



realising  
ambition

# REALISING AMBITION

## Lessons on replication and evidence-based interventions- one year in

Written by the Social Research Unit at Dartington



substance.



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## EXECUTIVE SUMMARY

Evidence-based interventions and replication have the potential to improve outcomes and drive down costs in the long term. Learning from the first year of the Realising Ambition programme found that:

- there is a lack of evidence-based programmes available for funders and commissioners to choose from;
- there is a tendency for organisations to overestimate the demand for a service;
- identifying tightly defined evidence-based interventions is relatively easy, but identifying the most promising home-grown interventions is harder;
- there is a need to get better at spotting the most promising interventions and supporting their development;
- it is too easy to conflate evidence-based programmes with relatively flexible practices or processes;
- organisations tend to underestimate the organisational challenges involved in replication.

Every year thousands of children and young people enter the criminal justice system for the first time. This has a major impact on their families and the communities to which they belong, but an even bigger impact on their own life chances. For many of these children and young people, first-time entry to the criminal justice system signals the beginning of a downward spiral of disadvantage, vulnerability and exclusion.

Given the number of lives wasted through offending and unfulfilled potential, combined with the current economic climate, it is more important than ever

that commissioners, investors and funders are able to use their limited resources to the best effect.

Added to this is the gathering consensus that interventions should focus on achieving outcomes that divert children and young people from the criminal justice system, offending and dependency more quickly and with greater efficiency.

Consequently, there is growing momentum behind prevention and early intervention: seeking to prevent problems from occurring in the first place or intervening early in developing problems. Well-evidenced prevention, and early intervention programmes offer the foundation on which robust estimates of the financial returns on investment may be made.

For the purposes of this research the evidence-based approach is defined as an intervention that has been tested via the most robust forms of experimental evaluation and proven to have a positive impact on children's health and development. Replication refers to the implementation of pre-defined interventions in new locations or with new target groups.

As learning from the first year of the Realising Ambition programme demonstrates, implementing promising and evidence-based interventions is currently a challenge due to the underdeveloped nature of this approach in the UK. However, the challenges are surmountable and for commissioners, funders, investors and policy makers who are looking to pioneer these approaches the lessons and learning from this first in a series of reports will be invaluable to those

taking this agenda forward. It will also be of interest to voluntary and third-sector organisations seeking to replicate or scale-up an intervention they have developed to new audiences, and to organisations replicating an evidence-based intervention developed elsewhere.

The Realising Ambition programme is a £25m investment by the Big Lottery Fund, managed by Catch22 and supported by the Social Research Unit, Substance and the Young Foundation. Realising Ambition will replicate across the UK a portfolio of 25 evidence-based and promising interventions designed to help children and young people aged 8–14 avoid pathways into offending, giving them a better chance to realise their ambitions and their potential.

The portfolio comprises a mix of universal school-based prevention, family and parenting early intervention, mentoring, and community-based and therapeutic interventions. Ten of the 25 projects are internationally renowned evidence-based programmes, some of which have never been replicated in the UK before; these are underpinned by high-quality experimental evaluations. Fifteen of the 25 projects are UK home-grown and promising interventions; each has a strong track record of implementation and, for the most part, preliminary evidence of impact.

Building the evidence base is central to Realising Ambition. Over the five years of the programme the Social Research Unit will rigorously evaluate the impact of four projects by Randomised Controlled Trial (RCT). All projects are being supported to monitor and report on child outcomes. This investment in replication and rigorous experimental evaluation will make a marked contribution to the evidence base in the UK in terms of understanding both what does and does not work.

The majority of projects delivery in their first year of replication have met or exceeded expectations regarding numbers of children, young people and families served. Not unexpectedly, a minority of projects have faced challenges in replication and delivering to the planned numbers of children and families.

A number of themes and key learning points for policy makers, commissioners and delivery organisations have emerged and are explored in this interim report, some of which relate to the challenges faced by some projects in terms of meeting planned delivery numbers.

First, there are not enough evidence-based programmes available for funders and commissioners to choose from. Less than 4% of the initial 240 applications to the Realising Ambition

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**Realising Ambition will replicate across the UK a portfolio of 25 evidence-based and promising interventions designed to help children and young people aged 8-14 avoid pathways into offending**

programme met the highest standards of evidence. There is a need to better support the ‘innovation to proven impact pipeline’ (ie the process of moving a programme from an idea to something that we can evidence has a positive impact on people’s lives) in the UK by increasing investment in the refinement and rigorous evaluation of the most promising interventions.

Second, there is a tendency for organisations to overestimate the demand for a service, either in terms of children and families who might access the intervention or in terms of delivery intermediaries, such as schools, who might purchase and deliver the intervention. A consequence of this might be to relax eligibility criteria and work with an easier-to-engage cohort of children and families. As one would expect, this would lead to a number of unfavourable consequences. Unrealistic expectations about demand account for some of the shortfall in the number of beneficiaries served thus far. Robust data on need and the market for a particular intervention could improve projections about the number of beneficiaries that could effectively be served.

Third, identifying tightly defined evidence-based interventions is relatively easy, but identifying the most promising home-grown interventions is harder: we need to get better at spotting the most promising interventions and supporting their development.

Fourth, it is easy to conflate evidence-based

programmes with relatively flexible practices or processes. There were numerous examples of practices and processes being ‘packaged’ as programmes among applicants to Realising Ambition, and a couple made it into the portfolio. It is important to differentiate between them as it is harder to replicate flexible processes and practices than tightly defined programmes.

Finally, there is a tendency to underestimate the organisational challenges involved in replication, such as the time and resources required to recruit and train staff qualified to deliver the intervention, the effort required to establish strong partners and networks for replication, the navigation of internal organisational bureaucracies, as well as the aforementioned challenges in accurately predicting demand. Organisational understanding of the intricacies of evidence-based programmes is a key driver to replication success.



## ABOUT THIS REPORT

This publication is the first-year report from the consortium supporting the delivery of the Big Lottery Fund's Realising Ambition programme, a £25m investment in replicating evidence-based and promising approaches to help prevent children and young people aged 8–14 from becoming involved in the criminal justice system. It shares some early learning from the Realising Ambition programme, from the perspective of the programme support team, about the catalysts and barriers to replication of evidence-based and promising intervention efforts across the UK.

It is written primarily for policy makers and commissioners who are currently involved in or considering the implementation and replication of evidence-based programmes or promising interventions. It will also be of interest to voluntary and third-sector organisations seeking to replicate or scale-up an intervention they have developed to new audiences and to organisations replicating an evidence-based intervention developed elsewhere.

The first half of the report describes the objectives of the Realising Ambition programme, the process for identifying the 25 projects that comprise the portfolio of interventions and an introduction to the portfolio itself. It considers the contribution that the Realising Ambition portfolio makes to the UK evidence base and summarises delivery activity to date.

The second half of the report shares five key learning points. These initial reflections and learning revolve primarily around the initial set-up of the Realising Ambition programme and the early stages of project set-up and replication.

The report concludes by introducing a number of other emerging themes that will be addressed in subsequent learning reports.

The report is written by the Social Research Unit on behalf of and in collaboration with the consortium partners Catch22 (programme lead), Substance and the Young Foundation.

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## WHAT IS THE REALISING AMBITION PROGRAMME?

Every year thousands of children and young people enter the criminal justice system for the first time. This has a major impact on their families and the communities to which they belong, but an even bigger impact on their own life chances. For many of these children and young people first-time entry to the criminal justice system signals the beginning of a downward spiral of disadvantage, vulnerability and exclusion.

### A different approach to foundation investment

The Realising Ambition programme is a £25m investment by the Big Lottery Fund to replicate a portfolio of 25 evidence-based and promising interventions designed to help children and young people aged 8–14 avoid pathways into offending, giving them a better chance to realise their

ambitions and their potential. The investment is characterised by a focus on replication rather than innovation. The programme is outsourced from the Big Lottery Fund and delivered by a consortium of organisations led by Catch22 and including the Social Research Unit at Dartington, Substance and the Young Foundation.

### A unique portfolio of interventions

The Realising Ambition portfolio comprises both internationally recognised interventions, underpinned by the highest standards of evidence, and UK home-grown and promising interventions. Twenty-five projects across the UK are being supported, over five years, to refine and faithfully replicate evidence-based or promising interventions so that more children and young people benefit.

Children and young people avoid pathways into offending

+

25 projects across the UK have evidence of what works and are able to replicate the most effective approaches

=

Policy makers, commissioners and funders learn about how they can identify and support replication of evidence-based programmes

A programme of national and international significance

## **A strong emphasis on support to projects**

Catch22 are the coordinating body for the grant, responsible for coordination of the programme management and support being provided to projects and the dissemination of learning. Three other organisations are also playing a key role in programme delivery and support. The Social Research Unit is helping organisations to refine promising interventions in order to get them ready for wider replication and evaluation. Substance, a social research cooperative, is equipping and supporting the portfolio of projects to use **Views**, an online project management, outcome monitoring and reporting platform. The Young Foundation is helping to build and strengthen the organisational capacity, qualities and processes necessary for the successful replication and sustainability of interventions.

## **A commitment to significantly boost the evidence base in the UK**

As this report makes clear, the evidence base in the UK is underdeveloped. Realising Ambition will significantly build the evidence base across the UK: the Social Research Unit will rigorously evaluate four interventions by RCT and estimate the financial returns on investment of all those projects already underpinned by robust evidence of impact. All projects are being supported to monitor and report on child outcomes using a specially developed outcomes framework and an outcome monitoring approach embedded within the **Views** platform.

## **A strong emphasis on sharing learning from success and facing challenges**

Learning about the catalysts and barriers to successful replication of evidence-based and promising interventions is central to Realising Ambition. The programme is ambitious and it is recognised that there will be challenges along the way. Learning will be disseminated to policy makers and commissioners, to the third and public sectors, and to those designing and delivering services for children and young people. Learning will come from case studies produced by individual projects and supporting consortium members, from a Social Research Unit programme-level impact evaluation and four RCT's, as well as a Tavistock Institute for Human Relations process evaluation.

## **A programme of national and international significance**

Realising Ambition is a bold and ambitious programme. It is the first of its kind in the UK. Realising Ambition will help to move science to practice, by transporting proven models and replicating them, and practice to science, by nudging promising innovations towards becoming more tightly defined and ready for replication and rigorous evaluation. The aspiration is the greater use of 'what works' in preventing pathways into youth offending in the UK.

## WHY REALISING AMBITION?

Policy makers and commissioners increasingly want to invest limited resources in services or social interventions that have a robust evidence base: those that have been demonstrated with confidence to improve the outcomes of the children and families they serve. There is also growing momentum behind prevention and early intervention: seeking to prevent problems from occurring in the first place or intervening early in the development of problems. Well-evidenced prevention and early intervention also offer the foundation on which robust estimates of the financial returns on investment may be made. In times of austerity this is more important than ever.

In the last few decades there has been a concerted international shift towards building the body of evidence regarding 'what works' to improve outcomes and reduce the likelihood that children aged 8–14 will become involved in the criminal justice system. One particular area of focus has been evidence-based programmes: discrete, organised packages of practices, often spelled out in a manual, that explain what should be delivered to whom, when, why, how and in what order. A growing number of programmes have been

rigorously evaluated by experimental methods (RCTs and similar designs) which demonstrate with a good degree of confidence the impact on outcomes of beneficiaries.

Yet while innovation flourishes, only a tiny proportion of services delivered to children and young people are evidence-based interventions or programmes. This needs to change. To this end, Realising Ambition is principally about identifying and replicating the best available evidenced-based programmes for children and young people aged 8–14 across the UK.

However, the evidence base that can be drawn on in the UK is still relatively underdeveloped. As this report makes clear, there are too few well-evidenced home-grown interventions for policy makers and commissioners to choose from. On a related level, therefore, Realising Ambition is also about enhancing the 'innovation to proven impact pipeline': identifying some of the most promising interventions, refining these innovations and building the evidence base in the UK.

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## THE REALISING AMBITION PORTFOLIO

The brief from the Big Lottery Fund to the delivery consortium was to identify 25 promising or strong interventions to be replicated by strong organisations. The portfolio as a whole was required to be balanced in terms of intervention type (school, family, community), scale of replication and geographical spread across the UK.

Each intervention was required to:

- predominantly target children and young people aged 8–14;
- prevent problems developing or intervene early to improve poor outcomes, reduce risks and enhance proactive factors associated with entry to the criminal justice system;
- be underpinned by the best available evidence or potential for impact;
- be ready for wider replication; and
- be delivered by committed and strong organisations.

The 25 projects comprising the Realising Ambition Portfolio were determined via a competitive tendering process during late 2011. Over 240 expressions of interest were received. These were long-listed to 50 and subsequently invited to workshop briefings and to submit full applications. Two objective tools were used in the project identification phase:

### 1. The Social Research Unit's 'What Works'

Standards of Evidence: a set of objective criteria used to determine how refined and ready for replication an intervention is and the strength of the evidence base underpinning it. The 'What Works' Standards of Evidence revolve around four

questions: Is the intervention focused, practical and designed based on the best available evidence about what works in improving child outcomes? Can the intervention be replicated at scale in real-world conditions? Has the intervention been rigorously evaluated by high-quality experimental or quasi-experimental evaluation? Does the intervention have a positive impact on outcomes and no negative side effects?

### 2. The Young Foundation's Organisational

**Health Scorecard:** a set of indicators of organisational health assessing the degree to which an organisation has in place some of the requisite characteristics required for replicating interventions. The scorecard also has four dimensions: Skill/Will, the extent to which an organisation has a strong board of trustees, strong leadership, delivery teams and robust operating systems; Social Impact, a clear organisational outcomes focus, community of benefit and impact assessment and information systems; Ability to Replicate, strong networks, infrastructure and products; and Sustainability, investment readiness, a strong business plan and finances, and strong partnerships.

Together these two tools provided an objective basis on which to help determine a balanced portfolio of interventions underpinned by the best available evidence or greatest potential for success in improving outcomes. The requirement for a balanced portfolio – in terms of intervention type, geographical spread and scale of replication – played a part in determining the final portfolio selection approved by the Big Lottery Fund.

## EVIDENCE-BASED AND PROMISING INTERVENTIONS

The resulting Realising Ambition portfolio intentionally comprises both internationally developed evidence-based programmes and UK home-grown interventions. The former are underpinned by robust experimental evidence; the latter are reasonably well-defined interventions, often with some non-experimental evidence of impact. As will be considered later in this report, with sizeable investments in varying forms of evaluation by central and local government, trusts and foundations, it is surprising that so little of this investment has been in robust experimental evaluation. We did not identify a single UK home-grown intervention underpinned by a robust experimental evaluation in the Realising Ambition project application process. Realising Ambition seeks to change this status quo. The 25 Realising Ambition interventions divide into two categories: evidence-based programmes and promising interventions.

### Evidence-based programmes

Ten of the 25 projects in the Realising Ambition portfolio are interventions that score highly against the Social Research Unit's 'What Works' Standards of Evidence. They are each well-established and internationally recognised evidence-based programmes. A programme is a discrete, organised package of practices, often set out in a manual, that explains what should be delivered to whom, when, why, how and in what order. Programmes are often accompanied by training and technical

assistance to facilitate implementation with fidelity. A programme is evidence-based when it has been tested and found effective. Tested means it has been put through its paces by a rigorous experimental evaluation, comparing the outcomes of those receiving the intervention with those who do not. Effective means that it has a clear and positive effect on child outcomes. All 10 evidence-based programmes in the Realising Ambition portfolio were originally developed overseas, predominantly in the USA. The majority of interventions in this category are being replicated, often for the first time in the UK, by larger delivery organisations.

### Promising interventions

We have defined 15 of the 25 Realising Ambition projects as 'promising' interventions. They are relatively well defined and many have some preliminary evidence of impact, but they have not yet been rigorously evaluated by experimental or quasi-experimental methods. They are, for the most part, home-grown in the UK and have all been implemented in some form for at least two years. This category thus represents well-established interventions seeking to replicate to new areas and further build their evidence base.

The 25 interventions (and delivery organisations) in the Realising Ambition portfolio are listed in Table 1. Intervention categories and descriptions are provided in Appendices I and II.

## Evidence-based programmes

### All Stars

(Barnardo's)

### Be Safe Programme

(North Bristol NHS Trust)

### Co-operative Primary School

(Success for All UK)

### Functional Family Therapy

(Action for Children)

### Life Skills Training

(Barnardo's)

### Lion's Quest Skills for Adolescence

(Ambition)

### Multi-Systemic Therapy

(Extern)

### PATHS Plus

(Barnardo's)

### Roots of Empathy

(Action for Children)

### Strengthening Families

Programme (10–14)

(Oxford Brookes)

## Promising interventions

### Anne Frank Schools and Ambassadors Programme

(Anne Frank Trust UK)

### Chance UK Early Intervention Mentoring

(Chance UK)

### Children's Parliament Community Initiative

(Children's Parliament)

### Conflict Resolution: Uncut

(Working with Men)

### Friends of the Children

(Treyla)

### It's Not OK

(Ariel Trust)

### Malachi Early Intervention Programme

(Malachi Community Trust)

### Plus One Mentoring

(YMCA Scotland)

### Positive Assertive Confidence Strategies

(PACS; Kidscape)

### Safer Schools Partnership

(Restorative Schools, Remedi)

### Shelter: Realising Ambition

(Shelter)

### Stepping Up

(Bridge Foundation)

### Strength to Strength

(BANG edutainment)

### SWITCH

(Winston's Wish)

### Respect Young People's Programme

(Respect)

### Table 1

List of 25 Realising Ambition interventions (and delivery organisations)

## CONTRIBUTION OF REALISING AMBITION TO THE EVIDENCE BASE IN THE UK

Realising Ambition will make a significant contribution in demonstrating and encouraging more widespread replication and implementation of evidence-based and promising interventions as well as actively building the somewhat scant evidence base in the UK.

Several evidence-based programmes are being replicated for the first time in the UK as a result of Realising Ambition. These have all been evaluated by at least one robust experimental evaluation. They include All Stars, Lion's Quest Skills for Adolescence and Life Skills Training (LST), all universal prevention programmes that seek to reduce poor and risky behaviour and substance misuse via building social and refusal skills. PATHS Plus is another first for the UK: it combines PATHS, the universal social and emotional learning curriculum already implemented in UK, with a more intensive element known as Friendship Groups, for children with greater difficulties. Also making their first journey across the Atlantic via Realising Ambition are the Be Safe therapeutic intervention for children with sexual behaviour problems and the Friends of the Children intensive mentoring intervention (this is currently undergoing a large experimental trial in the USA). The addition of these evidence-based programmes to the UK intervention landscape is a major contribution to evidence-based practice in the UK.

There are also a number of evidence-based programmes that have already been implemented in the UK that are now being more widely replicated as a result of Realising Ambition. These include Functional Family Therapy (FFT) and Multi-

Systemic Therapy (MST), both of which are targeted and intensive early interventions designed to reduce anti-social behaviour through intensive therapeutic intervention with young people and their families. Also being more widely replicated as a result of the Realising Ambition programme are two universal school-based interventions, namely Roots of Empathy and the Co-operative Primary School. The Strengthening Families Programme (10–14) is being further replicated in the UK, predominantly with Muslim families, for the first time. These interventions represent some of the most internationally respected and well-evidenced programmes. While they are currently implemented in the UK, their reach is very low. Realising Ambition is helping these evidence-based interventions reach more children, young people and families, and also increasing the number of providers of evidence-based programmes in the UK.

Realising Ambition is also supporting the 'innovation to proven impact pipeline' by supporting the refinement and replication of a number of promising interventions across the UK that do not yet have robust experimental evidence of impact on child outcomes. As part of Realising Ambition, these interventions will be supported to become more tightly refined, ready for replication and potentially ready for experimental evaluation. Four of these promising interventions will be evaluated by RCT: this will significantly boost the evidence base in the UK. It will help policy makers and commissioners better understand what works to improve outcomes (naturally, we expect these promising interventions to improve outcomes), but also potentially identify what does not work or has only marginal impact.

## SUPPORT PROVIDED TO PROJECTS

**Catch22** as the lead partner is coordinating the effective delivery of the programmes and the support offered from other consortium partners. Catch22 monitors programme delivery to ensure that (i) projects are delivering against agreed plans and budgets, (ii) projects are taking up the support provided by partners and partners are providing that support in a coordinated way, and (iii) all projects are recording their findings on replication to contribute to the wider learning of the programme. Catch22 also has a strategic coordinating role in disseminating and sharing the learning from the programme with key policy makers and influencers across the UK to inform and raise the debate on what works and how successful projects can be replicated and sustained in the future.

See [catch-22.org.uk/Realising-Ambition](http://catch-22.org.uk/Realising-Ambition).

**The Social Research Unit** is working with projects to help refine interventions and develop processes to ensure their faithful replication. This has included, for example, helping to refine logic models and theory change, developing manuals or implementation handbooks, ensuring objective processes are in place to ensure only eligible children and families receive the intervention, and supporting the design of fidelity monitoring protocols. This support has been delivered via a mix of one-to-one support and a webinar series. The Social Research Unit produced a guide to replicating evidence-based programmes alongside an online self-assessment of intervention refinement and readiness for replication. This online tool will be piloted during the coming months of the Realising Ambition programme

before being made more widely available. For free access to webinars and associated information see [dartington.org.uk/projects/realising-ambition](http://dartington.org.uk/projects/realising-ambition).

**The Young Foundation** is providing organisational health and replication support to the portfolio. This support addresses themes such as business planning and financial modelling, developing networks and new partnerships, engaging schools and developing referral pathways, leadership for replication success, enhancing trustee contributions, quality assurance, marketing and PR, and knowledge management. This support is provided via a mixture of one-to-one support, webinars and regional events across the UK. The Young Foundation has established an information hub and learning exchange. For more information see [youngfoundation.org/projects/realising-ambition](http://youngfoundation.org/projects/realising-ambition).

**Substance** has equipped each project with **Views**, an online project management, outcome monitoring and reporting platform. This helps projects to meet the monitoring and reporting requirements of the Realising Ambition programme and share evidence of their work and impact more widely. It allows projects to easily record and view bespoke demographic, engagement and case history information about the people and organisations they work with. Projects can easily store, link to and view multimedia content, produce, deploy and view online questionnaires, and record and view personal outcomes to evidence contributions to organisational and policy objectives in real time. For more information see [views.coop](http://views.coop).

## DELIVERY TO CHILDREN, YOUNG PEOPLE AND FAMILIES

Twenty-two of the 25 projects were due to start delivering services to children during the first year of the Realising Ambition programme (April 2012 to March 2013). The remaining three promising interventions are due to start delivery during 2013/14.

Six of the 22 projects delivering to date are not only meeting their predicted numbers of children and young people, but are exceeding their estimations. These six projects – four evidence-based interventions and two promising interventions – had together planned to serve 3,082 children and young people by the end of the first year of delivery, but in fact started delivery to 3,385 by the end of March 2013. This represents an additional 303 beneficiaries (or 10% over what was expected). Subsequent reports and case studies will explore some of the potential catalysts and consequences of greater-than-expected delivery.

Seven of the 22 projects due to have started delivery in 2012/13 have begun delivering their interventions within expected boundaries (between 80% and 100% of predicted numbers). One of these is an evidence-based intervention and the remaining six are promising interventions. Of the 4,084 children and young people expected to be served by these seven projects during the first year

of replication, 3,753 were served (331 fewer than predicted or 91% of predicted total).

Nine of the 22 projects, however, are falling below the threshold of what was expected in terms of delivery (less than 80% of estimated children and young people to be served). Four of these are evidence-based interventions and five are promising interventions. Of these, three projects served between 65% and 75% of expected beneficiaries, two served approximately 40% of expected beneficiaries, three projects only around 20% and one none at all (which had planned to deliver to over 6,000 beneficiaries within the first year). The main reasons for lower-than-expected delivery in this minority of projects include delays in signing contracts, overestimation of demand, delays in delivery staff recruitment and training, underestimation of set-up time, and organisational and structural barriers. Some of these issues are explored in the subsequent pages of this report.

Quantity of delivery in these early stages is thus a mixed picture. Three-fifths of projects have met or exceeded expectations regarding the number of beneficiaries to be served within the first year of delivery. When we just look at these projects combined, on average just shy of 100% of expected beneficiaries had started receipt of services

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**Twenty-two of the 25 projects were due to start delivering services to children during the first year of the Realising Ambition programme**

during the first year of delivery. However, two-fifths of projects are struggling to meet projected numbers of beneficiaries within the first year. When this minority of projects falling behind in delivery within the first year is included, the total picture is significantly altered: 7,916 children and young people out of a planned 15,724 have received services to date, only 50% of the planned delivery overall. When we exclude the one school-based project that has yet to start delivery and that had planned to serve over 6,000 children within the first year, we see that 7,916 children and young people, out of a planned 9,234, have received services to date: 59% of planned delivery within the first year. Enhanced support is being offered to those struggling projects to ensure that planned replication improves over the course of the programme. Some of the emerging reasons behind delayed or lower-than-expected delivery are discussed in the subsequent pages of this report.

Quality of delivery is something that the consortium cares at least as much about as the quantity of delivery. We know from rigorous evaluations that the way in which something is delivered plays a major role in getting the outcomes we expect.

We can increase the likelihood of getting those outcomes if we implement the intervention as it was designed or, to use a more technical term, deliver the intervention with fidelity. This includes, for example, ensuring that only eligible children and families receive the service, that core components of the intervention are delivered in the right order, to a high quality and to the correct level of intensity, and that participants are fully engaged. Therefore, in the coming months and years we will not only support projects to improve the quantity of delivery, but, importantly, we will aim to ensure that quality of delivery remains at the fore.



## EVALUATION ACTIVITIES AND IMPACT TO DATE

The Social Research Unit is conducting a programme-level impact evaluation over the five years of the Realising Ambition programme, alongside some project-specific evaluation activities. The Tavistock Institute for Human Relations is also undertaking an independent process evaluation that is exploring the relative success of different models of replication, how organisations can best work together to promote effective replication and the support – both practical and financial – required to help organisations scale-up or replicate effective practice.

This investment in evaluation and learning reflects the serious nature of the Realising Ambition programme and the desire to understand and share learning about the barriers to and catalysts of replication.

Evaluation activities being undertaken by the Social Research Unit over the five years of the Realising Ambition programme include:

- an assessment of the degree to which the evidence base for interventions for children aged 8–14 changes in the UK, both directly and indirectly, as a result of Realising Ambition;
- an assessment of programme reach: numbers of children and young people served;
- an assessment of fidelity: the degree to which projects are replicating interventions as they were designed to be implemented;
- indication of impact on outcomes: the degree to which projects are able to demonstrate that child outcomes are moving in the expected direction; and

- an estimation of the numbers of children and young people diverted from the criminal justice system and the estimated financial returns on investment using the Social Research Unit's *Investing in Children* model.

Projects are being supported to gather and report data on reach, fidelity and outcomes via the **Views** online reporting platform. In relation to impact on outcomes, each project has been supported to narrowly define the child and family outcomes they expect to influence as a result of their specific intervention. Each project selected between two and four specific outcomes from a specially designed Realising Ambition Outcomes Framework (see Appendix II for an overview). Each outcome selected is accompanied by a standardised child self-report questionnaire that is to be administered by delivery organisations to all children and young people served by each intervention – or a sample of those served – both at the outset and end of the intervention. Questionnaire administration and scoring are automated by the **Views** platform. The specific outcomes each intervention is targeting and achieving will be reported in due course: the first year of implementation is an opportunity for projects to pilot and test the tools; selected outcomes may be revised as delivery commences.

These outcome monitoring questionnaires will not tell organisations unequivocally whether the intervention is responsible for the changes in specified outcomes. In order to do this an experimental evaluation design is required in which the outcomes of children and young people receiving the intervention are compared with those

of similar children and young people not receiving the intervention (such as the four RCTs that will take place). As such, these measurement tools are designed for outcome monitoring purposes only, rather than robust evaluation. Nonetheless, the tools will help organisations focus clearly on the outcomes they seek to achieve, support delivery and real-time quality improvement, and cautiously indicate whether or not outcomes are moving in the direction expected. This work will go some way towards helping projects demonstrate their potential impact on outcomes and potentially pave the way for more robust evaluation activities in due course.

Other than the preliminary data in this report on reach and contribution to the evidence base in the UK, it is too early to comment on fidelity of implementation and impact on outcomes. Data will be reported at the programme level when it becomes available. Projects will be supported to report on impact at project level when they are ready to do so. An interim process evaluation report by the Tavistock Institute for Human Relations has been published and is available at: **[biglotteryfund.org.uk/research/children-and-young-people/realising-ambition](http://biglotteryfund.org.uk/research/children-and-young-people/realising-ambition)**.



## FIVE THINGS WE HAVE LEARNT ABOUT REPLICATION TO DATE

The next section of this report introduces five key learning points to date from delivery of the Realising Ambition programme. Most of these relate to the process of identifying interventions ready for replication, initiating the project activity and the projections made about planned delivery, and as such will be of particular interest to funders and commissioners.

These lessons are not generated from a systematic analysis of qualitative or quantitative data generated from programme delivery. Rather, they are an initial reflection of some key themes that have emerged to the delivery support consortium over the first year of delivery and prior set-up phase. These points reflect some of the themes also highlighted in the Tavistock Institute for Human Relations' interim process evaluation report.

Of course, there have been many other points of learning. Some of these will be introduced in closing and will pave the way for subsequent reports that seek to disseminate learning about the catalysts of and barriers to replication of evidence-based interventions.

Finally, these points will not come as a surprise to many. Nonetheless, they have important implications for commissioners, policy makers, trusts and foundations in better supporting the 'innovation to proven impact pipeline' in the UK. The points will be further expanded over the coming year in the learning and dissemination activities of Realising Ambition.

### **1. There are not enough evidence-based programmes available for funders and commissioners to choose from: we need to build the evidence base in the UK**

The Big Lottery Fund, through the Realising Ambition programme, sought to identify and replicate those interventions underpinned by the best available evidence of impact on the outcomes of children aged 8–14. To this end, the consortium applied the Social Research Unit's 'What Works' Standards of Evidence to assess the quality of interventions and the research base that underpins them. A defining feature of these standards is the high evidential bar they impose: high-quality experimental or quasi-experimental evaluations (notably RCTs) demonstrating a marked improvement in child outcomes for those receiving the intervention compared with those who do not.

During the application phase, which was explicit in seeking applications from well-evidenced interventions, over 240 interventions were submitted for consideration. Only 4% met the Social Research Unit's high standards of evidence. To take a similar international example, of the 1,100 interventions reviewed to date by the US Blueprints for Healthy Youth Development – the leading international database of evidence-based programmes also underpinned by similar standards of evidence – only 44 interventions have made the grade thus far, again 4%.

The implication for the Realising Ambition portfolio is that only 10 of the 25 interventions are underpinned by the highest quality evidence base. All of these were originally developed overseas. The

remainder of the portfolio are what we consider 'promising', in that they are all reasonably well-defined interventions featuring the hallmarks of an effective intervention, most of which have some form of preliminary, non-experimental evidence underpinning them.

The pool of interventions for children aged 8–14 underpinned by the highest standards of evidence is thus too narrow: there are limited choices available for funders and commissioners. This is the case for evidence-based programmes internationally. The issue is further exaggerated in the UK: through the application process we did not identify any home-grown interventions developed in the UK for children aged 8–14 that were underpinned by high-quality experimental evaluation. This reflects the investment decisions and application of high-quality science on social interventions and services for children in the UK to date.

The implication is that we need to better support the 'innovation to proven impact pipeline' in the UK. As is exemplified by the Realising Ambition programme and support being offered to projects, this involves: (i) identifying the most promising interventions, (ii) supporting organisations to tighten up and refine these interventions, building

on the best available science so they stand the greatest chance of making a demonstrable impact on child outcomes, (iii) ensuring that the organisations have processes in place so that interventions are ready for faithful replication and wider implementation, (iv) evaluating interventions via a mixture of real-time outcome monitoring and quality assurance and rigorous experimental or quasi-experimental evaluation, (v) being open to the possibility that some interventions may not demonstrate an impact on outcomes when rigorously evaluated or may not work when replicated in new contexts, and (vi) when interventions and replication efforts are found to be successful, to harness the learning and catalysts of success.

## **2. There is a tendency for organisations to overestimate the demand for a service: assessment of need and market research will inform more sophisticated service planning and prediction of beneficiary numbers**

The numbers of beneficiaries served within the first year of delivery has been lower than expected. Over a third of projects are exceeding expectations, a third are serving between 80% and 100% of expected beneficiaries, and a third are falling below the expected number of beneficiaries served to date.

What might account for the shortfall? One explanation is an unrealistic estimate of demand for the intervention, either from children and families who might access the intervention or from delivery intermediaries such as schools who might purchase and deliver the intervention. Unrealistic expectations about demand appear, at this early stage of the programme, to account for the majority of the modest shortfall in about a third of projects not quite meeting planned delivery numbers.

In the case of targeted early intervention models, there may be an unrealistic estimation of demand from children and families to receive an intervention or service. Many evidence-based interventions have tightly defined inclusion or exclusion criteria, for example poor child behaviour as determined by a score on a behavioural screening tool. Projects may struggle to engage eligible children and families because there is insufficient or poor data about the level of need or the distribution of need in target areas.

Related, and more likely in the case of targeted early interventions, is the fact that the need is out there but those in need do not typically come to the attention of service delivery organisations. This may be because referral pathways, service engagement mechanisms, eligibility criteria and interventions themselves are not as socially inclusive as they could be.

A natural reaction of delivery organisations delivering targeted interventions to meet the expectation and promises made to funders or commissioners is to relax the eligibility criteria and work with an easier-to-engage cohort of children

and families. As one would expect, this has a whole range of unfavourable consequences. Children or families not meeting specified eligibility criteria may not require the delivered intensity of the intervention, meaning the intervention's impact on outcomes is diluted (or potentially even harmful), that the investment is inefficient (or perhaps does not break even) or that children and families may inadvertently be or feel stigmatised. This in turn may undermine the favourable impacts that the intervention could have if appropriately targeted.

In the case of universal school-based interventions, there may also be unrealistic expectations about the level of demand from schools to adopt and deliver these interventions to children and young people. Schools are often bombarded by purveyors trying to sell a range of services, interventions and products that all promise to improve child outcomes and school performance. Some of these will be well-evidenced interventions and services; the majority will not.

One emerging theme is that robust data on need and the market for a particular intervention could improve projections about the number of beneficiaries that could effectively be served. This may take the form of epidemiological surveys of need within a community to indicate the number of likely children and families who may be eligible for a particular targeted service. Alternatively, data may take the form of market research to determine the appetite from delivery intermediaries, such as schools, to implement a particular intervention. Such market research may also illuminate ways to make the intervention more attractive or socially inclusive to those who could most benefit, creating

‘pull’ for the service, rather than it being ‘pushed’ onto those who might benefit.

### **3. Identifying tightly defined evidence-based interventions is relatively easy, but finding promising interventions is harder: we need to get better at spotting the most promising interventions and investing in their testing and development**

The application of objective sets of tools, like the Social Research Unit’s ‘What Works’ Standards of Evidence and the Young Foundation’s Organisational Health Scorecard, both used to help select the Realising Ambition portfolio of interventions, make it relatively easy to identify those interventions that are well-established, tightly defined and underpinned by high standards of evidence.

While experimental evaluation, such as RCTs, allows a good degree of confidence in the effectiveness of an intervention, such evaluation designs are few and far between for social interventions. Why so? Aside from a whole range of structural, epistemological, funding and historical reasons, not all interventions necessarily lend themselves to an experimental evaluation design. For example, the numbers of children and families served may simply be too low (experimental designs require a minimum sample size to be confident in results) or an intervention may not necessarily be about improving outcomes (but rather upholding rights or enhancing user satisfaction). It follows that one danger of adopting a high experimental standard of evidence is that interventions not amenable to testing by RCT may be overlooked.

The process evaluation, for example, noted that Realising Ambition has fewer community-based interventions than might be expected, likely due, in part, to the challenges in experimentally evaluating place- or community-based interventions.

In the absence of a robust experimental evidence base, we found it more challenging to identify those interventions most likely to improve child outcomes and be ready for wider replication and implementation at scale. Other forms of non-experimental impact evaluation, such as pre- and post-test designs, ongoing quality assurance and qualitative case studies, may offer some cautionary or preliminary evidence of impact. They won’t necessarily give the most informed commissioners, funders or scientists the greatest degree of confidence in impact, but they may help to indicate whether outcomes are moving in the direction expected and help pave the way for subsequent experimental evaluation.



Within the Realising Ambition project identification phase, the application of two intervention-focused dimensions of the ‘What Works’ Standards of Evidence went some way in helping to identify promising interventions. The first is called ‘Intervention Specificity’ and it helps to determine how tightly defined an intervention is by assessing whether or not it has specificity regarding a logic model or theory of change, target outcomes, target group eligibility or exclusion criteria and the actual intervention activities. The second is called ‘System Readiness’ and it helps to determine how ready an intervention is for wider implementation and replication by assessing whether or not there are, for example, processes for identifying the target population, manuals or implementation handbooks, training and delivery materials, and clear start-up and unit cost information. The absence of any of these indicators may raise questions in the minds of commissioners about the quality of an intervention and its readiness for wider replication.

While preliminary evidence of impact and objective tools and indicators of intervention quality may help to identify strong candidates for promising interventions, there is nothing quite like spending time with an organisation to really ‘get under the skin’ of an intervention. Put another way, it is relatively easy for organisations to pay lip-service to each of the above indicators and do a good job in packaging or ‘selling’ the intervention when they talk or write about it. Seeing delivery materials first-hand, meeting staff and seeing the intervention in action go a long way to really understanding the potential for impact on child outcomes and the organisation’s readiness for replication at scale.

We believe that there is a key role for trusts and foundations to play in further refining and using such tools and approaches to better identify the next generation of the most promising interventions, support their refinement and get them ready for rigorous evaluation (as Realising Ambition is doing). This will, in time, help build the scant evidence base in the UK.

#### **4. It is easy to conflate evidence-based programmes with flexible practices, and it is by definition harder to faithfully replicate flexible practices: we need to get better at identifying tightly defined and replicable programmes**

Programmes are tightly defined packages of intervention, often accompanied by a structured implementation handbook or manual and a set of training and delivery materials and supports. Evidence-based programmes have been tested and proven effective by robust experimental evaluation.

There are other types of interventions that can be evidence-based. Policies refer to a course of action (or inaction) decided by policy makers to shape how people behave, for example banning smoking in public places or withdrawing welfare to encourage people to find work. Practices refer to the activities of practitioners, and may be broken down into discrete elements or techniques aimed at changing people’s behaviour, for example time-out, verbal praise, rewards, traffic light signals, tutoring, monetary fines and mentoring. Processes operate in service systems, and include how children and families are expected to access services, how their needs are assessed and how staff are trained to deliver or record their work.

The majority of evidence-based interventions for children and young people – those underpinned by high standards of evidence – are programmes. This is in part because programmes have typically been developed and tested outside mainstream public systems (which have not, historically, had a strong track record of robustly evaluating the impact of practice on outcomes), and in part because programmes are relatively amenable to experimental evaluation methodologies. The majority of interventions in the Realising Ambition portfolio are therefore programmes (intentionally so).

However, the distinction between programmes, practices and processes is not always clear cut. For example, as already indicated, many programmes comprise elements of well-established practices. Cognitive Behavioural Therapy (CBT) is one example of an evidence-based practice. Another is motivational interviewing, which is designed to guide the individual's motivation and commitment to change in order to achieve identified goals.

Similarly, some processes are packaged as programmes. In a process called Brief Family Check-up, psychologists gather a small amount of screening information from parents invited to schools for a 'check-up'. The data is quickly processed by a computer into a series of charts that show each family how they are doing in terms of their parenting and how their children are doing in terms of their development. The psychologists do little more than share the charts with the parents and give them some advice, like 'spend more time reading to your child' or 'try to ignore bad behaviour and reward the good'. The approach can

identify children who are at high risk of really poor outcomes and encourage their parents to seek a range of extra help.

There were examples of processes and practices being 'packaged' as programmes among applicants to the Realising Ambition programme, and a couple made it into the portfolio. It is important to differentiate between them, as it is arguably harder to replicate and rigorously evaluate flexible processes and practices than programmes.

## **5. There is a tendency to underestimate the organisational challenges involved in replication: organisational understanding of evidence-based programmes is a key driver to replication success**

All new initiatives face organisational challenges when getting off the ground. However, there are some challenges and underestimations that are particularly salient in the case of replicating promising or evidence-based interventions that we have observed so far amongst the Realising Ambition portfolio. These include the time and resources required to recruit and train staff qualified to deliver the intervention, the effort required to establish strong partners and networks for replication, the navigation of internal organisational bureaucracies and the aforementioned challenges in accurately predicting demand. Each of these will be considered in turn. First, many evidence-based or tightly defined packages of intervention demand staff – paid or volunteers – with specific qualifications, attributes or experience of delivering a service. Challenges and delays in recruiting sufficiently qualified or experienced staff represent one of the most significant hurdles and causes of delay

in replicating to new areas for some projects. Similarly, the time and expense required to train new or existing staff in the delivery of a new intervention may be greater than expected. Many evidence-based or tightly packaged interventions have structured and prescribed training requirements, in some cases requiring intervention license holders from overseas to run training and certification courses, whether physically or remotely. The time and resources required to recruit and train staff in the delivery of evidence-based or promising interventions should be realistically estimated and costed, with contingencies for the inevitable change-over that will occur.

Second, the time and resources required to establish strong delivery partners and stakeholder and referral networks within new replication areas should similarly not be underestimated. Those projects with the greatest success to date have invested time and resources in establishing such networks and relationships (or building on or capitalising on existing networks), ensuring that all delivery partners fully understand the principles of the intervention, are excited and enthused about delivering it, and fully understand and adopt the processes necessary for its faithful and effective delivery and replication.

Finally, some larger or UK-wide organisations have struggled to navigate the internal bureaucracies and politics to support replication of a specific intervention across geographical areas and service delivery teams. This is particularly the case in

the UK-wide replication efforts and can have a significant impact on a programme like Realising Ambition. Within a large organisation there may be a high-level strategic commitment to replication of evidence-based intervention, supported by strong and well-resourced bid-writing teams, but this may not necessarily be reflected in regional or country-specific interdepartmental working arrangements. It is therefore essential that ambitious pan-region/country replication plans are underpinned by strong and explicit commitment across all levels of a delivery organisation.

If organisations are going to successfully replicate and scale evidence-based programmes with quality they will have to radically change how they do business: how they recruit staff and train them, how the intervention is introduced effectively to new sites and how the organisation is structured to support high-quality delivery.



## WHAT NEXT?

This report has introduced the Realising Ambition programme and some of the initial learning from its inception and set-up through to the first year of delivery. Some of these points of learning will not be new or unexpected to some, yet for policy makers, commissioners or delivery organisations engaging for the first time with the issue of replication of evidence-based interventions, they hopefully offer valuable insights and guidance to support wider replication of evidence-based interventions for children, young people and families. The learning reflects much of that discussed in the Tavistock Institute for Human Relations' interim process evaluation report.<sup>1</sup>

Of course, the projects, supporting delivery consortium, process evaluation team and Big Lottery Fund have learnt a great deal more than has been reported in these few pages. Some of the other key themes that have emerged during

the early stages of replication include how crucial it is that basic intervention logic models or theory of change are clearly thought through and specified as a precursor to consistent replication and evaluation, that organisations have in place structured and objective processes for ensuring that only eligible children and families receive a targeted intervention, that support and tools are provided to enable organisations to meaningfully report on outcomes rather than outputs, and that there are significant challenges and inconsistencies in the way in which the start-up and unit costs of evidence-based or promising interventions are calculated.

These themes, and others, will be explored and expanded on in subsequent reports, case studies and dissemination outlets over the course of the Realising Ambition programme.

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## FOOTNOTES

<sup>1</sup> <http://www.biglotteryfund.org.uk/research/children-and-young-people/realising-ambition>

## WANT TO LEARN MORE ABOUT REALISING AMBITION?

You can find out more about Realising Ambition by contacting Catch22 or any of the consortium partners listed below.

### Catch22

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## APPENDIX I: TYPES OF INTERVENTION IN THE REALISING AMBITION PORTFOLIO

There are various approaches to preventing and intervening early in youth offending and anti-social or delinquent behaviour reflected in the Realising Ambition portfolio. While some clearly fall into one discrete category, others sit across many. Short descriptions of each intervention are given in Appendix II.

There are nine school-based interventions in the portfolio that may directly or indirectly reduce subsequent involvement in the criminal justice system by improving engagement with schools and boosting academic attainment and/or by teaching social, emotional or life skills. They include All Stars, the Anne Frank Schools and Ambassadors Programme, the Co-operative Primary School, It's Not OK, Life Skills Training (LST; also being replicated in out-of-school settings), PACS, PATHS Plus, Roots of Empathy and the Safer Schools Partnership.

Five of the 25 interventions are primarily family-based interventions working to strengthen the relationship between young people and their parents or carers, and support and encourage effective parenting practices. They include Functional Family Therapy (FFT), the Malachi Early Intervention Programme, Multi-Systemic Therapy (MST), the Strengthening Families Programme (10–14) and the Respect Young People's Programme. Many of these also work closely with schools and peer networks, as well as directly with children and families.

Three of the 25 are mentoring interventions, focused on developing a strong, stable and supportive relationship between a young person and a positive role model outside the family. They include Chance UK, Friends of the Children and Plus One Mentoring.

Six of the 25 interventions may be defined as after-school or community-based interventions, involving structured group-based youth work activities, peer support or conflict resolution. They include the Children's Parliament Community Initiative, Conflict Resolution Uncut, Lion's Quest Skills for Adolescence (originally a school-based intervention currently being replicated in a new out-of-school context), Shelter: Realising Ambition, and Strength2Strength.

Two interventions in the portfolio are more narrowly targeted, clinical interventions designed to intervene early in the development of problems. They are Be Safe (for children exhibiting problematic sexual behaviour) and SWITCH (for recently bereaved children and young people).

## APPENDIX II: INTERVENTIONS IN THE REALISING AMBITION PORTFOLIO

**All Stars** is a school-based approach to prevent criminality, targeting pathways to crime, such as substance use, violence and premature sexual activity. The programme is for youths aged 9–14 years attending schools in high-risk areas. All Stars is a multi-year programme, consisting of highly interactive sessions integrated into the school's science, maths, language and arts curriculum. The sessions include small group activities, group discussions, enjoyable worksheets, and meaningful games and art activities.

**The Anne Frank Schools and Ambassadors Programme** aims to prevent hate-related offending in youths aged 11–14 living in areas with high community tension. The two-week Schools Programme consists of workshops on identity, diversity and human rights, and includes a talk from a Holocaust survivor. Identified students serve as peer-educators and guides to the Anne Frank exhibition in school. The Ambassadors Programme provides longer-term, social and communication skill-building services to students selected from the peer-educators.

**The Be Safe Programme** uses family-orientated cognitive behavioural therapy for youths with problematic sexual behaviour, with the aim of eliminating or reducing this behaviour. The therapy is designed for use with children aged 6–14, but the replication will target children aged 8–14. It is delivered to small groups of children and small groups of their parents. The essential components include modelling, observing and providing constructive and corrective feedback on skills as well as interactive therapeutic activities.

**Chance UK Early Intervention Mentoring** is for children aged 5–11 with behavioural difficulties. The aim is to reduce the behaviour difficulties and develop the child's personal and social skills. The intervention consists of weekly 2–4 hour meetings with a trained adult volunteer mentor. Mentors help children work towards specified personal goals and to consider and try out more effective responses to difficulties. Goals are set for the year, including at least one behavioural goal, one educational goal and one new skill.

**The Children's Parliament Community Initiative** is a two-part intervention targeting children from disadvantaged backgrounds and seeking to reduce anti-social behaviour, gang membership and territorialism. The Children's Parliament element brings groups of 20 children from different primary schools to inspect services for children and engage decision makers whilst exploring themes related to targeted outcomes. The Community Initiative element involves youth workers delivering workshops in schools over an 8-week period.

**Conflict Resolution: Uncut** is a targeted intervention for boys aged 8–16. The aim is to improve behaviour by teaching alternatives to resolving conflict through non-violent means. Small groups of boys meet for six topic-based sessions delivered over half a term. The programme's project worker meets each boy individually before group sessions begin. Sessions are tailored to the specific needs of the boys and the local community. Boys assessed as having acute needs receive additional one-to-one support.

**Co-operative Primary School** is for children aged 7–11 who attend school in a deprived area. It is a replication of selected components of a whole-school reform programme called Success for All. The two main components of the programme are a cooperative learning approach in which pupils work in small teams to help each other learn reading comprehension skills, and a component to teach social-emotional learning, negotiation and conflict resolution, as well as pro-social behaviour.

**Friends of the Children** is a mentoring programme for identified youths aged 5–18 at risk of offending, not achieving at school and becoming teen parents. The aim is to prevent these negative outcomes by supporting children and young people to develop intellectual, emotional and physical well-being. Professional mentors work one-to-one, two to four times a week, 50 weeks a year to develop a nurturing and sustained relationship with the youths. Together they undertake developmental activities that work towards successful achievement of over 100 milestone goals.

**Functional Family Therapy** is an intensive, short-term intervention targeting 11–18-year-olds with conduct disorders, family conflict, violent behaviour or who are at risk of offending. Therapists work with families to improve communication, decrease negativity and develop parenting strategies and positive behavioural changes. The intervention has three components: engagement and motivation (gaining buy-in), behaviour change (addressing the identified issues) and generalisation (whereby therapy learning is expanded to other areas).

**It's Not OK** is a school-based programme for youths aged 10–16 years aimed at reducing anti-social behaviour, gang involvement and violence. Teachers are trained to use a classroom resource that incorporates interactive multimedia activities into English, maths and science lessons. The lessons, carried out twice a week for half a term, focus on real-life situations that explore the consequences of negative behaviours and give youths a chance to role-play saying 'no' to peer pressure and to challenge negative behaviour.

**Life Skills Training** is a universal, multicomponent substance abuse and violence prevention programme for youths aged 8–14 years. The programme covers self-management, general social skills, decision-making skills, interpersonal communication, and violence and drug-resistance skills. The training consists of 15 sessions of about 45 minutes each that take place one to three times a week for 3–5 weeks. To help maintain the learned skills, two sets of booster sessions are offered 3–6 months after the initial training.

**Lion's Quest Skills for Adolescence** is a group-based programme for at-risk youths aged 11–14. The replication will allow youths aged 10 to participate as well. The programme aims to promote citizenship skills, core character values and social-emotional skills, and to discourage the use of drugs, alcohol and violence. The curriculum consists of a range of lessons organised in nine units and taught in groups. Teaching methods include group activities, parent and family involvement, skills practice, and classroom and community service projects.

**The Malachi Early Intervention Programme** is a therapeutic support programme for youths aged 6–14 living in deprived areas. The aim is to improve life chances and reduce pathways to offending. The programme consists of 12 workshops that use drama and song to address issues such as family breakdown and anger management, individual youth-focused family therapy, 12 weekly parent group-therapy sessions, and 13 weekly youth music and drama group sessions that provide ongoing therapeutic support.

**Multi-Systemic Therapy** is an intensive, family-based model of therapeutic practice for at-risk youths aged 12–17. The aims are to reduce out-of-home placements, retain young people in school, decrease drug and alcohol misuse, and improve family relationships. Therapists meet with the family two to three times per week for approximately 3–5 months. The sessions build on the systemic strengths of the family, while empowering them with the skills and strategies to recognise and appropriately address problematic behaviour.

**PATHS Plus** combines the universal PATHS social and emotional learning curriculum for 5–11-year-olds with a more intensive element (Friendship Groups) targeted at those children with greater difficulties. PATHS is provided by teachers to their whole class twice a week. It comprises developmentally appropriate lessons addressing self-control, emotional understanding, self-esteem, relationships and problem-solving skills. The lessons and activities focus on both individual and group-based learning, and include the use of hand puppets and home hand-outs.

**Friendship Groups** is a group-based, social-skills-building intervention for those children who have trouble relating to their peers or who are experiencing social exclusion from their peers. It teaches children how to recognise their own feelings and the feelings of others, how to negotiate with others and find solutions to problems, how to play fair, cooperate and get along with others, and how to develop their give-and-take skills.

**Plus One Mentoring** is a programme for youths aged 8–14 identified as being at high risk of criminality. The programme includes one-to-one mentoring from a trained volunteer under supervision from a youth work coordinator. The youth and mentor take part in a range of activities that build a positive relationship. The youth work coordinator supports the volunteer through monthly supervision and by engaging with the family and with the school to help develop a positive pathway for the youth.

**Positive Assertive Confidence Strategies** is a preventative group programme for youths aged 10–13 years who exhibit aggressive or challenging behaviour with the potential to lead to bullying or criminality. The intervention consists of two full-day group sessions separated by a 4–6 week break. During the break participants carry out supervised tasks. The tasks are interactive and help participants understand the impact of their behaviour on their peers and teach them how to manage conflict or disagreement without resorting to aggression or violence.

**Roots of Empathy** is a school-based programme for children aged 5–12 aimed at decreasing children's aggressive behaviour and increasing their pro-social behaviour. It involves nine monthly classroom visits from a mother and baby. Each visit is preceded and followed by an instructor-led session to reinforce learning. The children watch the baby develop and learn about its needs. The instructor helps children to reflect on the baby's needs as well as their own feelings and the needs of others.

**The Safer Schools Partnership** is for primary and secondary schools in deprived areas that have high exclusion or poor attendance rates. The aim is to create safer schools and increase community cohesion. It consists of on-site restorative justice practitioners providing mediation, information sharing and staff and student training, and bringing in other interventions to address conflict in the school and in the community. Practitioners also offer daily support for victims of violence, including direct one-to-one support and referrals.

**Shelter: Realising Ambition** supports families with children aged 0–18 identified by the local housing authority as ‘intentionally homeless’ or at risk of becoming ‘intentionally homeless’, usually due to anti-social behaviour. The programme uses a three-tiered model to provide intensive support that targets the root causes of problems. The model includes an initial needs assessment to identify the issues unique to each family. Multiagency support is then provided for the family alongside intensive, tailored child- or youth-focused support.

**Stepping Up** targets vulnerable youths aged 10–14 before, during and after their transition from primary to secondary school. The aim is to increase the youths’ resilience, self-esteem and emotional well-being. The targeted youths are identified on the basis of family circumstances, emotional and behavioural difficulties, poor attendance or difficulties in peer relationships. The programme includes one-to-one counselling, mentoring, arts-based and sports-based group activities, and a residential expedition in the summer of transition.

**The Strengthening Families Programme (10–14)** is a group-based family strengthening programme that aims to reduce problem behaviours, delinquency, and alcohol and drug abuse, and to improve social competencies and school performance. The version being replicated is the seven-session version for low-risk families with pre- and early teens (SFP 10–14). The programme uses a model of delivery in which parents and children learn individual skills then are brought together to improve family communication and practices.

**Strength to Strength** is a community-based intervention for youths aged 8–13 and their families. The programme aims to build protective factors and minimise risk factors that lead to offending or anti-social behaviour. The project engages youths and their families for multiple sessions a week through an intensive 16-week plan. Plans vary for each participant, depending on their need and interest. The plan may include individual or group work, community-based positive activities, education support, day trips or residential events.

**SWITCH** involves therapeutic bereavement support for youths aged 3–18 who have lost a parent or sibling. The replication will target bereaved youths aged 8–14 who are identified as being at risk of offending. The aim is to help them recognise, understand and manage feelings and behaviours in relation to their grief. The intervention includes meetings with the youth and their parent/carer, group meetings for the youths and one parent/carer group session. The sessions help to develop coping strategies for managing difficult feelings and behaviours.

**The Respect Young People's Programme (RYPP)** is designed for youths aged 11–18 and their parents. The replication will target 11–14-year-olds. RYPP targets youths who are aggressive or abusive in family, romantic or peer relationships, with the aim of eliminating such behaviour. Two preparatory sessions with parents and three parent–child sessions are carried out to draft a family agreement and safety plan. Youths attend 10 sessions run either individually or in groups, covering a range of topics such as violence and its effects, and emotional regulation and awareness.

## APPENDIX III: OVERVIEW OF THE REALISING AMBITION OUTCOME FRAMEWORK

### **Outcome 1: Improved engagement with school and learning**

Indicators: Better attendance [1.1], increased commitment to school [1.2], fewer suspensions or exclusions [1.3], increased parental involvement in education [1.4], improved academic confidence [1.5], improved academic performance [1.6], participation in extra-curricular activities [1.7], increased aspirations for continued education, training and employment [1.8].

### **Outcome 2: Improved behaviour**

Indicators: Better cooperation and sharing skills (pro-social behaviour) [2.1], reduced aggression and misbehaviour [2.2], reduced antisocial and delinquent behaviour [2.3], reduced risky sexual behaviour [2.4], reduced substance misuse [2.5], improved perception of drug risk [2.6].

### **Outcome 3: Improved emotional well-being**

Indicators: Improved mental health (generally) [3.1], reduced anxiety and depression [3.2], reduced impact of mental health problems [3.3], improved subjective well-being [3.4], improved emotional regulation [3.5], reduced suicidal thoughts and behaviour [3.6].

### **Outcome 4: Improved relationships**

Indicators: Reduced aggressive or violent parenting [4.1], improved family management skills [4.2], better relationships with parents and improved bonding [4.3], improved peer relationships [4.4], reduced involvement in gangs [4.5], reduced bullying [4.6], reduced interaction with antisocial peers [4.7].

### **Outcome 5: Stronger communities**

Indicators: Improved local environment [5.1], greater attachment to community [5.2], improved civic engagement [5.3], improved community cohesion [5.4].



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