



An out-of-court community-based programme to improve the health and well-being of young adult offenders: the Gateway randomised controlled trial

An executive report for Hampshire Constabulary and the Hampshire Police and Crime Commissioner

Introduction

Hampshire Constabulary, working with local charities, and supported by the Police and Crime Commissioner, developed and implemented the Gateway programme, an out-of-court disposal aimed at improving the life chances of young adults. In collaboration with the Universities of Southampton and York, funding from the National Institute for Health and Care Research (NIHR) was obtained to test the effectiveness of the Gateway programme.

Background to the research study

Young adults represent a third of the UK prison population and are at risk of poor health outcomes, including drug and alcohol misuse, self-harm and suicide. Those aged between 18 and 24, who have been questioned as suspects in relation to a low-level offence, may need to attend court. However, other means aimed at preventing young adults from reoffending exist. Court diversion interventions aim to reduce the negative consequences of some types of criminal sanctions and focus on addressing the root causes of offending.

The Gateway programme, a court diversion initiative, was issued as a conditional caution, with the aim of improving the life chances of young adults committing low-level offences. See Box 1 for details of the caution conditions.

Although diversions are widely used in the UK, evidence of their effectiveness in terms of health outcomes has not yet been established using robust research methods. The Gateway study therefore aimed to evaluate the cost and effectiveness of the Gateway programme in relation to health and wellbeing of participants, compared to usual process.

Study methods

The randomised controlled trial

We undertook a pragmatic, multi-site, randomised controlled trial (RCT) with two 6-month internal pilots to test out recruitment and collection of data

from participants. We aimed to recruit 334 participants to be randomly assigned, on a 1:1 basis, to either a Gateway caution or to the usual process. Four Hampshire Constabulary sites recruited 18-24-year-old residents of Hampshire and Isle of Wight who had been questioned for an eligible low-level offence. See Box 2 for eligibility criteria.

The funder, National Institute for Health and Care Research, required the main outcome to be health related. Therefore, our primary outcome was mental health and well-being, measured by the Warwick-Edinburgh Mental Well-being Scale scored at 12 months. Secondary outcomes included health status, alcohol and drug use, reoffending and resource use. Participants were asked to answer a series of related questions at 4 weeks, 16 weeks and 1 year after randomisation, initially in face-to-face and, subsequently, telephone interviews, with the change taking place in the COVID-19 pandemic.

Box 1: Gateway caution conditions

Participants agreed to:

- not reoffend during the 16-week caution
- undertake a needs assessment and engage with a programme of support delivered by a Gateway navigator, which included signposting to healthcare, housing or other services as required
- attend two LINX workshops encouraging analysis of own behaviour and its consequences

The qualitative evaluation

A qualitative evaluation was conducted to assess the implementation of the Gateway programme, including any related issues and observed benefits to the clients. Semi-structured interviews and focus groups were held with a sample of Gateway programme participants, staff and police study

recruiters across three time periods. The issues being explored in the evaluation were:

- How is Gateway being implemented?
- What are the barriers to its implementation and effects?
- What are the mechanisms through which Gateway brings about change?
- How do different delivery methods (face-to-face versus telephone) influence the above questions?

Results

Results of the RCT

Recruitment commenced in October 2019 and the trial stopped in April 2021. A total of 191 participants were recruited, with 109 randomised to Gateway and 82 to usual process. The groups were generally well balanced in terms of characteristics and percentage providing data. Similar percentages from each arm provided data, with those engaging in study follow-up completing all sections of the questionnaires. Telephone interviews were acceptable to those willing to answer the questions. Proportions of those who were non-contactable were similar between the intervention and control groups at all three time points post-randomisation. Eighty-one of the 109 allocated to Gateway complied with the intervention. Reasons for non-compliance were reoffending and non-attendance at the LINX sessions.

Due to an initial overestimation of potentially eligible young people and low retention rates, a range of mitigating measures were introduced (see Table 1). Although recruitment broadly met study progression criteria (35/50 (70%) Pilot 1; 64/74 (86%) Pilot 2), retention was low throughout (overall: data collected at week 4 50%; week 16 50%; 1-year 37%). Low retention was multifactorial, with one of the main barriers being difficulties contacting participants. It was therefore not possible to complete the RCT or the health economics analyses. We cannot therefore comment on the overall cost or effectiveness of the Gateway programme.

Results of the qualitative evaluation

In-depth interviews were conducted with 28 young people, 25 Gateway staff, 13 police recruiters, and three focus groups with Gateway navigators. The

Box 2: Eligibility criteria

Inclusion criteria

- Suspect aged 18-24 years
- Suspect resided within Hampshire Constabulary area
- An anticipated guilty plea
- Full code test met

Exclusion criteria

- Hate crime
- Domestic violence related crime
- Sexual offences
- Knife crime
- Where court conviction likely to be a custodial sentence
- Remand in custody was sought
- Breach of court or sexual offences orders
- Any offence involving serious injury or death of another
- Any serious previous convictions within the last 2 years
- Summary offences > 4 months old
- Persons subject to Court bail, Prison Recall, Red Integrated Offender Management or under Probation
- Indictable only offences
- All drink/drive or endorsable traffic offences
- Previous Gateway caution
- Interpreter needed

findings yielded rare insights into the benefits and limitations of the intervention and the barriers and facilitators to recruitment in this setting.

Young people reported that after the LINX workshop sessions they felt being better able to make decisions, whilst Navigators played a significant role in enabling compliance and change amongst young people. The role of the Navigator was akin to that of the mentor, who, in addition to support in the form of listening, also provided practical support towards improved life choices and health-related behaviours, including helping Gateway clients seek educational and employment opportunities, address financial and accommodation issues, as well as receive help in relation to addictions and health issues. Young people felt that, for them, these wider determinants, addressed with help from Navigators, were of great importance.

Challenges to delivering the study

Table 1 Challenges faced and measures introduced to address the issues.

Issue	Measures taken to address the issue
<p>Significant shortfall in the number of eligible young people anticipated as numbers provided originally included those pleading guilty at court, so beyond the bounds of inclusion.</p>	<p>The project dedicated officers interrogated Hampshire Constabulary data to identify ways the inclusion criteria may be reasonably adjusted without losing trial integrity. As a result, the following measures were put in place:</p> <ul style="list-style-type: none"> • Usual process was widened from a court summons, to include those receiving a different conditional caution. • Recruitment was originally to be at in the Southampton area only; Portsmouth, Basingstoke and Isle of Wight were brought on board to expand the potential pool of participants. • Recruitment took place both in and out of custody. • Eligibility criteria were simplified. • Monthly recruitment targets were revised, and study length extended. • 'Missed eligible' follow up with each police investigator was introduced.
<p>Recruitment to the study by a researcher based in the police station not possible or permissible.</p>	<p>The project dedicated officers and researchers collaborated to:</p> <ul style="list-style-type: none"> • Develop a training package for police officers and civilian investigators to recruit to the Gateway caution and the trial. • Provide periodic training and refresher training in person and via Microsoft Teams. • Develop the Alchemer (formerly SurveyGizmo) eligibility and randomisation tool with the aim of the tool being available long-term, should the Gateway programme prove effective. • Develop a two-stage recruitment and consent process. Stage 1: Recruiting police officer or civilian investigator gained consent to share personal details with the research team. Stage 2: Researchers obtained full informed consent to trial participation.
<p>COVID-19 restrictions resulted in delivery of cautions being suspended and the study being paused.</p>	<p>During this period further measures were introduced to aid recruitment and retention.</p> <ul style="list-style-type: none"> • Gateway programme was adapted to enable Navigator contacts and the LINX component to be delivered by telephone instead of in person. • Data collection by the researchers changed from face-to-face to telephone interviews (which proved to be more acceptable to participants).
<p>Inability to contact participants and collect data was the most significant barrier to retention at both initial attempts to establish contact and throughout the follow-up period.</p>	<p>To increase awareness of benefits of contributing to the study, we implemented the following changes:</p> <ul style="list-style-type: none"> • Increased the value of thank-you vouchers for study participants incrementally at each of the timepoints. • Produced a short, easy to understand summary of the trial and promoting the vouchers. We merged this with Stage 1 participant information sheet and consent form for ease of access. • Recorded a two-minute video, introducing the trial to potential participants, as suggested by our Patient and Public Involvement representative who had previously had personal experience with the criminal justice system, similar to that of our target population. • Introduced phone calls to participants by the project officer following stage 1 consent, to remind them about the study and forthcoming contact from the researchers. • Introduced email as an additional way for researchers to contact participants.

Other options were explored but not implemented, as they would have compromised the rationale for the Gateway programme (e.g. extending the age range) or were not practical in view of other pre-existing conditional caution options (e.g. CARA).

Qualitative Evaluation Results continued...

There was a wide range of needs amongst young people, which meant that all stakeholders valued the ability to tailor and adapt the programme to individual client needs, also giving clients a sense of agency and control over their lives. However, there was also a feeling that the programme could have been more flexible. The independence of the Gateway intervention team from the police, was highly valued by young people.

The police officers interviewed had a clear understanding of the aims of Gateway and generally saw out-of-court disposals as cost saving and leading to better outcomes.

The picture around training was confused, including some reporting having not attended any formal training. Some volunteered that they were unaware that training had been available. However, the procedure for recruiting into Gateway was easy to find on the Hampshire Constabulary Intranet, and overall, the process not overly complicated to follow.

While the use of Alchemer, the online eligibility and randomisation tool, was not seen as unduly complicated, often distance divided custody cells and laptops and/or printers, complicating the process. Lack of time to discuss Gateway with the young person in custody, was also seen as a major limiting factor to recruitment.

Not fully understanding what the intervention involved was cited as a barrier to being able to describe Gateway to potential participants in a comprehensive way. Some struggled with the challenge of explaining the benefits of Gateway to the young person, when there was only a 50% chance of receiving it, as well as dealing with the disappointment when the outcome of randomisation was usual process.

Amongst all the competing demands on the recruiters' attention in their daily job, it was also easy to forget about Gateway when only dealing with eligible cases on an occasional basis. This was further exacerbated by regular staff turn-over between areas and the significant proportion of new recruits.

Discussion

The problems encountered throughout this trial and our endeavours to overcome them provide valuable insights for colleagues seeking to design similar interventions and/or conduct studies with vulnerable populations in this setting.

Co-production is essential for studies in the police setting. By working in close collaboration with Hampshire Constabulary, including two project dedicated officers, we were able to make pragmatic adjustments as issues arose. However, training an entire police force is fraught with difficulty even when supported by senior officers; competing interests precluded introducing mandatory training for research purposes. Use of a two-stage consent process and a web-based eligibility and randomisation tool facilitated recruitment in the police setting, but study recruiter familiarity with the processes through regular use would have been beneficial.

Young people who have committed an offence are known to be a challenging group to engage with generally, including in research. We identified and tested implementation of different approaches to overcome this problem. Switching to telephone interviews was necessitated by the COVID-19 pandemic and worked well. Persistence and innovation in creating solutions partially paid off, but we were unable to solve the problem of incorrect or unresponsive mobile telephone numbers, an issue also faced by the Navigators and police. Independence of those delivering the intervention is important as perceived links with the police caused some disengagement. Our data provide valuable information on attrition rates for health-related studies targeting vulnerable populations. Interestingly, allocation did not appear to make any difference to participation.

Our qualitative evaluation highlighted the unmet health and social care needs for this group of 18-24-year-olds, and the need to address the wider determinants of reoffending through individualised assessment. The Gateway programme was, however, developed for those with higher needs, which meant that flexibility and adaptability to suit individual needs was essential. It further highlighted the invaluable role

of mentors in rehabilitative programmes such as Gateway.

We have demonstrated that it is possible to recruit and randomise to an RCT in the police setting. The data we present can be used to inform the planning of future trials, including anticipated attrition rates, and setting conservative targets for retention, as well as recruitment rates. Internal pilots should be long enough to confirm recruitment and data collection rates are achievable over an adequate follow-up period. Given the challenges we encountered, alternative study designs should be considered for the evaluation of interventions with a health-related outcome. These include cluster RCTs, where processes at individual cluster sites could be simplified; post hoc cohort studies which may address non-response and attrition bias; and regression discontinuity design, a quasi-experimental approach, with the potential to equate to an RCT.

Conclusions

The Gateway study was a unique endeavour to gather evidence for a potentially life-changing intervention for an underserved population. Although unable to provide evidence of effectiveness, the experience gained indicates that RCTs of interventions with a health-related outcome are possible in this setting. There is a need for conservative recruitment and retention estimates in this target population. Other study designs should also be considered. The qualitative evaluation provided a range of valuable lessons for those seeking to design similar interventions or conduct research in similar settings. A positive feature of this study was the close collaborative working and productive sharing of organisational processes and approaches between the Constabulary and academic institutions, benefiting and facilitating development and implementation of steps to address challenges as they arose.

References

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