured through the IPE study will be recorded in a matrix, which maps responses against the research questions (see section 5.1). We will deploy a mixture of a priori codes and open coding to categorise and identify recurring themes. This is an iterative process, using initial data collected to establish themes, and using these themes to continue to code further data. This allows for constant comparison of the themes and ensures that any theories or judgements are closely linked to the data they developed from. This mirrors a thematic qualitative analysis approach.

The quantitative evidence will be analysed in SPSS using descriptive statistics and bivariate analysis, i.e., frequencies, percentages and cross-tabulations.

Evaluation reports are strongest when a range of evidence is used to answer each evaluation question. To ensure that data is not presented in 'silos', we will take a rigorous approach to triangulating both qualitative and quantitative data. We will map both quantitative and qualitative data against the research questions to assess how effectively the STEER programme has been implemented and the extent to which experiences of support have differed across groups.

Our approach to triangulating evidence is summarised in Figure 8. This shows that evidence with a high relevance and high consistency (i.e., similar findings across methods, or similar evidence within methods, e.g. interviewees sharing similar view) will be prioritised. Evidence where there is high relevance but low consistency will be interrogated further to unpick why this divergence exists. We will also closely examine evidence where there is high consistency but low relevance to the evaluation questions as this may indicate domains of unintended consequences or unanticipated findings.

Figure 8: Approach to triangulation of evidence
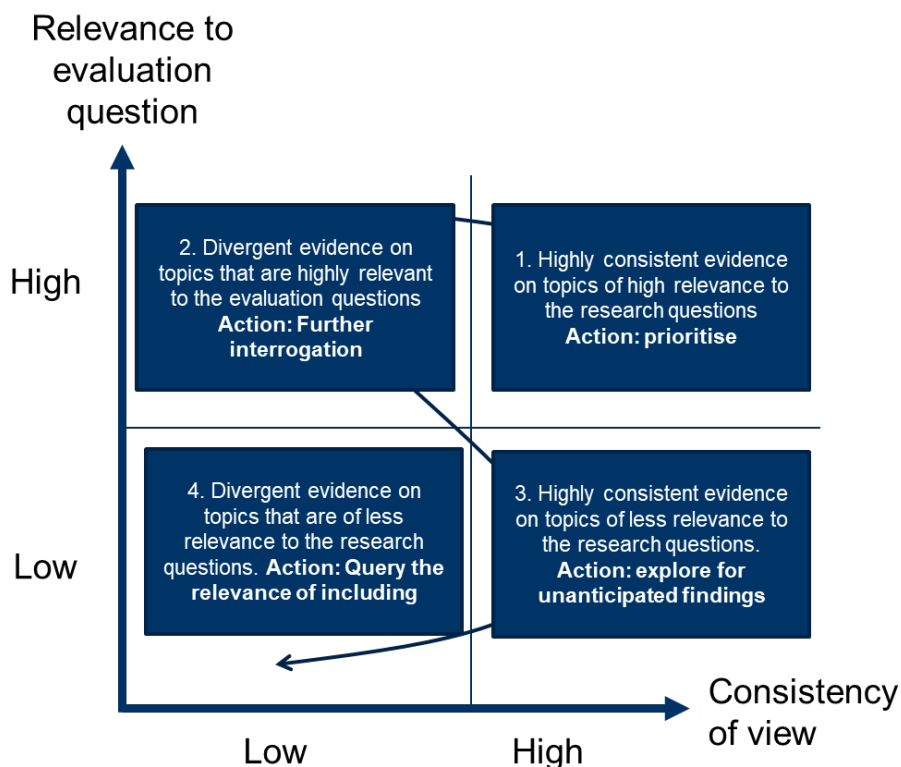
Taken together, this information will inform decisions around future scale, replication and spread, and whether progression to an Effectiveness study will be practical and useful.

More information on how analyses will be used to test the logic model is outlined in Figure 7 above.

6. Cost data reporting and collecting

We intend to capture, collect, and report on cost information relevant to STEER in line with YEF guidance. This section outlines our approach to:

- Capturing cost data.

- Reporting cost data.

6.1. Capturing cost data

We intend to work with the Salford Foundation to report on the pre-requisite, set up and recurring costs of STEER. Our approach has been agreed with Salford Foundation and YEF colleagues following exploration around the most appropriate approach to cost data reporting in the pilot trial. We anticipate the primary sources of information to inform our calculations to be:

- Salford Foundation's STEER programme budget

- Discussions with key Salford Foundation stakeholders

Our approach is in line with YEF's general principals set out in its Cost Reporting Guidance[15], i.e., this approach will:

- **Estimate the costs of delivery only.** Salford Foundation colleagues have been delivering the STEER programme in line with the budget, and therefore the budget is representative of costs of delivery.

- **Derive estimates using the 'bottom-up' principal.** The STEER budget was drawn up via a 'bottom-up' approach, so using the budget to capture cost of delivery follows the 'bottom-up' principal.

- **Estimate costs from the perspective of the organisations delivering the intervention.** No other organisations can be said to be involved with the delivery of the STEER programme, because key touchpoints between the STEER delivery team and other organisations (e.g., referrals; attending multi-agency meetings) sit within the remit of other organisations, i.e., those organisations already exist and working with programmes like STEER is part of their remit.

- **Estimates should capture all the resources used in delivering the intervention but not how costs change compared to business as usual.** The budget is representative of the resources used in delivery of STEER and does not seek to compare costs to business as usual.

Figure 9 presents the information from the budget that we will use to report against each category.

Figure 9: List of items to be recorded in cost estimates

Category	Information to be used for analysis (upfront, recurring, total costs)
Staff	STEER staff budgets, e.g., for mentors, co-ordinators and managers. Training costs (may be costed as zero if included as part of normal in-service training). Administration and preparation costs (may be costed as zero if delivered as part of base salary).

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[15] https://youthendowmentfund.org.uk/wp-content/uploads/2022/01/21.-YEF-Cost-reporting-guidance.pdf

Category	Information to be used for analysis (upfront, recurring, total costs)
Programme	Cost of providing STEER Toolkit (i.e., printing costs if hard copies provided). Travel to appropriate settings for young people.
Building and facilities	Costs of buildings and facilities needed to deliver STEER (likely to be zero as intervention is delivered in settings most appropriate for young person, e.g., school, home, in the community, in Salford Foundation offices).
Materials and equipment	Tablets to complete outcomes tools and view Toolkit. Cost of printing referral forms/screening forms/and Toolkit materials. Equipment used to record monitoring data.
Incentives	Cost of incentives provided for young people (e.g., cost of meals or diversionary activities).

6.2.   Reporting results

We will take the following approaches to reporting cost information in line with YEF guidance:

- All costs relating to both evaluation and programme development and adaptation will be excluded from cost estimates.

- All costs will be adjusted to constant prices using GDP deflators, using 2022 (the year in which delivery started) as the base year. This will account for any data around cost being collected at different points across the efficacy study period. We will not discount cost estimates based on time preferences.

- Any costs relating to durable inputs will be pro-rated in line with the proportion of project participants who have benefitted. However, we do not anticipate that there will be durable inputs with benefits to those outside the project.

- All cost estimates will be generated assuming full compliance (i.e., that all participants receive the full STEER dosage, i.e.: 24 hours of 1:1 support, 24 hours of wrap-around support) and their parents/carers receive 14 hours of family support over a six-month period

- Each estimate will be disaggregated into prerequisite, set-up, and recurring costs.

Total costs will be presented for one year of delivery of STEER, for example, from January 2024-January 2025. Total costs and average cost per participant will then be presented for

set-up, recurring and total costs using the mandatory tables in YEF guidance, i.e. all assumptions and estimates will be set out in full.

7. Diversity, equity and inclusion

We work hard to ensure our approach considers and promotes diversity and inclusion. As such, we are committed to delivering the evaluation in line with race equity, diversity, equality and inclusion. Government statistics indicate that minority ethnic groups are over-represented throughout the criminal justice system; for instance, in 2020 a higher proportion of prosecutions against children were for Black (12%) and Mixed ethnic (14%) groups than for White (5%) defendants.[16] This is key for this study because the STEER programme aims to address risk factors and strengthen preventative factors associated with offending behaviour with the aim of reducing the likelihood of young people's (including those from minority ethnic backgrounds) involvement with the criminal justice system.

All of Cordis Bright's evaluation work is delivered in line with our EDI strategy (available here) and EDI project toolkit (available here). This sets out our commitment, principles and approaches to ensure that our work is accessible to all. We commit to:

(1) Providing equal opportunities in all aspects of employment and ensuring that we do not discriminate in recruitment or employment on the basis of a protected characteristic or any other characteristics or identities.
(2) Oppose discrimination in all its forms, be it at a structural or institutional level or an inter-personal level. This includes direct discrimination, indirect discrimination, discrimination by association, discrimination by perception, victimisation, harassment and bullying.
(3) Seek to build our understanding of the barriers created by discrimination and inequality and ensure fair, equal and inclusive treatment for our staff, clients and the people whom our work aims to support.

In line with these commitments, to ensure diversity, equity and inclusion in this efficacy study we will:

- Provide clear accessible information so that participants from all communities can participate. Use informed consent processes and materials that adhere to good practice guidelines, including YEF's and the Government Social Research Unit's, to ensure they are accessible, inclusive and culturally sensitive.

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[16] https://www.gov.uk/government/statistics/ethnicity-and-the-criminal-justice-system-statistics-2020/ethnicity-and-the-criminal-justice-system-2020#offender-characteristics

- Monitor key demographic and socioeconomic information of all participants in the treatment and control groups. This will enable us to analyse any differences in referrals, recruitment, retention, and safe exit across different groups, and to assess whether they are representative of similar cohorts in the youth justice system and wider society.

- Deploy staff who have completed cultural competency training as well as undertaken projects on equality and inclusion including over-representation of children from minoritised ethnic groups in the youth justice system.

- Conduct exploratory sub-group analysis of differences in outcomes achieved by different demographic and socioeconomic groups, including by race/ethnicity.

- Work with Salford Foundation to ensure that where possible young people from a range of minoritized and marginalised backgrounds who have worked with the programme are sampled as part of our approach to qualitative interviews through the IPE, and that they are explicitly asked about their views and experiences of the intervention in terms of race equity.

- All members of our evaluation team are experienced at working with minoritized and marginalised communities. As part of our commitment to continuous improvement we will discuss and reflect with Salford Foundation and YEF colleagues on the most effective ways to conduct research and evaluation in as equitable, inclusive and accessible a way as possible.

8. Ethics and registration

Ethical approval has been granted by The University of Greenwich Research Ethics Committee under reference: UREC/21.3.7.4. This involved the submission of a lengthy and detailed application which was subject to review and scrutiny from YEF and Salford Foundation colleagues.

9. Data protection

This section outlines our approach to data protection for the efficacy study.

For this study, we (Cordis Bright, the evaluator) are the controller of personal data throughout as well as a processor of data, as specified in YEF data guidance (available here: https://res.cloudinary.com/yef/images/v1625734275/cdn/YEF-Data-Guidance-Projects-and-Evaluators/YEF-Data-Guidance-Projects-and-Evaluators.pdf). We will deliver the evaluation in line with our Data Protection and Information Governance Policy (See: https://www.cordisbright.co.uk/news/information-governance-and-data-protection) which sets out our approach to storing and handling personal data for the evaluation.

We have also conducted a Data Protection Impact Assessment and agreed a signed Information Sharing Agreement with the Salford Foundation to access activity and monitoring data (see section 5.2.1). We are in the process of developing a Data Protection Impact Assessment and an Information Sharing Agreement with Greater Manchester Police (GMP) to access Police data (please see section 4.5.3 for more detail).

For this evaluation, we have:

- A clear legal basis for sharing data with us, e.g., public interest/public task/informed consent. To support data protection and follow GDP requirements, we will follow these processes, which were trialled successfully in the pilot trial of STEER:

- A robust process to transfer data, i.e., Salford Foundation and GMP will transfer data by secure methods such as secure email (CJMS) or Switch Egress. Monitoring data will be obtained from the Salford Foundation's case management system and Police data will be obtained from Greater Manchester Police. All questionnaires will be completed anonymously using an anonymous ID number on Smart Survey. Only the evaluation team will have access to the responses.

- Secure storage of data, i.e., data will be saved on our secure cloud-based Microsoft 365 servers. Personal or sensitive data will have additional encryption with access only to designated/authorised member of our team. Participants will be informed that all information about them will be stored in this way. All data will be stored separately.

- Anonymisation and pseudo-anonymisation where possible including separating personal data from questionnaire data and separate storage. All participants will be assigned a unique ID number and pseudonyms will be used for interview notes.

- Once the final evaluation report has been signed off with YEF we will anonymise all data and hold it on the Cordis Bright server until six years after the final report has been submitted to the YEF archive. We will securely delete the names and other personal data out of the datasets we hold after we give the data for data archiving in line with the YEF guidance. [17]

- Participants will be informed through the privacy notice of their data protection rights. Young people accessing STEER will have consented to having their data shared with the evaluator. This consent will be recorded in informed consent forms held by the STEER project and uploaded to the secure case management system. Paper copies of these forms will be stored in a secure locked cabinet at Salford Foundation's premises

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[17] YEF-Data-Guidance-Submitting-data-Dec-2022.pdf (youthendowmentfund.org.uk)

and destroyed by secure methods once they have been shared securely with Cordis Bright for their records.

10. Stakeholders and interests

This section provides information about the STEER project delivery team and the evaluation team from Cordis Bright. There are no conflicting interests which we are aware of that may be perceived to influence the design, conduct, analysis or reporting of the trial.

The approach to the evaluation is being led by Cordis Bright and takes a collaborative approach with input from the Salford Foundation and YEF. Details of key STEER delivery and Cordis Bright evaluation team members are presented below.

STEER delivery team

- **Phil East (CEO, Salford Foundation)** is the senior relationship manager from Salford Foundation with YEF and Cordis Bright. He has responsibility for overarching implementation design and delivery with Greater Manchester public sector partners including relationships with key partners such as the VRU, the Deputy Mayor, GMCA and reporting to strategic boards. He chairs the project's Strategic Steering Group made up of senior multi-agency partners.

- **Sophie Sheehy (Operations Manager)** has overarching responsibility for project delivery and for the effective implementation of the evaluation from the Salford Foundation side. She leads on data sharing and the relationship with Greater Manchester Police (GMP) data analysts, ensuring all processes are GDPR compliant. She is responsible for project learning and dissemination across Greater Manchester (GM) and beyond. She leads on the advance mobilisation plan into further local authority areas. She line manages the Project Manager and has overall responsibility for budgetary control and reporting to YEF. She has senior responsibility for safeguarding and risk management.

- **Jack Ward (Project Manager)** is responsible for the mobilisation of the project in each local authority area, including liaison with the key public sector partner managers. He is responsible for ensuring the project is set up and implemented with fidelity to the agreed model. He oversees referrals, randomisation, and case load allocations and is responsible for management information, data entry and quality assurance. He is responsible for recruitment, induction, line management, supervision, training and support for Youth Workers, Referral and Assessment coordinators and Family Support Workers. He is responsible for the further development and implementation of project resources, the toolkit, and evaluation questionnaires.

- **Youth Workers (Mentors)**. 7.1 FTE Youth Workers provide support to young people in the STEER programme (treatment group) and are also responsible for the initial meetings and subsequent administration of outcome measures tools with the control group or young people in the intervention group who are not subsequently allocated to them as a mentee. They ensure that the project tools, questions and methodology are implemented consistently and effectively.

- **Referral and Assessment coordinators**. 2.5 FTE Referral and Assessment coordinators are responsible for the initial meetings and subsequent administration of the outcome measures tools with young people (in both the treatment and control group) and for the signposting and safeguarding check-ins at six months for young people in the control group. They ensure that the project tools, questions and methodology are implemented consistently and effectively.

- **Family Support Workers.** 0.8 FTE Family Support Workers provide assistance and support to families of young people on the programme, working with significant adult caregivers in the lives of the young people. They aim to provide 14 hours of support to parents/carers of young people involved in STEER across the six-month STEER intervention timescale.

Evaluation team

- **Dr Stephen Boxford, Principal Investigator, Project Director,** has responsibility for ensuring the evaluation is delivered to a high standard and specification.

- **Professor Darrick Jolliffe, Royal Holloway, University of London, Co-Principal Investigator.** Responsibilities include evaluation design, shaping approaches, designing tools, and conducting analysis and quality assuring evaluation outputs.

- **Suzie Clements, Co-Principal Investigator and Project Manager**. Suzie oversees day-to-day project delivery and is the main point of contact for YEF and the project delivery team.

- **Kam Kaur, Head of Safeguarding and Co-Principal Investigator** provides expert input on safeguarding and consultation with young people.

- **Madeleine Morrison, Researcher,** provides ongoing support to STEER practitioners with administration of the evaluation tools, conducting fieldwork and drafting analysis, analysis of quantitative data and supported with report drafting.

11. Risks

The following table outlines a number of key risks to the evaluation. We will be using this risk register to support the delivery of the evaluation. It will be reviewed regularly by Cordis Bright and the Salford Foundation and updated to reflect progress. Please also note that these risk factors were explored in the pilot trial and the findings show the mitigations were successful.

Risk	Likelihood (low/medium/high) Impact (low/medium/high)	Mitigation
Recruitment to the trial	Likelihood: medium-high Impact: high	STEER is reliant on referrals into the programme and as such it is critical that referrers are comfortable to refer often vulnerable young people into the programme knowing that they will be well supported - including those young people in the control group. We have agreed an approach with STEER where young people in the control group are assessed, signposted/referred to alternative support, safeguarded and data collected. This approach is ethical and will also reassure partners referring into STEER that young people will receive appropriate support. In addition: • Recruitment is conducted by the programme achieving informed consent from a young person and parents/carers, i.e. from a trusted STEER practitioner; • Recruitment numbers will be regularly reviewed as will rates of participants moving into the evaluation both in the

Risk	Likelihood (low/medium/high) Impact (low/medium/high)	Mitigation
		treatment and control groups to ensure numbers are fit-for-purpose for the efficacy study; • We will work closely with STEER colleagues to address any issues concerning recruitment.
Attrition from the trial	Likelihood: medium Impact: high	Key mitigations include: • Embedding recruitment and data collection into project practice to ensure that the maximum number of young people are recruited, and that data is consistently collected for the trial; • Reviewing data capture progress regularly to ensure that outcome measures are being administered and monitoring data is being collected for all young people who have consented to participate in the trial; • Regularly reviewing attrition rates and causes with the STEER project manager and through IPE interviews; • Exploration and application of keep in touch techniques used in longitudinal studies. • Reviewing strategies during the efficacy study phase with the

Risk	Likelihood (low/medium/high) Impact (low/medium/high)	Mitigation
		aim of addressing issues of attrition.
The STEER programme changing its delivery approach during the efficacy study	Likelihood: low Impact: high	• Working closely with the project to understand challenges. • Flexibility in research design where possible. • Ensuring all stakeholders are aware of the impact changes have on evaluation.
Data collected not addressing the key evaluation questions	Likelihood: low Impact: high	• Co-design approach. • Tools and analysis approach have been tested in the pilot trial to ensure they are fit-for-purpose. • Working with Salford Foundation to improve the recording of monitoring and activity data.
Project and evaluation not being delivered in line with YEF and Cordis Bright's commitment to race equity, equality, diversity and inclusion	Likelihood: low Impact: high	• We will work with YEF and Salford Foundation to ensure the project and evaluation are delivered in line with the commitments outlined in our strategies, plans and EDI project toolkit. • We will analyse data and evaluation findings through the lens of race equity, equality, diversity and inclusion.

Risk	Likelihood (low/medium/high) Impact (low/medium/high)	Mitigation
		• Where we think practice can improve we will raise, discuss and support the implementation of actions with YEF and Salford Foundation.
Safeguarding/public safety/data breach	Likelihood: medium Impact: high	• Take actions as agreed with YEF/STEER project protocols. • Ensure that there is learning across the team about what happened and what steps could be taken to avoid in future. • Take these relevant steps going forward. • Introduce additional training if required. • Re-visit methodology if required. • Re-allocate team members if appropriate. • Agree an appropriate communications strategy.

12. Timeline

Figure 10 outlines the key activities, timings and roles and responsibilities for the efficacy study.

Figure 10 Efficacy study timeline

Dates	Activity	Staff responsible/ leading
January 2022-April 2022	Set up phase of STEER evaluation	Salford Foundation Cordis Bright
May 2022- July 2023	Internal pilot trial of STEER conducted	Salford Foundation Cordis Bright
July 2023	Delivered draft pilot trial report	Cordis Bright
July - August 2023	Develop and deliver efficacy trial protocol Update scripts and guidance for STEER practitioners if needed	Cordis Bright
August 2023	Baseline data collection begins for new participants, T2 collection continues for participants recruited during Year 1. Update evaluation handbook based on feedback on the pilot trial report	Salford Foundation Cordis Bright
September 2023	Deliver evaluation training and guidance to new STEER staff	Cordis Bright Salford Foundation
October 2023	Deliver Statistical Analysis Plan	Cordis Bright
November 2023	Quality audit of outcomes questionnaires responses	Cordis Bright
February 2024	Quality audit of outcomes questionnaires responses	Cordis Bright
July 2024	Recruitment stops	Salford Foundation Cordis Bright

Dates	Activity	Staff responsible/ leading
August-2024	Develop and finalise topic guides for IPE interviews	Cordis Bright
September - November 2024	Implementation and Process evaluation (including interviews with young people, stakeholders and STEER staff).	Cordis Bright
January 2025	Fieldwork and delivery ends	Cordis Bright Salford Foundation
November 2024- February 2025	Costs analysis data capture	Cordis Bright Salford Foundation
February 2025	Receipt of all data	Salford Foundation Cordis Bright
February-April 2025	Conduct analysis in line with YEF SAP guidance and protocol Cost analysis Draft efficacy study report	Cordis Bright Salford Foundation
May 2025	First draft of efficacy trial report delivered to YEF	Cordis Bright

Appendix 1

Changes since the previous YEF evaluation

Figure 11: Changes to the previous evaluation

Feature		Pilot to efficacy stage
Intervention	**Intervention content**	The intervention is rapidly scaling up to three new areas.
	Delivery model	The intervention is being rolled out in three new areas of Salford, Tameside, Manchester in addition to continued delivery in Wigan and Trafford.
	Intervention duration	Time 3 visit only taking place for those who consented to be involved in the project and evaluation prior to September 2023.
Evaluation	**Eligibility criteria**	No changes
	Level of randomisation	No changes
	Outcomes and baseline	Time 3 outcomes measures no longer being administered.
	Control condition	No changes

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