

# The London Young People Study: evaluation of the Your Choice programme using a cluster randomised control trial

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|----------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <b>Submission date</b><br>28/08/2023   | <b>Recruitment status</b><br>No longer recruiting | <input type="checkbox"/> Prospectively registered<br><input checked="" type="checkbox"/> Protocol                       |
| <b>Registration date</b><br>30/08/2023 | <b>Overall study status</b><br>Ongoing            | <input type="checkbox"/> Statistical analysis plan<br><input type="checkbox"/> Results                                  |
| <b>Last Edited</b><br>10/09/2024       | <b>Condition category</b><br>Other                | <input type="checkbox"/> Individual participant data<br><input checked="" type="checkbox"/> Record updated in last year |

## Plain English Summary

### Background and study aims

There is growing evidence that therapeutic support for unmet needs, adverse or traumatic experiences, and other risk factors may prevent young people from becoming involved in crime and violence or may reduce further involvement. However, young people with the highest levels of risk factors are currently least likely to access such support in a clinical setting. Lack of availability, poor information, inflexibility, complicated referral processes, cultural barriers and stigma impact on young people's access to clinical services. Yet, due to concerns regarding risk, harm and/or vulnerability, these young people are likely to be accessing support from other adolescent support or statutory agencies. The Your Choice programme seeks to upskill those practitioners in a range of CBT tools and techniques that they can weave into their existing practice frameworks and work with young people.

Young people who meet the threshold for adolescent services are likely to have or be experiencing adverse childhood experiences (ACEs) and/or childhood trauma. Neurodivergence is also common. Consequently, this cohort are more likely to find it difficult to recognise and manage different emotions and behaviour and are at increased risk of presenting in distress and developing mental health difficulties. There is also an increased propensity for "risky" behaviour. This study aims to evaluate the impacts of the Your Choice Intervention.

### Who can participate?

Your Choice is for any child aged between 11-18 years old who is assessed as medium or high risk of harm/vulnerability as a result of extra-familial harm and has been considered by a multi-agency panel

### What does the study involve?

The Your Choice programme is a cognitive behavioural therapy (CBT) enhanced approach to practice, delivered through high-intensity contact within adolescent services. The 12-18-week programme is delivered by specially trained practitioners who are trained in CBT tools and techniques and are supported by regular clinical supervision. Training for practitioners is

delivered through a train-the-trainer model by clinicians with experience in the delivery of CBT. The study tracks the young people for up to 18 months to assess the impacts of the intervention relative to a control group.

What are the possible benefits and risks of participating?

Despite the promising evidence base, a common criticism of CBT has been an overreliance on the mechanistic application of a set of techniques, with a lack of emphasis of the importance of the therapeutic relationship. Consequently, the Your Choice programme prioritises time for investing in and nurturing relationships with young people through intensive contact. This is in acknowledgement of the needs of the cohort and that relationships that are safe, collaborative and trusting are likely to impact on engagement and outcomes.

In addition to being informed by the principles and practices of CBT, the Your Choice programme is underpinned by a range of psychological theory and best practice principles relevant to working with adolescents at risk. This includes attachment and developmental theory and child-first and trauma-informed principles.

Understanding whether such an intervention is effective in reducing risky behaviours among young people can provide a huge benefit to those involved, and to those to whom the programme can be effectively scaled up.

Where is the study run from?

The research team are at the IFS and the study operates across nearly all local authorities in London (UK)

When is the study starting and how long is it expected to run for?

June 2023 to August 2025

Who is funding the study?

The Youth Endowment Fund (UK)

Who is the Main Contact?

Prof. Imran Rasul, i.rasul@ucl.ac.uk

### **Study website**

<https://ifs.org.uk/london-study>

## **Contact information**

### **Type(s)**

Principal Investigator

### **Contact name**

Prof Imran Rasul

### **Contact details**

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# Additional identifiers

## EudraCT/CTIS number

Nil known

## IRAS number

## ClinicalTrials.gov number

Nil known

## Secondary identifying numbers

AEARCTR-0009611

# Study information

## Scientific Title

Evaluating a CBT intervention on at-risk adolescents: evidence from a randomized control trial of 1800 young people in London

## Acronym

Your Choice

## Study hypothesis

The Your Choice programme is a Cognitive Behavioural Therapy (CBT) enhanced approach to practice, delivered through high-intensity contact within adolescent services. The 12-18-week programme is delivered by specially trained practitioners, who are trained in CBT tools and techniques and are supported by regular clinical supervision. Training for practitioners is delivered through a train-the-trainer model by clinicians with experience in the delivery of CBT.

The research questions are as follows:

1. Can an intervention informed by CBT techniques and practices, and delivered by trained frontline practitioners, reduce conduct problems among young people most at risk of being affected by violence?
2. Is there a difference in offending behaviour between young people allocated to work with a team of practitioners trained in Your Choice in comparison to young people allocated to work with a team of practitioners delivering Business As Usual support?
3. What are the mechanisms through which Your Choice works?
4. Do the impacts of being allocated to a team trained in Your Choice differ by gender, age, ethnicity, special education needs, and level of risk assessed by the practitioner?

## Ethics approval required

Ethics approval required

## Ethics approval(s)

Approved 01/08/2023, UCL Research Ethics Committee (University College London, London, WC1E 6BT, United Kingdom; +44 (0)20 7679 2000; ethics@ucl.ac.uk), ref: 5115/014

## Study design

Cluster randomized trial

## **Primary study design**

Interventional

## **Secondary study design**

Cluster randomised trial

## **Study setting(s)**

Community

## **Study type(s)**

Prevention

## **Participant information sheet**

<https://ifs.org.uk/london-study-practitioners#policies>

## **Condition**

Medium to high risk of contextual harm

## **Interventions**

This is an interventional design. Random assignment is made at the team level (stratified at the Local Authority level) using a random number generator, where young people involved in the trial are assigned to work with teams of youth practitioners. The intervention is delivered by Local Authorities across London.

Your Choice is for any child aged between 11-18 years old who is assessed as medium or high risk of harm/vulnerability as a result of extra-familial harm and has been considered by a multi-agency panel (typically MACE/Pre-MACE).

Your Choice includes three main components:

1. Upskilling practitioners via 5 days of training for youth workers (delivered in a cascading model) and the provision of handbook and resources to support delivering training sessions
2. Intensive work with children to build an authentic and trusting relationship with the practitioner and create a safe space where young people can grow, understand and formulate their needs and goals. Specifically:
  - 2.1. Young people in the treated arm will receive the equivalent of 3 x weekly meetings with trained youth practitioners for 12 weeks, over the 20 weeks after recruitment.
  - 2.2. The sessions will deliver an accessible clinical intervention, focusing on emotional literacy, emotion regulation, understanding cognitive processes, and strategies for managing intense feelings
  - 2.3. Sessions will be informed by CBT tools and techniques, such as goal setting (using the Goal Based Outcome Tool) and practical support with activities to achieve these goals
3. Monthly clinical supervision by clinical leads hired by Local Authorities

The control condition is the Business As Usual support that young people eligible for Your Choice would receive in the absence of the study. BAU will vary between Local Authorities and range in terms of intensity and techniques practitioners use.

The treated and control groups are defined at the team level, based on whether or not a team was assigned to be trained in Your Choice. Once a team has been trained at any of the three

training stages, it can only act as a treated team in subsequent phases. If a team acts as a control team in one stage, it can be re-randomised in the next stage and possibly become a treated team.

## **Intervention Type**

Behavioural

## **Primary outcome measure**

An indicator for scoring in the high and very high range of the conduct problems subscale of the Strengths and Difficulties Questionnaires. Measured as part of the endline young person survey, administered at week 20 after recruitment during a session with the practitioner.

## **Secondary outcome measures**

1. Criminal activity: recorded arrest in Police National Computers during the period of 16 months after recruitment.
2. Self-reported and practitioner-reported perceptions of young person's safety, measured using Young person and practitioner versions of "Checkpoint. A safety scale for young people", which is an instrument to measure young people's perceptions of safety developed by the research team. Part of the endline young person questionnaire, administered at week 20 after recruitment.
3. Wellbeing measured using the Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS). Part of the endline young person questionnaire, which is administered at some point between weeks 14 and 20 after recruitment.
4. Emotional self-regulation measured using the Trait Emotional Intelligence Questionnaire – Adolescent Short Form (TEIQUE-ASF) – Self regulation subscale. Part of the endline young person questionnaire, administered at week 20 after recruitment.
5. Social connectedness measured using the Social Connectedness Scale – Revised (SCS-R). Part of the endline young person questionnaire, administered at week 20 after recruitment.
6. Internalising behaviours measured using the emotional difficulties and peer difficulties subscales of the SDQ measured at baseline and endline as part of the participant's surveys administered following recruitment and at week 20 after recruitment respectively.
7. Hyperactivity measured using the hyperactivity subscale of the SDQ measured at baseline and endline as part of the participant's surveys administered following recruitment and at week 20 after recruitment respectively.
8. Prosocial behaviours measured using the Strength and Difficulties prosocial behaviour subscale measured at baseline and endline as part of the participant's surveys administered following recruitment and at week 20 after recruitment respectively.
9. Prosocial identity measured using the Pro-social Identity Scale (PIDS) measured at baseline and endline as part of the participant's surveys administered following recruitment and at week 20 after recruitment respectively.

## **Overall study start date**

01/06/2023

## **Overall study end date**

01/08/2025

## **Eligibility**

### **Participant inclusion criteria**

Participants will be recruited among the young people allocated to be supported by participating teams who meet the following eligibility criteria:

1. Age 11-18 years old (inclusive) at the time of recruitment
2. At medium to high risk of contextual harm and referred to LA services with a view of mitigating such risk. This assessment will need to be quality assured by a MACE/pre-MACE panel or by the practitioner's team manager.

**Participant type(s)**

Service user

**Age group**

Mixed

**Lower age limit**

11 Years

**Upper age limit**

18 Years

**Sex**

Both

**Target number of participants**

1857

**Participant exclusion criteria**

1. Do not consent (or their parents do not consent) to participate in the study
2. Judged to be too high risk to take part in the study or have other vulnerabilities

**Recruitment start date**

14/08/2023

**Recruitment end date**

31/12/2024

## **Locations**

**Countries of recruitment**

England

United Kingdom

**Study participating centre**

**The Institute for Fiscal Studies**

7 Ridgmount Street

London

United Kingdom

WC1E 7AE

# Sponsor information

## Organisation

Institute for Fiscal Studies

## Sponsor details

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+44 (0)20 7291 4800

mailbox@ifs.org.uk

## Sponsor type

University/education

## Website

<https://ifs.org.uk/>

## ROR

<https://ror.org/04r1cjx59>

# Funder(s)

## Funder type

Charity

## Funder Name

Youth Endowment Fund

## Alternative Name(s)

YouthEndowFund, YEF

## Funding Body Type

Private sector organisation

## Funding Body Subtype

Trusts, charities, foundations (both public and private)

## Location

United Kingdom

# Results and Publications

## Publication and dissemination plan

The preliminary results of the study will be available later in 2025 (by the end of the Summer). Results will be disseminated in collaboration with the IFS communications team, YEF and through academic seminars and conference presentations.

## Intention to publish date

01/09/2025

## Individual participant data (IPD) sharing plan

The datasets generated during and/or analyzed during the current study will be stored in a non-publicly available repository. It will be held securely at the IFS.

The type of data stored will be individual (on participants and practitioners) and also some information will be at the level of sessions between a young person and practitioner.

The process for requesting data is to contact the research team at IFS. The data will be deposited with the funding agency – YEF at the end of the project lifetime. All replication materials for journal publications will be publicly available.

The data will be made available once all the analysis is completed.

Consent from participants (and their parents if under age) is always asked for. Only those who consent have data collected. Consent forms are linked to from the project website.

Any data collected as part of the trial that is supplied publicly will be anonymized.

IRB approval has been obtained.

## IPD sharing plan summary

Stored in non-publicly available repository

## Study outputs

| Output type                      | Details | Date created | Date added | Peer reviewed? | Patient-facing? |
|----------------------------------|---------|--------------|------------|----------------|-----------------|
| <a href="#">Protocol (other)</a> | v1.2    |              | 18/03/2024 | No             | No              |