

Mixed methods efficacy randomised controlled trial of a psychologically informed coaching model for care experienced young people

Evaluation protocol

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Trial Protocol Number: 2023005

Table 1: Evaluation overview

PROJECT TITLE ¹	Mixed methods efficacy randomised controlled trial of a psychologically informed coaching model for care experienced young people
PROGRAMME (INSTITUTION)	1625ip
EVALUATOR (INSTITUTION)	Behavioural Insights Team
PRINCIPAL INVESTIGATOR(S)	Hazel Wright Giulia Tagliaferri
PROTOCOL AUTHOR(S)	Hazel Wright Giulia Tagliaferri Bram Reitsma Jemuwem Eno-Amooquaye
TRIAL DESIGN	Randomised controlled trial
TRIAL TYPE	Two-arms, individual level stratified randomisation

¹ Please make sure the title matches that in the header and that it is identified as a randomised trial as the per the CONSORT requirements (CONSORT 1a).

EVALUATION SETTING	4 UK Local Authorities
TARGET GROUP	Care experienced young people at risk of NEET
PRIMARY OUTCOME	EET status
SECONDARY OUTCOME	Employment status; Time in employment; Earnings
EXPLORATORY OUTCOMES	EET progression scale

Table 2: Evaluation plan version history

VERSION		DATE	REASON FOR REVISION	AUTHORS
1.1 [LATEST]				
1.0 [ORIGINAL]		31/08/23	https://osf.io/e2uq3	Hazel Wright Giulia Tagliaferri Patrick Taylor Ali Cooper Laura Bokobza

Table 3: Supporting documents²

BACKGROUND MATERIALS	DATA AND ETHICS
Process study	Data security checklist
Feasibility study	Ethics review
Description of the Reboot support model	Consent form

² Links will be updated as supporting documents are published

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1. Study rationale and background

Care-experienced young people (YP) tend to have poorer adult outcomes than their peers. There are around 80,000 children in care in England in any given year³. Care-experienced young people are much more likely to not be in education, employment or training compared to their peers - over a third (38%) of care leavers aged 19-21 were not in education, employment or training in 2022⁴, which is around three times higher than the rate for 16–24-year-olds in the general population⁵. One of the possible reasons for this is that the transition out of local authority care does not result in successful transitions into education and employment. Indeed, over a third of care leavers aged 19-21 are not in Employment, Education or Training (NEET).

The Reboot III project aims to ensure that care-experienced young people can fulfil their potential and become a key asset in their communities and the region. Reboot III's end aim is that care-experienced young people secure and sustain suitable education, employment or training (EET) in line with their goals. Meaningful occupation is essential to supporting wellbeing and self-esteem, reducing the likelihood of isolation and loneliness, developing new interests, learning new skills and enabling young people to move on from homelessness.

This Youth Futures Foundation (YFF) funded trial (Reboot III) seeks to identify whether a programme of one-to-one coaching based on a psychological therapy model, which has promising results from previous implementations (i.e. Reboot I and II), has a causal effect on increasing the proportion of care experienced young people in employment, education or training (EET) and thus improving their life outcomes.

The Reboot III programme targets young people (Young Persons - YPs from now on) aged 16-25 years old who are care-experienced in either the 3 local authorities of the West of England Combined Authority or the North Somerset local authority (i.e. across the 4 local authorities of Bristol, Bath and North East Somerset (BaNES), North Somerset (N.Somerset) and South Gloucestershire (S.Glos)), and who are NEET or at risk of being NEET.

BIT was originally commissioned to assess the feasibility of evaluating the Reboot III programme. The feasibility study supported the successful case made to the YFF grants committee to fund an RCT of the Reboot III programme (the "Full Trial"). The evaluation, subject of this Trial Protocol, is scheduled to commence in August 2023. This will comprise two parts; the Full Trial, and an implementation and process evaluation. The Full Trial will be an individual level Randomised Controlled Trial (RCT) delivered over a period over 2 years for each individual in the treatment group, with outcomes measured at the latter part of the programme. It aims to estimate the impact of Reboot on employment, education and training outcomes for young care leavers. The implementation and process evaluation will identify the factors that might influence and explain the results of the RCT, using quantitative and qualitative methods. It will determine whether Reboot was delivered as

³ <https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions>

⁴ *ibid*

⁵ <https://commonslibrary.parliament.uk/research-briefings/sn05871/>

intended, explore how the programme works in practice to deliver outcomes, and identify insights to support scaling in the future.

Prior to the launch of the Full Trial, BIT assisted with the implementation of a pilot trial from February to May 2023 (the “Pilot Trial”). The aim of the Pilot Trial was to assess the practical operation of proposed trial arrangements to inform the design of the Full Trial and ensure that the overall aim of testing the efficacy of the intervention is met. Note that for the Pilot Trial BIT did not test the efficacy of the intervention.

Intervention

Description of intervention

The Reboot intervention is described below, as per the Template for Intervention Description and Replication (TIDieR) checklist.

Intervention name

This intervention is known as Reboot III, and is the third phase of delivery of this programme.

Why: Rationale and theory

The goal of Reboot is to improve employment, education and training outcomes for care-experienced young people. Alongside 1625ip, we co-developed a theory of change for the Reboot programme (see simplified version in Figure 1) that sets out how the activities of the programme are intended to lead to both EET and non-EET outcomes for young people. Through the support they receive, young people are expected to enter into, and maintain, meaningful employment and education through the following mechanisms:

- The young person is better able to address practical issues (accommodation, finances etc.), giving them greater stability and therefore space to focus on their EET goals
- The young person has a better understanding of their skills, values and goals, an improved sense of agency, and greater confidence, making them more likely to set and achieve realistic EET goals
- The young person is more willing and able to apply for EET opportunities
- The young person is more able to resolve issues that occur during their employment or education, and therefore remain in EET
- The young person learns how to trust people and have healthy relationships

These mechanisms begin with the following assumptions:

- That young people actively engage with the Reboot programme
- That young people are actively seeking positive EET outcomes
- That young people are available to take up EET opportunities where they are presented

Additionally, the concept of ‘psychological flexibility’ is central to the Acceptance and Commitment Therapy model. There is no single definition of this term, but it can be thought of as the ability to stay in contact with the present moment, and to behave in accordance with one's values, even in the face of difficult thoughts, feelings, or sensations. The Reboot model views psychological flexibility as a desirable outcome in and of itself for young people, but also as a mechanism for obtaining and sustaining EET. For example, in the

face of a stressful situation such as a job interview or a difficult conversation at work, a young person with greater psychological flexibility is expected to be better able to stay connected with the present moment, and to not get caught up in negative thought patterns that might lead them to exit or avoid those situations.

What: Materials and procedures

The support that coaches provide is based on a youth version of Acceptance and Commitment Therapy, called DNA-V, which stands for the four major elements of the model: 'discoverer, noticer, advisor, and values/vitality'. The exact support varies from young person to young person, but it has some common features. This includes:

- Case planning. Before young people are inducted onto the programme, coaches work with the local authority care staff responsible for the young person (typically a Personal Advisor, or PA) to understand the young person's background, review relevant risks (e.g. substance abuse, mental health difficulties), and agree on the scope and nature of support to be provided by Reboot.
- Local authority partnerships. Coaches are expected to develop good relationships with local authority staff, attend some local authority meetings, and work in partnership with the local authority for the benefit of the young person.
- An initial assessment to get a basic understanding of the young person's values, skills and goals and start to build rapport between the coach and young person.
- Initial 'values work' to understand the young person's values in more depth. This can sometimes include use of 'values cards', an exercise that asks young people to identify their most important values using a set of physical cards listing different values.
- 'Value planning' work to set goals with the young person (both EET and non-EET related) and co-develop an action plan setting out what they can do to achieve their goals and act more in line with their values.
- Regular contact and sessions with young people to build a trusting relationship and support young people toward their goals. The nature of this contact varies widely depending on the young person, but incorporates a variety of practical and emotional support related to young people's EET and non-EET goals.
- Twice-yearly review sessions to review the young person's progress and goals and adapt their action plan accordingly. This includes asking the young person to complete outcome measures relating to their wellbeing, psychological flexibility, social support and financial stability. Coaches use data collected from these measures to better understand what moderating physical, mental and practical external factors (e.g. insecure housing or mental health challenges) are impacting young people, their engagement and progression through the programme. This provides coaches with the information required to further tailor coaching sessions to the individual young person's needs.
- Optional additional activities such as arts and crafts groups, away days and excursions.
- Partnerships with local employers and education providers. For young people in EET, coaches are expected to offer support to the young person's employer or education provider, such as advice and mediation (where needed).

Another important aspect of 1625ip's approach is the support provided to coaches. Coaches are often engaged in challenging, emotionally-charged work with young people, and so the way they are supported is critical to the successful delivery of the programme.

Supporting activities for coaches include:

- Monthly group clinical supervision sessions facilitated with external supervisors trained in Acceptance and Commitment Therapy. Coaches are expected to bring and collectively discuss challenges from their day-to-day work, and in doing so, feel supported and - with the aid of the external supervisor - develop their ability to apply DNA-V in their work with young people.
- Monthly peer-led group 'reflective practice' sessions. Again, coaches are expected to bring and collectively discuss challenges from their day-to-day work with young people, and use the group as an opportunity to reflect on and improve their coaching practice.
- Monthly case review sessions with their line manager. These provide an opportunity for coaches to discuss each of the young people on their caseload with their line manager, and identify and resolve any difficulties they are experiencing.

1625ip are currently developing a 'coaching handbook' which will set out their approach in more detail and be used as a training and guidance resource for coaches. If this is finalised by the end of the trial we will include it as an appendix in our final report. A description of the Reboot support model, produced by 1625ip, is included in Appendix 4.

Who: Recipients

The Reboot programme works with young people who:

- Are aged 16-25 at point of referral
- Are under the care of Bristol, BaNES, N.Somerset or S.Glos local authorities
- Are 'care-experienced' i.e. they have been appointed a PA or Social Worker by their local authority who is responsible for their care
- Based on the PA or Social Worker's assessment, are:
 - in EET and looking to progress, or
 - seeking EET⁶, or
 - likely to be seeking EET within two years.

For the purpose of the evaluation, these young people must agree to participate in the evaluation, and can not have previously received support from Reboot 1 or Reboot 11.

Who: Delivery teams

There are several key roles in the delivery of the intervention:

⁶ Data from Reboot 1 suggest that this was the largest proportion of those referred, with 27% already in EET at referral, 59% seeking EET, and 13% was not yet seeking EET (predominantly due to parenting responsibilities or health conditions).

1. Coaches: Reboot support is delivered primarily by coaches who are employed by 1625 Independent People (1625ip), a charity based in the south west of England that works with young people who are homeless, leaving care, or at risk of homelessness.
2. Local Authority Personal Advisers: Personal advisors act as initial intermediaries. They (alongside social workers) are the first professionals to inform young people of Reboot and attend the initial meeting between coaches and the young person to ensure the young person's comfort. Through their time on the programme a PA will act as a point of contact if the coach is unable to get hold of the young person.
3. Reboot Management teams:
 - a. Team leaders: Manage up to 4 coaches and have their own small caseload of young people they coach
 - b. Service Improvement Lead: analyses programme performance and identifies ways in which service delivery and programme operations could be improved.
 - c. Programme Manager: Oversees the programme
 - d. Operation Manager: Implemented, maintains and updates the internal processes used by the programme model
 - e. Partnership Director: Leads communication and work with external partners

How and where

The Reboot programme will be delivered from August 2023 to October 2026. Activities are delivered to young people in their personal time and are designed to fit around any other commitments they may have. Activities are delivered both at Reboot delivery sites, and in the local community at social settings such as cafes, bowling alleys or in the park.

When and how much

Activities will be delivered over the duration of the young person's engagement with the programme, which may be up to three years from their date of entry. 1625ip have defined the target engagement level or 'dosage' of the programme as a young person attending at sessions with coaches at least once every three weeks, on the basis that this is the minimum level of attendance required to ensure they benefit from the DNA-V approach.

Tailoring and modifications

Following the feasibility study, the following adaptations were made to the delivery of the Reboot programme:

1. The onboarding process has been reviewed with each LA.
2. Each LA has been provided with monthly referral targets to allow forward planning.
3. LAs referrers now have an opportunity to recommend a preferred coach and identify any needs or preferences the young person may have for a coach.
4. Key documentation has been created / updated based on feedback from LAs and Reboot staff. This has included creating clear eligibility criteria guidance for LAs; revising the case planning document for LAs and Reboot coaches; and the creation of a handbook for Reboot coaches (which includes an induction checklist, guidance on closures, and guidance on when and how to introduce EET).
5. The Reboot coach induction process has been updated based on staff feedback

6. Reboot coaches will have a £25 voucher to give to young people on first appointment as an incentive.
7. Additional 1625ip staff capacity has been added to support the delivery of Reboot, and programme administration; and Reboot Team Leaders have also taken on specific workstreams to avoid task duplication.
8. Administrative processes within 1625ip have been streamlined.

Differences between intervention and business as usual ‘control’ condition

All young people in care and under the age of 21 receive support from a personal adviser (PA) assigned to them by their local authority (or, for those aged 16-17 and still in care, a social worker). All young people involved in the trial under the age of 21 will therefore have an assigned PA (or social worker).

PAs act as a focal point for the young person, ensuring that they are provided with the practical and emotional support they need to make a successful transition to adulthood, either directly or through helping the young person to build a positive social network around them. PAs are responsible for providing and/or coordinating the support that the young person needs. This includes taking responsibility for monitoring, reviewing and implementing the young person’s pathway plan, which sets out the details of the support the local authority has agreed to provide.

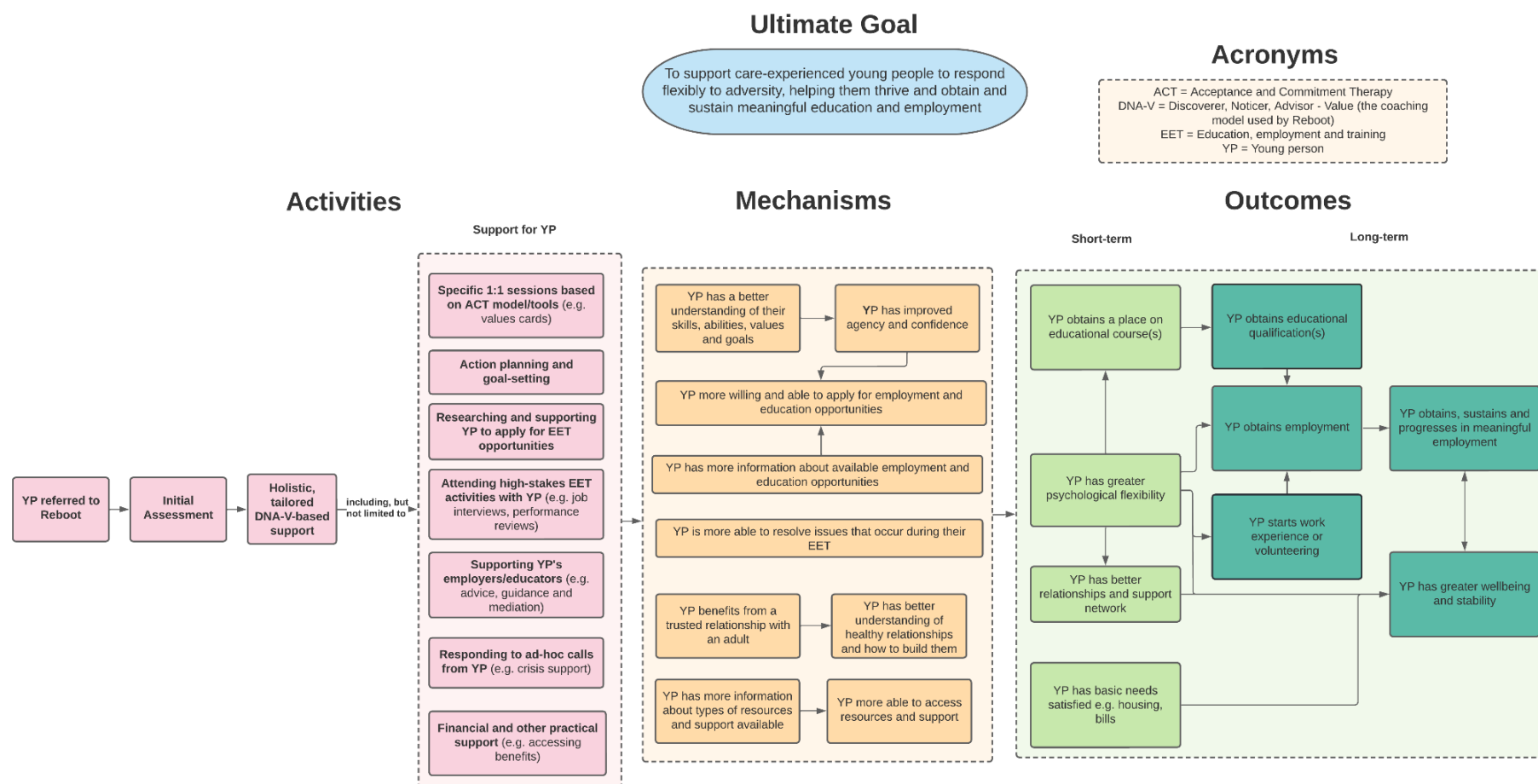
The level of support that each care leaver will need will differ depending on their circumstances, but for young people in the treatment group, this support will include Reboot support. Given the intense nature of Reboot support, young people in the treatment group are unlikely to receive substantial support from any other programme or organisation during their time in the trial.

For young people in the control group, the support they receive will be the business-as-usual offer from their local authority. The business-as-usual offer will depend on the specific local authority and the young person’s age but - for young people that want it - it is likely to include some form of EET support, provided either via the local authority or via an external organisation.

After young people turn 21, they may continue to receive PA support up to the age of 25, however, they can decide not to receive support if they do not want it. Young people in the treatment group who turn 21 will continue to receive Reboot support. Both groups, including those allocated to the control group who turn 21 during the course of the trial, will also still have access to LA support if they request it, though they will no longer fall under their LAs statutory commitment to provide care. They can also choose to disengage from the program at any time.

As the local authority support provided to young people in the control group (and potentially also the treatment group) is likely to vary widely, and may even be affected by the existence of the trial itself (e.g. local authorities may decide to provide additional support if some young people cannot access support from Reboot), we will monitor the local authority support offer as part of our implementation and process evaluation (see “Implementation and Process Evaluation” section below).

Figure 1. Simplified theory of change for the Reboot II Programme



Impact evaluation

Research questions

The aim of this research is to assess the impact of Reboot III on a series of outcomes for YPs: EET status, employment and earnings. During our work with 1625ip to develop the TOC as part of the feasibility study, (see Figure 1) these were identified as the key outcomes Reboot has been designed to address, as the DNA-V approach is designed to support young people to both set EET goals and monitor progress against these goals.

Table 4 summarises the high-level research questions for this trial and the associated outcomes. More is provided in the “Outcomes” section.

Table 4: Research Questions

RQ	QUESTION	OUTCOME	HOW IT IS MEASURED
PRIMARY	Does offering Reboot support increase the likelihood of being in EET among care experienced young people?	EET status 18-24 months after randomisation ⁷	<p>First best (if viable – see BOX 1: Alternative data sources for constructing the EET outcome measure): EET status constructed using LEO data.</p> <p>Second best: LA data. A YP will be deemed to be in EET if they are in EET at least 2 out of 3 touch-points in the six months between 18-24 months from randomisation (i.e. from the date each individual is randomised, which will be a different calendar date for each person).</p>
SECONDARY	Does offering Reboot support increase the likelihood of being employed for care experienced young people?	Employment status 18-24 months after randomisation	HMRC data. A YP will be deemed in employment if they are employed for at least two thirds (66%) of days employed during the 6 months' equivalent to a 5 day working week (Mon-Sunday)- where the 6 months are occurring between 18-24 months from randomisation (i.e. from the date each individual is randomised, which will be a different calendar

⁷ The trial protocol refers to

- A data collection window of 6 months
- A period 18-24 months from when a YP is randomised.

We use these two definitions interchangeably. Further work with the LAs will be needed to establish whether data collection will last 6 months or 7 months (inclusive of month 24), and whether the exact timing of data collection can be mandated. BIT will conduct a workshop with the relevant stakeholders ahead of data collection to finalising any details still unresolved. This will guarantee that (a) the approach will be up to date with the latest softwares/systems adopted by the LAs (b) we will have the buy-in (and the attention) of the PAs who will perform the data collection.

			date for each person).
SECONDARY	Does offering Reboot support increase the time spent in employment for care experienced young people?	Days in employment 18-24 months after randomisation	<p>HMRC data. We will calculate the total number of calendar days a YP has been employed in the 6 months occurring between 18-24 months from randomisation (i.e. from the date each individual is randomised, which will be a different calendar date for each person).</p> <p>We will consider a person to be employed if they have a contract or are self-employed AND they have received compensation for the work.</p>
SECONDARY	Does offering Reboot support increase the average earnings for care experienced young people?	Total earnings 18-24 months after randomisation	HMRC data. This will be the sum of a YP's monthly earnings in the 6 months occurring between 18-24 months from randomisation (i.e. from the date each individual is randomised, which will be a different calendar date for each person) - for all YPs with total earnings > 0.
EXPLORATORY	Does offering Reboot support promote the progression towards employment for care experienced young people?	Experimental EET scale 18-24 months after randomisation (different date for each person)	LA data. The outcome is the position on the scale, ranging from 1 to 3. This will be informed by the same data we are using for the primary outcome variable, collected between 18-24 months from randomisation (i.e. from the date each individual is randomised, which will be a different calendar date for each person)

Trial Design

This efficacy study will be a two-arm randomised controlled trial. Randomisation will be done at the individual level. Young people in one arm will receive Reboot III support (“the treatment arm”), while the young people in the other arm will receive their local authorities’ business as usual local offer (“the control arm”). For implementation reasons, randomisation will be stratified at the LA-month level, and the allocation ratio between treatment and control arm will vary between 35% and 65% based on the number of eligible YPs each month in each LA and Reboot III capacity as given by 1625ip (see section “Sample size calculations / Power” for more details).

As described in Table 4, the primary outcome is a YP’s EET status 18-24 months after randomisation. The secondary outcomes are YP’s employment status 18-24 months after randomisation, the number of calendar days in employment during that period, and their average earnings.

Participants

The definition of eligibility has been agreed with 1625ip during the pilot design phase.

In conjunction with the identified single points of contact in each LA, PAs and Social Workers are responsible for identifying young people under their care who are eligible for the programme based on the criteria below.

If any discretionary criteria are relevant (see list below), this is flagged through the referral process and the young person’s eligibility is then decided through a conversation between a Reboot manager and the referrer.

Inclusion criteria:

- They are aged 16-25 at point of referral
- They are under the care of Bristol, BaNES, N.Somerset or S.Glos local authorities
- They are ‘care-experienced’ i.e. they have been appointed a PA or Social Worker by their local authority who is responsible for their care
- Based on the PA or Social Worker’s assessment, they are:
 - in EET and looking to progress,
 - or seeking EET, or
 - likely to be seeking EET within two years.
- They agree to participate

Discretionary criteria:

If any of the following criteria are relevant to the young person, PAs will make an assessment as to whether, based on their knowledge of the young person and their current situation, it is still possible or desirable for support to be provided by the programme:

- The young person is in custody

- The young person is pregnant or a new parent
- The young person lives outside of the local authority area
- The young person's immigration status places restrictions on their right to work or access education
- The young person has a language barrier
- The young person has a significant disability or mental health issue
- The young person has any other significant specialist need (e.g. substance addiction or homelessness)

Exclusion criteria:

- The young person has accessed significant support from Reboot I or Reboot II, as decided by the Reboot manager based on past programme data.

We do not expect our sample to differ from the population of interest (at least in the four LAs taking part), in that the eligibility criteria for the trial correspond to the profile of young people who would be selected for Reboot if the programme was scaled up.

Sample size calculations / Power

Please note that some of the content in this section also appears in the SAP.

Rationale for power calculations

1625ip is receiving funding to provide 265 Reboot places. To ensure the trial is sufficiently powered, whilst also ensuring Reboot places are filled, we estimate we will need at minimum, a total of 409 participants randomised to the trial.

Based on our power calculations we believe a control group of 144 participants would be needed to be sufficiently powered (thus 144 in control + 265 in Reboot = a total sample size of 409 at referral). Any additional YP (over the target of 409) will be allocated to the control group. Randomisation will be done on a month-by-month basis, see "Randomisation" section below.

We aim to randomise 265 people into the treatment group to protect against the risk of attrition (between referral and starting Reboot) and ensure that at least 250 people start the Reboot programme. If the additional 15 young people do in fact join the programme, 1625ip have confirmed they will be able to support them.

Availability of eligible participants

In 2022 each of the four LAs shared detailed figures with us on the number of care experienced young people in their area. Our estimates of the number of eligible participants are primarily based on these figures. Based on their data, there are approximately 1,500 young people in the four local authorities who are either:

- Care leavers with an open case (a PA assigned)

- 16-17-year-old young people in care
- Unaccompanied asylum-seeking children

The subgroups with the highest potential rate of referrals are:

- 18-20 year old care leavers (estimated total: 425)
- 16-17 year old young people in care and care leavers (those who will turn 18 during the programme) (estimated total: 363)

These subgroups have a combined estimated total of 788 YP. Based on the available evidence we assume that 50% of these subgroups meet all eligibility requirements, resulting in 394 eligible young people.⁸

Additionally, there are two subgroups of young people who are eligible but considered more challenging to target and retain:

- Unaccompanied asylum-seeking children (estimated total: 156)
- YP aged 21 and over with open cases (estimated total: 386)
- The estimated total size of these two subgroups is 542. Assuming that 25% of these subgroups meet all eligibility requirements, this adds another 136 young people to the potential sample size.⁹

Overall, this means that we estimate that there is a potential sample size of eligible 530 young people for the trial (394+136). We would need 77% of this total to be referred to the trial to reach our minimum target of 409. This gives us confidence that enough YP exist to meet our minimum target. A sample size of 530 young people would result in a treatment group and control group of 265 participants each.

Power calculations

We have conducted power calculations for the primary outcome variable (EET). Analysis was conducted in R and the code can be found in the SAP. Table 5 provides an overview of our assumptions and inputs.

⁸ 50% is a conservative, sense-checked figure based on internal figures of the NEET rates at the four local authorities and their estimates of the number of year 11's at risk of NEET.

⁹This is a conservative estimate, based on the assumption that older YP are less likely to be seeking NEET or willing to participate in the programme. In our view such a conservative assumption is warranted, because we have less information about the eligibility or attrition risk among this group. As a result, we don't want to rely disproportionately on this older age group.

Table 5. Summary of power calculation assumptions & inputs

ASSUMPTION		RATIONALE
Alpha (significance level)	5%	Standard assumption
Power	80%	Standard assumption. Note: as there is only one primary outcome, a multiple comparisons correction is not required for the primary outcome.
Total planned sample size	409	See our “sample size / power calculations” section
Attrition	10%	Attrition can happen if data collection is not possible at the end of the trial. This can happen if the LA is unable to get in touch with the YP during the outcome data collection period. We’ve been told this is rare for YP they are in touch with (all YP under 21 and a proportion (estimated 20-50%) of YP over 21). 10% attrition was agreed in discussion with 1625ip.
Predictive power from covariates	$R^2 = 0.2$	The predictive power of a baseline measure of being in EET, individual characteristics and educational data. ¹⁰ Conservative estimate based on previous research. ¹¹

¹⁰ These include gender, age, deprivation index, disability status, Key Stage 2 and Key Stage 4 attainment, and absence rates. They will be included as covariates in the regression models. This is a non-exhaustive list subject to data availability.

¹¹ Britton, J., Gregg, P., Macmillan, L., & Mitchell, S. (2011). *The early bird ... preventing young people from becoming a NEET statistic*. Department of Economics and CMPO, University of Bristol.

Number of trial arms	2	Reboot (treatment) and Usual Local Offer (control)
Base rate	30% in EET	30% of Reboot I cohort was in EET at baseline (using our definition of being in EET 2 out of 3 measure points 2 months apart)
What is the calculated MDES for this trial?	13.1pp increase in EET % (Cohen's H of 0.27)	See power calculation Table 6
What <i>substantive</i> effect size do you anticipate from the intervention?	13pp increase in EET % (Cohen's H of 0.26)	<p>No published data or studies were identified that measure the impact of a programme as substantial as Reboot. The most similar ones we found saw effect sizes of 2-13 pp on EET status/outcomes. Due to the higher intensity of the Reboot programme compared to the studies we found, we believe it's reasonable to anticipate an impact in line with the upper bound of these studies.</p> <p>The proportion of Reboot I participants who would have been considered in EET according to the proposed indicator definition increased by 11pp, from 30% in the first 6 months of Reboot to 41% at the last 6 months of the two year period. This is not a robust impact estimate as there is no counterfactual group to compare against. Note also that Reboot might already have had an impact on the young people's EET status during the first 6 months, and thus this figure might underestimate the true impact of the programme.</p>
Is the planned MDES the same as or smaller than the	Roughly the same,	The calculated MDES is fractionally higher than the anticipated effect size. We have several mitigations in place to improve the MDES, including aiming for a higher

anticipated effect of the intervention?

but with uncertainty

sample size and including covariates. If we reach our target sample size of 530 our MDES would be 10.9pp.

Anticipated effect of the intervention

In the existing literature

There is limited literature available on the effect size of an intensive long-term training programme on EET outcomes among care leavers. Papers that analysed the impact of EET support programs on EET outcomes among young people found impacts that ranged between 2pp (not significant) and 13pp, with the evaluations most similar to this one finding a significant impact of 11p and 13pp on employment/education.^{12,13,14} For example, a matching analysis of the Activity Agreement model¹⁵ found an approximate impact of 13pp on EET status of 16-17-year olds with extra needs 3 months after the intervention.¹⁶ It is worth noting that a matching analysis is likely to overestimate the effect of the intervention compared to an RCT. Additionally, our intervention includes older YPs, among whom the proportion who are NEET tends to be higher. This means that a larger effect would be possible.

Estimated effect of Reboot I from previous data

The proportion of Reboot I participants who would have been considered in EET according to the proposed indicator definition for this trial (in EET at least 2 of the last 3 measure points) increased from 30% in the first 6 months of Reboot I to 41% at the last 6 months of the two-year period (so an increase of 11pp). However, this is not a robust impact estimate as no counterfactual group could be compared against. We don't know whether without Reboot I support the EET % would have gone up, down or remained the same. In addition, if Reboot I supported impacts the young people's EET status during the first 6 months, this figure is an underestimate of the impact that Reboot III may have, as for this power calculation exercise the pre-measure for Reboot I was taken over the first six months of support.

Power calculations primary outcome variable

Table 6 provides the outcome for the power calculations given 3 scenarios.

- **Sample size substantially less than expected, equal distribution.** In this first scenario we assume that recruitment numbers were significantly lower than our minimum target (288 instead of 409). We assume that to maximise statistical power we distributed them evenly across treatment and control (which means many of the Reboot

¹² Nafilyan, V., Newton, B., Speckesser, S., Maguire, S., Devins, D. and Bickerstaffe, T (2014) *The Youth Contract for 16-17 year olds not in education, employment or training evaluation*. [online] Department for Education.

¹³ Alzua, M., Cruces, G. and Lopez-Erazo, C. (2013) *Youth training programs beyond employment. Mimeo: Evidence from a randomized controlled trial*.

¹⁴ Zinn, A.E., and Courtney, M.E. (2017) *Helping foster youth find a job: a random-assignment evaluation of an employment assistance programme for emancipating youth*. *Child & Family Social Work*, 22, 155-164.

¹⁵ An Activity Agreement is an agreement between a young person and their PA that the young person will take part in a programme of tailored learning and activity which helps them to become ready for formal learning or employment.

¹⁶ Young People Analysis Division (2010) *What works re-engaging young people who are not in education, employment or training (NEET)? Summary of evidence from the activity agreement pilots and the entry to learning pilots*. [online] Department for Education.

places would not be filled). In this scenario, we are powered to detect an impact of 15.0pp (Cohen's $h = 0.31$). To reach the same MDES with all Reboot places filled, we'd have to recruit an additional 77 young people.

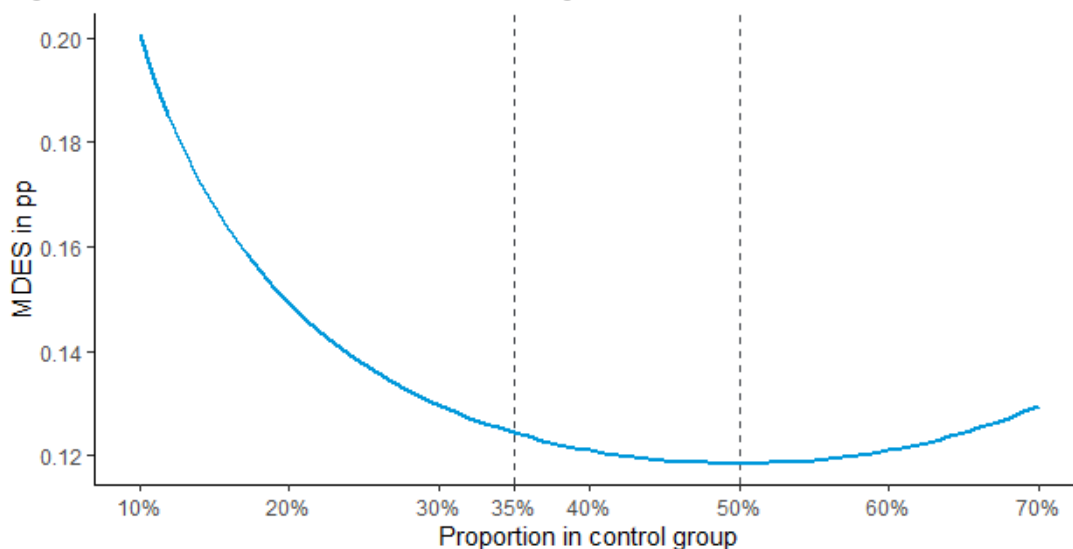
- **We reach the minimum target sample size (409).** If we reach our minimum target of 409 young people, we are powered to detect an effect size of 13.1pp (Cohen's $h = 0.27$). The same MDES can be reached with 37 less young people if participants were evenly distributed across the treatment and control group.
- **We reach our stretch target sample size (530).** If we reach our ideal target of 530 young people, we are powered to detect a difference of 10.9pp (Cohen's $h = 0.23$).

Table 6. Power calculation results for primary outcome variable (EET status)

# IN REBOOT	# IN COMPARISON GROUP	TOTAL SAMPLE SIZE	EET		
			COHEN'S H EFFECT SIZE	MDES	% EET IN REBOOT AT ENDLINE
144	144	288	0.31	15.0pp	45%
265	144	409	0.27	13.1pp	43%
265	265	530	0.23	10.9pp	41%

One of our objectives is to ensure that all 250 Reboot places are filled. If we reach our minimum target sample size, we can achieve this by allocating 35% of participants to control and 65% to treatment. As previously mentioned, this allocation comes with a slight reduction in power compared to allocating 50% to both groups. Figure 4 below illustrates the relationship between the proportion of participants allocated to the control group and the minimum effect size the trial will be powered to detect. The figure indicates that allocating between 35% and 50% of participants to the control group results in only a minimal difference in the minimum effect size. However, if the proportion is reduced to below 35%, the decrease in power becomes significant.

Figure 2. MDES of trial, assuming a total sample size of 409 YP



Randomisation

We'll be randomising individual participants into either the treatment or control group. BIT will be completing the randomisation using R. Code for the randomisation is QA'ed and can be found in Appendix 6.

The referral period will cover one year (from August 2023 until July 2024). Randomisation will be done on a monthly basis over the course of this period. Each month, each LA has a fixed number of Reboot places available. In advance, 1625ip will communicate monthly referral targets that are twice the number of available Reboot places to the LA's. Reboot places cannot be transferred between LAs.

1625ip will share each month with BIT the number of places that are available at each LA and the list of referrals that month. This will be done via a shared spreadsheet that only BIT and 1625ip have access to. Appendix 9 gives an overview of the estimated number of places per LA per month. These figures are accurate as of August 2023, but subject to change.

The allocation into control and treatment will be done based on a set of rules. Our primary concern is to find the right balance between ensuring all Reboot places are filled and ensuring the trial is sufficiently powered to detect a significant and meaningful effect.

These rules are (in order of priority):

- **Each month at least 1 young person in control and treatment per LA:** We want to avoid a situation where a YP is guaranteed to be assigned to either the treatment or control group. This rule is only relevant in the case where there is only 1 Reboot place available and 1 referral. If that is the case, we'll carry over the referral and available spot to the next month.
- **Each month and in each LA, between 33% and 50% of the YP randomised should be allocated into the control group:** We deem 33% as a good cut-off point

as an overall allocation ratio below that will penalise the power of the trial too much.¹⁷ If we reach our minimum sample size target (265 in treatment, 144 in control) then the control group will contain 35% of the total sample.¹⁸ If it's not possible to allocate all YP or fill all available places then some YP or places will be carried over to the next month.

- **Each month, the full capacity of Reboot coaches within a LA should be utilised:** Where possible we should always aim to make full use of the Reboot capacity. That means that if there are several different allocations possible after taking into account the first two rules, we will always choose the one that maximises the number of YP referred to Reboot.

We will illustrate these rules with an example. In this example, there are 4 Reboot places available.¹⁹ Table 7 shows the allocation into the control and treatment group, as well as how many reboot places and/or referrals are carried over to the next month, given 1 - 10 referrals from the LA. If there are 4 available places, the LA will be told the target number of referrals for the month is 8. If they refer between 6 and 8 YP, all YP will be allocated and all Reboot places will be filled. If they refer more than 8 YP, these additional YP will be carried over to the next month.²⁰ If they refer less than 6 YP, some of the places won't be filled and be carried over to the next month.

Table 7. Example of allocation into treatment and control, assuming there are 4 available Reboot places

AVAILABLE PLACES	# REFERRALS	YP ALLOCATED TO REBOOT (%)	YP ALLOCATED TO CONTROL (%)	REBOOT PLACES CARRIED OVER TO NEXT MONTH	YP CARRIED OVER TO NEXT MONTH
4	1	0 (-)	0 (-)	4	1
	2	1 (50%)	1 (50%)	3	0
	3	2 (67%)	1 (33%)	2	0
	4	2 (50%)	2 (50%)	2	0

¹⁷ A trial where 33% of participants are in the control group needs roughly 10% more participants than a trial with 50% of participants in the control group to achieve the same level of power.

¹⁸ We don't set the monthly minimum at 35% because if we do that, the overall minimum will be substantially higher than 35%, which will increase the risk we won't be able to fill all available Reboot places. With 33% this risk is lower, which is particularly evident if the number of referrals is a multiple of 3. For example, if there are 6 referrals, under the 33% rule we allocate 2 YP into control (33.3%). Under the 35% rule, we need to allocate 3 YP into control (50%). Because it is unlikely that for each randomisation batch the number of referrals is near the minimum, we don't expect that with the 33% rule the allocation into the control group will be lower than 35%.

¹⁹ The actual number of places each month depends on Reboot trainer capacity and will differ depending on the month and the LA. The latest projections by 1625ip suggest this can range from 0 to 17 available places.

²⁰ We will assume the YP in the bottom rows are the latest ones to be referred, and thus they will be carried over to the next month. These YP will then be the first ones to be randomised the subsequent month.

5	3 (60%)	2 (40%)	1	0
6	4 (67%)	2 (33%)	0	0
7	4 (57%)	3 (43%)	0	0
8	4 (50%)	4 (50%)	0	0
9	4 (50%)	4 (50%)	0	1
10	4 (50%)	4 (50%)	0	2

Each month, BIT will do the randomisation based on these rules, and share the subsequent assignment with 1625ip in the same shared spreadsheet that 1625ip uses to share referrals and capacity figures with BIT. 1625ip will communicate the allocation with the relevant LA's. Appendix 7 contains the steps followed by the BIT researcher each month to fulfil the randomisation.

The overall aim at the end of the referral period is to:

- Have 265 YP randomised to the treatment group²¹
- Have at least 144 YP in the control group (i.e., at least 35% of the total sample)

If the number of referred YP are less than 409 overall or if they are very mismatched with the number of available Reboot places each month, we won't be able to meet both these aims.

In the final 3 months, the researcher can deviate from rule 2 and rule 3 if it can help reach the overall aim of the target (fill all Reboot places and have at least 144 YP in the control group). Instead of a 33% - 55% range, allocation into the control group can be allowed to be within the 10% - 90% range and the rule that all available places should be filled can be foregone. Any such decision needs to be approved by a Senior Researcher to ensure there are no risks to the internal validity of the trial.

A step by step description of the randomisation process is provided in Appendix 7. This includes also the quality assurance process that a second BIT independent researcher will follow to ensure that the randomisation was successful each month. We will monitor the uptake of Reboot places to ensure that young people are not dropping out due to the wait time between referral and onboarding.

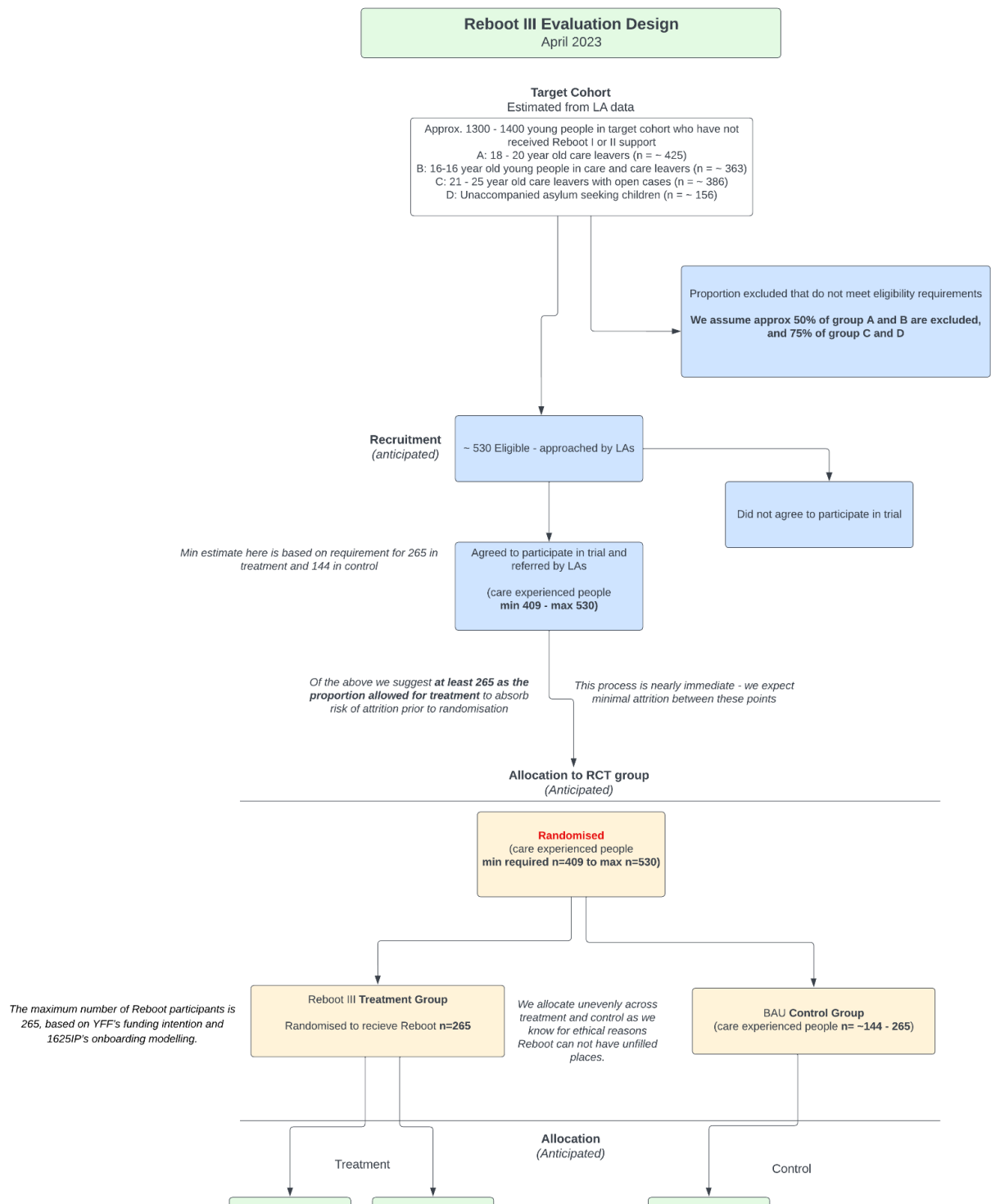
Table 8. Assignment summary

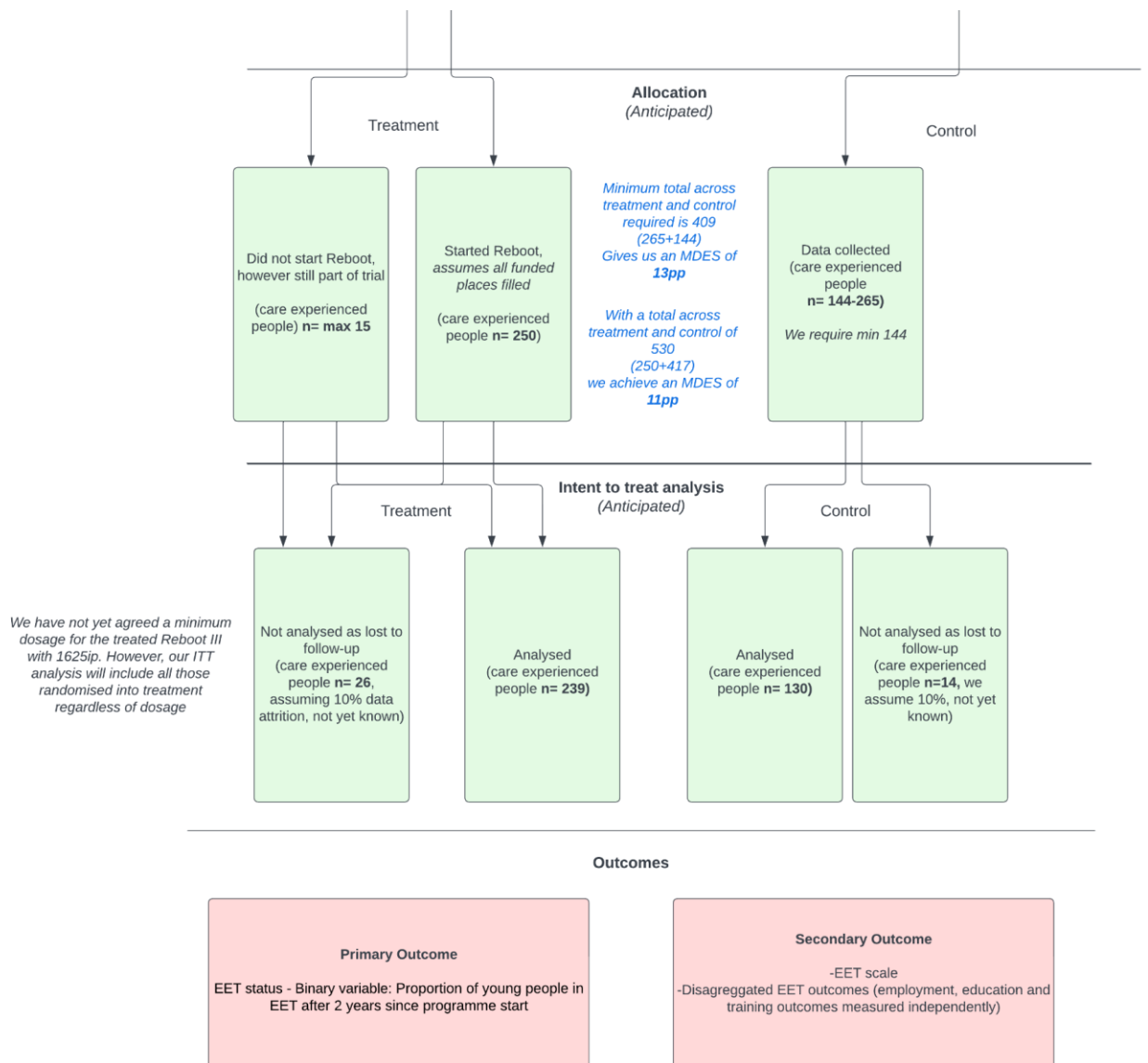
ARMS	2 arms - control [35% - 50%], treatment [65% - 50%]
STRUCTURE	We will randomise monthly, stratified by month and LA
METHOD	BIT will conduct randomisation using R.

²¹ This is to ensure all 250 reboot places are filled, on the assumption that a small number of those randomised to the programme will not complete onboarding.

UNIT OF ASSIGNMENT	Individual young people, corresponding to their unique ID
UNIT OF MEASURE	Individual young people
SPILLOVER RISK	<p>Low.</p> <p>Staff delivering Reboot III will not work with YPs in the control group as specified in the conditions of the YFF agreements with LAs. Reboot have put in place procedures to include a duplicate check of the unique IDs of those referred, to ensure they are unique and mitigate against the risk that those in control may be re-allocated to treatment.</p> <p>The type of activities and skills that Reboot III promotes are not easily transferable, where YPs in the treatment group in touch with YPs in the control group (in the same LA)</p> <p>However, we do recognise that LAs may increase support for YPs in the control group: as (a) to compensate them for not being offered Reboot (b) more resources may be available to the LA if there are savings associated with many YPs being allocated to Reboot support.</p>
BLINDING	<p>Blinding is not possible to deliverers and participants in this trial. Randomisation is done blindly by the researcher.</p>

Figure 3. Participant flow of the trial





Outcome measures

Table 4 provided a high-level description of the research questions that the impact evaluation will be answering, mapped against the outcomes. This section provides more detail on these topics.

Please see section: “Implementation and Timeline of the Trial” for a more detailed description of the data gathering process.

Primary research question: Does offering Reboot support increase the likelihood of being in EET among care experienced young people?

In the context of this randomised controlled trial, the research question takes the specifics of: *What is the difference in the likelihood of being in EET (as measured by the EET status 18 to 24 months after starting EET support)²² of a care experienced young person offered the Reboot programme, compared to a care experienced young person in the control group?*

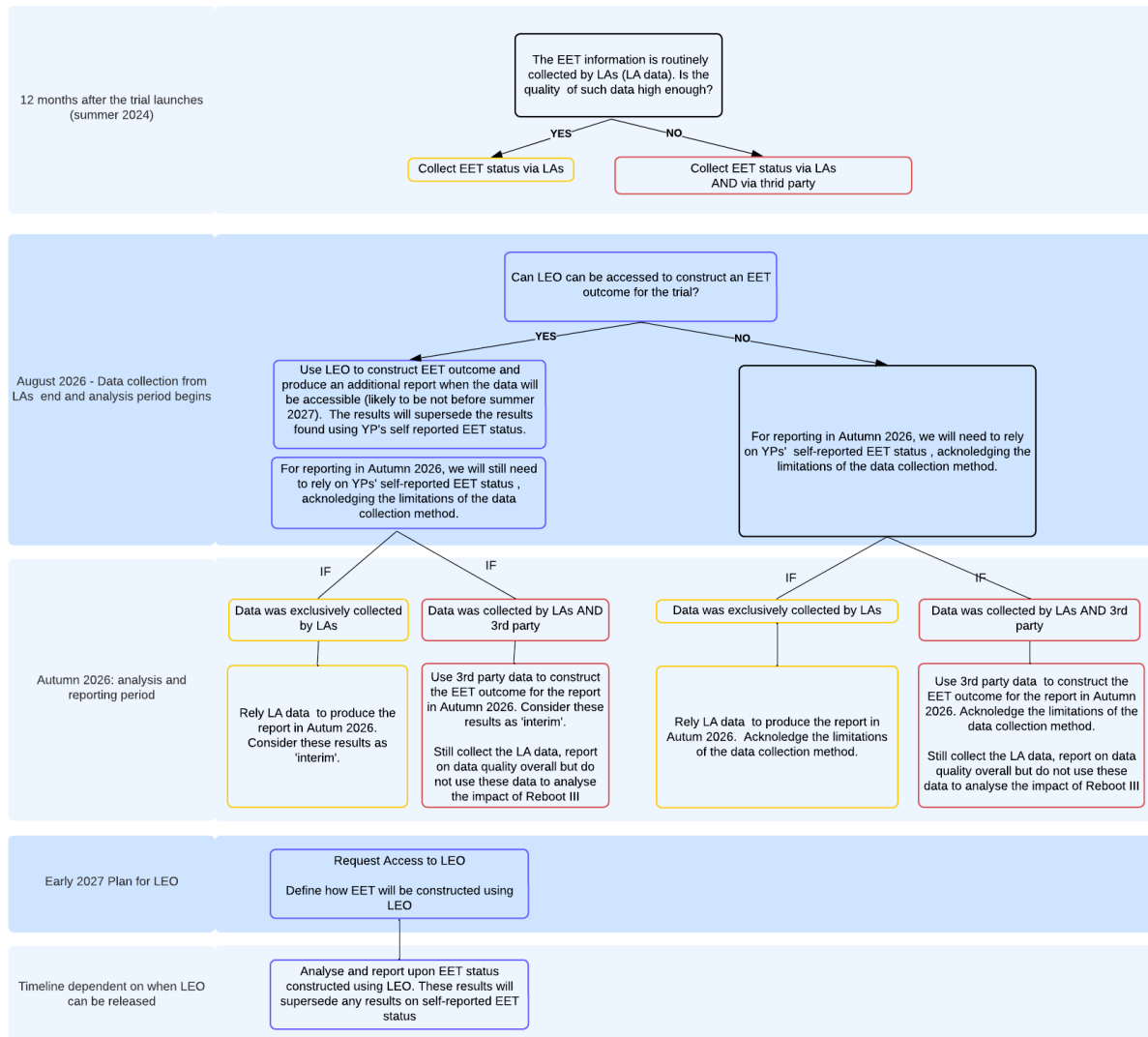
- Population of interest: care experienced young people (aged 16-25 at referral) who are NEET or at risk of becoming NEET.
- Outcome: binary variable representing whether a young person is in EET 18-24 months after the beginning of the trial. The section below describes two alternative data sources (LEO and LA data) and how this indicator will be constructed if we will rely on LA data (a young person is considered in EET (indicator = 1) if they are recorded as EET 2/3 times in the last 18 months of their journey).
- Alignment with TOC: Coaches provide 3 types of support: practical support, reflective support and well-being support. The reflective support involves the young person understanding what they are good at and what matters to them (co-develop and refine YP's goals and an action plan, ACT concepts and tools values cards). Finally there is there well-being support that focus on the young person's physical and mental well-being (support to help young people with things like managing their finances and housing, non-EET goals related to mental health such as e.g. leaving the house, taking public transport, informal social activities to help build the relationship between the coach and young person and providing ad-hoc crisis support). The practical support consists of supporting the young person with specific activities related to EET skills and accessing EET opportunities (Coach contacts employers, researches EET opportunities, CV writing, job applications and accompanies YP activities e.g. job interviews). The reflective support means young people have a better understanding of their skills, values and goals and how these could manifest in an employment role, and what roles would be best suited to them (what roles they should apply for). The practical support results in

²² The trial protocol refers to: A data collection window of 6 months; a period 18-24 months from when a YP is randomised. We use these two definitions interchangeably. Further work with the LAs will be needed to establish whether data collection will last 6 months or 7 months (inclusive of month 24), and whether the exact timing of data collection can be mandated. BIT will conduct a workshop with the relevant stakeholders ahead of data collection to finalising any details still unresolved. This will guarantee that (a) the approach will be up to date with the latest software /systems adopted by the LAs (b) we will have the buy-in (and the attention) of the PAs who will perform the data collection.

young people being more able and willing to apply for opportunities and being more likely to succeed when applying. The well-being support firstly gives the young person increased self-esteem which increases their chance of applying for roles, but it also helps them become more comfortable developing professional relationships with colleagues when in employment, and the increased mental flexibility makes them better able to address challenges that arise at work. It allows young people's basic needs to be addressed and young people are more comfortable in their day to day lives outside of work, their overall physical and mental well-being is expected to improve. All of which results in young people being better able to sustain work.

- Timeframe: 18 to 24 months from the start of the trial from randomisation. 1625ip's view was that it can take as long as two years before their support makes a substantial impact on the young person's outcome, whilst Reboot I data showed most of the change in EET % took place in the first 12 months of support. As a result, we deemed to 18 - 24-month period to be appropriate for data collection.
- Comparison/counterfactual: the analysis will compare outcomes of YPs allocated to the treatment group to outcomes of YPs allocated to the control group.
- Data source: This will depend on BIT's ability to access DfE's Longitudinal Education Outcomes (LEO) dataset and on the quality of the data collected by Local Authorities.
 - Figure 3 present the decision tree visually; the box provides more information about the decision and the ranking of the different options.
 - The "LA Data Quality Assessment" section (page 113) provides more information about the quality checks that we will perform against the LA data.

Figure 4



BOX 1: Alternative data sources for constructing the EET outcome measure

Option 1 [subject to contractual agreement]- LEO (in blue in the diagram)

LEO is a de-identified, person-level administrative dataset that brings together education data with the employment, benefits and earnings data of members of the public. The dataset allows researchers to analyse longer-term labour market outcomes at person level, enabling a major leap forward in the assessment of education policy and provision, and with greater accuracy than ever before. The LEO dataset links information about students (individuals appearing in DfE's National Pupil Database), including personal characteristics, education, employment and income, benefits claimed. It is created by combining data from the following sources: (i) The National Pupil Database (NPD), held by the Department for Education (DfE); (ii) Higher Education Statistics Agency (HESA) data on students at UK publicly funded higher education institutions and some alternative providers, held by DfE; (iii) Individualised Learner Record data (ILR) on students at further education institutions, held by DfE; (iv) Employment data from the Real Time Information System (RTI). RTI contains information formerly collected on the P45 and P14 forms, held by His Majesty's Revenue and Customs (HMRC); (v) Data from the Self-Assessment tax return, held by HMRC; (vi) The National Benefit Database, Labour Market System and Juvos data, held by the Department for Work and Pensions (DWP). By combining these sources, we could look at the progress of care leavers into higher education, further education and the labour market.

This option is considered robust/safer for the trial because it maximised data quality: (a) being administrative data, attrition is minimal and equally likely to happen for YPs in the treatment and control group²³; (b) missing data will be very low; (c) inaccuracy in EET recording will be minimal.

However, at the time of writing (July 2023) no process exists to link a list of YP's identifiers with LEO. The YFF is actively working with a team at DfE to ensure that such linkage will be possible in the future.

Were such data linkage be possible in Summer 2026 (before data analysis begins), [subject to contractual agreement], BIT will:

- Ahead of accessing the data, define how to construct an EET outcome indicator using LEO data;
- Request access to LEO;
- Access LEO data - if the data linkage can be done, we expect that BIT could access LEO data including outcomes 18-24 months from randomisation in Summer 2026

²³ One drawback of LEO is that YPs who were not educated in the UK would not appear in the dataset.

(accounting for one calendar year for LEO data to be released);

- Conduct additional analysis using the LEO constructed EET outcome data as primary outcome;
- Perform a set of additional analysis by comparing the LEO outcomes with LA data to better understand LA data quality, viability for future trials, how this affects the Primary Outcome;
- Produce an additional report once the LEO data is accessible. We expect that there will be about a year lag between data collection and when the LEO data may be made available to researcher. As data collection ends in August 2026, we do not expect the LEO data to be available before Summer 2027. Analysis would take place in Autumn 2027, with a report available in early 2028. The results from these analyses would supersede the analysis on EET status conducted using self-reported EET status (see next paragraphs).

Option 2 YP's self-reported EET status

In summer 2026 we will aim at having a view whether accessing LEO (that would give the most robust estimate and, if so, will provide the sole primary outcome) will be feasible or not. If so, BIT would still produce analyses using self-reported EET status as outcome in Autumn 2026 - BIT & YFF will consider these results as 'interim', not definitive of the impact of Reboot on YP's EET status.

If administrative data appear not to be a feasible option, we will need to rely on EET status as self-reported by YPs. For reporting in Autumn 2026, we will need to rely on YPs' self-reported EET status, acknowledging the limitations of the data collection method and making clear that, if LEO will be available in the future, results from LEO will supersede these results.

There are two options to collect self reported EET status:

Option 2a - LA data (in yellow in the diagram)

As described in the Section: "Implementation and Timeline of the Trial", LAs' personal advisors (PA) are in regular contact with their young people. Specifically, they have a statutory duty to be in touch at least once every 8 weeks when the case is open (touchpoint) - this applies in the same way to YPs in the treatment and control group). LAs also have the statutory duty to communicate YP's EET status once a year in the annual LAC return (see Section: "Implementation and Timeline of the Trial" for more info on LAs' statutory duties). To do so, they use the approach provided in Table 9.

We asked LA to use the same approach they use to collect YPs' EET status for the LAC return at each touchpoint. This minimises disruption and the burden associated with data collection for LAs.

This means that LAs will collect EET status from trial participants three times in the 6 months occurring between 18 and 24 months from the start of the trial (from randomisation). Then, a YP will be deemed to be in EET if they are in EET at least 2 out of

3 touch-points. This was the case for 41% of the Reboot I participants.

We recognise that, even though YFF is providing additional funding to LAs to make this data collection possible, there is a non-negligible risk of attrition/missed data collection, especially for the outcomes of YPs aged over 21, with whom the PAs do not have many natural touchpoints, and who often exit the LA care.

For this reason, BIT will perform an additional investigation of the quality of this data 9-12 months after the trial launch (more details given at page 113).²⁴ If data quality does not pass the pre-defined threshold, BIT and YFF will rely on a third party to collect this data.

Note: the remainder of the trial protocol assumes that the Option 2a is the most likely.

Option 2b - Third party (in red in the diagram)²⁵

If quality of LA collected data does not pass the pre-defined threshold, BIT and YFF will engage a third party, external to LAs and the evaluation team, to contact YP directly to collect EET outcome data.

BIT will use the third party data to construct the EET outcome for the report in Autumn 2026. BIT will still collect the LA data, report on data quality overall but do not use these data to analyse the impact of Reboot III.

Table 9. LAs' approach to EET status data collection

CODE	DESCRIPTION	NOTES AND DEFINITIONS	EET STATUS
F1	Young person engaged full time in higher education	‘Higher education’ means all studies at a higher academic level than A level . This includes degrees, diplomas in higher education, teaching and nursing qualifications, HNDs, ONDs, and BTEC levels 4-5. The educational course does not have to be residential.	EET
P1	Young person engaged part time in higher education		
F2	Young person engaged full time in education other than higher education	This means all other education not covered by code F1 and P1. The educational course does not have to be residential.	

²⁴ This is subject to contractual agreement.

²⁵ This is subject to contractual agreement.

P2	Young person engaged part time in education other than higher education		
F4	Young person engaged full time in an apprenticeship	Includes apprenticeships only .	
P4	Young person engaged part time in an apprenticeship		
F5	Young person engaged full time in training or employment (not apprenticeship)		
P5	Young person engaged part time in training or employment (not apprenticeship)	'Training' includes government-supported training (other than Apprenticeships), such as Traineeships or Supported Internships. 'Employment' includes paid employment, self-employment, and voluntary unpaid work .	
G4	Young person not in education, employment or training because of illness or disability		NEET
G5	Young person not in education, employment or training: other circumstances	Refers to young people not covered by any of the other categories. However, this should not include young people who are not able to participate in any of these activities because of pregnancy or because they are parents or carers – these young people should be coded under G6.	
G6	Young person not in education,	Refers to young people who are not able to participate in any of these activities because	

	employment or training due to pregnancy or parenting	of pregnancy, or because they are parents or carers.	
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Note: Full time defined as “at least 16 hours/week”. There is no lower bound specified for being in part time employment, education or training.

Secondary research question (1) : Does offering Reboot support increase the likelihood of being employed for care experienced young people?

In the context of this randomised controlled trial, the research question takes the specifics of: *What is the difference in the likelihood of being in employment (as measured by the employment status 18 to 24 months after starting EET support) of a care experienced young person offered the Reboot programme, compared to a care experienced young person in the control group?*

- Population of interest: care experienced young people (aged 16-25 at referral) who are NEET or at risk of becoming NEET.
- Outcome : binary variable for whether a person is employed for at least two thirds (66%) of the days in the 6 months occurring between 18 and 24 months from the start of the trial (since randomisation). Days will be counted as working days (instead of calendar days).
- Alignment with TOC: ACT concepts and tools used in Reboot coaching sessions enable young people to have a better understanding of their skills, values and goals and improved agency and confidence to achieve their goals. This is coupled with the practical support for CV writing, job applications, contacting employers, researching EET opportunities, and preparation for interviews to aide young people in being successful when applying for employment opportunities
- Timeframe: 6 months occurring between 18 and 24 months from the start of the trial (after randomisation).
- Data source: HMRC tax return data as provided by 1625ip.
- Comparison/counterfactual: the analysis will compare outcomes of YPs allocated to the treatment group to outcomes of YPs allocated to the control group.

How the outcome variable will be constructed

- HMRC monthly tax return data provide information on whether a YP received a salary in the given month. They also state whether a person started or ended their employment spell in that month.
- A YP will be deemed in employment in the period if they were employed (they received a salary) for at least two thirds of the days in the 6 months occurring

between 18 and 24 months after randomisation.

- Why two thirds?: because (a) the outcome in the TOC is sustained employment (so more than occasional work) (b) for (broad) consistency with the two touchpoints out of three in the construction of the primary outcome.
- We expect the results not to be very sensitive to the threshold (e.g 50% vs 66% vs 75%) as data from Reboot II indicate that the majority of Reboot participants are either never employed or always employed in the six months analysed.

Secondary research question (2): Does offering Reboot support increase the time spent in employment for care experienced young people?

In the context of this randomised controlled trial, the research question takes the specifics of: What is the difference in the time spent in employment (as measured by the number of days in employment, 18 to 24 months after starting EET support) of a care experienced young person offered the Reboot programme, compared to a care experienced young person in the control group?

Population of interest: care experienced young people (aged 16-25 at referral) who are NEET or at risk of becoming NEET.

- Outcome: continuous variable representing the number of days a young person is employed in the 6 months occurring 18 to 24 months after the beginning of the trial (incl. weekend days).
- Alignment with TOC: Reboot support provides young people with greater psychological flexibility, improved agency confidence to achieve their goals and learn how to trust people and have healthy relationships and this leads young people to feel more confident in the workplace. They are more comfortable interacting with and developing professional relationships with colleagues, and are better able to address challenges that may arise that previously would have resulted in them leaving the job. Coaches also provide in-EET support (incl. advice, guidance and mediation) to YP's EET employers/educations that also help young people deal with challenges.
- Timeframe: 6 months occurring between 18 and 24 months from the start of the trial (after randomisation).
- Data source: HMRC tax return data as provided by 1625ip.
- Comparison/counterfactual: the analysis will compare outcomes of YPs allocated to the treatment group to outcomes of YPs allocated to the control group.

How the outcome variable will be constructed

- HMRC monthly tax return data provide information on

- whether a YP had a contract in the given month
- whether a person started or ended their employment spell in that month
- day of the payslip
- payslip amount
- We will calculate the total number of days a YP has been employed in the 6 months occurring between 18 and 24 months after randomisation. We will consider a person to be employed if they have a contract AND they have received compensation for the work.

Secondary research question (3): Does offering Reboot support increase the earnings of care experienced young people?

In the context of this randomised controlled trial, the research question takes the specifics of: *What is the difference in the earnings (as measured by total earnings, 18 to 24 months after starting EET support) of a care experienced young person offered the Reboot programme, compared to a care experienced young person in the control group?*

- Population of interest: care experienced young people (aged 16-25 at referral) who are NEET or at risk of becoming NEET who receive earnings (of any amount) at least once in the 6 months occurring 18 to 24 months after the beginning of the trial.
- Outcome: continuous variable representing the total earnings in the period.
- Alignment with TOC: Reboot provides practical support to help young people with their basic needs. This includes understanding their finances and other practical concerns e.g. support to access benefits or understand bills. It also supports them to achieve more practical non-EET goals e.g. leaving the house, taking public transport. Once basic needs are addressed and young people are more comfortable in their day to day lives outside of work, their overall physical and mental well-being is expected to improve. This means young people are better able to not only sustain work, but begin to consider progress routes at work.
- Timeframe: 6 months occurring between 18 and 24 months from the start of the trial (after randomisation).
- Data source: HMRC tax return data as provided by 1625ip.
 - Note: HMRC data we are collecting for the evaluation includes all taxable pay, hence we will be able to capture earnings for self-employed too.
- Comparison/counterfactual: the analysis will compare outcomes of YPs allocated to the treatment group to outcomes of YPs allocated to the control group.

How the outcome variable will be constructed

- We will sum a YP's monthly earnings in the 6 months occurring between 18 and 24

months after randomisation.

- In the regression, we will only include YPs with total salary > 0. This will tell us what the average earnings are of YP who are in employment. However, being in employment is likely to be affected by the treatment itself. This has consequences on the interpretation of the result.

Exploratory research question: Does offering Reboot support improve the progression towards employment for care experienced young people?

Note: if we rely on a third party to collect EET status, we will base this outcome on *third* party data too.

In the context of this randomised controlled trial, the research question takes the specifics of: *What is the difference in progression towards EET (as measured by position on an experimental EET scale, 22 to 24 months after starting EET support) of a care experienced young person offered the Reboot programme, compared to a care experienced young person in the control group?*

This outcome is a new metric discussed with the YFF, in response to the need to capture a sense of progression towards sustained employment. This exercise is more ‘procedural’ than outcome-related. The main interest is to test whether such a scale can be constructed and whether the YFF can build consensus around its use in their future work.

The scale allows for more sensitivity in the outcome measure than a binary outcome variable EET/NEET, while still having a single outcome measure that can capture all relevant types of EET activities. It is easily adaptable to the data available, so it has the potential to be used by the YFF in a variety of other settings/trials.

- Population of interest: care experienced young people (aged 16-25 at referral) who are NEET or at risk of becoming NEET.
- Outcome: position on a 1-3 EET scale (last touchpoint)
- Alignment with TOC: Coaches work with young people to set employment goals and develop those goals into an actionable plan. They also deliver values sessions that help young people better understand what they are interested in and what is important to them. In these sessions, coaches link what a young person is interested in or what they value to specific skills that can be used in the workplace or areas of employment. As a result the young people have a better understanding of their skills, values and goals and how these could manifest in an employment role, and what roles would be suited to them. In addition coaches provide practical EET support to help YP access EET opportunities when they are ready to do so e.g. CV writing, job applications.
- Timeframe: 22- 24 months from the start of the trial (since randomisation).
- Data source: LA data.
- Comparison/counterfactual: the analysis will compare outcomes of YPs allocated to the treatment group to outcomes of YPs allocated to the control group.

How the outcome variable will be constructed

- This outcome will measure a young person's position on a predefined 'EET scale' at the end of the trial (last touchpoint between YP and LA).
- In response to the need to capture and organise a multitude of EET activities along a single progression scale, any EET scale requires choices on the relative value or meaningfulness of different EET activities. This scale results from such choices.
 - The outcome is the position on the scale, ranging from 1 to 3, constructed using the same data as the primary outcome:
 - 1: YP is NEET (where NEET/EET status follows the same definition/rules of the primary outcome)
 - 2: YP is in part time EET (see Table 10 below for more info)
 - 3: YP is in full time EET (see Table 10 below for more info)
- Note that the scale assumes that
 - Progression from any level to another is equally 'valuable' (e.g., going from '1' to '2' is equally valuable as '2' to '3').
 - Full time (FT) EET is a 'higher level of EET' than part time (PT) FT is better than PT.
- Any 'EET scale' requires making judgements about what is a 'higher level of EET' - for this reason, this scale is experimental.
- The categories are mutually exclusive because of the way the data is recorded (Table 10 below). In theory, a YP could be undertaking different activities, but only the activity that comes first in Table 10 is recorded by PAs.

Table 10. LAs' approach to EET status data collection

CODE	DESCRIPTION	SCALE VALUE
F1	Young person engaged full time in higher education	3
P1	Young person engaged part time in higher education	2
F2	Young person engaged full time in education other than higher education	3
P2	Young person engaged part time in education other than higher education	2
F4	Young person engaged full time in an apprenticeship	3

P4	Young person engaged part time in an apprenticeship	2
F5	Young person engaged full time in training or employment (not apprenticeship)	3
P5	Young person engaged part time in training or employment (not apprenticeship)	2
G4	Young person not in education, employment or training because of illness or disability	1
G5	Young person not in education, employment or training: other circumstances	
G6	Young person not in education, employment or training due to pregnancy or parenting	

Compliance

Compliance will be analysed as part of the Implementation and Process Evaluation (IPE). Compliance will be measured at the delivery level and the participant level.

A fidelity assessment will be conducted to examine compliance at the delivery level, by examining four dimensions of fidelity and scoring the programme against each. These assessments are set out in detail in section “Fidelity Assessment”. Compliance at the participant level will be explored using administrative data from the Reboot programme to examine participant engagement with programme activities. This approach is set out in detail in the section: “Fidelity Assessment”.

Analysis

The analysis will be an Intention to Treat - comparing the outcomes of YPs assigned to the treatment and control group. The analysis will be done at the YP level (unit of randomisation). The methods of analysis were chosen a priori (before data collection took place). The analysis will be conducted in R or Stata.

In summary, the following regressions will be run for each outcome. Regression equations, details on how we will deal with missing data, interim & follow-up analysis, imbalance at baseline, presentation of outcomes, are available in the SAP.

Table 11. Regression analysis summary

	PRIMARY	SECONDARY			EXPLORATORY
Model type	Logistic	Logistic	OLS	OLS	OLS
Outcome measure	EET status	Employment status	Time in employment	Total earnings	Position on EET scale
Main independent variable	A binary indicator for the treatment arm				
Additional covariates	The local authority the individual lives in the month of referral (MM/YY) age at referral gender EET status at referral additional covariates from the NPD: KS4 attainment for Maths and English; Absence rates; ethnicity; disability status. Dummy variable indicating occasional refusal (missingness of EET status in at least one touchpoint).				
Purpose	Estimated treatment effect. This result will determine the main recommendation for further	Estimated treatment effect			Methodological

	funding/scaling		
Confidence intervals	95% CI		
Multiple comparison adjustment?	No	Presenting result both adjusted and unadjusted for multiple comparisons (using the Benjamini-Hochberg procedure)	No

Implementation and process evaluation

The purpose of the IPE is to show how the Reboot intervention was implemented, whether this differed from the intended treatment model, and the factors that informed this. It also monitors the activity of the control group to establish what has been done in the absence of the intervention and aims to provide insights on its potential for delivery at scale. In doing so, the process evaluation aims to bring greater clarity to the quantitative research findings and to understand the reasons behind the impact findings.

Our proposed methodology and approach builds on our previous work, including the feasibility study, process study, participant tracing and pilot preparation phases. Through this work we have built a deep understanding of the programme's theory of change (ToC), how the programme is structured and delivered, and how young people experience the programme.

Our previous work in this area focused on understanding several elements of the support model:

- the effectiveness of the delivery
- features of good practice
- training and support needs of coaches
- young people's experiences of the programme
- barriers and facilitators to young people achieving EET outcomes
- what works well/less well in supporting young people into EET

Whilst the impact evaluation will test the effectiveness of the financial Reboot scheme, the implementation and process evaluation (IPE) will identify how and why the intervention achieves - or fails to achieve - the expected outcomes in relation to the Theory of Change (ToC) and extent to which program delivery aligns with the programme model. This next phase of work will also examine compliance to the programme model, and what would be required to scale Reboot to other LA's in the UK.

We opted for a mixed-methods approach to the IPE for three reasons:

1. The Reboot programme collects a wealth of data on engagement and delivery that would allow us to validate the TOC objectively
2. Collecting quantitative survey data allows us to test hypotheses linked to two key mechanisms for Reboot
3. Additional qualitative work will allow us to build on existing work conducted in earlier phases, which allowed us to identify where there were areas that we had either not yet explored, or not explored in sufficient depth to support the impact evaluation.

The sections are as follows:

- **Research Questions:** Outlines the IPE Research Questions
- **Qualitative IPE Methods:** Describes methodology for the Qualitative IPE
- **Quantitative IPE Methods:** Describes the methodology for the Quantitative IPE

Research questions

We set out below the research questions we will address in our IPE, alongside the approach we will take. A summary of the research questions, the type of data collected and the methodological approach for each is set out at Table 12.

RQ1: How do the characteristics of young people in the programme affect the support they receive?

This question allows us to look in detail at the characteristics of the young people referred to Reboot, and how support was tailored by coaches in practice based on these characteristics. This includes a young person's level of need, which is designated by their LA. The designated levels of need are as below:

●Red Rating:

- YP expected to meet coach weekly – fortnightly
- YP is working with lots of professionals and therefore lots of communication required
- YP requires intensive support to stay in education
- YP engages intensely with support and often asks for more

●Yellow Rating:

- YP expected to meet the coach fortnightly – every 2 months, increasing and decreasing intermittently over time.
- YP is seeking EET and may require more support when looking and slightly less if obtain opportunity
- YP tends to show up for arranged appointments but will also cancel on occasion
- YP needs tend to fluctuate
- YP may engage less well until they build a trusting relationship which may take time

●Green Rating:

- YP expected to meet the coach every 2 months +, with phone calls / texts in between.
- YP is in work and want's 'touch base' or phone appointments
- YP often doesn't show up for, or postpones arranged appointments

RQ2: How does participation in Reboot enable young people to achieve EET outcomes

This question enables us to validate the programmes TOC, by assessing whether elements of the TOC are realised in practice, and which were deemed most important by participants and practitioners. To answer this question, we will also focus on quantitative measures that assess two key mechanisms identified in the TOC - psychological flexibility and mental wellbeing.

RQ3: To what extent was the programme delivered according to its design?

This question is intended to assess compliance at both the participant and practitioner level. It includes two parts:

- An assessment of the fidelity of programme delivery using a bespoke tool developed by the evaluation team
- Analysis of engagement data to describe how much of the intervention was delivered/taken up (dosage) and an examination of attrition.

In addition to the quantitative approach taken to address compliance, we will collect qualitative data to explore how compliance could be improved, from the perspective of practitioners and other stakeholders.

RQ4: How does the local landscape interact with Reboot support?

This question examines the context in which Reboot is delivered, by describing the alternative support available to both the treatment and business as usual group, and setting out how contextual factors interact with the delivery of the Reboot programme.

RQ5: What would it take to scale this programme (replicate and implement this programme in other areas in England)?

This research question explores how learning from the trial could be applied more widely, and looks at what might be required to enable delivery of Reboot at scale.

Table 12. IPE Research Questions

RESEARCH TOPIC	RESEARCH QUESTION		IPE	METHODOLOGY
1, How do the characteristics of young people in the programme affect the support they receive?	1.1	What are the characteristics of young people referred to the trial/programme? How do these differ across the cohort by their level of need?	Quant	Treatment and control group data. Descriptive analysis of data from 1625ip describing the characteristics of the cohort referred to Reboot, compared to those in control
	1.2	What characteristics influence practitioners' decision making process when deciding what support a young person should receive?	Qual	Thematic analysis of interviews and focus groups with Coaches, and Team leaders.
2, How does participation in Reboot enable	2.1	Which elements of Reboot are essential for the programme to have its	Qual and quant	<ul style="list-style-type: none"> • Thematic analysis of interviews, observations and focus groups with

young people to achieve EET outcomes		<p>intended effect?</p> <p>A. What are the key activities, practices, mechanisms, and moderating factors (barriers and facilitators) that lead to good EET outcomes?</p> <p>B. Does offering Reboot support increase young care leavers' wellbeing?</p> <p>C. Does offering Reboot support increase young care leavers' psychological flexibility?</p>		<p>Young people Coaches, and Team leaders, Social workers and PAs</p> <ul style="list-style-type: none"> ● Analysis of administrative data to provide descriptive statistics on participant engagement and attendance to support validation of the TOC ● Analysis of administrative data to describe participant outcomes ● Validation of TOC activities and inputs, mechanisms and moderating factors ● Analysis of survey measures: <ol style="list-style-type: none"> 1. Warwick- Edinburgh Mental Wellbeing Scale. 2. Psychological flexibility 'Experiences' scale
	2.2	<p>How do coaches tailor services and activities to a young person's needs and effect better outcomes?</p> <p>A. How does this vary between cohorts?</p> <p>B. What is the YPs role in this process?</p> <p>C. How do they assess whether a young person is benefiting from the programme?</p>	Qual	Thematic analysis of interviews with practitioners

3, To what extent was the programme delivered according to its design??	3.1	Was the programme model delivered as intended?	Quant	Fidelity assessment score ²⁶ (see Section: “Fidelity Assessment”)
	3.2	What deviations from intended delivery are taking place?		
	3.3	Why are these deviations taking place?	Qual	Thematic analysis of interviews and focus groups with Coaches, Team leaders, 1625ip Management staff and 1625ip Organisational Leadership
	3.4	Did young people engage with the programme as intended?	Quant	Analysis of administrative take-up and engagement data from 1625ip
	3.5	How and why do young people detach or disengage from the programme? A. What proportion of young people referred to Reboot III start the programme? B. At what point during programme delivery are young people most likely to detach or disengage? C. What are the characteristics of young people who detach or disengage from the programme?	Quant & Qual	<ul style="list-style-type: none"> • Analysis of administrative data to provide descriptive statistics on the length of participants' engagement with the program, by their characteristics. • Thematic analysis of interviews and focus groups with Coaches, and Team leaders. Social workers and PAs
	3.6	What could enable more consistent compliance with delivery and engagement?	Qual	Thematic analysis of interviews and focus groups with Coaches, and Team leaders. Social workers and PAs

²⁶The full fidelity framework is set out at Appendix 8.

4, How does the local landscape interact with Reboot support?	4.1	What other interventions are provided for care leavers by each LA?	Quant & Qual	<ul style="list-style-type: none"> • Analysis of administrative data from each LA to provide descriptive statistics on the take up of business as usual (BAU) services by the control group in each LA and alternative services offered to the treatment group • Summary of narrative BAU returns from each LA, describing alternative provision
	4.2	How do LA's balance competing programmes of support?	Qual	Thematic analysis of interviews with LAs
	4.3	How do contextual factors impact the delivery of Reboot?	Qual	Thematic analysis of interviews and focus groups with LAs, 1625ip Management staff, 1625ip Organisational Leadership and Local EET providers
5, What would it take to scale this programme (replicate and implement this programme in other areas in England)?	5.1	What changes / developments to the programme are planned or required based on learnings from the trial?	Qual	<p>Thematic analysis of interviews and focus groups with Team Leaders, LAs, 1625ip Management staff, 1625ip Organisational Leadership, Local EET providers and a DfE representative</p> <p>Workshops with neighbouring LA's that do not offer Reboot</p>
	5.2	Which activities, practices and organisational components of the programme are essential for effective scaling?	Qual	Thematic analysis of interviews and focus groups with Team Leaders, LAs, 1625ip Management staff, 1625ip Organisational Leadership

	5.3	What, if any, adaptations would be needed to make the programme suitable for other subgroups of care leavers?	Qual	Thematic analysis of interviews and focus groups with Coaches, Team leaders, 1625ip Management staff and 1625ip Organisational Leadership
	5.3	What do key stakeholders need in order to apply the learnings from the trial to other areas in England?	Qual	Thematic analysis of interviews and focus groups with Team Leaders, LAs, 1625ip Management staff, 1625ip Organisational Leadership, Local EET providers and a DfE representative
	5.4	What would be required to deliver the Reboot intervention at scale?	Qual	Thematic analysis of interviews and focus groups with Team Leaders, LAs, 1625ip Management staff, 1625ip Organisational Leadership, Local EET providers and a DfE representative

Research methods

Qualitative IPE Methods

This section details sampling, recruitment and data collection activities related to the qualitative IPE activities we plan to collect over the next 3 years of the evaluation period.

Sampling

We will use purposive sampling to select members of staff and young people, meaning we will sample participants based on pre-defined characteristics to ensure we capture diverse perspectives and experiences.

Table 12. Young People's Sampling Criteria

Sample total for young people is 16 per year (years 2 and 3)

PRIMARY CRITERIA		TARGET MINIMUM
Gender	Male	6
	Female	6
	Non binary	2
Rag rating	Green	4
	Yellow	4
	Red	4
Age	16-18	4
	19-21	4
	22-25	4
EET Goals	Employment	4
	Education	4
	Training	4
Ethnicity	White	2
	Black	2
	Asian	2
	Mixed	2
	Other	2

SECONDARY CRITERIA		TARGET MINIMUM
LA	Bristol	3
	South Gloucestershire	3
	BANES	3
	North Somerset	3

Table 13. Coaches Sampling Criteria

Sample total for coaches 2 in year 1

Sample total for coaches is 12 per year (years 2 and 3)

PRIMARY CRITERIA		TARGET MINIMUM
YP's IPE involvement	YPs taking part in interviews	4
Gender	Male	4
	Female	4
	Non binary	1
LA	Bristol	3
	South Gloucestershire	3
	BANES	3
	North Somerset	3

Table 14. PA Sampling Criteria

Sample total for PA is 1 in year 1

Sample total for PA is 4 per year (2 and 3)

PRIMARY CRITERIA		TARGET MINIMUM
YP RAG Rating	Green	1
	Yellow	1
	Red	1
YPs programme involvement	YP referred and decided to take part	1
	No YP referred but aware of Reboot	1
Interaction with 1625ip	Present at YPs initial meeting with coach	4
Gender	Male	4
	Female	4
LA	Bristol	3
	South Gloucestershire	3
	BANES	3
	North Somerset	3

Table 15. Social Workers Sampling Criteria

Sample total for Social workers is 1 in year 1

Sample total for Social workers is 4 per year (2 and 3)

PRIMARY CRITERIA		TARGET MINIMUM
YP RAG Rating	Green	1
	Yellow	1
	Red	1
YPs programme involvement	YP referred and decided to take part	2
Gender	Male	1
	Female	1
LA	Bristol	1
	South Gloucestershire	1
	BANES	1
	North Somerset	1

Table 16. Local EET Providers Sampling Criteria

Sample total for Local EET Providers is 9 for year 2

Sample total for Local EET Providers is 1 for year 3

- EET providers must have had a least 1 young person placement in the last 1 to 2 years

PRIMARY CRITERIA		TARGET MINIMUM
YP RAG Rating	Green	2
	Yellow	2
	Red	2
EET	Employment	2
	Education	2
	Training	2
Gender	Male	2
	Female	2
LA	Bristol	1
	South Glos	1
	BANES	1
	North Som	1

Table 17: Local Authority Sampling Criteria

Local Authority Sampling Criteria is 8 for year 2

Local Authority Sampling Criteria is 8 for year 3

- LA members must have had spent 1 to 2 years working on the Reboot Programme

Primary Criteria		Target minimum (per year)
Gender	Male	3
	Female	3
LA	Bristol	2
	South Glos	2
	BANES	2
	North Som	2

The planned sample sizes for our research activities are described in Table 18,19,20

Table 18. Qualitative IPE research activities in Year 1

RESEARCH QUESTIONS	SAMPLE	METHODOLOGY
How do the characteristics of young people in the programme affect the support they receive?	Coaches x 2 Team Leaders x2 Service improvement lead x1	1 Focus Group
	PA	1 Interview
	Social worker	1 interview

*Quantitative data will also be collected to answer this question

Table 19. Planned sample for research activities in Year 2

RESEARCH QUESTIONS	SAMPLE	METHODOLOGY
How does participation in Reboot enable young people to achieve EET outcomes?	Young people	16 interviews (4 young people per LA) 1 observation of group session Creative DNA-V Session (10 YP participants)
	Coaches	12 interviews (3 per LA)
	All Team leaders	3 interviews (current number of team leads)
	Service Improvement Lead	1 interview
	Engagement and Participation Worker	1 interview
	Social workers	4 interviews (1 per site)
	PAs	4 interviews (1 per site)
	Local Employers x3	1 Focus group
	Local Education providers x3	1 Focus group
	Local Training providers x3	1 Focus group
How does the local landscape interact with Reboot support?	Banes x2	1 paired interview
	Bristol x 2	1 paired interview
	South Gloucestershire x2	1 paired interview
	North Somerset x2	1 paired interview

	Programme Manager	1 interview
	Partnership Director	1 interview
	Operation Manager and Ops Director	1 paired interview

Table 20. Planned sample for research activities in Year 3

RESEARCH QUESTIONS	SAMPLE	METHODOLOGY
How does participation in Reboot enable young people to achieve EET outcomes?	Young people (same young people from year 2)	16 interviews (4 young people per LA)
		1 observation of group sessions
To what extent was the programme delivered according to its design?		Scaling Workshop (8-10 YP participants)
	Coaches	12 interviews (3 per LA)
What would it take to scale this programme (replicate and implement this programme in other areas in England)?	All Team leaders	3 interviews (current number of team leads)
	Service Improvement Lead	1 interview
	Engagement and Participation Worker	1 interview
	Social workers	4 interviews (1 per site)
	PA's	4 interviews (1 per site)
	Programme Manager	1 interview
	Partnership Director	1 interview
	Data Coordinator	1 interview

	Operation Manager and Ops Director	1 Focus group
	Local Authorities that do not offer Reboot (2 reps from each of the 4 LAs)	Workshop
	Banes x2	1 Focus Group
	Bristol x2	
	South Glos x2	1 Focus Group
	North Som x2	
	Local Employer, Education provider and Training provider	1 Focus group
	Department of Education	1 interview
	All team leaders (3) Operations Manager Support Officer Service Improvement Lead Engagement and Participation Worker Coach (1 per site)	4 in person observational fidelity sessions (to collect data for each of the 4 sites)

Qualitative Recruitment

The following section outlines our recruitment plan for each data source.

Young People

BIT researchers will arrange online meetings to fully brief coaches, in order to give coaches an opportunity to ask any further questions they may have about young people's involvement in the study. BIT will select young people to take part from a pool of young people who have expressed interest in doing an interview. This allows coaches to act in a gatekeeping role, whilst also allowing BIT to ensure we get a good sample of participants.

We will only recruit the young people who are being mentored by the coaches and have agreed to take part in the research. 1625ip staff / coaches will make first contact with young people, inviting them to take part in the interview. Once the YP agrees to take part their coach will be sent an online google consent form. The coach will then help the YP complete

the consent form. Once it has been provided by the YP, BIT will request that the coach decide an interview time and date with the young person. Once the date and time has been decided BIT will send a google or zoom calendar invite to the coach.

Information sheets will be sent to all participants ahead of data collection. BIT will facilitate engagement with young people who may initially feel reluctant to talk to us in the following ways:

- Prior to the first interview BIT researchers will send a video introducing themselves and the study, so young people are aware of who will be interviewing them, and send young people a list of interview topics beforehand so they know what will be discussed.
- We will reassure young people of the ways in which we will protect their confidentiality i.e. by not sharing their views with others (such as parents or staff, unless there is a safeguarding concern) and by removing any identifiable information in final outputs such as reports.

We intend on speaking to the same cohort of young people throughout year 2 and year 3 of the evaluation. In order to mitigate attrition we will recruit 50% more young people than the sample requires. This percentage is based on our experience conducting interview with young people for the participant tracing.

Information sheets will be sent to all partners as part of the recruitment process that will outline: their right to consent or not consent, the interview purpose, logistics, how their data will be stored and protected and assurances of BITs independence and that taking part will not impact their work with 1625ip

Reboot Coaches, Team Leaders and Operational and Management Staff

The 1625ip team will facilitate the recruitment of Reboot staff (coaches, team leaders and operational and management staff) for interviews. Specifically the 1625ip team will help to identify the staff members best placed to comment on the topics of focus. BIT researchers will directly contact the identified staff to invite them to participate in research activities. In order to help they decide whether or not they want to. They will be informed that they do not have to participate in the research and if they consent to participate they can withdraw their consent up until the end of the interview. They will also be provided with an information sheet that will outline: the interview purpose, logistics, how their data will be stored and protected and assurances of BITs independence and that taking part will not impact their access to/experience of support.

EET Partners (e.g. training providers)

The BIT team intends to interview partners who have offered either employment, education or training opportunities to young people in the Reboot programme. In particular, we would like to speak with partners who are in very close contact with young people, to enable us to capture rich insights and data.

Coaches will facilitate the recruitment of partners by helping to identify suitable individuals to speak to. The BIT team will work with coaches to select partners whose young people we have not already spoken to. The identified partners will then be contacted by

researchers directly to participate in the research. As part of this recruitment process, coaches will be required to inform young people that their EET contact will be spoken to. However, emphasis will be placed on making young people aware that partners will not be asked specifically about their experience but about the programme more widely.

Information sheets will be sent to all partners as part of the recruitment process that will outline: their right to consent or not consent, the interview purpose, logistics, how their data will be stored and protected and assurances of BITs independence and that taking part will not impact their work with 1625ip

Local Authorities and Professionals (e.g. PA and Social Workers)

To understand how the programme operates within local context, BIT researchers will directly contact local authority staff who have been closely involved in the implementation of the Reboot programme to participate in research activities.

Researchers are also interested in gaining a wider perspective of scaling, therefore researchers intend on trying to understand how nearby local authorities, which do not yet have Reboot in their area, function. BIT will rely on current LA contacts to support the identification and recruitment of staff from nearby areas who work in young people services and funding.

Additionally, BIT researchers will arrange an interview with one participant from the Department for Education (DfE). The purpose of this interview will be to gather a national perspective on the potential wider roll out of the programme. BIT will rely on YFF to support the selection and recruitment of this participant.

Information sheets will be sent to all partners as part of the recruitment process that will outline: their right to consent or not consent, the interview purpose, logistics, how their data will be stored and protected and assurances of BITs independence and that taking part will not impact their work with 1625ip

Qualitative data collection activities

This section outlines the data collection activities throughout the 3 years of the evaluation. Note that, where relevant, we will also include data collected and analysed in previous pilot feedback sessions and the pilot mobilisation phase (which included participant tracing and a process study) to answer the research questions if necessary. We expect that data from previous years will be especially relevant for Research Questions 1 and 2. All interviews, focus groups and workshops will be audio recorded. Audios are recorded via a secure invitation only 'Google Meets' meeting. The recordings will be transcribed and anonymised by McGowan Transcriptions: a UK Transcription Services Company. All audio and transcripts are kept in a secure folder that can only be accessed by members of the BIT project team. They are then deleted 6 months after the completion of the project.

Interviews with young people

(RQ 2: How does participation in Reboot enable young people to achieve EET outcomes?)

BIT will conduct semi-structured interviews and incorporate elements of the DNA-V terminology and values-based approach into interview questions. We will collect data on young people's perspectives on what components of Reboot YP find most helpful and those components that are not so helpful, as well as the perceived impacts of the programme. We will also have a bespoke set of questions that are relevant to the stage they are at within their coaching sessions. In addition, young people will be provided with the option to either do the interview by themselves or with their coach, given that key staff and young people reflected that having this option was appreciated during the mobilisation phase and participant tracing. Interviews will be audio recorded and transcribed.

Optional Creative submissions and enhanced interviews

(RQ2: How does participation in Reboot enable young people to achieve EET outcomes?)

We will invite all young people from each site to respond to a few prompting questions (e.g., 'what does being part of Reboot mean to you?') with a creative submission, which might include a drawing, poems or other creative outputs. Alongside the creative submissions, we will invite the young people to write a few sentences, or record a short audio to describe their submission. Creative submissions will be used during the interviews to facilitate discussions with YP and provide another means for them to express their views.

Observations

(RQ 2: How does participation in Reboot enable young people to achieve EET outcomes?)

We will conduct 22 observations, group work / sessions young people can choose to participate in. These observations will focus on the interaction between coaches and young people to better understand the way in coaching sessions lead to improved EET outcomes. An observation proforma, aligned with the programme's Theory of Change, will be designed with 1625ip staff to guide note taking during the observations. One BIT staff member will be present per observation.

Interviews/Focus Groups with Staff, Professionals

(RQ1: What are the characteristics of the young people in the programme?; RQ2: How does participation in Reboot enable young people to achieve EET outcomes?RQ3: To what extent was the programme delivered according to its design?; RQ4: How does the local landscape interact with Reboot support? RQ5: What would it take to scale this programme (replicate and implement this programme in other areas in England)?

We will conduct a combination of the following staff data collection methods: I) focus groups, II) interviews below:

- **Focus groups:** BIT will conduct focus groups (lasting approximately 60-90 minutes) with leadership/senior and frontline coaching staff of the Reboot delivery teams via an online platform (e.g., Google Hangouts). BIT will facilitate discussion during the focus groups to capture both the range of staff's experiences and views, as well as areas of convergence and divergence. We have chosen to run cross site focus groups with coaches and team leaders to allow participants to share and build upon each other's experiences. This will also enable the BIT facilitator to draw out reasons for similarities and differences between different site staff's experiences and perceptions to develop a comprehensive and nuanced understanding of the research questions. Further, if scheduling larger focus groups with staff across the sites is not possible, we will consider the option of conducting paired interviews or small focus groups as an alternative.
- **Interviews:** Semi-structured individual or paired interviews (lasting approximately 60 minutes) will be conducted with Reboot staff and professionals who have been involved in providing support to the young people referred to the programme. Interviews will be conducted either over the phone or through an online platform such Google Hangouts or zoom (depending on the participant's preference). Interviews are our preferred method for collecting data from professionals given the diversity of working arrangements between local authority sites which could make it difficult to arrange focus groups. One on one interviews with coaches and team leaders will also enable us to delve deeper into the coach's individual experiences and help us capture detailed insights on service delivery.

Focus Groups with EET providers

(RQ4: How does the local landscape interact with Reboot support? RQ5: What would it take to scale this programme (replicate and implement this programme in other areas in England)?

BIT will conduct 4 focus groups (lasting approximately 60-90 minutes) with employment, education, training providers via an online platform (e.g., Google Hangouts). BIT will facilitate discussion during the focus groups to capture both the range of experiences working with the Reboot programme and young people as well as areas of convergence and divergence.

- The first 3 Focus groups will be based on provider type (FG1. Education providers, FG2. Training providers, FG3. Employers) to allow participants to share and build upon each other's experiences in a similar context. This will also enable the BIT facilitator to draw out reasons for similarities and differences between different site staff's experiences and perceptions to develop a comprehensive and nuanced understanding of the research questions. If scheduling larger focus groups is not possible, we will consider the option of conducting paired interviews or small focus groups as an alternative.
- The fourth focus group will be across provider types. The purpose of this fourth is to better understand learnings and suggest best practices that could be beneficial when considering project scaling.

Interviews and Workshops with LAs

(RQ4: How does the local landscape interact with Reboot support?; RQ5: What would it take to scale this programme (replicate and implement this programme in other areas in England)?)

We will conduct a combination of the following staff data collection methods: I) Interviews, II) Workshops below:

- **Interviews:** Semi-structured individual or paired interviews (lasting approximately 60 minutes) will be conducted with LA staff who have been involved in the implementation and running of the Reboot programme. Interviews will be conducted either over the phone or through an online platform such as Google Hangouts or Zoom (depending on the participant's preference). Interviews are our preferred method for collecting data from LA staff members given the diversity of working arrangements between local authority sites which could make it difficult to arrange focus groups. One on one interviews with coaches and team leaders will also enable us to delve deeper into the coach's individual experiences and help us capture detailed insights on service delivery.
- **Workshops:** BIT will conduct a workshop (lasting approximately 2-3 hours) with the appropriate staff from nearby LAs that do not offer Reboot. The workshop will be conducted via an online platform (e.g., Google Hangouts). The purpose of this workshop exercise would be to better understand the key barriers, potential solutions to barriers and facilitators other LAs would face implementing Reboot. We propose audio recording and transcribing the conversations that take place (the participants will be informed of this in advance and findings and recommendations from the workshop would be anonymised).

Quantitative IPE Methods

The overall IPE employs both quantitative and qualitative data to address each of the five research topics. During reporting, data of both kinds and across sources will be triangulated to address each research question.

Table 21 below summarises which research questions the quantitative data are relevant to, and how these data will be used to assess those questions. A more detailed breakdown of the quantitative methodologies to be used to address each question are outlined in the section: "Quantitative data collection activities".

Table 21. Research Questions and quantitative methods

RESEARCH TOPIC	RESEARCH QUESTION		QUANT METHODS
1, How do the characteristics of young people in the programme	1.1	What are the characteristics of young people referred to the trial/programme?	Treatment and control group data. Descriptive analysis of treatment group and control group data from 1625ip describing the characteristics of the

affect the support they receive?		How do these differ across the cohort by their level of need?	cohort referred to Reboot, compared to those referred to control.
2, How does participation in Reboot enable young people to achieve EET outcomes	2.1	<p>Which elements of Reboot are essential for the programme to have its intended effect?</p> <p>A. What are the key activities, practices, mechanisms, and moderating factors (barriers and facilitators) that lead to good EET outcomes?</p> <p>B. Does offering Reboot support increase young care leavers' wellbeing?</p> <p>C. Does offering Reboot support increase young care leavers' psychological flexibility?</p>	<p>Treatment group data only</p> <ul style="list-style-type: none"> ● Analysis of administrative data to provide descriptive statistics on participant engagement and attendance to support validation of the TOC ● Analysis of administrative data to describe participant outcomes ● Analysis of survey measures: <ol style="list-style-type: none"> 1. Warwick- Edinburgh Mental Wellbeing Scale. Impact will be assessed by comparing YP's score measured when starting Reboot III and the last score for the same YP. As coaches complete this survey with YPs every 6 months, we expect that the first measure will take place in the first 6 months of their Reboot III experience, and the last measure between 18 and 24 months from randomisation. 2. Psychological flexibility 'Experiences' scale. Impact will be assessed by comparing YP's score measured when starting Reboot III and the last score for the same YP. As coaches complete this survey with YPs every 6 months, we expect that the first measure will take place in the first 6 months of their Reboot III experience, and the last measure between 18 and 24 months from randomisation.

3, To what extent was the programme delivered as intended?	3.1	Was the programme model delivered as intended?	Fidelity assessment score ²⁷
	3.2	What deviations from intended delivery are taking place?	
	3.4	Did young people engage with the programme as intended?	Treatment group data only Analysis of administrative take-up and engagement data from 1625ip
	3.5	How and why do young people detach or disengage from the programme? A. What proportion of young people referred to Reboot III start the programme? B. At what point during programme delivery are young people most likely to detach or disengage? C. What are the characteristics of young people who detach or disengage from the programme?	Treatment group data only Analysis of administrative data to provide descriptive statistics on the length of participants' engagement with the program, by their characteristics.
4, How does the local landscape interact with Reboot support?	4.1	What other interventions are provided for care leavers by each LA?	Treatment and control group data. Analysis of administrative data from each LA to provide descriptive statistics on the take up of business as usual (BAU) services by the control group in each LA, and alternative services offered

²⁷The full fidelity framework is set out at Appendix 8.

			to the treatment group
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Quantitative data collection activities

In years 2 and 3 of the evaluation, BIT will collect quantitative data aligned to the research questions set out above.

Administrative data

Administrative data from participating LAs will be collected using standardised data return spreadsheets, developed during two workshops conducted with representatives of each LA, and 1625ip at the end of year 1. These templates will ensure that data collected across sites are consistent, and that one interpretation of each item of data is agreed across parties. Administrative data from LAs will include the number of young people initially referred to Reboot, and summaries of the alternative provision taken up by young people assigned to both treatment and control. LAs have also completed a 'BAU return' describing in narrative format the other EET support services available in their areas.

Administrative data from 1625ip will include data on programme delivery in terms of its activities, and data on participant activity, including engagement with activities and start and finish dates with Reboot. These data will be used to assess participant compliance against the programme dosage recommended by 1625ip, and allow us to understand at which point young people are most likely to detach from the programme. These data will be refined during a data sharing workshop, in which specific data items will be identified and agreed.

Survey data

Survey data for the Warwick-Edinburgh Mental Wellbeing Scale and the Psychological Flexibility 'experiences' scale will be collected by 1625ip for young care leavers referred to Reboot (aged 16-25 at referral) who are NEET or at risk of becoming NEET. Both scales are existing measures, currently completed by coaches with young people every 6 months. A census approach is effectively taken for sampling, where all individuals within the target group will be invited to complete the surveys. For the purposes of the IPE analysis, BIT will ask for all data points collected by 1625ip for YPs in the treatment group.

Fidelity data

The evaluation team developed a bespoke set of fidelity dimensions, questions and measurements through a series of sessions with 1625ip and YFF. During these sessions, the programme model was discussed in detail, and essential elements - the elements that need to be in place for this programme to be defined as 'Reboot' were identified. The evaluation team used the output of these workshops and the elements identified to create fidelity dimensions and scoring criteria for a bespoke fidelity measure. This measure will be used at two points in the evaluation to assess the programme's fidelity to its intended model.

The fidelity assessment is designed to determine whether the Reboot programme has been delivered as intended, and where and to what extent deviations have taken place from its

intended model. It is not intended to act as a measure of dosage or compliance with Reboot activities by young people.

Data will be collected for the fidelity assessments by the evaluation team during year 2 and year 3 of the evaluation. Two assessment points will allow us to capture the fidelity of delivery with more accuracy. 1625ip staff will be provided with fidelity assessment templates, into which they will input anonymised data to answer each of the fidelity questions. These data will then be used to allocate points against each fidelity standard. Fidelity scoring criteria are set out at Appendix 8. Following each assessment, the programme will be assigned an overall fidelity score that will indicate what level of fidelity it has achieved in its delivery at that point in time.

The fidelity assessment consists of questions that fall under 4 dimensions, these are Organisational Structure, Programme Staffing, Programme Beneficiaries and Service Delivery. These are set out below.

Dimension 1: Organisational Structure: this measures the extent to which the programme's internal team structures and interactions with the local authority align with its intended delivery model

- Fidelity standard: Key roles are all in post during reboot delivery
- Fidelity standard: Teams are an appropriate size
- Fidelity standard: Key meetings between Reboot and the LA take place regularly.
- Fidelity standard: Coach caseloads are an appropriate size.
- Fidelity standard: Coaches must have a balanced caseload
- Fidelity standard: Team leader caseloads are the appropriate size.

Dimension 2: Programme Staffing: this measures the extent to which the internal processes, training, and professional development activities necessary for programme staff are carried out in practice

- Fidelity standard: Coaches have all of the essential skills required skills after 3 months onboarding
- Fidelity standard: Coaches attend Reflective Sessions ('Reflective Practice' and 'Case Reflection')
- Fidelity standard: Are coaches attend 'ACT Clinical Supervision' sessions
- Fidelity standard: Coaches attend 'Reboot Supervisions' sessions
- Fidelity standard: Team leaders carry out 'Case Reviews'

Dimension 3: Programme Beneficiaries: this measures the extent to which the characteristics of young people referred to the programme align with its target cohort

- Fidelity standard: The correct young people are being referred into the programme

Dimension 4: Service Delivery: this is related to the extent to which support activities carried out with young people are in alignment with the delivery model.

- Fidelity standard: Staff are contacting young people routinely
- Fidelity standard: YPs are having sessions (in person or virtual) routinely
- Fidelity standard: Coaches are carrying out all the essential activities with young people
- Fidelity standard: Young people are carrying out additional activity
- Fidelity standard: Young people are carrying out additional activities
- Fidelity Standard: Correct steps are being taken to transition YP out of Reboot support

We set out below how we intend to use quantitative data to address each of the relevant RQs.

Quantitative methods

Research topic 1: How do the characteristics of young people in the programme affect the support they receive?

To contextualise the findings from the qualitative data collected to address this question, we will present descriptive statistics for young people referred to the evaluation.

Demographic characteristics of participants will be broken down by LA and randomisation allocation. Characteristics will include age, gender, ethnicity, disability status and level of need.

The discussion of these data will compare the characteristics of the Reboot group to the control group, and look at how those designated at each level of need (RAG rated green, yellow and red) compare.

Research topic 2: How does participation in Reboot enable young people to Achieve EET outcomes

We will use different methods to address each part of this RQ. We discuss these below.

2.1, A: What are the key activities, practices, mechanisms, and moderating factors (barriers and facilitators) that lead to good EET outcomes?

We will conduct analysis of administrative data from the Reboot programme, shared by 1625ip, to present the following:

- The number of each activity offered, by LA
- Average % attendance for each type of Reboot activity offered, broken down by the three LA-designated levels of need
- Descriptive statistics setting out which activities were over and under subscribed

- Descriptive analysis of participant outcomes, by classification (outcomes broken down by categories used in LA data collection for Main EET activity) by level of need and by other characteristics including gender and ethnicity

These data will be used to support a discussion of the findings from the qualitative data, providing suggestive evidence to support the interpretation of insights collected from interviews with practitioners on which activities they believed to be doing the ‘heavy lifting’ in terms of driving positive outcomes, and the kinds of outcomes achieved. Analysis of the quantitative data on attendance will also be used to validate the TOC, by comparing what was expected to happen according to this model with what the data suggest happened in practice. These data will only be collected for the group of young people who participate in Reboot.

2.1, B: Does offering Reboot support increase young care leavers’ wellbeing?

This research question specifically looks whether care experienced young people supported by Reboot III experience a change in their mental wellbeing as measured by the Warwick-Edinburgh Mental Wellbeing Scale. 1626IP’s coaches administer this question to their YPs as part of a longer survey every 6 months.

The short form Warwick-Edinburgh Mental Wellbeing Scale (“How do you feel scale”) has been validated for populations of young people aged 15 -21 and the general population. A participant’s level of wellbeing is indicated with a final score ranging from 7 to 35.

We will compare participants’ scores with their time spent in the Reboot III programme. The underlying hypothesis we will be testing is that the longer the time spent in the programme, the bigger the improvement in YPs’ self reported mental health. In order to avoid sample selection issues (e.g. YPs with worse self-reported mental health being more likely to drop out) we will analyse mental health patterns separately for YPs in the treatment group who complete the programme and who don’t.

2.1, C: Does offering Reboot support increase care experienced young care leavers’ psychological flexibility?

This research question specifically examines whether care-experienced young people supported by Reboot III experience a change in their psychological flexibility as measured by a set of questions, called “Experiences”, with answers from 0 to 10, developed by 1625ip (available in Appendix 3). 1626IP’s coaches administer this question to their YPs as part of a longer survey every 6 months. Psychological flexibility is indicated by a participants final score, ranging from 0 to 70. We will compare participants’ final scores with their time spent in the Reboot III programme, separately for YPs completing and not completing the programme. The underlying hypothesis we will be testing is that the longer the time spent in the programme, the bigger the improvement in YPs’ self reported psychological flexibility.

Both well being and psychological flexibility are identified in the TOC as key mechanisms toward the development of positive EET outcomes. The quantitative data collected for both survey measures will be used to validate these elements of the TOC by providing suggestive evidence of whether each one appears to increase in practice for those young people receiving Reboot.

Research topic 3: To what extent was the programme delivered as intended?

This research topic addresses compliance, both at the delivery/practitioner and participant level. The methods used to address each sub-research question are explained below.

3.1 Was the programme model delivered as intended? and 3.2 What deviations from intended delivery are taking place?

To measure delivery and practitioner compliance the scores from the overall fidelity assessment will be used. Fidelity is measured across 4 dimensions, which are used to assess different elements of delivery against standards agreed with 1625ip during the development of the assessment tool, and prior to assessment itself. These dimensions, and the data required for them, are set out in Table 22. Total scores from each fidelity assessment will be used to determine the level delivery compliance from ‘very good’ to ‘poor’²⁸ and to assess to what extent (and how) fidelity has changed over time between the two assessments, with the first conducted in year 2 of the evaluation and the third in year 3.

Deviations from the delivery model will be captured when scores are calculated, enabling us to identify which dimensions (and elements of each) score lowest, and thus demonstrate lower compliance with the intended model. These scores will be used to guide qualitative data collection for research question 3.2 and 3.3, to identify what deviations are taking place and why.

Table 22. Fidelity Assessment

FIDELITY DIMENSION	PURPOSE	DATA REQUIRED
Organisational Structure	This measures the extent to which the programme’s internal team structures and its interactions with the local authority align with its intended delivery model.	<ul style="list-style-type: none"> • Summary of who was in post over the course of the selected year • Team size per quarter (evaluation team will calculate an average for the year) • Summary of each coach's total caseload per month. • Summary of each coaches YP RAG ratings

²⁸ See Fidelity scoring tool at Appendix 8

		<ul style="list-style-type: none"> • Caseload size by quarter and by team leader (evaluation team will calculate an average for the year)
Programme Staffing	This measures the extent to which the internal processes, training and professional development activities necessary for programme staff are carried out in practice.	<ul style="list-style-type: none"> • Summary of attendance dates at mandatory meetings • Summary of attendance dates trainings over the year for each coach • Assessment team will select one case at random for evidence to be verified via redacted calendar invites and meeting notes
Programme Beneficiaries	This measures the extent to which the characteristics of young people referred to the programme align with its target cohort.	<ul style="list-style-type: none"> • Summary of target criteria against redacted/anonymised list of randomised YP (we will select at random 2-3 young people from each coach)
Service Delivery	This measures the extent to which support activities carried out with young people are in alignment with the delivery model.	<p>These data will be collected from 12 YP chosen at random by the evaluation team from the total cohort receiving Reboot. At least 3 red, 3 yellow and 3 green. For each we will collect:</p> <ul style="list-style-type: none"> • a summary of their dates of contact with coach • a summary of dates coaches offered session • a summary of session dates with coach (virtual and in-person) • a summary of core activities they have carried out with their coach • a summary of additional activities they have carried out with the programme • Evaluation team will select one of the ten YPs at random for evidence to be verified (for example redacted case notes). • Assessment team will select one

case at random for evidence to be verified via redacted case notes

3.4 Did young people engage with the programme as intended?

This research question is intended to address a key challenge for our impact evaluation, namely that the effect of offering an intervention is unlikely to be equivalent to the impact of participating in it. While participants have volunteered to be referred to the evaluation, those assigned to receive Reboot may not, in practice, take it up. Non-compliance in this instance is therefore restricted to the treatment group, as the control group will not have access to the Reboot intervention. We will assess the compliance at the participant level by conducting analysis of administrative data provided by 1625ip by providing the following:

- Analysis of the level of engagement with key activities - including the average % attendance for each type of Reboot activity offered.
- Descriptive statistics setting out the number of activities completed by participants, by LA and by participant characteristics including gender and ethnicity.
- Descriptive statistics setting out the proportion of participants who met the required dosage set out by 1625ip, by activity.

These findings will allow us to determine what proportion of the treated cohort are compliant and have met the minimum requirements for participation in Reboot, and allow us to discuss the overall take-up of activities in order to support the interpretation of impact evaluation results.

3.5: How and why do young people detach or disengage from the programme?

We will conduct analysis of administrative data from 1625ip that describe the length of participants engagement with the programme, and their attrition and completion rates. These data will include all participants allocated to the programme. We will provide:

- Descriptive statistics on the length of participants' engagement with the program, by their characteristics, including their level of need
- The proportion of participants referred to the programme, against those who entered the programme
- Analysis of the pattern of disengagement/attrition, to identify the points in the programme at which participants are most likely to disengage

This analysis will be used to provide context for the insights we gather towards this research question through our qualitative methods, which will include the motivations and drivers for young people detaching from the programme.

Research topic 4: How does the local landscape interact with Reboot support?

We will be using administrative data, collected from each of the participating LAs, to supplement descriptions of the alternative support provided by LAs collected through their BAU returns. Using these data, we will provide descriptive statistics summarising:

- Categories of alternative EET support offered in each area, and how many young people have been referred to these by treatment and control
- Comparisons of the alternative support taken up across trial arms, by level of need

These statistics will be triangulated with insights surfaced through qualitative data collection and used to aid interpretation of the impact evaluation findings, by providing an indication of how much alternative support participants in each group received.

Analysis

Quantitative data analysis

Administrative data

Anonymised participant level data from 1625ip will be used for analysis to provide descriptive statistics, aggregating results and summarising the data in tables, bar graphs and histograms where appropriate. These data will contribute to our validation of the TOC in three ways:

- by allowing us to identify whether participants engaged with the activities set out in the TOC
- by allowing us to identify how long participants engaged with the programme, and whether this aligns with the dosage set out by 1625ip
- by allowing us to evidence the types of outcomes participants achieved, and identify whether these align with those identified in the TOC

Our approach to the analysis of administrative data is set out above, by research question.

Survey measures

The short form Warwick-Edinburgh Mental Wellbeing Scale (“How do you feel scale”) is made of 7 statements with answers scored from 1 to 5. To get a unique value for the scale, we will sum and then transform the values of each survey item, as recommended by the survey developers, with a final score ranging from 7 to 35.

We will plot the average value for the Warwick-Edinburgh Mental Wellbeing Scale against the time spent in the Reboot III programme. Analysis will allow us to validate this key mechanism in the TOC by testing the underlying hypothesis that the longer the time spent in the programme, the bigger the improvement in YPs’ self reported mental health. In order to avoid sample selection issues (e.g. YPs with worse self-reported mental health being more likely to drop out) we will analyse mental health patterns separately for YPs in the treatment group who complete the programme and who don’t.

Psychological flexibility as measured by a set of questions, called “Experiences”, with answers from 0 to 10. To get a unique value for the scale, we will sum the values of each item, with a final score ranging from 0 to 70. We will adopt a similar analytical approach as to mental wellbeing, by plotting the average value for the scale against the time spent in the Reboot III programme, separately for YPs who do and do not complete the programme. Analysis will allow us to validate this key mechanism in the TOC by testing the underlying hypothesis that the longer the time spent in the programme, the bigger the improvement in YPs’ self reported psychological flexibility.

Fidelity assessment

Fidelity will be scored overall across the 4 following dimensions 1) Organisational structure, 2) Programme staffing, 3) Programme beneficiaries and 4) Service delivery. Each dimension will be scored as follows:

Table 23. Organisational Indicators

ORGANISATIONAL INDICATORS		
FIDELITY STANDARD	MEASUREMENTS	SCORING CRITERIA
<p>Key roles are in post during reboot delivery</p> <p><u>Correct Standard</u></p> <ul style="list-style-type: none"> - Partnership Director - Programme Manager - Operations Manager - Project Support Officer 1 - Project Support Officer 2 - Participation worker - Data Coordinator 	% of time each role is present (in post) over 1 year	<p>FOR EACH ROLE IN PROGRAMME</p> <p>5 points - in post 100% of required time</p> <p>4 points - in post at least 75% of required time</p> <p>3 points - in post at least 50% of required time</p> <p>2 points - in post at least 25% of required time</p> <p>1 point - in post less than 25% of required time</p> <p><i>Scored per post.</i></p>
<p>Key meetings between Reboot and the LA take place regularly.</p> <p><u>Correct Standard</u></p> <ul style="list-style-type: none"> - 4 Reboot site/LA meetings - 4 Strategic Steering group meetings - 4 Operational steering group meetings 	% key meetings taking place over 1 year	<p>5 points - Occurred 100% of the time</p> <p>4 points - Occurred at least 75% of the time</p> <p>3 points - Occurred at least 50% of the time</p> <p>2 points - Occurred at least 25% of the time</p> <p>1 points - Occurred less than 25% of the time</p> <p><i>Scored per meeting.</i></p>

		Assessment team will check how many times meeting occurred and who attended from Reboot.
<p>Teams are an appropriate size</p> <p><u>Correct Standard</u></p> <p>Team leaders should manage between 1-5 coaches.</p>	Each team's average size for the year	<p>5 points - team size does not exceed 5 coaches</p> <p>2 points - team size exceeds 5 coaches</p> <p><i>Scored per team.</i></p> <p><i>Assessment team will look at average team size over the year for each team lead</i></p>
<p>Coach caseloads are an appropriate size.</p> <p><u>Correct Standard</u></p> <p>Caseloads do not exceed 24 active YP per coach.</p>	Each coach's average caseload for the year	<p>5 points - average caseload does not exceed 24</p> <p>2 points - average caseload does exceed 24</p> <p>2 points - average caseload is 7 or below</p> <p><i>Scored per coach.</i></p> <p><i>Assessment team will calculate the average over the year for each coach. I.e, if there are 10 coaches. If all coaches each have an average caseload of 15 YPs that would be 50 points</i></p>
<p>Coaches must have a balanced caseload</p> <p><u>Correct Standard</u></p> <p>Coach caseloads have a mix of YP with different RAG ratings, and should not</p>	% of coaches with a caseload that is more X% red	<p>5 points - less than 25% of coaches' caseload exceeds the threshold</p> <p>4 points - up to 25% of coaches' caseload that exceeds the threshold</p>

<p>comprise of more than X% red RAG YP.</p>		<p>3 points - up to 50% of coaches' caseload that exceeds the threshold</p> <p>2 points - up to 75% of coaches' caseload that exceeds the threshold</p> <p>1 points - up to 100% of coaches' caseload that exceeds the threshold</p> <p><i>Scored per coach.</i></p>
<p>Team leader caseloads are the appropriate size.</p> <p><u>Correct Standard</u></p> <p>Caseloads do not exceed 4 active YP per coach.</p>	<p>Each team leader's average caseload for the year</p>	<p>5 points - average caseload does not exceed 4</p> <p>2 points - average caseload does exceed 4</p> <p><i>Scored per Team Leader.</i></p> <p><i>Assessment team will look at average over the year for each team leader</i></p> <p><i>So let's say there are 3 team leaders. If all team leaders each have an average caseload of 5 YPs that would be 15 points</i></p>

Table 24. Staffing Indicators

STAFFING INDICATORS - key criteria and activities for coaches and team leads		
FIDELITY STANDARD	MEASUREMENTS	SCORING CRITERIA
Coaches attend Reflective Sessions ('Reflective Practice' and 'Case Reflection') <u>Correct Standard</u> -Once a month (12 times a year) -At least 50% of these should be carried out	% of time coach attend this session over 1 year	5 points - 100% attended as required 4 points - at least 75% attended as required 3 points - at least 50% attended as required 2 points - at least 25% attended as required 1 points - less than 25% attended as required <i>We will look at attendance over the year for each coach</i>
Are coaches attending 'ACT Clinical Supervision' sessions <u>Correct Standard</u> -Once a month (12 times a year) -At least 75% of these of these must be carried out	% of time coach attend this session over 1 year	5 points - 100% attended as required 4 points - at least 75% attended as required 3 points - at least 50% attended as required 2 points - at least 25% attended as required 1 points - less than 25% attended as required <i>We will look at attendance over the year for each coach</i>

<p>Coaches must attend 'Reboot Supervisions' sessions</p> <p><u>Correct Standard</u></p> <p>-Once a month (12 times a year)</p> <p>-At least 75% of these of these must be carried out</p>	<p>% of time coach attend this session over 1 year</p>	<p>5 points - 100% attended as required</p> <p>4 points - at least 75% attended as required</p> <p>3 points - at least 50% attended as required</p> <p>2 points - at least 25% attended as required</p> <p>1 points - less than 25% attended as required</p> <p><i>We will look at attendance over the year for each coach</i></p>
<p>Team leaders must carry out 'Case Reviews'</p> <p><u>Correct Standard</u></p> <p>-Once a month (12 times a year)</p> <p>-At least 75% of these of these must be carried out</p>	<p>% of time coach attend this session over 1 year</p>	<p>5 points - 100% attended as required</p> <p>4 points - at least 75% attended as required</p> <p>3 points - at least 50% attended as required</p> <p>2 points - at least 25% attended as required</p> <p>1 points - less than 25% attended as required</p> <p><i>We will look at attendance over the year for each coach</i></p>

Table 25. Young People Indicators

YOUNG PEOPLE INDICATORS - the characteristics young people are required to have to be referred into the programme		
FIDELITY STANDARD	MEASUREMENTS	SCORING CRITERIA
<p>The correct young people are being referred into the programme</p> <p><u>Correct Standard</u></p> <p>At referral young people must be:</p> <ul style="list-style-type: none"> - Care experienced - Aged 16-25 years old - In EET and looking to progress, OR seeking EET OR likely to be seeking EET within two years 	<p>Take a random sample from YPs in the programme (10) taken across coaches and across RAG categories</p> <p>(Of random sample) What % of young people that meet all essential criteria</p>	<p>5 points - 100% of YPs meet all essential criteria</p> <p>4 points - at least 75% of YPs meet all essential criteria</p> <p>3 points - at least 50% of YPs meet all essential criteria</p> <p>2 points - at least 25% of YPs meet all essential criteria</p> <p>1 points - less than 25% of YPs meet all essential criteria</p>

Table 26. Service Provision Indicators

SERVICE PROVISION INDICATORS - the key activities coaches must carry out with young people		
FIDELITY STANDARD	MEASUREMENTS	SCORING CRITERIA
<p>Staff are contacting young people routinely</p> <p><u>Correct Standard</u></p> <p>Once every 6 weeks (7 times a year)</p>	<p>Take a random sample from YP in the programme (10) ideally taken across coaches/RAG categories</p> <p>(Of random sample) What % of young people are being contacted by their coach routinely: at least once every 6 weeks</p>	<p>5 points - 100% of YPs were contacted routinely</p> <p>4 points - at least 75% of YPs were contacted routinely</p> <p>3 points - at least 50% of YPs were contacted routinely</p> <p>2 points - at least 25% of YPs were contacted routinely</p> <p>1 points - less than 25% of YPs were contacted routinely</p>
<p>YPs are having sessions (in person or virtual) routinely</p> <p><u>Correct Standard</u></p> <p>Once a month</p>	<p>Take a random sample from YP in the programme (10) ideally taken across coaches and RAG categories</p> <p>(Of random sample) What % of young people are meeting with their coach at least once every 3 weeks</p>	<p>5 points - 100% of YPs had sessions routinely</p> <p>4 points - at least 75% of YPs has sessions routinely</p> <p>3 points - at least 50% of YPs has sessions routinely</p> <p>2 points - at least 25% of YPs has sessions routinely</p> <p>1 points - less than 25% of YPs had sessions routinely</p>

<p>YPs are being offered sessions (in person or virtual) routinely</p> <p><u>Correct Standard</u></p> <p>Once every once a month</p>	<p>Take a random sample from YP in the programme (10) ideally taken across coaches and RAG categories</p> <p>(Of random sample) What % of young people are meeting with their coach at least once every 3 weeks</p>	<p>5 points - 100% of YPs offered sessions routinely</p> <p>4 points - at least 75% of YPs offered sessions routinely</p> <p>3 points - at least 50% of YPs offered sessions routinely</p> <p>2 points - at least 25% of YPs offered sessions routinely</p> <p>1 points - less than 25% of YPs offered sessions routinely</p>
<p>Coaches are carrying out all the essential activities with young people</p> <p><u>Correct Standard</u></p> <p>YP must have done:</p> <ul style="list-style-type: none"> - Initial assessment - Values work (within the first 3 months) - Values planning /action matrix (every 6 months) - Stability & Well-being measure (once every 6 months - so <i>twice in a year</i>) 	<p>Take a random sample from YP in the programme (10) ideally taken across coaches and RAG categories</p> <p>(Of random sample) What % of young people completed <u>all</u> essential activities over the first year?</p>	<p>5 points - 100% of YPs completed all activities</p> <p>4 points - at least 75% of YPs completed all activities</p> <p>3 points - at least 50% of YPs completed all activities</p> <p>2 points - at least 25% of YPs completed all activities</p> <p>1 points - less than 25% of YPs completed all activities</p>

<p>Young people are carrying out additional activities</p> <p><u>Correct Standard</u></p> <p>Additional Activities are:</p> <ul style="list-style-type: none"> - Excursions / Awaydays - Group Activity Attendance 	<p>Take a random sample from YP in the programme (10) ideally taken across coaches and RAG categories.</p> <p>(Of random sample) What % of young people completed at least one additional activity</p>	<p>5 points - 100% of YPs completed 1 additional activity</p> <p>4 points - at least 75% of YPs completed 1 additional activity</p> <p>3 points - at least 50% of YPs completed 1 additional activity</p> <p>2 points - at least 25% of YPs completed 1 additional activity</p> <p>1 points - less than 25% of YPs completed 1 additional activity</p> <p><i>Example: Our sample is 10 YPs. If 60% of those YPs completed at least 1 additional activity, that would be 3 points</i></p>
<p>Coaches endeavour to be in contact with YPs employer, teaching staff or other employment specialist</p> <p><u>Correct Standard</u></p> <p>Extremely beneficial and encouraged, but not mandatory.</p>	<p>Take a random sample from YP in the programme that are now in EET (10) taken across coaches and RAG categories</p> <p>(Of random sample) What % of young people's coaches and EET providers are in contact</p>	<p>5 points - 100% in contact with YPs EET provider</p> <p>4 points - at least 75% in contact with YPs EET provider</p> <p>3 points - at least 50% in contact with YPs EET provider</p> <p>2 points - at least 25% in contact with YPs EET provider</p> <p>1 points - less than 25% in contact with YPs EET provider</p>

		<i>Example: Our sample is 60 YPs. If 30 (50%) of those YPs EET provider and coach are in contact, that would be 3 points</i>
<p>Correct steps have taken place to transition YP out of Reboot support</p> <p><u>Correct Standard</u></p> <p>All of these steps must be completed before YP leaves programme: :</p> <ul style="list-style-type: none"> - Multi agency transition plan completed - Signposting to other services - Giving the YP 1 months notice 	<p>Take a random sample from YP that have transitioned out of the programme (3-5)- ideally across coaches and RAG categories</p> <p>(Of random sample) What % of young people complete <u>all</u> 3 steps of the transition process before leaving</p>	<p>5 points - 100% of YPs went through all steps</p> <p>4 points - at least 75% of YPs went through all steps</p> <p>3 points - at least 50% of YPs went through all steps</p> <p>2 points - at least 25% of YPs went through all steps</p> <p>1 points - less than 25% of YPs went through all steps</p>

To create an overall fidelity score, we will sum the points across all the dimensions and conduct the following calculation: (a) *total awarded points* divided by (b) *total possible points* to calculate the score as a percentage. The percentage thresholds and interpretation of these are:

- Up to 25% of total available points scored = very poor fidelity
- Between 26% and 50% of total available points scored = poor fidelity
- Between 51% and 75% of total available points scored = good fidelity
- Between 76% and 100% of total available points scored = excellent fidelity

Qualitative data analysis

The data collection activities will produce three types of data - I) narrative data, II) visual data and III) observational data. Narrative data in the form of transcripts will be produced as part of the interviews and focus groups, and complimentary written responses associated with journey mapping, creative submissions and the creative workshop. Visual data might be produced as part of the workshops and submissions from young people and Reboot staff. The data will be analysed as described below. Observational data will be collected via a note taking proforma use whilst observing coaching sessions with young people.

- **Narrative data:** We will analyse narrative data using the Framework approach²⁹. First, we will identify emerging themes through familiarisation of the data. We will then create an analytical framework using a series of matrices in Excel each relating to an emergent theme. The columns in each matrix will represent the key sub-themes drawn from the findings and the rows will represent individual participants interviewed.

We will summarise the data in the appropriate cell, which means that all data relevant to a particular theme is noted, ordered and accessible, facilitating a systematic approach to analysis that was grounded in participants' accounts. Analysis involves working through the charted data to draw out the range of participant views and experiences, identifying similarities, differences and links between them. Thematic analysis (undertaken by looking down the theme-based columns in the framework) will be undertaken to identify the key themes and concepts.

During the analytical process we will maintain a balance between deduction (using existing knowledge and the research questions to guide the analysis) and induction (allowing concepts and ways of interpreting experience to emerge from the data). As qualitative data can only be generalised in terms of range and diversity and not in terms of prevalence, the analytical outputs focus on the nature of experiences, avoiding numerical summaries or language such as 'most' and 'majority'. Overall, the analysis process will be conducted in a manner that aims to be comprehensive and grounded in the data, alongside giving each participant's views and experiences equal weight.

- **Visual data:** This data will be analysed alongside the narrative data that is produced, which might include written submissions as answers to question prompts, and narrative

²⁹ Ritchie, J., Lewis, J., Nichols, C.M. and Ormston, R. (2014) *Qualitative research in practice*. 2nd edition. London: Sage.

data produced in the interviews with young people. The analysis will focus on describing what is observable in the visual data and how it is described by the participants in the narrative data with the aim of minimising the researcher's interpretation in the initial stages of analysis. The report will explicitly mention cases where the researcher made an analytical inference based on the triangulation of the multiple sources of data.

- **Observational data:** We will also analyse observational data using the Framework approach³⁰. Similarly to the Narrative data, we will identify emerging themes through familiarisation of the data. We will then create an analytical framework using a series of matrices in Excel each relating to an emergent theme. The columns in each matrix will represent the key sub-themes drawn from the findings and the rows will represent individual participants interviewed.

³⁰ Ritchie, J., Lewis, J., Nichols, C.M. and Ormston, R. (2014) *Qualitative research in practice*. 2nd edition. London: Sage.

Ethics and registration

BIT has an internal ethics review process that meets the criteria set out by the Government Social Research Unit (Ethical Assurance for Social Research in Government) and the ESRC's guidance on governance arrangements for research ethics committees. As with all projects, this research has been subject to BIT's internal ethics review process, which includes ensuring participation is based on informed, voluntary consent. We will also have developed privacy notices, participant information sheets and research materials that are accessible and understandable to the individuals participating in this research.

Key ethical considerations for the project

A number of ethical issues were considered during the review in accordance with BIT policies and procedures.

- Sound application and conduct of social research methods:

The main reasons for selecting a RCT method are as follows:

- The strength of evidence provided by a RCT is likely to be more persuasive when findings of the Full Trial are shared with policy makers, thereby increasing the likelihood that the findings have an impact on the way support is provided for care leavers.
- Without an impact evaluation, the programme would not receive any further funding from YFF. The decision to proceed with an impact evaluation therefore ensured that another set of young people will receive support from the programme when they otherwise would not have.
- Based on our estimates of the likely effect size of the programme, a quasi-experimental design was unlikely to generate enough statistical power to detect a statistically significant effect, and solutions for increasing the sample size (e.g. constructing a comparison group through care leavers in other local authorities) were unlikely to be feasible in the timescales available.
- There will be limited places available on the programme as it is constrained by both the funding received from YFF and the capacity of Reboot coaches to support the young people who are referred to the programme. The same number of young people will therefore be supported during the RCT as would be if another method was selected. Therefore the main change introduced by the RCT is that programme places will be filled via random allocation, rather than via a first come, first served basis (though see "Risks and Mitigations" section in relation to reducing the risk of harm for young people allocated to the control group). Young people in the control group will still receive business as usual support from their allocated personal advisor within the local authority. This support varies (for details, see section: "Differences between intervention and business as usual 'control' condition") but can include other EET support services in the local area.

- Appropriate utilisation and dissemination of the findings: The findings from the Pilot Trial will be shared with 1625ip, YFF, and participating local authorities in advance of the full RCT.
- Participation based on valid informed consent: BIT considered whether informed consent was appropriate for this trial. At the point of referral, ethical consent is collected via a referral sheet to ensure care leavers are content to be referred to the trial, and to ensure they understand that this means their data will be shared for research purposes. At the point of referral, plain English privacy notices and information about the trial are shared to ensure participants have access to all the information required to make a decision about participating. However, consent is not relied on as a legal basis for data sharing, as we determined it would not be reasonable to expect participants to follow everything this trial involves given its complexity, and as such fully informed consent would not be a sound legal basis.
- Enabling participation: BIT have not made any changes or adaptations to the pre-existing eligibility criteria for Reboot as these are decided by 1625ip, and are evaluating the programme as it is delivered in the field. However, to minimise any barriers to access for those who may be particularly put off by the randomisation process or by the data sharing requirements of the evaluation, we have developed guidance for referrers that has been developed through workshops with both young people and local authority staff.
- Avoidance of personal and social harm: There is some risk that young people who are allocated to the control group will feel rejected or that it is their fault that they have not been given a place on the programme. Trial referral guidance suggests that referrers frame the allocation process as a lottery to make it clear that places are not decided based on any characteristics of the young person themselves. The guidance also asks referrers to make it clear to young people allocated to the control group that it is not their fault that they have not received a place on the programme, and to reassure them that other support is available within the local authority.
- Non-disclosure of identity and personal information: All data shared with BIT will be pseudo-anonymised.

External ethical review

BIT received ethical clearance for the evaluation in July 2023 through Foundations Research Ethics Committee, a new body combining the organisations formerly known as The What Works for Children's Social Care (WWCSC) and The Early Intervention Foundation (EIF).

Safeguarding

At BIT, we take measures to ensure staff and participants are protected and any risks are minimised. We have an Adult Safeguarding policy and a Child Safeguarding policy at BIT, both of which are regularly reviewed and adapted accordingly. These set out guidance that include an initial analysis of potential risks and ways to mitigate risks before initiating a project. These risks will be revisited regularly throughout the project. The process also includes DBS checks for staff working on projects with vulnerable groups to the extent they

are required. Outside of measures taken on a per-project basis, all staff are recruited safely ensuring all necessary vetting and identity checks are carried out.

Data protection

BIT is an Independent Controller of the personal data collected in connection with this evaluation. BIT will receive pseudo-anonymised data from 1625ip. These data will include HMRC outcome data, the randomisation allocation, and outcome data from LAs. BIT will also receive data from the Department of Education's National Pupil Database (NPD). 1625ip will receive data from BIT on the randomisation allocation of participants, and YFF will receive data from BIT for storage in the YFF Repository. Suitable, two-way data-sharing agreements between the relevant parties have been put in place/will be put in place prior to data being shared. Data will be collected from young people aged 16-25 who have experience of children's social care services in four local authorities in England.

Legal basis

The purpose of processing is to evaluate the impact of the Reboot III Programme on the chance of being in employment or education for young care leavers. Were the programme found to be impactful, the funding party (YFF) is likely to recommend scaling so that more young care leavers can benefit from it (providing a clear and positive public benefit). The processing envisaged is regarded as necessary to facilitate monitoring processes (Pilot) and measuring impact (Trial). It is not possible to achieve an effective evaluation without this processing. Processing these data has little to no direct impact on the individual young people, other than to the extent that they have a positive interest in improving the Reboot III programme.

For special category data BIT is relying on "substantial public interest on the basis of domestic law" (Article 9(2) UK GDPR) and "equality of opportunity or treatment" (Part 2 of Schedule 1 to the DPA).

We are only collecting data categories necessary to conduct an effective research study (characteristics that are predictive of the outcome and increase the precision of the estimates, and characteristics that we will need to conduct subgroup analyses). We will not collect direct identifiers e.g. names or contact details.

The processing is not likely to cause substantial damage or distress to research participants, and the processing is not carried out for the purposes of implementing measures or taking decisions with respect to a particular individual (BIT will be unable to link any individual participant to the data collected and processed).

For all other data, BIT is relying on legitimate interests (as per Article 6 (1) (f) of the GDPR) and "substantial public interest on the basis of domestic law" (Article 9(2) UK GDPR) and "equality of opportunity or treatment" (Part 2 of Schedule 1 to the DPA). BIT and 1625ip have a legitimate interest in running a formal evaluation of the Reboot programme, delivered 1625ip. The programme is to help young people (aged 16-25) leaving Care to find work or training opportunities and the evaluation seeks to understand the impact of Reboot on employment, education and training outcomes. 1625ip and BIT have been contracted by the Youth Futures Foundation to deliver the evaluation so have a legitimate interest in ensuring they perform their obligations under that contract.

Individual subjects data rights

Participants will be invited to participate in the trial and will be included if they have clearly indicated (via a referral form) that they wish to take part. This is taken for the purposes of ethical, and NOT legal consent. Once they are taking part in the trial, their data will be collected and processed on the basis of public task (for the public bodies involved) and legitimate interests (for BIT and 1625ip).

The parties are all independent controllers. So BIT is preparing its own privacy notice and will require 1625ip to provide this notice to all participants who sign up to be referred to the project. The participants' participation is voluntary and prior to signing up via a referral form they are provided with an information sheet explaining the evaluation and linking to privacy notices from the controllers explaining how their personal information will be used. If participants are uncomfortable with participating or with how their data will be used, they can simply decide not to participate.

Data security and retention

BIT have Cyber Essentials and are ISO27001 compliant. BIT has extensive data protection policies, supervision, virus protection, and firewalls. Devices that employees/researchers work on are password protected, employees/researchers must log off when not at their desks, and hard copy documents must be kept locked or shredded. USB stick use is not allowed by employees/researchers. Only researchers on the BIT project team are granted access to the secure project data folders where BIT data is stored. Permissions and personnel involvement will be reviewed regularly to ensure access is only granted to the minimum number of people that need it. Hardware security including workstation controls are in place, with all workstations password protected. NPD data are accessed through the ONS SRS, and as such are not held on BIT systems. BIT will only ever process personal data whilst working in the U.K. Personal data related to this contract will not be accessed or processed for analysis outside of the UK.

All data will be retained by BIT for up to 2 years following submission of the evaluation report to YFF as there may be a Further Analysis Requirement e.g. YFF may want to publish the (anonymised) results in an academic journal. After this point it will be securely destroyed. Personal data for those who received Reboot (i.e. the treatment group) will be retained by 1625ip for 6 years, or until the individual turns 25 years old (whichever is sooner). This is the same arrangement as for existing Reboot participants.

Personal data for the control group (who do not receive Reboot) will be held for no longer than 2 years after submission of the final evaluation report by BIT to YFF. BIT will share the project data in a pseudo-anonymised version with the YFF and this will be retained in line with the YFF's data retention policy.

Youth Futures Foundation Data Repository and Archive

Youth Futures are intending to hold project data in a data repository (also referred to as a depository) and a data archive. The repository will contain smaller datasets, such as what would be collected from a pilot project, whereas the archive will be collecting data from larger-scale interventions, primarily where there is an opportunity to link to other datasets.

Both these options are under development and Youth Futures Foundation will continue to update its [privacy notice](#) as and when further information becomes available.

Youth Futures Foundation privacy notice on the [Data Repository and Archive](#) should be read alongside Youth Futures' [Privacy Policy – General Information](#) which covers information relevant to anyone whose data is used by Youth Futures.

Stakeholders and interests

The stakeholders for this work and their roles are set out in Table 27 below. In addition to leading the evaluation team, Hazel Wright sits on the Youth Futures Fund Expert Advisory Group, which supports YFF to set and review its research standards.

Youth Futures Foundation and The Behavioural Insights Team intend to publish the final trial report on their websites at the trials conclusion, and by December 2026.

Table 27: Evaluation Team

ROLE	NAME	EMAIL
The Behavioural Insights Team		
Project lead	Hazel Wright	hazel.wright@bi.team
Policy lead	Hazel Wright	hazel.wright@bi.team
Research lead	Giulia Tagliaferri	giulia.tagliaferri@bi.team
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Code QA	Laure Bokobza	laure.Bokobza@bi.team
Partner organisation: Youth Futures Foundation		
Director of Impact and Evidence	Chris Goulden	chris.Goulden@youthfuture sfoundation.org
Deputy Director of Evidence and Evaluation	Jane Colechin	jane.colechin@youthfuturesf oundation.org

Evidence and Evaluation manager	Hannah Murphy	hannah.murphy@youthfuturesfoundation.org
Evidence and Evaluation manager	Jane Mackey	jane.mackey@youthfuturesfoundation.org
Head of Grants	Lekan Ojumu	lekan.ojumu@youthfuturesfoundation.org
Senior Grants Officer	Andy Richardson	andy.Richardson@youthfuturesfoundation.org
Partner organisation: 1625ip		
Service Improvement Lead	Meghan Joyce	meghan.Joyce@1625ip.co.uk
Programme Manager - Prevention, Support and EET Services	Rebecca Ball	rebecca.Ball@1625ip.co.uk
Partnership Director	Jamie Gill	jamie.Gill@1625ip.co.uk

Risks and mitigations

Table 28. Risks and mitigations

	IMPACT	LIKELIHOOD	MITIGATION
Ethical risks			
Difficulties obtaining consent from young people (and/or their guardians)	L	L	<p>Consent can be provided in both verbal and written format.</p> <p>Accessible information sheets and consents forms i.e. the materials can be sent electronically, posted in person or read aloud verbally by researchers and/or practitioners.</p> <p>Ensure consent is granular, and participants can consent to some forms of data collection and processing and not others, if they wish.</p>
Guaranteeing confidentiality when safeguarding issue is disclosed	M	M	<p>We will follow BIT's internal safeguarding policy (available upon request) for the data collection and explain the limits of confidentiality during the informed consent process and following disclosure. See "Safeguarding" section for more details on BIT's safeguarding policy.</p>
A participant becomes distressed	H	L	<p>Project has gone through BIT's internal ethics process to ensure any potential risk of harm to the participant is minimised. The following mitigations have been agreed.</p> <p>Mitigations:</p> <p>Regular 'check-ins' to give participants the opportunity to say or type in a chat if they would like to take a break or stop the interview.</p>

			<p>We will provide the option for participants to turn off their video.</p> <p>If videos remain on or data collection is conducted face to face, interviewers will be mindful of body language that indicates discomfort with the research.</p> <p>There will be the opportunity for young people to ‘debrief’ with their practitioners afterwards.</p>
Care leavers in the control group experience worse EET outcomes because of the trial	L	L	<p>Based on the results of previous iterations of the programme and the high level of support provided, we expect that care leavers who receive Reboot 3 will be more likely to be in employment, education or training than those in the comparison group.</p> <p>Mitigations:</p> <p>Care leavers in the comparison group will still receive business-as-usual support from their LA, although we do not expect this to fully compensate for the differences in outcomes.</p>

Safeguarding risks			
Risk of harm to the researcher	L	L	<p>If lone-working, the researcher will follow BIT's lone-working procedures.</p> <p>Internal debriefs will be available with a senior member of staff for researchers conducting fieldwork or working on the project.</p>
Research design risks			
The evaluation does not achieve a sufficient sample size	H	M	<p>Our central estimate of the number of care leavers suggests that we should be able to recruit enough care leavers for a sufficiently-powered evaluation, but there is substantial uncertainty in our estimate due to a number of factors covered in our feasibility report, and it relies on significant work from both 1625ip and LAs to identify and refer suitable young people to programme.</p> <p>Mitigations:</p> <p>We have proposed that all eligible care leavers are provided with a small financial incentive at £25 for agreeing to take part in the evaluation</p> <p>With input from young people and LA staff we have developed guidance for referrers about holding good referrals conversations with young people</p> <p>We will be reviewing the referral process as part of our review of the pilot evaluation, and will use this process to identify improvements that can help to increase referrals and minimise attrition from the evaluation - for example, supporting LAs to develop electronic referral forms</p> <p>During the evaluation referral window we will meet regularly with both 1625ip and</p>

			<p>local authorities to monitor referral numbers and resolve recruitment issues</p> <p>We have proposed to collect covariates from LAs and the Department for Education that will help to improve the statistical power of the evaluation</p>
<p>Unable to collect sufficient outcome data from older care leavers (19.5+ years old at the time of referral), or only able to collect low quality data</p>	?	H	<p>LAs report that getting in touch with YPs once they turn 21 is much harder, as there aren't natural touchpoints with them, and they often exit the LA care. At the time of writing (June 2023) it is still unclear how many YP are likely to turn 21 during the duration of the trial.</p> <p>Mitigations:</p> <p>YFF is providing additional funding to LAs to make this data collection possible. In addition, we will develop data collection guidance for local authorities so that they are clear about how many times they should attempt to contact young people and how missing data should be recorded. The data collection guidance will be informed by the findings of the pilots and a workshop on data collection with Local authorities' staff, that we will use to identify current practices and opportunities for improvement. We will engage with LAs closer to when outcome data collection is meant to start to assess whether the tools/guidance need to be updated. We will run two workshops with Local authorities' staff to instruct them step by step on how data collection will happen - one before launching, and one before outcome data collection begins.</p> <p>If we estimate that this proportion is likely to pose significant risk to the trial, we will recommend to exclude these YP from the trial (revise eligibility criteria) and in turn extend the duration of the onboarding/referral period to compensate for the lower number of referrals. <i>This will have implications for the cost envelope.</i></p> <p>Alternatively, we could recommend collecting outcome data via a third party (subcontractor to BIT). <i>This will have implications for the cost envelope.</i></p>

			<p>In the event that LEO data become available, a decision has been taken to use these data to reconstruct the primary outcome measure on the basis that LEO data quality is anticipated to be superior. Data sharing agreements have been put in place to ensure data can be retrieved from LEO should this become possible during the course of the trial. This has two implications for the trial reporting and results:</p> <p>1, In order to use LEO data for primary analysis, the primary analysis measure will be reconstructed to take into account how variables in LEO are constructed. This may alter the interpretation of the impact evaluation for this measure.</p> <p>2, The LEO analysis of impact for our primary outcome will supercede the original analysis of LA data for this outcome. Any publications following the trial will note this and report the analysis of both datasets.</p>
Unable to collect sufficient outcome data from care leavers (16-19.5 years old at the time of referral), or only able to collect low quality data	H	M	<p>The feasibility study revealed that Local authority staff do not always collect accurate data on care leavers' activities.</p> <p>Mitigations:</p> <p>Local authority staff have a statutory duty to keep in touch with care leavers which should help to mitigate this issue.</p> <p>We will develop data collection guidance for local authorities so that they are clear about how many times they should attempt to contact young people and how missing data should be recorded. The data collection guidance will be informed by the findings of the pilots and a workshop on data collection with Local authorities' staff, that we will use to identify current practices and opportunities for improvement.</p> <p>We will engage with LAs closer to when outcome data collection is meant to start to assess whether the tools/guidance need to be updated.</p> <p>We will run two workshops with Local authorities' staff to instruct them step by step on how data collection will happen - one before launching, and one before outcome</p>

			data collection begins.
Worse data quality for young people in the control group	H	M	<p>As they will not be in regular contact with a Reboot coach, it may be more difficult to collect outcome data from young people in the control group. This may lead to an underpowered trial, or it could introduce bias.</p> <p>Mitigations:</p> <p>Local authority staff have a statutory duty to keep in touch with care leavers which should help to mitigate this issue.</p> <p>We will develop data collection guidance for local authorities so that they are clear about how many times they should attempt to contact young people, how to record outcomes, and how missing data should be recorded. We will run two workshops with Local authorities' staff to instruct them step by step on how data collection will happen. These actions will help provide consistency in data collection across treatment and control group.</p>
Evaluation launch delays caused by a lack of engagement from key stakeholders	M	M	<p>Given the delays to the pilot largely due to local authorities failing to progress key actions, there is a moderate risk that the full trial may also be delayed if actions relating to the pilot review are not progressed.</p> <p>Mitigations:</p> <p>We will regularly meet with single points of contact from each of the local authorities to obtain updates on key actions and make sure they are being progressed.</p> <p>We will also ask YFF to identify and establish an escalation process within their grant agreements with local authorities so that issues can be escalated and resolved quickly if</p>

			they arise.
Care leavers in the control group receive additional support than they would have received without the trial	M	M	<p>Young people in the control group might get better support than they would have had in the absence of a trial for two reasons: 1) If Reboot takes most of the EET support for a significant proportion of care leavers in a local authority, this can free up LA resources to help the young people who do not receive Reboot support. 2) LA's might be tempted to offer additional support to YP who have been randomised into the control group to soften the blow.</p> <p>If this happens, this can increase the outcomes for YP in the control group, which would negatively impact the treatment effect.</p> <p>Mitigation:</p> <p>We have told LA's that they should only offer their usual local offer to young people in the control group</p> <p>We will track the support offered to the control group as part of our IPE work, so that we can report what the difference is between the control group and treatment group support, and thus what the treatment effect measures.</p>
Breach of care leavers' personal data	H	L	<p>During the evaluation, personal data about care leavers will be shared over multiple timepoints between a significant number of parties, including four local authorities, 1625ip, BIT, YFF, the Department for Education and HMRC. With each additional sharing timepoint and party, the risk of a data breach is increased.</p> <p>Mitigations:</p> <p>As with the pilot, we will draft a data protection impact assessment to be agreed by</p>

			<p>YFF's data protection officer</p> <p>Wherever possible we will ensure that data is pseudo-anonymised to reduce the risk that any individual can be identified from a breach</p> <p>We will develop data sharing guidance for 1625ip and local authorities, and organise a procedural walkthrough of data sharing during the full trial so that all parties are clear about what data they are sharing and how it will be shared</p>
Evaluation launch delays caused by a lack of engagement from key stakeholders	M	M	<p>Given the delays to the pilot largely due to local authorities failing to progress key actions, there is a moderate risk that the full trial may also be delayed if actions relating to the pilot review are not progressed.</p> <p>Mitigations:</p> <p>We will regularly meet with single points of contact from each of the local authorities to obtain updates on key actions and make sure they are being progressed.</p> <p>We will also ask YFF to identify and establish an escalation process within their grant agreements with local authorities so that issues can be escalated and resolved quickly if they arise.</p>
No access to HMRC data	H	L	<p>Arrangements for BIT and 1625ip to access data from HMRC were agreed prior to trial launch, and build on existing, robust data sharing arrangements that have been in place since the start of Reboot. As such, this risk is considered minimal.</p>

No access to DFE data	H	L	BIT will follow the standard application procedure for the SRS to access NPD data. BIT have accredited researcher with permission to access the SRS, and will be requesting variables we know to be available through the NPD.
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Implementation and timeline of the trial

Trial Procedure

Timeline and roles

The trial will be conducted over three years from August 2023 to September 2026. A high-level timeline of trial activities is set out below in Table 29.

The trial will be carried out over 4 phases:

- **Referral and randomisation:** For the first 12 months of the trial³¹, eligible young people are referred to the trial by participating LAs, and randomised into treatment (Reboot III) or control (the referring LAs business as usual offer of EET support) by BIT
- **Delivery:** Participants randomised into the trial will be onboarded to the support they have been allocated, and receive EET support. Delivery will take place over three years, beginning in July 2023 with the first referrals to the programme, and ending in July 2026. This ensures that young people referred to the programme late in the referral phase are still able to access support for at least 2 years.
- **Data collection:** Quantitative data for the trial will be collected for each young person by LAs 18 months from the date of their randomisation, for 6 months. In parallel, BIT will be collecting additional data for analysis from HMRC and the NPD.
- **Analysis and reporting:** BIT will conduct analysis from July 2026 to the end of October 2026.

Each phase of the trial is described in more detail below.

Table 29. Activities and roles

DATE	ACTION	RESPONSIBILITY
June 2023 - July 2023	Ethical approval obtained by The Behavioural Insights Team	BIT
August 2023 - August 2024	Identification and referral of eligible young people Ethical consent obtained Baseline EET data collected	LAs
August 2023 - August 2024	Participant referral data sent to BIT for randomisation	1625ip
August 2023 - August 2024	Randomisation	BIT

³¹ This period may be extended as a mitigation for low recruitment rates

September 2023	Intervention delivery begins	1625ip
August 2024	NPD application made using randomised UPNs	BIT
September 2024	BIT conduct assessment of LA outcome data, based on data collected over the previous 6 months. Decision point to invoke third party data collection/continue with LA outcome data collection.	BIT
February 2025	Outcome data collection begins	LAs / BIT
August 2023 - November 2025	IPE delivered	BIT
August 2026	LA Data collection ends LEO accessibility decision point	LAs / BIT YFF/BIT
September 2026	Intervention delivery ends	1625ip
September 2026	Linkage to HMRC data Linkage to NPD data	BIT
September 2026 - December 2026	Analysis and reporting	BIT
31 December 2026	Reporting deadline: First draft of Final Trial Report	BIT
1st January 2027	Request submitted for LEO access and linkage. Data access timeline dependent on date of LEO release	BIT

Phase 1: Referral and randomisation

During our mobilisation phase, BIT worked closely with 1625ip, LAs and young people to identify a suitable strategy for identifying young people who are eligible for the trial and obtaining their agreement to be referred. We developed informational materials and guidance to support referrals, and these have been piloted with participating LAs and improved based on the feedback collected during the pilot. The referral materials are available at Appendix 1 and 2.

The agreed referral process involves several steps, set out in **Figure 5** below.

- LA teams identify care-experienced young people who are eligible for the trial (see eligibility criteria below).
- Referrers (typically PAs and social workers within each LA) approach eligible young people to discuss being referred to the trial.
- If they agree to be referred, the young person completes a referral form (paper or online) to record their agreement and basic information about themselves.
- An identified LA staff member (known as the 'single point of contact' or 'SPOC') adds the young person's details to a 'Master Referral Spreadsheet' which is shared with 1625ip to formally refer young people to the trial.

Once the randomisation process has been completed (see 'assignment' below), all young people are provided with a £25 shopping voucher to thank them for their time and involvement in this study.

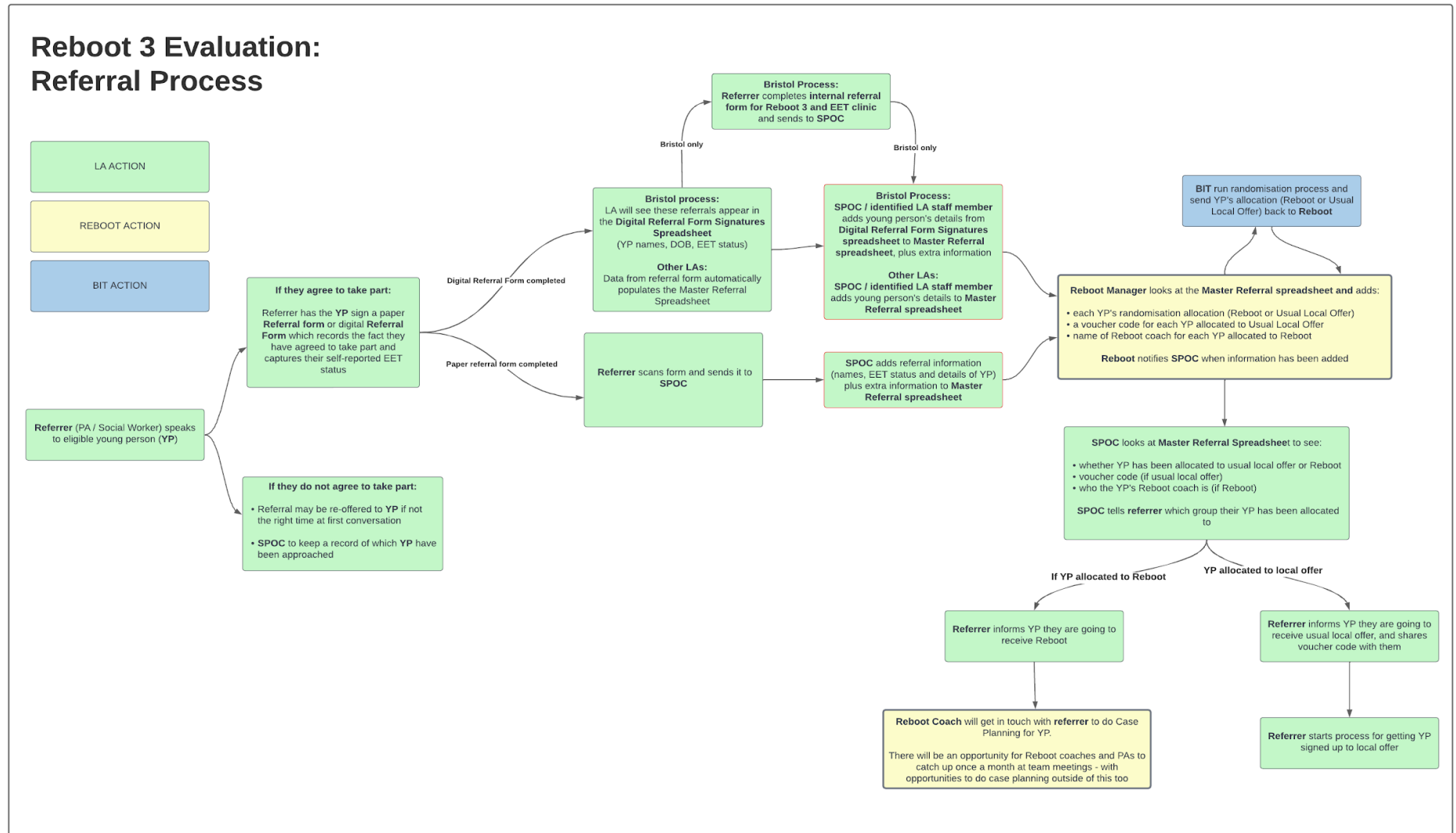
Randomisation

BIT will randomise individual participants into either the treatment or control group. Randomisation will be done on a monthly basis over the course of the one-year referral period. Each month, each LA has a fixed number of Reboot places available. Reboot places cannot be transferred between LAs. 1625ip will share each month with BIT the number of places that are available at each LA and the list of referrals that month. 1625ip will also share the number of referrals needed with the LA's. This will be under the assumption of a 1:1 allocation ratio between treatment and control group. Randomisation rules are described in the "Randomisation" section.

Each month, BIT will conduct randomisation, and share the subsequent assignment with 1625ip in the same shared spreadsheet that 1625ip uses to share referrals and capacity figures with BIT.

The randomisation process is quality assured by a second BIT researcher each time it takes place (see the "Randomisation" section of this protocol for more information). The results are entered into the sheet, but also spot-checked the following month to ensure none of the allocations have been amended, and that Reboot is engaging with those allocated to treatment. The BIT evaluation team have fortnightly update calls with YFF and the delivery teams to discuss any anomalies identified.

Figure 5. Referral and allocation process map



Phase 2: Trial delivery

YPs allocated to the treatment group

- Each YP will be assigned to a Reboot coach. A first touchpoint between the YP and the Reboot coach will be arranged within approximately 30 days from randomisation
- The Reboot support starts, with the characteristics outlined in the “Participants” section.
- In the last six months of the trial (18 to 24 months since randomisation) the outcome data collection will take place, as described in the following section.

YPs allocated to the control group

- YP start working with their assigned PA, as described in the section outlining Business as Usual support. A first touchpoint between the YP and the PA will be arranged within approximately 30 days of randomisation.
- In the last six months of the trial (18 to 24 months since randomisation) the outcome data collection will take place, as described in the following section.

Phase 3: Outcome Data Collection

The Master Data Path in Appendix 5 shows all data sources, variables and data linkages required to carry out this impact evaluation. The next sections provide more details about data collection for outcomes (collected by LA; by HMRC) and covariates (DfE’s NPD).

All individual items of data to be collected are listed in Table 30 below, with more detailed descriptions of the purpose of each item. The table also indicates who collects each data item.

Table 30. Data to be collected

DATITEM	PURPOSE	COLLECTION POINT	SOURCE	COLLECTOR	SAMPLE
Care leavers data					
UPN	Matching datasets shared by 1625ip and the NPD for access to NPD covariates. Matching to LEO dataset, should this become	Referral	Administrative LA data - note: this will be also be in DfEs data to allow matching	LA	Both

	viable.				
Local authority unique ID	Matching datasets shared by LAs and 1625ip	Referral	Administrative LA data	LA	Both
Postcode	To facilitate matching with LEO	Referral	Administrative LA data	LA	Both
Name of local authority responsible for YP	Randomisation and as explanatory variable	Referral	Administrative LA data	LA	Both
Gender	Explanatory variable and balance checks	Referral	Administrative LA data	LA	Both
Date of Birth	To calculate age for explanatory variable and balance checks, and to enable matching to the LEO dataset should this become viable.	Referral	Administrative LA data	LA	Both
NINO	To enable matching to the LEO dataset should this become	Referral	Administrative LA data	LA	Both

	viable				
EET status at entry	Explanatory variable and balance checks	Referral	Administrative LA data	LA	Both
EET status at baseline	Primary outcome variable	Outcome data collection period (one time)		LA	Both
Start and leaving dates for employment	Calculate secondary and exploratory outcome variables	Outcome data collection period (monthly)	HMRC	1625ip	Both
Latest payment date	Calculate secondary and exploratory outcome variables	Outcome data collection period (monthly)	HMRC	1625ip	Both
Pay frequency	Calculate secondary and exploratory outcome variables	Outcome data collection period (monthly)	HMRC	1625ip	Both
Normal hours worked	Calculate secondary and exploratory outcome variables	Outcome data collection period (monthly)	HMRC	1625ip	Both
Taxable pay	Calculate secondary and	Outcome data collection period	HMRC	1625ip	Both

	exploratory outcome variables	(monthly)			
Key stage 2 attainment	Explanatory variable	Access to be requested during the trial	DfE	1625ip	Both
Key stage 4 attainment	Explanatory variable	Access to be requested during the trial	DfE	1625ip	Both
School absence rates	Explanatory variable	Access to be requested during the trial	DfE	1625ip	Both
Survey outcomes: Warwick-Edinburgh Mental Wellbeing Scale.	Exploratory outcome variable	At baseline and during data collection period	1625ip	BIT	Treatment group
Survey outcomes: psychological flexibility	Exploratory outcome variable	At baseline and during data collection period	1625ip	BIT	Treatment group

LA outcomes

Outcome data will be collected by the LA assigned personal advisors (PA) who are in regular contact with their young people and collated by local authorities. The outcome measure is based on data collection for the annual LAC return and the LA's statutory duty to be in touch at least once every 8 weeks.

Each local authority has different processes and systems in place around how they collect and store data. For the purpose of the trial, depending on the LA's current processes, data collection frequency might have to be increased and extended to young people they would not otherwise be in regular contact with. YFF is providing the local authorities with additional funding to support these efforts.

Touch point frequency & recording frequency

Most young people with a PA have a touch point at least once every 8 weeks (two LA's suggested this was the case for 90-95% of their young people). These touch points will be

used to collect our outcome data, and thus for this group collecting this data is unlikely to be an issue.

However, LA's are not usually in touch with YP who do not have a PA assigned (note that all YPs in the treatment and the control group will have a PA assigned at randomisation, and that YPs in the treatment keep working with their PA until their case closes. These are also known as closed cases. Cases can only get closed after the YP has turned 21 and indicated they do not want any more support. We don't expect any closed cases at referral, but cases can become closed in between referral and the data collection period. Based on data from previous iterations of Reboot, we think this could be the case for ~ 20% of the sample. For this reason, the grant agreements with LAs specify the need for LAs to get in touch with YPs with closed cases once every 8 weeks 18 to 24 months from randomisation.

LAs have a statutory duty to record and share YP's EET data (known as their 'main activity') with the DfE once a year.³² This is required for all 'relevant' and 'former relevant' children (see definition in Box 2 below) whose 17th to 25th birthday falls within the collection period (normally 1 April to 31 March each year). Even if there is no duty to record this information more frequently than that, we found that the four LAs do record this information at all touchpoints (or at least they do record a change in EET status). As each LA uses different systems and have their own approach to recording this data, BIT will develop tailored solutions for each LA to receive this information.

Box 2: Definition of 'relevant' and 'former relevant' children.³³

Relevant children are defined under Section 23A(2) of the Children Act 1989.

A relevant child is:

- a young person aged 16 or 17
- is no longer looked-after
- before last ceasing to be looked-after, was an 'eligible child' [...]

OR

- a young person aged 16 or 17
- not subject to a care order
- detained, or in hospital on their 16th birthday

³² For the Children Looked After (CLA) return every April. La's need to share data that is accurate on or around the YP's birthday in the relevant financial year.

³³ Department for Education (2023). Children looked-after by local authorities in England: guide to the SSDA903 collection 1 April 2023 to 31 March 2024. Accessed 27th July 2023 at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1153549/CLA_SSDA903_2023-24_Guide_Version_1_1.pdf

- immediately before being detained or admitted to hospital had been looked after for at least 13 weeks which began after they reached age 14.

Former relevant children are defined under Section 23C (1) of the Children Act 1989. A former relevant child is one who is:

- aged 18 or above,

AND EITHER

- has been a relevant child and would be one if he were under 18, OR
- immediately before he ceased to be looked-after at age 18, was an eligible child.

Given the importance of collecting reliable outcome data from LA and the risks that BIT has identified in the previous stages of work, BIT has devised a series of mitigation strategies to make sure that data collection is robust and of high quality (see Risks and Mitigations section).

LA data quality assessment³⁴

Given the importance of LA data to the trial, the evaluation team will conduct an assessment of LA data quality during the one year onboarding period. The purpose of the assessment will be:

- **Missingness:** To allow BIT to assess the completeness of EET data across three touchpoints, both for under 21s and the over 21s
- **Data collection guidance:** To trial the guidance we have produced for LAs and provide a view on changes that may need to be made for trial data collection/whether guidance were adhered to across LAs. Guidance has been designed to reduce variation across LAs in the way data are elicited and recorded, and feedback will be taken from LAs during this assessment phase to surface challenges/required amends.

Based on our findings, a methodological decision will be taken to either continue with data collection by LAs as planned, or to engage a third party, external to LAs and the evaluation team, to contact YP directly to collect EET outcome data. If the assessment finds the data are poor quality, the third party option will be taken.

The decision will be taken on the following criteria:

- **Occasional refusal** - missingness of at given touchpoint: Successful EET data collection for each individual requires that data are collected at three points during a 6 month collection window. However, some PA may be able to collect the EET information for a subset of the three touchpoints (e.g. only for one or two touchpoints). In the 'missing data' section of the protocol, we have described that, were this the case, we would take

³⁴ This is subject to contractual agreement

a ‘carry forward’ approach. However, even when imputed, the presence of missing data will increase the noise in the EET measure, with a negative effect on the statistical power of the trial. For this reason, we need to minimise occasional missingness at all touchpoints. We will deem the occasional missing rate acceptable if ³⁵

- <5% of YP have two missing touchpoints
- <10% of YP have one missing touchpoint
- The implication of this is that if one of the two conditions above is not met, the third party option will be triggered.
- **Systematic refusal** - missingness at all touchpoints: all three touchpoints for EET status are missing values. This is equivalent to attrition, from an evaluation point of view, as it will not be possible to construct the outcome measure for a given individual. We set this threshold at 5%. The implication of this is that should missingness exceed this threshold, the third party option will be triggered.
- **Differential response rate** - We will compare the success rate for participant contact between those in treatment and control to understand the extent to which differential attrition is a risk. If the difference in contact success rates (computed as EET measure collected at each touchpoint) exceeds 5%, we may increase the incentive for young people to respond to data collection calls, and the third party option will be triggered.

The assessment will take place from month 6-12 of the trial (from the date the trial is launched), to mirror the 6 month outcome window in the current design. During this time, each LA will be asked to adhere to the outcome collection guidance provided and record data as they would for the trial outcome window.

Sharing this data with BIT

Due to the differences between LA's, we will have two different methods through which they can share outcome data with us.

- **Manually fill in a pre-populated spreadsheet** - We will supply the LA with a spreadsheet that includes a separate row for each young person participating in the trial. The spreadsheet will contain three columns to record the young person's EET status. These columns will cover the period 1.5 - 2 years after referral and each record should be ~ 2 months apart. We will indicate a 4 week period for each cell in which that data should be collected (which depends on the referral month) The spreadsheet will provide a 4 week period per cell for when the data should be collected. Additionally, there may be additional columns in the spreadsheet intended to request supplementary details or information.
- **Share an extract from their database, containing all the required information** - A second option is that the LA will create an extract from their database

³⁵ These thresholds have been chosen as pragmatic approach to balance out two competing forces (a) the need of not penalising the sample size too much (b) reducing the noise in the data.

containing all EET data from all young people in the trial over the relevant six month period. BIT will then process and filter this data to create the EET outcome variable.

Which method is best depends on how LAs collect and store the data. South Gloucestershire and Bath & North East Somerset expressed a preference for the first option, while Bristol and North Somerset are best-suited for the second option.

Due to how the data sharing agreements are set up, LA's will share this data with 1625ip, who will subsequently share the data with us.

Recording of additional information

We will request additional information to better understand the data (and potentially missing data):

- Type of touch point (in person, over phone, via third party)
- If the LA failed to get the required data and for what reason

HM Revenue and Customs (HMRC) outcome data

HMRC data were identified as containing relevant information related to employment outcomes. The data are updated in real time and can be shared monthly. As the data are used for important purposes such as calculating income tax and national insurance contributions, the quality and completeness of the data is expected to be very high. We will use this data to construct the secondary outcome (employment status) and some exploratory outcomes (time spent in employment; earnings).

During the trial period, 1625ip will be responsible for routinely collecting data from HMRC. A MOU between HMRC and 1625ip has been signed and this secures HMRC commitment to provide outcome data for the trial. The MOU piggybacks on existing arrangements for Reboot II, so does not extend to data being stored in YFF archives.

Department for Education (DfE) data, for covariates

DfE data were identified as containing relevant indicators related to education. The DfE has rich datasets containing education-related indicators. The main database relevant to Reboot is the National Pupil Database (NPD, which covers schools). These data are updated 1-3 times a year, sometimes with delays of over a year. For this reason, BIT sees value in the NPD data as a source of covariates (educational history of trial participants) rather than as a source of outcome data. There is no precedent to get this data for Reboot participants. Permission to get access is not guaranteed and the process is lengthy.

Longitudinal Educational Outcomes

The trial design has been developed to ensure that legal arrangements and technical requirements are in place to allow the trial to capture the identifiers needed for a matching

with LEO.³⁶ Based on our current understanding, this will allow matching with LEO to take place in the future.³⁷

Data collected from LEO are likely to include:

- Summed earnings per tax year
- Start and end date of employment spells
- YPs' characteristics and previous education

These data will be used to reconstruct the primary outcome measure for this trial, to supersede previous analysis using LA data. This is expected to result in a more precise estimate of the impact of Reboot on the PO. This approach is set out in detail at page 31 of this protocol.

1625ip data

1625ip have now adopted what they call measures of 'stability and wellbeing' which coaches complete with young people every 6 months. The measures include:

- the Warwick-Edinburgh Mental Wellbeing Scale (short-form);
- 2 questions on social support taken from the community life survey;
- 1 question on financial well-being taken from the understanding society survey;
- 7 questions on psychological flexibility - not been validated to use as a scale/single measure of psychological safety;
- 2 questions (completed by coaches) about accommodation suitability;

1625ip is responsible for collecting these data. These measures will only be collected for young people in the treatment group due to the inherent challenges in collecting these data from the control group, and the burden this would entail for both those allocated to control and participating LAs. These data could provide useful supporting evidence about the effect of the programme on wider outcomes of interest, and will be used to validate the programme's theory of change.

Data Storage and Transmission

Data will be anonymised and stored in project folders with access restricted to the project team only, or to be stored and analysed on the ONS SRS if needed. Data will not be transmitted to third parties, except where this is appropriate under the conditions of appropriate data sharing agreements.

YFF are interested in the long-term outcomes of young people who have received Reboot. To this end, BIT have worked with YFF to discuss their plans for a static archive of trial data,

³⁶ UPN, PMR, DOB and Postcode. Details of data to be shared for the purpose of archiving and LEO linking can be found at Appendix 5.

³⁷ When the YFF will have established a process for linking LEO data in the IDS, BIT & the YFF will put a contract in place for BIT to analyse the impact that Reboot III had on the outcomes included in LEO and of interest to the YFF (e.g. employment outcome 2 years after the end of Reboot III).

and for the long term linking of trial data to outcome data held in the Longitudinal Educational Outcomes dataset.

At the end of the trial, the data used in the evaluation will be deposited in an archive owned by the YFF. At the time of writing, the archive does not exist, however, BIT will ensure that legal and practical arrangements are in place to allow trial data collected during the evaluation to be shared with YFF, to be held in their secure archive.

Appendix 1: Eligibility criteria

Non-discretionary criteria

- Age 16-25 at point of referral
(YP can continue support past 25th birthday if we can continue to collect EET information about them)
- Care experienced
(YP must be able to access a PA or social worker if requested)
- In EET and looking to progress, OR seeking EET OR likely to be seeking EET within two years
- Under the care of Bristol, BaNES, N.Somerset or S.Glos local authorities
- YP agrees to participate
- Have not accessed significant support from RW1 or RW2 (A list will be sent with names of YP excluded due to this. Those who had limited support will not be excluded. If a YP is referred and has an existing reboot timeline, please cross reference the exclusion list to ensure they are NOT on it)

Discretionary criteria:

Can meaningful support be offered despite the below? Please consider the below questions when making referral.

- Main discretionary question – is YP likely to be able to achieve EET within 2 years of referral?
- Custody (are they likely to leave custody within a year, can we use their time in custody to progress them and prepare them for EET upon release?)
- Pregnant/new parent (Are they able to access EET within 2 years?)
- Out of area (We don't have partnerships with people out of area to offer useful EET advice/referrals. We don't have capacity to travel regularly. Can meaningful help be offered despite this?)
- Immigration status (Will the YP be likely to be able to work or access education within 2 years based on their status?)
- Language barrier (Can they speak English? We don't have access to translator services, so we have a limited offer with a significant language barrier)
- Significant disability or other barrier (Does the YP have significant learning disability or mental health diagnosis that would prevent them from accessing EET in the next 2 years?)
- Significant other specialist need (i.e. substance addiction or managing a tenancy. Could a specialist service be more helpful, i.e. a substance misuse or housing support service? Does the YP already have enough workers?)

Appendix 2: Paper Referral Form

Your guide to the Reboot III Evaluation

You are invited to take part in a study called the Reboot III Evaluation.

- Before deciding whether to take part, please read this information. This will help you to understand why the study is being done, and what it will involve.
- You can discuss it with family and friends if you want to.
- You do not have to take part if you do not want to.
- Speak to your PA or social worker, or email reboot.admin@1625ip.co.uk if anything is unclear or if you need more information.

What is Reboot?

The Reboot programme works with young people aged 16-25 who have been in care. The programme helps them to access learning, training and work. It also helps them to achieve stability and wellbeing in their lives. An organisation called 1625 Independent People (1625ip) delivers the programme.

1625ip give young people a coach who works with them for around 2 years to explore what matters most to them (their values) and what they are good at. This helps young people to gain the confidence and skills they need to progress to meaningful work.

The support includes practical help, like support with CVs and job interviews. It also includes providing things like laptops and work clothes.

What is the Reboot III evaluation?

A research organisation called the Behavioural Insights Team (BIT) is currently evaluating the Reboot programme. The evaluation is being funded by the Youth Futures Foundation (YFF).

BIT wants to understand how effective the programme is. They want to know if it helps young people into employment, education and training. The best way to check this is to look at the progress of young people who receive support from Reboot, and then compare this to young people who receive other support.

Because of the evaluation there have been some changes to the referral process that you need to know about. If you agree to take part in the study, you should know that information about you (like your name, and whether you work or study) will be shared with the Reboot team, BIT and YFF so they can carry out their work.

For more detail about the types of information that will be shared, take a look at the BIT and 1625ip privacy notices linked below.

Why is the evaluation taking place?

The evaluation might show that the programme is effective. If so, this could help persuade the government and other local authorities to provide similar support to other young people. This could benefit many more young people who have been in care across the country.

What will happen if I agree to take part in the evaluation?

If you agree to take part, your local authority will send some information about you to 1625ip. You will be put forward to either receive support from Reboot, or to receive support from your usual local offer. What support you receive is decided randomly - like pulling names out of a hat - and it is not based on information about you. It's being done that way to enable the evaluation to take place.

Once this allocation process is done, your personal advisor (PA) or social worker will let you know whether you will receive support from Reboot or your usual local offer. Either way, you will still take part in the evaluation, so you will get a £25 voucher as a thank you for being able to use your information to evaluate the programme.

What support will I receive from my usual local offer?

Your usual local offer will usually involve a referral to a specialist local service that can help you with your employment and education. Your PA or social worker will be able to give you more details if you ask them.

Do I have to take part?

No. It is your choice. If you do not want to take part, that's OK. Your decision will not change the existing support you receive from your local authority.

What will the evaluation involve?

If you agree to take part, your local authority will share information about your employment and education with 1625ip at the beginning of the evaluation, and then again around 2 years later, at the end of the evaluation. This will be shared with BIT so that they can help YFF and 1625ip understand how effective the programme is.

Once the study is complete, BIT will produce a report of their findings, but this will not name you individually and nobody will be able to identify you from it. They will produce a summary of their findings which you will be able to access. BIT or YFF may submit the results for publication in a scientific journal.

Will I get anything for agreeing to participate and provide my data?

Yes! Every young person who takes part in the evaluation will get a £25 voucher as a thank you.

Will I have to do anything?

If you are not already in touch with them, your local authority may need to get in contact with you at the end of the evaluation to ask you about your education and employment.

During or after the study, you may also be contacted about the evaluation. For example, BIT might invite you to an interview or other research activities related to the evaluation. Taking part in any additional research is completely voluntary, and you can decline to take part at any time without giving a reason.

If you do want to take part in any additional research, BIT will give you a separate information sheet to explain more about the research so that you know what to expect.

What will you do with my data?

BIT will be collecting data about you and your work, education and training so that they can understand whether the programme helps young people.

You can find out more about how your data will be used through the privacy notice links below:

How your Local Authority will use your data: [Local Authority's privacy notice]

How 1625ip will use your data: tinyurl.com/1625ip-PN

How BIT will use your data: tinyurl.com/BITeam-PN

How YFF will use your data: tinyurl.com/YFF-PN

BIT, 1625ip, YFF, and your Local Authority are each acting as a controller of your data that they use for the purposes of carrying out this research. This means each of them is responsible for how they use your data during the evaluation.

Who do I speak to if I have more questions about any of this?

Speak to your PA or social worker in the first instance, but if they can't answer your questions then you can contact reboot.admin@1625ip.co.uk to find out more.

Thank you for reading this information. Thank you also for considering taking part in this evaluation.

If you would like to complain about this evaluation, please email the Youth Futures Foundation and BIT. You can contact them using the details below:

YFF Head of Evidence and Evaluation: jane.Colechin@youthfuturesfoundation.org

BIT Chief Investigator: Hazel.Wright@bi.team

To confirm you are happy to take part in the evaluation, please complete the following sections.

Sections marked with an asterisk (*) must be completed if you want to take part in the evaluation.

- I have read and understood the information provided* *(please tick)*
- I agree to take part in this study* *(please tick)*
- Yes If you receive Reboot support, are you happy for your pathway plan to be shared with the Reboot team? *(optional)*
- No

First name* Last name*

Date of birth*

Date*

1. Are you currently in education?* *(please tick one)*

- **No, I am not**
- **Yes, I am in full-time higher education** (studies after A-level e.g. university degrees, diplomas in higher education, teaching and nursing qualifications, higher national diplomas, ordinary national diploma)
- **Yes, I am in part-time higher education** (studies after A-level e.g. university degrees, diplomas in higher education, teaching and nursing qualifications, higher national diplomas, ordinary national diploma)
- **Yes, I am in full-time education other than higher education** (studies before and including A-level e.g. A-levels, T-levels, GCSEs, level 1-4 awards / diplomas / certificates / NVQs)
- **Yes, I am in part-time education other than higher education** (studies before and including A-level e.g. A-levels, T-levels, GCSEs, level 1-4 awards / diplomas / certificates / NVQs)
- **Not sure/other** (please provide more details below)

2. **Are you currently employed?*** (*please tick one*) This includes paid employment, self-employment, and voluntary unpaid work. If you are on a zero-hours contract, please base your answer on your typical working hours over the last couple of months.

- **No, I am not currently employed**
- **Yes, I am in full-time employment** (at least 16 hours a week)
- **Yes, I am in part-time employment** (less than 16 hours a week)
- **Not sure/other** (please provide more details below)

3. **Are you currently in an apprenticeship or training?*** (*please tick one*) This includes apprenticeships and government-supported training, including Youth Training, New Deal, Training for Work, and National Traineeships.

- **No, I am not currently in an apprenticeship or training**
- **Yes, I am in a full-time apprenticeship** (at least 16 hours a week)
- **Yes, I am in a part-time apprenticeship** (less than 16 hours a week)
- **Yes, I am in full-time training** (at least 16 hours a week)
- **Yes, I am in part-time training** (less than 16 hours a week)
- **Not sure/other** (please provide more details below)

Appendix 3: 1625ip survey

	How you feel	None of the time	Rarely	Some of the time	Often	All of the time	
	Please tick the box that best describes your experience of each over the last 2 weeks.						
	I've been feeling optimistic about the future						
	I've been feeling usefulYou						
	I've been feeling relaxed						
	I've been dealing with problems well						
	I've been thinking clearly						
	I've been feeling close to other people						
	I've been able to make up my own mind about things						
	Friends and family	Definitely disagree	Tend to disagree	Tend to agree	Definitely agree		
	If I needed help, I have friends or family who would be there for me.						
	If I wanted company or to socialise, there are people I can call on.						
Managing		financially	Finding it very difficult	Finding it quite difficult	Just about getting by	Doing alright	Living comfortably
	How well would you say you are managing financially these days?						

 Experiences		Strongly disagree	Strongly agree
1	I did things to connect with people who are important to me (So)	<div></div>	
2	I was able to experience a range of emotions appropriate to the moment e.g. I was able to feel sad when something sad happened, or happy when something happy happened (N)	<div></div>	
3	I can use my thinking in ways that help me (A)	<div></div>	
4	I chose to do things that were personally important to me (V)	<div></div>	
5	I paid attention to important things in my daily life (V / N)	<div></div>	
6	I found ways to challenge myself (that were personally important to me) (D)	<div></div>	

7	I can be patient and caring towards myself (Se)	
---	---	--

Coach-only questions:

1. How would you rate your young person's overall wellbeing on a scale of 0-10, where 0 is extremely poor, and 10 is extremely good? ____
2. How would you rate your young person's psychological flexibility on a scale of 0-10, where 0 is extremely poor, and 10 is extremely good? ____

Accommodation/stability (2 items)

1. What is the young person's current living situation? (coach-assessed)

B - With parent(s) or relative(s)	
C - Community home or other form of residential care such as a National Health Service (NHS) establishment	
D - Semi-independent, transitional accommodation (like a supported hostel or trainer flats); self-contained accommodation with specialist personal assistance support (for example, for young people with disabilities, pregnant young women and single parents); and self-contained accommodation with floating support	
E - Supported lodgings (accommodation, usually in a family home, where an adult(s) in the host family provide formal advice and support)	
K - Ordinary lodgings, without formal support (paying rent to be a lodger in someone else's home)	
Sa - No fixed abode/homeless - nowhere to stay / roofless	
Sb - No fixed abode/homeless - sofa surfing	
T - Foyers and similar supported accommodation which combines the accommodation with opportunities for education, training or employment	
U - Independent living, like independent tenancy of flat, house or bedsit, including local authority or housing association tenancy, or accommodation provided by a college or university. Includes flat sharing	
V - Emergency accommodation (like a night shelter, direct access or emergency hostel)	
W - Bed and breakfast	
X - In custody	
Y - Other accommodation	
Z - With former foster carer(s) ('staying put') - where the young person has been fostered and on turning 18 continues to remain with the same carer(s) who had fostered them immediately prior to their reaching legal adulthood, and where the plan for their care involves their remaining with this former foster family for the future	

2. How suitable is the young person's accommodation? (coach-assessed)

Accommodation is to be regarded as suitable if it provides safe, secure and affordable provision for young people.

It would generally include short-term accommodation designed to move young people on to stable long-term accommodation, but would exclude emergency accommodation used in a crisis.

- Very suitable (5)
- Somewhat suitable (4)
- Neither suitable nor unsuitable (3)
- Somewhat unsuitable (2)
- Very unsuitable (1)
- Don't know (-)

Appendix 4: Description of the Reboot support model for a previous iteration of the programme



Reboot West - Using Acceptance and Commitment Therapy (ACT) to help care leavers progress in education, training and employment (EET)

What is ACT?

Acceptance and Commitment Therapy (ACT) is a psychological intervention that uses acceptance and mindfulness strategies, together with commitment and behaviour change strategies, to increase psychological flexibility. The notion of psychological flexibility is about being able to stay in contact with the present moment regardless of unpleasant thoughts, feelings or bodily sensations, while choosing behaviour and action based on the situation and personal values. ACT gives insight into how language entangles people into futile attempts to wage war against their own inner lives. It helps people learn how to make healthy contact with thoughts, feelings, memories, and physical sensations that have been feared and avoided. This helps them gain the skills to recontextualize and accept these private events, develop greater clarity about personal values, and commit to needed behaviour change.³⁸

We use a model of ACT called DNA-V developed specifically for working with adolescents. DNA-V was developed by the Australian clinical psychologists Louise Hayes and Joseph Ciarrochi.³⁹

What is Reboot West?

This is a four-year programme, funded by the DfE, working with care leavers aged 16-25 to get them into education, employment and training as well as helping them to achieve stability and well-being in their lives. A team of nine Coaches work across four local authorities, co-located in their offices and embedded in their care leaver (or throughcare) teams. Coaches have relatively high caseloads, of 28 young people each, but are able to work with them for up to four years and develop strong relationships over that period. The care leavers we work are either NEET (not in education, employment or training) or at risk of NEET and some have complex needs and are living in challenging circumstances.

³⁸ <https://contextualscience.org/act>

³⁹ <https://thrivingadolescent.com/dna-v-the-youth-model-of-act/>



How Reboot West helps young people progress in EET

Reboot West aims to support the young people we work with to try new things and learn from them. By learning from our experiences, be it success or failure, we gain value, and when we live a life with value, we thrive.

We all start life as explorers: with little experience of the world, we rely on our care givers (parents mostly) to advise us and keep us safe and overtime we discover through play, trial and error. As we become more independent, we learn from our experiences and we rely on our own internal advice; “Don’t go over there, it’s dark,” “Do eat that sweet, it tastes nice”. These thoughts become the drivers of our behaviour, some of them are helpful and keep us safe but some of them trap us, judge us and ultimately limit us.

Many young people leaving care have not had consistently safe advice and guidance from their care givers and much of their experience of trial and error has led them to harm or trauma. So, it’s unsurprising that many of the young people we work with avoid risk or even any new experiences.

Reboot West uses mindfulness techniques to support young people to notice their inner experiences, externalise their thoughts and become an observer of them, creating space and distance. The distance means, we can choose how to interact with it, choose whether to listen to it and choose how to act in accordance with it. We support young people to establish their values and make these choices based on their values.



To give an example, Reboot West supported a young person, Emma (not her real name), to apply for college. As the start of term drew nearer Emma became socially anxious and felt unable to attend, we asked Emma to describe the thoughts she was having, she said things like, “I’m not good enough,” “everyone will be smarter than me,” “everyone will be looking at me”. We asked Emma to write these thoughts on a piece of paper and then write, “I’m having the thought that...” above the statement, then we asked Emma to physically walk away from the thought written on the piece of paper, all the while asking her to notice the physical feelings, describing how and where she could feel the thought within her body. Over time Emma was able to recognise these thoughts were quite normal, and although uncomfortable, she was able to accept they were thoughts and might not be true, or at least not all of the time. This was a success story, Emma went on and achieved a level 2 qualification in Health and Social Care. But there are similar examples where young people didn’t continue with college that we still see as success or gain in learning value. Adam (also not his real name) decided not to continue with college, but instead of feeling defeated and ‘back at square one’ he recognised that studying might not be for him, that instead being physically active was important to him and he went on to work in construction instead. For both young people, they learned to take action driven by their values.

The above describes how Reboot West use Acceptance and Commitment Therapy (ACT), and specifically DNA-V (a youth model with ACT), to support young people to become ‘psychologically flexible’. The Reboot West team continue to learn and improve their use

of ACT with monthly group clinical supervision from a supervisor with extensive experience of ACT. We have also developed a toolkit of cards for workers to enable workers to bring ACT into their sessions with young people.



Reboot West also uses ACT holistically within the project (in supervision, in peer support and even informally in their social interactions with each other), as well as externally with funders, local authority partners and with the wider support network of a young person. Partner organisations, including personal advisers and social workers in local authority leaving care teams have been trained in ACT to enable consistent language and approaches.



Through modelling ACT techniques the Reboot West team consistently assess and are driven by their own values which has led to a stable, fulfilled and successful team, with no staff turnover throughout the whole of the project, very little staff sickness relative to other similar projects within the sector, and over achieving on project outcomes targets.

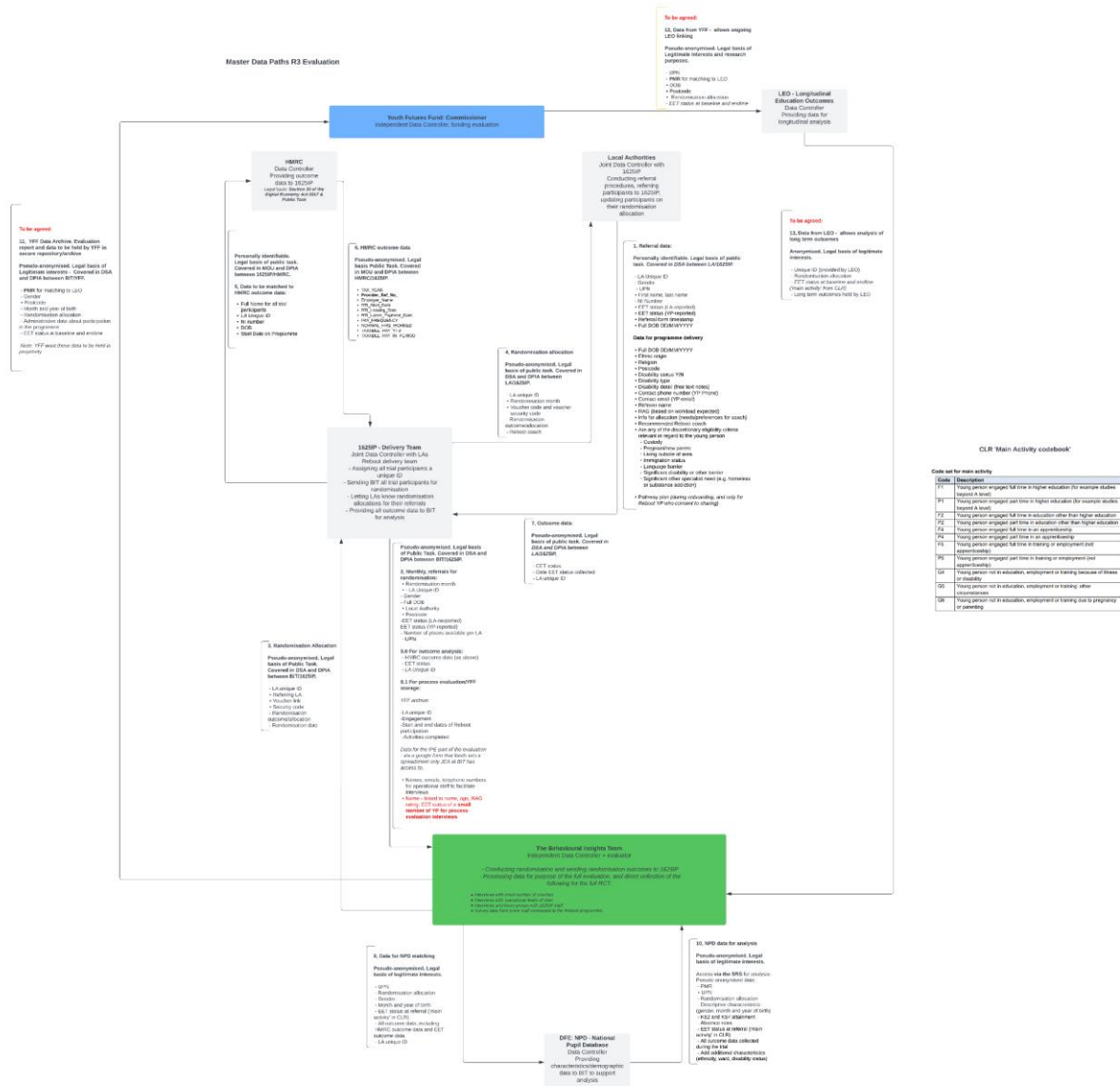
Whilst there are many contributing factors to the success of the Reboot West project, it is clear that ACT has had a profound effect on the lives of the young people directly, as well the staff within the service, which in turn, again means a better service for young people.



The Reboot West team with Louse Hayes (DNA-V creator) and Duncan Gillard (educational psychologist and clinical supervisor)

To find out more about the philosophy and principles underpinning Reboot's use of ACT, please see this article in the British Psychological Society magazine, *The Psychologist* <https://thepsychologist.bps.org.uk/forging-brighter-futures-young-care-leavers>

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Appendix 6: Randomisation code

```
##### FILL THIS IN #####
```

```
shared.spreadsheet <- "Randomisation - 1625ip _ BIT Shared Spreadsheet .xlsx" # LOCATION OF SHARED SPREADSHEET
```

```
randomisation.output <- "R reboot randomiser.xlsx" # LOCATION OF RANDOMISATION OUTPUT FILE
```

```
# randomisation.output <- "R reboot randomiser - QA.xlsx" # SELECT THIS IF QA
```

```
month <- "August 2023" # Randomisation month
```

```
#####
```

```
### 1. Set up
```

```
# seed
```

```
set.seed(060923) # SET SEED
```

```
# library
```

```
library(data.table)
```

```
library(dplyr)
```

```
library(readxl)
```

```
library(tidyr)
```

```
library(writexl)
```

```
library(openxlsx)
```

```
# import
```

```
data <- read_excel(shared.spreadsheet, ##### change location to most recent version
```

```
                sheet = "1625 Input 2 Referrals & Capaci",
```

```
                skip = 1)
```

```
# Splitting the imported data into two data frames: 'data_referrals' containing the referral data and 'data_capacity' containing capacity data.
```

```
# adjusting so the correct columns are included in data_referrals and data_capacity (randomisation month, no randomisation date)
```

```
data_referrals <- data[,c(1,3:6)]
```

```
data_capacity <- data[,c(1,8:11)]
```

```
# Changing names so they match with the ones used in the input & output spreadsheet
```

```
groups <- c("BaNES", "Bristol", "North Somerset", "South Glos") # LA names
```

```
# Renaming the columns of 'data_referrals' and 'data_capacity'
```

```

names(data_referrals) <- c("Month",groups)
names(data_capacity) <- c("Month",groups)

# Restructuring data
data_referrals_month <- data_referrals %>% filter(Month==month) %>% pivot_longer(cols=-
Month,names_to="groups", values_to = "referrals")

data_capacity_month <- filter(data_capacity,Month==month) %>% pivot_longer(cols=-Month,names_to="groups",
values_to = "places")

data_referrals_capacity <- full_join(data_referrals_month,select(data_capacity_month,-Month),by="groups")

### 2. determine how many control and reboot places per LA:

# Creating a data frame 'table' with additional columns
table <- data.frame(data_referrals_capacity,
                    treatment=NA,
                    control=NA,
                    places_carried_forward=NA,
                    yp_carried_forward=NA)

# Looping through each LA to determine the number of treatment and control places, as well as the places and
young people to be carried forward.
for (i in 1:4){

  places <- table$places[i]
  referrals <- table$referrals[i]
  treatment <- 0
  control <- 0
  places_carried_forward <- 0
  yp_carried_forward <- 0

  assigned_to_reboot <- places

  while (TRUE) {

    if (referrals > 2 * assigned_to_reboot) { # if we have too many referrals
      treatment <- assigned_to_reboot
      control <- assigned_to_reboot
    }
  }
}

```

```

places_carried_forward <- places - assigned_to_reboot # = 0 if statement is true on first loop
yp_carried_forward <- referrals - treatment - control # some YP will be randomised in the next month
break

} else if (referrals >= (3 / 2) * assigned_to_reboot) { # if we have the right amount be referrals (number of
referrals between 1.5 - 2 times number of places)

  treatment <- assigned_to_reboot
  control <- referrals - assigned_to_reboot
  places_carried_forward <- places - assigned_to_reboot # = 0 if statement is true on first loop
  yp_carried_forward <- 0 # no one carried forward
  break
} else { # otherwise we don't have enough referrals
  assigned_to_reboot <- assigned_to_reboot - 1 # so we carry 1 place forward and try again
}
}

```

```

table$treatment[i] <- treatment
table$control[i] <- control
table$places_carried_forward[i] <- places_carried_forward
table$yp_carried_forward[i] <- yp_carried_forward
}
table

```

3. randomise YP

inputs

randomise

A function 'f_randomise' is defined to perform the randomisation for each LA based on the treatment and control counts.

```

f_randomise <- function(name,treatment,control){
  temp <- c(rep("treatment",treatment),
            rep("control",control))
  r.temp <- sample(temp)
  print(data.frame("la"=print(name),
                  "sampling"=r.temp
  ))
}

```

```

}

# Looping through each LA to perform randomisation and storing the results in separate variables for each LA.
for (i in 1:4){
  if (table$treatment[i] == 0 & table$control[i] == 0) {
    next }
  assign(paste("col_",i,sep = ""), f_randomise(table$groups[i], table$treatment[i],table$control[i]))
}

# Create a list to store the non-empty data frames
non_empty_cols <- c()
for (i in 1:4) {
  col_name <- paste("col_", i, sep = "")
  if (exists(col_name) && nrow(get(col_name)) > 0) {
    non_empty_cols <- c(non_empty_cols, col_name)
  }
}

# Combine the randomisation results for each LA into a single data frame 'allocation'.
if (length(non_empty_cols) > 0) {
  allocation <- do.call(rbind, lapply(non_empty_cols, get))
} else {
  allocation <- NULL
}

# Adding a 'date' column to 'allocation' to store the selected month.
allocation$date <- rep(month,nrow(allocation))

# export to an existing spreadsheet
file_path <- randomisation.output

wb <- loadWorkbook(file_path)
addWorksheet(wb, sheetName = paste0(month))
writeData(wb, sheet = paste0(month), x = allocation)
saveWorkbook(wb, file_path,overwrite=TRUE)

```


Appendix 7: BIT internal randomisation guidance

Before 1625ip data submission

1. An automatic reminder email is sent to Reboot.admin@1625ip.co.uk to submit that month's data
2. 1625ip submits data and notifies the Behavioural Insights Team (bram.reitsma@bi.team).

Performing the randomisation

3. The BIT researcher opens **Randomisation R file**
4. The BIT researcher makes sure *shared.spreadsheet* refers to the latest version of the shared spreadsheet file.
 - a. Note: the BIT researcher will need to account for a long file path
 - b. *randomisation.output* refers to the live version of the R Reboot randomiser spreadsheet.
5. The BIT researcher runs the R file.
6. The BIT researcher opens the spreadsheet R Reboot randomiser, and opens the tab of the month randomised (note: if the researcher needs to redo a randomisation, the researcher first needs to delete this tab before running the R file again)
7. The BIT researcher copies and pastes the data in this tab to the first empty row in the *BIT input 1 allocation tab* of the **Randomisation - 1625ip / BIT Shared Spreadsheet**.
8. While these cells are still selected, the BIT researcher right clicks -> view more cell actions -> protect range -> Set permissions -> Show a warning when editing this range. This ensures that if the researcher accidentally alters this input, they will get a warning.
9. Then the BIT researcher right clicks on the BIT input 1: allocation and clicks *Hide Sheet*.

Get the randomisation Quality Assured by another researcher

10. Another researcher will perform tasks from 3 to 10 and make sure that (a) the allocation can be replicated (b) no human mistakes have been made.

After randomisation

11. The tab **Output: Allocation** will contain a list of all allocated YP. The most recent allocation is at the bottom, which the BIT researcher will be able to find by looking for the most recent randomisation month.
12. When the randomisation is done, the BIT researcher emails Reboot.admin@1625ip.co.uk that the randomisation allocation is completed.

Appendix 8: BIT Fidelity Tool

Organisational Indicators

ORGANISATIONAL INDICATORS		
FIDELITY STANDARD	MEASUREMENTS	SCORING CRITERIA
<p>Key roles are in post during reboot delivery</p> <p><u>Correct Standard</u></p> <ul style="list-style-type: none"> - Partnership Director - Programme Manager - Operations Manager - Project Support Officer 1 - Project Support Officer 2 - Participation worker - Data Coordinator 	% of time each role is present (in post) over 1 year	<p>FOR EACH ROLE IN PROGRAMME</p> <p>5 points - in post 100% of required time</p> <p>4 points - in post at least 75% of required time</p> <p>3 points - in post at least 50% of required time</p> <p>2 points - in post at least 25% of required time</p> <p>1 point - in post less than 25% of required time</p> <p><i>Scored per post.</i></p>
<p>Key meetings between Reboot and the LA take place regularly.</p> <p><u>Correct Standard</u></p> <ul style="list-style-type: none"> - 4 Reboot site/LA meetings - 4 Strategic Steering group meetings 	% key meetings taking place over 1 year	<p>5 points - Occurred 100% of the time</p> <p>4 points - Occurred at least 75% of the time</p> <p>3 points - Occurred at least 50% of the time</p> <p>2 points - Occurred at least 25% of the time</p>

- 4 Operational steering group meetings		<p>1 points - Occurred less than 25% of the time</p> <p><i>Scored per meeting.</i></p> <p>Assessment team will check how many times meeting occurred and who attended from Reboot.</p>
<p>Teams are an appropriate size</p> <p><u>Correct Standard</u></p> <p>Team leaders should manage between 1-5 coaches.</p>	Each team's average size for the year	<p>5 points - team size does not exceed 5 coaches</p> <p>2 points - team size exceeds 5 coaches</p> <p><i>Scored per team.</i></p> <p>Assessment team will look at average team size over the year for each team lead</p>
<p>Coach caseloads are an appropriate size.</p> <p><u>Correct Standard</u></p> <p>Caseloads do not exceed 24 active YP per coach.</p>	Each coach's average caseload for the year	<p>5 points - average caseload does not exceed 24</p> <p>2 points - average caseload does exceed 24</p> <p>2 points - average caseload is 7 or below</p> <p><i>Scored per coach.</i></p> <p>Assessment team will calculate the average over the year for each coach. I.e, if there are 10 coaches. If all coaches each have an average caseload of 15 YPs that would be 50 points</p>
<p>Coaches must have a balanced caseload</p> <p><u>Correct Standard</u></p>	% of coaches with a caseload that is more X% red	5 points - less than 25% of coaches' caseload exceeds the threshold

Coach caseloads have a mix of YP with different RAG ratings, and should not comprise of more than X% red RAG YP.		<p>4 points - up to 25% of coaches' caseload that exceeds the threshold</p> <p>3 points - up to 50% of coaches' caseload that exceeds the threshold</p> <p>2 points - up to 75% of coaches' caseload that exceeds the threshold</p> <p>1 points - up to 100% of coaches' caseload that exceeds the threshold</p> <p><i>Scored per coach.</i></p>
<p>Team leader caseloads are the appropriate size.</p> <p><u>Correct Standard</u></p> <p>Caseloads do not exceed 4 active YP per coach.</p>	Each team leader's average caseload for the year	<p>5 points - average caseload does not exceed 4</p> <p>2 points - average caseload does exceed 4</p> <p><i>Scored per Team Leader.</i></p> <p><i>Assessment team will look at average over the year for each team leader</i></p> <p><i>So let's say there are 3 team leaders. If all team leaders each have an average caseload of 5 YPs that would be 15 points</i></p>

Staffing Indicators

STAFFING INDICATORS - key criteria and activities for coaches and team leads

FIDELITY STANDARD	MEASUREMENTS	SCORING CRITERIA
Coaches attend Reflective Sessions ('Reflective Practice' and 'Case Reflection') <u>Correct Standard</u> -Once a month (12 times a year) -At least 50% of these should be carried out	% of time coach attend this session over 1 year	5 points - 100% attended as required 4 points - at least 75% attended as required 3 points - at least 50% attended as required 2 points - at least 25% attended as required 1 points - less than 25% attended as required <i>We will look at attendance over the year for each coach</i>
Are coaches attending 'ACT Clinical Supervision' sessions <u>Correct Standard</u> -Once a month (12 times a year) -At least 75% of these of these must be carried out	% of time coach attend this session over 1 year	5 points - 100% attended as required 4 points - at least 75% attended as required 3 points - at least 50% attended as required 2 points - at least 25% attended as required 1 points - less than 25% attended as required <i>We will look at attendance over the year for each coach</i>

<p>Coaches must attend 'Reboot Supervisions' sessions</p> <p><u>Correct Standard</u></p> <p>-Once a month (12 times a year)</p> <p>-At least 75% of these of these must be carried out</p>	<p>% of time coach attend this session over 1 year</p>	<p>5 points - 100% attended as required</p> <p>4 points - at least 75% attended as required</p> <p>3 points - at least 50% attended as required</p> <p>2 points - at least 25% attended as required</p> <p>1 points - less than 25% attended as required</p> <p><i>We will look at attendance over the year for each coach</i></p>
<p>Team leaders must carry out 'Case Reviews'</p> <p><u>Correct Standard</u></p> <p>-Once a month (12 times a year)</p> <p>-At least 75% of these of these must be carried out</p>	<p>% of time coach attend this session over 1 year</p>	<p>5 points - 100% attended as required</p> <p>4 points - at least 75% attended as required</p> <p>3 points - at least 50% attended as required</p> <p>2 points - at least 25% attended as required</p> <p>1 points - less than 25% attended as required</p> <p><i>We will look at attendance over the year for each coach</i></p>

Young People Indicators

YOUNG PEOPLE INDICATORS - the characteristics young people are required to have to be referred into the programme

FIDELITY STANDARD	MEASUREMENTS	SCORING CRITERIA
<p>The correct young people are being referred into the programme</p> <p><u>Correct Standard</u></p> <p>At referral young people must be:</p> <ul style="list-style-type: none"> - Care experienced - Aged 16-25 years old - In EET and looking to progress, OR seeking EET OR likely to be seeking EET within two years 	<p>Take a random sample from YPs in the programme (10) taken across coaches and across RAG categories</p> <p>(Of random sample) What % of young people that meet all essential criteria</p>	<p>5 points - 100% of YPs meet all essential criteria</p> <p>4 points - at least 75% of YPs meet all essential criteria</p> <p>3 points - at least 50% of YPs meet all essential criteria</p> <p>2 points - at least 25% of YPs meet all essential criteria</p> <p>1 points - less than 25% of YPs meet all essential criteria</p>

Service Provision Indicators

SERVICE PROVISION INDICATORS - the key activities coaches must carry out with young people

FIDELITY STANDARD	MEASUREMENTS	SCORING CRITERIA
<p>Staff are contacting young people routinely</p> <p><u>Correct Standard</u></p> <p>Once every 6 weeks (7 times a year)</p>	<p>Take a random sample from YP in the programme (10) ideally taken across coaches/RAG categories</p> <p>(Of random sample) What % of young people are being contacted by their coach routinely: at least once every 6 weeks</p>	<p>5 points - 100% of YPs were contacted routinely</p> <p>4 points - at least 75% of YPs were contacted routinely</p> <p>3 points - at least 50% of YPs were contacted routinely</p> <p>2 points - at least 25% of YPs were contacted routinely</p> <p>1 points - less than 25% of YPs were contacted routinely</p>
<p>YPs are having sessions (in person or virtual) routinely</p> <p><u>Correct Standard</u></p> <p>Once a month</p>	<p>Take a random sample from YP in the programme (10) ideally taken across coaches and RAG categories</p> <p>(Of random sample) What % of young people are meeting with their coach at least once every 3 weeks</p>	<p>5 points - 100% of YPs had sessions routinely</p> <p>4 points - at least 75% of YPs has sessions routinely</p> <p>3 points - at least 50% of YPs has sessions routinely</p> <p>2 points - at least 25% of YPs has sessions routinely</p> <p>1 points - less than 25% of YPs had sessions routinely</p>

<p>YPs are being offered sessions (in person or virtual) routinely</p> <p><u>Correct Standard</u></p> <p>Once every once a month</p>	<p>Take a random sample from YP in the programme (10) ideally taken across coaches and RAG categories</p> <p>(Of random sample) What % of young people are meeting with their coach at least once every 3 weeks</p>	<p>5 points - 100% of YPs offered sessions routinely</p> <p>4 points - at least 75% of YPs offered sessions routinely</p> <p>3 points - at least 50% of YPs offered sessions routinely</p> <p>2 points - at least 25% of YPs offered sessions routinely</p> <p>1 points - less than 25% of YPs offered sessions routinely</p>
<p>Coaches are carrying out all the essential activities with young people</p> <p><u>Correct Standard</u></p> <p>YP must have done:</p> <ul style="list-style-type: none"> - Initial assessment - Values work (within the first 3 months) - Values planning /action matrix (every 6 months) - Stability & Well-being measure (once every 6 months - so twice in a year) 	<p>Take a random sample from YP in the programme (10) ideally taken across coaches and RAG categories</p> <p>(Of random sample) What % of young people completed <u>all</u> essential activities over the first year?</p>	<p>5 points - 100% of YPs completed all activities</p> <p>4 points - at least 75% of YPs completed all activities</p> <p>3 points - at least 50% of YPs completed all activities</p> <p>2 points - at least 25% of YPs completed all activities</p> <p>1 points - less than 25% of YPs completed all activities</p>

<p>Young people are carrying out additional activities</p> <p><u>Correct Standard</u></p> <p>Additional Activities are:</p> <ul style="list-style-type: none"> - Excursions / Awaydays - Group Activity Attendance 	<p>Take a random sample from YP in the programme (10) ideally taken across coaches and RAG categories.</p> <p>(Of random sample) What % of young people completed at least one additional activity</p>	<p>5 points - 100% of YPs completed 1 additional activity</p> <p>4 points - at least 75% of YPs completed 1 additional activity</p> <p>3 points - at least 50% of YPs completed 1 additional activity</p> <p>2 points - at least 25% of YPs completed 1 additional activity</p> <p>1 points - less than 25% of YPs completed 1 additional activity</p> <p><i>Example: Our sample is 10 YPs. If 60% of those YPs completed at least 1 additional activity, that would be 3 points</i></p>
<p>Coaches endeavour to be in contact with YPs employer, teaching staff or other employment specialist</p> <p><u>Correct Standard</u></p> <p>Extremely beneficial and encouraged, but not mandatory.</p>	<p>Take a random sample from YP in the programme that are now in EET (10) taken across coaches and RAG categories</p> <p>(Of random sample) What % of young people's coaches and EET providers are in contact</p>	<p>5 points - 100% in contact with YPs EET provider</p> <p>4 points - at least 75% in contact with YPs EET provider</p> <p>3 points - at least 50% in contact with YPs EET provider</p> <p>2 points - at least 25% in contact with YPs EET provider</p> <p>1 points - less than 25% in contact with YPs EET provider</p>

		<i>Example: Our sample is 60 YPs. If 30 (50%) of those YPs EET provider and coach are in contact, that would be 3 points</i>
<p>Correct steps have taken place to transition YP out of Reboot support</p> <p><u>Correct Standard</u></p> <p>All of these steps must be completed before YP leaves programme:</p> <ul style="list-style-type: none"> - Multi agency transition plan completed - Signposting to other services - Giving the YP 1 months notice 	<p>Take a random sample from YP that have transitioned out of the programme (3-5)- ideally across coaches and RAG categories</p> <p>(Of random sample) What % of young people complete <u>all</u> 3 steps of the transition process before leaving</p>	<p>5 points - 100% of YPs went through all steps</p> <p>4 points - at least 75% of YPs went through all steps</p> <p>3 points - at least 50% of YPs went through all steps</p> <p>2 points - at least 25% of YPs went through all steps</p> <p>1 points - less than 25% of YPs went through all steps</p>

Appendix 9: Expected referral numbers as provided by 1625ip

	AT DEC 2022	Jan- 23	Feb- 23	Mar- 23	Apr- 23	May- 23	Jun- 23	Jul- 23	Aug- 23	Sep- 23	Oct- 23	Nov- 23	Dec- 23	Jan- 24	Feb- 24	Mar- 24	Apr- 24	May- 24	Jun- 24	Jul- 24
Bristol Total																				
RW3 opening per month	0	0	0	0	0	-6	0	0	0	0	11	13	13	15	12	11	9	13	15	11
Cumulative	0	0	0	0	0	-6	-6	-6	-6	-6	5	18	31	46	58	69	78	91	106	117
Referrals @50/50								0	23	27	27	32	25	23	19	27	32	23		
Cumulative								0	23	50	78	109	134	158	176	204	235	258		
 Minimum referrals (63t/37c)								0	16	19	19	22	18	16	13	19	22	16		
Min referrals cumulative								0	16	35	54	76	94	110	123	143	165	181		

S.Glos Total

RW3 opening per

month	0	0	0	-4	0	0	0	0	0	0	7	5	8	6	5	5	8	4	5	5
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Cumulative	0	0	0	-4	-4	-4	-4	-4	-4	-4	3	8	16	22	27	32	40	44	49	54
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Referrals @50/50

0	15	11	17	13	11	11	17	8	11	11
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Cumulative

0	15	25	42	55	65	76	92	101	111	122
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Minimum referrals

(63t/37c)

0	10	7	12	9	7	7	12	6	7	7
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Min referrals

cumulative

0	10	18	29	38	46	53	65	71	78	85
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BaNES Total

RW3 opening per

month	0	0	-2	0	0	0	0	0	0	0	5	3	6	3	4	3	2	2	2	4
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Cumulative	0	0	-2	-2	-2	-2	-2	-2	-2	-2	3	6	12	15	19	22	24	26	28	32
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Referrals @50/50

0	11	6	13	6	8	6	4	4	4	8
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Cumulative	0	11	17	29	36	44	50	55	59	63	71
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Minimum referrals (63t/37c)	0	7	4	9	4	6	4	3	3	3	6
Min referrals cumulative	0	7	12	21	25	31	35	38	41	44	50

N.Somerset Total

RW3 opening per month	0	0	-3	0	0	0	0	0	0	0	6	3	6	5	5	4	5	4	3	3
Cumulative	0	0	-3	-3	-3	-3	-3	-3	-3	-3	3	6	12	17	22	26	31	35	38	41

Referrals @50/50	0	13	6	13	11	11	8	11	8	6	6
Cumulative	0	13	19	32	42	53	61	71	80	86	92

Minimum referrals (63t/37c)	0	9	4	9	7	7	6	7	6	4	4
Min referrals cumulative	0	9	13	22	29	37	43	50	56	60	65