

# Evaluating Solution Focused Brief Therapy (SFBT) in 10–17-year-olds coming into contact with the police

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10/03/2023	Recruiting	<input checked="" type="checkbox"/> Protocol
<b>Registration date</b>	<b>Overall study status</b>	<input checked="" type="checkbox"/> Statistical analysis plan
16/06/2023	Ongoing	<input type="checkbox"/> Results
<b>Last Edited</b>	<b>Condition category</b>	<input type="checkbox"/> Individual participant data
21/01/2026	Other	<input checked="" type="checkbox"/> Record updated in last year

## Plain English summary of protocol

### Background and study aims

Children and young people who come into contact with the police often need help. This trial aims to test whether offering these children and young people a psychological treatment called Brief Solution Focused Therapy is helpful. Brief Solution Focused Therapy is a short-term therapy that helps people to change by focusing on building solutions rather than getting stuck thinking about problems. We want to find out whether this treatment works by running a clinical trial. We will give some children and young people Brief Solution Focused Therapy plus the routine treatment that they would normally get. Other children and young people will only get the routine treatment that is currently offered when they come into contact with the police. We will decide who gets which treatment at random, which is like flipping a coin.

In order to work out whether Brief Solution Focused Therapy is helpful, our trial has two parts. In the first part, we will run what is called a 'pilot'. This is a test version of the trial which tests whether the trial can be run. If we find that this is the case, we will then move to do the second part, which is continuing with the main trial by inviting more children and young people to take part.

All of the children and young people who take part will be asked to complete some measures of things that may change because of taking part in Brief Solution Focused Therapy. We are particularly interested in whether they are involved in any antisocial behaviours over the course of the trial. We will also ask about their background, their general well-being, any criminal activity they have been involved with in the past and any gang connections. We will also interview some of the children and young people receiving SFBT, their parents/guardians, and the professionals that deliver the SFBT therapy. We will ask them about their experiences of taking part in the trial.

### Who can participate?

Young people aged between 10 to 17 years who have been referred to the L&D team by the police in Lancashire and South Cumbria.

### What does the trial involve?

The trial involves completing questionnaires and being randomly allocated to receive SFBT and usual services, or usual services alone. You may also be invited to take part in an interview.

### What are the benefits and risks of participating?

We don't know if SFBT is helpful to young people in your situation. Taking part will be helpful to us and may help others. We do not think there are any bad things that will happen because of this research. You will be asked to complete some questionnaires and you might receive SFBT. Some of the questions in the questionnaires, and some of the things discussed during the therapy (if you are randomly selected to receive it) will be about stuff that is private and might lead you to feel upset.

### Where is the trial run from?

University of Warwick (UK)

Cardiff University (UK)

### When is the trial starting and how long will it run for?

April 2022 to February 2027

### Who is funding the trial?

Youth Endowment Fund (UK)

### Who is the main contact?

Dr Gwenllian Moody, MoodyG@cardiff.ac.uk

## Contact information

### Type(s)

Principal investigator

### Contact name

Dr Samantha Flynn

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**Type(s)**

Scientific

**Contact name**

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## Additional identifiers

## Study information

**Scientific Title**

Solutions Trial: Solution Focused Brief Therapy (SFBT) in 10–17-year-olds presenting at police custody: A randomised controlled trial with internal pilot.

**Study objectives**

To determine whether there is a benefit of support as usual (SAU) plus Solution Focused Brief Therapy (SFBT) over SAU alone in reducing offending behaviours in 10–17-year-olds presenting at a police custody suite.

**Ethics approval required**

Old ethics approval format

**Ethics approval(s)**

### **Study design**

Randomized controlled trial with internal pilot

### **Primary study design**

Interventional

### **Study type(s)**

Treatment

### **Health condition(s) or problem(s) studied**

Offending behavior

### **Interventions**

Participants in the intervention arm will receive Brief Solution Focused Therapy (SFBT) alongside services as usual. SFBT is a six-session manualised intervention, delivered face-to-face bi-weekly over 12 weeks, on a one-to-one basis, that helps people to change by focus on building solutions rather than getting stuck thinking about problems. Through a programme of SFBT, it is hoped that children and young people can be diverted away from the criminal justice system, reducing their risk of serious youth violence. The six sessions are detailed below.

The intervention will be delivered from month six to 19 of the trial. The therapists have been recruited from the existing Liaison and Diversion workforce within LSCFT. Practitioners are from a health and social care skill mix and are in band 5 / 6 clinical roles as per Agenda for Change. All three practitioners recruited to support the trial already have experience in supporting children through custody. For the trial, they have then undertaken 36 hours of SFBT training, facilitated by the same training provider at the same time.

Children will be offered a choice of where to participate in the sessions, but choice will be limited to home, school, LSCFT clinical site, community clinic e.g. youth centre. Six sessions will be included and will last no less than 15 minutes and no more than one hour each. The six sessions will be facilitated over a 12-week period. Sessions will be no more frequent than once a week and no less frequent than bi-weekly- this should allow for sickness / absence and inconsistent engagement. Existing fidelity measures are to be adapted.

### **Usual practice arm**

Participants in the usual practice arm will receive services as usual.

### **Follow-up duration**

Participants in the intervention and usual practice arms will be followed-up at 6 month and 12 months post randomisation.

### **Randomisation**

CYP will be randomised on a 1:1 basis to either the intervention (SFBT and SAU) or control arm (SAU only) using stratified permuted block randomisation, ensuring balance on prognostic factors (i.e., Verbal Comprehension Index), and stratifying by custody suite. The randomisation system will be embedded within the trial database, and outcome assessors, trial statisticians

responsible for analysing the data, and the research team excluding the trial manager, Data Manager, Senior Trial Manager and those undertaking the process evaluation will remain blind to allocation. The online system also ensures allocation concealment is blinded for researcher recruiting participants.

## **Intervention Type**

Behavioural

## **Primary outcome(s)**

Antisocial behaviours are measured using the Self Report Delinquency Measure (CYP completed) at baseline, 6 months and 12 months post randomisation.

## **Key secondary outcome(s)**

1. Criminal offence data are collected from the Police National Computer over the 6-month period prior to the commencement of treatment, and at 12-months post randomisation.
2. Emotional and behavioural difficulties are measured using the Strengths and Difficulties Questionnaire (SDQ) (parent completed and CYP completed) at baseline, 6 months and 12 months post randomisation.
3. Gang Affiliation is measures using The Gang Affiliation Risk Measure (CYP completed) at baseline and 12 months post randomisation.
4. Details of other therapies received will be collected (parent completed for under 16s and CYP completed for 16+) at baseline and 12 months post randomisation.

## Potential moderators:

In addition to the primary and secondary outcomes, we have considered that the following outcomes may moderate the outcomes of this trial.

1. Callous and Unemotional Traits will be measured using the 24-item Inventory of Callous and Unemotional Traits (parent completed and CYP completed) at baseline and 12 months post randomisation.
2. Learning disabilities (LD): Children and young people will be invited to complete two subtests of the Wechsler Abbreviated Scale of Intelligence-II (WASI-II; Wechsler, 2011) to index their Verbal Comprehension Index at baseline only. We are also including a closed question asking if the child has a learning disability (parent completed for under 16s and CYP completed for 16+).

## **Completion date**

28/02/2027

## **Eligibility**

### **Key inclusion criteria**

1. Aged between 10 to 17 years
2. Referred to the L&D team by the police

### **Participant type(s)**

Healthy volunteer

### **Healthy volunteers allowed**

No

### **Age group**

Child

**Lower age limit**

10 years

**Upper age limit**

17 years

**Sex**

All

**Total final enrolment**

0

**Key exclusion criteria**

1. A clinician has judged that the child or young person is presenting with a mental illness of a nature and degree warranting immediate intervention from specialist services, including assessment for detention under the Mental Health Act.
2. The young person is to be remanded into custody.
3. A child or young person aged 16 years or older judged to lack mental capacity to decide about participating in this trial by staff responsible for gaining informed consent.
4. The child or young person is living outside the area served by Lancashire and South Cumbria NHS Foundation Trust.
5. The child or young person is unable to converse in English.
6. Parents/guardians are unable to converse in English (at least one must be able to converse in English to complete parent/guardian measures)
7. Parents/guardians of under 16s judged to lack mental capacity to decide about participating in this trial by staff responsible for gaining informed consent.

**Date of first enrolment**

01/10/2022

**Date of final enrolment**

30/06/2026

## Locations

**Countries of recruitment**

United Kingdom

England

**Study participating centre**

**Lancashire and South Cumbria NHS Trust**

Sceptre Point

Sceptre Way

Bamber Bridge

Preston  
England  
PR5 6AW

**Study participating centre**

**Greater Manchester Mental Health NHS Foundation Trust**  
Prestwich Hospital  
Bury New Road  
Prestwich  
Manchester  
England  
M25 3BL

**Study participating centre**

**Hertfordshire Partnership University NHS Foundation Trust**  
The Colonnades  
Beaconsfield Close  
Hatfield  
England  
AL10 8YE

**Study participating centre**

**Midlands Partnership University NHS Foundation Trust**  
Trust Headquarters  
St Georges Hospital  
Corporation Street  
Stafford  
England  
ST16 3SR

## **Sponsor information**

**Organisation**

Lancashire and South Cumbria NHS Foundation Trust

## **Funder(s)**

**Funder type**  
Charity

**Funder Name**  
Youth Endowment Fund

## Results and Publications

### Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are/will be available upon request from [solutions@warwick.ac.uk](mailto:solutions@warwick.ac.uk)

### IPD sharing plan summary

Available on request

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#"><u>Protocol article</u></a>		02/03/2024	05/03/2024	Yes	No
<a href="#"><u>Participant information sheet</u></a>	Participant information sheet	11/11/2025	11/11/2025	No	Yes
<a href="#"><u>Statistical Analysis Plan</u></a>		28/09/2024	30/09/2024	Yes	No
<a href="#"><u>Study website</u></a>	Study website	11/11/2025	11/11/2025	No	Yes