

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

## Evaluation protocol

Evaluator (institution): The Behavioural Insights Team UK

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Trial Protocol Number: 2023005

**Table 1: Evaluation overview**

<b>PROJECT TITLE<sup>1</sup></b>	Mixed methods efficacy randomised controlled trial of a psychologically informed coaching model for care experienced young people
<b>PROGRAMME (INSTITUTION)</b>	I625ip
<b>EVALUATOR (INSTITUTION)</b>	Behavioural Insights Team
<b>PRINCIPAL INVESTIGATOR(S)</b>	Patrick Taylor Giulia Tagliaferri
<b>PROTOCOL AUTHOR(S)</b>	Hazel Wright Giulia Tagliaferri Patrick Taylor Laure Bokobza Ali Cooper Bram Reitsma Emily Gray Benji Horwell Jemuwem Eno-Amooquaye

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

<b>TRIAL DESIGN</b>	Randomised controlled trial
<b>TRIAL TYPE</b>	Two-arms, individual level stratified randomisation
<b>EVALUATION SETTING</b>	4 UK Local Authorities
<b>TARGET GROUP</b>	Care experienced young people at risk of NEET
<b>PRIMARY OUTCOME</b>	EET status
<b>SECONDARY OUTCOME</b>	Employment status; Time in employment; Earnings
<b>EXPLORATORY OUTCOMES</b>	EET progression scale

**Table 2: Evaluation plan version history**

VERSION		DATE	REASON FOR REVISION	AUTHORS
I.1 [LATEST]		03/10/24	Update of implementation and process evaluation section, change to principal investigator, some clarification needed re: data collection window for our primary outcome ONLY.	Patrick Taylor Benji Horwell Emily Gray Bram Reitsma
I.0 [ORIGINAL]	<a href="https://osf.io/e2uq3">https://osf.io/e2uq3</a>	31/08/23		Hazel Wright Giulia Tagliaferri Patrick Taylor Ali Cooper Laure Bokobza Bram Reitsma

				Jemuwem Eno-Amooquaye
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**Table 3: Supporting documents<sup>2</sup>**

BACKGROUND MATERIALS
<a href="#">Process study</a> <a href="#">Feasibility study</a> <a href="#">Participant tracing study</a>

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<sup>2</sup> Links will be updated as supporting documents are published

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## I. 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 year<sup>3</sup>. Care-experienced young people are much more likely to not be in education, employment or training (EET) compared to their peers - over a third (38%) of care leavers aged 19-21 were not in education, employment or training in 2022<sup>4</sup>, which is around three times higher than the rate for 16–24-year-olds in the general population<sup>5</sup>. 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 - referred to as 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

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<sup>3</sup>

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

<sup>4</sup> ibid

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

the factors that might influence and explain the results of the RCT, using quantitative and qualitative methods. It will help us understand how Reboot is being delivered, how outcomes are achieved and how operational and contextual factors influence delivery.

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.

## **2. 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 I625ip, we co-developed a theory of change (TOC) 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 (ACT) 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 ACT, 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 I625ip'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 ACT. 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.

I625ip 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 I625ip, is included in Appendix I.

### Who: Recipients

The Reboot programme works with young people who:

- Are aged 16-25 at the 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 EET<sup>6</sup>, 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 I or Reboot II.

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

## Who: Delivery teams

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

1. Coaches: Reboot support is delivered primarily by coaches who are employed by I625 Independent People (I625ip), 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 (PAs) 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 that 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: Implements, 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. I625ip have defined the target engagement level or 'dosage' of the programme as a young person attending a session 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 for forward planning.
3. LA 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 usual local offer '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 co-ordinating 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.

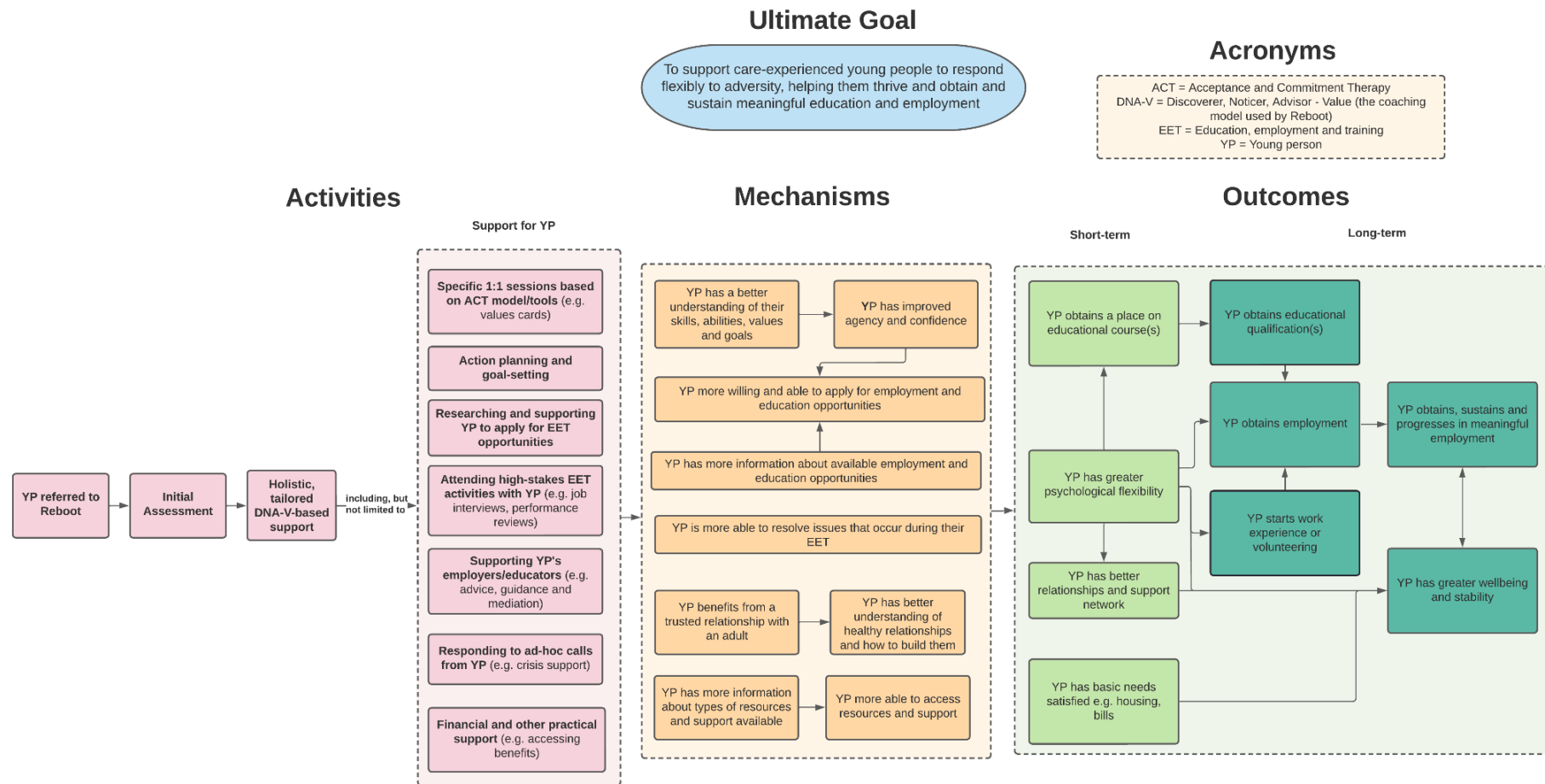
The level of support that each care leaver will need will differ depending on their circumstances, but for young people in the treatment group, this will include Reboot support. Given the intense nature of Reboot support, young people in the treatment group are unlikely to receive substantial support 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 usual local offer from their local authority. The usual local 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 programme 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 I: Simplified theory of change for the Reboot II Programme**



### **3. 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 I625ip 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**

Research question	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 20-26 months after randomisation. <sup>7</sup>	<p>First best (if viable – see randomisation section for more details: 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 20-26 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 20-26 months after randomisation.	His Majesty's Revenue and Customs (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 (Monday-Sunday)- where the 6 months are occurring between 20-26 months from randomisation (i.e. from the date each individual is randomised, which will be a different calendar date for each person).

<sup>7</sup>We want to measure the outcome after 18-24 months of Reboot support for YP in the treatment group. Generally, a YP starts Reboot 2 months after randomisation.

SECONDARY	Does offering Reboot support increase the time spent in employment for care experienced young people?	Days in employment 20-26 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 20-26 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 20-26 months after randomisation.	<p>HMRC data. This will be the sum of a YP's monthly earnings in the 6 months occurring between 20-26 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 &gt; 0.</p>
EXPLORATORY	Does offering Reboot support promote the progression towards employment for care experienced young people?	Experimental EET scale 20-26 months after randomisation.	<p>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 20-26 months from randomisation (i.e. from the date each individual is randomised, which will be a different calendar date for each person)</p>



## 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' 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 I625ip (see section “Sample size calculations/Power” for more details).

As described in Table 4, the primary outcome is a YP's EET status 20-26 months after randomisation, which is 18-24 after starting receiving Reboot support for YP in the treatment group, as Reboot support starts 2 months after randomisation. The secondary outcomes are YP's employment status 20-26 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 I625ip 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 statistical analysis plan.

### Rationale for power calculations

I 625ip 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 BIT 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 (have 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.<sup>8</sup>

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.<sup>9</sup>

*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.*

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<sup>8</sup> 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.

<sup>9</sup> This 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.

### 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.

**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 I625ip.
Predictive power from covariates	$R^2 = 0.2$	The predictive power of a baseline measure of being in EET, individual characteristics and educational data. <sup>10</sup> Conservative estimate based on previous research. <sup>11</sup>

<sup>10</sup> 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.

<sup>11</sup> 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 minimum detectable effect size (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 anticipated effect of the intervention?**

Roughly the same, but with uncertainty

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 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 programmes 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.<sup>12,13,14</sup> For example, a matching analysis of the Activity Agreement model<sup>15</sup> found an approximate impact of 13pp on EET status of 16-17-year olds with extra needs 3 months after the intervention.<sup>16</sup> 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 support impacted the young people's EET status during the first 6 months, this figure would be 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

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<sup>12</sup> 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.

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

<sup>14</sup> 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.

<sup>15</sup> 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.

<sup>16</sup> 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.

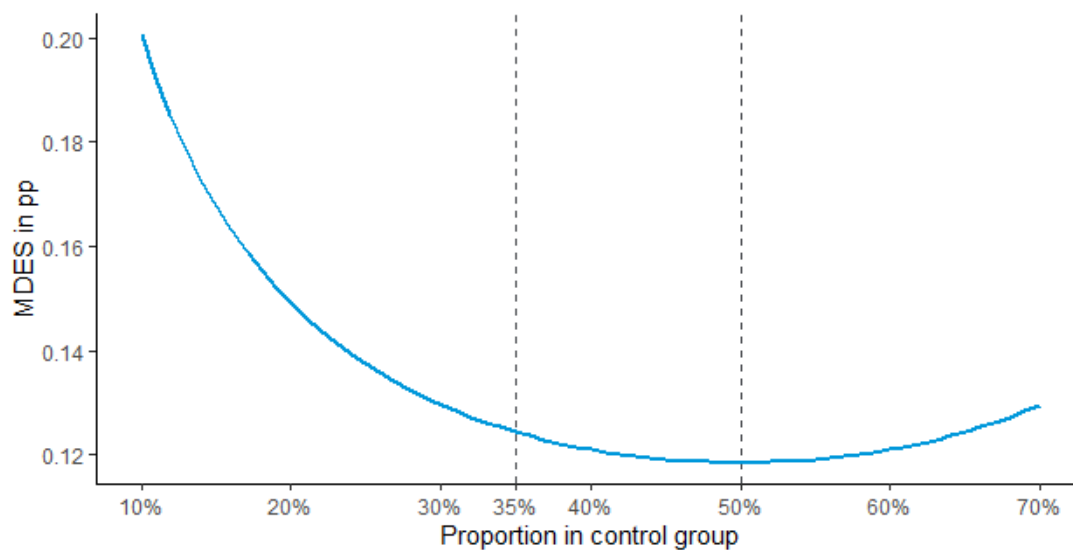
- **We reach the minimum target sample size (409).** If we reach our minimum target of 409 young people, we are powered to detect an effect size of 13.1pp (Cohen's  $h = 0.27$ ). The same MDES could be reached with 37 fewer young people if participants were evenly distributed across the treatment and 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 2 below illustrates the relationship between the proportion of participants allocated to the control group and the minimum effect size that 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 will be randomising individual participants into either the treatment or control group. BIT will be completing the randomisation using R. Code for the randomisation is checked by a separate researcher for quality assurance purposes, and can be found in Appendix 2.

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, I625ip 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. The full participant flow for the trial can be seen in Figure 3.

I625ip will share each month with BIT the number of places that are available for each LA and the list of referrals that month. This will be done via a shared spreadsheet that only BIT and I625ip have access to. Appendix 3 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, BIT will 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% to be a good cut-off point as an overall allocation ratio below that will penalise the power of the trial too much.<sup>17</sup> 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.<sup>18</sup> If it is not possible to allocate all YP or to 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.<sup>19</sup> 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.<sup>20</sup> If they refer fewer than 6 YP, some of the places won't be filled and be carried over to the next month.

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<sup>17</sup> 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.

<sup>18</sup> 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 will be near the minimum, we don't expect that with the 33% rule the allocation into the control group will be lower than 35%.

<sup>19</sup> The actual number of places each month depends on Reboot coach 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.

<sup>20</sup> 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.

**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
	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 perform the randomisation based on these rules, and share the subsequent assignment with I625ip in the same shared spreadsheet that I625ip uses to share referrals and capacity figures with BIT. I625ip will communicate the allocation with the relevant LAs. Appendix 4 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 group.<sup>21</sup>
- Have at least 144 YP in the control group (i.e., at least 35% of the total sample).

If the number of referred YP is 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 of these aims.

In the final 3 months, the researcher can deviate from rule 2 and rule 3 if it would help to 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

<sup>21</sup> 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.

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.

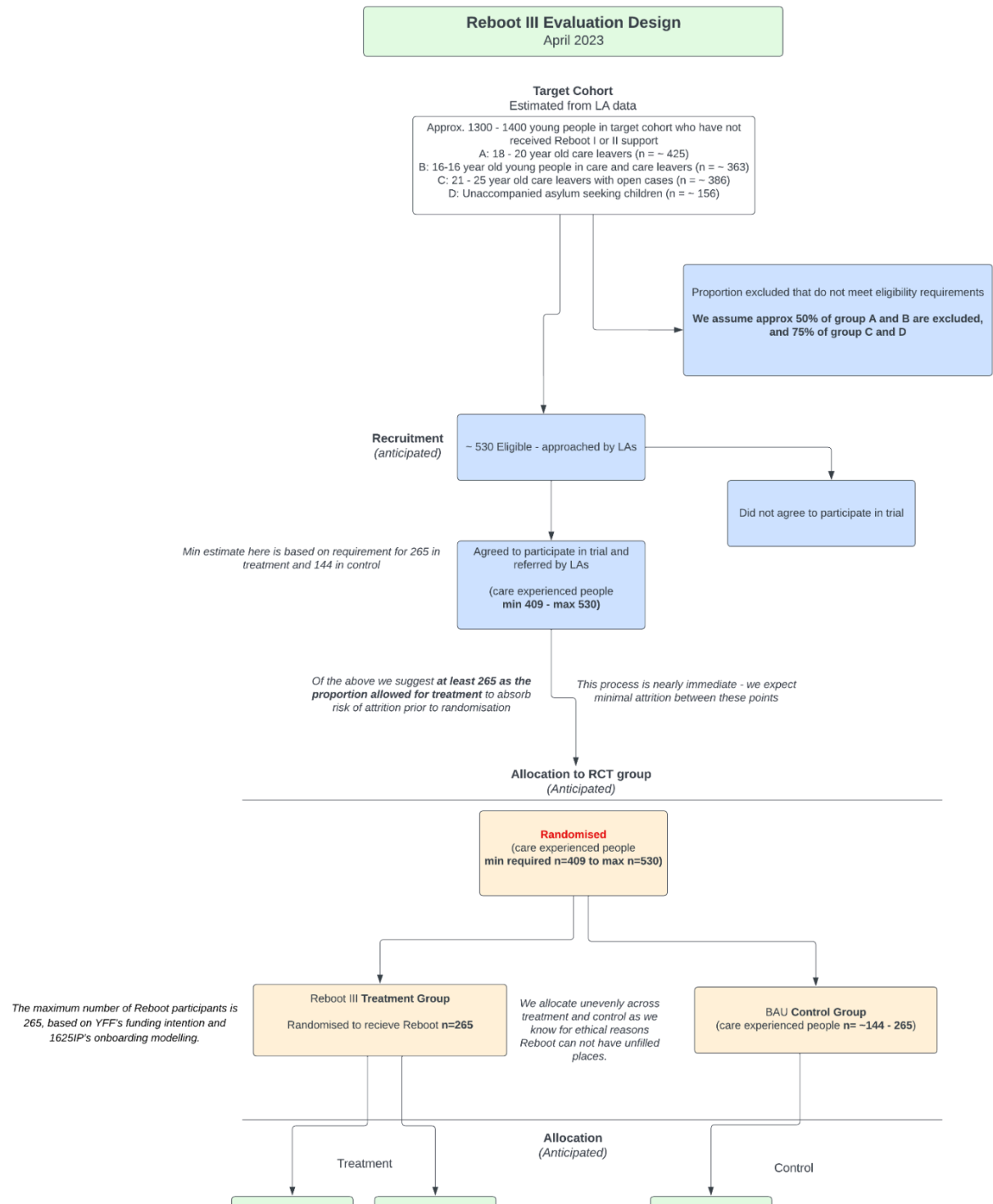
A step by step description of the randomisation process is provided in Appendix 4. This also includes the quality assurance process that a second BIT independent researcher will follow to ensure that the randomisation was successful each month. We will monitor the uptake of Reboot places to ensure that young people are not dropping out due to the wait time between referral and onboarding.

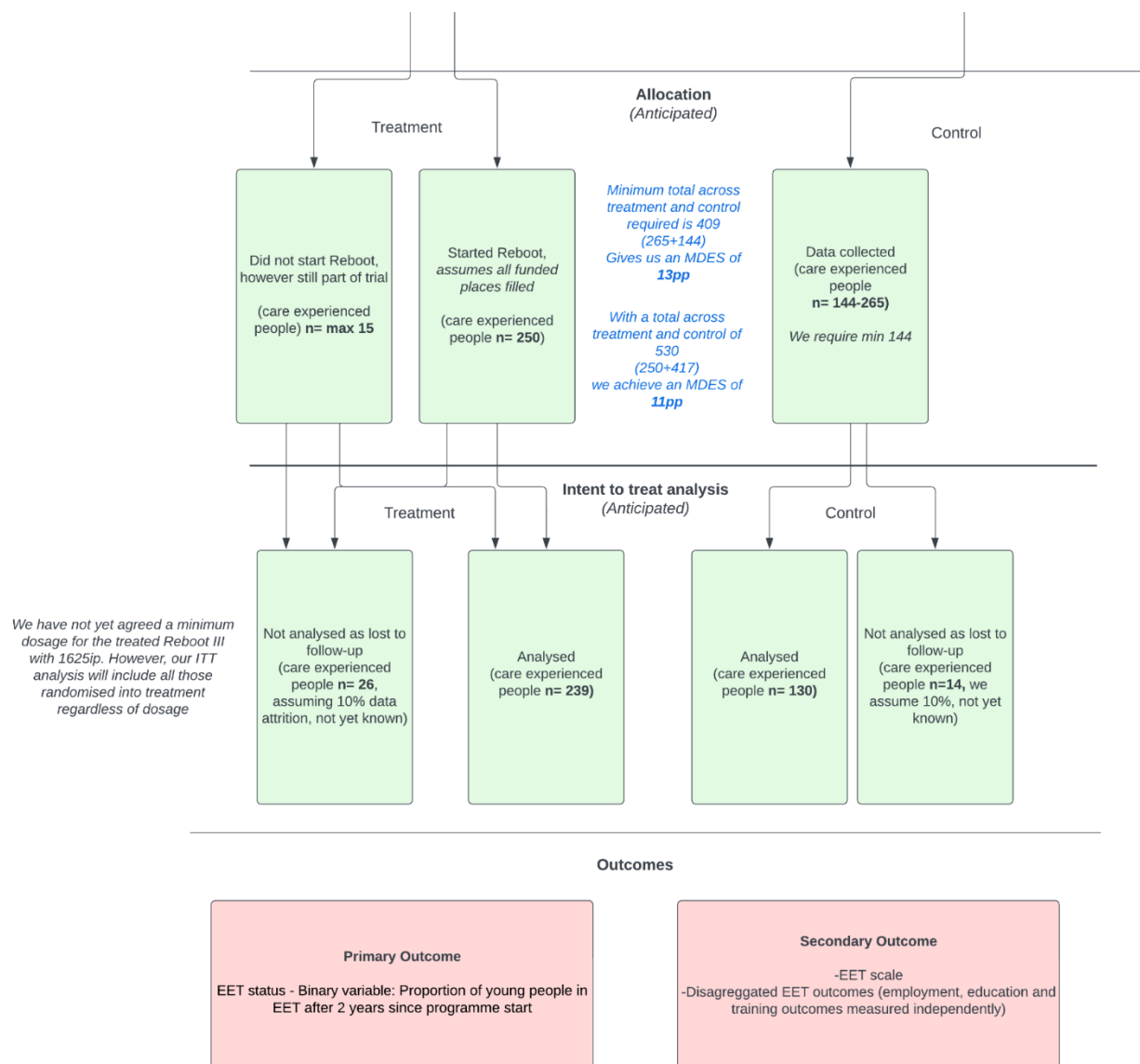
The table below summarises our randomisation strategy.

**Table 8. Assignment summary**

<b>ARMS</b>	2 arms - control [35% - 50%], treatment [65% - 50%].
<b>STRUCTURE</b>	We will randomise monthly, stratified by month and LA.
<b>METHOD</b>	BIT will conduct randomisation using R.
<b>UNIT OF ASSIGNMENT</b>	Individual young people, corresponding to their unique ID.
<b>UNIT OF MEASURE</b>	Individual young people.
<b>SPILOVER RISK</b>	<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 are 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) LAs may wish to compensate YPs 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>
<b>BLINDING</b>	<p>Blinding is not possible to deliverers and participants in this trial.</p> <p>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 of a care experienced young person offered the Reboot programme, compared to a care experienced young person in the control group?*

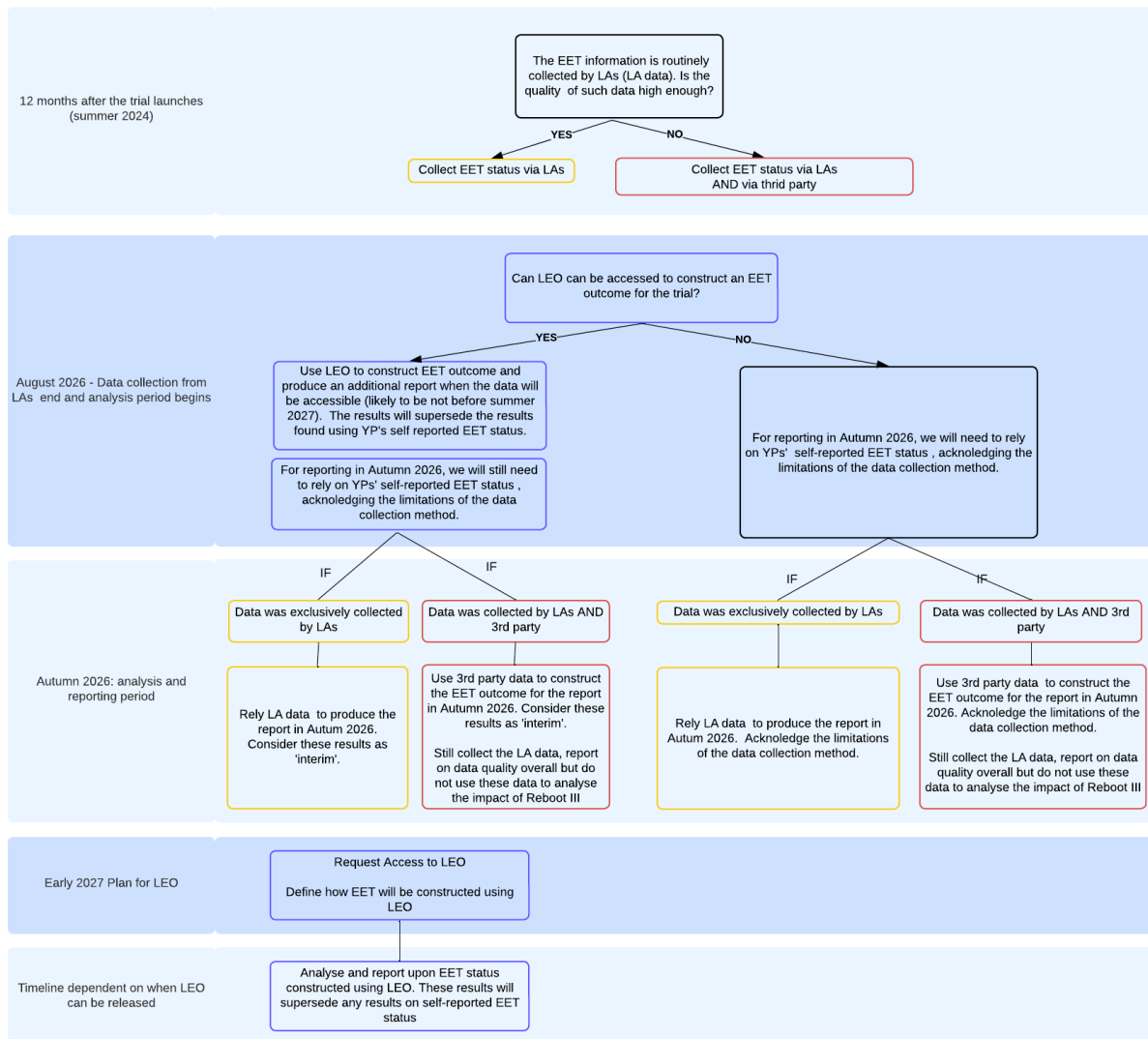
- Population of interest: care experienced young people (aged 16-25 at referral) who are NEET or at risk of becoming NEET.
- Outcome: binary variable representing whether a young person is in EET 20-26 months after referral, 18-24 months after the start of Reboot support for YP in the treatment group. The section below describes two alternative data sources (LEO and LA data) and how this indicator will be constructed if we 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 6 months of their journey).
- Alignment with TOC: Coaches provide 3 types of support: practical support, reflective support and wellbeing support. The reflective support involves the young person understanding what they are good at and what matters to them (achieved by co-developing and refining YP's goals and an action plan, and using ACT concepts and tools such as values cards). Finally there is wellbeing support that focuses on the young person's physical and mental wellbeing (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, taking part in 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 (the coach contacting employers, researching EET opportunities, supporting with CV writing/job applications and accompanying the YP to activities such as job interviews). The reflective support means that 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 young people being more able and willing to apply for opportunities and being more likely to succeed when applying. The wellbeing 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. If young people's basic needs are addressed and young people are more comfortable in their day to day lives outside of work, their overall physical and mental wellbeing is expected to improve. All of which results in young people being better able to sustain work.

- Timeframe: 20 to 26 months after referral, which is 18-24 months after the start of Reboot support for YP in the treatment group. I625ip'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 an 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 the Department for Education (DfE)'s Longitudinal Education Outcomes (LEO) dataset and on the quality of the data collected by Local Authorities.
  - Figure 4 presents the decision tree visually; Box 1 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: Visual presentation of the decision tree**



## **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 the 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 can 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 maximises data quality: (a) being administrative data, attrition is minimal and equally likely to happen for YPs in the treatment and control group<sup>22</sup>; (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. 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;

<sup>22</sup> One drawback of LEO is that YPs who were not educated in the UK would not appear in the dataset.

- Access LEO data - if the data linkage can be done, we expect that BIT could access LEO data including outcomes 20-26 months from randomisation in Summer 2026 (accounting for one calendar year for LEO data to be released);
- Conduct additional analysis using the LEO constructed EET outcome data as the 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 researchers. 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 on 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 the 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, 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 is available in the future, that 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", PAs 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 a statutory duty to communicate YP's EET status once a year in the annual looked after child (LAC) return (see Section: "Implementation and Timeline of the Trial" for more info on the LAs' statutory duties). To do so, they use the approach provided in Table 9.

We have asked LAs to use the same approach that 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 20 and 26 months from the start of the trial (from randomisation). 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 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).<sup>23</sup> 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)<sup>24</sup>***

If the 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 LA data and report on the data quality overall but will not use these data to analyse the impact of Reboot III.

**Table 9: LAs' approach to EET status data collection**

COD E	DESCRIPTION	NOTES AND DEFINITIONS	EET STATUS
FI	Young person engaged full-time in higher education.	'Higher education' means <b>all studies at a higher academic level than A level</b> . This includes degrees, diplomas in higher education, teaching and nursing qualifications, higher national diplomas (HNDs), ordinary national diplomas (ONDs), and Business and Technology Education Council (BTEC) levels 4-5. The educational course does not have to be residential.	EET
PI	Young person engaged part-time in higher education.		

<sup>23</sup> This is subject to contractual agreement.

<sup>24</sup> This is subject to contractual agreement.

F2	Young person engaged full-time in education other than higher education.	This means <b>all other education</b> not covered by code F1 and P1. The educational course does not have to be residential.	
P2	Young person engaged part-time in education other than higher education.		
F4	Young person engaged full-time in an apprenticeship.	Includes <b>apprenticeships only</b> .	
P4	Young person engaged part-time in an apprenticeship.		
F5	Young person engaged full-time in training or employment (not apprenticeship).	'Training' includes <b>government-supported training</b> (other than apprenticeships), such as traineeships or supported internships. 'Employment' includes <b>paid employment, self-employment, and voluntary unpaid work</b> .	
P5	Young person engaged part-time in training or employment (not apprenticeship).		
G4	Young person not in education, employment or training because of illness or disability.	Refers to young people where none of the above applies, specifically because the young person's own illness or disability has prevented them from participating in any of these activities.	NEET
G5	Young person not in education, employment or	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	

	training: other circumstances.	because of pregnancy or because they are parents or carers – these young people should be coded under G6.	
G6	Young person not in education, employment or training due to pregnancy or parenting.	Refers to young people who are not able to participate in any of these activities because of pregnancy, or because they are parents or carers.	

*Note: Full-time is defined as “at least 16 hours per 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 20-26 months from 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 20 and 26 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 the outcomes of YPs allocated to the treatment group to the 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 to be 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 20 and 26 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, 20 to 26 months after randomisation) 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: a continuous variable representing the number of days a young person is employed in the 6 months occurring 20 to 26 months after randomisation (incl. weekend days), 18-24 months after starting receiving Reboot support for YP in the treatment group.
- 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. 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 (including advice, guidance and mediation) that also helps young people to deal with challenges.



- Timeframe: 6 months occurring between 20 and 26 months from the month of randomisation.
- Data source: HMRC tax return data as provided by I625ip.
- 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 20 and 26 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, 20 to 26 months after randomisation) 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 and who receive earnings (of any amount) at least once in the 6 months occurring 20 to 26 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 wellbeing 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 20 and 26 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 YPs who are 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 20 and 26 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 the position on an experimental EET scale, 24 to 26 months after randomisation) 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 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 purpose is to test whether such a scale can be constructed and whether 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 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 to 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, 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: 24- 26 months after randomisation, which aligns with 22-24 months after starting receiving Reboot support for YP in the treatment group.
- 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 status follows the same definition/rules as 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 EET is a 'higher level of EET' than part-time. Full-time is better than part-time.
- Any 'EET scale' requires making judgments 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.	

## Analysis

The analysis will be an Intention to Treat analysis, 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 (see Table 11). Regression equations, details on how we will deal with missing data, interim & follow-up analysis, imbalance at baseline and presentation of outcomes are available in the SAP.

**Table 11: Regression analysis summary**

	PRIMARY	SECONDARY			EXPLORATORY
<b>Model type</b>	Logistic	Logistic	OLS	OLS	OLS
<b>Outcome measure</b>	EET status	Employment status	Time in employment	Total earnings	Position on EET scale
<b>Main independent variable</b>	A binary indicator for the treatment arm				
<b>Additional covariates</b>	The local authority the individual lives in at 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).				
<b>Purpose</b>	Estimated treatment effect. This result will determine the main recommendation	Estimated treatment effect.			Methodological

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

#### 4. Implementation and process evaluation

The trial will include a mixed method implementation and process evaluation (IPE) to accompany the impact evaluation. The purpose of the IPE is to understand how Reboot is being delivered, how outcomes are achieved and how operational and contextual factors influence delivery. Multiple data-collection methods are used in order to gain a rich understanding of these topics, and to triangulate and integrate with each other to explore different IPE considerations.

Several factors have influenced the design of our IPE:

- **The theory of change for Reboot is new.** It was co-developed with I625IP staff, but we need to gather evidence on the actual delivery of the intervention from the field. We also need to identify what activities and mechanisms seem particularly important for young people to achieve positive outcomes so that future services can replicate and build upon the Reboot model. As with any new theory, we also need to understand any unintended outcomes and backfire effects.
- **There is significant variation in the control condition.** The usual local offer varies in each local authority and for each young person on the trial, and may also be affected by the presence of the trial. It is important that we understand what EET support young people in both conditions receive, in order to understand the differences between the control and treatment groups and interpret the findings of the impact evaluation.
- **Reboot support is deliberately flexible.** This flexibility allows staff to adapt their support depending on each young person's need but it also introduces a risk that, for some staff and young people, the support delivered might drift from the core Reboot model. Monitoring the actual delivery of the intervention and how closely it matches the core Reboot offer, as well as identifying the reasons for any adaptations, is therefore an important component of the IPE.
- **The looked after children population is changing.** The UK is supporting an [increasing number of unaccompanied asylum-seeking children](#) (UASC) and Reboot supports young people from a wide range of backgrounds, geographies and ages. To help interpret the impact evaluation and inform potential scaling opportunities, it is important to understand the makeup of the cohort of young people being supported by the programme, whether different young people engage differently with Reboot, and whether and how the programme adapts to young people with different characteristics.

The key aims of the IPE are therefore:

*Aim 1: To explain the findings from the impact evaluation, through exploring causal links articulated in the theory of change, and barriers and facilitators to delivering Reboot and achieving impact.*

*Aim 2: To assess the fidelity of the Reboot intervention, that is, the degree to which the programme was implemented as intended.*

### **IPE research questions**

The research questions in the IPE are the following:

#### *Aim 1: Evidencing the Theory of Change*

##### **1. Mediators: How does participation in Reboot enable young people to achieve EET outcomes?**

- 1.1 What are the causal links that lead from the activities to the achievement of EET outcomes?
- 1.2 What are the perceived outcomes of the Reboot support on young people, including unintended outcomes and backfire effects?
- 1.3 Does participating in Reboot increase young people's wellbeing?
- 1.4 Does participating in Reboot increase young people's psychological flexibility?
- 1.5 Does participating in Reboot increase young people's level of social support?
- 1.6 Does participating in Reboot increase young people's financial situation?
- 1.7 Does participating in Reboot increase young people's accommodation suitability?

##### **2. Moderators: What are the moderating factors for Reboot delivery to achieve EET outcomes?**

- 2.1 What are the barriers to achieving EET outcomes through Reboot?
- 2.2 What are the facilitators to achieving EET outcomes through Reboot?

#### *Aim 2: Assessing Fidelity*

##### **3. Adherence: Were the core components of the programme delivered as intended?**

- 3.1 Are appropriate referrals being made to Reboot in terms of meeting their eligibility criteria?
- 3.2 Are young people receiving the intended input from Reboot?
- 3.3 Are Reboot staff receiving appropriate support and supervision activities?
- 3.4 Are young people being transitioned off the Reboot programme appropriately?



**4. Dosage: Did young people engage with Reboot as intended?**

- 4.1 What proportion of young people referred to Reboot start the programme?
- 4.2 What is the distribution of young people's engagement in Reboot in terms of the frequency and type of input received?

**5. Participant responsiveness: How did young people engage in Reboot and what factors affected this?**

- 5.1 In what ways did young people engage with the programme?
- 5.2 How does engagement with the programme vary according to young people's characteristics?
- 5.3 Why do young people engage or disengage from the programme?
- 5.4 What would enable young people to improve their engagement with the programme?

**6. Quality of delivery: What was the quality of the delivery of Reboot activities?**

- 6.1 How well were Reboot coaching sessions delivered and what could be done to improve quality?
- 6.2 How well were Reboot review sessions delivered and what could be done to improve quality?
- 6.3 How well was Reboot staff training and supervision delivered and what could be done to improve quality?

**7. Programme differentiation: How does Reboot differ from LAs' usual approaches to supporting care experienced young people into EET?**

- 7.1 What EET support have young people in the control group received during the trial period?
- 7.2 What other EET support have young people in the Reboot group received during the trial period?
- 7.3 Has the local offer of support changed since the launch of the evaluation, and if so, how?
- 7.4 How do stakeholders and young people feel Reboot differs from the local offer of EET support?

**8. Understanding adaptations: What factors influenced adaptations to Reboot during the trial and how might this affect learning for the future?**

8.1 Why did adaptations to Reboot take place?

8.2 What adaptations seemed to improve or reduce effectiveness and how?

8.3 What components of the intervention should be considered core?

8.4 What could improve fidelity for future versions of the programme?

**Design and methods**

BIT will undertake a mixed methods approach to answer the IPE research questions. Quantitative methods (administrative data from I625ip and the local authorities, and surveys) will provide breadth of understanding, whilst qualitative methods (conducted with young people, Reboot staff and other stakeholders) will provide rich and detailed information on how the Reboot programme was delivered and experienced. Table 12 includes a summary of each research question and the associated data collection methods

**Table 12: Summary of the IPE research questions and their associated methodologies**

	Qualitative methods					Mixed methods	Quantitative methods				
Research question	Young people interviews	I625ip staff interviews	EET provider interviews	LA focus groups	I625ip staff workshop	Observations of Reboot sessions	I625ip training and supervision survey	LA survey	I625ip adaptations survey (optional)	I625ip administrative data	LA administrative data
1- Mediators	✓	✓	✓	✓						✓	
2- Moderators	✓	✓	✓	✓							
3- Adherence						✓	✓			✓	✓
4- Dosage										✓	✓
5- Participant responsiveness	✓	✓		✓						✓	✓
6- Quality of delivery	✓	✓				✓	✓				
7- Programme differentiation	✓	✓		✓				✓			✓
8- Understanding adaptations					✓				✓		

## Data collection

The sections below provide more detail on each of the data collection methods to be used for the IPE.

### Qualitative methods

For all qualitative activities, the evaluation team will design a semi-structured topic guide to ensure systematic coverage of key themes that address the relevant research questions, as identified in Table 12 above. Topic guides will be subject to BIT's internal quality assurance process. All qualitative activities will be audio recorded and professionally transcribed. All audio and transcripts are kept in a secure folder that can only be accessed by members of the BIT project team.

A case study approach will be used for the qualitative work where possible. This involves gathering qualitative insights from a number of stakeholders linked to a single young person. This will include their Reboot coach, their PA and their EET provider (if the young person is in EET). Where possible, the observations of Reboot sessions will also be conducted with these young people.

This approach will allow BIT to triangulate experiences linked to a single case and provide a rich analysis of the experience and perspectives of different stakeholders. This is a case-study approach because of the sampling method, collecting data from stakeholders supporting the same young person where possible, and because of the analytical strategy, which will look at cross-case comparisons between young people. The results will not be presented as narrative case-studies, but will be leveraged to explain the impact evaluation results as appropriate. Given the varying number of participants of each type, and the likelihood of not all stakeholders being willing to participate, this case study approach will not be possible for all young people but will be conducted where possible.

### Qualitative interviews with young people

*Research questions addressed:*

1. *Mediators: How does participation in Reboot enable young people to achieve EET outcomes?*
2. *Moderators: What are the moderating factors for Reboot delivery*
5. *Participant responsiveness: To what extent were young people engaged in the treatment and what factors affected this?*
6. *Quality of delivery: To what extent were Reboot activities delivered in line with the Reboot support model?*

Interviews will be conducted with up to 30 young people taking part in the Reboot programme. Young people will be invited to participate in the final 1-2 months of their Reboot support or, less preferably, after support has ended. This will allow for the young people to reflect across their time with Reboot. Interviews will be conducted by a BIT researcher either via video call or via telephone call, with the option to meet in person if necessary. Young people will be invited to participate either alone or with a trusted individual if they request this. Where possible, the trusted individual should come from outside of Reboot or the LA so as to not influence the young person's responses. Coaches (for those still engaged in Reboot) or PAs (for those who have disengaged from Reboot) will be asked to invite all young people in Reboot to participate, and once consent is granted, BIT will contact the young person to arrange an interview. Young people will be reimbursed with a £10 shopping voucher for participating in these interviews. Sampling will be purposive across the characteristics included in Table 13.

**Table 13: Sampling characteristics for young people interviews**

	Characteristic	Sampling aim
Primary characteristic	EET outcome	A minimum of 10 young people who have achieved an EET outcome at the point of interview.
		A minimum of 10 young people who have not achieved an EET outcome at the point of interview.
Secondary characteristics	Age	A minimum of 5 young people who were older than 21 at the start of the programme.  A minimum of 5 young people who were aged 18-21 at the start of the programme.  A minimum of 5 young people who were younger than 18 at the start of the programme.
	Gender	A minimum of 10 young people who identify as female.

		A minimum of 10 young people who identify as male.
	Unaccompanied Asylum Seeking Children (UASC)	A minimum of 5 young people with UASC status.
	Baseline EET status	<p>A minimum of 5 young people who were in EET at the start of the programme.</p> <p>A minimum of 15 young people who were NEET at the start of the programme.</p>
	Engagement with Reboot	A minimum of 2 young people who disengaged from the Reboot programme (depending on the ability to access this cohort following disengagement).
	Local authority	A minimum of 4 young people from each of the four local authorities.
	Risk assessment	A minimum of 5 young people with significant risk identified at 1625ip's initial assessment.

Whether or not a young person achieved an EET outcome during the Reboot programme is key to understanding the experiences of participants on Reboot and what potential factors might have influenced this. Therefore, this is our primary sampling characteristic. We will also aim to sample across the above secondary characteristics to ensure we are capturing a wide range of views and experiences. The sampling numbers for the secondary characteristics are a guide and may or may not be achieved depending on the composition of the Reboot sample and the interest of young people in participating in the interviews. Which secondary characteristics to prioritise for the sample will be decided once more is known about the sample of young people who have volunteered to take part in the interviews.

## I625ip staff interviews

### *Research questions addressed:*

- 1. Mediators: How does participation in Reboot enable young people to achieve EET outcomes?*
- 2. Moderators: What are the moderating factors for Reboot delivery?*
- 5. Participant responsiveness: How did young people engage in Reboot and what factors affected this?*
- 6. Quality of delivery: To what extent were Reboot activities delivered in line with the Reboot support model?*
- 7. Programme differentiation: How does Reboot differ from LAs' usual approaches to supporting care experienced young people into EET?*

Qualitative activities will be conducted with a range of staff working for I625ip. The aim of this work is to capture the views of the staff working with young people and other key staff members involved in Reboot. This will involve the following activities:

- Interviews with 8 coaches (2 per local authority). Coaches will be sampled across time in role, gender and age in order to capture a diversity of experience.
- Interviews with 3 team leaders (this represents all the team leaders at Reboot).
- Paired interview with the operations manager and Reboot programme manager (these are singular roles within Reboot).
- Interview with the engagement and participation worker (this is a singular role within Reboot).

## I625ip staff workshop

### *Research questions addressed:*

- 8. Understanding adaptations: What factors influenced adaptations to Reboot during the trial and how might this affect learning for the future?*

We will conduct a workshop with I625ip staff focusing on research question 8 (understanding adaptations). The attendees will be determined in conjunction with I625ip, but are likely to include a number of the frontline Reboot staff, along with other senior management staff. The focus of this workshop will be to determine how Reboot delivery changed during the trial period, why these adaptations occurred and how this might influence future programmes. Participants will take part in a number of structured conversations and activities to explore their views and experiences of these topics.

## EET provider interviews

### *Research questions addressed:*

- 1. Mediators: How does participation in Reboot enable young people to achieve EET outcomes?*
- 2. Moderators: What are the moderating factors for Reboot delivery?*

Interviews will be conducted with 6 EET providers who have worked with a young person on Reboot. We will aim to sample 3 providers of employment or training and 3 providers of education. Coaches will facilitate recruitment by helping to identify suitable individuals to speak to. Within this sample, we will try to sample both EET providers that have had direct contact with the Reboot programme and those that have not done so in order to capture a breadth of experiences of Reboot. As part of the recruitment process, coaches will be required to inform young people that their EET contact will be participating.

## LA focus groups

### *Research questions addressed:*

- 1. Mediators: How does participation in Reboot enable young people to achieve EET outcomes?*
- 2. Moderators: What are the moderating factors for Reboot delivery?*
- 5. Participant responsiveness: How did young people engage in Reboot and what factors affected this?*
- 7. Programme differentiation: How does Reboot differ from LAs' usual approaches to supporting care experienced young people into EET?*

Focus groups will be conducted with each local authority. These focus groups will include PAs who work closely with young people. Focus groups will allow participants to compare and contrast their experiences and build off each others' thoughts. We will aim to sample 2-3 PAs per LA focus group.

## Mixed methods

### Observations of Reboot sessions

### *Research questions addressed:*

- 3. Adherence: Were the core components of the programme delivered as intended?*
- 6. Quality of delivery: To what extent were Reboot activities delivered in line with the Reboot support model?*



Observations of coaching sessions will be conducted, when both coach and young person have consented to this. Observations will occur via video recording. This is both to minimise logistical challenges of BIT researchers travelling to join sessions in person and also to minimise the impact that a researcher may have on the session by their presence. The observation will be semi-structured.

We will prepare an observation guide to evaluate the sessions to answer research questions 3 (adherence) and 6 (quality). This will be a semi-structured observation framework, including both open-ended and closed questions. It will include information on the content of sessions, and the use of coaching skills such as active listening.

The adherence section of the checklist will include a checklist of all elements deemed essential in a session, for example, completing the WEMWBS in review sessions or discussing next steps at the end of a coaching session. The quality section of the checklist will consist of Likert scales to demonstrate to what extent each component of quality was present during the session (for example: 'To what extent did the coach demonstrate active listening during the session?' *Not at all* to *Almost all of the time*). This will be supplemented by qualitative notes on the session.

The observation guide will be developed in conjunction with experienced Reboot practitioners, Reboot's ACT clinical supervisor and drawing from the Reboot handbook and TOC in order to identify the core components of a high-quality coaching session. Two BIT researchers will work on the observations, both of whom have previous experience in delivering psychological therapy, including ACT therapy (the adult version of DNA-V). As such, they are well placed to assess the quality of the coaching sessions. If these researchers are unavailable when observations occur then we will limit the depth of the assessment in accordance with the researchers' qualifications and experience.

The first observation will act as a pilot and will be conducted by both researchers independently. After this observation, the researchers will debrief and compare discrepancies in order to establish inter-rater reliability and adapt the guide if needed to minimise variability. The remaining observations will be randomised so each researcher conducts half the observations. Observations will be conducted on up to 8 sessions (4 coaching sessions and 4 review sessions). Sessions will be purposefully selected to capture a range of coaches and young people and where possible, will include a range of local authorities and experience level of coaches.

## Quantitative methods

### Wellbeing and stability measures

#### *Research questions addressed:*

- 1.3 Does participating in Reboot increase young people's wellbeing?*
- 1.4 Does participating in Reboot increase young people's psychological flexibility?*
- 1.5 Does participating in Reboot increase young people's level of social support?*
- 1.6 Does participating in Reboot increase young people's financial situation?*
- 1.7 Does participating in Reboot increase young people's accommodation suitability?*

To answer the research question “How does participation in Reboot enable young people to achieve EET outcomes?” we will analyse five stability and wellbeing variables that are related to outcomes from the Reboot programme identified in the [theory of change](#). These outcomes are:

- (Mental) Wellbeing
- Psychological Flexibility
- Social support
- Financial situation
- Accommodation suitability

The aim of this analysis is two-fold:

1. To add some context to the primary outcome analysis.
2. To assist I625ip in understanding their YP's progress and help them in improving their offer.

These outcome measures were selected by I625ip, taking into account the outcomes in the theory of change, their perceived practical use for coaches in their sessions with YP, and what data is already being collected.

### **Data collection and sharing**

I625ip and BIT worked together to identify or design appropriate survey questions to measure each of these outcomes. For each outcome we ask between 1 and 7 survey questions. The specific survey questions and their rating scale can be found in Table I4. Table I5 provides the source and notes on validity and reliability for each outcome. All

answers are self-reported by the young person, except for accommodation stability, which is assessed by the YP's Reboot coach.<sup>25</sup>

**Table 14: Questions and rating scales for Reboot survey measures**

Outcome	Survey questions	Scale	Measurement per individual
Wellbeing	<ol style="list-style-type: none"> <li>1. I've been feeling optimistic about the future</li> <li>2. I've been feeling useful</li> <li>3. I've been feeling relaxed</li> <li>4. I've been dealing with problems well</li> <li>5. I've been thinking clearly</li> <li>6. I've been feeling close to other people</li> <li>7. I've been able to make up my own mind about things</li> </ol>	<ol style="list-style-type: none"> <li>1. None of the time</li> <li>2. Rarely</li> <li>3. Some of the time</li> <li>4. Often</li> <li>5. All the time</li> </ol>	<ul style="list-style-type: none"> <li>• Mean metric score<sup>26</sup></li> <li>• % answering often or all e of the time.</li> </ul>
Psychological Flexibility	<ol style="list-style-type: none"> <li>1. I did things to connect to people who are important to me</li> <li>2. I was able to experience a range of emotions</li> </ol>	<ol style="list-style-type: none"> <li>0. Strongly disagree</li> <li>1.</li> <li>2.</li> <li>..</li> <li>..</li> <li>9.</li> <li>10. Strongly agree</li> </ol>	<ul style="list-style-type: none"> <li>• Mean score</li> <li>• % answering 6 or higher</li> </ul>

<sup>25</sup> When these measures were being designed, 1625IP felt that coaches would be better placed to assess the suitability of the young person's accommodation compared to the young person themselves.

<sup>26</sup> The total raw score needs to be transformed using [this conversion table](#). As the transformed score approximates to the normal distribution, comparing the means and standard errors using this score is the most statistically efficient approach to analyse this data ([source](#)).

	<p>appropriate to the moment e.g. I was able to feel sad when something sad happened, or happy when something happy happened</p> <p>3. I can use my thinking in ways that help me</p> <p>4. I chose to do things that were personally important to me</p> <p>5. I paid attention to important things in my daily life</p> <p>6. I found ways to challenge myself (that were personally important to me)</p> <p>7. I can be patient and caring towards myself</p>		
Social support	<p>1. If I needed help, I have friends or family who would be there for me.</p> <p>2. If I wanted company or to socialise, there are people I can call on.</p>	<p>1. Definitely disagree</p> <p>2. Tend to disagree</p> <p>3. Tend to agree</p> <p>4. Definitely agree</p>	<ul style="list-style-type: none"> <li>• Mean score</li> <li>• % <b>answering Tend to agree or definitely agree</b></li> </ul>

Financial Situation	How well would you say you are managing financially these days?	Finding it very difficult Finding it quite difficult Just about getting by Doing alright Living comfortably	<ul style="list-style-type: none"> <li>• Mean score</li> <li>• % <b>answering doing alright or living comfortable</b></li> </ul>
Accommodation suitability	How suitable is the young person's accommodation? (coach-assessed)	Very unsuitable somewhat unsuitable neither suitable nor unsuitable somewhat suitable very suitable 0. Don't know	<ul style="list-style-type: none"> <li>• Mean score</li> <li>• % <b>answering somewhat suitable or very suitable</b></li> </ul>

**Table 15: Notes on the validity and reliability of measures used**

Outcome	Source	Notes and validity and reliability
Wellbeing	<a href="#">Warwick-Edinburgh Mental Wellbeing Scale</a>	This scale has been widely adopted and successfully used in a wide range of settings. It has been shown to be 'responsive to change' in clinical populations undergoing psychotherapy at both group and individual level.
Psychological flexibility	Original DNA-V creators - bespoke to Reboot programme, but based on the 'Process-Based Assessment Tool' (PBAT)	Not validated or tested to use as a scale/single measure of psychological flexibility.

Social support	<a href="#">Community Life Survey</a>	No validation evidence found. However, it's used in the leading yearly household survey on this topic in England, providing it some credibility and comparability.
Financial situation	<a href="#">Understanding Society Survey</a>	No validation evidence found. However, it's used in the leading yearly household survey on this topic in England, providing it some credibility and comparability.
Accommodation suitability	I625ip	Accommodation suitability is being collected for the Children looked-after return, but on a binary scale rather than the 5-point scale I625ip uses. It provided <a href="#">some guidance</a> on what should be considered suitable.

Due to the complexities in collecting this data from YP who are not participating in Reboot, they will only be collected for young people in the treatment group. I625ip's coaches administer these measures to the young people on Reboot as part of their initial assessment or first follow-up session when young people are being onboarded to the programme, and then every six months as part of a review session. The measures were introduced to the Reboot programme in late 2023, and were tested during Reboot 2 to help ensure that they were understood by young people on the programme. Guidance on administering the measures is covered in staff inductions to help ensure that staff feel confident in administering the measures and that they are administered as consistently as possible.

The answers will be collated by I625ip staff and shared with BIT via a shared spreadsheet.

### I625ip training and supervision survey

Research questions addressed:

- 3. Adherence: Were the core components of the programme delivered as intended?*
- 6. Quality of delivery: To what extent were Reboot activities delivered in line with the Reboot support model?*

This survey will be completed by I625ip coaches, detailing the training that they received prior to starting coaching on the Reboot programme. This will feed into research question 3.3 ('Are Reboot staff receiving appropriate support and professional development activities?') Staff will also be asked for their views on the quality of staff training and supervision on the Reboot programme in order to answer research question 6.3 ('What was

the quality of Reboot staff training and supervision and what could be done to improve quality?). This survey will be completed once all young people have been referred to the trial and will include a checklist, asking all coaches to report which training they received when they began working for Reboot. This checklist has been pre-determined with I625ip and consists of the following items:

- Completion of online DNA-V training.
- Reading the Reboot handbook.
- Having a DNA-V introduction session led by the coach's line manager.
- Shadowing another coach's session.
- Shadowing a case review.

### LA survey

*Research questions addressed:*

*7. Programme differentiation: How does Reboot differ from LAs' usual approaches to supporting care experienced young people into EET?*

A representative from each LA will complete a survey reporting which BAU services were taken up by young people in their LA across the course of the trial, both in Reboot and the control arms. This will allow us to answer research questions 7.1 ('What support have young people in the control group received during the trial period?') and 7.2 ('What other support have young people in the treatment group received during the trial period?'). This survey will be completed at the end of the trial. LAs will also provide a narrative summary of the usual local offer of EET activities offered by the LA at the start and end of the trial to enable BIT to answer research question 7.3 ('Has the local offer of support changed since the launch of the evaluation, and if so, how?'). The information on young people's take-up of EET activities will be dependent on whether LA staff are able to provide these data. If not, these research questions will be qualitatively discussed from the narrative summary information and interviews with LA staff.

### I625ip adaptation survey (optional)

*Research questions addressed:*

*8. Understanding adaptations: What factors influenced adaptations to Reboot during the trial and how might this affect learning for the future?*

This optional survey would be completed by I625ip following the adaptations workshop detailed above. This would give them a further opportunity to comment on which adaptations occurred and why. We will discuss with I625ip following the adaptations workshop whether they feel that the topics were fully covered in the workshop, or whether a supplementary survey would be useful to provide BIT with further information.

### LA administrative data

#### *Research questions addressed:*

- 3. Adherence: Were the core components of the programme delivered as intended?*
- 5. Participant responsiveness: How did young people engage in Reboot and what factors affected this?*

Baseline administrative data will be provided by LAs when young people are referred to Reboot. Relevant items from this dataset for the IPE are included in table 16.

**Table 16: Baseline LA data used for the IPE**

Data	Research questions
Date of referral	3.1, 5.2
Date of birth	3.1, 5.2
Gender	5.2
Baseline EET status	3.1, 5.2

### I625ip administrative data

#### *Research questions addressed:*

- 3. Adherence: Were the core components of the programme delivered as intended?*
- 5. Participant responsiveness: How did young people engage in Reboot and what factors affected this?*

#### Phase 1: Initial indicators

These data will be collected from I625ip three months after all young people have been referred to Reboot. The data collected is included in table 17.



**Table 17: Baseline I625ip IPE data**

Data	Research questions
Date of initial assessment	3.2
Need for an interpreter for the initial assessment	3.1
Risk assessment at initial assessment	5.2

***Phase 2: Staff indicators***

To reduce administrative burden, staff related data for the adherence component of the fidelity assessment will only be collected over a 12 month measurement window (likely to be Autumn 2024 - Autumn 2025). These data will be used to infer adherence to these components across the whole trial period. Data collected from I625ip during this fidelity window is included in table 18.

**Table 18: Data collected from I625ip for fidelity staff indicators**

Data	Research questions
<p>For each of the following meetings, I625ip will provide screenshots of calendar invites (with indicators of attendance/responses):</p> <ul style="list-style-type: none"> <li>• Case reflection</li> <li>• ACT clinical supervision</li> </ul> <p>I625ip will provide the formal minutes showing the date and attendance list (including apologies) for the following:</p> <ul style="list-style-type: none"> <li>• Team meetings</li> <li>• EET breakfast</li> </ul>	3.3
<p>For each coach and team leader, I625ip will provide data on attendance and dates of the following:</p> <ul style="list-style-type: none"> <li>• Case reviews</li> <li>• Reboot supervision</li> </ul>	3.3

For each coach and team leader, I625ip will provide data on attendance at LA monthly team meetings.	3.3
Caseload size of coaches and team leaders will be provided by I625ip at 4 predetermined points during the measurement window.	3.3
I625ip will provide a list of all team leaders and the number of coaches that they manage at 4 predetermined time points during the measurement window.	3.3

### Phase 3: End of trial

The final set of I625ip administrative data will be collected at the end of the trial once all participants in Reboot have finished receiving support. The data collected at this point is included in table 19.

**Table 19: I625ip ending data collected for IPE.**

Data	Research questions
Whether or not closure letters were completed	3.4
Dates of review sessions for each young person	4.2
Dates of contacts with coach and attendance at group activities for each young person	4.2
Ending date (the date that the young person was marked as 'closed' on the Reboot system)	4.2, 5.2

## Analysis

### *Qualitative analysis*

All qualitative data will be analysed using the Framework approach in three steps:

**Data management:** Summarising the data, alongside selected direct quotes, in a matrix. This facilitates systematic and comprehensive analysis by making the data accessible to the analyst. It enables case and theme based analysis, by allowing the analyst to look down columns (themes), across rows (cases) or both. The approach differs from coding which organises verbatim text into themes, without summarising.

**Description:** Describing the range of views on a theme, grouping these into categories that aid comprehension, and identifying links between these categories.

**Explanation:** Providing context for and explanation of the IPE results, and developing higher order categories.

Themes will be identified in the analysis both deductively and inductively, using constructs from the literature and our TOC where the evidence supports this, and creating new constructs where it does not. Verbatim participant quotations and case examples will be used to provide evidence and exemplify the theme(s) identified.

As qualitative data can only be generalised in terms of range and diversity and not in terms of prevalence, the analytical outputs will focus on the nature of experiences, avoiding numerical summaries or language such as ‘most’ and ‘majority’.

### *Quantitative analysis*

The analysis methods used to answer each of the quantitative research questions in the IPE are the following:

## **I. Mediators: How does participation in Reboot enable young people to achieve EET outcomes?**

- I.3 Does participating in Reboot increase young people’s wellbeing?
- I.4 Does participating in Reboot increase young people’s psychological flexibility?
- I.5 Does participating in Reboot increase young people’s level of social support?
- I.6 Does participating in Reboot increase young people’s financial situation?
- I.7 Does participating in Reboot increase young people’s accommodation suitability?

To analyse the results of the wellbeing measures, we will perform a pre-post evaluation: We will analyse whether these outcomes have changed for YP during their time in Reboot. As we can only collect these outcomes for Reboot participants, we cannot evaluate whether these outcomes improved for participants compared to not receiving Reboot support.

As this is a pre-post analysis, we need to exercise caution when interpreting results. Although a positive change could be indicative of a positive impact from the Reboot programmes on these outcomes, we won’t be able to isolate the impact from Reboot from any other influences during the trial period on these outcomes, nor what might have happened to the young person if they were not receiving Reboot support.

## **Main analysis**

For the wellbeing and psychological flexibility outcomes, which each contain 7 survey questions, and the social support outcome, which contains 2 survey questions, we will report:

- The average score for the overall measure.
- % who gave a positive response, split by each individual survey question
- The average score, split by each individual survey question.

For the financial situation and accommodation stability outcomes, which each contain 1 survey question, we will report:

- % who gave a positive response
- The average score

Because data is only collected for young people (YP) who are actively receiving Reboot support, we will do these analyses for two populations:

We will compare the average score/percentage of the YP for whom we have data at the endline with their average score/percentage at the start of the programme. Thus, the population for whom we will be comparing the start and endline averages will be the same. This will be our main analysis.

We will compare the average score/percentage for **all** YP for whom we have data at the endline with the average score/percentage of **all** YP for whom we have data at the start of the programme. Thus, in this case the populations we're comparing will be different. This will be presented as an additional analysis.

Both of these approaches to defining the sample have flaws. The first is likely to lead to a much smaller sample, reducing the statistical power to detect a difference. The second involves a comparison of different groups of people, who are likely to differ in ways that affect their outcomes, introducing further bias into a design that is already very likely to be subject to bias.

As the baseline measure, we will use the survey results at the start of the programme. As the endline measure, we will either take the survey done at the 2-year point or the 18-month point. If data is missing for over 50% of YP at the 2-year point, which will likely be the case, and the data completeness at the 18-month point is at least 10pp better, then we will use the 18-month point survey as the endline measure. If this is not the case, we will use the 24-month point as the endline measure. Based on historical data, we expect the 24-month point to cover 30% of the sample and the 18-month point to cover 50% of the sample. See the Risks section for more information.

Regardless of what we use as our endline measure, we will include the results of the survey at each 6-month point in the report, both for the whole sample left at that point and for the sample used for the main analysis.<sup>27</sup>

To compare differences between the baseline and endline groups, we will present a table of baseline characteristics for the sample at baseline and endline. This will include age, gender, EET status at baseline, UASC status and risk assessment (if available).

Missing data will not be imputed. If outcome data are unavailable for a young person, they will be excluded from the analysis for that specific outcome and time point

To test for significance, we will perform a linear regression on the average score for each outcome variable at the chosen endline, using the same explanatory variables as the primary outcome regression, as well as the relevant average baseline survey score. Because these are just exploratory outcome variables, we will not make any adjustments for multiple comparisons. Instead, we will emphasise that these results cannot be interpreted causally.

The regression equation will be as follows:

$$y_{it} = \alpha + \beta post_t + \gamma X'_{it} + \varepsilon_{it}$$

where:

- $y_{it}$  is the outcome for individual  $i$  in period  $t$
- $post_t$  is a binary indicator, which is 0 if  $t = 0$  (the baseline measure), 1 otherwise
- $X_{it}$  is the vector of explanatory variables
- $\beta$  is the coefficient of interest

Standard errors should be clustered at the individual level.

### Subgroup analysis

We will repeat the analysis above for individuals who achieved EET outcomes or did not achieve EET outcomes. This will allow for us to comment on whether those who achieved EET outcomes had a greater change in their wellbeing/ flexibility over their time with the programme.

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<sup>27</sup> This means that for example if we take the 18-month point as our endline, at the 6-month we will report the results for this sample at the 6-month point *and* the results for all YP left at the 6-month point. The only exception is that, if we choose the 18-month point as our endline, at the 2-year point we can only report the results for the sample who are left at the 2-year point.

For each outcome, we will also identify those who improved or declined during their time in Reboot, and compare the individual characteristics for each of those two groups (age, gender, time spent in the programme, number of Reboot sessions, UASC status, risk assessment and EET outcome).

### Risks

The main risk is data attrition. Reboot will only be able to collect survey results from YP who are receiving Reboot support. For various reasons YP may disengage or reach a planned ending before the end of the support period. In the previous iteration of Reboot 72% of cases were closed by the 2-year mark. The table below shows how many YP were active at each half-year point during the previous iteration of Reboot.

Attrition is not random: YP who remain in Reboot at the 2-year point are not representative of the entire cohort. Therefore, for the main analysis, we will only include data from YP for whom we have information at both referral and endline, ensuring that the pre and post groups contain the same individuals. With an expected sample size of 75 at the 2-year point, there is a risk that this number will not be sufficient to detect a meaningful difference.

The 18-month point from onboarding, which marks the start of primary outcome data collection (20 months from referral), is expected to have nearly twice the sample size (see table 20). If this number is replicated in our trial, the 18-month point would provide a better measurement. As a result, we have pre-specified that if more than 50% of YP data is missing at the 2-year point, and using the 18-month point reduces missing data by at least 10 percentage points, we will use the 18-month point as the endpoint for the main analysis.

**Table 20: Expected number of YP providing data at different points from onboarding**

Time since onboarding	YP remaining	Expected number of YP
0 month	100%	~ 270
6 months	96%	~ 260
12 months	72%	~ 200
18 months	54%	~ 140
24 months	28%	~ 75

### Summary of output

We will report the summary statistics for each of the following combinations (table 21).

**Table 21: Summary statistics to be reported**

Outcome	Time point (from the moment of onboarding)	Groups	Subgroups
<ul style="list-style-type: none"> <li>Wellbeing</li> <li>Psychological Flexibility</li> <li>Social support</li> <li>Financial situation</li> <li>Accommodation stability</li> </ul>	<ul style="list-style-type: none"> <li>0 months</li> <li>6 months</li> <li>12 months</li> <li>18 months</li> <li>24 months</li> </ul>	<ul style="list-style-type: none"> <li>Whole sample left at given time point.</li> <li>Endline sample.</li> </ul>	<ul style="list-style-type: none"> <li>All</li> <li>Primary outcome (EET, NEET)</li> </ul>

We will perform a linear regression for the following combinations (table 22).

**Table 22: Linear regressions to be conducted**

Outcome	Time point	Groups	Subgroups
<ul style="list-style-type: none"> <li>Wellbeing</li> <li>Psychological Flexibility</li> <li>Social support</li> <li>Financial situation</li> <li>Accommodation stability</li> </ul>	<ul style="list-style-type: none"> <li>Endline (either 18 month or 24 month point)</li> </ul>	<ul style="list-style-type: none"> <li>Whole sample left at given time point.</li> <li>Endline sample.</li> </ul>	<ul style="list-style-type: none"> <li>All</li> </ul>

Lastly, we will compare the individual characteristics for the following groups:

- Those with an increase in average wellbeing score between base- and endline against those with a decrease
- Those with an increase in average psychological flexibility score between base- and endline against those with a decrease.

### 3. Adherence: Were the core components of the programme delivered as intended?

The core components of the Reboot programme have been identified in conjunction between BIT and I625ip through several meetings prior to trial launch. BIT used the output of these conversations to create fidelity dimensions to assess adherence to the programme model which were further refined in meetings with I625ip. The core components, the correct standard as identified by I625ip and the data source is included in Table 23 below. Descriptive statistics will be provided for each of these measures to describe to what extent these elements were delivered as intended.

**Table 23: Criteria, correct standard and data sources to be used for research question 3 (adherence)**

Research question	Adherence criteria	Correct standard	Data source
3.1 Are appropriate referrals being made to Reboot in terms of meeting their eligibility criteria?	What are the age and language status of young people when referred to Reboot?	<p>At referral all young people must be:</p> <ul style="list-style-type: none"> <li>Aged 16-25 years old</li> <li>Have a reasonable level of English at referral such that they do not require a translator.</li> </ul> <p><i>Measured as the proportion of referrals that meet the correct age and language requirements at the time of their referral</i></p>	<p>Age- LA administrative data</p> <p>Level of English- I625ip</p>
	What proportion of young people referred to Reboot are NEET?	<p>More than 50% of referrals are NEET</p> <p><i>Measured as the proportion of referrals that are NEET at referral.</i></p>	LA administrative data



3.2 Are young people receiving the intended input from Reboot?	Are coaches adhering to the Reboot model during coaching sessions?	Coaches should be adhering to core activities during coaching sessions.  <i>Measured as the proportion of coaching sessions that contained each of the core components.</i>	Observations of Reboot sessions.
	Are coaches adhering to the Reboot model during review sessions?	Coaches should be adhering to all core activities during review sessions.  <i>Measured as the proportion of coaching sessions that contained each of the core components.</i>	Observations of Reboot sessions.
3.3 Are Reboot staff receiving appropriate support and professional development activities?	Have Reboot coaches received appropriate levels of training?	All coaches have received the appropriate level of training.  <i>Measured as the proportion of coaches and team leaders who self-report having received all the appropriate training (Completion of online DNA-V training, Reading the Reboot handbook, Having a line manager led DNA-V introduction session, Shadowing another coach's session, Shadowing a case review).</i>	I625ip training and supervision survey
	Are Reboot coaches attending group continuing professional development (CPD) meetings?	Group meetings should occur at the following frequencies: <ul style="list-style-type: none"> <li>• Team meetings - 11 times a year</li> <li>• Group ACT clinical supervision - 11 times a year</li> <li>• Case reflection - 11 times a year</li> </ul>	I625ip administrative data

		<ul style="list-style-type: none"> <li>• <i>EET breakfast - 11 times a year</i></li> </ul> <p><i>Measured as the proportion of the meetings that occurred and the proportion of coaches and team leaders attending those meetings.</i></p>	
	Are Reboot coaches and team leaders receiving individual caseload management support?	<p>Individual support should be provided to each coach and team leaders at the following frequencies:</p> <ul style="list-style-type: none"> <li>• <i>Case reviews - every calendar month for coaches, quarterly for team leaders (+- 1 week for coaches)</i></li> <li>• <i>Reboot supervision - every 6 weeks (+- 2 weeks)</i></li> </ul> <p><i>Measured as the proportion of individual meetings that are held across all coaches and team leaders.</i></p>	1625ip administrative data
	Are coaches attending local authority meetings?	<p>Coaches/team leaders should meet with LA teams at least 9 times per LA in the assessment year.</p> <p><i>Measured as the proportion of Reboot coaches and team leaders that attended at least 9 LA team meetings during the measurement window.</i></p>	1625ip administrative data
	Are team leaders managing an appropriate number of coaches?	<p>Team leaders should manage no more than 5 coaches per whole time equivalent (WTE) (i.e. a 0.8 WTE team leader should manage no more than 4 coaches)</p>	1625ip administrative data

		<i>Measured as the proportion of team leaders who are managing an appropriate number of coaches at each of four predetermined points in time across the measurement window.</i>	
	Are clinical caseloads of appropriate size?	<p>Caseloads do not exceed 24 young people per coach WTE.</p> <p>Team leader caseloads do not exceed 4 active young people per team leader WTE.</p> <p><i>Measured as the proportion of coaches and team leaders who have caseloads of appropriate size at each of four predetermined points in time across the measurement window.</i></p>	1625ip administrative data
3.4 Are young people being transitioned off the Reboot programme appropriately?	Do all young people receive a closing letter when they leave Reboot?	<p>All young people should receive a closing letter when they leave Reboot. This includes both young people with planned endings and young people who disengaged from the programme.</p> <p><i>Measured as the proportion of young people who received a closing letter when ending Reboot support. We will also report the breakdown of the proportion of closing letters completed by young people who had planned endings from Reboot and those who disengaged to understand whether there is a difference between these two groups.</i></p>	1625ip administrative data

#### **4. Dosage: Did young people engage with the programme as intended?**

##### *4.1 What proportion of young people referred to Reboot III start the programme?*

We will calculate the number of young people that entered Reboot (defined as having completed an initial assessment) as a proportion of the number of young people referred to Reboot.

##### *4.2 What is the distribution of young people's engagement in Reboot in terms of the frequency and type of input received?*

#### **Initial assessments**

All young people on Reboot should receive an initial assessment within 3 months of referral.

We will combine initial assessment dates provided by I625ip with the referral dates provided by the LA's in order to work out what proportion of initial assessments were conducted within three months of referral. This proportion will only be of the initial assessments that occurred, so will not include the cohort of young people who were referred to Reboot but never completed an initial assessment.

#### **Review assessments**

Review sessions should occur every 6 months when a young person is being supported by Reboot. We will calculate what proportion of young people had review sessions in an appropriate time frame (6 months +/- 1 month). Therefore, if a review session was conducted between 5-7 months from the previous one, this criteria would be met.

#### **Coaching and group sessions**

We will report descriptive statistics of the number of one-to-one coaching sessions young people on Reboot received and on the number of group Reboot activities young people attended.

#### **Disengagement rate**

We will calculate the percentage of young people that disengaged from the Reboot programme as a proportion of those who completed an initial assessment. Disengagement here refers to young people who stopped receiving Reboot support without a planned ending. This would only include young people whose coaches felt that they would still

benefit from Reboot but the young person has stopped responding to contact attempts. Young people in this group would be defined using the same definition I625ip uses for a 'non-active' case, i.e. the young person has not responded to their coach's contact attempts in 2 months. We will also calculate the proportion of young people who met the definition of disengagement that subsequently re-engaged with the programme.

### **Distribution of length of time in the Reboot programme**

We will analyse the distribution of the length of time between young people's initial assessment and ending with Reboot (defined as the point where they were marked as 'closed' by Reboot). This will consist of the proportion of the total cohort of young people that completed an initial assessment who finished receiving support in six month increments (so in the first 6 months, first 12 months, first 18 months and so on). We will produce a Sankey diagram, indicating when young people finished receiving Reboot support across the trial period, and whether these were planned endings or due to disengagement.

## **5. Participant responsiveness: How did young people engage in Reboot and what factors affected this?**

### *5.2 How does engagement with the programme vary according to young people's characteristics?*

We will compare the participants who disengaged from Reboot and those that had planned endings on a number of demographic factors: age, gender, baseline EET status, baseline risk assessment and local authority. We will also compare those who engaged in Reboot (had an initial assessment) with those who never engaged with Reboot (did not have an initial assessment) using the same demographic factors.

## **6. Quality of delivery: How well were the Reboot activities delivered?**

### *6.1 How well were Reboot coaching sessions delivered and what could be done to improve quality?*

### *6.2 How well were Reboot review sessions delivered and what could be done to improve quality?*

### *6.3 How well was Reboot staff training and supervision delivered and what could be done to improve quality?*

We will provide information on the quality of the sessions as rated in the observation guide and on the reported quality of staff training and supervision as reported by Reboot coaches in the I625ip training and supervision survey. This will be supplemented by insights from the qualitative interviews with young people and I625ip staff.

## 7. Programme differentiation: How does Reboot differ from LAs' usual approaches to supporting care experienced young people into EET?

*7.1 What EET support have young people in the control group received during the trial period?*

*7.2 What other EET support have young people in the treatment group received during the trial period?*

The survey completed by local authority staff will allow us to calculate the proportion of young people in both the treatment and control group who received each type of additional EET support. The types of support will be decided from the narrative summary completed by each LA detailing the support offered. These figures will provide additional context as to whether any impact or lack of impact on EET outcomes might be explained by the alternative EET support provided to participants in the control or treatment arms of the trial. This will be supplemented by insights from the focus groups with LA staff.

### Outputs

The results of the IPE activities will be analysed as detailed above, and the qualitative and quantitative results triangulated in order to draw conclusions about the overarching aims of the IPE, which are to evidence the theory of change and to assess the fidelity of the Reboot implementation. The final report will also include a revised TOC building on the original TOC by including the insights from the IPE. This revised TOC will fully set out the inputs, activities, outcomes and contextual factors that influence Reboot delivery. This revised TOC will provide clarity on Reboot's delivery to help support potential future scaling of Reboot in the future.

### Timeline

Table 24 below shows the approximate timeline for the IPE activities across the Reboot trial.

**Table 24: Approximate timeline for IPE activities**

Timeframe	Activity
July 2024	<p>Trial referral window closes.</p> <p>Administrative data provided by LAs.</p> <p>I625ip training and supervision survey completed by I625ip.</p>
October 2024	<p>Observations of coaching and review sessions begin.</p> <p>Phase 1 administrative data provided by I625ip.</p> <p>Phase 2 data collection begins.</p>
March 2025	<p>Young people interviews, I625ip staff interviews, EET provider interviews and LA focus groups begin.</p>
October 2025	<p>Observations of coaching and review sessions end.</p> <p>Phase 2 administrative data collection ends and data provided by I625ip.</p>
July 2026	<p>Young people interviews, I625ip staff interviews, EET provider interviews and LA focus groups end.</p>
September 2026	<p>I625ip intervention delivery ends.</p> <p>Phase 3 administrative data provided by I625ip and LAs.</p> <p>LA survey completed.</p> <p>I625ip adaptation workshop and optional survey takes place.</p>
October 2026 - February 2027	<p>Analysis and reporting.</p>

## 5. 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 Economic and Social Research Council (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 develop 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 an RCT method are as follows:

- The strength of evidence provided by an 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 the usual local offer of support from their allocated personal advisor within the local authority. This support varies (for details, see section:



“Differences between intervention and usual local offer ‘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 I625ip, 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 I625ip, 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). Ethical clearance for revisions to the implementation and process evaluation was provided in September 2024 through the same organisation.

## 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.

## 6. Data protection

BIT is an Independent Controller of the personal data collected in connection with this evaluation. BIT will receive pseudo-anonymised data from I625ip. 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) I625ip will receive data from BIT on the randomisation allocation of participants, and YFF will receive data from BIT for storage in 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 Trial) and measuring impact (Full 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 I625ip have a legitimate interest in running a formal evaluation of the Reboot programme, delivered by I625ip. 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. I625ip 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 I625ip).

The parties are all independent controllers. So BIT is preparing its own privacy notice and will require I625ip 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 I625ip 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 YFF and this will be retained in line with 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.

## 7. Stakeholders and interests

The stakeholders for this work and their roles are set out in Table 25 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 25: Evaluation Team**

ROLE	NAME	EMAIL
<b>The Behavioural Insights Team</b>		
Project lead	Hazel Wright	hazel.wright@bi.team

Policy lead	Hazel Wright	hazel.wright@bi.team
Research lead	Giulia Tagliaferri	giulia.tagliaferri@bi.team
Research QA	Patrick Taylor Ali Cooper	patrick.taylor@bi.team alistair.cooper@bi.team
Code QA	Laure Bokobza	laure.Bokobza@bi.team
<b>Partner organisation: Youth Futures Foundation</b>		
Director of Impact and Evidence	Chris Goulden	chris.goulden@youthfuturesfoundation.org
Deputy Director of Evidence and Evaluation	Jane Colechin	jane.colechin@youthfuturesfoundation.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
<b>Partner organisation: I625ip</b>		
Service Improvement Lead	Meghan Joyce	meghan.joyce@i625ip.co.uk
Programme Manager - Prevention, Support and EET Services	Rebecca Ball	rebecca.ball@i625ip.co.uk

Partnership Director	Jamie Gill	jamie.gill@l625ip.co.uk
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## 8. Risks and mitigations

Table 26 outlines the identified risks for the trial, our estimates for their impact and likelihood, and our proposed mitigations.

**Table 26: Risks and mitigations**

	IMPACT	LIKELIHOOD	MITIGATION
<b>Ethical risks</b>			
Difficulties obtaining consent from young people (and/or their guardians)	L <sup>28</sup>	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>

<sup>28</sup> L = low, M = medium, H = high

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 III 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 the usual local offer of 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 I625ip 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 I625ip and local authorities to monitor referral numbers and resolve recruitment issues.</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.
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	?	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 LA 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 LA 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> <ol style="list-style-type: none"> <li>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.</li> <li>2. The LEO analysis of impact for our primary outcome will supersede the original analysis of LA data for this outcome. Any publications following the trial will note this and report the analysis of both datasets.</li> </ol>
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 LA staff to instruct them step by step on how data collection will happen - one before launching, and one before outcome data collection begins.</p>
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 LA staff to instruct them step by step on how data collection will happen. These actions will help provide consistency in data collection across the treatment and control groups.</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>
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:</p> <p>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.</p> <p>2) LAs 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 could improve the outcomes for YP in the control group, which would negatively impact the treatment effect.</p> <p>Mitigation:</p> <p>We have told LAs 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 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 I625ip 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>
No access to HMRC data	H	L	<p>Arrangements for BIT and I625ip 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, the likelihood of this risk is considered minimal.</p>
No access to DfE data	H	L	<p>BIT will follow the standard application procedure for the secure research service (SRS) to access NPD data. BIT has accredited researchers with permission to access the SRS, and will be requesting variables we know to be available through the NPD.</p>

## 9. 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 27.

The trial will be carried out over 4 phases:

- **Referral and randomisation:** For the first 12 months of the trial<sup>29</sup>, eligible young people will be referred to the trial by participating LAs, and randomised into treatment (Reboot III) or control (the referring LAs usual local 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 20 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 27: 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

<sup>29</sup> This period may be extended as a mitigation for low recruitment rates

August 2023 - August 2024	Randomisation	BIT
September 2023	Intervention delivery begins	I625ip
August 2024	NPD application made using randomised UPNs	BIT
September 2024	BIT conducts 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
April 2025	Outcome data collection begins	LAs/BIT
August 2024 - July 2026	IPE delivered	BIT
August 2026	LA Data collection ends LEO accessibility decision point	LAs/BIT YFF/BIT
September 2026	Intervention delivery ends	I625ip
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 Full 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 I625ip, 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 included in Appendix 5 and 6.

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 I625ip 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.

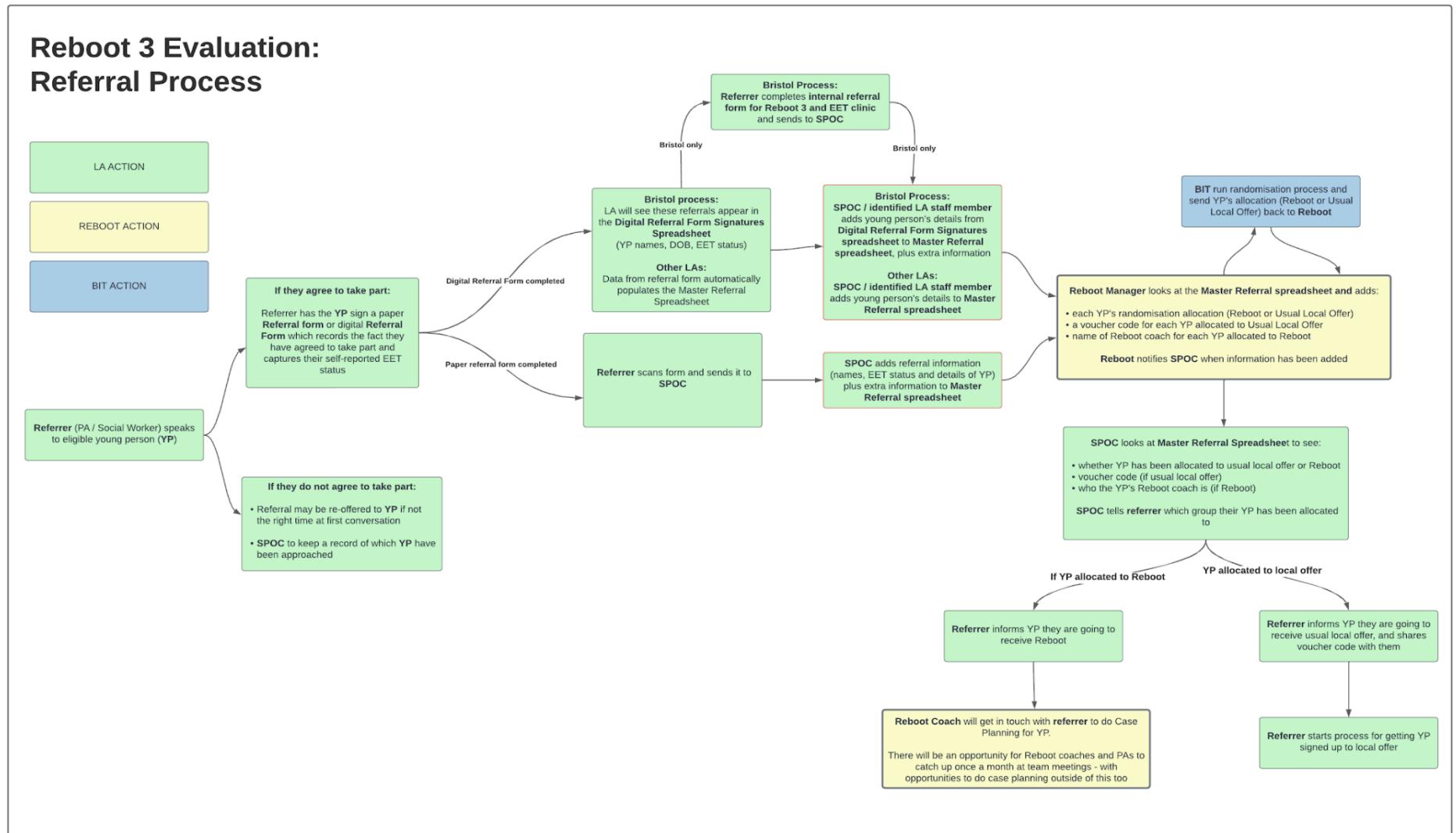
### **Randomisation**

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. I625ip will share each month with BIT the number of places that are available at each LA and the list of referrals that month. I625ip 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 I625ip in the same shared spreadsheet that I625ip 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 2 months from randomisation.
- The Reboot support starts, with the characteristics outlined in the “Participants” section.
- In the last six months of the trial (20 to 26 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 the usual local offer of 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 (20 to 26 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 7 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 and by HMRC) and covariates (DfE's NPD).

All individual items of data to be collected are listed in Table 28 below, with more detailed descriptions of the purpose of each item. The table also indicates who collects each data item.

**Table 28: Data to be collected**

DATA ITEM	PURPOSE	COLLECTI ON POINT	SOURCE	COLLECTOR	SAMPLE
<b>Care leavers data</b>					
UPN	Matching datasets shared by I625ip and the NPD for access to NPD covariates. Matching to the LEO dataset,	Referral	Administrative LA data - note: this will be also be in DfEs data to allow matching	LA	Both

	should this become viable				
Local authority unique ID	Matching datasets shared by LAs and I625ip	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 viable	Referral	Administrative LA data	LA	Both

EET status at entry	Explanatory variable and balance checks	Referral	Administrative LA data	LA	Both
EET status at endline	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	I 625ip	Both
Latest payment date	Calculate secondary and exploratory outcome variables	Outcome data collection period (monthly)	HMRC	I 625ip	Both
Pay frequency	Calculate secondary and exploratory outcome variables	Outcome data collection period (monthly)	HMRC	I 625ip	Both
Normal hours worked	Calculate secondary and exploratory outcome variables	Outcome data collection period (monthly)	HMRC	I 625ip	Both
Taxable pay	Calculate secondary and exploratory outcome variables	Outcome data collection period (monthly)	HMRC	I 625ip	Both

Key stage 2 attainment	Explanatory variable	Access to be requested during the trial	DfE	I 625ip	Both
Key stage 4 attainment	Explanatory variable	Access to be requested during the trial	DfE	I 625ip	Both
School absence rates	Explanatory variable	Access to be requested during the trial	DfE	I 625ip	Both
Survey outcomes: Warwick-Edinburgh Mental Wellbeing Scale.	Exploratory outcome variable	At baseline and during data collection period	I 625ip	BIT	Treatment group
Survey outcomes: psychological flexibility	Exploratory outcome variable	At baseline and during data collection period	I 625ip	BIT	Treatment group

### LA outcomes

Outcome data will be collected by the LA PAs 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 LAs 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, LAs 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 group will keep working with their PA until their case closes. 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 20 to 26 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.<sup>30</sup> 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.<sup>31</sup>**

***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*

<sup>30</sup> For the Looked After Children (LAC) return every April, LA's need to share data that is accurate on or around the YP's birthday in the relevant financial year.

<sup>31</sup> 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](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1153549/CLA_SSDA903_2023-24_Guide_Version_1_1.pdf)

- A young person aged 16 or 17
- Not subject to a care order
- Detained, or in hospital on their 16th birthday
- 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 assessment<sup>32</sup>

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.

---

<sup>32</sup> This is subject to contractual agreement.



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 PAs 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 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: <sup>33</sup>
  - <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 the 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 LAs, 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 20-26 months after referral and each record should

---

<sup>33</sup> These thresholds have been chosen as a pragmatic approach to balance out two competing forces (a) the need to not penalise the sample size too much (b) reducing the noise in the data.

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. 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 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, LAs will share this data with I625ip, 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, I625ip will be responsible for routinely collecting data from HMRC. A memorandum of understanding (MOU) between HMRC and I625ip 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 matching with LEO.<sup>34</sup> Based on our current understanding, this will allow matching with LEO to take place in the future.<sup>35</sup>

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 primary outcome.

### *I625ip data*

I625ip have now adopted what they call measures of 'stability and wellbeing' which coaches complete with young people every 6 months. The measures are included in full in Appendix 8 and consist of:

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

I625ip 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 (see the implementation and process evaluation section for more details).

---

<sup>34</sup> Unique Pupil Number,, Pupil Matching Reference number, Date of Birth and Postcode. Details of data to be shared for the purpose of archiving and LEO linking can be found at Appendix 7.

<sup>35</sup> When YFF has established a process for linking LEO data in the Integrated Data Service, BIT & 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 YFF (e.g. employment outcome 2 years after the end of Reboot III).

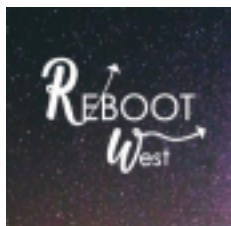
### *Data Storage and Transmission*

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 Office of National Statistics secure research service 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, 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 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 I: 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.<sup>36</sup>

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.<sup>37</sup>

#### 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 wellbeing 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.

<sup>36</sup> <https://contextualscience.org/act>

<sup>37</sup> <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>

## Appendix 2: 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 3: Expected referral numbers as provided by I625ip

	AT DEC 2022	Jan-2 3	Feb-2 3	Mar-2 3	Apr-2 3	May- 23	Jun-2 3	Jul-23	Aug- 23	Sep-2 3	Oct- 23	Nov- 23	Dec- 23	Jan-2 4	Feb-2 4	Mar- 24	Apr-2 4	May- 24	Jun-2 4	Jul-24
<b>Bristol Total</b>																				
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
<b>Referrals @50/50</b>								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		
 <b>S.Glos Total</b>																				

# Reboot III Trial Protocol



RW3 opening per

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

Referrals @50/50	0	15	11	17	13	11	11	17	8	11	11
Cumulative	0	15	25	42	55	65	76	92	101	111	122

Minimum referrals

(63t/37c)	0	10	7	12	9	7	7	12	6	7	7
-----------	---	----	---	----	---	---	---	----	---	---	---

Min referrals

cumulative	0	10	18	29	38	46	53	65	71	78	85
------------	---	----	----	----	----	----	----	----	----	----	----

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
Cumulative	0	0	-2	-2	-2	-2	-2	-2	-2	-2	3	6	12	15	19	22	24	26	28	32

Referrals @50/50	0	11	6	13	6	8	6	4	4	4	8
Cumulative	0	11	17	29	36	44	50	55	59	63	71



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 0 6 3 6 5 5 4 5 4 3 3

Cumulative

0 0 -3 -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

## Appendix 4: 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 5: Eligibility criteria

### Non-discretionary criteria:

- Age 16-25 at point of referral  
(YP can continue support past 25<sup>th</sup> 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 6: 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@l625ip.co.uk](mailto:reboot.admin@l625ip.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 I625 Independent People (I625ip) delivers the programme.

I625ip 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 I625ip 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 I625ip. 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 I625ip 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 I625ip 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 I625ip will use your data: [tinyurl.com/I625ip-PN](https://tinyurl.com/I625ip-PN)

How BIT will use your data: [tinyurl.com/BITeam-PN](https://tinyurl.com/BITeam-PN)

How YFF will use your data: [tinyurl.com/YFF-PN](https://tinyurl.com/YFF-PN)

BIT, I625ip, 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@I625ip.co.uk](mailto:reboot.admin@I625ip.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](mailto:jane.Colechin@youthfuturesfoundation.org)

*BIT Chief Investigator:* [Hazel.Wright@bi.team](mailto: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\* .....

**I. 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)



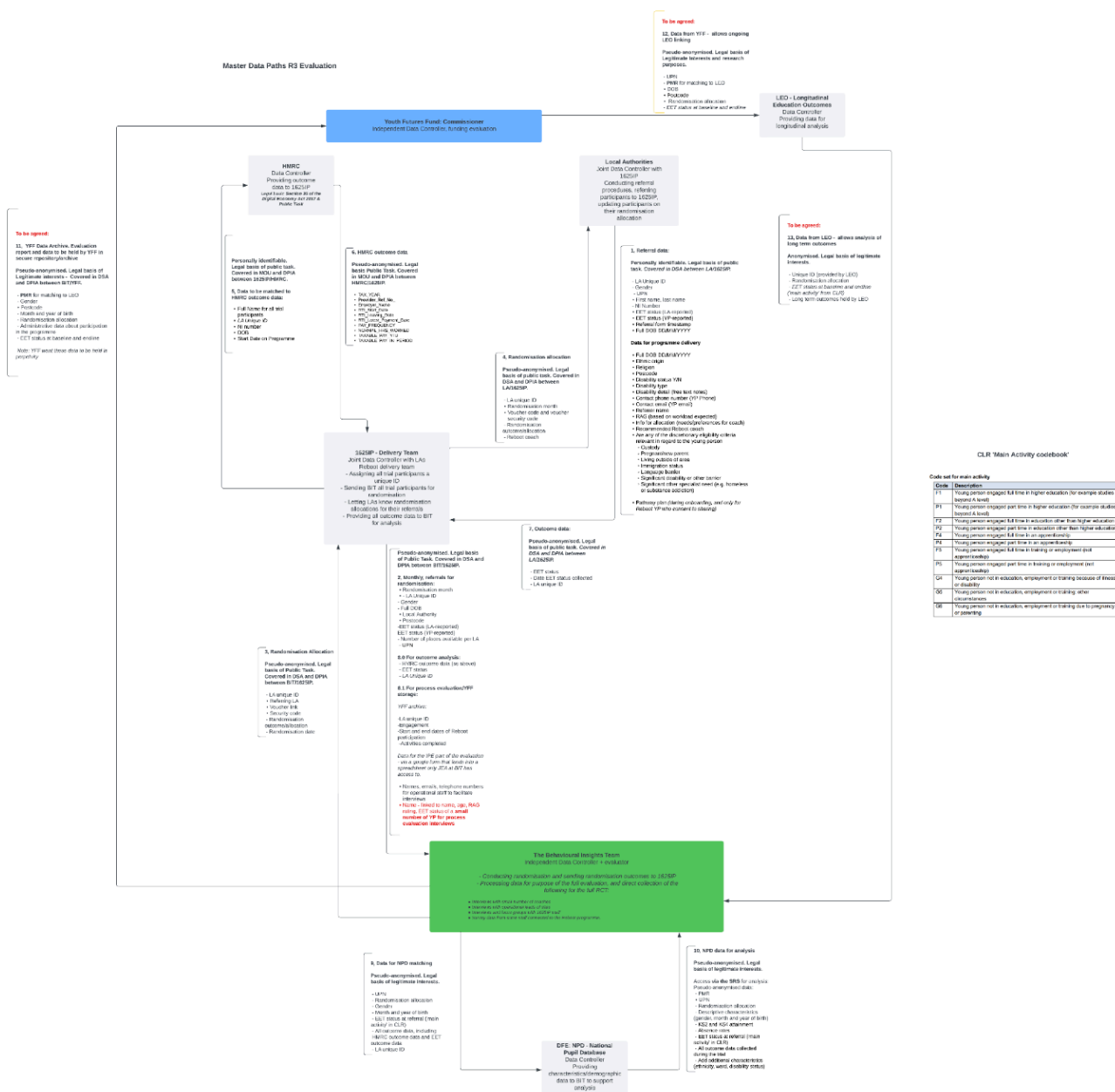
2. **Are you currently employed?\*** (*please tick one*) This includes paid employment, self-employment, and voluntary unpaid work. If you are on a zero-hours contract, please base your answer on your typical working hours over the last couple of months.

- **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)

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## Appendix 8: I625ip 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 useful					
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					
 <b>Friends and family</b>	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.					
<b>Managing financially</b> 	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									
<p>Please indicate how much you agree or disagree with the statements by marking the 0-10 scale for each statement below.</p> <p>Base your answers on how you have been acting in the last 2 weeks. Remember, there are no right or wrong answers.</p>											
1	I did things to connect with people who are important to me (So)	0	1	2	3	4	5	6	7	8	
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)	0	1	2	3	4	5	6	7	8	
3	I can use my thinking in ways that help me (A)	0	1	2	3	4	5	6	7	8	
4	I chose to do things that were personally important to me (V)	0	1	2	3	4	5	6	7	8	

5	I paid attention to important things in my daily life (V / N)	0	1	2	3	4	5	6	7	8
6	I found ways to challenge myself (that were personally important to me) (D)	0	1	2	3	4	5	6	7	8
7	I can be patient and caring towards myself (Se)	0	1	2	3	4	5	6	7	8

**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)**

- I. 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 (-)