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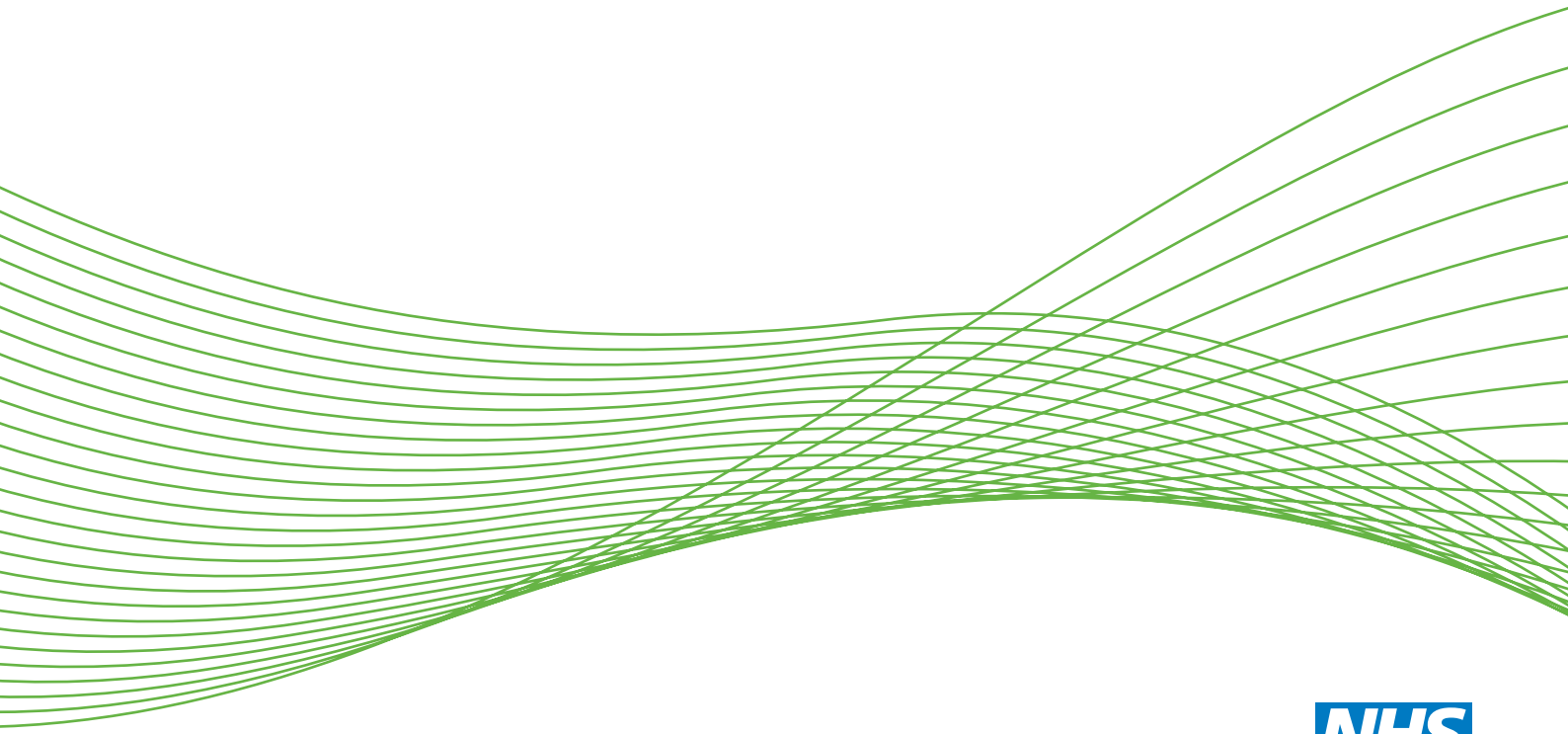

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Abstract

Developing and piloting a peer mentoring intervention to reduce teenage pregnancy in looked-after children and care leavers: an exploratory randomised controlled trial

Gillian Mezey,[1]* Deborah Meyer,[1] Fiona Robinson,[1] Chris Bonell,[2] Rona Campbell,[3] Steve Gillard,[1] Peter Jordan,[4] Nadia Mantovani,[1] Kaye Wellings[5] and Sarah White[1]

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Background: Looked-after children (LAC) are at greater risk of teenage pregnancy than non-LAC, which is associated with adverse health and social consequences. Existing interventions have failed to reduce rates of teenage pregnancy in LAC. Peer mentoring is proposed as a means of addressing many of the factors associated with the increased risk of teenage pregnancy in this group.

Objective: To develop a peer mentoring intervention to reduce teenage pregnancy in LAC.

Design: Phase I and II randomised controlled trial of a peer mentoring intervention for LAC; scoping exercise and literature search; national surveys of social care professionals and LAC; and focus groups and interviews with social care professionals, mentors and mentees.

Setting: Three local authorities (LAs) in England.

Participants: LAC aged 14–18 years (mentees/care as usual) and 19–25 years (mentors).

Intervention: Recruitment and training of mentors; randomisation and matching of mentors to mentees; and 1-year individual peer mentoring.

Main outcome measures: Primary outcome: pregnancy in LAC aged 14–18 years. Secondary outcomes: sexual attitudes, behaviour and knowledge; psychological health; help-seeking behaviour; locus of control; and attachment style. A health economic evaluation was also carried out.

Results: In total, 54% of target recruitment was reached for the exploratory trial and 13 out of 20 mentors (65%) and 19 out of 30 LAC aged 14–18 years (63%) (recruited during Phases I and II) were retained in the research. The training programme was acceptable and could be manualised and replicated. Recruitment and retention difficulties were attributed to systemic problems and LA lack of research infrastructure and lack of additional funding to support and sustain such an intervention. Mentees appeared to value the intervention but had difficulty in meeting weekly as required. Only one in four of the relationships continued for the full year. A future Phase III trial would require the intervention to be modified to include

provision of group and individual peer mentoring; internal management of the project, with support from an external agency such as a charity or the voluntary sector; funds to cover LA research costs, including the appointment of a dedicated project co-ordinator; a reduction in the lower age for mentee recruitment and an increase in the mentor recruitment age to 21 years; and the introduction of a more formal recruitment and support structure for mentors.

Conclusions: Given the problems identified and described in mounting this intervention, a new development phase followed by a small-scale exploratory trial incorporating these changes would be necessary before proceeding to a Phase III trial.

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Glossary

Award Scheme Development and Accreditation Network An awarding body providing qualifications related to learning, employment and life skills (see www.asdan.org.uk/).

Mentee A participant aged 14–18 years who was allocated to the intervention arm of the trial (and therefore received a mentor).

Mentor A participant aged 19–25 years who mentored a young person.

Usual support group participant A participant aged 14–18 years who was allocated to the usual support arm of the trial and who received the services that she usually has access to as a looked-after child.

List of abbreviations

ASDAN	Award Scheme Development and Accreditation Network
BDI	behaviour–determinants–intervention (model)
BRTC	Bristol Randomised Trials Collaboration
CaSH	contraception and sexual health
CI	confidence interval
CiCC	Children in Care Council
CINAHL	Cumulative Index to Nursing and Allied Health Literature
CONSORT	Consolidated Standards of Reporting Trials
DBS	Disclosure and Barring Service
DCS	Director of Children's Services
DCSF	Department for Children, Schools and Families
ERIC	Education Resources Information Center
GCSE	General Certificate of Secondary Education
GHQ	General Help-Seeking Questionnaire
GHQ-12	12-item General Health Questionnaire
LA	local authority
LAC	looked-after children
MBF	Mentoring and Befriending Foundation
NatSAL	National Survey of Sexual Attitudes and Lifestyles
NCB	National Children's Bureau
NEET	not in education, employment or training
NICE	National Institute for Health and Care Excellence
ONS	Office for National Statistics
PC	project co-ordinator
PSHE	personal, social, health and economic education
PYD	positive youth development
RCT	randomised controlled trial
SD	standard deviation
SGUL	St George's, University of London
SIGLE	System for Information on Grey Literature in Europe
SM	senior manager
SOT	semi-independent outreach (worker)
SRE	sex and relationships education
STI	sexually transmitted infection
SW	social worker
TPU	Teenage Pregnancy Unit
UKCRC	UK Clinical Research Collaboration

Plain English summary

We developed a peer mentoring programme for young people aged 14–18 years who are in care. The mentors were young people aged 19–25 years who also had experience of the care system. The main aim was to explore whether this intervention could be effective in reducing teenage pregnancy rates in this group.

The mentor was required to meet with their mentee on a regular basis to offer support and deliver information around sexual relationships. All mentors were trained and received support throughout the intervention. The intervention was designed to last for 1 year but most relationships ended prematurely.

We intended to recruit 48 young people aged 14–18 years across three local authorities; however, only 26 were recruited. Interviews were conducted with mentors and mentees at the beginning of the study and 1 year later. We also conducted interviews, focus groups and surveys with young people and social care professionals to explore views on the intervention and reasons for low recruitment. We found that local authorities experienced difficulties managing the intervention and social workers often excluded young people from participating.

There was some indication of increased self-esteem and improved decision-making in mentees. Mentors also reported improved confidence. However, more support would need to be provided to mentors in any future trial.

Given the small numbers we are unable to assess the impact of the intervention on teenage pregnancy rates. Although a full trial cannot be recommended, a further small-scale exploratory study incorporating the recommendations from this trial would be feasible.

Scientific summary

Background

Teenage pregnancy is associated with a range of adverse health and social outcomes and is recognised as a major public health issue. Looked-after children (LAC) who have been in care have the highest rates of teenage pregnancy (for ease of reference, throughout the text we use the term 'looked-after children' or LAC to refer to both children and young women who are, or who have been, in care). Interventions that have been introduced in the past decade to combat this problem, such as improved sex and relationships education in schools, have resulted in a fall in the rate of teenage pregnancy in the UK population generally but this fall has not been mirrored amongst LAC. Girls and young women within the care system have often experienced a range of adverse early life experiences that brought them into care and, for some of them, becoming a mother represents an opportunity to feel a sense of achievement and to combat feelings of worthlessness and low self-esteem. Having access to a mentor may help young women to develop a sense of emotional security, self-esteem and confidence, as well as providing an opportunity to deliver important messages around sexuality, relationships and early pregnancy. There is some evidence of mentoring programmes enabling young people to make positive decisions and choices in their lives, particularly around their education and personal development. Young people often report the need to talk to someone of a similar age and background, although there have been few evaluations of the effectiveness of peer mentoring interventions in young people and none that target pregnancy or sexual relationships using an experimental design in LAC.

Intervention

A peer mentoring intervention for children and young people who have been in care was developed and piloted (Phase I) followed by an exploratory randomised controlled trial (RCT) (Phase II), based on the Medical Research Council's original framework for evaluating complex interventions. The components of the peer mentoring intervention were informed by a scoping exercise and targeted literature review to identify existing examples of, and evidence for, the effectiveness of peer mentoring and other interventions to reduce teenage pregnancy and mentoring and peer mentoring in LAC and non-LAC, both to reduce pregnancy and in relation to other areas such as education. A behaviour–determinants–intervention (BDI) logic model was designed to describe and explain the intended causal mechanism of the intervention.

Study aim, objectives and research questions

The aim of the study was to develop a peer mentoring intervention to reduce teenage pregnancy in LAC and to undertake an exploratory RCT. This trial did not aim to (and therefore was not powered to) study intervention effects.

The objectives were to:

- develop a complex intervention to reduce teenage pregnancy in girls and young women who are 'looked after'
- conduct an exploratory RCT of the intervention in three local authorities (LAs) in England
- assess the feasibility of a Phase III trial based on the following criteria: availability of eligible participants; recruitment and retention of mentors and mentees; acceptability of consent and randomisation; evidence of harm to participants; appropriateness of proposed outcome measures; costs for a future full-scale Phase III trial; and ability to manualise the intervention

- determine the costs of the intervention and develop a model of the running costs suitable for estimating the costs of a larger trial
- embed a process evaluation within the exploratory trial to assess the acceptability and feasibility of the intervention and the trial procedures to LAC and those working as mentors.

Methods

The pilot (Phase I) was conducted in one LA with four mentor–mentee dyads. Phase II consisted of an exploratory RCT of the intervention in three LA areas. The target was to recruit 48 LAC mentees (young women aged 14–18 years) and 24 care leaver mentors (young women aged 19–25 years). The LAC mentees were individually randomised in the exploratory trial, stratified by LA, using blocking, with half receiving the peer mentor intervention and half receiving 'usual support'.

A mentor training package was developed. Adjustments were made to recruitment methods and the training for the exploratory trial following feedback received from participants, trainers and LA professionals.

Data were obtained from the following sources: observation of the training programme; semistructured individual interviews with all mentors and mentees and the usual support group at baseline and 1 year; analysis of selected measures of psychological health and help seeking; information regarding sexual activity, pregnancy and relationships; interviews with mentors post training; interviews with project co-ordinators (PCs); focus groups with LA staff and social care professionals; and national surveys of young people in care, directors of children's services and social workers regarding the acceptability of the intervention and the feasibility of a Phase III trial.

Project co-ordinators were asked to record the time that they spent managing the intervention and any costs incurred. Mentors were also asked to record the time spent on activities with their mentee and retain records of all expenses.

The process evaluation was informed by semistructured interviews with mentors, mentees and PCs and mentor diary data, focus groups, survey data and interviews with other professionals.

Results

The peer mentoring intervention for LAC was unsuccessful, largely because of the inappropriateness of this intervention within a LA context.

Difficulties were encountered in meeting the recruitment target for both the pilot and the exploratory trial, with only 54% (26 LAC) of target recruitment reached for the exploratory trial. Thirteen out of 20 mentors (65%) and 19 out of 30 participants aged 14–18 years (63%) (recruited during Phases I and II) were retained for the research. The training programme for mentors was acceptable to mentors and could be manualised and replicated.

Difficulties in recruiting the target number of mentors and mentees delayed the start of the intervention. LAs lacked the infrastructure or resources to be able to manage the intervention effectively, the PCs found it difficult to prioritise the demands of the research without additional resources and support from senior management and social workers tended to act as informal gatekeepers, which limited access to potential participants.

Randomisation was acceptable to the young people and mentees appeared to value the intervention. However, weekly meetings were not feasible and only one in four of the relationships continued for the full year. Mentees were irregular in their attendance at meetings. Mentors also found it difficult to set up meetings or to comply with all of the requirements of the role, including completion of contact diaries, keeping a record of expenses and ensuring that all contacts were safe and communicated to members of their professional network. Mentors and social workers considered that more individual and group support would need to be provided in any future trial. There was no evidence of harm to any of the participants.

The study did not aim to detect intervention effects and lacked both statistical power and intervention duration to be able to do so. However, analysis of qualitative data was indicative of improved self-esteem and decision-making in the intervention group, especially around social networks and education, as had been anticipated in the BDI logic model. Mentors also reported increased confidence and self-efficacy.

There was a sufficient pool of potential participants for a peer mentoring intervention in a future Phase III trial. However, various changes would be required for such a trial: peer mentoring should be delivered in an individual and a group format, with sex and relationship education best delivered within a group setting; the project would need to be managed internally by LAs although delivered in collaboration with an external agency such as a charity or the third sector; and LAs would need to receive research support costs to be able to ensure dedicated PC time to support recruitment and retention of mentees and mentors. In future, mentees should be recruited at a younger age, from around 12 years (instead of 14 years), based on the fact that many of them were already sexually active by the age of 14 years, and mentors would need to be older (21–28 years), based on the relative vulnerability and immaturity of this group. Formalised structures for recruiting and selecting mentors and ensuring that they have the capacity, as well as the willingness, to deliver the mentoring in a consistent and responsible way should be introduced.

The data do not allow us to be able to address whether a peer mentoring programme is effective in reducing rates of teenage pregnancy. The measures used were acceptable and appropriate although, given the size of the sample, we are unable to comment on the impact of the intervention on help seeking, attachment or other psychological measures related to general anxiety, self-esteem and locus of control. Young people were happy to answer questions related to sexuality and relationships.

Conclusions and recommendations

The intervention as it was implemented in this study was not appropriate in this setting and was unsuccessful. A Phase III trial of peer mentoring in the future would require more resources for participating LAs, better structure, both within the mentoring programme and the management of the project, and more individual and group support for mentors. A new development phase to adapt the intervention manual in line with the findings from this study followed by a small-scale exploratory intervention, incorporating the changes recommended by participants and based on our findings, would be necessary before proceeding to a Phase III trial.

Funding

Funding for this study was provided by the Health Technology Assessment programme of the National Institute for Health Research.

Chapter 1 Introduction

This chapter situates the necessity for developing effective interventions to reduce rates of teenage pregnancy in the context of recent shifts in policy discourses, outlines the rationale for mounting a peer mentoring intervention specifically to reduce rates of teenage pregnancy in looked-after children (LAC) and discusses research on peer mentoring, all of which have led to the aims and objectives of our study. The structure of the report is also outlined.

Teenage pregnancy in the UK

Teenage pregnancy rates in England (under 18 years and under 16 years) are compiled by the Office for National Statistics (ONS), combining information from birth registration and abortion notifications. Data for 2008 showed that there were 38,750 conceptions in the under-18 age group, a rate of 40.5 per 1000 girls aged 15–17 years. This is a fall of 13.3% in the under 18s and a fall of 11.7% in the under 16s since the start of the teenage pregnancy strategy in 1998.[1] The under-18 conception rate for 2011 was the lowest since 1969 at 30.9 per 1000 women aged 15–17 years.[2] However, rates of teenage pregnancy in the UK remain among the highest in Europe.[3] Data on births per 1000 population among women aged 15–19 years in countries of the Organisation for Economic Co-operation and Development in 1998[4] and from the United Nations Population Division[5] in 1994 illustrate that rates of teenage pregnancy in the UK are more than three times higher than in Switzerland, the Netherlands, Italy and France. Teenage parenthood may be negotiated positively by some young people[6,7] and early motherhood can be perceived as a means of rectifying early negative life experiences.[8] However, it is also associated with a wide range of adverse socioeconomic and health outcomes for them and their children.[9–16]

Teenage pregnancy has been recognised as an important cause, and consequence, of social exclusion.[17] Women who give birth as teenagers are more likely to be living in poverty than women who delay becoming mothers.[9,11,15] Furthermore, the children of teenage parents are more likely to become teenage parents themselves, suggesting a continuing intergenerational impact.[12]

The association between socioeconomic deprivation and teenage pregnancy is widely evidenced in the UK.[16,18–20] In response to the report that identified teenage pregnancy as both a cause and a consequence of social exclusion,[17] the UK Government set up the Teenage Pregnancy Unit (TPU) in 1999. The unit embarked on a strategy aimed at halving the rate of conception in under 18s over the following 10 years. Risk factors for teenage pregnancy include educational disadvantage and low expectations for employment; a lack of accurate information about contraception and sexually transmitted infections (STIs); and sexualised images in the media combined with a lack of openness about sex.[17] Using multiple regression data from all local authorities in England, Bradshaw and colleagues[21] found that deprivation explained about three-quarters of area variation in teenage conceptions and abortions. A systematic review of 10 controlled trials and five qualitative studies evaluating early childhood interventions or youth development programmes found that the main associations with early pregnancy were dislike of school, poor material circumstances and an unhappy childhood and low expectations for the future.[22]

Teenage pregnancy and looked-after children

The term ‘looked-after children’ is used in England to refer to children who are in the care of the state. Children and young people can be subject to a care order (Section 31 of the Children Act 1989[23]) but the term ‘looked-after children’ is also used to describe children and young people who are looked after on a voluntary basis at the request of, or by agreement with, their parents (Section 20 of the Children Act 1989[23]). Children may also be removed from their parents and placed in care on a non-voluntary basis,

for example under an assessment or an emergency protection order. The majority of LAC (75%) in England are placed with foster carers.[24]

There is a strong link between teenage pregnancy and age of first intercourse. The third National Survey of Sexual Attitudes and Lifestyles (NatSAL) found that the median age of first sexual intercourse among young people (both males and females) aged 16–24 years in the UK is 16 years; however, 31% of young people report having had sex before the age of 16 years.[25] LAC generally become sexually active earlier than other groups of young people[26] and between 20% and 50% of those aged 16–19 years with a background of care become parents compared with a rate of around 5% in the general population.[27–30] One recent study found that one-quarter of young women leaving care were pregnant or were young parents within a year of leaving care[31] and, once pregnant, young women who have been in care are more likely to continue a pregnancy to term.[32]

Looked-after children are more likely to have experienced several of the risk factors for social exclusion than children living at home.[27,33–39] They typically report disrupted and unstable family backgrounds and experience frequent placement moves, which threaten and undermine their emotional and physical security and which are associated with unplanned pregnancies and early motherhood.[16,40–44] LAC are at greater risk of disengaging from education, truancy and school exclusion than non-LAC,[45] which are risk factors for and may be exacerbated by teenage parenthood.[46–48] Educational outcomes for LAC remain poor compared with those for other children. In 2012, only 15% of LAC achieved grades A* to C GCSEs (General Certificate of Secondary Education) in English and mathematics at Key Stage 4, compared with 58% of young people who were not looked after.[49]

Disengagement and low educational attainment are risk factors for becoming NEET (not in education, employment or training) and LAC are around twice as likely to be identified as NEET at the age of 19 years as a non-looked-after group.[24] They also have higher rates of learning difficulties,[39] which may impair their ability to understand and negotiate safe and stable sexual relationships and their knowledge and decision-making around contraceptive use and fertility.

Looked-after children are also much less likely to receive meaningful sex and relationships education (SRE) from their parents or carers than children living with their family of origin.[50] Following the establishment of the TPU, SRE was introduced in schools to help improve knowledge and awareness and to address the problem of teenage pregnancy.[51,52] However, high rates of truancy and school exclusion[51,52] and frequent placement moves mean that LAC are more likely to miss out on curriculum-based SRE, as well as health interventions and other school-based interventions to reduce teenage pregnancy, than non-LAC.[36,37,53] Based on an investigation of the effect of the 1972 education reform, known as the Raising of School Leaving Age, a recent research study predicts that teenage fertility rates will fall in response to legislative changes from summer 2013 that will require 16- and 17-year-olds to participate in education or training.[54]

Looked-after children are around three times more likely to run away or go missing than non-LAC.[55,56] This in turn puts them at risk of being physically or sexually abused or exploited.[57–60] Perhaps not surprisingly, therefore, a disproportionate number of sex workers are, or were previously, LAC.[61–64] In 2011, the Child Exploitation and Online Protection Centre gathered data on 2083 victims of sexual exploitation and found that 311 (34.7%) of 896 children whose living situation was known were looked after at the time of the exploitation.[28]

Childhood abuse and neglect increase the risk of a young person becoming a teenage parent[65–67] and can also give rise to long-term mental health problems.[68] Various studies have reported significantly higher rates of mental health problems among LAC than among other disadvantaged young people who lived in private households.[69,70] A national survey of the health of LAC by the ONS found that 45% had at least one type of mental disorder and two-thirds had at least one physical health complaint.[70] The same research found that, compared with children in private households, LAC were around three times more likely to drink regularly, four times more likely to smoke and four times more likely to be taking drugs.[70]

The policy perspective

Teenage pregnancy

In the UK, policy discourses around the prevention of teenage pregnancy have changed in recent years. The Teenage Pregnancy Strategy[71] resulted in various positive outcomes, such as an increased number of school- and college-based contraception and sexual health (CaSH) services and support for teenage parents through, for example, Care to Learn, which helps towards childcare costs for young people aged < 20 years who wish to study, and the Family Nurse Partnerships, which aim to improve pregnancy outcomes for first-time mothers. In some areas where there was effective implementation of the strategy the rate of under-18 conceptions fell by up to 45% from the 1998 baseline[1] (under-18 conceptions in England as a whole fell by 13% from the 1998 baseline to 2008). Immediate challenges to maintaining the achievements of the Teenage Pregnancy Strategy were identified as public spending cuts, a lack of young person-friendly CaSH services and variation in provision and quality as well as unequal provision of SRE.[1]

Since the change of government in 2010, the aim of reducing teenage pregnancy has come to be positioned within the remit of improving health inequalities. In 2012, the TPU was disbanded and responsibility for improving the quality of SRE in schools and colleges and integrating it within personal, social, health and economic education (PSHE) was taken over by the Department for Education. Subsequent initiatives included increasing the availability of young person-friendly CaSH services and targeted SRE advice for groups of young people at risk of teenage pregnancy. From April 2013, local authority (LA) health and well-being boards have had a statutory duty to improve the health and well-being of the local population and reduce health inequalities, through joint strategic needs assessments, as well as to support young people to prevent unhealthy lifestyle choices, which include risky sexual behaviour.[72] Reducing the rates of teenage pregnancy and STIs now forms a key part of the work of local areas to tackle child poverty and address health inequalities.[72] This reflects research evidence that illustrates the impact of socioeconomic disadvantage on rates of teenage pregnancy.

Looked-after children

In March 2012 there were just over 67,000 children and young people in England and Wales under the care of local authorities, designated as 'looked after'. This is an increase of 13% compared with 31 March 2008.[24] The increase in care applications in recent years can, in part, be attributed to a number of high-profile cases involving the deaths of young children, which it was judged could have been prevented if they had been removed from their homes at an earlier stage.[73,74] In 2012 the Children and Family Court Advisory and Support Service (Cafcass), which safeguards the welfare of children involved in family court proceedings, received a record amount of care applications and they are expected to rise further as a result of changes to the benefits system.[75] Recent amendments to the Children and Families Bill[76] have increased the age at which children in England can remain with their foster parents, from 18 years to 21 years, which it is hoped will encourage LAC to remain in education for longer.

Child protection policy in the UK is based on the Children Acts 1989[23] and 2004[77] and in the past decade a raft of major initiatives has been introduced to promote the rights and health and welfare of children and young people. In the wake of the enquiry into the death of Victoria Climbie in 2000, the government published the *Keeping Children Safe* report,[73] the *Every Child Matters* programme[78] and the Children Act 2004.[77] The 2010 *Working Together to Safeguard Children* guidance[79] outlines statutory and non-statutory guidance on how organisations and individuals should ensure that services are 'joined up' and the National Healthy Care Standard [see www.ncb.org.uk/media/173813/healthy_care_standard_entitlements_and_outcomes.pdf (accessed 21 July 2015)] is intended to help LAC and young people achieve the five outcomes described in *Every Child Matters*.[78] In recent years, the *Care Matters* White Paper[80] and the Children and Young Persons Act 2008[81] created independent reviewing officers to oversee the process of placement moves of young people in care and brought in higher education bursaries and other changes designed to encourage them to remain in education for longer.

Statutory and other guidance on promoting the health and well-being of LAC[82,83] were brought in to improve collaborative working between local authorities, primary care trusts (PCTs) and strategic health authorities (SHAs) and to collect, monitor and share information more effectively. Following successful piloting of virtual school heads to promote the educational achievement of LAC,[84] and in response to the latest statistics on educational GCSE outcomes for LAC,[49] the government intends to enshrine in law a virtual head teacher for LAC in every council.[85] However, there is still a lack of consistent support and advocacy for LAC and care leavers. Various barriers to participation for LAC have been documented, including a lack of an advocate to take proactive action on their behalf, lack of meaningful and sensitive involvement in their education plans, lack of an effective voice at reviews and lack of confidentiality.[86–89]

Rationale for developing a peer mentoring intervention to reduce pregnancy in looked-after children

Positive youth development and peer support

Although the TPU considered that the decline in the under-18 conception rate in some LA areas had occurred as a result of targeted work with LAC and care leavers,[90] there has been no independent evaluation of the effectiveness of the various measures put in place to address this issue and none using an experimental design.

Positive youth development (PYD) programmes, focusing on the development of strong bonds with appropriate adults and maintaining regular involvement in positive activities, appear to be more successful at preventing young people from engaging in risky behaviours than programmes that focus on the 'problem' that has to be solved.[91] A systematic review including a statistical meta-analysis of controlled trials of early childhood interventions and youth development programmes showed that the teenage pregnancy rate was 39% lower amongst individuals receiving an intervention than amongst those receiving standard practice or no intervention [relative risk 0.61; 95% confidence interval (CI) 0.48 to 0.77].[22] The interventions aimed to promote engagement with school and counter the effects of early adverse experiences through learning support, guidance and social support and to raise aspirations through career development and work experience.

One systematic review of PYD programmes in the USA, using experimental or quasi-experimental evaluation design,[92] found 15 programmes that had led to an improvement in at least one sexual and reproductive health outcome for young people. However, a non-randomised UK study to evaluate the effectiveness of development programmes for young people at reducing teenage pregnancy, substance use and other outcomes[93] found no evidence of effectiveness and some suggestion of an adverse effect. Methodological limitations of this study may have affected outcomes and it was recommended that any further implementation of PYD programmes in the UK should be randomised trials.

A number of studies have focused on peer support, which includes mentoring, befriending, counselling and other types of support provided by someone who has knowledge, or experience, relevant to their mentee.[94–97] The Randomised Intervention trial of PuPil-Led sex Education in schools (RIPPLE) project, which employed peer educators to provide sex education within schools, appeared to be effective in reducing self-reported pregnancies by the age of 18 years.[95] An informal, peer-led approach to adolescent smoking prevention has also been shown to be effective.[96] However, the only comprehensive systematic review of the effectiveness of peer-led health promotion interventions for young people, half of which were concerned with sexual health, concluded that, although a peer-led approach was promising, there were too few studies to be able to identify what constituted an effective model.[97]

Mentoring and peer mentoring

'Mentoring' is a somewhat ambiguous concept that has been used as a broad term to describe a variety of interventions and practices.[98,99] A common thread linking all mentoring schemes is the development of a trusting relationship between an older, more experienced person and a younger, less experienced person over an extended period of time, with the aim of providing social support.[98] The UK-based Mentoring and Befriending Foundation (MBF) advises that mentoring usually involves some form of goal-oriented work in addition to building a relationship, which is the cornerstone of befriending.[98] Mentoring can take place in a formal or an 'artificial' context, in which the mentor is acting in a voluntary or paid capacity, involving an external organisation, or it can be naturally occurring, usually involving a non-familial adult who is already present in the young person's life.[99,100]

There has been an increase in 'peer mentoring' programmes in recent years[101] and particularly in schools.[102] However, the definition of 'peer mentoring' varies widely across programmes. Over one-third of schools in England operate some form of peer mentoring/peer support scheme to reduce bullying and promote self-confidence and self-esteem, some of which have been effective.[102] The MBF review[102] of peer mentoring programmes in schools demonstrated the interchangeable use of the terms 'peer education', 'peer support', 'peer befriending', 'peer buddying' and others. Most programmes characterise the 'peer' element in relation to mentors being slightly older than, or having had similar life experiences to, the young people who they are supporting. In relation to LAC, the Scottish Government's report *Peer Mentoring Opportunities for Looked After Children and Care Leavers*[103] identified the most important criterion for being a peer as having a shared experience of being in care.

Impacts of peer mentoring schemes have been variable. In 2006, the MBF conducted a national pilot of formalised peer mentoring schemes in 180 secondary schools in England. Self-report and qualitative data demonstrated some benefits; however, there was no clear impact on pupils' behaviour, school attendance or educational attainment.[104] A study of year 10 students supporting year 7 pupils with the transition from primary to secondary school found that, following the mentoring, year 7 pupils reported increased self-esteem and confidence and less anxiety.[105]

A US meta-analysis of 55 evaluations of mentoring programmes found small benefits in general from mentoring but greater benefits for disadvantaged youth.[106] Very few controlled evaluations of mentoring have been carried out in the UK. However, an evaluation of the Mentoring Plus programme found that mentoring had positive impacts on training, education and work engagement in disaffected young people.[107,108] There were no clear impacts on offending, which was a general aim of the programme rather than a goal set as part of the programme.

Peer mentoring and policy

The concept of peer mentoring for LAC is consistent with the coalition government's key factors for success, particularly 'aspirational personal and social development programmes, targeted SRE and sexual health advice for at risk groups of young people' (p. 49) and the requirement on local areas to address child poverty and health inequalities.[73] There is little evidence for the effectiveness of using peer mentors, as opposed to adult mentors, for LAC and care leavers; however, non-peer mentoring for care leavers has been shown to increase confidence, self-esteem and aspirations.[109] One large-scale study, supported by the Department for Children, Schools and Families (DCSF), evaluated one-to-one mentoring relationships to increase educational engagement and performance for 449 LAC aged 10–15 years.[110] The programmes were managed mainly by voluntary organisations and the majority of mentors were adults, although some providers included peer mentors. The evaluation found marked improvements in school work, attendance and participation in hobbies and social activities, as well as in young people's feelings about themselves, the future and relationships with others. Providers that were located within a LA were found to be the most successful at delivery.

Mounting an intervention

Given the available evidence, we believe that a system of peer mentoring and support, involving a young person whose experience of life post care has been positive, may be a promising approach to intervention with this group. Factors influencing decisions around pregnancy in LAC include low self-esteem, loneliness, mistrust of others, lack of assertiveness and lack of perceived choices or options in life.[44,111] The concept of resilience, associated with building self-esteem and self-efficacy, is increasingly seen as offering a framework for intervention with disadvantaged and vulnerable young people and has been shown to be protective in the context of care and teenage pregnancy. Resilience can be enhanced by the presence of positive role models and at least one secure attachment relationship.[112–114] Having access to a trusted confidant who provides care, respect and guidance, through and beyond the period of care, may go some way towards creating emotional security and improving self-esteem and confidence, as well as providing an opportunity to deliver important messages and information around relationships, sexuality and pregnancy. This approach has the potential to assist young people to develop new identities and make choices regarding their education and personal development, increase their self-confidence and self-esteem[115–117] and provide real opportunities for alternative life choices.[48,118]

Social support interventions[119] involving trained volunteers have been shown to be effective in other areas of health care,[120,121] with adolescents[122] and in foster care.[123] There is some evidence that mentoring can help to increase the confidence, self-esteem and aspirations of young people in care[109] and may also have a positive impact on training, education and work engagement.[107] Relatively less is known about the impact of peer mentoring as opposed to adult mentoring.

Potential pitfalls

We were aware of the potential challenges involved in accessing and engaging LAC,[124] of finding positive role models[125,126] and of sustaining such an intervention. We nevertheless considered that a peer mentoring approach would benefit from research, geared towards intervention refinement and experimental evaluation. In particular, we hoped to be able to explore the acceptability and feasibility of such an intervention; the need for and nature of rewards for the mentor; the training and support needs of the mentors; the means by which sustainability can be ensured; and the management of the post-intervention transition in a way that supports both mentor and mentee. From the available evidence we were convinced that not only was this a promising avenue to pursue given the aims of the project, but also the systematic and rigorous exploration of peer mentoring in this context would be generalisable and of benefit to a broader field.

Study aim and objectives

This study aimed to develop a peer mentoring intervention to reduce teenage pregnancy in LAC and to undertake an exploratory randomised controlled trial (RCT) to assess the feasibility of evaluating the effectiveness of the intervention in a definitive trial.

The objectives were to:

- develop a complex intervention to reduce teenage pregnancy in girls and young women who are 'looked after'
- conduct an exploratory RCT of the intervention in three LAs in England, pilot recruitment, randomisation and consent procedures, examine recruitment and retention rates and the feasibility of collecting reliable and valid data on the primary and secondary outcome measures and estimate what might be feasible effect sizes and intervention costs for a future full-scale RCT
- embed a process evaluation within the exploratory trial to assess the acceptability of the intervention and the trial procedures to LAC and those working as mentors and to document what constitutes usual care in this context for those LAC randomised to the control arm.

Chapter 2 Study methods

This chapter describes the study research design and methods used. The research aims and objectives are as set out in the previous chapter.

Research design

This was an intervention development and pilot study of peer mentoring for children and young people who have been in care, followed by an exploratory RCT, based on Phase I and Phase II of the MRC's original framework for evaluating complex interventions.[127] We also looked at feasibility criteria and acceptability of the intervention to establish whether progression criteria for a Phase III trial could be met. The components of the peer mentoring intervention were based on existing evidence about mentoring interventions and discussions with key stakeholders; it was aimed to pilot this (Phase I) in one LA with six mentor–mentee dyads (actual $n = 4$). Phase II consisted of an exploratory RCT of the intervention in three LA areas. The target was to recruit 48 LAC mentees (young women aged 14–18 years) and 24 care leaver mentors (young women aged 19–25 years). The LAC mentees were individually randomised with half receiving the peer mentor intervention and half receiving 'usual support' (see *Usual support condition*). However, only 26 LAC were recruited and available for randomisation (see *Chapter 5* for the reasons for this).

Selection of local authorities

Local authorities were selected on the basis of advice from the Advisory Group, in particular the TPU and the Who Cares? Trust. The team sought the involvement of two London-based and one non-London-based LA. The three LAs were selected because of their size and numbers of LAC in the areas that they covered and their perceived ability to support a research programme in this area. We looked for LAs with a previous track record, either in terms of peer mentoring or in terms of their interest in, and willingness and ability to engage in, the research.

An initial meeting was set up with the Director of Children's Services (DCS) and key senior staff members in the three LAs for the Principal Investigator and team to present the project and provide an opportunity to ask any questions, to advise on any practical difficulties and to suggest changes. Following the first meeting, all three LAs agreed to participate. Further meetings were then held with the senior social workers from the LAs who had been identified as being able to take on the role of project co-ordinators (PCs). Following these meetings, the team, with the assistance of the LA staff, drew up an operational policy for the project, setting out in detail the roles and responsibilities of the LAs and specifically the PCs. The LAs received no reimbursement for participation in the project.

To preserve the anonymity of participants, the two London LAs are referred to as LA1 and LA2 and the non-London-based LA is referred to as LA3 in this report. The Phase I pilot was undertaken only in LA1. The exploratory trial mentoring was to be conducted in all three LAs. However, the non-London-based LA withdrew from the project before commencement of the exploratory trial and a replacement non-London-based LA (LA3) was then identified. However, LA3 experienced problems with recruiting and retaining mentors, which meant that no mentoring relationships could be established and LA3 had to withdraw from the project. This left only the two London LAs in the exploratory trial. Further details of the problems encountered and the reasons for mentor dropout are described and discussed later in this report (see *Chapters 5* and *8*).

Ethical approval and research governance

Ethical approval to conduct this research was granted in December 2010 by the Research and Ethics Committee based at the London School of Hygiene and Tropical Medicine (reference number 5866) (see *Appendix 1*). Local approval was obtained from the three LAs to ensure that the trial met their standards for research governance. Permission to conduct national surveys of social work staff was obtained from the Association of Directors of Children's Services (see *Appendix 2*). The trial was registered with the Bristol Randomised Trials Collaboration [BRTC; see www.bristol.ac.uk/cobm/research/brtc.html (accessed 20 April 2015)], a UK Clinical Research Collaboration (UKCRC)-registered clinical trials unit. The BRTC provided a randomisation service for the exploratory trial and a trial database.

Developing the peer mentoring intervention (Phase I)

Existing evidence (see *Chapter 1*) suggested that peer mentoring would be an appropriate approach to reducing teenage pregnancy. However, a scoping exercise and targeted review of the literature was undertaken as part of Phase I to assist with the process of defining the intervention components, logic model and delivery plan.

Scoping exercise

Information was sought regarding local or national voluntary or statutory sector projects as well as published or unpublished reports, papers and web links relating to the following three types of intervention:

1. peer mentoring interventions for LAC
2. peer mentoring interventions to reduce teenage pregnancy
3. other interventions to reduce teenage pregnancy in LAC.

Directors of Children's Services for England and Wales and virtual head teachers, teenage pregnancy co-ordinators, children's and young people's charities, mentoring organisations and members of the study Advisory Group were contacted ($n = 457$) between April and May 2012 to see if they were able to provide relevant information. Reminder e-mails were sent throughout the 2-month period. Initial responses were followed up by telephone or e-mail to explore professionals' views on the components of existing interventions. Particular attention was paid to questions around the selection, training and support of mentors, the specification of the mentoring relationship (e.g. amount and types of contact and duration of relationships), exit strategies and views on contextual factors affecting the effectiveness of these interventions.

Targeted literature review

A targeted literature review was conducted at the same time as the scoping exercise. The following databases were searched between March and April 2011 for published and unpublished literature on peer mentoring for LAC with the aim of reducing teenage pregnancy: PsycINFO, Social Sciences Citation Index, MEDLINE, Database of Abstracts of Reviews of Effects, Education Resources Information Center (ERIC), System for Information on Grey Literature in Europe (SIGLE) and Cumulative Index to Nursing and Allied Health Literature (CINAHL). Studies pre-1992 were excluded. An initial search of these databases revealed only limited available literature and so the search strategy was broadened to include studies that used more traditional (i.e. adult to youth) mentoring methods. The literature review encompassed the following types of mentoring:

- mentoring and peer mentoring for young people
- mentoring and peer mentoring for LAC
- mentoring and peer mentoring to increase positive sexual behaviours and/or reduce teenage pregnancy
- mentoring and peer mentoring for pregnant and parenting adolescents.

For a detailed description of the search strategy used in the review, see *Appendix 3*.

A further database search was conducted in December 2012 to incorporate more recent literature into the review.

Intervention logic model

The behaviour–determinants–intervention (BDI) logic model[63] is a standardised approach to theorising and informing the development of social interventions for community health problems, including sexual health and teenage pregnancy. Drawing on the literature review and scoping exercise, a BDI logic model was designed to describe and explain the intended causal mechanism of the intervention. The BDI logic model is presented in *Chapter 3* of this report.

Piloting the peer mentoring intervention

A 3-month pilot of the methods for recruiting participants and the delivery of the intervention was undertaken in LA1. The recruitment target was six mentors and six mentees. The findings were used to refine the mentor training programme and other intervention components and to test the research methods and instruments to be used in the exploratory trial.

Methods used included observation of the training programme, a focus group with mentors on the last day of training and individual semistructured interviews with participants at the end of the 3-month period. Semistructured interviews were also held at the end of the 12-month intervention to explore the mentoring relationships and any impacts on mentors and mentees. These interviews were not included in the original protocol but were added because of the lower than planned level of recruitment in the exploratory trial.

Exploratory randomised controlled trial (Phase II)

A RCT was undertaken in LA1, LA2 and LA3 with 26 young women aged 14–18 years, randomised to receive the peer mentor intervention or the usual support provided to LAC. Randomisation was stratified by LA. Participants, both mentors and mentees, were interviewed 1 year post randomisation, at which time the mentoring had concluded. For details on the recruitment process see *Chapter 5*.

Components of the peer mentoring intervention

Mentor training and support

A 3.5-day training programme was designed by the research team in collaboration with the National Children's Bureau (NCB) and Straight Talking, a teenage pregnancy organisation (see *Chapter 6* for details). All potential mentors were offered the training, after which they were asked whether they were still willing to act as mentors and were consented. Only those who completed the training programme were permitted to work as peer mentors. We anticipated that pilot training would be delivered to 8–10 young people from LA1 and that the exploratory trial training would be delivered to 10–12 young people from each of LA1, LA2 and LA3. Training was delivered locally, in each of the LAs, to make attendance easier for participants, generally at a location arranged through the LA. Participants were paid £30 in shopping vouchers for attendance at training. The pilot training took place between 31 August 2011 and 5 September 2011. Exploratory trial training ran from 13 to 16 February 2012 in LA3, from 22 to 25 February 2012 in LA2 and from 20 to 23 March 2012 in LA1.

A booster training day, delivered by the NCB and Straight Talking, was held approximately 4 months into the intervention. This focused on discussing issues that had arisen for mentors within the mentoring relationship and problem solving.

Mentors were provided with ongoing support from the PC in each LA for the duration of the intervention, through monthly support groups and ad hoc troubleshooting and the provision of advice in-between these meetings on an individual basis. The PC role was refined during the pilot stage and is described later in this report (see *Chapter 3*).

Mentor role

It was agreed at the outset that each mentor should be required to take on only one mentee at a time, for a period of up to 1 year. Contact between the mentor and the mentee was by a variety of means (face-to-face meetings, e-mail, telephone conversations and texts). Mentors were provided with a mobile phone to facilitate communication with their mentee. Mentors received a monthly stipend in recognition of their work and contribution to the study, as well as money for activities with their mentees (described later in this chapter). They were also offered the opportunity to gain an accreditation for their peer mentoring through the Award Scheme Development and Accreditation Network (ASDAN). Mentors signed a mentoring 'contract' that outlined the responsibilities expected of them in terms of maintaining contact with their mentee, attending support group meetings and using the money and mobile phone appropriately. The mentor role was refined during the pilot phase and then further refined before commencement of the exploratory trial (see *Chapter 3*).

Study participants (Phases I and II)

Inclusion criteria

Participants aged 14–18 years

Young women were considered eligible to participate if they met the following criteria:

- they were aged between 14 and 18 years
- they were currently under the care of the LA in children's homes or with foster carers or were care leavers.[128]

An age of 14 years was specified as the lower limit because of the evidence suggesting that LAC are at risk of early sexual initiation.[28] This age was also chosen because ethical guidelines require additional consent to be sought when obtaining information on sexual behaviour below the age of 14 years.[129]

The inclusion criteria did not specify whether the young women were sexually active or had previously been pregnant. However, these data were collected at baseline and follow-up.

Mentors

Young women were considered eligible to participate as mentors if they met the following criteria:

- they were aged between 19 and 25 years
- they had experienced the care system
- they were deemed safe to work with children and vulnerable young people by having a satisfactory Criminal Records Bureau check [now referred to as the Disclosure and Barring Service (DBS)].

The scoping and peer mentoring literature review (see *Chapter 3*) identified the qualities and characteristics desired of peer mentors in previous work. These findings were relayed to PCs to assist them in the selection of suitable peer mentors.

Exclusion criteria

Young women (both mentors and mentees) were originally to be excluded if they were pregnant at the time they were approached to give consent, but they were not necessarily excluded if they already had a child (see *Chapter 5* for details on exceptions to these criteria because of recruitment difficulties).

Recruitment

Pilot study recruitment was scheduled over a 2-month period between July and August 2011. Recruitment for Phase II was scheduled over a 3-month period between December 2011 and February 2012, although in practice we were unable to keep to these recruitment windows (see *Chapter 5*).

Recruitment leaflets and posters were designed by the research team in collaboration with a service user representative to ensure that they were appropriate. The leaflets summarised information about the study, explained confidentiality and anonymity procedures and included researcher contact details. To make the study accessible to young people and other stakeholders and for easy referral it was named 'the Carmen study' (derived from the words 'care' and 'mentoring'). These materials were given to PCs to distribute to professionals and young people within their LA (see *Appendix 4* for the written information included in the recruitment leaflets).

When a potential mentee indicated that they might be interested in participating, the researcher made an introductory telephone call and arranged to meet. The initial meeting with one or both of the researchers (DM and FC) was held on LA premises or at the participant's home address if the participant preferred. At the meeting the researchers checked that the participant understood the nature of their involvement, details about the mentoring programme and the randomised nature of the trial (Phase II only). If the potential mentee was happy to enter the trial the researcher completed the consent procedures and baseline interview. Participants were given a £15 shopping voucher for completing this.

When a potential mentor indicated a willingness to participate, the researcher made an introductory telephone call and checked that potential mentor could attend the training. The potential mentor was then sent a letter with details of the training times and venue. If they were still interested in participating after completing the training course, a meeting was arranged with the researchers to complete the consent procedures and baseline interview. These meetings were held in the same locations as meetings with potential mentees. Participants were given a £10 shopping voucher for completing this.

Informed consent and safeguarding

Verbal and written consent was obtained from participants before completing the baseline interview (see *Appendix 5* for consent forms). Baseline interviews were completed before randomisation. Young people aged < 16 years were invited to have their social worker or other LA individual present when obtaining consent. If they preferred to attend alone, the researchers spoke to their social worker to confirm their capacity to consent. Young people aged between 16 and 18 years could also elect to have a third person present if they wished. Fraser guidelines,[129] which set out criteria for determining if a child is mature enough to make decisions around contraception and sexual matters, were followed. Participants were advised to direct initial queries about the research to the researchers and any other queries or concerns to the PC. A copy of the mentee consent form was sent to the mentee's social worker, together with details of the PC.

We developed protocols for dealing with a disclosure of significant risk or ongoing harm involving a mentor or menteed young person. Before giving consent, all participants were informed of the limits of confidentiality in research interviews and that their social worker or another member of their care network would be informed if any such disclosures were made. Mentors were also advised to inform the PC if their mentee made any disclosures to them.

Randomisation

Mentees participating in the exploratory trial were individually randomised. Randomisation was stratified by LA using blocking and was undertaken using the BRTC automated randomisation service. After obtaining consent from the mentee, the researcher contacted the randomisation service to obtain the allocation. This information was then communicated to the mentee, their social worker and the PC.

Mentees were randomised to either the intervention arm of the trial or the usual support arm. Those in the intervention arm received a peer mentor in addition to their usual services.

Usual support condition

Those in the usual support arm received the services already available to them because of their status as a looked-after young person. These services aim to promote their educational achievement, physical health and social and emotional well-being.[83]

Sample size

The sample size in the exploratory trial was not intended to have sufficient power to detect a significant difference in the primary outcome measure. However, the target sample size, 48, was sufficient to test whether the trial methods were robust and to provide sufficient data to check the reliability of the psychometric measures being used as secondary outcome measures.

Measures

Baseline measures

The following data were collected from LAC aged 14–18 years (see *Appendix 6* for the baseline questionnaire):

i. sociodemographic data (age, ethnicity, etc.)
ii. care history (current and previous)
iii. forensic history and alcohol and drug use
iv. educational attainment and achievement – attainment, school attendance, history of exclusions, truancy and suspensions, future educational/vocational intentions
v. sexual activity, contraception use, condom use to prevent STIs, history of pregnancy and STIs (some questions were adapted from the second NatSAL, a large UK study of sexual behaviour[130])
vi. physical and psychological health (see *Explanatory variables* for list of standardised measures used)
vii. interpersonal and social functioning including number of confidants/close friends and engagement in leisure/sporting activities.

Additional information (including care history, sexual health and contact with other agencies) was collected from mentees' social workers using a questionnaire (see *Appendix 7*). Consent for obtaining this information was obtained from mentees.

Outcome measures for mentees

Follow-up data collection took place when the peer mentoring intervention ended; this was scheduled at 12 months after the baseline interview. Follow-up interviews with Phase II mentors and mentees took place in June and July 2013. Participants were given a £20 shopping voucher for this.

Primary outcome measure

As the key purpose of the intervention is to reduce the rate of pregnancy, the ideal would be to have pregnancy as the primary outcome for this exploratory trial and in any subsequent definitive trial. However, this makes sense only if there is a reasonable chance of detecting a meaningful reduction in the rate of pregnancy between the intervention group and the control group in a Phase III trial. It is difficult to estimate accurately what the rate of pregnancy is for LAC and teenagers. Some studies have suggested

that the rate may be as high as 40%.[131] However, data collected on live births to LAC in combination with routine data on teenage conceptions and abortions for the population as a whole in England suggest that the rate may be 10%.[72] If we assume that it would not be feasible to mount a Phase III trial with > 1000 LAC randomised to the intervention and control groups, *Table 1* suggests that, if the pregnancy rate in LAC is between 20% and 40% and an effect size of 10% is deemed reasonable, using pregnancy as the primary outcome measure in a definitive trial would be possible. However, as the lower part of the table indicates, if the pregnancy rate for LAC is nearer to 10% then the intervention would have to have the effect of halving the pregnancy rate in the intervention group to have a reasonable chance of detecting this change.

Although data on live births to LAC are routinely recorded, routine data on abortions for women aged < 18 years do not distinguish between those who are looked after and those not in care. Thus, it is not possible to calculate a pregnancy rate for this group. Our estimate of a pregnancy rate of 10% rests on an assumption that the ratio of live births to termination of pregnancy in LAC is the same as that for all teenagers, even though there is some suggestion that this may not be the case.[28] An important function of this exploratory trial was to (1) conduct further analyses of routine data on births to LAC and conception and abortion rates in teenage women, to produce more robust estimates of the pregnancy rate in the subgroup of LAC that our intervention is designed for; (2) explore the feasibility of collecting pregnancy data from the young people themselves; and (3) consider in detail what other surrogate measure for pregnancy could be used as a primary outcome measure in a Phase III trial should it become clear that using pregnancy as the primary outcome is not feasible. Current candidate surrogate measures collected included age of first sexual intercourse, use of contraception compared with incidents of unprotected sex in the previous 3-month period and number/nature of sexual relationships and STIs. Of these, our primary surrogate markers were age of first sexual intercourse and use of contraception compared with incidents of unprotected sex in the previous 3-month period. We examined whether all of the effects of our intervention were mediated through and reflected in the surrogate measures as well as in the primary clinical outcome.

TABLE 1 Feasibility of using pregnancy as the primary outcome measure in a Phase III trial

Pregnancy rate (%)		
Control	Intervention	*n* required per arm[a]
40	35	1511
40	30	376
35	30	1417
35	25	349
20	15	945
20	10	219
10	8	3313
10	7	1422
10	6	771
10	5	474
10	4	316

a Computed assuming a 5% false-positive rate and 80% power.

Secondary outcome measures

Secondary outcome data for mentees were collected using a questionnaire, measuring change to those feelings, thoughts and behaviours collected at baseline.

Explanatory variables

Data were collected on variables that may help to explain the mechanisms by which the intervention achieved its effect. These were informed by the development of the BDI model (see *Chapter 3* for more details). The following psychological measures were self-completed by mentees at baseline and follow-up:

- *Self-Esteem Scale*[132] – 10-item self-report measure of global self-esteem. Answers are given on a 4-point scale ranging from 'strongly agree' to 'strongly disagree', with a higher score indicating greater self-esteem. This measure has demonstrated reliability and validity with young people.
- *General Health Questionnaire*[133] – 12-item scale to detect symptoms of anxiety or depression. A score of ≥ 4 defines common mental disorder with a maximum score of 12 indicating a high likelihood of psychiatric illness.
- *General Help-Seeking Questionnaire (GHQ)*[134] – 8-item scale, with each item identifying intentions to seek help from different sources. Good reliability and validity with young people.
- *Locus of control*[135] – This 29-item scale was shortened to a 10-item scale to ensure that it was appropriate for the young people participating. It measures generalised expectancies for internal compared with external control of reinforcement (internal locus of control characterises those seeing their own actions determining life events; external locus of control characterises those seeing events in life as generally outside their control). Scores range from 0 to 13, with a low score indicating internal control and a high score indicating external control.
- *Attachment style*[136] – Self-report questionnaire classifying four attachment styles: secure, fearful, dismissive and preoccupied. Good reliability and validity, including for use with adolescents.

Outcome measures for mentors

Mentors completed a baseline questionnaire prior to the commencement of the intervention (see *Appendix 8*). The questionnaire recorded:

- sociodemographic data (age, ethnicity, etc.)
- care history
- education and employment status
- physical health, alcohol use and pregnancy history
- interpersonal and social functioning including number of confidants/close friends and engagement in leisure/sporting activities.

Mentors also completed three psychological measures – the Self-Esteem Scale, the GHQ and the locus of control – pre intervention and following completion of the intervention to assess change.

Economic evaluation

The first intention of the economic evaluation was to determine the costs of the intervention and develop a model of the running costs suitable for estimating the costs of a larger trial. Timesheets were provided for PCs to record the time that they spent delivering the scheme. They were also asked to record details of expenses associated with these activities. In the event, these methods were used infrequently by the co-ordinators and the project costs had to be estimated from the small number of data that they did return, qualitative remarks made during interviews and the time that the researchers had to commit to supporting the co-ordinator role. Mentors were also asked to record the time spent on activities with their mentee and retain records of all expenses incurred whilst undertaking the role.

The second intention was to develop a conceptual model to detail the connection between the value added by the intervention and the probabilities of various medium- to long-term outcomes for the young women and any children they may have, aimed at supporting the design of future interventions.

Process evaluation

A process evaluation was undertaken to examine implementation and receipt of the intervention and to assess feasibility and fidelity, accessibility, acceptability and contextual factors affecting implementation. The process evaluation was also used to gain insights into the mechanism of action of the intervention.

The process evaluation was informed by data from semistructured interviews with mentors, mentees and PCs and mentor diary data, focus groups, survey data and interviews with other professionals.

Follow-up semistructured interviews

At the end of the Phase II mentoring intervention (June 2013), follow-up semistructured interviews were conducted with mentors, mentees and PCs (see *Appendix 9* for qualitative interview schedules). We originally intended to qualitatively interview a sample of mentors and mentees; however, low recruitment numbers resulted in us attempting to interview all participants at follow-up. The interviews explored their experiences of the mentoring relationship in terms of its acceptability, appropriateness and impact, their views of whether mentoring is effective, their views of how it effects change and their suggestions for how mentoring could be enhanced. With regard to the research, views were examined on the consent and randomisation procedures. Interviews were also sought with mentors or mentees who left the programme early, to understand their reasons for exiting the study. Interviews were conducted by the researchers (DM and FC) on LA premises or at participants' home address, depending on their preference.

Assessing the feasibility of a Phase III trial

To assess the feasibility of delivering the peer mentoring intervention in a Phase III trial, the following domains were explored:

- availability of eligible participants for a Phase III trial
- feasibility of recruiting mentors and mentees
- acceptability of the consent and randomisation procedures
- participant retention
- evidence of harm to participants
- characteristics and appropriateness of proposed outcome measures
- costs for a full trial
- ability to manualise the intervention.

Training evaluation

The training sessions were observed to assess whether the specific components were being delivered and the appropriateness of the approaches used and the level of the mentors' engagement with the training material presented/discussed. A semistructured checklist was used to guide the researchers' observations and the observations were recoded qualitatively. Participants completed a questionnaire at the beginning of training and at the end of each day and participated in a focus group on the last day (see *Appendix 10* for schedules), giving feedback to the researchers on the training provided. Further feedback regarding training delivery and the training process was provided by the trainers to the researchers.

Mentor diaries

Mentors were asked to keep a structured diary logging the frequency, nature and content of their communication with mentees, as well as their reflections about their mentoring experiences (see *Appendix 11* for schedule). A mobile phone-based application known as Magpi [see www.magpi.com (accessed 21 April 2015)] was downloaded onto the mobile phones and used to capture the information. Mentors were also given an option of completing the diary online. Diary entries were sent electronically to the researchers and were held on a secure, confidential server. The researchers provided guidance on completing the diary at the mentor training. Mentors were asked to complete the diary after each contact with their mentee, as well as weekly, even if no contact had taken place that week.

During the Phase II exploratory trial, researchers collected information from mentors and mentees over the telephone, taking the form of a 'snapshot' diary at three time points – 3, 6 and 9 months into the intervention – asking about contact in the previous week (see *Appendix 12* for schedules). The diaries were digitally recorded and transcribed verbatim.

Amendments introduced to the study

A number of additional elements (not originally included in the study protocol) were introduced to the study in May 2012. This was in response to recruitment difficulties that had resulted in target participant numbers not being met (see *Chapter 5*) to enable us to further explore the barriers to recruitment and assess the feasibility and acceptability of undertaking a Phase III definitive trial. These additional elements are described in *Table 2*.

TABLE 2 Changes to the original protocol

Title	Original protocol	Change made	Reason for change	Month in project[a]
Inclusion criterion for ages of mentors	18–25 years	19–25 years	When possible, minimum 5-year age gap between mentees (age 14–18 years) and mentors	1
LAs	LA1, LA2, Southend	LA1, LA2, LA3	Having initially indicated a willingness to participate, Southend LA subsequently decided not to take part in the research study	1
Inclusion criterion for number of mentee placements	Three or more placements	One or more placements	Low recruitment numbers within the first few weeks resulted in the inclusion criterion being widened	2
Payments for participant interviews	£10 for individual interviews and £20 for focus groups	Payments made in shopping vouchers – £15 for mentee baseline interviews, £15 for mentor baseline interviews, £20 for follow-up interviews	Feedback from social workers that payments should be made in vouchers rather than in cash	4
PC role	One PC per LA	Two PCs per LA	LAs felt that the PC role required too much time commitment for one person	5
Mentor training	3-day course	3.5-day course	The design of the intervention necessitated a longer training period for mentors than had originally been anticipated	5
Social worker questionnaire	Not included in the original protocol	Mentees' social workers were sent questionnaires at baseline and follow-up	To compare self-report information with case records; to identify whether there had been any variation in contact with agencies at the 1-year follow-up	5
Mentor payments	£40 per month in recognition of their contribution to the study	Payments in recognition of role made in Love2Shop vouchers	Feedback from social workers that payments should be made in vouchers rather than cash	12
	Additional £40 per month for activities with mentees	Activity payment costs for London boroughs increased to £60 per month	Feedback from pilot mentors/mentees that activity payments were insufficient	

TABLE 2 Changes to the original protocol (*continued*)

Title	Original protocol	Change made	Reason for change	Month in project[a]
Mentor diary	Magpi technology used to collect data	Diary completed using Magpi or online	Feedback from pilot mentors/mentees that they would like to complete the diary online	12
Semistructured interviews with LA staff	Not included in the original protocol	13 interviews with PCs, senior managers and social workers	To understand individual experiences of participant identification and referral to the study and also barriers to recruitment	15
Focus groups for refining the intervention	Four focus groups before the start of the pilot study	Focus groups conducted during Phase II – five focus groups with LA staff and two with LAC	To assess feasibility and explore views on the peer mentoring intervention	15
Surveys of LA staff and young people	Not included in the original protocol	National survey of LAC and care leavers; national survey of DCSs/social workers; local survey of social workers from LA1, LA2 and LA3	To assess feasibility and explore views on the peer mentoring intervention	15
Interview with university student	Not included in the original protocol	Interview with a university student from St George's, University of London	To assess feasibility and explore views on the peer mentoring intervention	24

a Month as per project timetable.

Semistructured interviews with professionals

In June and July 2012, 13 semistructured interviews were conducted with PCs, senior managers (referred to as SM in quotations) and social workers (referred to as SW in quotations) from LA1, LA2 and LA3 (see *Appendix 13* for schedules). We interviewed all PCs and senior managers involved in the study and a sample of social workers, who were chosen because of their involvement in recruitment. A senior manager was defined as a person who had management responsibility within the field of LAC/care leavers and who did not have a caseload. The purpose of these interviews was to understand individual experiences of participant identification and referral to the study and also barriers to recruitment. Interviews were conducted either in person on LA premises (in a private office) or on the telephone and lasted from 30 minutes to 1 hour. All interviews were digitally recorded and transcribed verbatim.

Surveys of local authority professionals and female looked-after children and care leavers

The following surveys were conducted (see *Appendix 14* for schedules):

- A survey of social work staff in the three LAs (whose caseload included LAC or care leavers) explored their involvement with the study and barriers to recruitment. Senior managers were asked to distribute the survey, which was open from 11 January to 21 March 2013. In total, 22 responses were received (three from LA1, five from LA2, 14 from LA3).
- A national survey of two groups of young women from the UK (LAC aged 14–18 years and care leavers aged 19–25 years) was open from 3 September to 14 December 2012. The purpose of the survey was to examine views on recruitment, randomisation and the peer mentoring intervention as well as young people's experiences of other mentoring schemes. The survey was advertised through the *Who Cares?* magazine, produced by a national charity for LAC. Other organisations were contacted by e-mail and on Facebook and Twitter, including children's charities, youth services and Children in Care Councils (CiCCs). Flyers were distributed during National Care Leavers' Week in October 2012.

In total, 27 responses were received to the 14–18 years survey [mean age 16.78 years, standard deviation (SD) 1.15 years]; 15 respondents lived in southern England, five lived in London, four lived in the Midlands and three lived in Northern England. For the 19–25 years survey, 37 responses were received (mean age 21.58 years, SD 2.13 years); 11 respondents lived in southern/eastern England, 10 lived in London, eight lived in the Midlands, five lived in northern England and two lived in Scotland (one response was missing).

- Two surveys were e-mailed to DCSs in 152 LAs in England and Wales. One survey was completed by DCSs and/or senior managers within children's services. This survey assessed the availability of eligible participants within their LA, their views on peer mentoring and randomisation and their interest in participating in a larger trial. The second survey was completed by social workers whose caseload included LAC aged 14–18 years or care leavers aged 19–25 years. This survey assessed respondents' views on the peer mentoring intervention and randomisation. The surveys were open from 11 January until 21 March 2013. In total, 85 responses were received to the DCS survey (25 from LAs in London, 24 from LAs in northern England, 20 from LAs in southern/eastern England and 16 from LAs in the Midlands). For the social worker survey, 118 responses were received (47 from LAs in northern England, 29 from LAs in the Midlands, 29 from LAs in southern/eastern England and 13 from LAs in London).

The surveys were constructed using LimeSurvey [see www.limesurvey.com (accessed 21 April 2015)], a survey software tool, and were completed online. Recruitment was facilitated by the circulation of the survey URL. There was an opportunity to enter a prize draw in the surveys of young people and social workers, with one respondent in each survey winning a shopping voucher (£30 for young people and £50 for social workers).

Focus groups with female looked-after children and care leavers and local authority professionals

Focus groups with LAC/care leavers and professionals working with LAC were held to explore their views on the peer mentoring intervention (see *Appendix 15* for focus group schedules). Two focus groups were held in an additional LA (referred to as LA4) with (1) two LAC aged 14–18 years and (2) five female care leavers aged 19–25 years. This LA was chosen because of its expression of interest when contacted during the scoping exercise. Recruitment flyers were provided to a LA4 Children's Rights, Participation and Engagement Manager in May 2012, who distributed them to eligible young women. The groups were held at a local youth centre in July 2012. Participants were given a £20 shopping voucher for their participation.

In May 2012, managers were asked to distribute preliminary written information to their staff and to nominate individuals to participate in focus groups about the project. Following this, two additional groups were held in each of LA1 and LA2 consisting of (1) social workers working with LAC and care leavers and (2) health and education staff. One focus group was held with social workers in LA3. The groups were held on LA premises or in local education centres between August and November 2012. The number of participants in each group ranged from three to six. The length of the focus groups ranged from 1 hour to 90 minutes.

All focus group discussions were digitally recorded and transcribed verbatim.

Interview with university students

Following advice from the Trial Steering Committee that university students may be a fruitful avenue of recruitment in a future trial, because of their perceived status as aspirational role models for young people in care, we attempted to arrange a focus group with university students who had experience of the care system. The aim was to explore their interest in acting as peer mentors and the potential barriers that they may encounter. For ease of recruitment, students were selected from St George's, University of London (SGUL) and Kingston University. Recruitment was conducted through the SGUL Student Centre, who contacted all eligible female students aged 19–30 years who had experience of the care system (the upper age limit was extended because of feedback from social work professionals that mentors could be older

than 25 years). The head of the Student Centre reported that there were approximately 10 eligible participants. Two students expressed an interest in participating but only one of them subsequently presented for interview, in July 2013 (see *Appendix 16*). The participant was given a £20 shopping voucher for her participation. The interview was recorded and transcribed verbatim.

Data analysis

Qualitative data analysis

For the purpose of this report we adopted a pragmatic thematic approach to the analysis of qualitative data, seeking to provide a largely descriptive account[137] of the peer mentoring process that would complement the analysis of quantitative data and enable further refinement of the intervention and research procedures. Although we borrowed analytical techniques of coding and comparing data from grounded theory,[138] we used these tools to organise our data, rather than seeking to build theory about the processes underpinning the peer mentoring relationship (this approach will inform additional, in-depth qualitative outputs from the study).

Transcripts from the process evaluation interviews were read a number of times by researchers (DM and FC) to familiarise themselves with the data. Participant and LA area attributes were assigned to each transcript to allow analytical themes to be explored in relation to the experiences of different groups and to compare processes across areas.

An initial 'open coding' was undertaken of a selection of transcripts from different participant types and LAs. Coding involved assigning labels to data (passages of text) – where possible retaining language used in the transcripts – that indicated the relevance of that data to the research questions being addressed. In this study, the coding process was guided by the team's key questions about the processes of mentoring and relationship building and the progress of the relationships between dyads, what made a relationship work and what did not. Questions asked of the data included how the mentor and mentee experienced the relationship; the expectations of mentors and mentees about the workings/dynamic of the relationship; what mentors and mentees thought was a safe and appropriate relationship; and the impact of this supportive relationship on their relationships.

Following open coding, researchers adopted an iterative process[139] whereby they looked for patterns, similarities and differences, as well as silences, in the coded data. This process was used to coalesce codes into categories or themes that constructed our descriptive account of the mentoring process. The iteration was a reflexive process and was key to sparking insight and developing meaning. The researchers visited and revisited the data and connected them with emerging insights, progressively refining the themes. The themes emerging from the data were driven by the inquiries above but also by the researchers' interpretations of what the data were telling them based on their experiences of having undertaken the interviews and of the fieldwork environment. The researchers undertaking the coding (DM and FC) presented the emerging analysis to members of the research team through regular meetings and to members of the Advisory Group on two occasions to validate themes from the wider team perspective.

Through the iterative process we developed an analytical framework – a comprehensive set of themes – that was applied to all semistructured interview and focus group data. Themes that made up the framework were created as 'nodes' in the NVivo qualitative analysis software package (version 10; QSR International, Warrington, UK) and all transcripts were coded to those nodes, that is, sections of text were assigned, using the software, to the themes to which they were relevant.

The resulting coded NVivo database was used to facilitate the management of the large qualitative data set. In undertaking the process evaluation 'query' functions within NVivo were used to collate data relating to particular themes that described the mentoring process and to enable comparisons between data from different types of participant (see *Chapter 8*).

As well as the process evaluation, qualitative data also explored the structure and components of the intervention (examined through follow-up interviews and mentors' diaries). NVivo software was used to collate qualitative data from all sources to support and make comparisons with the quantitative data collected through baseline and follow-up interviews and survey data, that is, data sources were triangulated[139] (see *Chapter 7*).

Quantitative data analysis

Because of the small sample size in this study no hypothesis testing has been conducted comparing the outcomes of the intervention and usual support groups. Baseline data have been presented for all participants (by randomised allocation) using descriptive statistics (see *Chapter 5*), frequencies and percentages for categorical variables, means, SDs and minimum and maximum values for continuous normally distributed variables and medians with minimum and maximum values for discrete count variables. The pilot study sample has been added to the Phase II sample for reporting of quantitative data in *Chapters 5* and *7*. For the follow-up data (see *Chapter 7*) descriptive statistics are again used to report the primary and secondary outcomes by randomised allocation. Individual data are presented for the pregnancy and sexual behaviour outcomes given their importance and paucity. Frequencies and percentages are reported for categorical variables and medians and minimum and maximum values for all quantitative variables (given the smaller sample size at follow-up). For the three psychological measures (GHQ, Self-Esteem Scale and locus of control) mean changes from baseline to follow-up with 95% CIs are presented. All analysis was conducted using IBM SPSS Statistics version 20 (IBM Corporation, Armonk, NY, USA).

Chapter 3 Phase I: development and piloting of the intervention

To inform the components of our intervention, a scoping exercise and literature review of peer mentoring interventions was conducted during the development phase. The first section of this chapter contains the results of the scoping exercise and literature review, including evidence on what constitutes 'best practice' in mentoring and peer mentoring and the way that the effectiveness of an intervention can be increased when particular features are adopted. The review was used to inform the design of the mentoring intervention, which is outlined later in the chapter.

Scoping review findings

The scoping review identified small-scale projects in Great Britain that were in the development stage or established. Information about peer mentoring for LAC and interventions to reduce teenage pregnancy was sought, with a specific focus on LAC. Fifty-two responses were received from 457 professionals contacted during the scoping exercise. The breakdown of responses by professional organisation is presented in *Table 3*. Many programme providers could not be contacted because of high staff turnover within organisations and, in some cases, the lack of response was due to a lack of relevant interventions. However, in some regions, professionals were more responsive and contacts in their area snowballed. From the responses, 19 relevant peer mentoring interventions were identified (*Table 4*).

The scoping review did not identify any interventions designed to reduce teenage pregnancy in LAC or other young people. Most interventions were focused on promoting positive outcomes for LAC, including raising educational outcomes and supporting them through their transition from care to independence (13 out of 19 interventions). Some of the interventions used mentors with experience of the care system but these were focused on goal-setting and promotion of independent living skills. Peer mentoring interventions with LAC aimed at improving educational attainment often employed university student mentors, who were not specifically required to have experience of care.

TABLE 3 Responses received to the scoping request

Organisation	Number of professionals contacted	Number of professionals who responded
Advisory Group	12	6
Children's charities	13	6
Sexual health/teenage pregnancy organisations and teenage pregnancy co-ordinators	45	11
Mentoring organisations	2	0
LAC organisations	32	11
DCSs	152	14
Virtual head teachers	201	4
Total	457	52

TABLE 4 Peer mentoring interventions identified through the scoping exercise

Intervention type	Number of interventions identified	Regions
Peer mentoring for LAC, aiming to improve outcomes generally (six involve mentors with experience of the care system)	7	London (four boroughs), Cornwall, Central Bedfordshire, Wakefield
Peer mentoring for LAC to improve educational outcomes (four involve university students acting as mentors)	5	London (six boroughs), Bradford, Leeds, Lincolnshire, Walsall
Peer mentoring for LAC who were pregnant (mentors had experience of the care system and being a parent)	1	North Lincolnshire
Peer mentoring for teenage parents (not specifically LAC)	4	Hull, Leeds, Leicester, North Lanarkshire
Online peer mentoring for young people about sex, relationships and pregnancy	1	Nationwide
Peer mentoring course to train LAC to be school mentors	1	Wakefield

Initiatives to prevent teenage pregnancy

The scoping review did not identify any peer mentoring interventions for preventing teenage pregnancy; however, effective peer-led sexual health interventions do exist in England.[140] Several interventions were identified that aimed to support pregnant teenagers or teenage parents and increase their engagement in health and education services. Mentors were often teenage parents themselves, although they did not have to have been in care. We identified one scheme in North Lincolnshire that was in the process of being set up to support LAC who were already pregnant, using peer mentors who had experience of the care system and who were teenage parents.

Other interventions focused on equipping young people, including vulnerable groups such as LAC, with the knowledge and skills to negotiate safe sexual relationships. In areas with high teenage conception rates, teenage pregnancy was addressed by condom distribution services and fast-track access to CaSH services; sexual health outreach teams providing advice and support to young people; allowing young people to interact with toddlers in a nursery environment; and teaching parents skills to discuss sex and relationships with their children. Examples of peer education initiatives to reduce teenage pregnancy were peer-led SRE and teenage parents going into schools to discuss their experiences and the realities of being a teenage parent.

Based on these findings it would appear that peer-led education on sexual health and pregnancy is commonly used but peer mentoring has not been widely used as an approach to preventing teenage pregnancy either generally or in LAC specifically.

Recommendations from peer mentoring providers

At the time of scoping, some peer mentoring schemes had been running and expanding over a number of years, others no longer existed because of the various problems that they had encountered and a few were still in the development stage. Only a limited number of programmes had conducted any type of formal evaluation, although some had carried out internal audits. The dearth of independent, external evaluations meant that reports of benefits tended to be anecdotal or based solely on the individual practitioner's experience, making it difficult to compare effectiveness across programmes. However, the problems encountered and the recommendations made by the providers were broadly consistent with those identified in the research literature.

Some of the key problems encountered by providers included:

- Lack of funding for staff time and inadequate administrative and mentoring resource, which made it difficult for providers to carry out work effectively. Some programmes did not have their funding renewed to allow them to continue.
- Concern over the ability of mentors and mentees to sustain appropriate boundaries in their relationship when mentoring is unsupervised. Providers advised caution over the exchange of personal mobile phone numbers.
- Infrequent and inconsistent meetings between mentors and mentees, which therefore need to be carefully monitored.
- Transport issues, especially in LAs that cover a large area. Some programmes had to fund taxis to transport mentors and mentees to sessions.

All established programmes offered some form of training and support for mentors. Providers considered that adequate training for mentors was essential and emphasised that a substantial amount of support may be needed for peer mentors who have left care to enable them to meet the demands of the role and cope with issues in their own lives.

Different approaches and criteria were adopted for matching mentors and mentees. Some providers reported matching on the basis of their professional knowledge of the young people, whereas others used specific criteria such as location, ethnicity or shared interests. A number of providers also based their matching on preferences expressed by the young people themselves.

The most common format for mentoring was weekly sessions, either one-to-one or in a group. Anecdotal evidence was provided for the benefits of mentoring for young people's aspirations, education, self-esteem and confidence, but no formal evaluations had been carried out.

Literature review findings

Both the scoping exercise and the literature review found that fundamental to the success of any mentoring programme is the presence of a clear and structured organisational framework and strong management of the intervention, as well as training and support for mentors, the nature of the mentor–mentee relationship, the frequency of contact and the duration of the relationship and careful management of the ending of the relationship. These factors are described in more detail in the following sections.

Building a successful framework for mentoring

Research has shown that a crucial element in the success of mentoring programmes is a strong infrastructure,[141–144] including adequate resources, staffing and management of programmes and also appropriate selection, training and ongoing support for mentors.

The role of the mentoring PC is to co-ordinate and manage the screening, training, matching, support and supervision of mentors, as well as to effectively integrate the mentoring into the organisational context and establish appropriate links with other services.[141] Co-ordinators need to be adequately inducted into the role and have the relevant skills and experiences and sufficient time to commit to the task.[145] Evaluation of the MBF peer mentoring scheme in 180 secondary schools in England[104] found significant workload pressures – almost one-quarter of PCs had experienced a 'major problem' with managing their time, which impacted on their ability to perform this role effectively, and only a small percentage (6%) said that they had 'no problems' with managing their time.

Recruitment and selection of mentors and mentees

The literature also provides guidelines on risk management, to guide the recruitment of volunteer mentors. The MBF's guide to risk management[146] suggests that providers of mentoring schemes should ensure that all potential hazards and risks relating to mentors are identified, assessed and managed. The guide recommends that PCs should keep records relating to DBS checks for mentors, training attendance, supervision and contact with mentors and mentees and any incidents.

Most peer mentoring programmes employ a mentor recruitment and selection strategy, often involving a job description, a person specification and an application and interview process.[147] Careful selection of mentors is key, as mentors who cannot commit to the task or act as appropriate role models may undermine the effectiveness of the intervention.[148] For example, an effective mentor should be able to prioritise the young person's emotional well-being.[149] An evaluation of 10 UK mentoring programmes working with hard-to-reach young people recommended ascertaining whether mentors' motivations were primarily 'instrumental', namely a means to financial or other rewards, or 'normative' and primarily driven by the desire to help someone.[107]

When mentoring is based within LAs it is also important for there to be a selection and referral process that is understood by all relevant social services teams.[141] Mentees need to fully understand the aims and purpose of the mentoring scheme to reduce the risk of misunderstandings or unrealistic expectations,[145] and an orientation session for mentees, before they commit to the programme, could be beneficial.[150,151]

Mentor training and support

Some form of initial training, ongoing support and supervision for mentors is essential.[106,144] The length of training varied across the mentoring programmes identified. The initial training among the 28 delivery partners for the DCSF mentoring and LAC pilot scheme[141] ranged from 1 to 5 days, although most had a minimum 2-day training package and ongoing training. The Centre for Excellence for Looked After Children in Scotland's (CELCIS) review of LA-led peer mentoring interventions in Scotland concluded that a minimum of 20 hours of training was necessary for peer mentors to feel fully equipped to undertake the role[103] and, overall, it would appear that longer training times are associated with longer-lasting mentoring relationships.[152]

The DCSF-funded mentoring and LAC pilot scheme[141] recommended that mentor training should include introducing the role of the mentor, stages of the mentoring relationship, dealing with conflict, maintaining boundaries, confidentiality, child protection and health and safety. Mentors who are going to work with LAC should also receive training in relevant legislation, goal setting and action planning, communication skills and attachment and loss issues. It is important for programme providers and trainers to monitor mentors' suitability on a continuing basis. Unsuitable mentors may need to be identified and deselected during the training. Evaluation of 20 Prince's Trust mentoring projects for care leavers found that only 50–90% of volunteers completed the training and selection processes successfully.[109]

The provision of ongoing support and supervision for mentors following initial training is important both to maximise the benefits for mentees and to reduce the risk of inappropriate or harmful contacts.[153] The National Children's Home Cornwall pilot mentoring project (now known as Action for Children) found that, without proper supervision and support, unresolved issues in the mentors' lives could impact on their commitment to mentoring.[141] There is some evidence the most failed matches are reported by programmes in which co-ordinators do not regularly contact mentors.[154] Rainer[141] recommended that programmes offer group support for mentors every 4–6 weeks, as well as ad hoc or one-to-one-support every 2–3 months. Supervision serves a number of purposes for mentors: to record their contacts, reflect on their relationship and feedback concerns, submit work for accreditation if the programme offers this and identify additional training needs. Although it can be difficult to get mentors to attend group supervision, attendance may be increased by providing an advance schedule of meetings to mentors, ringing or texting mentors before each meeting to remind them, providing refreshments and adding a social element to the sessions.[141]

Building the mentoring relationship

A great deal of the success of mentoring programmes depends on the quality of the relationship between mentor and mentee.[106,152,155]

There is no consistent evidence on the benefits of matching mentors and mentees[143,144,156] or on what attributes, if any, they should be matched on.[144,157] In practice, matching is most frequently based on geographical location, gender, race/ethnicity or shared interests.[106]

Regular contact and clear expectations

It is important to provide mentors with some guidelines and expectations regarding their roles and responsibilities and some structure with regard to mentoring sessions. The DCSF-funded mentoring and LAC pilot scheme[141] found that most providers delivered an introductory session facilitated by the mentoring co-ordinator. With regard to timing, content, frequency, etc., there is also evidence that mentees value the opportunity for regular but also flexible contact and the mentor being available on an impromptu basis.

Characteristics of the mentor

Mentors who have high relational qualities such as empathy, engagement, authenticity and empowerment appear to be the most effective in bringing about positive change in their mentees,[158] including the formation of constructive relationships with others in the future.[159,160] Focusing on the mentee's preferences and interests is also important for establishing and maintaining a good mentoring relationship.[161]

Building rapport and trust and maintaining a strong emotional connection may be particularly difficult for LAC, many of whom will have experienced relationship breakdowns in the past,[111] and this in turn may affect the motivations of the mentors.[162]

Frequency of contact and length of the mentoring relationship

Different mentoring programmes adopt different arrangements for the frequency and length of contact between mentors and mentees. A Canadian review of the literature[144] recommended that adult mentors and young people spend between 2 and 5 hours together every week over a minimum of 12 months. There is strong evidence to suggest that the most positive improvements for young people occur among those whose mentoring relationships last for a year or longer.[152,155,163–165] However, mentoring providers in the DCSF-funded mentoring and LAC pilot scheme[141] found that 12 months of mentoring may not be sufficient for LAC and young people with multiple and complex needs. However, LAC are at risk of becoming overdependent on their mentors, which means that care has to be taken to encourage them to move gradually from a state of dependency to growing autonomy and agency.[155,163]

Sustaining the mentoring relationship

When mentoring programmes are goal focused, establishing mutually agreed short- and long-term goals can be helpful, as can providing mentees with opportunities to reflect on their goals and progress within the mentoring relationship.[166]

Some estimates suggest that around 50% of mentoring relationships will fail in the initial months[167] and failure rates may be even higher for young people with complex problems such as LAC.[168] In a RCT of a peer mentoring programme for first-time mothers aged 16–30 years, 22 of the 32 mothers who acted as mentors resigned during the intervention and 33% of their mentees declined the offer of a new mentor.[169] The reasons given for attrition by mentors included new employment, disillusionment and insufficient time. In the DCSF-funded mentoring and LAC pilot scheme,[141] the most common reason cited for relationship termination was that the mentee no longer wished to engage.

Sometimes the mentor and mentee perceive their relationship differently. Philip and colleagues[170] found that, although adult mentors tended to describe their relationship with their mentee as a 'working' one, their mentees largely viewed their mentor as being more like a confidant or a friend. It is therefore important for mentors to be clear about their role and to be able set this out at the start of the relationship.

Ending the relationship

Research emphasises the importance of ensuring that mentoring relationships end in a carefully planned and managed way. Premature or unplanned endings may have a detrimental impact on mentees,[171] especially for at-risk youth such as LAC.[144,152,155,168] Philip and colleagues[170] argue that an over-reliance on the mentor may undermine the positive outcomes achieved through the intervention and lead to feelings of loss, abandonment and rejection by the mentee if endings are not managed sensitively. Conversations about ending the relationship should therefore form an integral part of the mentoring relationship from the outset.[141] This may be particularly relevant for LAC, who have often already experienced repeated rejections and losses in their lives.

Peer mentoring intervention design

The scoping exercise and the literature review were used to inform the design of the Carmen study peer mentoring intervention. This section of the chapter outlines the components of the Carmen study intervention, which were subsequently piloted.

Mentor selection process

Individual qualities most likely to be associated with being a successful mentor were being non-judgemental, empathetic and a good listener, being able to act as an appropriate and positive role model, being committed and able to meet the demands of the role. LA staff were asked to select young people who they felt were appropriate based on these criteria and professional knowledge. PCs were asked to ensure that there was enough time for DBS checks to be completed on potential mentors.

Mentor training

In spring/summer 2011 the research team met with NCB training staff and managers to discuss and finalise the content of the 3.5-day mentor training course. Following discussion with the research team it was agreed that the NCB would produce the training material. Key aspects to be covered during training were the expectations of the mentoring role, confidentiality and safeguarding, maintaining boundaries, facilitating help-seeking behaviour and dealing with difficulties (see *Chapter 4* for further details).

Matching

Because of the lack of consistent evidence on attributes that mentors and mentees should be matched on, PCs were advised, as a minimum, to match mentors and mentees on the basis of geographical proximity. A 5-year age differential between mentor and mentee was specified, on the basis that mentors might experience more difficulty in maintaining an appropriate emotional distance in the relationship if they were too close in age to their mentee.

Managing the mentoring relationships

The PCs were given responsibility for recruiting mentors and mentees, managing the contacts and providing support to mentors through monthly group meetings. PCs were asked to commit a minimum of 3 hours a week to the role. It was felt that one-to-one support for mentors, in addition to monthly support groups, would be too much of a burden for PCs. The monthly support group meetings with the mentors were created for the purposes of monitoring relationships, identifying concerns, signing off work for ASDAN accreditation, giving out monies for activities and identifying additional training needs. PCs were asked to facilitate a three-way meeting with the mentor and mentee at the start of the intervention, to ensure that the aims, roles, responsibilities, length and boundaries of the relationship were clearly understood. A detailed PC role description can be found in *Appendix 17*, which was provided to all PCs when they commenced the role.

Mentor–mentee contact

Mentors were asked to spend at least 1 hour of face-to-face contact time per week with their mentee over a 12-month period. They were also encouraged to contact their mentee on an ad hoc basis, by telephone, e-mail or text message. Mentors were advised to give mentees the number of the mobile phone provided to them by the research team, rather than their personal contact details. They received a monthly stipend from the PC of up to £40 a month to pay for any leisure, social or other activities with their mentee and to cover travel expenses.

In relation to the intervention's primary outcome, reducing teenage pregnancy, mentors were asked to discuss issues relating to sexual health and relationships when they felt that this was appropriate or if raised by the mentee. Mentors were advised to encourage their mentees to seek help for troubling issues (e.g. sexual health, substance use, criminal activity, mental health) using knowledge of local services or by asking professionals and, if required, to accompany their mentee to any subsequent appointments (see *Appendix 17* for a detailed description of the mentor role).

Exit strategy

Mentors were asked to end the relationship in a carefully planned and managed way, to ensure that the mentee was clear about the length of the relationship from the outset and to ensure that the mentee was able to identify a support network post mentoring relationship. Towards the end of the mentoring period, mentors were asked to identify any additional or unmet support needs for their mentee and to discuss these with the PC.

Behaviour–determinants–intervention logic model: the theoretical basis for the peer mentoring intervention

The BDI logic model in *Figure 1* describes the intended causal mechanism of the intervention.

The BDI model is informed by a theory of change drawing on social learning theory and attachment theory. Bandura's[172] social learning theory posits that most human behaviour is learned observationally through modelling. From observing others, one forms an idea of how new behaviours are performed, and on later occasions this coded information serves as a guide for action. Social learning theory explains human behaviour in terms of continuous reciprocal interaction between cognitive, behavioural, and environmental influences. Necessary conditions for effective modelling are as follows:

1. Attention – various factors increase or decrease the amount of attention paid. Includes distinctiveness, affective valence, prevalence, complexity and functional value.
2. Retention – remembering what you paid attention to.
3. Reproduction – being able to reproduce the image.
4. Motivation – having a good reason to imitate.

Learning is most likely to occur if there is a close identification between the observer and the model and if the observer also has a good deal of self-efficacy.

Social learning theory could explain the following aspects of the logic model:

1. increased engagement in positive leisure pursuits
2. increased engagement with services
3. increased knowledge and understanding of safe and healthy behaviours
4. increased reflection on sex and relationships
5. decreased substance use
6. decreased criminal activity.

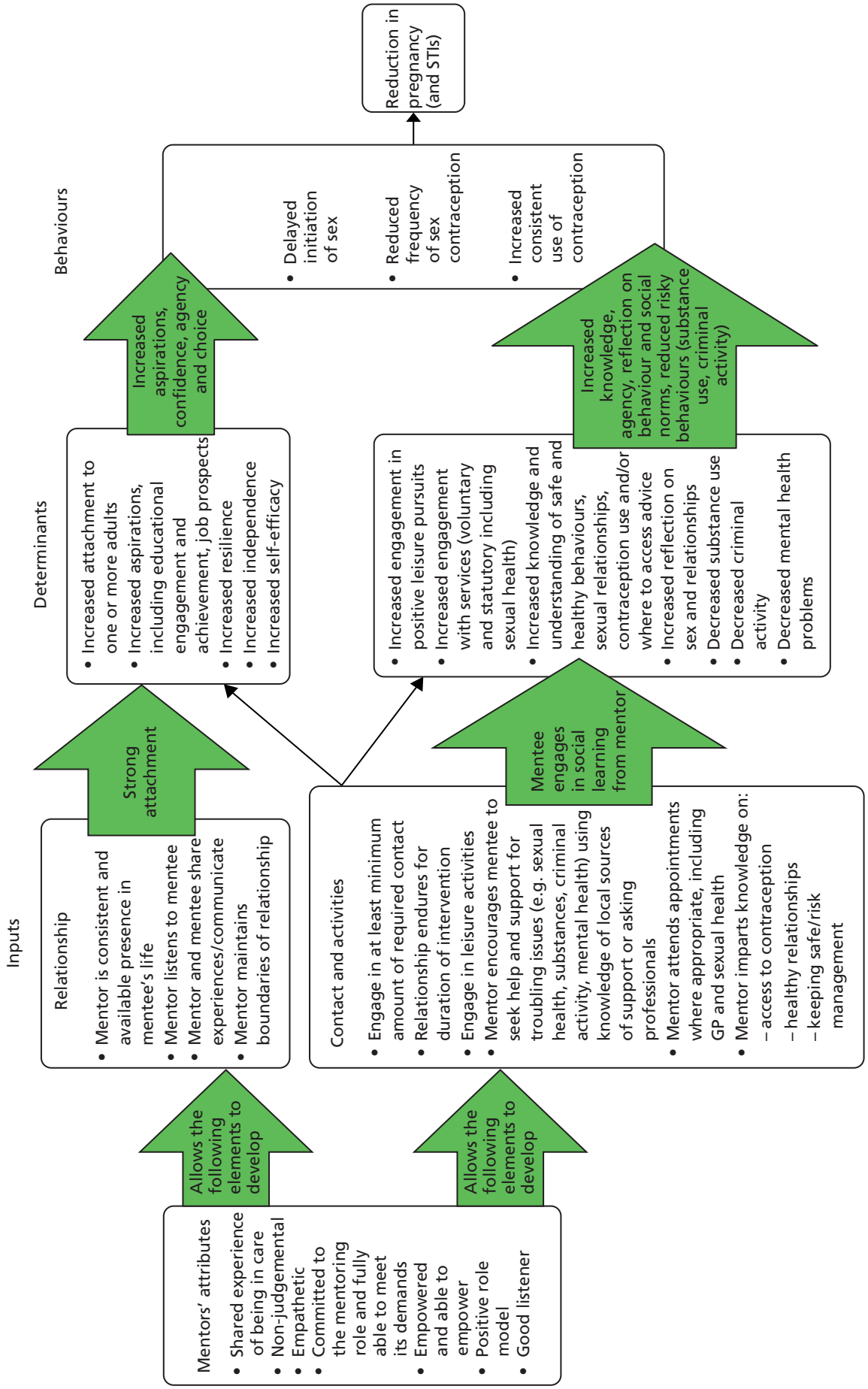

FIGURE 1 Behaviour–determinants–intervention logic model for the intended causal pathway. GP, general practitioner.

Attachment theory conceptualises attachment as an affectional bond, or tie, between an individual and an attachment figure. The theory was developed by Bowlby[173] in relation to infant attachments but has since been applied to older children and adolescents and adults.[174] Infants form attachments to any consistent caregiver who is sensitive and responsive in social interactions with them. The quality of the social engagement is more influential than the amount of time spent. There is an extensive body of research demonstrating a significant association between children's attachment and functioning across multiple domains.[175] Interventions informed by attachment theory posit that secure attachments are required for the development of self-esteem and social skills in adolescents.[176]

Thus, *attachment theory* could explain the following aspects of the logic model:

1. increased attachment to one or more adult
2. increased aspirations
3. increased resilience
4. increased self-efficacy/assertiveness/confidence
5. increased independence
6. increased self-worth/self-esteem.

Furthermore, attachment theory might explain how the development of a close connection between mentor and mentee and the development of self-efficacy in the latter enables social learning to occur within the mentoring relationship.

Following the development of the BDI logic model and the components of the peer mentoring intervention, we then tested the intervention in a 3-month pilot study in LA1. The process and results of the pilot study are described in *Chapter 4*.

Chapter 4 Phase II: piloting the Carmen study intervention

This chapter describes recruitment and delivery of the pilot peer mentoring intervention in LA1, using researcher observations as well as individual interviews with young people and the PC at the end of the 3-month piloting period. The mentor training was also piloted and discussion about this is presented later (see *Chapter 6*). Further interviews were conducted with the pilot mentors and mentees at the end of the 12-month mentoring period. The discussion and outcomes data from these interviews are combined with the data from Phase II in later chapters of this report (see *Chapters 7* and *8*).

Recruitment criteria

The following criteria were used by senior managers and the PC for the selection of mentors: young women aged 19–25 years who were currently, or who had been, looked after. Following the recruitment stage, the researchers asked PC1 about the characteristics of the young women she had approached to take part in the mentor training. PC1 commented:

> *I don't think they necessarily have to be at university or anything like that, or even working, as long as they're . . . emotionally stable . . . it doesn't matter how old they are, they still have their hang ups.*
>
> *LA1 PC1*

The three criteria stipulated by the team for mentee recruitment were being female, looked after and aged 14–18 years. It became clear following a meeting with the PC that it had been targeting only the most vulnerable and disengaged young women, as they were considered to be 'more at risk of becoming pregnant' (LA1 SM). This misunderstanding of the inclusion criteria had contributed to the delay in recruitment. Even after the criteria were clarified, however, the recruitment rate remained slow.

Recruitment process

The recruitment strategy was for LA1 to recruit six mentees and at least eight mentors, to allow for the possibility of up to two mentors dropping out before being matched to a mentee. LA1 was asked to recruit mentees and mentors concurrently.

The research team designed a recruitment poster containing contact details for PC2, which was distributed in LA1 buildings, to invite expressions of interest from young people who wished to be considered as mentors or mentees. One young woman made contact with the PC after seeing the poster and ended up attending the mentor training. However, others lacked the confidence to refer themselves to the study:

> *I saw the leaflet first, all over the place . . . yeah the poster, and you have to take one of those things, yeah and call up. So I didn't because, I didn't know [PC2]. I didn't know what it's going to be like, like talking to PC2.*
>
> *Pilot mentor 3*

Recruitment of mentors was aided by the existence of an established, structured, education-focused mentoring scheme within the LA. One mentor for this study was identified and recruited using this existing network:

> *I was already a mentor on another programme and I had resigned, quit on that programme 'cos I wanted to join a programme that was hands on but it's – I wanted to do more . . . so [PC1] thought this would be a good project for me to be on. And then she asked me and I said yes.*
>
> *Pilot mentor 2*

By June 2011, social workers from LAC teams had been informed about the project and it had been discussed in team meetings. Recruitment materials had been distributed in the Education and Achievement Centre and Leaving Care buildings. In July 2011 the research team met with the PC and several social work professionals, who reported that 12 individuals had been identified as potential mentors. However, at the end of July 2011, LA1 reported that only eight potential mentors remained, of whom six agreed to attend mentor training.

Mentor training took place at the end of August 2011 and five participants attended. Researchers made various attempts to contact the sixth individual who had expressed an interest in participating, but with no success. Following training, all five participants agreed to take part in the study and were consented, but delays in obtaining DBS clearance and in mentee recruitment meant that the intervention would not commence straight away.

Project co-ordinator 1 encountered even more difficulties with the recruitment of mentees than with the recruitment of mentors and she expressed frustration at the lack of response from social workers to her requests for the names of young people who met the inclusion criteria and the amount of time she was having to spend on chasing this up:

> *Despite sending out a number of e-mails to both teams, I have not heard back from any social workers as yet and the deadline I gave them was last week. I am still working on it; however, my other work has taken precedence this week.*
>
> *LA1 PC1*

She considered that the lack of response she encountered may have been because she was not perceived as having any particular authority within the LA. This improved, however, after a team manager (PC2) was brought in to assist her with recruitment. To try and encourage recruitment and raise awareness of the study, the researchers set up face-to-face meetings with social work teams and individuals responsible for working with young people in care. This approach appeared to be more successful in eliciting a response than the e-mail requests.

By July 2011, only one mentee (instead of the target six) had been identified. In September 2011, eight potential mentees had been identified by social work teams, but none had been informed about the study as a planned mail-out from PC1 inviting the young people to an information session about the project was not sent. Following repeated attempts by the researchers to contact the eight young women, four of them consented to take part in the study as mentees. The four who did not consent did so for various reasons, which included a wish to be a mentor rather than a mentee and reluctance to be told what to do by social workers.

Mentees and mentors were introduced to each other in November 2011. As five mentors had been recruited and only four mentees, one of the mentors was asked to delay mentoring until the Phase II trial, which she agreed to do.

Some mentors expressed frustration about the gap of 3 months between the end of training and being matched to a mentee:

> *That enthusiasm that I walked away with from here, it would have been nice if our relationship sort of started the following week . . . I personally felt there was too much of a gap for me to apply what I've learnt from the training into our relationship.*
>
> *Pilot mentor 1*

Communication between the team and PC1 and the LA1 social workers in the pilot phase was difficult and subject to misinterpretation. It was clear that, although the research team was operating to tight deadlines and regarded recruitment as a high priority, LA1 was unable to prioritise recruitment in the same way, largely because of the competing priorities and agendas they were operating to, which led to feelings of frustration on both sides.

The pilot recruitment process highlighted the importance of clear communication, both within the LA and in particular between the PC and social worker colleagues and between the PC and the research team. It also highlighted the importance of encouraging the LAs to recruit mentors and mentees concurrently in Phase II and the fact that this requires dedicated time from a PC, properly supported by management, which again would require adequate resourcing and financial reimbursement of the participating LA.

Consent and matching process

During consent meetings, the researchers tested out the acceptability of the baseline measures and questionnaires by examining young people's understanding of the questions and any areas of concern for them. Three out of four participants said that they had no issue with answering questions about their sexual experiences.

With regard to matching, further data from the exploratory trial would be required to elucidate the need for and the correct basis for matching mentors and mentees. In general, mentees did not appear to feel that it was necessary for them to be able to choose their mentor, with one of them making a comparison with being at school:

> *You can't choose teachers at school that you want, if you did they would all go for the same teacher you know, some teachers that are . . . would have no one in the class.*
>
> *Pilot mentee 4*

However, another mentee expressed appreciation at having been matched with a mentor from a similar background to herself:

> *I think like, if I had to pair people up, I would have to get to know the person so I could pair them with someone that's quite like them . . . not too much like them 'cos it causes too much argument and they clash but just enough so like, they feel comfortable . . . So, it's like when I was talking about my mentor having certain traits 'cos we're both from the Caribbean . . . people might think, ok, so what? You're both from the Caribbean but it's just that certain factor, that, certain things we've both been through together. It just makes it easier.*
>
> *Pilot mentee 3*

Initial meetings

Both mentors and mentees described feeling somewhat nervous before their first meeting, regardless of whether or not the PC was present. In one case this was picked up on by the mentee, who appeared to value her mentor's lack of confidence and willingness to show her emotions:

> *Because when she, when I met her she wasn't, like . . . I don't know how to explain it but, she felt the same way as I did, so she was just as nervous and scared at meeting a new person that she'd never seen or known before, and she was very nice.*
>
> *Pilot mentee 2*

Project co-ordinator 1 had been asked to facilitate the initial meeting between each mentor and mentee, to discuss the frequency of the meetings, contingency planning in case of changes in circumstances or problems in the relationship and lines of communication. However, only one of these three-way meetings took place. The mentor involved in this meeting said that having the PC present at the first meeting had made her feel 'watched' and unable to direct the discussion as she wanted. Another mentor had requested that PC1 be present for the initial meeting but she had been unable to attend and so it had gone ahead without her. This mentor commented that the meeting had gone well although she would have liked the PC to have been present:

> *The main thing is just in case some people are overly nervous like me with meeting new people just someone to definitely be there to support them . . . 'cos it can be really intense.*
>
> *Pilot mentor 5*

The mentors made various suggestions about how the first meeting could have been made less anxiety provoking. All four mentors considered that some sort of group session, attended by all four mentor–mentee pairs and facilitated by a PC, would have been a helpful introduction to the intervention:

> *My education project [a mentoring project delivered at the Education and Achievement Centre], what we do every single year, at the start of the year September, the mentees and the mentors all come in the drop-in centre, what they do is like a cooking session for the whole of the 2 hours, they do a cooking session. That's just to get them talking.*
>
> *Pilot mentor 2*

> *When you're meeting together for the first time and you could work on teamwork and stuff like that. And that would really help you to sort of get on with mentee through that day so you can work on the relationship outside, after that.*
>
> *Pilot mentor 1*

Project co-ordinator 1 agreed that a group session would be a good way to introduce the mentors and mentees to each other and 'break the ice', which she would be happy to facilitate.

Initial stages of the relationships

The pilot mentoring phase began in November 2011. For the first 10–12 weeks of the relationships, contact between the four mentor–mentee pairs was fairly infrequent. One pair met three times, one pair met twice, the third pair met once and the fourth pair did not meet at all. This was because the mentor had gone abroad for several weeks and her mentee had then cancelled the first arranged meeting because of college commitments. One mentor said that her mentee had been very shy at their first meeting, which had discouraged her from getting in contact again:

> *She comes across as a very shy girl to me. She just says yes to everything and I find that very awkward to work with that 'cos I'm a very open and blunt person, I'll say it how it is sort of thing. So, that's something I'm going to have to probably work on.*
>
> *Pilot mentor 1*

Another mentor said that she had been unable to meet with her mentee on more than three occasions in the first 3 months as the mentee either did not respond to her text messages or failed to turn up when a meeting was arranged. She expressed frustration about the amount of time that she was spending having to chase her mentee:

> *And then so I go there, waiting for her and she call and cancel and say 'I can't make it until about an hour'. And then I wait and then she calls and say 'oh you have to come and meet me here'.*
>
> *Pilot mentor 3*

This mentor had wanted to take this up with her mentee but also 'didn't want to turn her off and stuff so [I] let it slide for a bit'. When matters failed to improve she contacted the mentee's semi-independent outreach (SOT) worker for help, who gave her a telephone number for the mentee's residence, which made communication easier. In addition, the mentor spoke with PC1 about the problems she was having and was advised to 'make clear to her that I'm not available the whole day and tell her the times I'm available and she needs to be there'.

Interestingly, this mentor's frustration was not mirrored by her mentee, who viewed their relationship very positively:

> *Each time it's been fun and different. Yeah and we went to the movies and then we went out for coffee and yeah, we were just talking. Yeah, I don't know, she feels like a sister in a way, 'cos I talk to her about random stuff and that, will just be troubling me . . . Yeah or I'll be on my Blackberry talking to people and then there'll be like a random issue and we'll just start discussing it. And it just feels good to talk to someone who is older and while they are talking to you they are giving you advice at the same time and not just talking to you on the same level if you get what I mean like . . . If I was talk to some of my friends they would understand what I mean but they are not giving me no information about the subject. Yeah, so I think it's really good so far.*
>
> *Pilot mentee 3*

The initial finding was that weekly face-to-face contact for 1 hour was not feasible. This was generally, although not always, because of the unreliability and disorganisation of the mentees rather than because they did not want to see their mentor or value their input:

> *Yeah, it's supposed to be every week but some of my weeks have been quite occupied so I couldn't get to see her but hopefully I will get to see her again . . . I think when I don't meet her, like I am disappointed sometimes. But at the same time I just know there is going to be more to talk about the next time I meet her, 'cos there's more of a gap, and there's more stuff going on, so . . .*
>
> *Pilot mentee 3*

Despite infrequent meetings during the first 3 months, some of the pairs began to build up a relationship, which allowed for discussion of personal issues, including sex and relationships. Initial findings from the pilot were that mentees appreciated having someone to talk to about their worries and taking time out of their week to go out and do something different:

> *Just going out somewhere, like sitting eating or I don't mind where I go as long as I'm not stuck at home, sitting there doing nothing . . . I don't mind whatever I do as long as I get fed and talk to someone if I've got anything I specially want to talk about.*
>
> *Pilot mentee 4*

> *It's just a different environment; like . . . 'cos, how I would put it, like all my friends are hood like. We talk and we do the same thing day in day out. So just to have one day of the week where you do something completely different it's just relaxing in a way and you get a lot off your chest at the same time.*
>
> *Pilot mentee 3*

> *Even though I haven't met her that much at least I still know that I have someone that I could talk to, whenever I'm worried or stressed or have coursework to finish off.*
>
> *Pilot mentee 2*

Mentor diary entries

During the initial months, only two out of four mentors were filling in their contact Magpi diaries on a weekly or fortnightly basis. Frequent reminders were issued by the team, as well as by the PC, but with little improvement. One mentor said that, although she had filled in the details of her contact, she had failed to complete the process by pressing 'send to server'. Although the failure to complete the diary on a regular basis did not seem to be the result of problems with using Magpi, the team introduced an online diary as an alternative way of recording contacts for the exploratory trial, following a suggestion by one of the mentors.

Payments for mentors and funding for mentoring activities

To enable participation in activities with their mentees, pilot mentors were initially provided with £40 cash per month. They were also given £40 per month in vouchers for themselves in recognition of their role. When asked about the adequacy of these payments, PC1 commented that mentors in the LA1 education mentoring programme received a £20 voucher per session for themselves (i.e. £80 per month). There was no reason to offer additional payments for activities in the community as all of the meetings took place within the centre. No additional payments were provided to the educational mentors as all of the meetings took place within the centre. PC1 felt that increased payments for mentoring activities and travel would be appropriate in a future trial.

Of the two mentors who claimed activity money over the first few weeks, one said that she had adequate money because of the infrequency of the meetings and was able to use it to go to the cinema with her mentee; however, another mentor had found herself £5 short because of the cost of travel in London:

> *The money is a big issue because if you want to go out and do anything, it will cost, depending on the time of day you want to meet, that £10 just barely cover your travel let alone anything else you want to do.*
>
> *Pilot mentor 1*

Mentors frequently forgot to obtain receipts for activities shared with their mentee, even though they were reminded by the PC and researchers of the need to present these each month at the support meeting. In no case was money withheld because of an individual's inability to produce a receipt.

Support for mentors

Perceptions about the frequency and adequacy of the support received from the PC during the first 3 months of the mentoring were mixed. One mentor said that she had not contacted the PC for support but would have felt able to do so if required. Another said that both her mentee's SOT worker and PC1 had been helpful after she contacted them for advice on difficulties that she was experiencing with setting up meetings with her mentee. The two other mentors felt that more involvement and communication from PC1 would have been helpful:

> *The project co-ordinator . . . I think they can do more, they can do more in terms of communication, just on a weekly basis you know phoning every single mentor, have you met up with your mentee? Are you doing your weekly diary?*
>
> *Pilot mentor 2*

Only one support meeting was delivered by PC1 during the first 3 months of the pilot and this was attended by only one mentor. The others could not attend because of other commitments, even though this meeting had been arranged by PC1 and agreed some time in advance. The mentor who did attend used the meeting to work on personal targets as well as to complete her ASDAN paperwork, although she expressed disappointment that none of the other mentors had been able to make it:

> *[I'd like to talk about] how things are going and if things are not going well then why and maybe do some targets, on things like how you can personally work on things. Because . . . I'm going to have to set myself some sort of targets to aim towards and least I've got at the back of my head that look, this is my weakness and I need to work on it to make it my strength.*
>
> *Pilot mentor 1*

Project co-ordinator 1 commented that guidance from the researchers on the format and content of the support meeting had been useful. However, she said that she had found it difficult to offer the resources required to deliver sufficient support to the mentors, given her other commitments:

> *At the moment, it feels like I got too many roles with the project . . . I think it's the amount of time . . . I think a lot of that's down to me as well, it's like [pilot mentor 1 says] 'can you ring me just to make sure I'm doing it?' And because at the moment everything's been up the air with my other work, I haven't been concentrating too much on this. So once everything is all sorted and I'm able just to ring them and say have you met that young person? Are you doing the requirements? . . . and I think for me, reflecting on my practice I need to make sure they're coming down to the meetings as well.*
>
> *LA1 PC1*

Despite the amount of additional work involved and the problems encountered, PC1 expressed optimism that, during the exploratory phase, she would be able to better support the mentors and encourage the formation of mentoring relationships. Towards the end of the pilot and before the start of Phase II, she informed us that, having discussed the time constraints she was experiencing with her manager, she had been given some dedicated time to carry out the PC role in the exploratory trial.

Summary

The pilot study identified a number of problems around the recruitment of mentors and mentees, in particular difficulties in recruiting target numbers and a delay in recruiting mentees, which resulted in a delay to the start of the mentoring intervention. There were different expectations and prioritisation of the research demands between the research team and the LA professionals. Mentors sometimes found it difficult to establish the mentoring relationship, which it was considered could be rectified by more support and guidance from the PC and group meetings involving all of the mentor and mentee pairs. Mentors and mentees failed to meet as regularly as stipulated, largely because of difficulties in establishing contact and mentees failing to respond to contacts or to turn up to prearranged meetings. The payment offered to mentors for activities with their mentee was considered insufficient by a number of participants and few of the mentors complied with the requirement to complete their Magpi diaries, detailing the timing and nature of contacts. The PC experienced difficulties in carrying out her role because of her other work commitments. Nevertheless, some of the relationships did begin to develop during the first 3 months of the pilot and mentees largely expressed appreciation of their mentor's involvement. *Table 5* summarises the issues identified in the pilot study and the changes that were introduced to address and rectify these problems for the exploratory trial.

TABLE 5 Pilot issues and amendments for Phase II

Issue	Amendments for the exploratory trial
Lack of regular (weekly) communication from the PC regarding progress on recruitment	• LA to define roles and responsibilities for each PC • PCs should meet regularly and feed back progress on recruitment to researchers
E-mail requests for referral elicited a low response compared with delivery of face-to-face information sessions by researchers	• PC to deliver recruitment information sessions to social workers and other LA professionals and young people
Failure to recruit mentors and mentees concurrently	• Increased emphasis on the importance of concurrent recruitment of mentors and mentees
Delay between training and intervention start – loss of mentor motivation	• Increased emphasis on concurrent recruitment of mentors and mentees
PC1 encountered difficulties with contacting social workers and young people, creating delays in mentor–mentee relationship start dates	• Research team to seek permission from LA1/social workers to contact potential mentees directly
Too much focus on recruitment of 'vulnerable' young people aged 14–18 years slowed down rates of recruitment	• Researchers to communicate the recruitment criteria to senior managers and PCs more clearly and ensure that they are understood
Recruitment – self-referral may not be a fruitful method of recruitment for vulnerable young people	• Further exploration of recruitment, referral and matching during the exploratory trial • Standardisation of the approach to recruitment
Consent meetings – three out of four participants said that they had no issue with answering questions about their sexual experiences directly	• Option for either interviewer or self-complete method for answering questions about sexual experiences
Consent meetings – piloting questions about experiences of non-consensual sex, self-harm and suicide attempts	• Introduction of prompts within questionnaires to alert researchers to safeguarding issues requiring follow-up with social workers after interview
Initial meetings were not attended by PC1 – initial evidence illustrates that this would have been valued by three out of four mentors	• Encourage PCs to facilitate the initial three-way meeting • As part of the feasibility study, explore feelings around the most effective way to deliver initial meetings

Mentor diary was not completed on a regular basis	• PCs to reiterate the expectations of the mentor role in relation to the mentor diary, i.e.:
	  ○ attempt to meet your mentee once a week, face to face
	  ○ complete the diary after every contact and a reflective diary once a week (whether there has been contact or not). Researchers to send weekly reminders to mentor mobile phones
	  ○ mentors to have the option of completing the diary online

£10 per week for activities inadequate (for mentor who met regularly with mentee)	• Increase payments for activities to £15 per week, including travel for mentor and mentee
Competing priorities for PC led to inadequate support	• PCs to be encouraged to ensure ad hoc support is provided to mentors as appropriate • PCs to be encouraged to refer to guidance for delivering the monthly support group (see *Appendix 18*) • PCs to be encouraged to block out time to commit to supporting mentors and managing the PC role (amount to be explored during the exploratory trial)

Chapter 5 Phase II: recruitment

This chapter describes the recruitment process that took place between September 2011 and September 2012.

Recruitment process

Allocation of project co-ordinator roles

Allocation of the LA1 PC role was described as part of the pilot process (see *Chapter 4*). The same individual continued to act as PC in LA1 for Phase II.

In LA2, the PC role was divided between a sexual health outreach worker from the primary care trust (referred to as LA2 PC1) and an assistant team manager from the Leaving Care Team (referred to as LA2 PC2). Senior management identified a worker with sexual health knowledge to deliver the intervention and facilitate support groups for mentors. However, the fact that she was employed outside the LA limited her access to social workers and LAC. This resulted in a second PC being identified from social services, whose role was to assist with recruitment and deal with internal organisational issues, such as mentor DBS checks.

In LA3, the PC role was given to a manager within the LAC service, who volunteered for the role, supported by a team manager from the Leaving Care Service (referred to as LA3 PC1), who was chosen because of her background in research. However, in January 2012, following an organisational restructure, her post was relocated to a different service. The LA3 PC role was then split between two individuals: LA3 PC1 and a mental health co-ordinator in the Leaving Care Team (LA3 PC2). They divided the tasks so that LA3 PC1 focused on recruitment and LA3 PC2 assisted with supporting the mentors.

Promotion of the study within the local authorities

The recruitment strategy was modified after the pilot phase. The research team met with the PCs in August 2011 to explain the recruitment process, the numbers required and the milestones we were working to. Recruitment guidelines were then distributed to all PCs in September 2011 (see *Appendix 19*). PCs were requested to make contact with LA professionals to provide preliminary information about the study and to meet with social workers to explain the study and ask them to identify participants. Senior managers were encouraged to disseminate information to staff. Social workers were asked to pass on the details of potential mentees and mentors to the researchers. Mentors were then invited to attend the training and mentees were contacted by the research team and consent procedures were completed.

By October 2011, very few participants had been identified by social workers, despite regular prompts from the PCs and LA senior managers. To try and encourage recruitment, in LA1 and LA2 the researchers started attending social work team meetings, together with the PCs, to promote the study. However, because of an imminent reorganisation, LA3 did not accept the researchers' offer to attend one of their meetings. Following advice received from a CiCC Participation Officer in LA3, the team distributed new social worker recruitment guidelines and information about the study, aimed at alleviating concerns related to the use of randomisation in the study and the safety of mentor–mentee relationships (see *Appendix 20*).

In February 2012, the research team had another meeting with the PCs to discuss progress in recruitment. Despite being requested to complete mentor and mentee recruitment concurrently, the PCs had mainly been focusing on ensuring that there were enough mentors to attend the training, which was due to commence imminently. Even so, only 15 potential mentors (as opposed to the hoped-for 30) attended the training, which took place throughout February and March 2012 (LA1: $n = 5$; LA2: $n = 6$; LA3: $n = 4$).

Mentee recruitment failed to progress, even after mentor training had taken place, largely because of competing time pressures and work constraints on the PCs. PCs felt that active and visible support and back-up for the study by senior managers would have improved the response of social workers to their requests for participants (also found in the pilot study). In LA2 and LA3, senior management had been active in sending out e-mails asking social workers to identify participants. However, in LA1, there was relatively little input or visible support for the study from senior management:

> *I think if [name of senior manager] had sent an e-mail out saying to all the social workers that, you know, they must do their best, I think that would have went a long way . . . there's a lot more different teams out there that we don't work with but we could've got young people from them.*
>
> *LA1 PC2*

As a result of the delay in recruiting mentees, the researchers had to become much more actively involved in recruitment than was originally planned or anticipated. We presented the study at social worker team meetings, followed up on leads and completed a 'floor walk' of offices with the PCs in LA2 and LA3, which involved approaching social workers at their desks and providing them with information about the study. However, team managers often turned down, or failed to respond to, our requests to attend team meetings and so this strategy met with only partial success. The researchers then resorted to publicising the study more widely to other professionals working with LAC within the LAs. A one-page flyer, advertising the study to LAC, was developed in response to the PCs' observations that the recruitment leaflets were too wordy to appeal to young people. These were distributed at social worker meetings. In LA3, regular e-mails from senior management to social workers produced a list of potential mentees and the researchers then asked the relevant social workers in LA3 to discuss the study with the individuals identified. Finally, following advice from a Corporate Parenting Manager, LA1 and LA3 sent a letter to all eligible young women within the boroughs (see *Table 12* for numbers of eligible women), inviting them to participate.

By June 2012, LA1 and LA3 had recruited sufficient numbers of potential mentees to be randomised to the intervention and control arms. By contrast, LA2, having recruited the largest number of mentors, completed mentee recruitment only in September 2012.

Recruitment sources

Young people aged 14–18 years (mentees)

In total, 26 LAC aged 14–18 years were recruited to the Phase II trial as potential mentees (10 from LA1, 12 from LA2 and four from LA3). Thirteen were allocated to the intervention arm and 13 to the usual support arm. In LA1, the majority of participants were recruited through the mail-out letter to eligible young women in the borough. The number recruited through social worker referrals was much lower in LA1, consistent with PC1's perception that she did not have much senior management support when pushing for referral. This is highlighted in *Table 6*.

TABLE 6 Recruitment method for mentees

Method	LA1	LA2	LA3	Total
Number of mentees recruited by social workers	1	6	2	9
Number of mentees recruited by PCs	2	4	0	6
Number of mentees recruited by other methods/professionals	7	2	2	11

In LA2, the majority of participants were identified by a combination of referrals from social workers and the PCs. PC1's role as a sexual health outreach worker also enabled her to recruit LAC who were accessing sexual health services through her clinic. Two mentees were recruited by other professionals (youth offending team and clinical psychology services). In LA3, referrals increased following a direct request from senior managers.

These results show that different approaches were used to recruit mentees. In LA1 and LA2 the PCs used the existing contacts that they had with young people to identify potential participants. Although the mail-out approach in LA1 identified more potential participants than referrals from PC1, the fact that she was well known to young people and fellow social workers within the LA made the process of identification and communication more straightforward:

> *In LA1 we have a sort of you know quite good relationship with young people. So, it wasn't because of the Carmen project, I knew them anyway and I had the relationships already established.*
>
> *LA1 PC1*

Young people aged 19–25 years (mentors)

Fourteen mentors were recruited to the Phase II trial (five from LA1, six from LA2 and three from LA3). One additional young woman who was pregnant attended the LA3 training. However, she gave birth shortly after this and did not proceed to mentoring. In all LAs, referrals were received from social workers, PCs and other professionals. In LA2, most mentors were recruited by the PC through a LA event for care leavers. Fewer mentors than mentees were recruited through social workers. This may be because of the decreased direct involvement of social workers with young people who have been in care after they reach the age of 18 years, unless they are still in full-time education. The recruitment method for mentors is illustrated in *Table 7*.

The most effective strategy for recruiting young people aged 19–25 years to act as mentors was through existing networks of care leavers. Some were identified by social workers who already had some professional knowledge of the young person concerned:

> *I did the [name of other mentoring programme run in LA1] mentoring programme . . . I think they must have heard about it and then they need mentors for their research and you know, to reduce the teenage pregnancy, to see how it goes and I think they just chose people from the [name of other mentoring programme].*
>
> *LA1 mentor 4*

TABLE 7 Recruitment method for mentors

Method	LA1	LA2	LA3	Total
Number of mentors recruited by social workers	2	1	2[a]	5
Number of mentors recruited by PCs	1	4	1	6
Number of mentors recruited by other professionals	1	1	1	3
Recruitment method not known	1	0	0	1

a Includes a mentor who attended training in LA3 but who did not consent to the study after training.

Selection criteria for mentors

Project co-ordinators and social workers targeted individuals who they thought would be good role models for young women in care – those who had engaged in education or work and who had aspirations and a sense of direction in life. They also considered individuals' personality, level of maturity, reliability, commitment to taking on a mentoring role, level of self-awareness and communication and interpersonal skills:

> *You might have so-called successful university graduate . . . but they might not be as suitable as somebody . . . who's just steady, calm and cheerful. In fact, sometimes if you've got that, that person that's up there it's going to be quite far away from that person . . . it's almost like they're in a different stratosphere from me.*
>
> *LA2 SW*

> *I would be looking for somebody that has a certain level of maturity, not necessarily that they haven't got their issues but they're aware of what their issues are and they're working on them. That's stable at the moment, making quite good life choices.*
>
> *LA1 PC2*

Personal or psychological problems, such as a history of substance misuse or past abuse, were not necessarily regarded as exclusion factors, provided that the young woman had overcome them:

> *Someone who has got life experiences, so I'm not saying they couldn't have had issues with the police or issues with substance misuse in the past, I think in some ways that's quite useful. But more that they are more settled in where they were. In the sense of 'I've had that experience, this is what I've done and I've been stable for a period of time'. I think that was for me, just that they are emotionally in the right place to be able to offer someone else support.*
>
> *LA3 PC1*

Pregnancy, or having a young child, did not necessarily exclude a young person from acting as a mentor, although these had been exclusion criteria in the pilot study. The appropriateness and adequacy of the mentor selection criteria are explored in *Chapter 8*.

Participants in the trial

Figure 2 shows the Consolidated Standards of Reporting Trials (CONSORT) diagram for the flow of participants aged 14–18 years through the trial.

Figure 3 shows the CONSORT diagram for the flow of mentors through the trial.

Baseline characteristics of mentees/usual support group participants

Table 8 shows the baseline characteristics of the 30 participants aged 14–18 years. The participants in the pilot study ($n = 4$) are included in addition to the 26 Phase II participants. This is because the outcome analyses (see *Chapter 7*) include the pilot study data because of the small number of participants recruited in Phase II. The data presented in *Table 8* are based on participants' self-reported history and current circumstances. To corroborate these baseline data we sought information from each participant's social worker; however, only 12 out of 26 social workers returned the baseline questionnaire.

Participants often gave more than one reason for having entered the care system. The main reasons cited for being taken into care were emotional abuse ($n = 6$ intervention group, $n = 6$ usual support group), breakdown of relationship with family carer ($n = 3$ intervention group, $n = 5$ usual support group), sexual abuse ($n = 3$ intervention group, $n = 1$ usual support group), neglect ($n = 2$ intervention group, $n = 1$ usual support group), unaccompanied minor ($n = 1$ participant in each group) and physical abuse ($n = 1$ intervention group). Four participants ($n = 3$ intervention group, $n = 1$ usual support group) stated that they did not know why they had been taken into care.

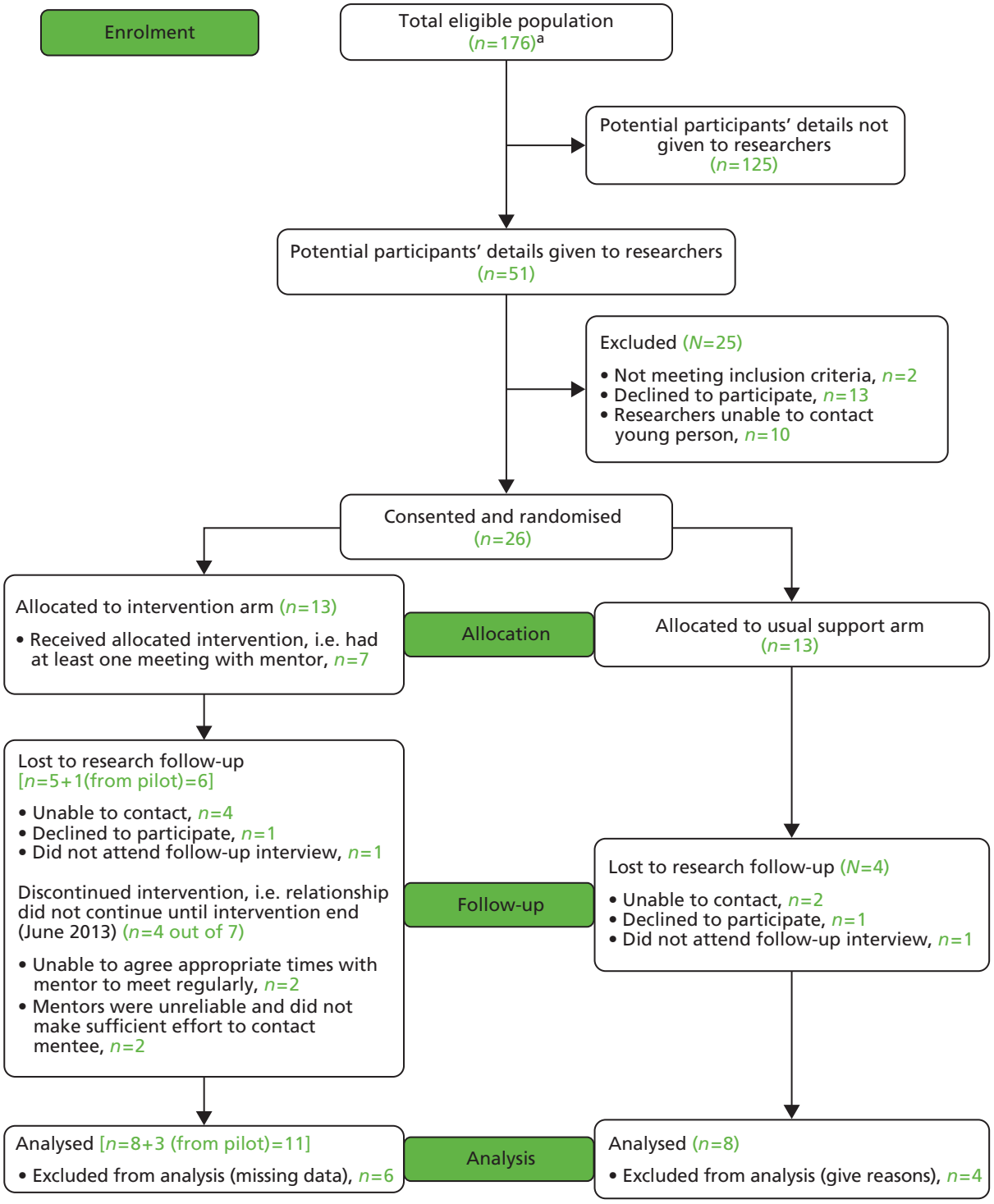

FIGURE 2 Consolidated Standards of Reporting Trials 2010 flow diagram showing the flow of participants aged 14–18 years through the trial. a, For reasons stated earlier, that is, social services do not have an available network of care leavers to recruit from.

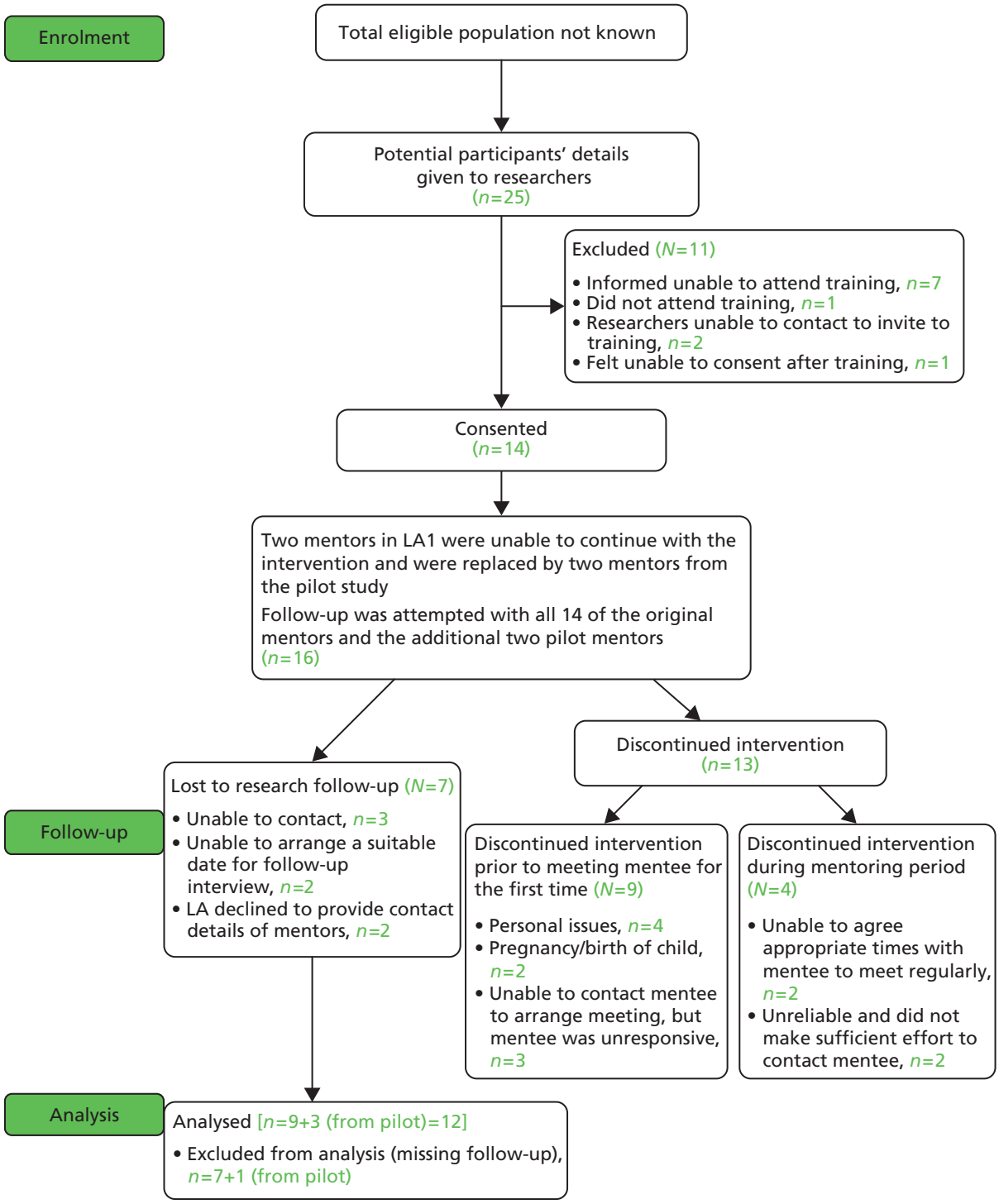

FIGURE 3 Consolidated Standards of Reporting Trials 2010 flow diagram showing the flow of mentors through the trial.

TABLE 8 Baseline characteristics of participants aged 14–18 years

Characteristic	Intervention group ($n = 17$)[a]	Usual support group ($n = 13$)[a]
Age (years) at baseline, mean (SD), min.–max.	16.4 (1.4), 14.2–18.3	16.7 (1.4), 15.4–18.7
Country of birth		
England	13 (77)	11 (85)
Other country	4 (24)	2 (15)
Ethnicity		
White/white British	7 (41)	4 (31)
Mixed ethnicity	3 (18)	2 (15)
Asian/Asian British	4 (24)	3 (23)
Black/black British	3 (18)	4 (31)
Age (years) on entering the care system, mean (SD), min.–max.	11.6 (4.7), 0–17	12.1 (6.3), 0–17
No. of care placements, median (min.–max.)	2.5 (1–8)	1 (1–15)
Living in care continuously	12 (71)	10 (77)
Living situation		
Foster home	9 (53)	7 (54)
With relatives or friends	1 (6)	2 (15)
Hostel/YMCA	5 (29)	3 (23)
Other	2 (12)	1 (8)
Self-harmed in lifetime	9 (53)	6 (46)
Missing data	1 (6)	0 (0)
Attempted suicide in lifetime	3 (18)	3 (23)
Missing data	2 (12)	1 (8)
Truanted in lifetime	11 (65)	12 (92)
Missing data	2 (12)	0 (0)
Suspended/expelled in lifetime	5 (29)	9 (69)
Missing data	2 (12)	0 (0)
Contact with police in lifetime	10 (59)	8 (62)
Missing data	1 (6)	0 (0)
Engaged in sexual intercourse	10 (59)	9 (69)
Age (years) of first sexual intercourse, mean (SD), min.–max.	14.8 (1.6), 13–17	13.8 (1.1), 12–15

max., maximum; min., minimum; YMCA, Young Men's Christian Association.
a Values are *n* (%) unless otherwise indicated.

Participants reported high rates of self-harm (50%), truancy (76%), suspension/expulsion from school (50%), contact with the police (60%) and episodes of going missing from home (40%). Over half of participants had already engaged in sexual intercourse (63%), with a mean age of first intercourse of 14.3 years.

With regard to the primary outcome variable, one-fifth of participants ($n = 3$ in each group) had been pregnant. Four participants had been pregnant once ($n = 2$ in each group), one participant (in the intervention group) had been pregnant twice and one participant (in the usual support group) had had three previous pregnancies. No participants were pregnant at baseline. Out of the total of nine pregnancies, three had resulted in a live birth ($n = 2$ intervention group, $n = 1$ usual support group), four had ended in spontaneous miscarriage/stillbirth ($n = 2$ in each group) and two had resulted in a termination ($n = 1$ in each group). Only one of the nine pregnancies had been intended. Of the eight unintended pregnancies, contraception had been used on only two occasions.

Before the start of the intervention, participants were asked to state the youngest age at which they thought it would be acceptable to have a baby. The mean age reported was 17.2 (SD 3.4) years, ranging from 11 to 29 years. In total, 22 participants (73%) reported that they would feel scared/nervous if they found out that they were pregnant now, with only 2 (7%) participants stating that they would feel happy/excited. Sixteen (53%) would give birth and keep the baby, six (20%) would have a termination and two (7%) would give birth and have the baby adopted or fostered.

At baseline, seven of the intervention group (41%) and five of the usual support group (42%) scored ≥ 4 on the 12-item General Health Questionnaire (GHQ-12) (*Table 9*).

A similar distribution of attachment styles was reported across the two groups, with 10 out of 29 participants (34%) indicating a secure attachment style. Eleven (38%), two (7%) and six (21%) participants indicated a fearful, preoccupied and dismissing attachment style respectively. Participants were asked to rate the likelihood that they would seek help from a variety of sources, first, if they had a personal or emotional problem and, second, if they were feeling desperate and having thoughts about suicide. The most popular source of help for a personal or emotional problem was a friend, from whom 17 (57%) participants reported that they would be extremely or very likely to seek help. The least popular sources of help were religious leaders, helplines and doctors, from whom 24 (80%), 22 (73%) and 19 (63%) participants, respectively, reported that they would be extremely or very unlikely to seek help. Only four (13%) participants reported that they were likely or more than likely to seek help from no one for personal or emotional problems. A similar pattern occurred in the second scenario. However, nine (30%) participants reported that they were likely or more than likely to seek help from no one when feeling desperate and having thoughts about suicide.

TABLE 9 Baseline psychological measures for participants aged 14–18 years

Measure	Intervention group ($n = 17$)[a]	Usual support group ($n = 12$)[a,b]
GHQ-12	3.9 (3.0), 0–10	2.9 (3.1), 0–8
Self-Esteem Scale	14.8 (6.0), 3–30	18.3 (3.1), 12–23
Locus of control	3.7 (2.2), 0–9	4.1 (1.8), 1–7

a Values are mean (SD), minimum–maximum.
b Data missing for one participant for all measures.

Baseline characteristics of mentors

Table 10 shows the baseline characteristics of mentors, including the pilot participants, based on self-reported history and current circumstances. All of the mentors in the study had educational qualifications. At baseline, three had already received a degree and a further four were studying at university. Of the remaining 11, six had a level 3 qualification (equivalent to A level) and five had level 1 or level 2 qualifications. Ten of the mentors had been pregnant at least once and eight were already mothers at baseline. One additional participant was pregnant at baseline.

Data were missing for all psychological measures for one pilot participant. Two out of 17 mentors (12%) scored ≥ 4 on the GHQ-12 (*Table 11*).

TABLE 10 Baseline characteristics of mentors

Characteristic	Mentors ($n = 18$)[a]
Age (years) at baseline, mean (SD), min.–max.	21.97 (1.64), 17.71–23.81
Country of birth	
England	11 (61)
Other country	7 (39)
Ethnicity	
White/white British	4 (22)
Black/black British	10 (56)
Other	4 (22)
Age (years) on entering the care system, mean (SD), min.–max.	12.17 (3.13), 17.71–23.81
Educational qualifications	
Level 1(GCSEs D–G grades)	2 (11)
Level 2 (GCSEs A*–C grades)	3 (17)
Level 3 (A level or equivalent)	10 (56)
Level 6 (degree or equivalent)	3 (17)
Living situation	
Renting	16 (89)
Living with family	2 (11)
Occupation	
Full-time education	11 (61)
Part-time education and part-time work/government training scheme	2 (11)
Full-time work	2 (11)
Unemployed and receiving benefit	3 (17)
History of pregnancy ($n = 10$)	
One pregnancy	6
Two pregnancies	3
Three pregnancies	1
Age (years) at first pregnancy, mean (SD), min.–max.	17.70 (2.62), 15–23

max., maximum; min., minimum.
a Values are *n* (%) unless otherwise indicated.

TABLE 11 Baseline psychological measures of mentors

Measure	Mentors ($n = 17$)[a,b]
GHQ-12	1.5 (1.9) 0–7
Self-esteem	23.0 (3.6) 18–29
Locus of control	3.3 (1.5) 0–6

a Values are mean (SD), minimum–maximum.
b Data missing for one participant.

Phase II matching process

Project co-ordinators were asked to match participants based on their professional knowledge of the young people, while also giving consideration to geographical proximity. PCs were asked to record the reasoning behind their decisions.

In LA1, it took > 2 months for the matching process to be completed (between June and August 2012). This was because of changes in the participants' circumstances (one mentor had given birth; one mentor was temporarily residing outside the area; there were concerns over one mentee's mental health issues; and one mentee moved placements) and resulted in matches being made on a staggered basis throughout the summer of 2012. LA1 PC1 tended to make matches based on her professional knowledge of the young people and their personal circumstances, for example, 'Mentor 15 . . . has emotional well-being issues . . . and so does mentee 1001, so I thought it might be easier for them to talk to each other' (LA1 PC1).

If LA1 PC1 did not know the individuals, she tended to match them based on geographical proximity.

In LA2, because of mentee recruitment significantly over-running, the research team advised PC1 to stagger the matching process so that mentees already randomised to the intervention arm could begin to receive mentoring. However, it took several months for participants to be matched and the process was completed only in October 2012. LA2 PC1 struggled with matching because her role was based outside social services and she therefore had less access to information about the young people. Also, by this stage, PC2 was giving little support to PC1 because of competing commitments. The research team therefore became involved by forwarding relevant information, and matching decisions were eventually based on mentors and mentees having shared interests (three pairs), shared religion (one pair), shared ethnicity (one pair) and geographical proximity to each other (one pair).

In LA3, the matching process also took over a month (between June and July 2012) because LA3 PC1 was waiting for the results of the mentor DBS checks. These had not been undertaken earlier because PC1 said that she wanted to wait until all of the mentees had been recruited. Matches in LA3 were based on geographical proximity, probably because of the large size of this LA (however, LA3 subsequently dropped out of the study before any meetings took place between mentors and mentees).

This process highlighted the length of time it took LAs to match the pairs, which added to delays in the mentoring commencing and resulted in the intervention being shortened by a number of months. Consistent with the findings from the literature review, the matching criteria were diverse; however, shared backgrounds or experiences and geographical proximity were considered important. *Chapter 7* explores whether the PCs' matching strategy was effective and makes recommendations for the process in a future trial.

Factors impacting on recruitment

To understand the barriers to recruitment, interviews with PCs, social workers and senior managers were conducted towards the end of the recruitment period. We also conducted a national survey to examine views on the feasibility of recruitment in a future trial. In the following sections we explore the factors impacting on recruitment with regard to motivations to participate in the trial, the resources available to social workers and social workers' understanding of the inclusion/exclusion criteria and of randomisation, as well as describing, more generally, some of the difficulties encountered by researchers and social workers in attempting to engage LAC in this research.

Mentors' motivations to participate

Mentors mostly gave altruistic reasons for becoming a mentor. These included wanting to 'make a difference' to another young person's life and help them to achieve their aspirations, wanting to help them to make more informed choices about relationships and using their shared care experience to act as a positive role model.

Personal development, such as the acquisition of new skills and increasing future employability by being able to add this experience to their curriculum vitae (CV), was also cited as a reason to become a mentor:

> *I'd like to become a peer mentor to help young women who have been in a similar situation to myself and because I'd like to help young people in my future career and this project will give me some experience [of that].*
>
> *LA3 mentor 12*

A number of mentors said that they would have valued the support of a peer mentor themselves when they were younger.

Several mentors from LA1 had already been involved in an established group peer mentoring scheme run within the borough and therefore had experience of mentoring young people in care:

> *The first thing that came to my mind was that it would be good for me anyway 'cos I wanted something that could be hands on, like properly get into the actual work . . . of mentoring, not being supervised all the time . . . having that free time to just, you know, talk . . . so I was interested in that.*
>
> *Pilot mentor 2*

The national survey similarly found that wanting to help a young person in care (28/37 responses; 76%) and being able to share their own experiences (24/37 responses; 65%) were the most frequent reasons given for wanting to be a mentor amongst care leavers aged 19–25 years.

In return for their participation, mentors were offered a £40 voucher per month and the option of completing a level 1 ASDAN qualification. At follow-up interviews, mentors were asked for their views on the adequacy of these incentives. Most said that they would have taken part in the study even without a financial reward; however, they agreed that the vouchers added an extra incentive to participate. This particularly resonated with mentors who were mothers:

> *Having it there is handy . . . especially like being a single mum it's like okay, I can go and buy the nappies with this if I'm kind of short on money that week or something. So it is a bit like . . . it is quite a big incentive.*
>
> *LA1 mentor 15*

The mentors were undecided on the adequacy of the £40 voucher. One mentor commented: 'I think that was reasonable . . . 'cos it's a volunteer position I wasn't really expecting anything – that's a lot – so I'm quite happy with that £40' (pilot mentor 3).

Another mentor thought that more money should have been offered, given the amount of effort needed. She was not in education or employment and therefore financial remuneration may have been more important to her. Others, who recognised that their commitment had not been as much as expected, felt that £40 was more than sufficient (see *Chapter 7* for an analysis of the reasons why mentors did not fulfil their responsibilities). Three mentors said that they may have been more committed to the role if they had been paid more, with one commenting that 'if it was a job, I think yeah, maybe the focus would have been there a bit more' (LA1 mentor 18).

Twenty-five out of 29 (86%) respondents in the national survey of care leavers aged 19–25 years said that they would take part in the study even if they were not paid and 21 out of 33 (63%) rated the incentives offered as 4 or 5 on a satisfaction scale (1 being 'unsatisfactory' and 5 being 'satisfactory'). Only two respondents rated the incentives as 'unsatisfactory'.

In terms of the ASDAN qualification on offer, mentors had initially valued the opportunity to pursue this. However, those mentors who already had, or who were pursuing, a university degree felt that a level 1 qualification was quite low. Some with lower-level or no qualifications welcomed the chance to obtain the ASDAN qualification whereas others said that they were too busy to complete the paperwork. By the end of the study, however, none of the mentors had obtained this qualification (see *Chapter 7* for reasons why).

These findings suggest that a future trial could offer the option of a qualification for mentors; however, it would need to be managed effectively with consideration given to ensuring that the qualification being offered reflected the educational and vocational needs of the participants.

Mentees' motivations to participate

Having the opportunity to be in a mentoring intervention, to meet new people with similar experiences to their own and to form a network were the main reasons given by mentees for participating. Several young people also expressed the desire to talk to someone who they could relate to, someone similar in age, whose role was separate and distinct from that of their social worker, who 'didn't know my situation, and wasn't involved in it basically' (LA1 mentee 1009).

> *I thought . . . well if I had got a mentor then I thought that would really be like really good, 'cos I didn't really have someone my age that I could tell completely everything to. So, it was nice to have someone like old enough to understand and relate rather than someone like my age that hasn't been through the same things.*
>
> *LA2 mentee 2008*

> *Because I wanted someone that I could see like every week or something. Seeing the social worker's two different things. Seeing a mentor is like, someone you bond with. And might have some kind of connection with like, for example, past experiences and stuff like that.*
>
> *LA2 mentee 2002*

Participants often found it difficult to differentiate between their participation in the research and the mentoring intervention; however, some did express positive views about the research, including the opportunity to be involved in a project aimed at helping young people in care and also being able to express their opinions in a research interview:

> *Being able to speak out about more things . . . and express the way I feel and, yeah, so if someone could get an understanding of how I am as well . . . 'Cos most of the time I wasn't really asked questions, like these kind of questions [referring to research interview] that I will be asked from my social worker.*
>
> *LA2 mentee 2002*

Local authority structural barriers

Lack of time to commit to this research was the most common reason given by social workers preventing their effective participation in this study. Despite the fact that most social workers saw the value in what the study was trying to achieve, they were unable to prioritise it because of competing work commitments and deadlines. LA1 PC2 commented that social workers' large caseloads and time pressures meant that they often prioritised 'reactive knee-jerking stuff' rather than preventative work. This had a detrimental impact on recruitment to this study. Furthermore, during the recruitment period, all three LAs were subject to a number of reorganisations, inspections and cutbacks, which tended to push the requirements of this project further down the agenda:

> *I think on some level the team managers is maybe where there's been a bit of a . . . blockage. Yeah, they've not really followed it up. And I say that, bearing in mind the environment, the climate we are all in. Consultations, inspections, Ofsted, health. These are massive things not to be considered lightly. So . . . the information may have gone out but it then slips very quickly through the list of priorities, which is understandable.*
>
> *LA2 PC1*

> *I think you get people who think well that person may or may not be interested, but it's about trying to continue to get social workers to prioritise it. Because they are constantly getting other needs, other issues, child protection . . . I think the general concept has been received well and most people think it's a good idea but it's then the effort it needs to actually translate that into something active and meaningful.*
>
> *LA2 SM*

In LA1, PC1's role was integrated into her existing workload. However, in other LAs, the PC role was in addition to the PCs' existing role, which meant that they constantly had to juggle a number of competing priorities. All PCs felt that the role required a greater time commitment than originally anticipated, especially during the busy recruitment period: 'Somebody's got to have the time to devote that . . . I think the downside has been the consistency and you know it hasn't been there' (LA2 PC1).

Within all three LAs there was a lack of clear communication about the study from the PCs to social workers, despite the standardised recruitment guidelines designed for this purpose. Of the 19 social workers who responded to our survey of social workers across the three LAs, only eight said that they had been informed about the study. The focus group discussions also highlighted some confusion amongst social workers over the purpose of the study; not all social workers realised that this was a study aimed at reducing teenage pregnancy.

Given the problems encountered with recruitment, we conducted interviews with LA professionals towards the end of the recruitment period, exploring their suggestions for management in a future trial. Most suggestions complemented those from the pilot study. These included PCs adopting a face-to-face approach with social workers (rather than e-mail exchanges); having consistent support from senior management, who can use their authority to filter information down through the organisational structure; and wide advertising of the study across the borough with clear communication amongst professionals:

> *[It] means everybody working together consistently, sort of singing from the same hymn sheet basically. So that if you've got the IROs [Independent Reviewing Officers] chairing reviews that it's featured there. If you go to a stat medical where, you know, things like sexual health, all the things that the project is trying to promote is actually discussed so it's featured there. In schools they also have a curriculum so it's featured there. So it's in everybody's face.*
>
> *LA2 PC2*

Professionals were united in expressing the view that a dedicated PC role should be built into a future project. This would allow PCs to persist with encouraging social workers to recruit without the constraints of competing priorities:

> *If you seriously wanted to take peer mentoring forward then I think you'd need to have someone who is dedicated to doing it even if it's a 0.5 of a post, but that would be what they do. They actually support, they actually recruit because it is a process where I think you've got to keep on going at it, you've got to follow up the leads . . . it's about that follow-up and I think the project's shown that, that as soon as you begin to lose that focus, lose that emphasis on it, things begin to slide back and stuff doesn't get followed up. It's competing with other priorities and you need someone who's really focused on it.*
>
> *LA3 SM*

Based on this suggestion we explored further the characteristics of the PC role, including the amount of time needed to deliver the intervention and the professional role best placed to co-ordinate it. This is discussed in *Chapters 8* and *9*.

Availability of eligible participants

In our national surveys of DCSs ($n = 39$) and social workers ($n = 103$), the DCSs reported that on average, LAs had 31 young women who fitted the mentee recruitment criteria and were placed in the borough (SD 26.6, range 0–160) and social workers reported an average of six young women fitting the mentee recruitment criteria per social worker's caseload (SD 9.4, range 0–75). In theory, therefore, the pool of young people who would meet the criteria for inclusion in this and any future study is large enough to support a Phase III trial.

However, it was not considered feasible, or reasonable, to expect mentors to travel long distances to see a mentee and this placed a geographical limitation on the numbers of eligible participants, which impacted on recruitment rates. In LA3, which covered a very large mainly rural area, the professionals had to limit their recruitment to only one region, further reducing the number of potential participants (*Table 12*).

Social workers in the local and national surveys were asked for suggestions for increasing the pool of potential participants. Nearly one-third of respondents (31/91) thought that the minimum age for mentees should be younger than 14 years, to encourage them to engage in safe behaviours and to make better choices around their sexuality and relationships before they became sexually active. The suggested minimum age was around 12–13 years, although some thought that the intervention could start even earlier, at age 10–11 years:

> *What my belief is it needs to start at a much younger age group. I think if there is anything, it's a process . . . in terms of positive sexual health you need to educate before they are sexually active. Sometimes by the time they are sexually active, the horse has kind of bolted.*
>
> *LA2 PC1*

TABLE 12 Looked-after children aged 14–18 years across the three LAs[a]

Females in care	LA1	LA2	LA3
Number aged 14–18 years	101	102	269
Number aged 14–18 years out of borough	47	80	66
Number aged 14–18 years living in borough	54	22	203
Total[b]	54	75[c]	47[d]

a As of March 2012.
b Those meeting the criteria for inclusion in the study.
c Includes 53 young women who lived outside the borough but who were placed locally within London.
d LA3 participants were selected from only one quadrant.

With regard to recruiting mentors, PCs experienced a great deal of difficulty in accessing them, because looked-after young people mostly leave care at 18 years of age. LAs remain in contact with young people until the age of 25 years only if they are in education. This meant that recruitment of mentors had to be focused on care leavers who were currently in education or who had kept in contact with the LA:

> *I don't know whether or not that's just about young people moving on and disengaging with social services 'cos they don't want the stigma of us being involved in their lives you know, some young people simply move on and don't stay in touch with anyone . . . perhaps they feel they've had so much kind of social services involvement that that's sort of enough for them.*
>
> *LA1 PC1*

After we were alerted to this issue we endeavoured to explore the possibility of recruiting care leavers directly from universities, by conducting a focus group with students from universities in south-west London. However, as discussed in *Chapter 2*, on speaking to the head of the Student Centre it was apparent that there were very few students across the two universities in the right age range and who had self-identified as being a care leaver (and it was unclear what proportion of these were female). This suggests that recruiting care leavers directly from universities may not prove to be any more successful than recruiting them from LAs.

Randomisation

From the interviews and survey data there were mixed views about, and understandings of, the need for randomisation. In the DCS survey, over two-thirds of respondents (34/48 responses) stated that they would not have concerns about randomisation in a study of this kind and most respondents recognised the need for randomisation as a method of measuring effectiveness:

> *I think randomisation is a vital part of research and is a must. It is an excellent way to possibly rule out any confounding factors early on in the study that could potentially impact the study.*
>
> *DCS survey respondent*

Similarly, some social workers said that randomisation would not, in itself, deter them from approaching young people to participate, 'as long as they fully understood what they were making a decision about' (LA3 SW).

However, several senior professionals and social workers were uneasy about failing to offer a service that might be beneficial to all young people and thought that the randomisation process potentially conflicted with their role as a service provider. Many of them felt that it was unethical to raise expectations in vulnerable young people that could not be met and thought that the young people should automatically receive the mentoring if they showed any interest in the study. Concerns were expressed that young people who had agreed to participate would feel let down and disappointed if they were allocated to the usual support group and that this could affect their willingness to engage in services more generally. These concerns may have deterred some social workers from approaching young people to participate in the study or from passing on their names to the PC:

> *If they are going through this and then they feel that they are going to have a mentor how do they respond to that, being told well you haven't been allocated one after they've gone through that process. And sometimes it's really hard for them to accept or say to themselves that you know, I do need a mentor and once they've made that step, how crushing is that to then to say they haven't got one?*
>
> *LA2 health and education professionals focus group*

> *I think for some social workers they may have identified a young woman who definitely needed a mentor . . . and the idea that they may be put forward a name and then they may not get a mentor, this may have stopped them.*
>
> *LA2 PC1*

The national survey of social workers came up with similar findings to the interviews: 40 out of 80 social workers said that only young people who could 'manage rejection', who needed less specialist support and who did not have learning difficulties could be considered for a study involving randomisation.

Finally, the interview and survey data highlighted some confusion over what exactly was meant by randomisation. Research equipoise was an alien concept to many and, for some, this extended to a deep-rooted mistrust of academic research. One social worker in particular was vocal about this:

> *To me it's blatantly obvious that having a mentor is going to be a positive beneficial effect, so it's almost like saying, well how many people think that letterbox is red? Yes everybody's going to nearly think it's red because it's blatantly obvious . . . so I actually think it's an incredible waste of money and resources.*
>
> *LA2 SW*

> *And then usually what'll happen after all that wasted money and resource [spent on academic research], they'll bring out some paper or form for us to do something else, which'll just clog up 85, 95% of our work doing something that's not necessary. So I find it . . . it's just a waste of time, waste of money. I understand the need for a little bit of research, because that's how things come out, but I think we've gone research bureaucracy mad at the moment.*
>
> *LA2 SW*

By contrast, evidence from the national LAC survey suggested that randomisation is not a deterrent for the young people concerned. Over three-quarters of respondents (16/21) stated that they would take part in the study knowing that they had only a 50% chance of receiving a mentor. Only one of the five respondents who said that they would not take part cited randomisation as the reason. The other reasons were all related to not wanting support from a mentor at that time in their life.

The study participants themselves had mixed understandings of randomisation, even though this was explained to them when they were consented. Data from the follow-up interviews confirmed that, although some of them were able to recall the purpose of randomisation, others could not remember or had misconceptions about it. For example, some believed that they had been allocated on the basis of their personal characteristics or behaviours, or that it was a resource issue, that is, there were not enough mentors available, or that receiving a mentor was based on 'luck'. One mentee thought that the study was a 'competition . . . to win a mentor' (LA1 mentee 1007).

Of the 13 young people interviewed directly after they were allocated to the usual support group, 10 reported that they were 'OK' with not having a mentor or 'didn't mind' and three said that they were 'disappointed'. However, it was clear that the majority had gone into the study hoping to receive a mentor, as expressed in the following quote:

> *I was hoping that I did get one and I was thinking that I hope I do actually get one. I think I hoped too much though. So it was, I was fine about it afterwards, 'cos I understood, but it was just like that fact I really wanted one.*
>
> *LA2 mentee 2002*

Ten out of 26 participants aged 14–18 years ($n = 6$ intervention group, $n = 4$ usual support group) did not complete follow-up interviews. For those participants in the usual support group, we do not know whether their decision to disengage from the research was influenced by the fact that they were not allocated a mentor.

Lack of understanding about recruitment criteria

Despite being given clear recruitment guidelines, social workers remained unclear about the inclusion/exclusion criteria: whether males could be included, whether potential mentees had to be sexually active and whether potential mentees could be children 'in need' (Section 17 of the Children Act 1989[23]), a lower threshold than those under LA care:

> *'Cos initially we didn't know whether it was male and, we did think it was male and female and that came up in the team meeting and it's just been, obviously with it being teenage pregnancy it didn't filter through straight away.*
>
> *LA3 SW*

This lack of clarity led to social workers adopting opposing recruitment strategies: LA1 approached 'at-risk' young women (for further details see *Chapter 4*) whereas LA2 PCs approached less chaotic individuals. Although they felt that the mentoring would be particularly beneficial for the most troubled, isolated young people, they also wanted to protect them from harm or potential risk:

> *I think probably the ones who possibly are completely off the rails and maybe have so much issues going on . . . even though I must say you would consider all young people, because it may be even somebody in that remit would benefit from a mentor – but it would have to come at possibly at a different stage . . . it's about is it the right time to introduce a mentor? Or would you wait until that person is a little bit more settled?*
>
> *LA2 PC2*

Many professionals acknowledged that it was easier to select young people who they knew would engage with services, although they also felt that hard-to-reach young people would benefit the most from the intervention:

> *Two of the young people that you've been working with . . . those two were selected because they're here [attending the Education and Achievement Centre]. Because they're here, they come to everything, and you can engage them. And because they're known to us, it's almost like 'right well we'll use them then for this' whereas actually there are a lot needier young people who are incredibly hard to reach and it's them that need it.*
>
> *LA1 health and education professionals focus group*

Within LA3, social workers still seemed to be adopting a targeted approach, with one social worker reporting that she chose young women who she felt would 'potentially be vulnerable to, you know, to pregnancy in itself'.

Engaging looked-after children in this study

It was very difficult for the researchers to set up the consent meetings with the mentees; numerous contacts were usually necessary before a date and place could be agreed. In many instances these then had to be rearranged because the young person concerned did not turn up to the meeting.

Our experiences were consistent with those of the LA professionals, who reported that it can be extremely difficult to engage this group of young people in services. Some social workers wondered whether the young people's reluctance could be related to the negative connotations of being singled out for a

pregnancy prevention intervention, or the fact that this was perceived as 'just another process that they have to go through that makes them feel different' (LA3 SW):

> *I think by that stage some young people are really suffering from professional burnout, so, they just don't want to . . . 'I don't want to hear . . . don't tell me about another person that you're going to refer me to. I've already got a youth offending officer, a probation officer, a social worker, a keyworker, I've got somebody from children looked after health . . . my teacher, my school nurse'. You start potentially going into double figures.*
>
> *LA2 PC1*

The LAC population often have difficulty in establishing trusting relationships because of early experiences of rejection, neglect and abuse by adults. Professionals reported that it can take a long time for LAC to build positive relationships and this was supported by some young people, who expressed suspicion that the research was being run by social services and was yet another service they were being forced to engage with:

> *I thought it was gonna be like time wasted and like, like how the social workers do it; like ask a load of things – I just thought it was the random things that the social workers just have to do.*
>
> *LA1 mentee 1003*

Although there were difficulties with accessing and engaging the young people, it was also apparent that the opportunity to participate appealed to some. Seventeen out of 22 respondents to the survey of mentee-aged LAC reported that they would want a peer mentor if they were offered one.

For care leavers aged 19–25 years, the main barrier to participation was fitting the mentoring around existing commitments. Many were in education or work and some had decided against participation because they were concerned about their ability to do the mentoring role justice. There was also a problem in making the time to attend the 3-day training event. One PC commented:

> *Because these guys are at school or colleges and stuff like that, it's about trying to find an appropriate time for the training which suits everybody . . . I think you would have, you would've been inundated . . . you would've had more than 10 if we did it, the training, at a time when they all could attend.*
>
> *LA1 PC1*

The young people's survey supported this. In total, 30 out of 34 (88%) young people said that they would be interested in becoming a mentor for young people in care. Of the four respondents who said that they would not consider becoming a mentor, the most cited reason was education/work commitments (four responses), as well as issues in their own lives (three responses) and family commitments (two responses).

Given these barriers, we again explored professionals' and young people's suggestions for promoting the study to young people in the future. Most professionals felt that a direct approach, contacting young people face-to-face, would be the best method of recruitment. They suggested accessing networks of young people in care, such as CiCCs or youth centres, as well as promoting the study at events where they would be present.

Data from the survey of young people aged 14–18 years indicated that many young people would prefer e-mail contact to other means of communication (12/18 responses). Several participants in the study also recommended wider advertising through posters and leaflet distribution, possibly because this would feel less pressurised than a face-to-face approach. As discussed in *Chapter 4*, however, it is not clear whether young people would have the confidence to actively put themselves forward; the survey results showed that only 30% of the 14–18 years age group felt able to call the PC after seeing a poster compared with 65% of the 19–25 years age group.

Most professionals felt that the initial approach regarding the study should be made by a professional known to the young person (i.e. a member of their care network). However, the young people who were surveyed did not have a preference as to who they received the initial information from (*Table 13*). Most participants in the trial had no problems with the way that they were recruited to the study. However, their willingness to engage was clearly influenced by whether or not they had a good relationship with the professional who made the initial approach:

> *I think sometimes with young people they may not want to listen to what their social worker says. Because social workers they really drive people mad. What I thought it could be . . . if you contacting them, contact them yourself, and say that we'd like to meet you.*
>
> *LA2 mentee 2011*

> *So I think maybe next time, as well as using the social worker . . . maybe trying to go through . . . we have like a Foster Carer's Forum where a big percentage of our LA2 carers go – and if you tell them 'cos they direct[ly], they know the children better than social workers, better than anybody. And I think carers have a better way of being able to talk to and persuade young people as well.*
>
> *LA2 mentor 11*

It was also suggested that a mentoring scheme that was run by an organisation external to social services, such as a voluntary sector organisation, might increase young people's engagement with the service:

> *If it was sort of independent from CYPS [Children and Young People's Services] the response may actually be sort of different. So, for example, if it was a service we had to buy into or we had to sort of refer young people to ourselves, rather than be directly from CYPS, that may be a better option and young people would probably be more welcoming to it as opposed to a bit more dubious about it.*
>
> *LA2 PC2*

These suggestions are considered in further detail in the discussion chapter of this report and are used as a basis for making recommendations for future recruitment (see *Chapter 10*).

TABLE 13 Mentors' and mentees' preferences with regard to who they received the first contact from about the Carmen study

Type of professional	14–18 years age group[a]	19–25 years age group[a]
Social worker	4 (15)	2 (5)
Another professional known to the young person	1 (4)	3 (8)
Researcher	1 (4)	1 (3)
Carmen study PC (even if not known to the young person)	2 (7)	10 (27)
Carmen study mentor	2 (7)	NA
Carer/family member	3 (11)	NA
Do not mind who they receive information from	7 (26)	16 (43)
Missing responses	7 (26)	5 (14)

NA, not applicable.
a Values are *n* (%).

Summary

This is a hard-to-reach population in terms of recruiting for a study of this nature. On examining the extent to which the actual recruitment process reflected the proposed one it is clear that some elements were adopted by PCs but others were ignored. Initial efforts were concentrated on recruiting mentors, resulting in potential mentors being trained before mentees were available. As in the pilot, this resulted in a delay between the end of training and the start of the intervention, which many mentors found discouraging and which is addressed in later chapters.

The reason for the PC role being split in two out of the three LAs was to avoid any single individual being burdened with an unmanageable workload. However, splitting the roles created more scope for miscommunication with regard to the specific responsibilities of each individual. Further, when the PC was placed outside Children's Services, as in LA2, it was more difficult for the PC to access the social work individuals and networks, which were necessary to identify and recruit participants.

Senior management support was not consistent across all three LAs but appeared to make a significant difference in terms of boosting recruitment efforts and underlining the importance of the task. Although the PCs initially attempted face-to-face meetings with social workers to identify study participants, this soon tailed off as their other duties took precedence.

Overall, the recruitment process highlighted difficulties over the capacity of social workers to prioritise the study. The original intention was for the LAs to manage recruitment in-house. Although the research team was keen to retain its independence from the LA care providers, it became clear quite early on that recruitment would not have been completed without the active input of the researchers. This suggests that, in a future trial, more dedicated protected time would be needed for PCs to be able to persist in their approaches to social workers and meet the recruitment targets.

Chapter 6 Mentor training

Development and delivery of the pilot training

The training programme was developed by the NCB in consultation with the research team. It was agreed that each LA should have a separate training programme for its mentors and that the training location would be located within the LA or at a LA building to facilitate access for the mentors. The training programme was designed to last for 3.5 days and mentors were provided with a training resource pack (consisting of information on the mentor role, key messages from topics covered in training and a list of useful contacts including sexual health services – see *Appendix 21*). Key topics to be included in the training were derived from the literature and from advice received from members of the Advisory Group, which were then refined through further discussions with our trainers. The areas included in the pilot training were expectations of the mentoring role, confidentiality and safeguarding, maintaining boundaries, facilitating help-seeking behaviour and dealing with difficulties. Mentors also received a sex education module and learnt about risk factors for teenage pregnancy, including being a looked-after child. They were provided with information to enable them to advise mentees about where to seek sexual health advice and they were asked to accompany mentees to appointments and check-ups, etc. if invited by them.

The emphasis of training was on empowering the young person and encouraging self-reliance. We tried to discourage the development of excessive dependence within the relationship by being clear about the time-limited nature of the intervention as well as managing the ending in a sensitive and planned way. The two trainers had considerable experience in delivering training and education to young people, specifically around sex and relationships. One of the trainers was a NCB consultant and the other was a consultant for Straight Talking (a specialist teenage pregnancy organisation). The pilot training was delivered in a comfortable young person-friendly space, in the LA Education and Achievement Centre. Five participants attended and completed the training. One member of the research team observed the training on each day and conducted a focus group on the last day, to ascertain participants' perceptions and views of the training. This feedback, as well as feedback from the trainers, was subsequently used to modify the training for the exploratory trial.

The pilot phase 'booster' or 'refresher' training was delivered in April 2012. All five mentors attended. The booster training provided mentors with an opportunity to come together, discuss their relationships and deal with difficulties that had arisen. Some of this material was then used to modify the training. However, the trainers were unable to obtain detailed feedback from the PC about the support groups or individual feedback from pilot mentors, particularly with regard to items that might helpfully be added to the exploratory phase training.

Feedback from Phase I mentor training

All participants said that they had enjoyed the training and found it relevant and useful, although many said that they would have liked there to have been more role play:

> *I think we could have brought a bit of drama into it . . . could have been another way of reflecting sort of thing on what we've learnt, rather than jotting everything down on paper . . . maybe do a little bit of role play, that would have been good I thought.*
>
> *Pilot mentor 1*

There was a lack of consensus in the pilot about whether mentors would prefer training to take place during the week or at weekends. One participant said that it would not have been possible to attend training during the week as she had so little annual leave; another said that she preferred training to be during the week as she appreciated having free time at weekends. There was general agreement, however, that the short and intensive training course had encouraged a positive group formation, which might not have been possible if training had been less intensive and spread out over a longer period. Interviews with pilot mentors at 3 months found that some had found the early stages of their relationship, and in particular the first meeting with their mentee, rather challenging. Many mentors lacked confidence in knowing how to approach the first meeting and also found it difficult to persevere with their approach if their mentee appeared to be reluctant or disinterested in meeting:

> *I think a lot more needs to be done around the first session. Because it's not as easy as it sounds. And that's your first initial point and if you can't get that right then the whole relationship is more likely to just break down and not work. The other stuff will come right in the middle towards the ending of your relationship. And that's your foundation that you need to build quite strong. And if that doesn't exist then there's no point to that.*
>
> *Pilot mentor 1*

Some of the mentors were unclear about the basic steps that they should be taking to keep themselves and their mentee safe during meetings. One mentor had been unsure about whether she should be meeting her mentee at her hostel, until she was reassured by the mentee's SOT worker and the PC that this would be appropriate.

Development and delivery of training for the exploratory trial

Adaptations to the pilot training

Based on the feedback from the pilot, the Phase II training programme was adapted as follows:

- more discussion about how to approach the first meeting with the mentee, including consideration of mentees' feelings and how to respond to these
- emphasis on the need to persevere with contacting the mentee during the initial stages of the relationship
- an additional module on risk awareness and management, with examples and advice on what mentors should do if there were concerns about the mentee and ensuring that meetings take place in a safe setting and that the PC is made aware when meetings are set up and are taking place
- increased use of role play, including potential scenarios that could occur in mentoring relationships
- the need to identify and draw on outside sources of advice and support, including from professionals within their mentee's and their own care network.

The Phase II training agenda can be found in *Appendix 22*.

Phase II training took place in all three LAs between January and March 2012. Five mentors attended in LA1, six in LA2 and four in LA3. All participants completed the training course, although there were varying degrees of attendance throughout the 4 days, with some participants arriving late and others leaving early because of other commitments. A minimum of 80% attendance was required to commence mentoring. The same data collection methods were used as in the pilot study.

Overall, the training was received well by participants across the three delivery sites. Feedback forms, completed at the end of each day and using a rating scale from 1 ('very poor') to 5 ('excellent'), showed that the overwhelming majority of modules (16/18) were rated as 4 or 5 by participants who completed them. Participants described the training as a useful learning experience – all either agreed or strongly agreed that they had gained additional knowledge as a result of the training.

Preferred learning modules

Participants preferred the modules that allowed them to reflect on their own lives and experiences, as well as those that provided them with new knowledge. Across all sites, participants most enjoyed the modules on sex education, contraception and STIs, both because of the content and because of the interactive learning methods used. Participants were also generally positive about being given the opportunity to learn about risk factors for teenage pregnancy. One young woman in LA3 valued listening to the perspectives of other participants in the group who had become teenage parents. With regard to the module on healthy and unhealthy relationships, one participant said:

> *I didn't really think of sex as in a very major thing, but obviously it opens your eyes up to a lot of things . . . because you could get yourself into a lot of trouble with that like herpes and stuff I didn't realise you can't get rid of it . . . and I'm thinking oh my God.*
>
> *Pilot mentor 1*

Other popular modules included those about child rights and building trust among the peer mentor group and a module entitled the 'three P's', in which participants were asked to consider professional, personal and private boundaries in relationships and what they would be willing to share with a mentee. Mainly these modules were valued because of the combination of practical and reflective elements:

> *And I really enjoyed . . . the trust thing, with the eyes closed . . . I'm used to doing things all by myself and taking control of things. And what I really enjoyed was that I had to trust her to take control of, not my actions, but my steps and get me to the right place. And I think that helps in terms of trust.*
>
> *LA2 mentor 19*

> *Was it the 'three P's' . . . there should be boundaries . . . on what you talk to your mentee about, plus to some extent you have to be very professional. And there will be some certain situations where you have to talk about your personal experience. So it's about balancing everything.*
>
> *LA2 mentor 10*

Information relating to safeguarding and confidentiality was less positively received, largely because a few participants felt that, because of their 'lived experiences' as a child in care, they already knew about, or had learnt about, these issues:

> *Sometimes I drift off 'cos it was a bit slow for me personally. Sometimes we go over the same thing a few times and I've either done it before in other training stuff or . . . not that I'm saying I know everything, I don't know everything but sometimes I'd be like 'come on'.*
>
> *LA3 mentor 12*

However, most participants were able to recognise that the reiteration of safeguarding procedures was important within the context of mentoring relationships and tried to view it as a 'refresher' of their existing knowledge.

Delivery methods

The emphasis of training was on discussion and reflection coupled with practical activity sessions:

> *The reason why I liked case studies, because you're given a situation and then you're asked questions which make your brain think a bit and it's asking like what are your concerns and what would you say and what else might you do, so it's getting you to be like placing you in the mentoring role . . . so it's kinda like equipping you with the skills that you're gonna need.*
>
> *Pilot mentor 3*

Group learning was viewed as important as participants valued the opportunity to share their experiences and opinions with their peers and the trainers:

> *When we split up into groups and we had our pieces of paper and pens on the floor and we were all putting in our ideas. I enjoyed that. And then coming together afterwards and both saying and sharing and putting it all together.*
>
> *LA1 mentor 11*

Pilot study participants suggested that role-play of potential scenarios in mentoring relationships would be a helpful tool for future training. In Phase II, role-play was implemented only in LA1 because in LA2 the participants were more reserved and in LA3 there were too few participants for role-play to be effective. When role-play was used in Phase II, participants were generally positive because it 'gives you the experience of being in the situation and how you're feeling' (LA1 mentor 11).

PowerPoint slides were used infrequently by trainers and only to deliver factual information. However, this mode of delivery was the least preferred by participants. One mentor commented, 'when you sit and listen it's really hard to focus' (LA2 mentor 7).

The dynamics of the group also impacted on the way that the participants engaged with the training. LA2 mentors were very different to those in LA1 and LA3. They were initially very quiet and reluctant to engage in discussion or to share personal experiences, unlike LA1 and LA3 mentors, who had been more open and cohesive as a group. The different group dynamics required the trainers to be flexible in their approach and to be willing to adapt delivery methods to the needs of each group.

Across all sites, participants expressed appreciation for the fact that the trainers were non-judgemental and encouraged them to express their views, as well as making time to speak to them individually outside the session if they needed additional support or input. Many of them referred to the importance of a safe and supportive environment, which helped their learning and also gave them the confidence to ask questions: 'because of the environment that we're in there's like no one's judging you, no one's laughing at you or anything like that, I feel more comfortable speaking out' (pilot mentor 3).

Factors influencing the effectiveness of training

In Phase II we had originally anticipated that around eight participants would attend the training programme in each of the three LAs. However, far fewer attended: five in LA1, six in LA2 and four in LA3. Having fewer participants meant that the two trainers were able to provide more individual support to the mentors throughout the course of the training. However, it was sometimes difficult to organise the 4-day programme around their availability. Mentors also found it difficult to fit the training in with their other commitments, including childcare, work and education. Participants sometimes arrived late or left before the end of the day, which disrupted the training and meant that it was often difficult for the trainers to cover all of the material within the time available. Some activities had to be adapted because there were so few participants present. However, participants in two of the three LAs said that they appreciated the small group size because it enabled them to gain confidence more quickly and to 'bond as a group as well, if it was bigger you'd get little small groups I think' (LA3 mentor 12).

Participants' attention and concentration were affected by practical considerations such as the physical environment. LA2 had no appropriate facilities available within the LA, which meant that a small and rather airless room in a local Young Men's Christian Association (YMCA) building had to be booked.

One of the participants described it as being like a 'prison'. Participant energy levels and enthusiasm tended to decline during the afternoon sessions; however, the use of 'energiser' activities were quite effective at combating these dips and were a worthwhile component of the programme:

> *We had to stand in a circle holding hands and we had to pass the rope over each other without using our hands. That was a good one 'cos everyone was just . . . like it was just . . . laughter.*
>
> *Pilot mentor 5*

The researchers informed participants on the first day that they would be observing the training and the reasons for this. In LA1 and LA3, participants had no issue with being observed. However, in LA2, participants felt uncomfortable being observed whilst talking about themselves, which led to the researchers discontinuing observation of the LA2 mentors on the final day of the training:

> *I can be a bit shy in groups with delivering what I want to say . . . I could see that you lot was looking to see what I was going to say and I was a bit conscious of what to say and how I was going to say it just in case your facial expression was going to change.*
>
> *LA2 mentor 8*

> *What we actually did in this group is build up a relationship and trust, and you guys weren't part of that. You were just on one side of the room taking notes.*
>
> *LA2 mentor 7*

Because of the difficulties in recruiting sufficient mentees for the exploratory trial, there was a long time gap between the training programme ending and the mentoring commencing. During follow-up interviews, participants reported that they had been excited and enthusiastic about starting the mentoring but that this had 'fizzled out' for many of them and they had been nervous about returning to the mentoring after such a long wait:

> *It did un-nerve you a little bit because you really geared yourself up for starting and then you've got to sort of wait . . . and then like waiting takes away the buzz of starting . . . so when you leave it and you have to come back to it it's like 'oh my God, like I'm gonna be in this situation again'.*
>
> *LA1 mentor 18*

Feedback from the booster training

The Phase II booster-training day was delivered 3 months after the start of the mentoring interventions (November 2012 in LA1 January 2013 in LA2). Because there was a long delay between the initial training and commencing the mentoring, the booster training was delivered 8 and 11 months, respectively, following the initial training. There was a consensus that the booster training should have been delivered earlier to refresh mentors' enthusiasm and learning.

A recommendation from the pilot was that PCs should provide trainers with detailed information about the emerging issues in the mentoring relationships in advance of the booster training, to ensure that issues of relevance to the mentors could be covered in the follow-up session. However, trainers were unable to obtain this information from the PCs (see *Chapters 5* and *8*).

Mentors in both the pilot and Phase II reflected that they found the booster training day helpful as a reminder of what they needed to be doing and in terms of renewing their motivation and enthusiasm:

> *It recapped your mind really a little bit of what you are actually supposed to be doing and stuff, 'cos half-way through I think we had all lost track of what we . . . not what we were supposed to be doing but in terms of the oomph that we all started in with, you know I think it was fading a little bit. And you know some of us was getting tired of the mentees not responding back. So that little booster training is like, you know gave us back our confidence.*
>
> *Pilot mentor 2*

Impact of training

Follow-up interviews were conducted with training participants at the end of the mentoring period to ask them whether they had found the training relevant and helpful, what would have made the training better and what had not been helpful or effective. There was general agreement that the training had been relevant and 'fit for purpose'. Most felt that the training had increased their confidence in talking to young people and that they had been better able to pass on relevant and accurate information to their mentees:

> *I felt more confident and at the same time I was shy . . . I was thinking like how it would be the first time I see . . . I will meet my mentee, how would she react, will she be talkative, like asking questions and you feel like it's more serious or things like that.*
>
> *LA2 mentor 9*

> *Loads of the things that I've learnt I didn't know before. Like, back to the diseases, sexually transmitted diseases and safeguarding and healthy unhealthy relationships.*
>
> *Pilot mentor 3*

> *What I pretty much gained, just knowledge and being able to help young people that are looking for help really . . . and just confidence to be able to talk to them and stuff.*
>
> *Pilot mentor 5*

> *I think it's helped me to come back to this place [Education and Achievement Centre] because I, I've never really use this . . . it's helped me now to come back and then maybe use the services that are useful to me.*
>
> *Pilot mentor 1*

Summary

The training was largely acceptable to, and viewed positively by, participants, as evidenced by their feedback and observation by the researchers and trainers. Most of the suggestions from the pilot training were taken on board by the trainers and integrated into the Phase II training programme. However, the training did not in itself appear to prevent problems from arising when the mentoring actually commenced, as will be described later (see *Chapter 8*). Overall, the feelings of mentors at follow-up suggest that, although the training gave them the initial building blocks to take on a mentoring role, ongoing support was crucial to them to enable them to manage the demands of the role in the longer term.

Chapter 7 Impacts

This chapter presents descriptive quantitative data on the primary and secondary outcome measures for mentees and mentors. It also describes the qualitative data on potential impacts, collected through follow-up interviews and a 'snapshot' survey of participants in the pilot and exploratory trial.

Follow-up interviews were conducted with 19 out of 30 (63%) participants from the intervention and usual support groups [$n = 11$ intervention (three from the pilot study), $n = 8$ usual support; see *Figure 2* for details of the flow of participants through the trial]. The interviews were conducted between June and July 2013; this was 11 months into the mentoring intervention in LA1 and 9 months into the mentoring intervention in LA2. However, the staggered starts in both LAs meant that many relationships were much shorter and therefore follow-up interviews were conducted earlier in the relationships (see *Chapter 8* for a full description of the length of all mentoring relationships).

Primary outcome measure: prevention of teenage pregnancy

None of the participants became pregnant in the year between baseline and the 1-year follow-up.
One participant subsequently discovered that she had been pregnant when she was interviewed at baseline.

Surrogate measures of teenage pregnancy

It is important to note that the study was not designed to identify differences between arms in any quantitative outcomes. First, the study was not powered to detect significant differences and thus all estimates have very wide CIs and the point estimates described in the following sections are not meaningful. Second, as might be expected in an exploratory trial randomising only 26 participants, there were marked differences at baseline (see *Chapter 5*).

Delayed age at first intercourse

At the baseline interview, 19 out of 30 participants reported that they had previously had sexual intercourse. Of the remaining 11, follow-up data were available for seven ($n = 4$ intervention group, $n = 3$ usual support group). None of the four from the intervention group reported first intercourse during the study year whereas one out of the three in the usual support group reported first intercourse during this time.

Contraceptive use

Of 19 participants followed up, 12 had sexual intercourse during the study year. They were asked to report the number of sexual partners they had had and to distinguish between contraceptive use to prevent pregnancy and use of condoms (as the only method to prevent against STIs).

Table 14 illustrates that, at follow-up, 10 out of 12 were using contraceptives to prevent against pregnancy. One-third ($n = 4$) were using condoms as an additional form of contraception. In the 3 months prior to follow-up, although six young women had sex without using a condom, only two of them were not using any other form of contraception against pregnancy. Three young women who were not using contraception at baseline were using it at follow-up. Interestingly, the contraceptive implant was the most popular choice of contraceptive ($n = 4$) followed by the injection ($n = 2$). Others used the patch, the contraceptive pill and the coil.

TABLE 14 Sexual behaviour and contraceptive use

Sexual behaviour and contraceptive use	Intervention[a]						Usual support[a]					
	ID1	ID2	ID3	ID4	ID5	ID6	ID7	ID8	ID9	ID10	ID11	ID12
Number of sexual partners	1	7	1	2	1	10	1	1	1	3	3	1
Using contraception at baseline	Yes	No	Yes	No	Yes	Yes	Yes	Yes	No	Yes	No	NA[b]
Using contraception at follow-up	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Sex without a condom in the 3 months before follow-up	Yes	Yes	No	Yes	Yes	No	NA[c]	No	Yes	NA[c]	Yes	No
Use of emergency contraception in the last year	Yes	No	Yes	No	Yes	No	NA[c]	No	Yes	No	No	No
Tested for STIs in the last year	No	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
Contracted a STI in the last year	Unknown	No	No	No	No	No	Unknown	No	No	No	No	No

NA, not applicable.
a Not original ID numbers.
b Participant had not had sex at baseline.
c Participant had not had sex in the 3 months before follow-up.

Attitudes to pregnancy

At follow-up, participants were asked to state the youngest age at which they thought it would be all right to have a baby. The mean age reported by the intervention group was 17.0 (SD 2.8) years, ranging from 14 to 24 years, whereas the usual support group gave a mean of 17.8 (SD 1.8) years, ranging from 15 to 20 years.

At follow-up, three (27%) in the intervention group reported that they would feel happy/excited if they found out they were pregnant now whereas none of the usual support group said that they would feel happy or excited. Seven (64%) in the intervention group reported that they would have negative feelings (scared/nervous/sad/depressed) if they found out that they were pregnant now compared with eight (100%) in the usual support group. In the intervention group, six (55%) said that they would give birth and keep the baby, one (9%) would give birth and have the baby adopted/fostered, two (18%) would have a termination and two (18%) would make some 'other' choice. In the usual support group, five (63%) said that they would give birth and keep the baby and one (13%) said that she would have a termination (two participants did not respond).

Secondary outcomes

Health and well-being

At follow-up, five of the 11 (45%) in the intervention group scored ≥ 4 on the GHQ-12 compared with three out of six (50%) in the usual support group. The vast majority of participants self-rated their emotional and physical health as 'OK' or better. Four participants in the intervention group reported self-harming during the study year and one reported a suicide attempt, whereas none of the usual support group reported these behaviours. Over one-third of the participants reported using at least one substance. Seven reported using cannabis and one a hallucinogen. Five of the 19 (26%) participants reported drinking at least fortnightly in the last year. Nearly half of the participants (47%) reported episodes of drinking six or more units on at least one occasion during the study year (*Table 15*).

Eleven young women had attended an appointment with a sexual health practitioner during the study year. Two of them had not had sex during this period. As shown in *Table 14*, 10 out of 12 young women who had had sex during the study year also had a STI test. Fewer participants in the intervention group than in the usual support group had seen their doctor more than six times in the last year.

Educational engagement and criminal justice involvement

At follow-up, the majority of the sample was still in full-time education; however, over one-third in both groups had truanted in the previous year. More participants in the intervention group than in the usual support group reported police involvement, had been cautioned/convicted or had had contact with a youth offending team, with none in the usual support group reporting these outcomes (*Table 16*).

TABLE 15 Physical and psychological health, self-harming and suicide attempts and alcohol and drug use during the study year

Health, self harm and substance misuse	Intervention[a]	Usual support[a]
Physical health – rated OK or better	8 (73)	8 (100)
Emotional health – rated OK or better	10 (91)	7 (88)
GHQ-12 score, median (min.–max.)	2 (0–11)	2 (0–9)
Self-harmed	4 (40)	0 (0)
Suicide attempt	1 (11)	0 (0)
Used at least one substance in the last year	4 (36)	3 (38)
Drank alcohol fortnightly or more often in the last year	4 (36)	1 (13)
Anyone raised concerns over drinking	2 (18)	0 (0)
Drank six or more units on at least one occasion in the last year	5 (45)	3 (38)
Currently smoke regularly	3 (27)	2 (25)
Seen sexual health practitioner	6 (55)	5 (71)
Seen doctor more than six times in the last year	2 (18)	5 (63)

max., maximum; min., minimum.
a Values are *n* (%) unless otherwise indicated.

TABLE 16 Educational/vocational performance and contact with the police and the criminal justice system over the study year [values are *n* (%)]

Education, employment and criminal justice involvement	Intervention[a]	Usual support[a]
Educational/vocational status		
Full-time education or training	8 (73)	6 (75)
Part-time work	1 (9)	1 (13)
Other	2 (18)	1 (13)
Truanted in the last year	4 (36)	3 (38)
Suspended/expelled in the last year	3 (27)	1 (13)
Had contact with the police in the last year	4 (36)	0 (0)
Been cautioned/convicted	3 (27)	0 (0)
Had contact with the YOT in the last year	2 (18)	0 (0)

YOT, Youth Offending Team.
a Values are *n* (%).

Interpersonal and social functioning

There was an increase in self-esteem of three points between baseline and follow-up in the intervention group (*Table 17*). There was no change in the locus of control measure. About one-third of the participants reported a secure relationship style. Six of the 11 young women (55%) in the intervention group had made a significant new friendship in the past year compared with five (63%) in the usual support group. Five of 11 (45%) in the intervention group reported feeling unable to trust anyone compared with three (38%) in the usual support group. At follow-up, 14 (82%) were unlikely, or more than unlikely, to seek help from no one for a personal or emotional problem (82% in the intervention group vs. 83% in the usual support group). The most popular source of help was friends [three (27%) in the intervention group and five (83%) in the usual support group responded that they were very or extremely likely to seek help from friends]. The corresponding numbers for seeking help when feeling desperate or thinking about suicide were 10 (59%) overall, six (55%) in the intervention group and four (67%) in the usual support group; 11 (65%) reported being unlikely or very unlikely to seek help from no one when feeling desperate or thinking about suicide, seven (63%) in the intervention group, four (67%) in usual support.

TABLE 17 Psychological measures at follow-up

Measure	Intervention[a]	Usual support[a]
Locus of control, median (min.–max.)	4 (0–8)	4 (2–5)
Change in locus of control, mean (95% CI)	0.4 (–1.4 to 2.2)	0.3 (–3.0 to 3.7)
Self-esteem, median (min.–max.)	18 (5–28)	20 (14–25)
Change in self-esteem, mean (95% CI)	–3.0 (–6.2 to 0.2)	–0.3 (–4.4 to 3.7)
Relationship style		
Secure	4 (36)	2 (33)
Fearful	3 (27)	3 (50)
Dismissing	4 (36)	1 (17)

max., maximum; min., minimum.
a Values are *n* (%) unless otherwise indicated.

Qualitative follow-up interviews with mentees

The primary, thematic analysis of qualitative data is presented as part of the process evaluation (see *Chapter 8*). In this chapter we present qualitative data that further elucidate the outcomes data presented earlier in this chapter. The data presented in this section were collected from interviews with mentees at 12 months' follow-up and were coded to the themes of increased mentee confidence and improved mentee decision-making. These findings have relevance to informing the logic model underpinning the intervention (see *Chapter 3*) and are briefly discussed here.

Mentoring and increased mentee confidence

Several of the mentees felt that having a mentor amounted to gaining a 'friend':

> *I feel a bit more confident about deciding – like making decisions . . . as a mentor, they don't really see you as a teacher to student thing, they see you as a friend, so somebody you can relate with, have just a talk, or just hang out with.*
>
> *Pilot mentee 2*

One mentee had entered the care system as an unaccompanied minor 6 months previously. She spoke very little English and she had been nervous about meeting her mentor because of this. However, she reported that her mentor had encouraged her and helped her to feel more confident about speaking: 'When I want to say something and, you know, she could understand [my English] and she say to me "say it" . . . so yeah, I can say anything to her' (LA2 mentee 2001).

One mentee reported that she had felt confident about discussing her sexual orientation because of her mentor's empathic and non-judgemental approach when they had first started to discuss sex and relationships:

> *She kind of taught me don't let people judge me like, just be who I want to be. If they don't like it then obviously they are not my true friends . . . I've gossiped about my sexuality with her, because I think . . . when I was younger . . . at the time I had a group of friends which was proper anti-gay and anti-lesbian, so I couldn't really play on it. But now I've got older and I don't really care what people say. I'm just me, if you like me, you like me. I've learned to open it and I've spoken to her about it. I think that's the first time I actually spoke about it properly and actually decided like d'you know what? Actually I do like girls, and if you don't like the fact that I like girls then you don't have to be my friend.*
>
> *Pilot mentee 3*

Another mentee described feeling more confident about asserting herself appropriately with boys, rather than just becoming angry, as a result of her conversations with her mentor:

> *Well she used to say to me, 'you can't always beat your boy up, you have to like let them look but they're not allowed to like come to you, because obviously if you don't want to be talking to them and you don't like them, you don't have to' . . . I still hit them [boys], but I'm a bit kinder.*
>
> *LA1 mentee 1007*

Another mentee felt that spending time with her mentor had broadened her mind and encouraged her to be more open, which had reduced her stress levels. At follow-up she believed that she was less likely to get angry with people:

> *I don't know whether it's just me growing up, or in a way . . . while she was there I think maybe I was like opening up myself . . . opening up did kind of release certain stress. Because I'm used to just bottling everything up, and then one day I'll just have a meltdown and that's when I'll overdose myself. And that's when I'll go out and then I'll sleep with like 10 different men or do something stupid, to harm myself.*
>
> *Pilot mentee 3*

> *Nowadays people could step on my foot and I'll just blow it off, like literally because I think just life's too short. And this time last year I would have probably got arrested for someone stepping on my foot because I would just turn around and get mad.*
>
> *Pilot mentee 3*

Mentoring and improved mentee decision-making

Mentees reported benefits from being able to engage in positive leisure pursuits with their mentor, including being able to make more positive decisions and 'good choices'. For example, one mentee said that her mentor had helped her to realise that that she tended to be somewhat judgemental of other people, which had limited her social interactions and engagement. She had learnt that it was important 'not to judge a book by its cover' and to try to be a bit less judgemental, which had in turn begun to open up her social network:

> *It's like if you see my set of friends . . . it's like I need to stop – what's it called? Not stereotyping . . . I need to stop having a type basically. Like because, to be honest, like my next-door neighbour she's more into her jobs and stuff so I wouldn't really be her friend because she's . . . like they say a 'nerd' init? She's more of a nerd and I'm more of I dunno, a problem, because it's me that's bad. So I wouldn't really be her friend . . . so I think now I'm gonna start like making friends no matter what they are like . . . I should just be friends with everyone.*
>
> *Pilot mentee 3*

Another mentee reported that her mentor had helped her to realise that she needed to broaden her horizons, which had previously largely been focused on impressing the opposite sex:

> *I think that it should be for most girls now in care, living by themselves – I think this would be good for them . . . because I know a lot of depressed people and I think they just need someone, not from the area, to take them out, to show them that, look, you don't have to get ready, put on make-up and go meet a boy, it's not all about that. 'Cos that's what I used to do. You don't have to do that.*
>
> *Pilot mentee 3*

Mentees also reported feeling more confident in being able to make the right choices in other important areas, including education and family life:

> *When I was younger, thinking I don't care about my future, I've still got a long time to go, but then it comes quite quick and you've got to think about what you're gonna do; so you should know from a long-off . . .'cos before I was choosing my GCSEs and like she was saying, 'go for what you enjoy for' and stuff so I went for that, I enjoyed what I was going to, like I hopefully want to go into . . . like when I leave school and get a job.*
>
> *Pilot mentee 4*

> *She tried encouraging me to see my family more and everything like that . . . it was just general encouragement to be honest. But there was a time where she said you need to take a step back because like my family problem was getting to like an extent that I couldn't handle.*
>
> *LA1 mentee 1006*

Mentors

Impact of mentoring: quantitative findings

Twelve mentors (63%) completed follow-up interviews at 1 year. *Table 18* indicates that there was little change in their general health (GHQ-12), locus of control and self-esteem between baseline and follow-up. Four of 12 (33%) mentors at follow-up scored ≥ 4 on the GHQ-12.

TABLE 18 Psychological measures for those completing measure at both time points

Measure	Baseline[a]	Follow-up[a]
GHQ-12	1 (0–7)	2 (0–6)
Locus of control	3.5 (0–6)	3 (1–7)
Self-esteem	22.5 (16–29)	21 (11–30)

a Values are median (minimum–maximum).

Impact of mentoring: qualitative findings

Although there were no significant changes in quantitative outcomes for mentors, the qualitative data suggest that some mentors experienced benefits in terms of increased confidence and self-efficacy. Our logic model did not attempt to theorise change for mentors, but these findings do suggest that mentors' experience of the intervention might impact on implementation. This is discussed further in the following sections.

Mentoring and increased mentor confidence

The majority of mentors said that being a mentor had given them a sense of responsibility and had also helped them to feel more confident, in terms of their social interactions and when required to tackle new and unfamiliar situations. One mentor said that through having a mentee she came to realise that her anxiety in social situations 'just means this person is new to me' and was something that she could overcome (LA1 mentor 15):

> *I feel a bit more confident. Like before like, I'm not gonna lie, before if I used to see a teenager I'd be like oh my gosh, like what do I say to them . . . whereas now I'm a bit more like open. Like before I'd think, oh I bet they're up to no good . . . whereas now I'm a bit more like, I wonder what's going on for them, I wonder . . . how they're feeling?*
>
> *LA1 mentor 15*

Another mentor said that she had applied that confidence to more practical challenges:

> *Whereas before I would, I would try and get someone else to ring for me, like, or, or even other calls like housing, I'd always try and get someone else to ring, 'cos I'm not really . . . but from that [mentoring] like I had to ring the girl myself. Like I ring people now, like I'll ring them and be like, I need . . .*
>
> *LA1 mentor 18*

Mentoring and increased mentor self-efficacy

A number of mentors talked about a sense of satisfaction in having been able to persevere with the mentoring in spite of things having been difficult. Pilot mentor 3 referred to how telephoning her mentee, organising meetings and encouraging her mentee to meet her had given her a new-found 'sense of responsibility':

> *I've learned how to interact more with young people and seen the difficulties that staff face when trying to get hold of the young people and stuff like that; 'cos they are not very committed and not very consistent . . . But even myself I wasn't very consistent, but I learnt . . . I want to get more involved, like to build a relationship more, I want to see in the start and then finish.*
>
> *Pilot mentor 3*

Mentoring and change in mentor attitudes

Improved attitudes and interactions with others were frequently attributed to the experience of mentoring, including the development of patience, tolerance and understanding and open-mindedness in speaking to younger people. One mentor explained:

> *It helped me to be more patient, because I'm so impatient . . . I'm still impatient but I'm working on it . . . I'm more tolerant now. Before I weren't tolerant. I'm surprised I didn't quit . . . it helped me now, in this job that I'm at now, the Children's Home, you know I look back and I think [mentee 1007]'s a saint, even though she's difficult . . . working with [mentee 1007] was a foundation of building my speaking skills a bit more, dealing with challenging behaviour a bit more and . . . having patience and being tolerant . . . try and get people to listen, you know try to, you know advocate, empower people to like change or whatever.*
>
> *LA1 mentor 4*

Mentors gained an understanding that people have different needs, work at their own pace and, with support, must make their own decisions:

> *It's very difficult in terms of education because I've sort of been there, done that sort of thing and it's very hard for me to step out of the box and think this is her life and she's got to decide . . . and you've got to take it at their pace. Okay you might be an expert but they're an expert in their own sort of background and their own, whatever is happening in their life.*
>
> *Pilot mentee 1*

One mentor talked about how her experience had made her decide to seek further experience, carrying out advocacy work with young people:

> *With pilots you know that everything isn't airbrushed out and . . . so it's not gonna be perfect . . . I think the positive that I can take from it is that it's made me even more eager to kind of get out there and do something, which was . . . kind of how I come across the whole advocacy thing.*
>
> *LA2 mentor 11*

Summary

The qualitative data were indicative of the impacts of peer mentoring for mentees and mentors that had been anticipated in the model (see *Chapter 3* for the BDI model) although, also as anticipated, this study could not demonstrate any significant changes. Mentees reported increased confidence and improved decision-making skills, especially around social networks and life choices such as education. Mentors also reported increased confidence and increased self-efficacy. These findings usefully inform the design of any future evaluation.

Chapter 8 Process: peer mentoring relationships

This chapter outlines the process of creating, sustaining and ending the mentoring relationships. It explores facilitators of and barriers to engagement, unintended consequences, safeguarding issues and the support provided to participants. These data will form the basis for investigating the feasibility domains described in *Chapter 2,* particularly in relation to a future full trial of a peer mentoring intervention in a social care context. The process of the mentoring relationships will be considered in six sections: nature of contact, factors affecting engagement with the mentoring process, mentor role, safety concerns, undesirable effects of the mentoring intervention and support for mentors. Within each section, when appropriate, national survey data will be used to reflect on the wider validity of interview data from participants and professionals directly involved in the study.

Nature of contact

Duration and frequency of contacts

The original timetable for the duration of mentor relationships was September 2011 to August 2012 in the pilot study and May 2012 to April 2013 for the exploratory phase. However, because of the over-running of recruitment, the relationships began later and some ended later than planned. Exploratory trial pairs had until the end of June 2013 to complete their relationships.

Tables 19 and *20* show the approximate length of each mentoring relationship calculated using mentor diary entries and self-report interview data. The tables show the approximate number of face-to-face contacts that occurred by month. All four relationships in the pilot phase (see *Table 19*) lasted between 5 and 11 months, although not all relationships were consistent in their level of contact. The maximum number of contacts per month was two (i.e. fortnightly contact).

Table 20 shows the length of relationships during the exploratory phase. In four cases no face-to-face contact took place because the mentees were unresponsive to the mentors' calls or were non-contactable or the mentor did not put in enough effort to ensure contact. Seven relationships lasted for ≥ 3 months, with the longest three relationships lasting for 9, 10 and 11 months. Weekly contact was not feasible. Mentors and mentees were more likely to meet once or twice a month because they were busy with education, work or childcare commitments; although mentees were more likely than mentors to desire a weekly meeting, a couple of them said that they were also too busy.

Two-thirds of survey respondents aged 14–18 years (14/21) said that meeting once a week would be 'just right' whereas over one-quarter (6/21) said that it would be too much. Participants aged 14–18 years in the usual support group also thought that weekly meetings would be feasible.

Tables 19 and *20* show that contact tended to be fairly consistent over the first 3–4 months of relationships but it then became less regular. Following their initial meeting in December 2011, pair 1 did not have any face-to-face contact until 2 months later. Initially, the mentee had been somewhat shy and unforthcoming, which the mentor had found difficult. However, they had maintained their relationship over 7 months, only ending then because of commitments in the mentor's life and difficulties in finding suitable times to meet. The mentor in pair 2 found it difficult to make contact with her mentee and she often requested support from professionals in the mentee's network. In spring 2012, the mentee in pair 3 was tagged and had a curfew imposed by the courts as a result of an offence she had committed, which impacted on her availability to see her mentor. Pair 5 began by seeing each other once a month and the relationship seemed strong, but it tailed off to no contact by April 2012.

TABLE 19 Pilot phase: length of the mentoring relationships and number of contacts

	2011				2012									
Pair	September	October	November	December	January	February	March	April	May	June	July	August	September	October
1				1	0	2	2	2	2	2	2	2	1	1
2					0	1	0	2	0	0	1	1	0	
3			2	1	1	1	2	0	0	0	1			
4				1	1	1	1	0						

TABLE 20 Phase II: length of the mentoring relationships and number of contacts

	2012									2013						
Pair	April	May	June	July	August	September	October	November	December	January	February	March	April	May	June	July
LA1																
5					3	4	3	3	0	1	0	1	0	0	1	
6						2	2	2	2	1	2	3	1	3	1	
7[a]					1	1	1	0	0	1						
8[a]											2	0	0			
9[b]										0						
10[b]											1	1	1			
11											0					
12	Mentor dropped out following consent and matching because at late stage of pregnancy															
13	Mentor dropped out following consent and matching because of birth of child															
LA2																
14								2	1	1	1	1	1	1	0	1
15								1	0	1	1	1				
16										1	1					
17								0								
18								0								
19	Mentor dropped out following consent and matching because of personal issues															
LA3																
Pair 20	Mentor dropped out following consent and matching because of personal issues															
Pair 21	Mentor dropped out following consent and matching because of university commitments															

a Same mentor who was assigned to second mentee.
b Same mentor who was assigned to second mentee.

During the exploratory trial, the mentor in pair 5 maintained a relationship with her mentee for > 11 months, with monthly contact for around 6 months supplemented by telephone conversations. Despite living furthest from her mentee, the mentor in pair 6 had one of the longest and most consistent relationships with her mentee. She was the only mentor to see her mentee at least once a month for the duration of her relationship, occasionally arranging two or three meetings a month.

In addition to face-to-face contact, pair 14 held long conversations over the telephone (usually around 30 minutes), particularly as the mentor said that she felt that she needed to save up activity money to participate in activities with her mentee. In general, however, the mentors' research telephones were just used for the purpose of setting up meetings with their mentee, rather than providing the intervention.

Initial meetings between the mentor and the mentee

In LA1, the majority of mentors and mentees met up for their initial meeting without anyone else being present, although two pairs had meetings facilitated by the PC. Three pairs held their initial meeting in the education centre, which meant that the PC or other staff were available if needed. In general, mentors and mentees appreciated the presence of the PC at the initial meeting:

> *'Cos it was the first like additional meeting with anyone it was kind of like, it was a bit nice to have that support, like from [PC1], so like, you know like every now and again I could just give that look like 'am I saying everything right, am I doing?' . . . and just get that little reassurance like okay you're doing alright.*
>
> *LA1 mentor 15*

In LA2, the PC organised a group meeting for the mentors and mentees to get acquainted with each other in an informal atmosphere. All of the mentors attended, but none of the mentees turned up, despite being reminded several times about the day and location. As a result, the introductory meetings between mentors and mentees had to be arranged on an individual basis over the following weeks. It was clear that both mentors and mentees were somewhat nervous about the initial encounter:

> *I was a bit worried that we wouldn't get on. Or if we just didn't like each other . . . so I was worried that I wouldn't be able to even talk to her . . . it was . . . like when we first talking to each other it was just a bit like getting to know each other, but we got comfortable with each other, like over time.*
>
> *LA2 mentee 2008*

Her mentor was somewhat more positive about their first meeting: 'My first meeting was excellent, me and my mentee got on like we'd met before' (LA2 mentor 8).

Contact during the mentoring period

Activities

During the mentoring period the most popular shared activities were eating in fast food restaurants, drinking in coffee shops and going shopping together. In addition, three pairs had some form of beauty treatment (e.g. manicure/eyebrow threading). Other activities included going to the cinema and going bowling and in LA1 two pairs made use of the education centre where they participated in activities such as table tennis.

Topics of conversation

Data from the mentor diaries show that the most discussed issues, in order of frequency, were family/carers, school/education and relationships with boys and friends. Many of the mentees had exams during the year and wanted to talk about the future and transitions from care, as illustrated in the following quotes:

> *We talked about college; we talked about someone helping her with some of her work. Talked about her home life, we touched about boyfriends and stuff like that as well.*
>
> *LA1 mentee 1001*

She knew the situation with my mum so she felt that she would be able to call me and ask about that. So when, like if I'd call her she'd call me and I told her there was something wrong then we'd have conversations about that.

LA1 mentee 1008

I spoke to her about me moving and everything and told her I felt really lonely and everything 'cos obviously I'm living in a flat on my own.

LA1 mentee 1006

Some mentees wanted to discuss problems that they were having in their relationships, which in turn allowed mentors to introduce the subject of healthy relationships:

I was talking to her about him . . . 'cos he was acting kind of weird, like putting up girl's pictures and stuff on BBM [Blackberry Messenger]. I would talk to her about I don't know what to do, whether I should play his game or if I should just act like I don't care about it, when it does [bother me]. And she will be like I should talk to him, like just be like 'Look, you do not do this if you're with me kind of thing' . . . I did take her advice, and it went alright, for a while, then he went back to the same stupid things.

Pilot mentee 3

Four mentees were not interested in talking about sex or contraception at all, either because they did not have a boyfriend or because they thought that their education or other issues were more important. However, there were several examples of mentors ensuring that their mentees were aware of local sexual health clinics and encouraging them to attend:

My understanding is that she doesn't have a boyfriend at the moment. But obviously it never hurts to pass on the information anyway . . . And when she said she doesn't have one I thought okay I've already given her the information that she needs to know, so now we can move away from that subject, unless she, you know, she then says she's got one.

LA1 mentor 6

Young women we questioned in the usual support group also said that they regarded issues around their schooling and education as more of a priority than relationships, sex and contraception:

No . . . 'cos I think of school and education first and studying; that's the . . . like the last thing on my mind.

LA2 mentee 2002

I was going the study centre [she was kicked out of school], so we did talk about sex, like once or twice but it wasn't the main thing.

LA1 mentee 1005, who had a professional mentor at the study centre

Mentor 9 stated that she would have felt uncomfortable speaking to her mentee about safe sex and thought that her mentee would not have wanted to broach the subject with her. She considered that it would be best to discuss neutral topics at the beginning of the mentoring relationship, before moving on to more personal and intimate issues, including sexual relationships, once the mentee indicated that she felt comfortable with this:

It's better when it's general because you can start from school and end up in sex. You see because when you talk about school you are gonna have a topic where it's gonna drive you into a different topic and so on.

LA2 mentor 9

Two mentors spoke to their mentees about safe sex and healthy relationships, despite finding it somewhat embarrassing, with one mentor persisting in checking whether her mentee felt safe in her relationship and was not being forced to engage in anything she did not want to and advising her to seek advice from a clinic if necessary.

Relationship endings

Four pairs, one during the pilot and three during the exploratory phase, participated in a planned final meeting. One mentor said that her mentee had 'seemed shocked' by the ending, despite the fact that she had been expecting it. Mentor 18 had not reminded her mentee about the ending, as she had not seen her for 2 months, but she did arrange a final meeting to say goodbye. She felt that it would have been better to have had this last meeting as a group meeting, involving all of the mentors and mentees:

> *End it how it kind of started with everybody, like you know? Bring it all back to one again, like and not just everyone finish separately . . . I think maybe a little gathering at the end.*
>
> *LA1 mentor 18*

Some of the mentors arranged shopping or restaurant trips with their mentee for their final meeting. Mentor 4 used the last meeting as an opportunity to reminisce about the things that they had done together and clearly found the experience valuable and rewarding:

> *It was lovely, it was so nice. We did . . . her favourite, which is restaurant and cinema in one . . . and we were reminiscing all the like highlights and what happened and [when] we was out and about, like little situations we got into . . . we just talked about the good times, the bad times and she let me know how she felt . . . she said she was gonna miss me, she really loved working with me, she thinks I'm a really lovely person and she goes if you go on to be a social worker or whatever you will be so good at it . . . oh and I go shocking you are saying all this after how many times I had a go at you. And then she just went like 'even though you had a go at me . . . it's not like you was like being horrible', she goes at least you cared or whatever.*
>
> *LA1 mentor 4*

Two of the four mentees were openly disappointed when the relationship ended:

> *I wouldn't mind talking to her again actually yeah . . . I wouldn't mind her being my tutor for college actually – that'd be really helpful 'cos I'm going to do animal care.*
>
> *LA1 mentee 1007*

> *I'm sad. I thought it would have lasted longer so I could see her a bit more. But hopefully I'll see her again anyway.*
>
> *LA2 mentee 2008*

However, another mentee said that she was 'okay' about the mentoring ending, as her mentor had informed her she could keep in touch with her by phone if she wanted to talk. One of the mentors expressed disappointment at ending the relationship, which she thought had been 'strong', and worried about the impact of ending on her mentee: 'I kept saying all the way through that it's ending now. So I think she was ready. She mentioned that every time she gets close to someone they go away' (LA2 mentor 8).

A number of pairs had no definite ending because their contact tailed off. Some of the mentees expressed disappointment that the relationship had ended prematurely, even though they had often failed to respond to their mentor's calls/texts and requests to meet up: 'It's like knitting a scarf and not completed it, you just feel like why did you start it . . . I don't know me personally I didn't want it to end' (pilot mentee 3).

Following concerns raised by professionals that ending the relationships after 12 months could leave mentees feeling disappointed, mentors were asked to ensure that their mentee was aware of the official month of the relationship ending from the outset and to identify any follow-up needs for their mentee before ending the relationship.

Focus group participants aged 14–18 years in the other London borough (LA4) were concerned that if a mentee remained in need of support but was unable to continue seeing her mentor, any benefits from the mentoring could be cancelled out:

> *Because I've been so used to that support, if I was happy and was willing, I don't need no more support. But if I felt like I needed support and they just dropped it then it'd be I'd just gone back to square one again . . . I wouldn't wanna to do that support for a year and then I've achieved everything and then I've just gone back downhill again.*
>
> *LA4 age 14–18 years focus group*

The national survey of young women aged 14–18 years and 19–25 years also provided examples of young people who had felt let down and disappointed following the end of a mentoring relationship:

> *I was gutted because it was really helpful and made a difference for the right reasons.*
>
> *Age 14–18 years national survey respondent*

> *I felt fortunate to of even had a mentor who helped me so much, however I was a little sad because I had no one to go to for advice when difficulties arose.*
>
> *Age 19–25 years national survey respondent*

Factors affecting engagement with the mentoring process

In this section we explore the factors that affected engagement with the mentoring process, together with preferred mentoring styles and matching considerations. We also identify some of the barriers that young people experienced in establishing, developing and maintaining mentoring relationships.

From the analysis of the qualitative data, seven themes emerged, which highlight attitudes, skills and personal qualities that enabled mentors to effectively engage in a mentoring relationship, regardless of whether this was a short or long relationship. These were the basic building blocks for trust to develop, which is a vital element for establishing and sustaining mentoring relationships. The seven themes were:

- non-judgemental attitude
- active listening and advising
- sharing personal experiences
- advocacy and signposting to support
- maintaining confidentiality
- offering new opportunities
- persistence.

Non-judgemental attitude

Because many of these young people were very used to being judged or criticised by others, the idea of having someone to talk to from outside their friendship or social network who would not judge them was very appealing:

> *I would have them [friends], but then I wouldn't talk to them as much . . . because they're close to me, so I wouldn't really talk to them . . . because I'm scared in case they judge me. I thought if I had a mentor they wouldn't really judge me 'cos they don't really know me.*
>
> *LA1 mentee 1006*

Mentee 1006 valued the fact that her mentor did not simply tell her off or panic after she disclosed that she might be pregnant, but offered her help and practical advice to deal with the situation:

> *She tried helping me out saying do you want me to come [to a clinic] and everything. I was like okay. And then like I found out I wasn't [pregnant] anyway . . . it was really calm. Like if I told my friends, my friends would panic; they would be like 'oh my God, you're pregnant' da-da-da, they wouldn't, they wouldn't stop and kind of go you might not be.*
>
> *LA1 mentee 1006*

Active listening and advising

Mentees in the study said that they appreciated being able to 'offload' to a mentor and to feel that they were being listened to. They also appreciated that a mentor would only offer advice after listening to them and taking their views and concerns seriously: 'When I see her I get things off my chest and that. So it helps, a lot. Because I'm the type to not really say a lot' (LA1 mentee 1006).

Mentees appeared to differentiate between talking to their mentor and talking to their friends or to an adult in a position of authority:

> *'Cos she's really down to earth and she just says it how it is, like, she says it straight. Like, she don't use these big political words and stuff like that . . . She just makes me feel really comfortable, like I'm talking to one of my home girls. But at the same time she's not 'cos you know she has that professional side to her . . . it feels good.*
>
> *Pilot mentee 3*

Sharing personal experiences

During the training, mentors were encouraged to think about the aspects of themselves that they would like to keep private and those that they would be happy to discuss. Limited self-disclosure by mentors of personal information was often quite useful in facilitating difficult conversations:

> *I'll be like 'So tell me about your love life?' and then I just like mention something minor about mine or whatever, or 'mine's dead boring' and then I realise it makes her talk a bit more.*
>
> *LA1 mentor 4*

> *Because it wasn't just me opening up, it's not like someone's asking questions and I'm answering, it was both – like she'll tell me stuff about her current life and I'll tell her something about mine, so it's like we are both really trusting each other, and I saw that she trusted me, when like she told me stuff about her and her boyfriend and I think her son . . . so I thought okay, then I'll tell her stuff about me.*
>
> *Pilot mentee 3*

Advocacy and signposting to support

An important part of the mentor role was the mentors using their knowledge and experience of the care system to support mentees with their issues in care:

> *And then we were talking about getting my passport done and she got in contact with my social worker and pushed him to do it – that got done.*
>
> *Pilot mentee 2*

> *I even said to her . . . advised her like did she know places like Children Right's Officer, things like that . . . 'Cos, honestly, myself, I never knew about all that, until, you know . . . when I start learning about all those services it was a bit too late really . . . I was trying a little bit just to put her into that, and say to her 'We can meet those kind of people, they can explain things to you if you don't understand'.*
>
> *LA2 mentor 9*

Maintaining confidentiality

Mentees appeared to appreciate the fact that whatever they told their mentor would be kept confidential, but they also understood the limits of that confidentiality. It was also important that the mentor was located outside their usual social network in terms of facilitating disclosure of sensitive information:

> *It's good . . . because I know . . . things that I told her and if I told like my other friends – I'm not trying to say they will tell other people – but somehow it always ends up coming out – but I know for a fact 'cos she don't know no one that I know, no one that I know would come back to me and be like 'Well I heard she said this' because it can't happen . . . So that's why I liked her.*
>
> *Pilot mentee 3*

Offering new opportunities

Some mentees felt that having a mentor had given them opportunities to do new and exciting things or to have new experiences:

> *She's just so different. And like, you know whereas I'll wake up and I'll ping [call/text] my friend and be like, 'So what's the motive?' and she'll be like, 'Can we go link [hook up with] a boy' – she'll [my mentor] be like, 'Can we go shopping?' . . . I mean my usual group of friends it will be like a special occasion. Like for us [friends] to go ice skating it would be like 'oh my God we're going ice skating' but for me and her it will just be like 'Yeah, it's just ice skating'.*
>
> *Pilot mentee 3*

Persistence

It was difficult to assess why some mentor–mentee pairs were able to sustain a relationship over a period of time whereas others fell by the wayside at a relatively early stage. Some mentors withdrew from the intervention when faced with a difficult or reluctant mentee; however, others remained enthusiastic and adopted various strategies to engage their mentee and persevered with the relationship:

> *I say let's do something different, but she keeps on wanting to go cinema . . . I said we can do other things you know? I go if you wanna go to a show or do you wanna do something that's involved with sexual health? Sometimes you can go [to a] clinic and book an activity . . . I said to her we could do ice skating. I go we can do anything; it can be sport – to get fit or whatever . . . It helps you find her a little hobby. But, no, she seems to just like cinema.*
>
> *LA1 mentor 4*

It would appear that the personal qualities of the mentors, in particular openness, dedication, persistence and good problem-solving skills, were important determinants of a sustainable mentoring relationship, as illustrated by the following case study examples:

Case study: pilot mentor 1 and pilot mentee 2

Mentor 1's motivations for becoming a mentor had been to gain work experience. However, she was very enthusiastic about the task and her motivations had become increasingly altruistic as the mentoring went on. At follow-up she said:

> *Even though I didn't think of it at that time, it's good to see another young person's point of view in terms of the care system and how things are going – from their perspective 'cos obviously things are different from my own.*
>
> *Pilot mentor 1*

She had reported difficulties in the first few months of the relationship because her mentee was very reserved. She admitted that she had been discouraged by her mentee's response and this had deterred her from making further contact with the mentee for a couple of months. However, after contacting PC1 to ask for support, she decided to persevere and introduced her mentee to activities such as bowling and going to the education centre. Through participating in these activities, the mentee met new people and started feeling more confident about voicing her opinion:

> *We went to Pizza Hut and she was so scared about whether she could eat with her hands and things. And I just said to her 'You can do what you want, it's okay'. 'Cos she was so looking around the environment, trying to fit in to try and please other people – that other people who eat with a knife and fork – and she goes to me, 'Can I eat with my hand?' I go 'Yeah, go for it'.*
>
> *Pilot mentor 1*

This mentor also acted in the role of advocate for the mentee who was applying for her passport.

It was clear that the mentee had enjoyed having someone to listen to her and her mentor kept encouraging her to make decisions, which had a positive impact: ' I feel a bit more confident about deciding – like making decisions . . . I know what I want to do next . . . what I have to do next year in order for me to be able to do nursing' (pilot mentee 2).

Pilot mentor 1 was able to manage her time around other commitments, including her child, who was looked after by family members, and her college work. As a result of her persistence, she and her mentee met up at least once a month on a Saturday. The mentee ended up visiting her friend who lived near the mentor on Saturdays and she would meet her mentor afterwards. The mentor expressed a sense of satisfaction at having persisted with the relationship with her mentee, despite the initial difficulties:

> *I stuck by it, it's a very good thing. 'Cos normally I don't like talking to people that are like that . . . becomes a very judgemental sort of thing from my perspective 'cos she's not open and she's not talking. That's a can't be bothered . . . that's the kind of attitude I've sort of had. So the fact that I've actually stuck by it and she kept at it as well made it a good relationship . . . and we're still in touch now.*
>
> *Pilot mentor 1*

Case study: mentor 4 and mentee 1007

Mentor 4 was faced with some challenging behaviour from her mentee (1007) from the outset and dealt with this by sharing her concerns with the mentee's carer. She also explained to her mentee that her behaviour was unacceptable and decided not to meet with her during the holiday period to show her that there were consequences to bad behaviour: 'Like I say to her this is voluntary work so I'm volunteering to be here with you, don't disrespect that. And then I think that's when she'll calm down' (LA1 mentor 4).

At times, mentee 1007 would become angry or frustrated about issues in her life and would vent her frustrations by being rude to her mentor or by discontinuing calls (the researchers also experienced this when contacting this mentee). As a result, mentor 4 began to send mentee 1007 a text message before attempting to call her, to test the water:

> *When she's annoyed like she gets stroppy with me. And I always have a go at her about this. I go you need to stop acting like that . . . and I go, to top it off, if you continue acting like this I will turn around and say I don't want to work with you no more, [because] I said to her this is voluntary . . . I go you're acted like a spoilt brat, and you acted selfish. Then I go, 'I'm not saying this to be rude or hurtful, I'm just letting you know because like I say you're 16 – you're soon gonna be 18 – life gets harder for us' . . . I just told her the truth.*
>
> *LA1 mentor 4*

When the mentor reprimanded her mentee or refused to see her there appeared to be a temporary improvement in her mentee's behaviour. The mentor acknowledged that, although she felt guilty about reprimanding her mentee and was concerned that she would not want to engage with her any more, her mentee continued to send her text messages and she remained engaged, appearing to appreciate the consistent messages and boundaries that were being put around her behaviour. When asked what qualities she valued in a mentor, this mentee responded: '[Be] confident, open to speak their minds, friendly, and not too over the top. Not scared to speak their minds when it comes to anything. Tell me where I'm going wrong' (LA1 mentee 1007).

This mentee did not consider that she had experienced any significant difficulties or arguments with her mentor, in spite of the firm approach adopted, although she did recognise that on occasions her mentor was 'peed off' by her behaviour. She spoke only in positive terms about her mentor and her mentoring experience, including the last late-night meeting when she said 'I was safe 'cos I was with her'.

Mentor 4 was hoping to work with young people in the future, which she felt had helped her to maintain the contact, despite her frustrations. She also acknowledged that she was generally not very good at seeing things through to the end, which had made her more determined to make the relationship work:

> *When you work with vulnerable people, you are always gonna get difficulties, that's just normal. It's just helping you to gain the skills so when you have challenging situations, gain the skills and learn how to handle it, deal with it and overcome it in different ways . . . She is a nice person as well.*
>
> *LA1 mentor 4*

Shared experience of care

The majority of mentees said that they would rather speak to a mentor than to their social worker about personal issues, as social workers were often too busy fulfilling statutory requirements to listen to them or to support them with emotional issues. At the end of the mentoring period, when the mentees were asked if there was any more support that they required, one said:

> *Having someone like her . . . a mentor that isn't a social worker, who I can talk to about problems, and then yeah, just to get a bit of space away – like with someone that's older . . . so she could give me advice.*
>
> *LA2 mentee 2008*

Social workers also felt that they would be less effective than peers at engaging the young people in conversations around intimate issues, both because of the age gap and because they tend to be viewed rather negatively and mistrusted by the young people they work with:

> *I think it's really difficult for looked-after young people to talk to social workers. I think that although social workers are skilled in communication, I think they know that if they share too much information that social workers might have to act on that if they feel it's a child protection issue.*
>
> *LA1 SM*

This view was echoed by the mentors:

> *This is what I thought, 'Anyone who's working with me, they're going to report back to my social worker 'cos that's their job' . . . when I speak to a lot of young people they said the exact same thing.*
>
> *LA1 mentor 4*

The majority of those aged 14–18 years (seven of the 11 who spoke about it) considered that it was important that their mentor had some experience of care, as it made it easier to relate to them:

> *Someone was actually in your situation so they knew what they've also been through and what you had been through, instead of saying 'Ah, I know how you feel' when actually they don't know nothing how you feel . . . it's like teachers say 'Yeah, I know what you're going through' and it's like, no you don't, shut up [laughs].*
>
> *Pilot mentee 4*

One of the mentors also considered that her experience of care had helped her to empathise with and build up a relationship with her mentee:

> *There was one girl that come up to me, and she was like 'I just miss my mum, I don't understand' . . . and she just broke down crying. One of the other members of staff she come over and she was like 'Oh it's alright, it's alright' and the girl flipped out. And then I went over and I was like 'Look, I've been there, I've come through now, like look at me' . . . and I kind of explained a little bit of my story without trying to traumatise her and by the end she was like 'Oh', she was like 'You went through that?' and I was like 'Yeah'. And she was like, 'And you're like this now?' and I was like 'Yeah' and she was like 'Oh'. And then she kind of went off and toddled and carried on.*
>
> *LA2 mentor 11*

However, mentees also considered that it was important for their mentor to have a genuine interest in them and to support them, regardless of whether they had been through the care system themselves:

> *You're more likely to open up to someone who has been through what you've been through, but at the same time, she [a previous mentor] was the one who invested in my life the most, and you know, she came from like a really good background . . . and she had a lot to offer me.*
>
> *LA1 mentee 1009*

With regard to the survey findings, 10 out of 22 (45%) LAC aged 14–18 years said that they would prefer a mentor aged 19–25 years and a further six (27%) said that they should be aged 26–30 years. Only one person said that they would like a mentor aged ≥ 40 years, whereas four (18%) said that they would not mind what age they were.

More than half of respondents (12/22) stated that they would like their mentor to have had experience of care. Just under one-quarter said that they would like to be mentored by a professional who already worked with LAC, such as a participation worker or advocate, and the same number said that it would not matter whether the mentor had any experience of working with LAC. No one felt that it would be appropriate to have a mentor who had no experience of the care system, as either provider or recipient.

Matching

Mentors and mentees tended to value having some common background or interests. Three pairs with a shared Caribbean background and one pair from Central Africa commented about the importance of this:

> *It's like when I was talking about my mentor having certain traits 'cos we're both from the Caribbean, like, it's like one simple thing. People might think, ok, so what? You're both from the Caribbean but it's just that certain factor, that, certain things we've both been through together. It just makes it easier.*
>
> *Pilot mentee 3*

> *She's just really good; she understands me . . . she's like Caribbean as well. And obviously I'm half Caribbean as well so we are like get on very well.*
>
> *LA1 mentee 1007*

One of the mentors had attended the same college as her mentee, which they had been able to discuss. Another pair discovered a shared interest in fashion.

Professionals also identified location as an important matching consideration, although one of the most successful relationships involved the mentor having to travel across London, from her university, to meet up with her mentee:

> *You think if people have got a gym, if the gym is right by your house 10 minutes away, you're going to go. If the gym means that you have to get a bus or train, you're not going to go.*
>
> *LA2 SW*

Survey findings of young people aged 14–18 years indicated that it was more important for mentors and mentees to have some shared interests than shared ethnicity.

Information sharing

Of the 76 social workers who responded to the national survey, 65 (86%) thought that a mentor should have some information about a mentee before they start mentoring whereas 11 (14%) felt that they should not have any information.

When this issue was discussed at a focus group, social workers were concerned about historical information about a mentee being disclosed, as the situation for the mentee may have changed. However, they also agreed that sometimes it would be in the best interests of the young person to share certain sensitive information with a mentor:

> *When you read some of our young people's files there could be something that happened, what 6–7 years ago, and you look at them and you just judge them sometimes before you've even met them. So sometimes it's better to not know anything.*
>
> *LA3 SW*

> *I suppose, I was just thinking about one of my young people and I was thinking she's been sexually abused, and I just . . . wonder if somebody goes bowling in there talking about pregnancy and sex and all thoughts of things, they're not aware of some of the issues of the young people. How it might cause more harm than good.*
>
> *LA3 SW*

Overall, there was a consensus amongst professionals that mentors should be given any relevant information about a mentee that might impact on their ability to mentor that they should be alerted to issues that could potentially arise during mentoring.

Format of meetings

Mentors and mentees were asked for their views on the format of the mentoring sessions. Eight out of 12 mentors, as well as three mentees, expressed a preference for group mentoring in addition to one-to-one meetings. Mentors and mentees felt that group mentoring would accelerate the bonding process between pairs, encourage a more relaxed atmosphere and open dialogue, increase confidence, widen their social networks and encourage additional one-to-one meetings to take place:

> *I think what we can do once a month at least . . . have a meeting where both mentees and mentors come together; like you know at the [LA1 mentoring project] they come every single . . . you know Monday 5 pm – all of them in one place . . . once a month you all come in, you know and do an activity together . . . at least then you can guarantee that once a month they've actually met . . . and then from then onwards see whether it's actually going on, you know after that meeting . . . and if that doesn't work I think you should just make it to be that every single week they all come in – like you know how the [LA1 mentoring project] does? 'Cos they all come in, every single week.*
>
> *LA1 mentor 6*

One of the mentors in LA2 recalled group meetings that she had participated in on the CiCC, which she felt would be a helpful model to adopt in the mentoring project:

> *In [CiCC] we used to have meetings once a month . . . when we meet we just sit around the table talking about everything concerning young people in care, law, everything. But when we speak about that we get to know each . . . even when we meet each other on the street, it's like . . . that's your family . . . we know each other for other things than the world outside, because we all come from the same background . . . so it's kind of our secret you see?*
>
> *LA2 mentor 9*

One of the mentors thought that a group setting would be useful for SRE and another felt that it would encourage mentees to engage with other LAC of a similar age, thereby increasing their social network:

> *I would like to do a group thing like and teaching them like sexual health . . . but they can talk about other stuff that's on their mind as well, 'cos er, a lot of teenagers do need that – as they tell me.*
>
> *LA1 mentor 4*

> *In a situation where she [mentee] is really happy and things are settled for her so she's not seeing you, so she's only using you for like crisis points, could we not all do something where we all met and then we all sort of know that we're all in a similar boat.*
>
> *Pilot mentor 1*

Barriers to engagement

Mentees would often agree to attend a meeting with their mentor but then would alter the time or place of the meeting, without notice, or simply fail to turn up. Reasons given for not turning up included too much school work, seeing friends and 'bad weather'. This led to some mentors themselves feeling let down and demoralised:

> *I initiated contact and I spoke to her, everything seems fine, she was willing to meet me and everything. But when it comes to meeting up it's . . . either she cancels or she never shows.*
>
> *LA1 mentor 20*

> *You do get young people that will be like yeah yeah and that meeting would be their number one priority and then someone else, like a friend will come round oh let's go here so, it will always just change.*
>
> *Pilot mentor 5*

One mentor said that she ended up feeling 'like a teacher trying to find a, you know a primary school kid, chasing them around the playground' (pilot mentor 2).

Even when mentees were not required to travel far to meet their mentor, they were often unmotivated to make the effort:

> *'Cos sometimes like I'll have one of them lazy days when I'll just . . . don't want to go nowhere and I just want to stay in my house and . . . It's like if she came to get me – I know it sounds lazy, but if she came to get me then obviously I wouldn't mind going, but I don't really . . . I like travelling but sometimes I don't.*
>
> *Pilot mentee 3*

To address the issues of non-attendance, mentors usually had to go to where their mentee was, rather than expect the mentee to come to them.

As some young people said that they did not like having to engage with social workers, it is perhaps unsurprising that one of the barriers to engagement was the mistaken belief by mentees that the mentors were part of social services provision:

> *That made me feel like oh maybe, they don't want to meet us, because for myself I know like sometime[s] you don't really want to talk to someone . . . they were all scared . . . maybe they thought like we were part of social services.*
>
> *LA2 mentor 9*

It is perhaps not surprising that mentees find it difficult to build up trusting relationships and are likely to regard any new people introduced into their social orbit with a degree of suspicion, particularly if they themselves have not chosen them: 'It takes me a while to get close to someone and become friends with someone or, until I trust someone. I thought it'd be hard for me to do that' (LA1 mentee 1001).

Pilot mentee 3 started off from a position of mistrust and suspicion; however, her position later started to shift, particularly in response to her mentor disclosing information about herself: 'I will never fully trust someone innit, but I do trust them to a certain point – but you can never really give anyone your full trust can you?' (pilot mentee 3).

It may be that the mentees in those relationships that did not last long, or that were inconsistent, never got to the point of trusting their mentor enough to be able to talk about things that were important to them.

Even when a mentee appeared to have engaged well with a mentor at one meeting, this did not mean that they would necessarily turn up for the next one, which often left the mentors questioning their judgement and whether they might have done or said something wrong:

> *I mean on the first day she was quite open . . . 'cos we did have some sort of similarity in terms of education 'cos she went to the same college as I did. So I mean from the word first go I mean we was chatting from start to end. That's why I think she felt comfortable . . . but I think, the problem is . . . It's just about getting her here . . . I mean I've told her many times I don't mind going to obviously where she [lives] . . . it's just about obviously getting that time. 'Cos when we did get that time it was quite nice.*
>
> *Pilot mentor 2*

Overall, non-engagement of mentees appeared to reflect their ambivalence about the intervention. The researchers also encountered a lack of motivation and 'mixed messages' regarding engagement and often had to rearrange meetings with mentees after they failed to show up, without providing an explanation or an excuse. One PC expressed the view that LAC may find it hard to express their opinion about whether or not they want to participate, possibly because they feel so disempowered, and so they end up voting with their feet, by not turning up or not responding to phone calls. Some mentees may have found the mentoring encounters too anxiety provoking and therefore withdrew, or they may not have appreciated the importance of not letting other people down. Professionals also considered that these young people may experience difficulties in planning ahead and organising, or taking control over their lives, so that if something better comes along they will simply go with whatever seems easiest.

Mentor role

This section explores how the mentors undertook their role, the difficulties that they experienced and how they overcame them. It also explores the extent to which LA professionals' concerns about one-to-one mentoring were substantiated.

Personal lives and communication

Some mentors acknowledged that, despite their best intentions, personal and work-related issues impacted on their ability to fulfil commitments. Mentees reported that mentors did not always communicate with them when other commitments made it difficult for them to keep up with their mentoring role:

> *She said she is busy in Christmas and everything and I was like ok, just contact me like when do we want to meet and stuff, and then after there was no contact for . . . a couple of months and then yeah we got back in contact again and then she was, she just kept saying oh it's busy and everything . . . and then afterwards, yeah, we was in contact and then it just fell back again.*
>
> *LA1 mentee 1006*

One mentor failed to inform her mentee that she had a job interview and could no longer make the arranged meeting. This frustrated her mentee who, when asked for her views on what an ideal mentor should do, responded 'just turn up'.

Many LA professionals expressed concerns about the vulnerability of the mentors and the extent to which they would be able to separate their own issues from the mentees' issues. Some of them also had to deal with family issues, domestic violence and/or mental health issues. Moreover, a number of the mentors were juggling other commitments during the mentoring period, including college, work and childcare responsibilities:

> *With any study that you do, when you're working with looked-after young people, it's whatever's going on for them is gonna always take precedent because that's how they've been growing up; you know because they are in the care system.*
>
> *LA1 PC1*

There was evidence from the national survey that competing commitments and life stresses would prevent some care leavers from volunteering as mentors in the first place. Four young women aged 19–25 years (12%) indicated that this was the case.

Managing money and mentor diary entries

Although there were several examples of mentors who fulfilled the responsibilities of the mentoring role, there were a greater number who, in some form, breached the terms in the mentor contract (see *Appendix 23*). Issues included not collecting receipts for money spent, running up large phone bills on calls not related to the project and keeping money for their own use:

> *I know that she wasn't spending all that money on that 'cos I was getting the receipts and like I'm thinking look at this baby stuff on it . . . I was like 'did you actually go out with your young person?' [she said] yeah, and then she was like but I forgot the receipt, so I just gave you one that I had.*
>
> *LA1 PC1*

In one case a mentor confided in her mentee that she felt irritated that other mentors were spending money on themselves and not spending it on the mentees. The mentee believed that this was 'out of order' but was also content in the knowledge that her mentor 'would never do that'.

In relation to excessive phone usage, the PCs felt that it was difficult for them to challenge the mentors about what had occurred and, without proof of any wrongdoing, they were reluctant to take action:

> *And if it turns out that actually I get the bill and it's like 'hang on'– right? . . . there's a mismatch here right? Then that's a different conversation yeah? . . . but without evidence . . . I'll ask the question and I'll challenge and I'll look at you hard – but if you're sticking to your guns what . . . where's my proof?*
>
> *LA2 PC1*

Anecdotal evidence suggested that one or two mentors were attending the support group meeting solely for the purpose of collecting vouchers as a reward for their role, even if they were no longer making attempts to meet regularly with their mentees:

> *Some of the mentors – I think they know the loopholes of the whole mentoring programme . . . they know that every single month PC1 is going to send a text saying, 'Ladies, let's meet up soon', as long as they say 'oh I've been trying to call, they haven't picked up', PC1 will say – you know, she'll say why haven't you done this, why haven't you done . . . but after that they'll still get their payment, and that's all they want – really and truly.*
>
> *LA1 mentor 6*

There was a clear indication from social work professionals that, when mentors were not fulfilling their role, they should not receive the full £40 voucher payment. Yet, in LA1, the PC took a more lenient approach:

> *I never did tell them they couldn't have their money . . .'cos I do think there's a conflict of interest. Because they will, no matter what they'll take it out on you. You know, and I've got to continue working with them after the study has finished. So I just gave it to them, but for me it's about working with them to empower them to do their role . . . it would be different if I was running it. If it was my project . . . I would tell 'em straight, you know, 'you're not getting paid if you're not doing your work'. But you know, it isn't my project.*
>
> *LA1 PC1*

This PC acknowledged that 'they all knew what they were doing wrong . . . and all said what they had to do, and they all did nothing'.

Only two of the mentors made regular diary entries, despite weekly text message reminders from the researchers. LA1 PC1 noted that, apart from the monthly support group meetings (which some mentors did not attend), she lacked information about how often mentors were seeing their mentees and this made it difficult to impose penalties. The PCs and one mentor thought that it would have been helpful for

data from the diaries on the frequency of contacts to be made available to the PCs and that they should give the full voucher payment only to mentors who had completed the diary.

Undertaking a dual role: motherhood and peer mentoring

Five out of 10 mentors who met with their mentee had a child and most of them were single mothers. For the majority of mentors, childcaring responsibilities had a negative impact on their ability to give time to a mentee:

> *I wouldn't have minded to see her continuously 'til it finished, but it was literally just that I had so many things to do, for myself, being a single mum which was a bit difficult. Yeah, I think that was the most difficult thing.*
>
> *LA1 mentor 18*

> *She had a child and she had her job to do as well, so it kind of depended on both of us, and it's like most of the times she'll be busy when I'm free and then when I'm free, she'll be busy . . . and even in phone calls I will hear how busy she is with her child, so it's like sometimes I'll have to be like, 'D'you know what, deal with your family and then ring after or call tomorrow or something'.*
>
> *Pilot mentee 3*

Clearly, in any future study, there would need to be proper thought given to whether it is appropriate to recruit peer mentors who are pregnant or who have young children unless they are sure that they will have the time to give to the task.

Prerequisites for the peer mentor role

In LA3, where professionals experienced difficulties recruiting mentors to the study and retaining them, professionals believed that care leavers needed to have sufficiently 'left the system' to be effective mentors:

> *It's far too early and life events are still happening for these 18-, 19-, 20-year-olds you know? And I think, you know, even beyond 25 we're still asking quite a lot for somebody who needs to establish themselves. Chronologically they're not the age we think we [they] are, you know, with our teams. I don't think those young people are where they should be yet and I think it takes a lot of life and a lot of sorting out to get to a place where you do feel comfortable about a 13 – or whatever age – coming at you and asking very difficult questions.*
>
> *LA3 PC2*

The PCs in LA1 and LA2 believed that care leavers should be given an opportunity to mentor, despite the difficulties highlighted earlier. However, they were clear that, in a future study, PCs would require additional time to work one-to-one with each mentor to ensure that they had the required skills to fulfil the mentor role and to explore their ability to manage their time and emotions over the mentoring period:

> *At the entry point, we need to really be firm in terms of their availability and getting them to think about even looking forward, about the possibility that may have certain things, like courses starting, movement – they might be going through a transition stage, 'cos of moving, etc. Looking forward, there's a number of things that maybe, I think we need to consider in terms of what could possibly change that mentor's circumstances.*
>
> *LA2 PC1*

Similarly, nearly three-quarters (65/88) of survey respondents from the national and local social workers survey thought that care leavers aged 19–25 years were capable of acting as mentors, provided that they were mature enough and were given sufficient training and support. However, nearly one-fifth of respondents (16/88) thought that the mentors should be older (e.g. in their early to mid-20s) and that the upper age limit should be extended to around 30 years.

Safety concerns

This section highlights the concerns expressed in relation to the nature and content of the peer mentoring and the extent to which they were substantiated.

Boundaries

Local authority professionals believed that there was a potential for boundaries between mentor and mentee to become blurred, unless they were well defined by the project and monitored by the PC:

> *I was in a meeting and they were setting up a meeting of her and her mentor and swapping telephone numbers. And I sort of asked well are there any sort of boundaries around the relationship and it didn't seem as if there . . . they had talked about boundaries, but it didn't seem as if there was any clear kind of guidelines around that.*
>
> *LA2 SW*

Concerns revealed in the national surveys mirrored this:

> *Young people in distress could contact their mentor relentlessly if appropriate boundaries are not established . . . what if the YP [young person] is texting/calling constantly or disclosing issues of a safeguarding nature? Mentors will need considerable training/support to manage these sorts of difficulties.*
>
> *SW survey respondent*

Although some professionals had expressed concerns about mentees becoming over-reliant on their mentor, there was no evidence of this or indeed of any inappropriate or excessive contact. However, because of the rather chaotic nature of some of the mentees' lives and their difficulty with time management, some mentees appeared to expect their mentor to be able to drop everything and see them at a moment's notice, rather as a friend would do:

> *You know she doesn't plan. She keeps on calling me up last minute, like 'Hey girl how are you? Yeah, d'you wanna come and meet up?'. . . 'I'm busy' I said to her and I go, 'I have a very busy schedule' and everything has to be planned with you I'm sad to say.*
>
> *LA1 mentor 4*

Disclosures

Mentors were told during their training that, if they had any concerns about the health or welfare or safety of their mentee, they should immediately pass on the information to the PC, after first informing their mentee. Some professionals thought that mentors would find it difficult to make decisions in relation to sharing information, because of the potentially damaging effect that it could have on their relationship, and that they would need a lot of guidance and support around responsible information sharing to ensure that the best interests of the child are met. However, within this study, a number of mentors were able to report concerns to the PC without this impacting negatively on their relationship with their mentee.

Unsupervised meetings

Many professionals expressed some concerns about meetings being set up between vulnerable young women, without supervision or without sufficient communication between professionals in the mentee's network. In one focus group it was suggested that allegations of misconduct could be made against a mentor by a mentee. However, the main risk identified in the exploratory trial was of mentors failing to inform the PC where and when they were meeting with their mentee, which was in clear breach of the mentor contract. LA1 PC1 admitted that only one of her mentors regularly informed her of when and where she was meeting her mentee.

Undesirable effects of the mentoring intervention

For some, particularly when relationships were inconsistent or ended prematurely, there was the potential for the intervention to be harmful to the mentee. One mentee (1001) lost her first mentor, who dropped out for 'personal' issues', and had to be allocated to a different mentor, who also failed to see her regularly:

> *It made me feel a bit upset and then like it did make me sometimes feel like, I didn't see the point in me doing it; I just felt like giving up. 'Cos I've had two [mentors] and they haven't really worked out so well. But then, it kind of questions me, like maybe it's something I'm doing wrong.*
>
> *LA1 mentee 1001*

During training, mentors were told that if they were unable to continue a relationship they should make sure that their mentee did not blame herself or feel responsible for the failure of the relationship. However, this did not happen in the case of mentee 1001.

Local authority 1 PC1 said that, although she would not go as far as calling the process damaging, because she could 'rectify some of the stuff', she was concerned about the consequences of having an unreliable mentor for vulnerable young women and, in this study, for mentee 1001 specifically:

> *When someone says they're gonna see you, they need to see you. And when someone like mentee 1001 – she was really upset with this whole process and so basically the stuff going on in her brain – it stopped firing.*
>
> *LA1 PC1*

Apart from this case, in the main, mentees appeared accepting of infrequent contact and/or unreliable mentors, possibly because this represented a repetition and re-enactment of past experiences of rejection and abandonment that they had come to anticipate.

Several mentors also admitted feeling frustrated or let down when their mentee failed to turn up to meetings or show sufficient acknowledgement of their efforts. One mentor found it difficult that the other mentors had been successful at making initial contact with their mentee whereas she had not:

> *I liked the challenge of it but the thing I got really annoyed about – I don't know if annoyed was really the word – is that I knew I could help if given the chance for her to receive my help d'you know what I mean? 'Cos I'm . . . it's like fighting with a wall really – that's how I felt like. I felt like okay I could really help her but if she's not willing to meet me halfway then I can't really help.*
>
> *LA1 mentor 3*

Professionals were concerned that the study could bring up difficult feelings for mentors and that the mentors were not being provided with adequate support to help them deal with these feelings. Many sensitive issues were covered in the training, which also encouraged reflection on personal issues. One participant admitted to her group that she had drunk a bottle of alcohol because she felt overwhelmed by the discussion the previous day. Another mentor said that meeting her mentee, who was experiencing similar issues to those that she had faced when she was younger, had reminded her of her past, but that she had been able to 'deal with it' by seeking support from the PC.

Local authority 1 PC2 reflected that the study had enabled some participants to come to terms with their past:

> *Volunteering for the Carmen project, it made her re-evaluate her own life . . . it's thought-provoking, it has allowed young people to do the reflection, reflective stuff. A lot of them weren't able really to tap in to that emotional need and then sort of articulate that to worker . . . But I've seen the change,*

and it might have only been a tiny change. For one particular person . . . it's had quite a massive impact, she's going back to university, and she's actually going to do the therapeutic work. Because she suffered sexual abuse, horrific sexual abuse . . . she's started to talk about her experiences, her experience of violence, of being raped, sexual exploitation . . . And I truly believe that if it had not been for this project and her involvement, we had always guessed that something had gone on for her but we did not know to what degree.

LA1 PC2

Support for mentors

This section explores the extent to which the mentors were supported by, and felt able to contact, the PCs and the extent to which support for mentors was sufficient.

Individual support

Following training, mentors in both LAs faced a long wait whilst the mentees were recruited and matched to mentors, which tended to decrease their motivation. In LA1 there was little pre-emptive communication from the PC to the mentors about this, but in LA2 the PC's communicative approach was particularly appreciated by the mentors: 'She'd be saying, 'okay, we haven't forgotten about you' like just to remind us that she hasn't like forgotten about us but she was doing whatever she needed to do at the time' (LA2 mentor 11).

In general, mentors felt able to contact the PC in their LA to discuss issues that were preventing them from seeing their mentee, concerns about their mentee's welfare and difficulties with making contact. Mentors said that the advice that they received was helpful. However, in LA1, mentors said that the PC was difficult to contact and too busy to support them:

To be honest I could have had more support. And um, but whenever I did manage to get hold of her, 'cos she's a very difficult person to get hold of, when I did manage to get hold of her, and um, I did like contact her to let her know anything that's going on, she will give advice, I'll give her tops for that. But I still think I could have had a bit more support.

LA1 mentor 4

Regarding the direction of communication, several mentors believed that the PC should have been more proactive in contacting them:

I would like somebody to just chase because there are so many other things going on in my life, if somebody was on my case sort of thing, like ringing up to find out . . . how did your thing go you are more likely to think oh . . . I need to go and meet her . . . there is not any of that support going on. So I know that PC1 is really busy so I can't blame her for that.

Pilot mentor 1

I think they need to be more active towards the role in a weekly sense of basis, because all the communications I've had with PC1, it was me making the communication – all the calling up instead of actually her calling me up and giving me some information.

Pilot mentor 2

As she was often in the education centre, it was easy for one of the mentors to make face-to-face contact with LA1 PC1 on an informal basis, outside the support meetings. She reiterated, however, that it was often difficult to get through to the PC by telephone.

In LA2 there was less evidence from the mentors about how supported they felt. However, the PC often contacted her mentees by text message. One mentor said:

> *I do feel like she was quite supportive, yeah. Because, every time that I called her, apart from when her phone had a problem, yeah, I was able to get through to her. Yeah. And she always motivated us as well. Sometimes . . . it's not even a call, she will text and stuff like that, you know to let us know that we are doing a great job and stuff like that. And if we do need to speak to her about anything, we shouldn't waste time; we should just call her.*
>
> *LA2 mentor 10*

However, LA2 PC1 described feeling guilty that she had been unable to give as much attention to the mentors as she felt they required:

> *They'd be like oh I know you're busy and I'd be like 'ahh' and I felt really bad that I'd given that impression that they were taking up my time. But in a way they were . . . but I owed them a duty of care . . . it was conflicting for me . . . I'm out on the street and I can't speak properly so [I said] can I call you back? And sometimes I didn't call them back until maybe 7 o'clock in the evening or the following day . . . and it would just be nice to know that that's who I'm committed to.*
>
> *LA2 PC2*

In both LAs, the consensus amongst the mentors was that a weekly phone call from the PC to motivate them would have been helpful in keeping them focused and motivated. LA1 PC1 recognised the importance of calling mentors every week and admitted that she had not done enough of this, although she thought that mentors could have contacted *her* when they experienced problems. The extent to which this is true is unclear. One of the mentors in the pilot said that she was 'put off' calling the PC because she seemed too busy.

The national social worker survey asked respondents about the type of support they believe mentors require. As well as telephone calls and monthly support group meetings, 67 out of 118 (57%) social workers said that there should be individual, face-to-face support with a PC and 37 of them (56%) believed this should be provided monthly. A further 17 (26%) said this should be every two weeks and the rest (18%) every week. One of the mentors in the study thought one-to-one meetings with a PC should occur every two months, or quarterly, because group meetings had been poorly attended.

Monthly support meetings

In both LAs the PCs struggled to deliver a support group every month, and even when they did occur few mentors attended. The main difficulty in arranging meetings appeared to be around scheduling a date and time that suited all of the mentors:

> *It was something to do with the mentor availability. The dates, time, so some agree with the dates, some don't agree with the time, some agree with the time, some don't agree with the dates, so that's why everything was just being pushed. Okay let's, let's find another date for next month and so on.*
>
> *LA2 mentor 9*

One of the mentors in the pilot believed that LA1 PC1 was simply too overworked to be expected to deliver a monthly meeting and suggested that someone with dedicated time should deliver the support. She commented:

> *She's got so many other things that she's doing. And then she knackered by the end of the day. She's been here since 9 o'clock and then [at] 6–7 [pm] we're expecting her to do a support session. Come off of it, she must be physically and emotionally knackered. So I think somebody else should be employed and that person works specifically with the mentors and mentees. I think that person will be able to relate better to the mentors and mentee because they have that specific knowledge about this project in itself.*
>
> *Pilot mentor 1*

During the pilot, the PC role in LA1 was formally integrated into her existing role by management, meaning that she had slightly more time to devote to the role during Phase II. One of the mentors involved in both the pilot and the exploratory trial said that she felt better supported by the PC during the exploratory trial. However, the data suggest that only two or three mentors regularly attended the support meetings and problems persisted. For those mentors who attended regularly and saw their mentee, it was frustrating and demoralising to be let down by their fellow mentors:

> *I don't think they was monthly or an appointment to the month. And, um, I think like that more of the girls could turn up, like the girls didn't turn up as well, so sometimes we'd be sitting there and there's about three girls that's actually turned up to the support groups and things like that, so yeah.*
>
> *LA1 mentor 18*

Despite the low turnout, in both LAs mentors who attended felt that the meetings were useful for talking about their experiences and comparing these and getting support from both the PC and other mentors to deal with issues:

> *We'd talk about our experiences that we'd had so far with young people . . . say for instance one of them was like 'ah my young person's really shy', we'd all work and like talk about things that we . . . like come up with ideas just off the top of our head, like ooh try this and – maybe if you'd start with this and start with an ice-breaker.*
>
> *LA2 mentor 11*

> *It was quite good actually because you start to realise that actually I'm not the only one that's having issues, like other people are having issues too; even if they're not the same issues that you are suffering with, it's still nice to know that . . . you don't feel as bad, like you don't feel as guilty or like oh my gosh. Like, so it, it is nice so that everyone can kind of share their views and experiences.*
>
> *LA1 mentor 15*

Support group meetings were also designed to enable PCs to sign off ASDAN award paperwork for accreditation. However, it became clear that most of the mentors were not prepared or perhaps simply did not understand that they were expected to do the work in their own time to achieve accreditation:

> *I couldn't even get the ASDAN qualification – because not everybody was here and then if I wanted to answer a question I have to be on my self-initiative, it wouldn't be like oh PC1 will sit down and then she'll help me go through it – none of that. But I think if it would have been other people then people could have helped each other, but nobody came.*
>
> *Pilot mentor 1*

> *I even came a couple of times for the ASDAN, like there hasn't really been much focus and really sit down and make, like help, and get on with this ASDAN.*
>
> *LA1 mentor 18*

The PCs admitted that they felt ill equipped in terms of having information from the training partners and researchers about how to implement and sign off work for the ASDAN qualification and believed that additional training would be required in a future intervention.

Overall, the PCs felt that they had been unable to commit sufficient resources or emotional support to the mentors and considered that to deliver the work effectively a dedicated PC would be required. In LA1, the PC believed that mentor support groups could have been delivered more effectively by going back over training material and that delivery of group mentoring sessions would ensure that the PCs have a better grasp of communication and knowledge of the status of the mentoring relationships. PCs in LA2 and LA3 thought that the support package should also include one-to-one support meetings.

Alternative support for mentors

Social workers/semi-independent outreach workers

In both LAs, mentors were supported by additional professionals, usually as a result of referral by the PC. These were either SOT workers in LA1 (working from the education centre) or social workers. As a result of the PC's recommendation, one mentor formed a working relationship with her mentee's SOT worker, who helped her to contact the mentee at her hostel. She considered that, if all mentors had contact with a mentee's key worker or a social worker, it would make their role easier:

> *Again we planned to meet up. Didn't happen the way we planned it. And then I called [SOT worker name] and [SOT worker name] told me where she was staying. And [SOT worker name] called the hostel and asked if she was there. And then she called her and she asked [her] if I could come and wait for her there. So I went to the hostel.*
>
> *Pilot mentor 3*

The existence of the education centre in LA1 was clearly a help to the mentors and enabled them to signpost their mentees to other support workers:

> *It's helped me realise half of the roles 'cos I didn't know half of the people who work here, so you realise what different people, what different roles people are doing . . . that will help with your mentee . . . you can go and point them in their direction.*
>
> *Pilot mentor 1*

Forming a positive relationship with her mentee's carer was extremely helpful for one mentor, enabling her to adapt her mentoring around her mentee's needs and weekly routine. The carer preferred the pair to meet every 2 weeks as the mentee was studying for her GCSEs and, according to the mentor, because the mentee was becoming too attached to her.

Mentors also appreciated other mentors as a source of support, talking to them both on their mobile phones outside of the mentoring meetings and within meetings: 'I used to talk to a few others of the mentors, some outside [support group] and some just in . . . but sometimes you used to ask like, oh what, have you been with your mentee this week?' (LA1 mentor 18).

Support for mentees

The research team had assumed that, during the mentoring, mentees would be well linked in with their social workers and would raise any issues with regard to the mentoring with them or with the PC. PCs were not expected to routinely contact the mentees. This was a mistaken assumption because many of the mentees were left for periods of time without contact from their mentors and not all of them asked for support. Those who had an existing relationship with their PC did ask for help or advice: 'She did try and get in contact with her but if [mentor 15] didn't pick up her phone or answer to any of the letters or anything' (LA1 mentee 1001).

However, one or two mentees said that they would not have known who to contact in the event of difficulties. One mentee said that she wanted to speak to someone about the fact that she was not seeing her mentor, but she would not speak to her social worker as she did not want the social worker involved in her life. Another mentee said that, when she lost her phone and lost contact with her mentor, she thought about asking her social worker but did not as she 'was enrolling for colleges and thinking about my birthday'.

Allocation of support

The DCS and national social workers survey asked professionals to consider who would be best placed to take on a PC role.

There was a clear indication that the PC role should be separate from the social care role, with many stating that the responsibility should be shared between someone able to offer therapeutic input to mentors and someone with experience of teaching PSHE/sexual health, to drive the prevention of teenage pregnancy agenda:

> *I think sexual health expertise is critical to the project and so the person must first and foremost be an expert, from medical perspective. I think the other roles can be provided to support the medical expert or be learnt.*
>
> *DCS survey respondent*

> *I think the programme will be best placed to carry out by two project coordinators, a child and adolescent mental health clinician as well as a sexual health worker. The clinician will be able to address and offer knowledge on the emotional and developmental support while the sexual health worker could offer advice on the sexual health impact.*
>
> *DCS survey respondent*

Responses from the DCS survey highlighted the importance of health professionals and youth workers rather than social workers offering emotional support (*Table 21*). One-quarter of national social worker respondents also felt that graduate mentors could work alongside a health practitioner to deliver the role, or that 'lead' mentors could assist with the recruitment of new mentors, encouraging mentors to attend meetings and lead some of the group sessions. A social worker in LA2 said:

> *I run a group for care leavers, and I have a care leaver co-facilitator that runs the group with me. And I find that the young people will ask him questions quite often and I'll just kind of stand back and listen . . . it works really well having young people guiding young people 'cos they are more likely to listen to the young person.*
>
> *LA2 SW*

The existing educational mentoring model in LA1 involves mentors in leading the sessions. In addition, one mentor from LA2 described a system of 'lead' mentors, which, from her experience on the CiCC, is an effective way to drive attendance:

> *A lot of people never used to come [to CiCC], sometime only five, six people come in the meeting and we are meant to be 12 of us – no more motivation and everything. So [the PC would] nominate a chair, within the group, yeah and maybe a co-chair within the group. Because it's a group of mentors, you should have a chair. And that chair will nominate herself within the group, like okay I want to be the chair. Her role would be more like to contact the others to motivate them. So it needs to be someone who is more motivated.*
>
> *LA2 mentor 9*

TABLE 21 National social workers survey: professional to take on the PC role

Professional	DCS ($n = 41$)[a]	Social workers ($n = 69$)[a]
Youth worker/participation worker/personal advisor from the LA	14 (34)	22 (32)
A mentor who has graduated from the programme	5 (12)	17 (25)
Health professional from the LA (e.g. sexual health worker)	15 (37)	13 (19)
Independent worker, e.g. from a charity	6 (15)	9 (13)
Social worker	1 (2)	8 (12)

a Values are *n* (%).

Role of the researchers

From the outset, the researchers offered to assist mentors with research-related issues. However, some mentors seemed to regard the researchers as a source of emotional support. This was in part because of a misunderstanding of the role of the researchers, but in LA1 it was also because of the perceived lack of capacity of the PC to provide this support. For example, one of the mentors telephoned the research team after discovering that her mentee had a diagnosis on the autistic spectrum. She had assumed that both the researchers and the PC knew about it but had simply failed to inform her. The researchers advised her to discuss her concerns with the PC, who was also unaware of the mentee's diagnosis; the PC said to the mentor that 'if anything I would have thought the Carmen study would know about it'. Having promised to look into the mentee's situation, the mentor reported that the PC then failed to get back to her. She subsequently stated that, in relation to the research team, 'Me personally it just felt like we were just being used for research and they didn't really care – as long as you guys got your data that's all you care about' (LA1 mentor 4).

She felt that the research team should have been more directly involved in supporting her and troubleshooting difficulties as and when they arose:

> *Yeah, come down and see us more, I think talk to us more as well and if . . . the concerns we have or whatever, like proper take it on board and just like help us out and stuff. I know that it's [PC1]'s job to do that, but it would be nice if like the people above did it as well, yeah.*
>
> *LA1 mentor 4*

The researchers (DM and FC) were constantly being required to overstep the boundaries of their research and to take on a more active management and even counselling role, which was difficult to resist and not always appreciated by participants or social work professionals.

Summary

This chapter has outlined the nature and content of the mentoring relationships and explored engagement and barriers to engagement. Through the data we have illustrated the basic requirements for successful relationships, including the formation of trust as well as determination and persistence on the part of mentors, safety guidelines and adequate support. The implications of these findings, particularly in terms of the feasibility of delivering a future trial of a peer mentoring intervention, are discussed in *Chapter 10*.

Chapter 9 Economic analysis

An economic analysis was undertaken to determine the costs of the peer mentoring intervention components and, separately, the costs of the outcome assessment and process evaluation. This will allow appropriate costing of a Phase III trial.

An approach is suggested for modelling the connection between the value added by the intervention and the probabilities of various medium- to long-term outcomes for the young women and any children they may have.

Cost of the intervention

The first element of this study was to measure the cost to the LAs of implementing a mentor programme for LAC and to use these data to develop a general model for costing interventions on any scale and in different areas. Most of the cost was expected to be staff time and a spreadsheet was designed to allow staff to record their time input every week, as the project progressed. An example of the time recording sheet is provided in *Appendix 24.*

It soon became apparent that the staff were finding it difficult to record their time because work on the project had to be fitted into whatever gaps arose in their already busy working week. Attempts to obtain the information during interviews also failed for the same reason. We did, however, obtain some heavily qualified estimates from the staff. These figures are shown in *Appendix 24.* A different approach to fulfilling the costing requirement was required.

As we could not measure a definitive '*did take*' cost, we used the experience of observing the process of setting up and running the project to construct a model for how the project could be implemented in a tightly structured way. We used this, with some assumptions, to calculate a theoretical '*should take*' cost. *Figure 4* provides the model, showing the essential elements of the project.

The quantitative model is constructed by unpacking each of the boxes in the diagram, asking what actions are required under each of those headings and then asking how much staff time and of what staff grade each action would be expected to take. The principal drivers for the time required are:

- the size of the pools of potential mentees and mentors, which determine the size of the recruitment task
- the proportions in each pool likely to express an interest, which determines both the size of the training task and the number of mentor–mentee pairs to be supported
- the numbers of mentees and mentors likely to drop out once the mentoring process has started, which determines the effort required to debrief the ex-participants and find a new mentor if required.

Some data obtained from the study can be used in this model. For example, in one of the LAs the PC recruited seven mentees by writing to all eligible young women. National statistics show that, in LA1, 145 children between the ages of 10 and 15 years and 95 aged > 16 years were looked after, including adoption.[24] Approximately 46% of these are girls. If one assumes that about one-third of the first group ($n = 48$) are aged > 14 years, then there are $0.46 \times (49 + 95) = 66$ eligible girls. This means that 10.6% responded positively to the recruitment letter.

For the most part, however, the model is theoretical, albeit with what are believed to be realistic estimates for the time taken by LA staff to perform the various activities. The model is written in Microsoft Excel 2010 (Microsoft Corporation, Redmond, WA, USA) and is available to any LA wishing to adapt it to its own circumstances by changing the assumptions or indeed the structure.

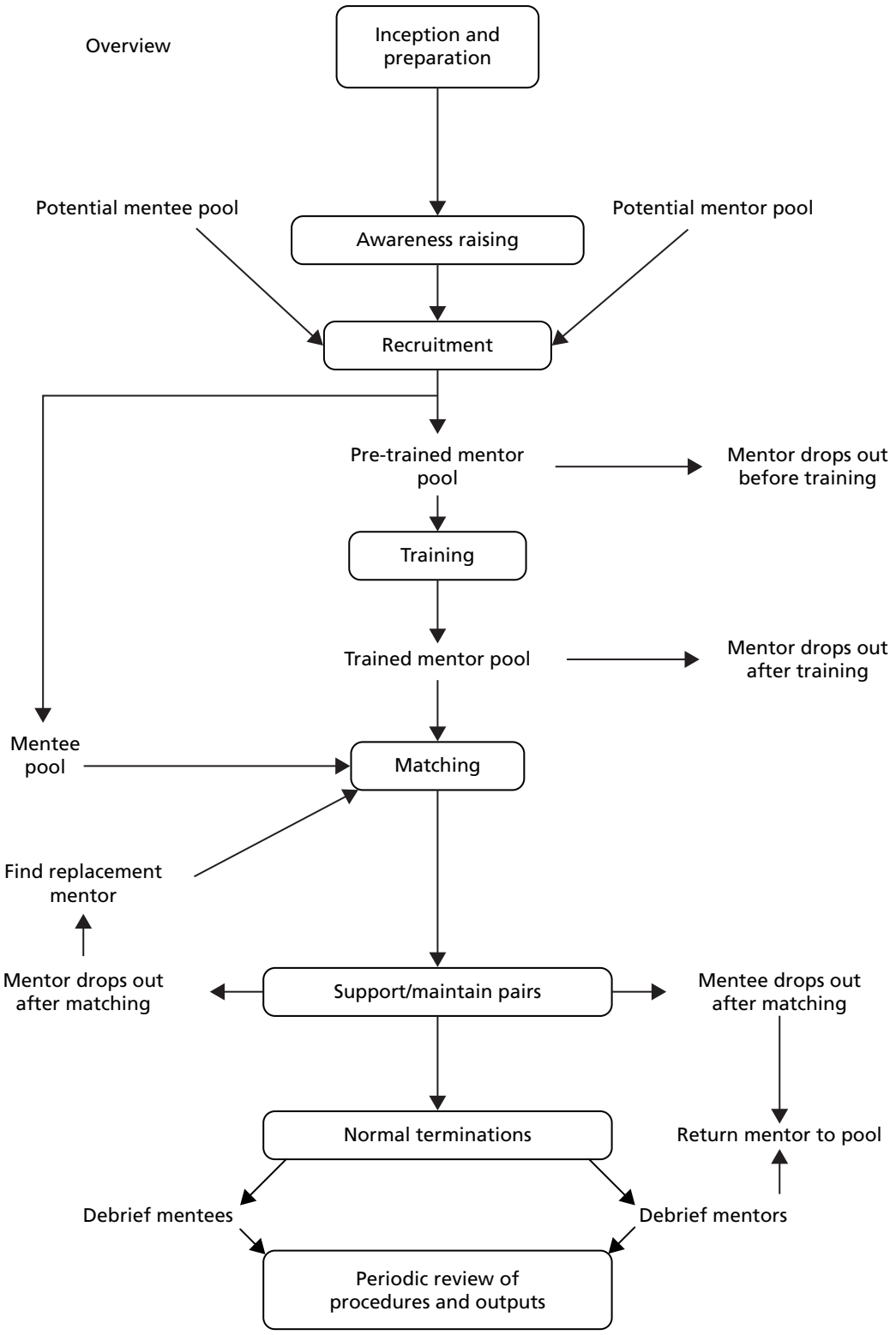

FIGURE 4 Overview of the steps involved in setting up and running a mentor scheme for looked-after girls and young women.

The model

The assumptions that the model currently uses are listed in *Appendix 25*. It is designed to cost the first year of operation of the intervention in a 'greenfield' LA. Some of the costs are largely non-recurring and we also make an estimate of the costs as they would appear in future years.

The following sections describe the content of each of the blocks shown in *Figure 4*.

Inception and preparation

This element of the project was one of the most opaque in terms of what went on and the resources consumed, but it is also one of the most critical elements to its success. Accordingly, the model envisages a formal approach to consideration of the project by senior management, including preparation of a detailed, costed plan that is submitted for approval and backing to an assistant director. This process assumes the creation of a steering group, which nominates a working group to develop the project. The steering group is considered necessary to ensure the direct involvement of senior management.

The final output of this stage is a package containing a list of things to be done; who is expected to do those things; and materials to make these tasks easier, including standard draft letters, explanatory leaflets, posters and training provision already negotiated with providers. The list is based on experience with the present exercise.

An important part of the preparation is the recognition that problems may arise during the course of the project that require intervention from management. To allow for this, the management group will meet twice during the year and once after the trial is over. Of course, these meetings may be cancelled if there are no problems requiring intervention. The burden of 'ongoing management' is likely to be lighter beyond the first year.

Awareness raising

The model envisages that the project being launched has the strong backing of senior management, but there will still be a need to repeat the message on a more personal basis. This is seen as the responsibility of the PC, who will arrange presentations to various groups of staff. The most important of these groups includes the social workers dealing with looked-after girls, not least because the model assumes that they will bear the main responsibility for recruitment.

Recruitment of mentors and mentees

Experience in the pilot and the exploratory trial found that recruitment was a particular problem. It took a lot of time and progress chasing by the PC and the researchers to identify potential mentors and mentees.

The solution envisaged in this model was to require social workers to write to all of the young women on their caseload, through their carers, to outline the project and ask anyone who was interested to contact them to discuss the project further. The social workers would then pass any likely candidates to the PC, along with a summary of their case file.

A similar procedure would be followed for the mentors. Social workers would write to the last known address of women who met the inclusion criteria and who they considered would be appropriate mentors. Anyone expressing an interest would speak to the social worker in the first instance and then, if they were still interested and considered appropriate, their names would be passed on to the PC.

The model assumes that social workers and the PC have some administrative support for sending letters and extracting case file summaries, etc.

Training of mentors

This section of the model also includes the DBS checks for potential mentors. As it is a relatively simple section of the model, the detailed list of actions and assumptions about staff time required to perform them is presented in *Table 22* as an illustration of the nature of the whole approach.

The activities required are listed in an intermediate level of detail. For the DBS check, the basic requirements would have been communicated to the potential mentors in the recruitment letter sent by the social worker seeking expressions of interest, but it is assumed here that this would need repeating probably in a telephone conversation. The material required for the DBS check would be sent to the PC, who would assemble it for the set of mentor applicants and then hand it over to the administrator who handles DBS checks for the LA. The DBS results, when received, would be passed on to the PC, who would send the appropriate standard letter back to each mentor applicant.

At this point the PC would have a list of cleared potential mentors and some idea of how many mentees to expect. To allow for contingencies, the PC would arrange training for 20% more mentors than there are mentees.

Matching mentors and mentees

At this point the PC has a pool of trained mentors and a pool of mentees. The aim is to match a mentor to each mentee. Once this is achieved, the PC has to organise and attend a meeting between the members of each pair. This could be a lengthy process, with the potential for more than one attempt being necessary, and there is a possibility that the relationship will fail at this first meeting. A judgemental allowance is made for these possibilities.

Support/maintain relationships

Over the course of the next 12 months the PC will remain in contact with the mentors through regular group meetings, as well as dealing with expenses, payments and any contingencies arising, including a mentor or mentee dropping out.

TABLE 22 Tasks listed for the DBS and training functions

Task	Type of cost	Time/cost	Basic salary cost (£)	Notes
Communicate to each potential mentor what ID papers are needed for DBS check	PC	10 minutes per potential mentor	88.89	Assumes all 30 mentors in pool are to be checked
Assemble papers for each potential mentor	PC	3 minutes per potential mentor	26.67	Assumes all 30 mentors in pool are to be checked
Pass papers to clerical officer who handles DBS checks for the LA	PC	3 minutes	0.89	
Clerical officer initiates check procedure with the DBS	Clerical officer	15 minutes	2.78	
Write to potential mentors when DBS checks are returned	PC	5 minutes per potential mentor	44.44	Assumes all 30 mentors in pool are to be checked
Cost of DBS check	Other	£44.00		Per check
Select 20% more mentors than expected mentees for training	PC	5 minutes per potential mentor	44.44	Assumes six mentees so seven mentors are selected
Write to selected potential mentors to inform of training dates	PC	5 minutes per potential mentor	19.95	See above
Contact training providers to arrange training	PC	30 minutes	8.89	
Cost of training a mentor	Other	£500 per potential mentor		

Normal terminations

Towards the end of the 12 months, the PC will take steps to smooth the termination of the relationship. This entails finding someone to take responsibility for supporting the mentee through the withdrawal process and arranging a three-way meeting with that person, the mentor and the mentee. The model also assumes that there will be a standard end of relationship debrief of the mentor by the PC and of the mentee by her social worker.

Review

After running for 12 months the model assumes that there will be a review of procedures and outputs. This will take the form of a report compiled by the PC with the support of the management group and delivered to the steering group. The report will cover the whole process, with particular emphasis on the views of the mentors and mentees as expressed during the debrief sessions on ending the intervention and the views of the social workers on the effect of the process on the girls and young women.

Results

As indicated in the previous section, the model covers all of the main actions and is believed to be complete. It is, however, based on best estimates for the time taken to perform the component activities. These are believed to be plausible but it is of course open to others to make their own assessments. The spreadsheet is available for this purpose. The 'bottom-line' results are set out in *Table 23* and *Figures 5* and *6* and are based on the assumptions in *Appendix 25*.

TABLE 23 Estimated 'should take' cost of the project in one of the study areas[a]

Task	Cost (£)	Staff hours	Notes
Inception and preparation	6017	177	
Ongoing management	684	20	
Initial awareness raising	1085	32	
First recruitment round	1714	75	
Training	5283	11	Includes DBS and training costs
Matching	227	7	
Supporting/maintaining pairs	8345	142	Includes payments to mentors
Normal terminations	266	8	
Review	791	24	
Total cost over the whole project	24,412	496	
Cost breakdown			
Set-up costs	7102		Largely non-recurring
CRB and training costs	5283		An element may be non-recurring
Payments to mentors	3600		£40 stipend + £10 phone vouchers
Remaining costs (largely staff plus overheads)	8427		= Total – set-up costs – DBS/ training costs – payments to mentors
In terms of total staff time, the remaining costs are equivalent to	14% of a social worker		
The support and maintenance function costs are equivalent to	8% of a social worker, which rounds up to around 3 hours per week		

a This model run assumed six mentor–mentee pairs.

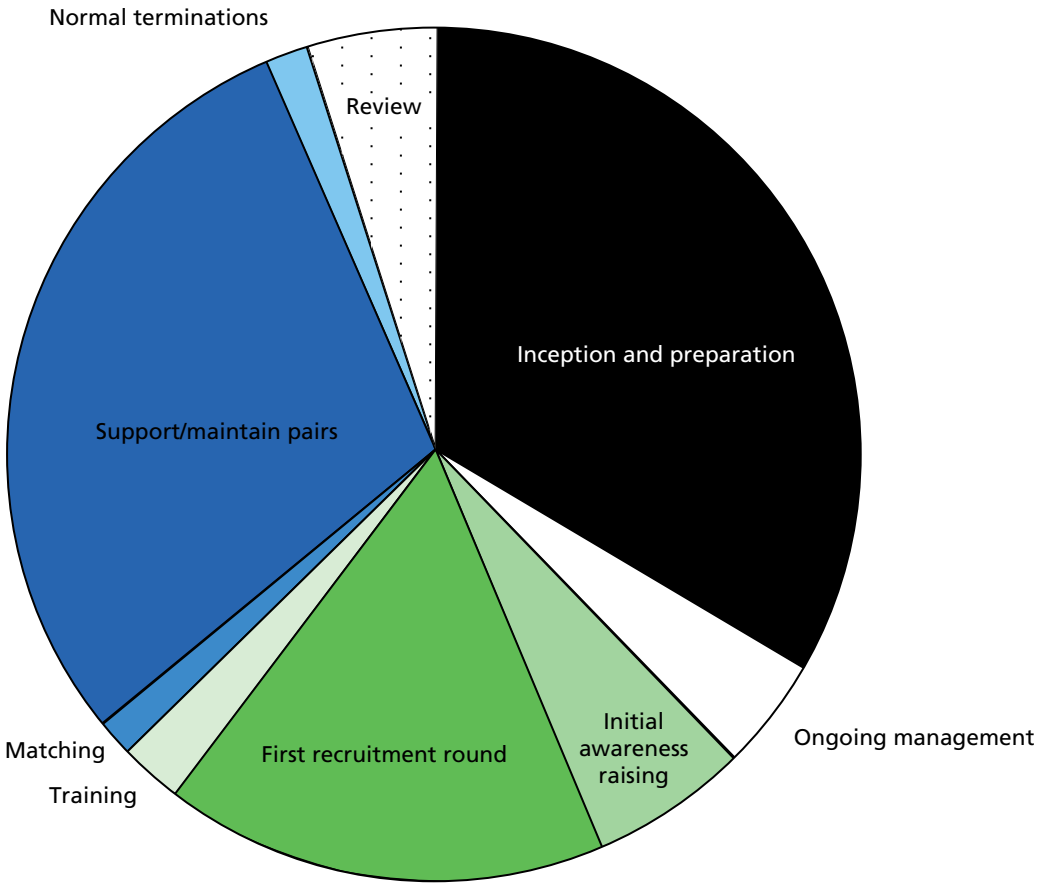

FIGURE 5 Analysis of modelled staff time for the first year of an intervention.

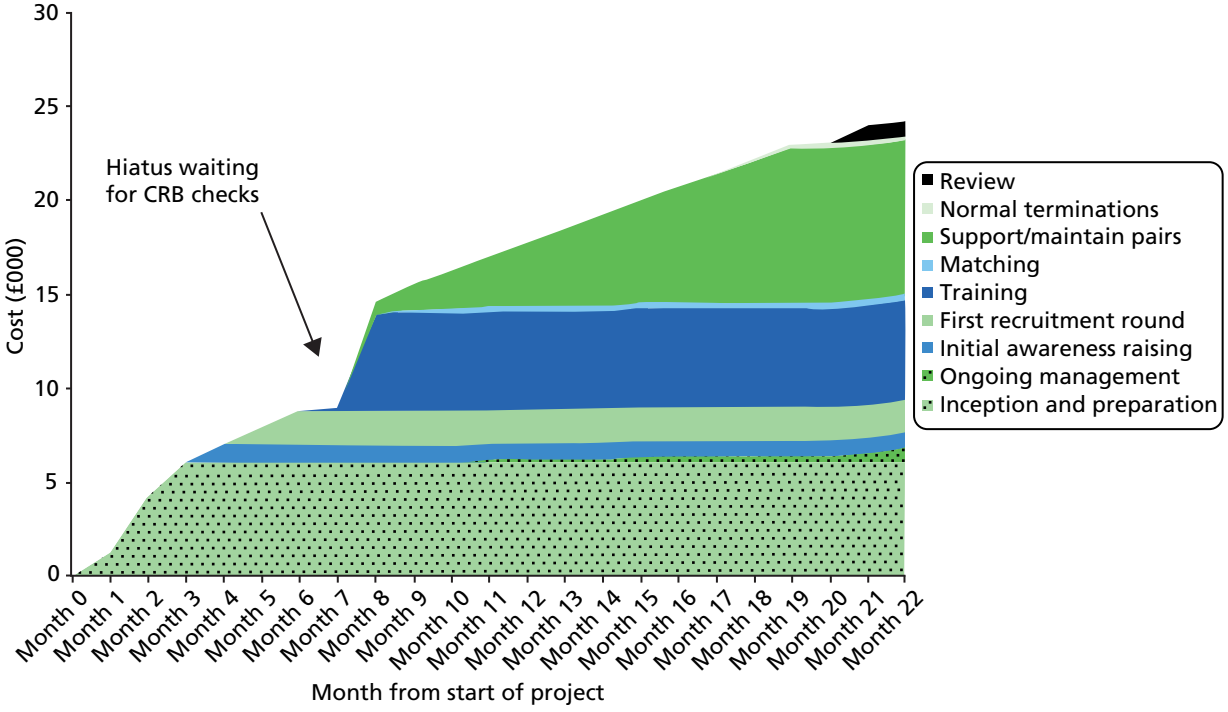

FIGURE 6 Cumulative project costs for the trial.

The total staff time estimated by the model is 496 hours. The costs in money terms are based on staff time, converted into staff salaries, and reflect the mix of staff expected to be involved. The basic salary figures (appropriate for London) are factored up to include national insurance contributions and pension contributions and are further factored up to include allowances for direct overheads (office space, equipment, etc.) and indirect overheads (e.g. personnel and finance functions). These cost factors are published by the Personal Social Services Research Unit (PSSRU)[177] and amount to an 87% overhead on the basic salary.

Critique

There are few data available to reality check these results. However, one observation that was made by a PC with some certainty was that the demand on her time during the support/maintenance stage was 3 hours per week, which squares quite well with the last row of *Table 23*.

The same person also estimated that recruiting mentors and mentees each took 56 hours of her time (112 hours in total). These figures were recalled during an interview some time later and cover only the PC's own time. The model results give an estimate of 80 hours of total staff time for recruitment and DBS checks combined. As both the PC's estimate and the model's estimate are subject to some uncertainty we are assuming that the model gives a better estimate of the time required by the recruitment phase in a tightly managed project.

Implications for the longer-term running of a peer mentoring scheme

The cost estimates presented in the previous section are for a 1-year trial. If it were decided to continue the scheme indefinitely, the annual costs would certainly be lower. *Table 24* shows the costs revised for the longer-term running of a peer mentoring scheme (still using the assumption of six mentor–mentee pairs).

The initial set-up and steps to raise awareness would not be needed. The recruitment would be of the same scale as before but the response rate of potential mentees and mentors would vary depending on how the project was perceived after 1 year of live running. However, the recruitment round would probably be better targeted and so we assume that the overall recruitment cost would be down to two-thirds of that in the first year. The training cost would depend on the number of trained mentors still available from the previous round, but it would be reasonable to assume that longer-term training costs would be half those in the first year. The matching, support, termination and review costs would remain the same. The end-of-trial review may also find ways to reduce the remaining costs still further. Using these assumptions, a programme on this scale (six mentor–mentee pairs) could be run for around £14,000 per annum, with about £3600 of this cost being payments to mentors.

TABLE 24 Estimates of the long-running annual costs assuming six mentor–mentee pairs

Task	Cost (rounded) (£)	Notes
Recruitment round	1200	
Training staff cost	2500	Includes training fees
Matching	800	
Supporting/maintaining pairs	8500	Includes mentor payments of £80 per month
Normal terminations	250	
Review	800	
Total cost over the whole year	14,000	

Cost of the evaluation in terms of researcher time

The time that the researchers put into the evaluation was recorded in considerable detail from the beginning up to July 2013. The purpose of this section is to describe how these data will be used to estimate the researcher time required for a larger study on the same lines as this but with a rigid policy of non-participation in the implementation of the initiative.

We begin with categorising the work carried out by the researchers, as follows:

- work whose outputs can be carried over to a new project and thus either not repeated or needing only some updating
- work carried out by the researchers that should properly have been carried out by the LA and which will therefore not be a burden on researchers in some future exercise
- work that is proportional to the scale of the exercise as measured by the target number of mentees.

Analysis of the research team data

Figure 7 shows the aggregate effort expended on the whole project by the researchers. In total, over the duration of the project, just under 7600 hours were logged under the five headings shown. The first Phase I mentor–mentee pair met in November 2011 (week 52 in *Figure 7*).

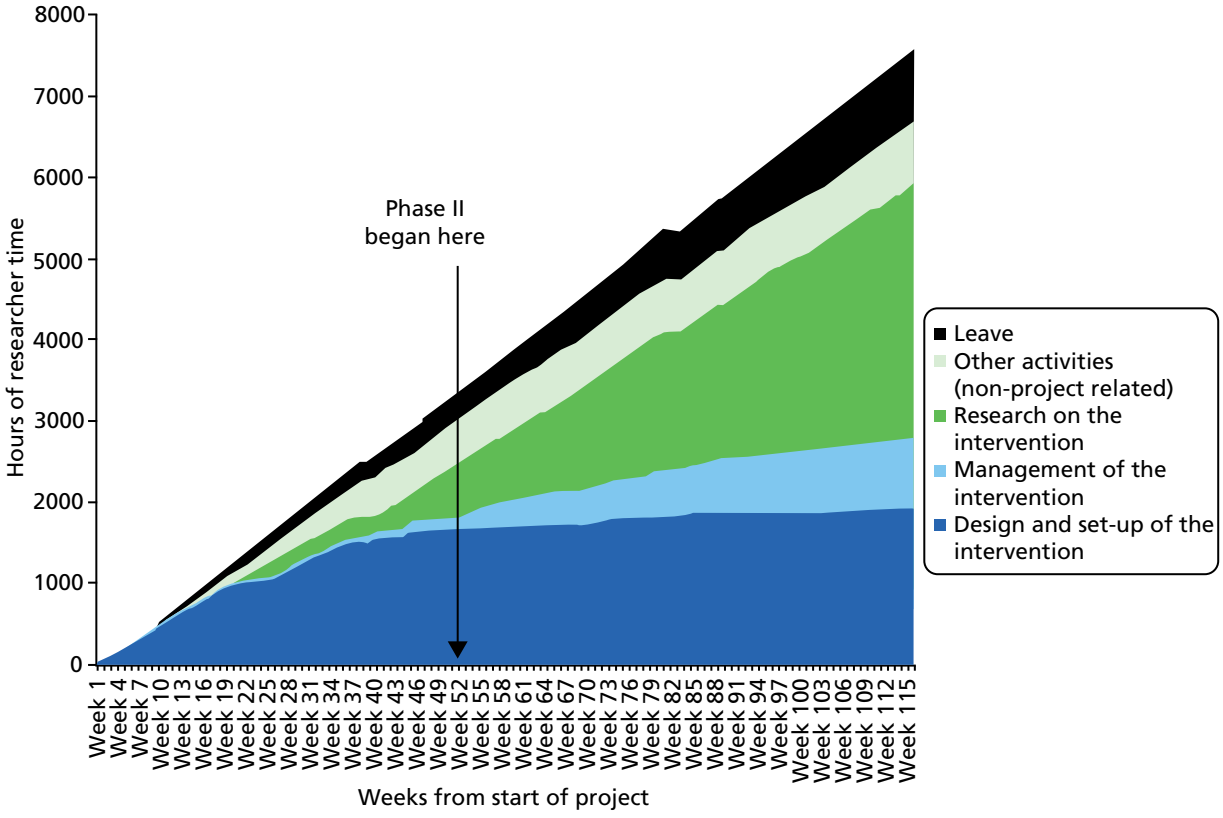

FIGURE 7 Cumulative cost of the evaluation in hours.

Other activities (non-project related) are basically staff development. Research on the intervention and design and set-up of the intervention take up 1925 and 3080 hours of researcher time respectively. Project management, which takes up 876 hours, largely consists of management meetings within the team and communication with outside interested parties. It also includes a relatively small amount of time spent carrying out actions that in a strictly 'hands-off' exercise would be left to the LA staff.

Each of the three main components in *Figure 7* are examined in greater detail in *Figures 8–10*.

Figure 8 shows an analysis of the time spent on design and set-up of the intervention. The items concerned with recruitment materials and mentor training might fairly be considered as work that would have to be carried out by the LAs if the research team had not been available and these items could therefore be excluded from any research effort on a completely hands-off basis. In addition, examination of the researchers' comments (attached to their data returns) suggests that some 104 hours logged under 'other' could similarly be considered work that the LAs could do for themselves.

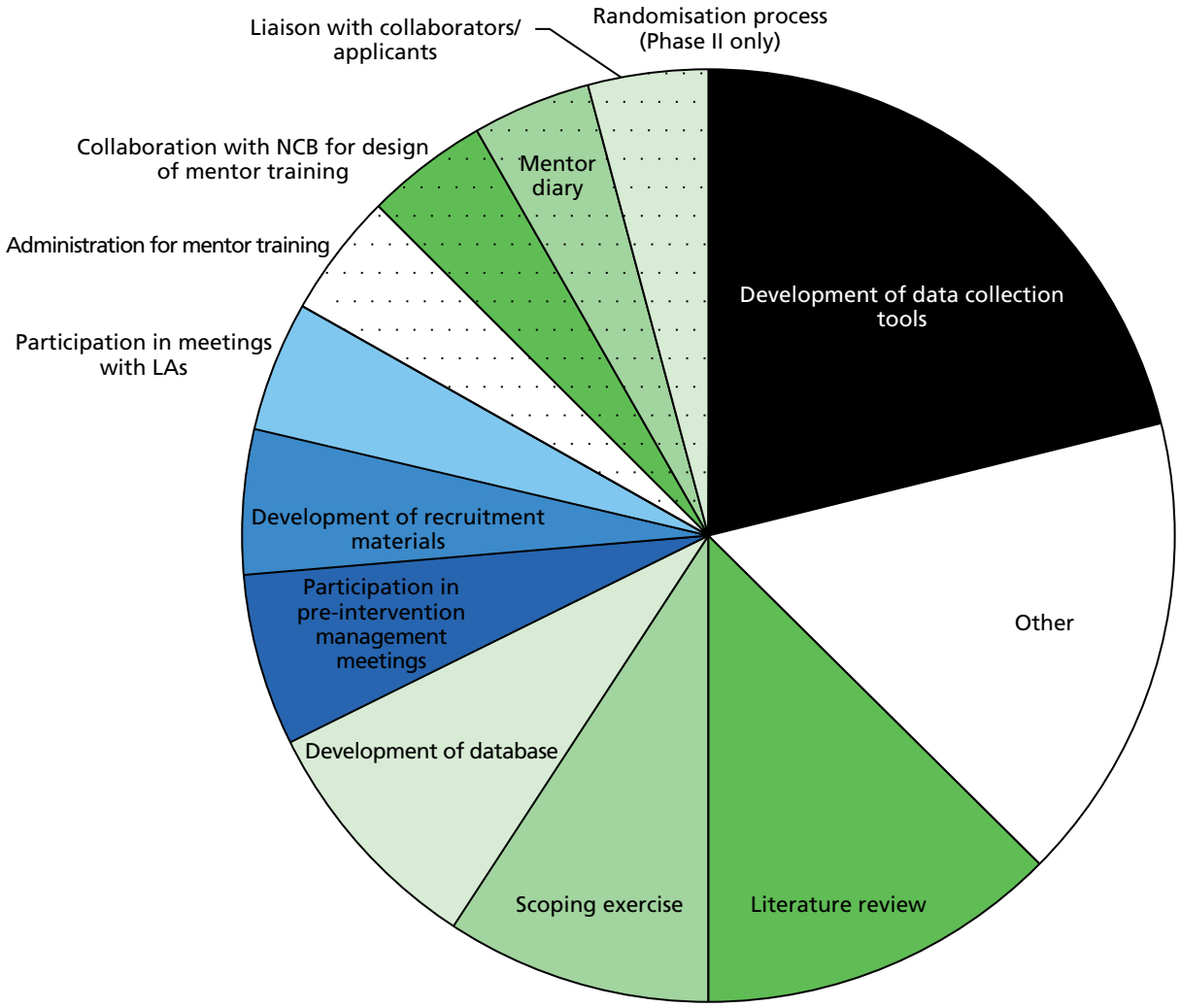

FIGURE 8 Analysis of the researcher time put into the design and development of the project.

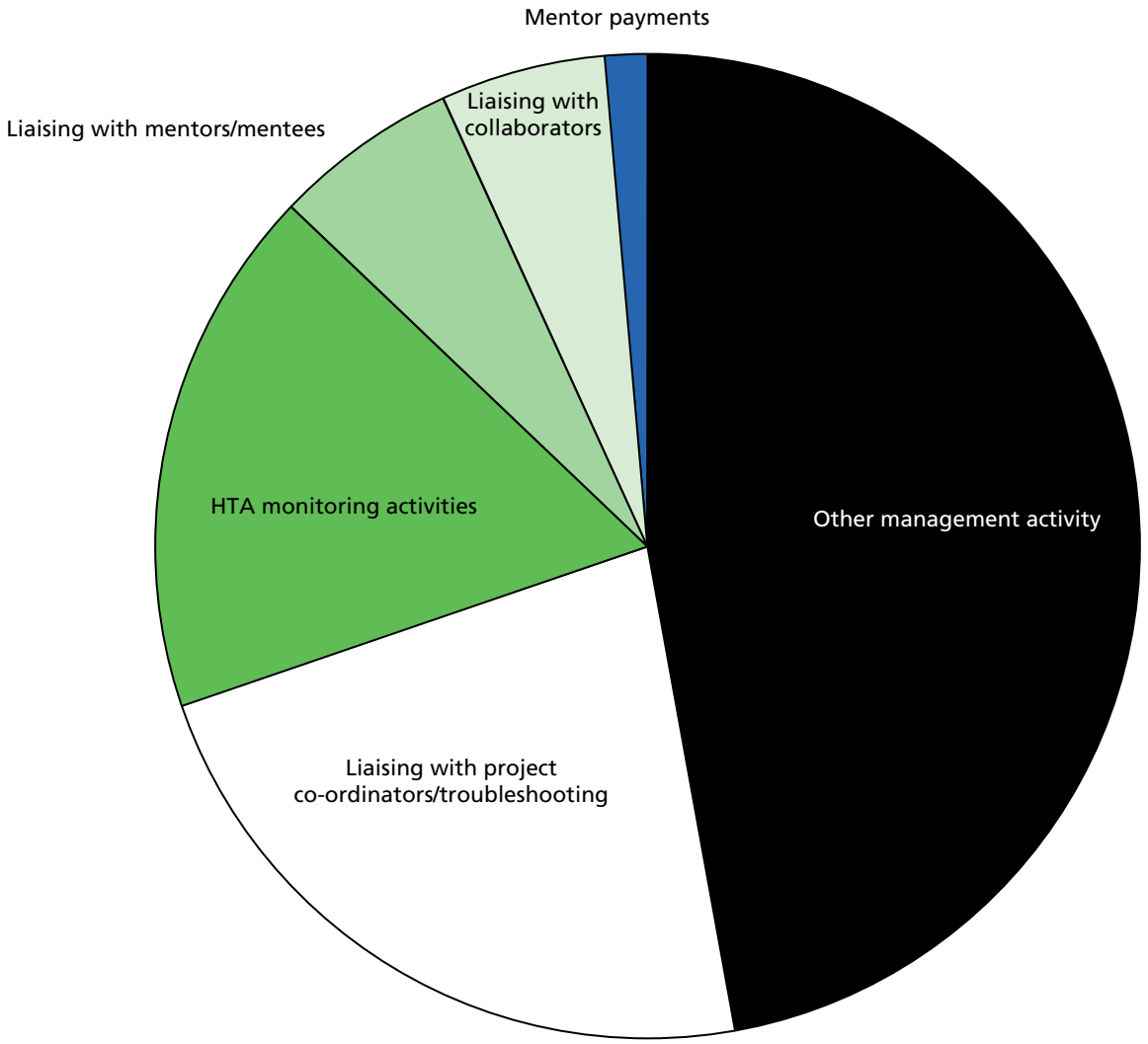

FIGURE 9 Analysis of the researcher time put into the management of the project. HTA, Health Technology Assessment.

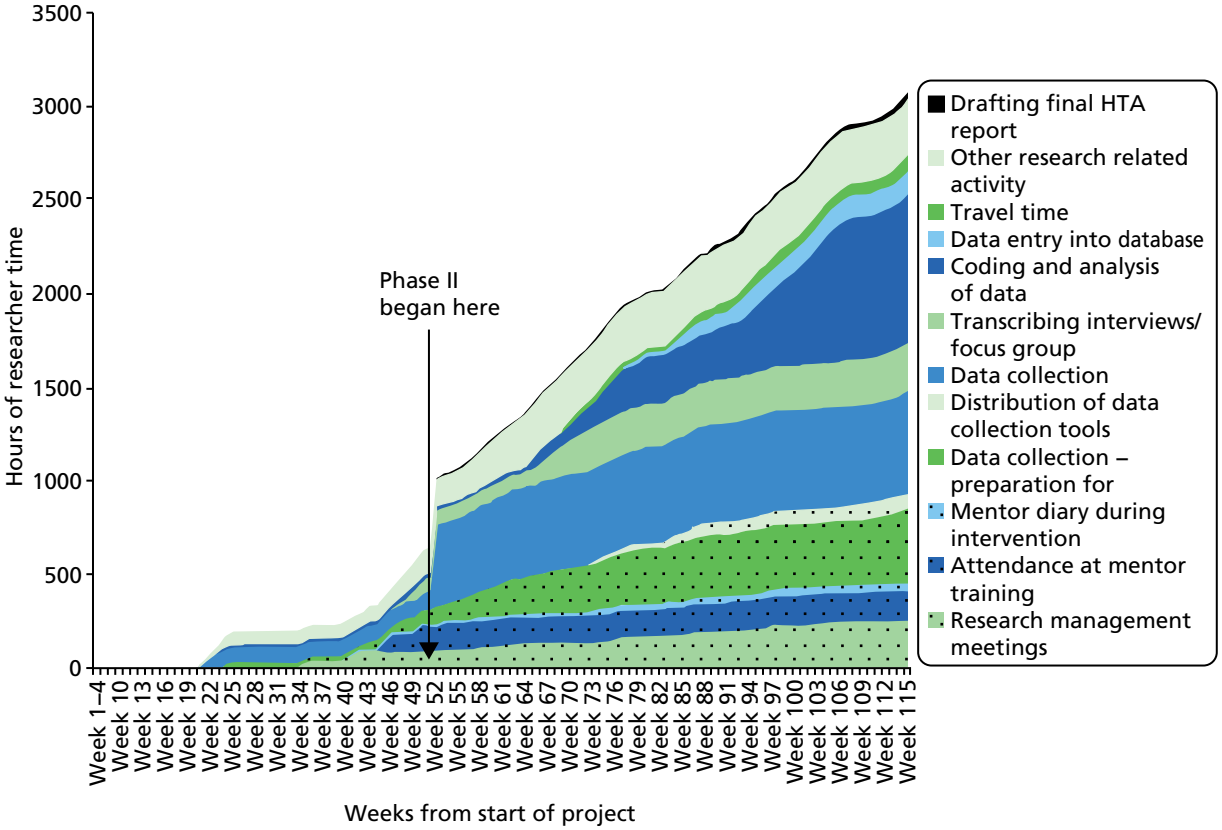

FIGURE 10 Analysis of the researcher time put into the research activities of the project. HTA, Health Technology Assessment.

Figure 9 shows an analysis of the time spent on management of the intervention. Three blocks of time contain tasks that are properly for the LAs. The block marked 'troubleshooting' is almost entirely concerned with chasing up recruitment of mentors and mentees and accounts for 200 hours. Examination of the free-text comments under 'other' shows that this block contains a number of similar activities, adding up to 29 hours. Also, examination of the element labelled 'liaising with mentees and mentors' shows another 40 hours dealing with problems that could be considered work that the LAs could do for themselves.

Figure 10 shows an analysis of the time spent on research activity. As an aid to costing the evaluation of a larger project, each element of the analysis is expected to be either independent of the project size or proportional to the number of one or other of the mentees, mentors or LA staff.

Using the data to estimate research costs for a Phase III evaluation

The figures in the previous section show the finest level of analysis of the researchers' logged time that is possible given the nature of the data. *Table 25* shows each component and the total associated hours recorded.

As discussed earlier, the researchers spent some time actually helping to manage the intervention. Corrections have been made to the figures shown in the table to remove this element of work. The table also shows how each remaining element of time is to be scaled to estimate the cost of a Phase III exercise. A spreadsheet has been constructed to carry out the scaling, including the calculation of an overhead for the research managers and steering group. It is available for use by any interested party.

TABLE 25 How the researcher hours spent on each activity will scale to a larger study

Activity	Hours	Scaling factor
Design and set-up of the intervention		
Development of data collection tools	408	0.25 – tools already developed but may need adapting
Other	209	Proportional overhead on the number of researcher hours calculated for the exercise
Literature review	244	0.25 – will need updating
Scoping exercise	177	0.25 – will need adapting
Development of a database	163	0.25 – database already developed but may need adapting
Participation in pre-intervention management meetings	114	1.0 – will be about the same for any study regardless of scale
Development of recruitment materials	97	0 – this is left to the LAs involved
Participation in meetings with LAs	86	Proportional to the number of LAs involved in the study
Administration for mentor training	84	0 – this is left to the LAs involved
Collaboration with the NCB for design of mentor training	82	0 – this is left to the LAs involved
Mentor diary	78	0.25 – diary already developed but may need adapting
Liaison with collaborators/applicants	75	Proportional to the size of the study as measured by the number of mentees
Randomisation process (Phase II only)	6	Will not be significantly different from that in Phase II
Management of the intervention		
Other management activity	382	After removal of the work best carried out by the LAs, proportional to the number of LAs
Liaising with PCs/troubleshooting	198.5	0 – this would not be carried out by researchers in a hands-off exercise
HTA programme monitoring activities	152	Proportional to the scale of the exercise as measured by the number of mentees
Liaising with mentors/mentees	12	Proportional to the number of mentees
Liaising with collaborators	47	Proportional to the size of the study as measured by the number of mentees
Mentor payments	12	0 – this would not be carried out by researchers in a hands-off exercise
Research on the intervention		
Data collection, handling and interpretation	1929	Proportional to the size of the study as measured by the number of mentees
Drafting the final report	411	1.0 – not directly related to the size of the exercise
Other research-related activity	291	Proportional overhead on the number of researcher hours calculated for the exercise
Research management meetings during the intervention	250	
Attendance at mentor training	157	Proportional to the number of mentors trained
Travel time	99	Proportional to the number of LAs and to the average journey length

HTA, Health Technology Assessment.

Savings and benefits of the project

The previous sections estimate the cost of setting up and running the intervention and the cost of evaluating it. This leaves the question of how we determine whether or not the costs are justified in terms of the results achieved.

On the basis of a Phase II study we can make only a general assessment of outputs against costs. We know that, for the effort expended, 17 matched pairs were created, of whom eight pairs met at least once and three lasted through the full year. If we assume that the average duration of the five partial successes was 6 months, the cost model provides the estimated costs for the whole exercise, assuming that it was conducted in just one LA (*Table 26*). In practice, the duplication of set-up costs by two LAs would increase the costs. It appears that the cost of delivering 66 months of mentor–mentee contact in a tightly managed exercise would be £32,000. The efficiency of the process would undoubtedly improve with practice.

We cannot take the comparison of costs and benefits any further as there were no measurable differences between the intervention group and the control group beyond a slight increase in self-esteem in the intervention group. Two open questions remain. The most important is whether there are any longer-term effects in the mentored group. It may well be that the relevance of some of the ideas planted during mentoring will not become apparent to the mentees until much later. The second open question is whether any effect of the mentoring is 'dose dependent'. In other words, is 6 months of mentoring half as effective as 12 months of mentoring? Looking ahead to a Phase III study, the above questions are noted for further exploration.

Assuming that a Phase III study would show clearer differences between the intervention group and the control group, how would these differences be evaluated? We could concentrate solely on teenage pregnancies averted or, more accurately, postponed and measure the costs saved (postponed) in terms of medical costs and social security. However, that may miss some longer-term benefits.

It is generally assumed that teenage pregnancies have a negative impact, which can be manifested in a number of ways:

- through the health of the mother and the baby in both the short and the long term
- through the education and employability of the mother in both the short and the long term, with a consequent reduction in income and dependence on social security
- through a greater probability of the child and any future children being low achievers, with a greater tendency towards antisocial or criminal behaviour
- through a greater probability of entering into a violent relationship with further negative impacts on the health of the mother and on the child's health and emotional stability.

TABLE 26 Comparison of costs and outputs

Output	Cost of delivery (£)[a]
Setting up the exercise (independent of numbers)	7000
Getting 17 pairs to the starting point (includes cost of training)	14,500
Running five pairs for 6 months	4000
Running three pairs for 12 months	5000
Ongoing management (including end-of-year review)	1500
Total	32,000

a All figures are rounded.

It is true that there do appear to be short-term health consequences but they are not huge and there is still controversy over how far they are related to maternal age and how far they are related to socioeconomic status. Relatively little is known about the longer-term impacts. A recent review of research evidence[178] found that:

> *Current econometric studies suggest that effective interventions to prevent teenage pregnancies will not eradicate the poorer long term socioeconomic outcomes. Additional econometric analyses around the mothers', fathers' and children's long term socioeconomic and health-related outcomes would be valuable.*

Because averting a teenage pregnancy is actually a postponement perhaps by only 1–3 years, the short-term benefits of doing so are relatively slight. It is to the longer term that one must look for more substantial benefits. By offering guidance and a role model, a mentoring programme is likely to have a greater impact than simply addressing the issue of pregnancy through, say, contraception. We suggest a way to develop a longer-term model of teenage pregnancy outcomes, which offers a basis for an evaluation of prevention approaches. If this problem can be successfully addressed it will have value in evaluating any change to policies concerning LAC.

Proposal

Suppose that we have a group of young women leaving care, approximately half of whom have been mentored. The first question is whether the pregnancy rate in each group is different. If yes, we need to assess the benefits in the short and long term; if no, do we expect that there will be any delayed effects of mentoring that will prove beneficial in the longer term? If yes, we need to follow the intervention group further to discover what they are; if no, we can stop at this point. Assuming that we have a case for assessing the benefits, how do we go about this?

The study population can be divided into six groups:

- group 1 – mentored and not pregnant
- group 2 – mentored and became pregnant and miscarried or terminated the pregnancy
- group 3 – mentored and became pregnant and carried the pregnancy through
- group 4 – not mentored and not pregnant
- group 5 – not mentored and became pregnant and miscarried or terminated the pregnancy
- group 6 – not mentored and became pregnant and carried the pregnancy through.

A full evaluation of the mentoring requires a comparison of the future life course of girls in group 1 with those in group 4, those in group 2 with those in group 5 and those in group 3 with those in group 6. The comparison could be made in a range of ways but here we are interested primarily in the costs incurred by the six groups and the economic contribution that they make to society.

It would be possible to construct a probabilistic model of the kind used in other evaluations, but these rapidly become mired in conditional probabilities and have to be simplified. A better course would be a longitudinal study of a cohort of treated and untreated girls. However, that is not practicable.

An intermediate approach is to draw on existing cohort studies and use them to fill out a likely future for each of the young women in the Phase III trial. One would do this by selecting a longitudinal study (e.g. the 1970 birth cohort study[179]) and looking at how the girls in that study were categorised at age 16 years.[13] One would ensure that data were collected from the subjects in Phase III that would allow them to be matched to young women in the longitudinal study (ideally but not exclusively to girls who were in care).

One would then construct a range of futures for each young woman, based on the experience of her matched group. That experience may need to be modified using other data pertaining to broad social change, for example changes in relationship patterns, social security and treatment for health conditions. The aim would be to estimate the costs incurred by any family unit that the young women find themselves in during every future year and the share of those costs incurred by the young women and their children.

The cohort study would, in effect, provide a framework onto which one could map data from other studies in a disciplined and progressive manner and thus accumulate knowledge of the impact of 'care' policies on children. Cohort studies have previously been used to study long-term effects of teenage pregnancy and it would be very useful to draw on those studies; however, none, as far as we are aware, has attempted to build a general economic evaluation tool as envisaged here.

Summary

The direct measurement of the costs of implementing and running the project proved difficult as staff found that the work was interleaved with pressing normal duties and was not undertaken in easily measurable blocks. However, the study did allow us to specify a methodology for undertaking the work in a more coherent fashion and that model implementation has been broken down into constituent tasks that have been costed using our estimates of the time that they would take in a tightly managed project. The detailed assumptions and calculations are in the form of a spreadsheet, which is available for examination and further development. The costs of the research in terms of researcher time were much easier to determine and a spreadsheet is available to scale them up to a larger exercise.

We can make only a general assessment of outputs against costs. Focusing on Phase II, we know that, for the effort expended, 17 matched pairs were created of whom eight pairs met at least once and three lasted through the full year. If we assume that the average duration of the five partial successes was 6 months, then the cost model provides the estimates, shown in Table 26, for the whole exercise.

It appears that the cost of delivering 66 months of mentor–mentee contact in a 'greenfield LA' would be £32,000. The efficiency of the process would undoubtedly improve with practice.

There were no measurable differences between the intervention group and the control group beyond a slight increase in self-esteem in the intervention group. Two open questions remain. The most important is whether there are any longer-term effects on the mentored young women. It may well be that the relevance of some of the ideas planted during mentoring will not become apparent to the young women until much later. The second open question is whether any effect of the mentoring is 'dose dependent'. In other words, is 6 months of mentoring half as effective as 12 months of mentoring?

Were the exercise to be extended to a larger, Phase III trial, the evaluation would ideally be extended to follow the intervention group and the control group beyond the end of the study to look for longer-term effects of mentoring. As an alternative, if a larger study reveals clear differences between the intervention group and the control group, we would seek to estimate longer-term benefits by projecting the longer-term life paths of the two groups using core data from cohort studies and drawing data from other studies into that framework.

Chapter 10 Discussion and conclusions

Summary of the findings

A summary of the key findings and recommendations can be found in *Table 27*.

TABLE 27 Summary of the key findings and recommendations

	Key findings
Participant recruitment and retention	• Difficulties were encountered in meeting the recruitment targets in both the pilot and the Phase II trial • Four out of six intended mentor–mentee pairs were recruited to the pilot study and 26 of the intended 48 participants aged 14–18 years (54% of target) were recruited for Phase II • 13 out of 20 mentors (recruited during Phases I and II; 65%) and 19 out of 30 participants aged 14–18 years (recruited during Phases I and II; 63%) were retained for the research • Only one mentor–mentee pair completed the intervention in the pilot study, with three pairs completing in the Phase II trial • One of the three LAs withdrew from the intervention before the start of Phase II because of problems with recruiting and retaining mentors • LAs experienced difficulties in recruiting young people and in managing the intervention because of variable understanding and acceptance of the research aims and methodology, a lack of research infrastructure within LAs, competing work demands on social workers and lack of funds to manage the additional research costs
Training	• The training programme for mentors was feasible and acceptable and could be manualised and replicated in a future trial
Randomisation	• We found no evidence that randomisation was a deterrent to participation as far as young people were concerned • However, many social workers considered it unethical to deprive the care as usual group of an intervention that they considered would benefit them
Matching	• No clear evidence was found to support the need for matching, apart from the practical consideration of geographical location
Peer mentoring intervention	• Weekly face-to-face contact between mentors and mentees was not feasible • Young people and social workers expressed a preference for group meetings held at monthly intervals rather than weekly individual meetings • Both mentors and mentees found it difficult to structure and organise the mentoring sessions • The aim of reducing teenage pregnancy was not fully embraced by the young people; issues that were considered more relevant included education and transitions from care • Support meetings between PCs and mentors were irregular and often poorly attended. Mentors expressed the need for more consistent and greater levels of support
Outcomes	• The peer mentoring intervention was feasible but not without addressing some of the systemic/organisational and structural issues and barriers to such research being conducted in social care settings • We were not able to demonstrate significant change in rates of teenage pregnancy between the intervention group and the control group. There was a slight increase in self-esteem in the mentored group compared with the care as usual group but no changes in any of the other secondary outcomes • Qualitative data indicated some positive impacts for mentees and mentors

continued

TABLE 27 Summary of the key findings and recommendations (*continued*)

	Key findings
Economic analysis	• It was difficult to measure the costs of implementing and running the project as the PCs' research-related work was not undertaken in easily measurable blocks but was interleaved with generic tasks • Applying an ideal implementation model, we estimate the first-year cost of a scheme that mentors six people to be just over £24,000, reducing to around £14,000 in future years Because of the difficulties encountered in recruitment and management of the intervention, the small sample size and the inability to demonstrate significant change in the outcome variables, we would not recommend progressing to a Phase III trial. We recommend that a further small-scale exploratory trial is conducted in one LA, using the findings gained from this study as a basis for implementing the intervention:
Recruitment and management of the intervention	• LAs would need to receive research support costs to manage the project effectively • Ensure adequate backing for the research from senior LA management and the ability to deliver • Internal management of the project in collaboration with an external agency such as a charity or the voluntary sector • Reduce the lower age of mentees to 12 years (instead of 14 years) and raise the lower age of mentors to 21 years • Introduce additional structures for recruiting, selecting, supporting and monitoring mentors. Only the most resilient of young people should be recruited to act as a mentor in any future trial
Peer mentoring intervention	• To be delivered in a 'mixed-currency' individual and group format • Increased levels of support for mentors delivering the intervention • Increased focus on the issues that are of relevance to LAC: education, transitions from care and future aspirations

This exploratory trial was not able to demonstrate significant change in the primary outcome of reducing teenage pregnancy in looked-after young women. There was also no significant change in the secondary outcomes, although qualitative data were indicative of some positive impacts for mentees and mentors. We found that delivery of the intervention, although challenging, was feasible and the intervention did not cause harm to participants. There were considerable challenges to conducting a RCT with a vulnerable population in a social care setting, although data were indicative of approaches to improve trial design and conduct. These findings are discussed in detail below.

The intervention, as designed, was inappropriate for the context. Difficulties were encountered in meeting the recruitment target, with only 54% of target recruitment reached in Phase II. Thirteen out of 20 mentors (65%) and 19 out of 30 participants aged 14–18 years (63%) (recruited during Phases I and II) were retained for the research. The training programme for mentors was acceptable and could be manualised and replicated in a future Phase III trial. There would be a sufficient pool of potential participants for a future Phase III trial. However, LAs lacked the infrastructure, or resources, to be able to manage the intervention effectively; there was variable understanding and acceptance of the research methodology and inclusion criteria and a varying ability, or perception of need, to prioritise the research alongside other generic work.

Social workers tended to act as informal gatekeepers, which limited access to potential participants. Randomisation was acceptable to the young people, although less so to the social care professionals. Mentees appeared to value the intervention, but often failed to make scheduled meetings, either with their mentors or with the researchers. Similarly, mentors frequently failed to deliver, either in terms of the intervention or in terms of the research requirements, for example completing contact diaries, providing receipts and taking appropriate precautions around safety. Sex and relationships tended not to be the

main focus of the mentoring. Weekly meetings were not feasible and only one in four of the relationships continued for the full year. Mentors and social workers considered that more individual and group support for mentors would need to be provided in any future trial. There was a slight increase in self-esteem in the mentored group compared with the care as usual group at the end of the intervention; however, between baseline and follow-up there was no evidence of any shift in attitudes regarding the acceptability of teenage pregnancy in either group.

The data do not allow us to address the primary question, which is whether a peer mentoring programme is effective in reducing rates of teenage pregnancy in LAC. The measures used were acceptable and appropriate although, given the size of the sample, we are unable to comment on the impact of the intervention on help seeking, attachment or other psychological measures related to general anxiety, self-esteem and locus of control. Young people were happy to answer questions related to sexuality and relationships and there was no evidence of harm. Different perceptions and assumptions about teenage pregnancy were found in the participants and the providers of the intervention, in particular the fact that the young people themselves did not regard teenage pregnancy as a problem, which may have undermined their motivation and engagement in the project.

Various changes would be recommended for a future Phase III trial. Peer mentoring should be delivered in an individual and a group format, with SRE best delivered in a structured format within a group setting. The project would need to be managed internally although delivered in combination with an external agency, such as a charity or the voluntary sector. LAs would need to receive research support costs to be able to provide dedicated PC time to support the recruitment of participants to the study and their retention and to manage the project effectively. Mentors would also require more support to be able to deliver the intervention. A future trial should consider lowering the age of mentees to 12 years (instead of 14 years), based on the fact that many of them were already sexually active by the age of 14 years, and should raise the age of mentors (to 21–28 years), based on the relative vulnerability and immaturity of young women who have been in care. Formalised structures for recruiting, selecting and supporting mentors and ensuring that they have the capacity, as well as the willingness, to deliver the mentoring in a consistent and responsible way and to monitor their mentoring contacts would need to be introduced.

Economic analysis

The direct measurement of the costs of implementing and running the project proved difficult as the staff found that the work was interleaved with pressing normal duties and was not undertaken in easily measurable blocks. To fill the gaps in the sparse data returned, using the experience of the study we constructed a model of implementation, specifying the actions to be taken by staff at each stage. By making realistic assumptions about the staff time required for each component action we were able to make estimates of the total staff time required to develop, implement and run a tightly managed exercise in one LA. The spreadsheet developed for this purpose is available to any LA wishing to examine or develop it.

In *Chapter 9* we used the model to make an estimate of the cost of the actual Phase I/II experiment, but, for the purposes of looking forward, it is more useful to ask what would be the cost of the mentoring scheme were it to be developed in a greenfield site using the lessons learned in this exercise. On this basis we estimate the first-year cost of a scheme that mentors six people to be just over £24,000, reducing to around £14,000 in future years. The next question to ask is whether the benefits of the scheme justify this level of expenditure.

The study groups were very small and no measurable differences were found between the intervention group and the control group beyond a slight increase in self-esteem in the intervention group. From this study we cannot obtain a sound estimate of the benefits arising. However, we can ask what the benefits would have to be to justify the expenditure. This requires an estimate of the benefits to be expected from averting a teenage pregnancy.

A recent study[180] of the costs and benefits of dispensing contraceptives and contraceptive advice to teenagers concluded that the most significant saving in averting pregnancy was from reduced benefit expenditure. This far outweighed any medical cost savings. The benefit savings, tracked up to the subjects reaching 35 years of age, were around £19,000 per teenage pregnancy averted. If we set this potential saving alongside the estimate of between £14,000 and £24,000 for mentoring six teenage girls in an established mentoring scheme, the benefits would be similar to the costs if the scheme averted roughly one pregnancy for every six girls treated.

There may be further benefits from averting teenage pregnancy that were not considered in the above study, including the effect on the future families of the people involved and interruption of a familial cycle of early pregnancy. The value of £19,000 should be considered a lower limit, although future changes in social security policy may reduce this further.

There are still some open questions. The most important is whether there are any longer-term effects of the intervention on the mentored young women. It may well be that the relevance of some of the ideas planted during mentoring will not become apparent to the young women until much later. This could generate benefits both in subjects who became pregnant in their teens and in those who did not. The second unanswered question is whether any effect of mentoring is 'dose dependent', that is, whether 6 months of mentoring is half as effective as 12 months of mentoring.

Feasibility and acceptability of the trial

The following domains were explored to assess the feasibility of delivering the peer mentoring intervention:

- availability of eligible participants for a Phase III trial
- recruitment of mentors and mentees
- consent and randomisation
- participant retention
- evidence of harm to participants
- characteristics and appropriateness of the proposed outcome measures.

Availability of eligible participants for a Phase III trial

As has been found in a number of RCTs based in social care[181] and trials of peer mentoring,[162] we experienced considerable difficulties in achieving the target recruitment, which delayed the start of the intervention. Determining the reasons for non-participation amongst young women aged 14–18 years was difficult as social workers provided only the names of the young women who they felt were suitable and who had agreed to be contacted by the researchers. We were unable to obtain detailed information from the social workers or the PCs on how many approaches had been made to the young women or how many of the young women had then declined to be referred on. There would appear to be a sufficient number of eligible young people at a national level for a future Phase III trial. Our survey of young people in care elicited a positive response with regard to participating in a mentoring intervention in the future, either as a mentor or as a mentee. Given adequate information, participants were generally willing to take part in the study and none of the young women who we approached subsequently declined to give consent once the study had been explained to them. There is some evidence that, when recruitment can be carried out directly by researchers, recruitment rates appear to be higher; however, this also carries considerable ethical challenges in such a vulnerable population.[182]

Oakley and colleagues[183] have suggested that, to successfully implement randomisation in social care settings, the issue being addressed should be considered a priority issue by the participants. One of the problems that we encountered in this study was the fact that, although teenage pregnancy in LAC was, at the time of developing this programme, a priority issue for government and arguably for health and social

care providers, it was not viewed as such by the young people themselves, in contrast, for example, to educational outcomes.

A second prerequisite for mounting a RCT in a social care setting is that there needs to be a clear scientific and policy rationale for using random allocation and sufficient consideration given to ensuring that stakeholder groups are fully signed up to, and understand, this approach.[183] We found that stakeholders were not entirely in agreement with, nor fully understanding of the need for, randomisation. Indeed, many social workers were extremely uneasy about the principle of randomisation on the basis that they considered it unethical to deprive the care as usual group from an intervention that they considered would benefit them.

Project co-ordinator and social worker understandings and expectations of the trial, its methodological approach and effective intra- and interagency communication were crucial for its success. However, many social workers in the participating LAs viewed the study as an additional burden that had been imposed on them by their managers and external researchers, which meant that they lacked a sense of ownership of or commitment to the project. PCs were also frustrated by the lack of recognition and support of their role by senior management or by social worker colleagues.

If this trial had taken place within a health-care setting, payment would have been made for PCs on the basis that they constituted an excess treatment cost. In health-care settings there is a culture of NHS trusts supporting the cost of providing an experimental intervention and, under the terms of the new clinical commissioning groups' mandate, commissioners are committed to providing the funding to support National Institute for Health Research-funded research (updating and strengthening previous similar agreements). No such culture or provision exists in social care, resulting in a situation in which senior management in the LAs agreed to participate in the study but could not commit additional resources to the teams implementing the intervention.

Had the trial taken place in a health-care setting, mechanisms would have been in place to cost for health-care professionals' time to recruit participants (research support costs), enabling the host trust to backfill that time. No equivalent system is in place in social care settings, which meant that PCs were required to support the trial in addition to their other duties, which, more often than not, had to take priority.

To improve recruitment and retention rates in any future trial, additional research support costs would need to be provided to participating LAs to cover the costs of recruitment and retention and any additional research-related tasks. In addition, social workers would need to be fully informed about the need for the research and the specific research approach being taken, with additional input and support from senior managers, to encourage internal management and ownership of a future trial.

The process cannot be successful without adequate backing from senior management to disseminate information about the trial, throughout the organisation and borough wide, to the teams and groups that work with LAC: children's social work teams, leaving care teams, fostering teams, virtual school teams, independent reviewing officers, LAC nurses and foster carers.

Recruitment of mentees and peer mentors

The vulnerability of children and young people in the care system is well recognised. Participants in this study exhibited emotional and behavioural problems, consistent with the literature,[49] including self-harm (52%), truancy (82%), suspension or expulsion from school (50%), contact with the police (62%) and running away (40%). Over half of participants had already engaged in sexual intercourse (63%), the mean age of first intercourse was 14.3 years and one-fifth of participants ($n = 3$ in each group) had been pregnant. A recent national survey of sexual behaviours and attitudes in the UK found that the average age reported by young people for first sexual intercourse was 16 years.[25] The same survey also reported that 29% of women had had sexual intercourse before the age of 16 years. This group would therefore

appear to be more sexually active and at a younger age than the national average. Several professionals in the study suggested that any future intervention to reduce the rate of teenage pregnancy in LAC should target a younger age group, those aged 12–16 years, before they become sexually active. They also recommended 'front loading' data on eligible young people in a future trial, in which senior management, working with their data management officers, would identify eligible young people, who would be approached in the first instance by the professional who has the closest relationship with them regarding their interest in participating. Networks of young people in care could be accessed in alternative ways, for example through CiCCs or youth centres, events for young people in care and specialist publications such as the Who Cares? Trust newsletters.

When obtaining consent, LAC aged 14–18 years were told by researchers that they wanted to look at the effects of peer mentoring on general well-being, as well as work, social life relationships, attitudes to sex and thoughts about early pregnancy. We found no evidence that being informed of the aims of the programme deterred anyone from taking part, although young people may have been more engaged and motivated had the approach been to focus on developing positive behaviours skills and opportunities rather than avoiding the 'problem' of teenage pregnancy, as advocated in the PYD model (see *Chapter 1*).

Because of the difficulties that we encountered in recruiting sufficient numbers of young women to act as mentors, we ended up essentially accepting onto the training all those who met the age criterion. This included young women who were pregnant or who had young children, none of whom were able to complete, or in some cases even commence, mentoring. Social workers were simply given the following as inclusion criteria: young people aged 19–25 years who were currently, or who had recently been, in care and who they considered would be suitable as a mentor. There was otherwise no independent assessment of a mentor's motivation, capability or commitment to the role or any exploration of personal issues that might affect a mentor's ability to perform this role. Any future trial would need to adopt a more formalised approach to mentor recruitment whereby social workers ensure that relevant information about potential participants is passed on to the PC and that mentors are subjected to a rigorous selection and screening procedure, both before and post training. It would also be important to use the training process to screen, and if necessary exclude, individuals who may not be suitable as a mentor.

Despite the qualities identified by social workers as desirable for good mentoring, we were unable to predict from the training who out of the young people who participated would go on to form a successful mentoring relationship and who would drop out, simply based on their personal qualities or characteristics. However, one of the factors that did appear to predict failure to take up mentoring, or early discontinuation, was the mentor being pregnant; therefore, in any future trial this should be added to the exclusion criteria.

Although some of the mentors were conscientious and assiduous in fulfilling all of the components of their role and took their responsibilities towards their mentee very seriously, a large number did not commit themselves to the task, with high rates of dropout and disappearing from contact without warning, misuse of the mobile phone, failure to attend support sessions, failure to record contacts and non-contact with their mentee. We underestimated the vulnerability of our mentor group; there was evidence of significant psychological, emotional and social problems in this group, despite the fact that over two-thirds of them were in further education. Based on our findings, we consider that only the most resilient of young people should be recruited to act as a mentor in any future trial. Raising the lower and upper age limits for mentors from 19–25 years to 21–28 years may help to ensure that applicants are sufficiently mature and emotionally stable to take on this work. However, it might also make it more difficult to identify potential candidates, as most of them will no longer have any formal contact with social services.

Training and matching

The 3-day training course for mentors was judged to be acceptable and relevant by the young people who participated. Both trainers had experience of working with young people in care, skills in group work and a willingness to be open, were non-judgemental and flexible in their approach and adopted a range of

non-didactic training methods including role play. A high trainer to participant ratio was important to enable trainers to provide individual support to mentors if required.

Post-training interviews with the participants would help to assess the commitment and ability of would-be mentors to deliver the intervention and any personal or structural barriers that might get in the way of their effective participation or lead to early dropout. Effective communication between the referrer and the PC would ensure that mentors are provided with any information about their mentee in advance that might impact on their ability to build a relationship and provide support. No clear evidence was found to support the need for matching, apart from the tactical consideration of geographical location.

The delay between training mentors and recruitment of sufficient numbers of young women aged 14–18 years to act as mentees meant that the momentum and motivation of mentors waned, again highlighting the importance of a more stringent recruitment process in the future to ensure that recruitment of mentors and mentees takes place concurrently.

Randomisation

Amongst the young women we consented to be randomised to the intervention arm or the control arm, and from our national survey of young people in care, we found no evidence that randomisation, that is, the prospect of having only a 50% chance of receiving the intervention, was a deterrent to participation.

Participants randomised to the control arm reported minimal levels of distress, despite having hoped for a mentor. By contrast, there was considerable unease expressed by social workers about the harmful and even unethical aspects of randomisation when dealing with such a vulnerable population and some evidence that these concerns deterred some from approaching or referring eligible young people. Similar findings have been reported by other researchers in relation to research in social care settings.[181,184]

Content of mentoring sessions

In this study, weekly face-to-face contact between mentors and mentees was not feasible; fortnightly contact would appear to be more realistic, in terms of what actually happened but also based on feedback from the participants, social work professionals and young people in the national survey. Many young people expressed a preference for group meetings held at monthly intervals, which they felt would be less intimidating and would encourage mentees to be more open, both within and outside the group setting. The mentors rarely used the mobile phones provided except for the purpose of arranging appointments with their mentee. However, some mentors did abuse the privilege by using the phone for unrelated calls and texts and running up large phone bills.

The content of the mentoring sessions was left to the mentor and the mentee to decide on. Many of the mentors lacked confidence to structure the sessions and similarly many of the mentees were unwilling, or unable, to express a preference as to how they wanted to use this time together. The findings illustrate the importance of creating some structure to the mentoring whilst not being overly prescriptive. There is an abundance of materials that charities give to mentors to use to address healthy relationships, which were discussed with mentors during the training but not provided or used during the sessions. In a future study such materials could be provided as an alternative way for mentors to address these issues on an individual basis. A goal-oriented approach, providing mentees with a clear sense of purpose for mentoring as a whole and for each meeting, might encourage more regular attendance. In a future trial, mentoring sessions would need more of a focus on the issues that are of relevance to these young women – education, transitions from care and future aspirations – to try to ensure that they remain engaged with the programme.

Although the intervention was designed with the aim of reducing rates of teenage pregnancy, it is unclear to what extent this aim was fully understood, or endorsed, by participants. We found from our interviews that, although a reduction in teenage pregnancy may have been a desired outcome for policy-makers, professionals and the research team, it was not necessarily an aspiration that was fully embraced by the young people themselves. This clearly contrasts with the education mentoring scheme, which young

people chose to attend because they wanted to perform better educationally (see *Chapter 8*). Despite the training, many mentors felt somewhat reticent about discussing sex and relationships with their mentee and felt that they lacked the personal resources, or confidence, to be able to do this effectively. SRE could be delivered by a trained practitioner, as part of group mentoring sessions, to ensure that mentees and their mentors receive sufficient and accurate information. It is likely that delivery of this material in a group setting would increase mentors' confidence to discuss these issues further during individual sessions with their mentee.

Retention

Thirteen out of 20 mentors (65%) and 19 out of 30 participants aged 14–18 years (63%) were retained for the research. We overestimated the resilience and independence of the young women who were recruited as mentors, which meant that many of them struggled to deliver the intervention as specified. Perhaps not surprisingly, given the fact that they were drawn from the same pool as the mentees and shared many of their characteristics, they were a vulnerable group with limited problem-solving skills, which meant that some of them were overwhelmed by the emotional as well as practical demands of the role. The 3.5-day training was not in itself sufficient to sustain the mentors, or keep them motivated, particularly when problems arose in the mentoring relationship. Providing additional support in a future trial would be expected to improve retention rates of mentors.

The role of the PC is crucial in terms of running the monthly support groups and offering ad hoc advice and support to mentors for the duration of the intervention, as well as monitoring their contacts, facilitating communication with other involved social care professionals and providing crisis management. However, this requires a significant investment of time and energy and without additional resources for a dedicated PC is not realistically achievable.

If funding could be made available in a future trial, PCs would need to be contacting mentors with weekly phone calls as well as providing monthly group support meetings. Mentors would benefit from a one-to-one review with a PC on a quarterly basis, allowing mentors the opportunity to reflect on the mentoring relationship and PCs to assess progress and consider whether the work carried out warrants payment for input and activities. It remains to be seen whether the level of support that would be required from LA professionals to make a future peer mentoring intervention feasible would be economically viable.

Although mentors and the PCs said that the monthly group support meetings had helped them to reflect on the progress of their mentoring and discuss problems that they might be having, the mentors did not attend these meetings on a regular basis or they sometimes turned up only to collect their activity money and shopping vouchers. It is therefore unclear whether simply offering more support would fully address issues around mentor compliance and retention.

In a future trial, an alternative model to address problems around mentor recruitment and retention would be to recruit mentors from outside the care system altogether, for example through universities. This would certainly increase the potential pool of applicants; however, it would also mean losing one aspect of the 'peer' support, that is, the shared experience of care, which appeared to help mentors to empathise with mentees, act as advocates and raise concerns with social workers, which mentees appeared to value (see *Chapter 8*).

Evidence of harm to participants

Beyond the fact that there were no examples brought to our attention of inappropriate or risky contacts between mentors and mentees, it is difficult to determine the extent of any harm associated with participation in the study. The research team was very aware of the highly vulnerable population involved in the study. We were particularly aware of the potential for harm to the mentors, possibly as a result of being asked to deal with situations that they were poorly equipped to deal with, feeling out of their depth and becoming emotionally overwhelmed. We were also concerned about the potential for excessively dependent relationships to develop and the risk of personal versus professional roles becoming blurred, particularly given the synergy between the mentee and the mentor in terms of age and life experience. We attempted to address these issues through the training and the ongoing support meetings and by emphasising the need for clear lines of responsibility and accountability and channels of communication within the mentees' care networks. In spite of this, however, some of the contacts between mentors and mentees took place without PCs or social workers being informed.

All participants had given informed consent to participate in the trial knowing that they had a 50% chance of not being allocated a mentor and all were deemed Gillick competent.[129] Although those participants who were randomised to the care as usual arm of the trial expressed some disappointment at not being allocated a mentor, there was no evidence of any lasting harm, or damage, to these individuals. Equally, a number of mentees expressed feelings of rejection or disappointment if their mentor dropped out prematurely or failed to match up to their expectations. It is not clear to what extent these feelings were severe or persistent or to what extent they might impact on the mentees' willingness to engage with carers or seek help in the future. However, any future trial would need to mention mentor dropout as a possibility when obtaining informed consent from would-be mentees, particularly when working with such a vulnerable group whose past experiences may have made them particularly sensitive to rejection and loss.

Characteristics and appropriateness of the proposed outcome measures

The outcome measures were acceptable to the young people and appropriate; however, given the low numbers recruited to the study, there was necessarily more emphasis on the qualitative data than on the quantitative data. Measuring pregnancy as a primary outcome was not possible given the low numbers recruited and retained. Equally, the proxy measure, initiation of sexual activity, was not particularly illustrative given the high baseline levels of sexual contact and pregnancy (one-fifth of the young people had been pregnant on at least one occasion at baseline). The low numbers of mentees recruited prevented us from being able to interpret any changes in the quantitative measures around psychological health, attachment and help seeking. This is not to say that these measures would not provide a useful insight into the mechanism of action of any future intervention. The logic model (see *Chapter 3*) supports the relevance of self-esteem, self-efficacy and decision-making capacity in teenage pregnancy in this group, which our qualitative data would appear to support.

There was some qualitative evidence for an increase in self-esteem and sense of control in the mentees. Similarly, mentors reported feeling more confident and competent as a result of their mentoring experience. Therefore, in a future trial, there is sufficient qualitative evidence to support the continuing use of the locus of control measure and a self-esteem measure for mentees and a measure of self-efficacy for mentors. Similarly, although there was no evidence in this trial for a reduction in feelings of general anxiety and depression, the GHQ is a sensitive measure of clinical distress and of change over time and was acceptable to this population.

Strengths and limitations

Although we recruited only around half the target group for both mentors and mentees, this is similar to findings of other RCTs with vulnerable groups.[182] The reasons for this reflected difficulties with engaging young people in care as well as working with LAs:

- LA staff lack time to prioritise recruitment and awareness of the study was patchy
- informal gatekeeping by social workers
- lack of exposure to and experience in research and research concepts such as equipoise and lack of research infrastructure to support this project within LAs
- concerns about the project aims and variable interpretations about the recruitment criteria
- the overall aim of the research project may not have been fully shared with or accepted by the young people concerned or viewed by them as a priority.

The non-London site that we recruited (LA3) had to withdraw from the intervention because of problems recruiting and retaining mentors. This limits the generalisability of our findings somewhat as LA1 and LA2 were both based within London, although it is not entirely clear how this may have affected our results.

One of the strengths of this trial is the fact that the intervention has been embedded within the LAs that would be required to deliver the intervention in the real world. However, this strength has also proved to be one of its limitations. Many of the problems that we encountered are representative of a fundamental clash of professional philosophies and values as well as divergent professional cultures that make cross-agency research collaboration so difficult.[185]

Some have suggested that there is a fundamental incompatibility between social work practices and the science of evidence-based practice,[183,185–190] which has resulted in an evidence base that lags behind current social work policy and practice.[191] Opposition to RCTs by social scientists has been based around feasibility, science and ethics, particularly in relation to the use of randomisation.[183] As a result of this, research evidence in social care often falls short of what is considered to be the gold standard for health and clinical research – the RCT.[188]

In social work, research and development runs at about 0.3% of total spend compared with 5.4% in health.[189] Within social work there is considerable disagreement as to what constitutes current best practice and, although there may be a lot of support for the idea of research, in practice social workers lack training compared with health workers, as well as skills in critical appraisal, and tend instead to follow a type of practice wisdom or intuition.[185,186] It has been noted that the fact that a study may receive approval from official gatekeepers will not necessarily guarantee the co-operation of the informal gatekeepers and participants or professional commitment to the study.[181,190] This observation certainly replicates the experiences of the researchers in this trial.

The difficulties that we have encountered in this trial are similar to those described in many other studies of hard-to-reach and hard-to-engage populations.[181,182,187,191] The staging of a RCT within, and in collaboration with, LAs was undermined by different understandings of research methodology; the lack of a research infrastructure within the LAs; our inability to provide LA research support costs; the absence of a dedicated in-house project manager, which meant that competing generic commitments took priority; frequent LA reorganisations, economic cutbacks and demoralisation amongst social workers; and a tendency of social workers to act as informal gatekeepers.

Feasibility of a Phase III trial

A number of key uncertainties around conducting a RCT of the intervention have been addressed by this study: randomisation is acceptable to participants; measures of outcomes and process used are largely acceptable and appropriate (and have been refined when necessary); and inclusion and exclusion criteria have been refined. As such, there is no requirement to conduct a further pilot study of the trial processes. Outstanding feasibility issues are linked to implementation of the intervention in a social care context. The issue of recruitment of participants to the study (mentees) and of mentors to deliver the intervention, and the retention of both mentees and mentors, is a function of processes and resources within participating LAs, as discussed earlier. Modifications to the intervention protocol, as it would be delivered by LAs, would need to be made to the content of mentor training, the processes for selecting mentors and the provision of appropriate support for mentors. Ideally, a small-scale peer mentoring programme could be mounted in a single LA, incorporating changes recommended from the Phase II study, to test the modifications indicated in this study. This would provide a further opportunity to establish an accurate cost of delivering the intervention.

Successful trials involving health and social care require that all parties understand the roles and responsibilities of those involved at an individual and a strategic level; all professionals understand and agree to the aims and objectives of the project; strong management and professional support; strategic commitment at an executive level; and adequate resources.[185] These elements would have to be put in place in a future Phase III trial.

With regard to the recruitment of mentors and mentees, the age of prospective mentees would be changed to 12–16 years and the age of mentors would be changed to 21–28 years. Several professionals suggested 'front-loading' data on eligible young people in a future trial so that senior management, working with their data management officers, would identify eligible young people, who would be approached in the first instance by the professional who has the closest relationship with them regarding their interest in participating. Networks of young people in care could be accessed in alternative ways, for example through CiCCs or youth centres, events for young people in care and specialist publications such as the Who Cares? Trust newsletters.

Any future trial would need to adopt a more formalised approach to mentor recruitment whereby social workers ensure that relevant information about potential participants is passed on to the PCs and that mentors are subjected to a rigorous selection and screening procedure, both before and post training. It would also be important to use the training process to screen and if necessary exclude individuals who may not be suitable as mentors. Pregnancy would be an exclusion criterion for mentoring in any future trial as this appeared to predict dropout and early discontinuation.

To improve retention and fidelity to the intervention in a future trial, more support at an individual and a group level would need to be provided to mentors, particularly if the mentors continue to be drawn from the looked-after population.

To improve recruitment and retention rates in any future trial, additional research support funds would need to be provided to participating LAs to cover the costs of recruitment and retention and any additional research-related tasks and social workers would need to understand and accept the rationale for the research approach being taken, with additional input and support from senior managers, to encourage internal management and ownership. An alternative model would be for LAs to commission a charity or other specialist organisation with expertise in sexual health and/or youth work to deliver the intervention in partnership with the LA.

In a future trial, mentoring should include both individual sessions and group meetings, each held at approximately monthly intervals. SRE would best be delivered in a group context, supplemented by individual sessions outside the group meetings. Mentors would need more direction and support in terms of the structure and content of their meetings. Mentoring sessions that have more of a focus on the issues that are of relevance to looked-after young children and young women – education, transitions from care and future aspirations – will be necessary to increase mentees' levels of engagement with, and retention to, the intervention. Individual meetings between mentors and mentees could be arranged at the monthly group session, without recourse to a phone. Alternative means of communication outside of group sessions should be considered, such as Freephone messaging services (e.g. WhatsApp, Blackberry Messenger) and e-mail. In addition, for the purposes of privacy and maintaining boundaries, mentors could consider using an alternative phone number (SIM card only) purely for contacting their mentee. PCs would need to monitor contacts when possible to ensure adherence to the above.

An interesting question is whether there might be any longer-term effects of this intervention on the girls and young women who were mentored. The apparent lack of difference between the intervention group and the care as usual group may reflect not only the small numbers but also the fact that we were able to follow up fewer of the care as usual group than the intervention group, who remained more engaged with the study. It could be suggested that young women in the care as usual group who had the highest level of social and health-related problems and who were the most chaotic and disorganised were the most likely to have dropped out at an early stage, leaving the more stable and compliant individuals in the study. This would have masked any remaining differences between the two groups at follow-up.

A second unanswered question is whether any effect of the mentoring is 'dose dependent', that is, whether 6 months of mentoring is only half as effective as 12 months of mentoring. Were the exercise to be extended to a larger Phase III study, the evaluation would ideally involve following up the intervention and control group participants beyond the end of the study to look for longer-term effects of mentoring. As an alternative, if a larger study revealed clear differences between the intervention group and the control group, we would seek to estimate the longer-term benefits by projecting the longer-term life paths of the two groups using core data from cohort studies and drawing data from other studies into that framework.

Recent reductions in teenage pregnancy rates in the UK have been largely attributed to education-based initiatives introduced over the last decade. There is currently a lack of a formal evidence base supporting this hypothesis, as would be expected if one was to support new clinical guidance in a health-care context. However, the National Institute for Health and Care Excellence (NICE) Collaborating Centre for Social Care Guidance, delivered by the Social Care Institute for Excellence (SCIE), indicates a desire at policy level to see trial methodology informing service delivery in social care. However, we have demonstrated both structural (including funding infrastructure) and cultural problems (including differing expectations between senior management and the workforce around prioritising research), which may prove a barrier to achieving this aspiration.

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Data sharing statement

All available data can be obtained from the corresponding author.

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Appendix 1 Ethical approval from the London School of Hygiene & Tropical Medicine

LONDON SCHOOL OF HYGIENE & TROPICAL MEDICINE

ETHICS COMMITTEE

APPROVAL FORM
Application number: **5866**

Name of Principal Investigator	**Dr Gillian Mezey and Professor Kaye Wellings**
Faculty	**Public Health and Policy**
Head of Faculty	**Professor Anne Mills**

Title: **Developing and Piloting a peer mentoring intervention to reduce teenage pregnancy in looked after children and care leavers.**

This application is approved by the Committee.

Chair of the Ethics Committee .....

Date ..20 December 2010

Approval is dependent on local ethical approval having been received.

Any subsequent changes to the application must be submitted to the Committee via an E2 amendment form.

Appendix 2 Ethical approval from the Association of Directors of Children's Services for national surveys of social care professionals

Dr Gill Mezey and Deborah Meyer
St George's University of London
Department of Mental Health – Division of PHSE
Cranmer Terrace
London
SW17 ORE

By email

9 January 2013

Dear Deborah and Dr Mezey,

Request for ADCS research approval – St George's University of London – Developing and piloting a peer mentoring intervention to reduce teenage pregnancy in Looked After Children (LAC) and Care Leavers

ADCS ref: RGE130103

I write on behalf of Sue Wald, Chair of the ADCS Research Group regarding your request for research approval for the above named project.

The Research Group has considered your request and given its approval believing that the results of the project will be useful to local authorities. We would be grateful if when contacting local authorities you would quote the reference above.

The group would like the following issue(s) to be considered alongside their approval:

Any future contact with local authorities should be made to the target audience of Service Managers/Head of Service for services to Looked After Children/care leavers, rather than the Director of Children's Services (DCSs). It is unlikely that the DCS will directly have the information required.

The Group's encouragement to respond to the survey will be communicated to ADCS members in local authorities in England in the next edition of the ADCS weekly e-bulletin which is produced and circulated on Friday afternoons. A list of approved research projects can be found on the ADCS website. The Research Group wishes you well with the project.

As mentioned in the ADCS Guidelines for Research Approvals, please send the Research Group a copy of the full report and the summary of your main findings when the research is complete.

If you have any queries about this feedback, please contact me in the first instance.

Yours sincerely

Gary Dumbarton, on behalf of Sue Wald, Chair of the ADCS Research Group

Appendix 3 Targeted literature review search strategy

A search strategy was developed to enable identification of the most relevant published and unpublished literature. This involved searching for literature based around concepts of mentoring, teenage pregnancy and LAC. A variety of alternative terms for these concepts were identified:

1. Teenage pregnancy	2. LAC	3. Mentoring
Teen*pregnan*	Looked After Child*	Mentor*
Teen* mother*	Looked after young people	Peer-Mentor*
Young parent*	Child* in Care	Peer Mentor*
Youth pregnan*	Young people in Care	Youth Mentor*
Young pregnan*	Youth in Care	Coach*
Young mother*	Adolescen* in Care	Buddy*
Adolescen* mother*	Juvenile in Care	Cross-Age Peer Mentor*
Adolescen* parent*	Teen* in Care	Cross Age Peer Mentor*
Adolescen* pregnan*	Residential Care	Child Mentor*
Juvenile pregnan*	Foster Care	Adolescen* mentor*
Sexual health	Girl* in Care	Teen* mentor*
	Care leav*	

The following databases were searched:

- PsycINFO
- Social Sciences Citation Index
- MEDLINE (via Ovid and EBSCO*host*)
- Database of Abstracts of Reviews of Effect (free access via The Cochrane library)
- ERIC
- SIGLE
- CINAHL.

To enter these concepts into databases, the following search strings were used:

1. Mentoring and LAC – 2 and 3
   (Looked After Child* OR Looked after young people OR "Child* in Care" OR "Young people in Care" OR "Youth in Care" OR "Adolescen* in Care" OR "Juvenile in Care" OR "Teen* in Care" OR Residential Care OR Foster Care OR "Girl* in Care" OR Care leav*) AND (Mentor* OR Peer-Mentor* OR Peer Mentor* OR Youth Mentor* OR Coach* OR Buddy* OR Cross-Age Peer Mentor* OR Cross Age Peer Mentor* OR Child Mentor* OR Adolescen* mentor* OR Teen* mentor*)

2. Mentoring and teenage pregnancy (in general) – 1 and 3
   (Teen*pregnan* OR Teen* mother* OR Young parent* OR Youth pregnan* OR Young pregnan* OR Young mother* OR Adolescen* mother* OR Adolescen* parent* OR Adolescen* pregnan* OR Juvenile pregnan* OR Sexual health) AND (Mentor* OR Peer-Mentor* OR Peer Mentor* OR Youth Mentor* OR Coach* OR Buddy* OR Cross-Age Peer Mentor* OR Cross Age Peer Mentor* OR Child Mentor* OR Adolescen* mentor* OR Teen* mentor*)
3. Mentoring and teenage pregnancy for LAC – 1, 2 and 3
   (Teen*pregnan* OR Teen* mother* OR Young parent* OR Youth pregnan* OR Young pregnan* OR Young mother* OR Adolescen* mother* OR Adolescen* parent* OR Adolescen* pregnan* OR Juvenile pregnan* OR Sexual health) AND Looked After Child* OR Looked after young people OR "Child* in Care" OR "Young people in Care" OR "Youth in Care" OR "Adolescen* in Care" OR "Juvenile in Care" OR "Teen* in Care" OR Residential Care OR Foster Care OR "Girl* in Care" OR Care leav* AND (Mentor* OR Peer-Mentor* OR Peer Mentor* OR Youth Mentor* OR Coach* OR Buddy* OR Cross-Age Peer Mentor* OR Cross Age Peer Mentor* OR Child Mentor* OR Adolescen* mentor* OR Teen* mentor*)

Following the completion of the database searches using the above strategy, a coding framework and inclusion/exclusion criteria were designed to determine the most relevant studies for inclusion in the review.

Coding framework

Relevance to the primary research question

Empirical studies

Include all types of mentoring interventions (peer, one-to-one, group, e-mentoring) that focus on prevention for young people at risk, who are pregnant or who are parents. Exclude studies in which mentoring is just a result or recommendation.

- 4 = mentoring interventions and LAC
- 4 = mentoring interventions and teenage pregnancy.

Empirical studies in which mentoring is one part of the intervention strategy

- 3 = interventions with LAC in which mentoring is one part
- 3 = teenage pregnancy interventions in which mentoring is one part.

Descriptive pieces/literature reviews on mentoring

Include descriptions/reviews of mentoring programmes for *all* young people (not limited to at-risk or pregnant youth etc.).

- 2 = descriptive pieces about mentoring interventions for LAC or mentoring interventions for teenage pregnancy
- 2 = literature reviews of mentoring interventions for LAC or mentoring interventions for teenage pregnancy.

Mentoring theme only

- 1 = empirical or descriptive studies.

Exclude if mentoring is only one part of the intervention strategy.

No relevance

- 0 = mentoring is one part of the intervention strategy but no mention of LAC
- 0 = mentoring is one part of the intervention strategy but no mention of teenage pregnancy
- 0 = no relevance to LAC, mentoring or teenage pregnancy

Publication type

- 3 = journal articles
- 2 = published reports, books or chapters
- 1 = dissertations, internal reports, classroom guides

- Publication date – exclude studies pre 1992.
- Language – exclude studies that are not written in the English language.
- Type of participants:

    - Care history – include studies involving young people who are currently in care or who have left care.
    - Age – between 13 and 25 years.
    - At risk – include studies involving young people aged 13–25 years who are 'at risk' or showing behaviour that would constitute risk. 'At risk' is defined as the presence of individual or ecological characteristics that increase the probability of teenage pregnancy. Ecological characteristics include family and parenting influences on behaviour, residence in a neighbourhood with high levels of poverty or crime or exposure to gangs. For the mentoring and teenage pregnancy search, include studies focusing on at-risk and pregnant young women and teenage mothers only, and mentoring that aims to improve sexual health/behaviour generally.

Scoring

As well as taking into account publication date, language and participant type, inclusion/exclusion was based on the following scoring system.

Included articles

- Any article that scores 4 on relevance
- Relevance 3 + publication type 3
- Relevance 3 + publication type 2
- Relevance 2 + publication type 3
- Relevance 2 + publication type 2
- Relevance 1 + publication type 3
- Relevance 1 + publication type 2

Excluded articles

- Relevance 3 + publication type 1
- Relevance 2 + publication type 1
- Relevance 1 + publication type 1
- Any article that scores 0 on relevance

Appendix 4 Recruitment leaflets for participants aged 14–18 years and 19–25 years

PARTICIPANT INFORMATION SHEET.

Developing and piloting a Peer Mentoring intervention for looked after young women . MENTEES.

We would like to invite you to take part in a study being conducted by St George's, University of London and with other partners (listed at the end of this leaflet). This information leaflet describes the study and what it will involve if you agree to take part. You may wish to discuss the study with other people before you decide what to do and we would be happy to discuss any aspect of the study, or to provide more information if that would be helpful. Our names and contact details are provided at the end of this leaflet.

What is the purpose of the study

The purpose of this study is to find out whether providing extra support to a young woman, who is in care, has some benefits. In this study, the extra support will be offered by someone who has been through the care system herself.

These supporters, who we call Peer Mentors – will be there to offer you advice, support and guidance, organise social activities for the two of you and attend appointments with you, where you agree this.

These Peer Mentors - are young women aged 19-25 who have been chosen on the advice of the Local Authority and will be trained by us. The peer mentors will be linked into other members of your care team and will be in regular contact with us during the study.

We are trying to find out what young women like you think about having extra support and input from a peer mentor – who has been through the care system and understands many of the issues you may be facing. Many young women in care become teenage parents and although this may be a positive thing for them, it can also create health and social problems for them and their

babies. In this study, we would like to look at the effects of giving young women like you extra support on your general wellbeing, social life, relationships, attitudes to sex and thoughts about early pregnancy.

In this study, we are hoping to recruit 48 young women in care who are between the ages of 14-18 to be potential mentees. Sixteen of the young women will be recruited from your local authority. Half the young women who consent to take part in the study will be provided with a peer mentor, whilst the other half will continue to receive their usual care. The reason we are doing the research in this way is because we must be able to compare the experiences of young women who have mentors with those who do not. We won't be able to tell you before you start whether you will receive a mentor or not because once you agree to take part, this will be decided at random.

However, even if you are not allocated to a peer mentor, your input to this research will be equally important to us. All young women who consent to take part in the study will be asked about their general wellbeing, social life, relationships, attitudes to sex and thoughts about early pregnancy at the beginning and the end of the study. As a thank you, you will receive a £15 voucher plus your travel expenses for each of these interviews. If you are allocated a peer mentor, you may also be asked some questions about the mentoring experience and will receive an additional £5 voucher.

Is it essential that I take part in the study?

No. You are free to choose whether to take part or not. Your decision will not affect the care that you usually receive. If you choose to take part now, but then change your mind, you can withdraw from the study at any time. This will also not affect your care in any way.

What can I expect if I take part?

If you are keen to take part in the study, our research workers (Deborah or Fiona) will arrange to meet with you to answer any questions you have and to gain consent from you to take part. At this point, the researchers will interview you. This will take between one to two hours.

If you are allocated to a peer mentor, they will remain in contact with you for one year. You will meet up with your mentor at least once a week. You can contact them if you want to talk, or if you want help or advice from them, or they may contact you. Your mentor will keep a diary of your contacts so that the research team know how your relationship with your mentor is going and if you or your mentor needs any extra support.

As part of the research, we would like to compare the wellbeing between young women who are allocated to a peer mentor and those who are not. To help us with this, we are asking you to agree to us gaining information from your GP records so we can look at your attendance and health care. We would also like to ask your social worker about how you have been coping with your experience of care and for them to provide us with general information about you i.e. your placement history, reasons for going into care, physical and mental health and any involvement with the police and youth justice system. We will look at this information at the beginning and the end of the year.

What are the possible benefits of taking part?

You will be making a great contribution to improving the life chances of young people who, like you, are going through the care system.

If you are allocated to a peer mentor, as well being offered advice, support and guidance, a small amount of money has been set aside so that the two of you can do some enjoyable activities such as occasional trips to the cinema, a café, or a leisure centre. The activities you do will be decided between the two of you. In addition you may find it interesting to participate in research interviews and helpful to reflect on aspects of your life.

Whether or not you are allocated a peer mentor, your input will be valued. By taking part in the research you will show us whether additional support from a peer mentor, has any effect on the attitudes and experiences of young women in care, particularly in relation to relationships and pregnancy. To thank you for giving up your time we are offering a small voucher payment for each interview.

Are there any disadvantages of taking part?

Apart from having to give up some of your time, there are no other disadvantages to taking part. You will continue to receive the same care and services, whether or not you are allocated to a peer mentor.

What if there is a problem?

If you have any difficulties, at any stage of the project, you can raise these with your project coordinator, who will try and resolve any difficulties. You can also contact your social worker who will raise any issues with your project coordinator. If you are unhappy with your mentor or wish to change, this can be arranged.

Will my taking part in the study be kept confidential?

All the information you provide will remain confidential to the peer mentors, the project coordinator, the research team and our research partners. The only time we may need to pass information to other members of your care team will be if you say something that makes researchers worry about your safety or the safety of another young person.

You will not be able to be identified individually in any reports or publications and any details that could allow anyone to identify you individually will be changed. The research data will be stored in accordance with the Data Protection Act (1998). This means any personal details we hold about you will be stored confidentially for six months after the project ends, and then destroyed.

What will happen to the results of the research study?

A report will be written for the organisation that is funding this study. We shall also be publishing our research findings in scientific journals and may be presenting the findings at national and international conferences.

What do I do now?

If you are at all interested in taking part in this study, please speak to your project coordinator, whose details are below. After speaking with you, the project coordinator will inform your social worker that you are interested in taking part. Then, the project coordinator will help us to arrange a meeting

with you where we can discuss the project with you, and if you agree, gain your consent to take part.

Contacts for further information

(details removed to preserve anonymity of PCs)

The study is being conducted by St George's University of London, in collaboration with Bristol University and Royal Holloway University of London, London School of Hygiene and Tropical Medicine, the Institute of Education and the Department of Health. The study has been approved by the London School of Hygiene and Tropical Medicine Ethics Committee.

PARTICIPANT INFORMATION SHEET.

Developing and piloting a Peer Mentoring intervention for looked after young women – MENTORS

We would like to invite you to take part in a research study being conducted by St George's University of London, in collaboration with other partners (listed at the end of this leaflet). The aim of this information leaflet is to describe the study and what it will involve if you agree to take part. You may wish to discuss the study with other people before you decide what to do and we would be happy to discuss any aspect of the study, or to provide more information if that would be helpful. Our names and contact details are provided at the end of this leaflet.

What is the purpose of the study?

The purpose of this study is to look at whether giving a young woman in care, extra support from another young woman has themselves been through the care system, and has had similar experiences, is helpful. We are recruiting twenty four young women, aged 19 to 25, who have themselves been through the care system, to act as peer mentors to young women (aged 14 to 18) who are currently in care.

The role of the peer mentor will be to offer advice, support and guidance to a young woman, organise social activities for the two of you and accompany her to appointments and interviews where you agree this. As a peer mentor, you will be supported in this role by being linked with other members of the mentees' care team, and will be in regular contact with your Local Authority project coordinator.

We want to see if providing a young woman with a peer mentor they can trust and receive care and respect from, can help them to increase their confidence and make positive choices particularly around sex, relationships, and delaying pregnancy. Teenage pregnancy is common in young women who have been through care and, although this can be a positive thing for some young

women, there can also be quite serious health and social consequences for teenage mothers and their babies.

As well as becoming a peer mentor, your role would involve acting as a research participant. With your help, we would like to look at the effects of providing a peer mentor on looked after young women, in terms of their general wellbeing, education, work, social life, relationships, and attitudes to sex and pregnancy.

Do I have to take part?

No. You are free to choose to take part or not.

What will happen to me if I express an interest now?

If you express further interest at this stage, your project coordinator will answer any further questions you may have about the study.

You will then be invited to take part in a three and a half day training course developed by us at St George's, in collaboration with the National Children's Bureau (NCB). This training will cover key issues related to the expectations and requirements of your role, the reasoning behind this study and dealing with difficulties if they arise. Food and refreshments will be provided. On the last day of the training, the researchers will conduct a group discussion to get your views on the training and how it could be improved. This discussion will be recorded. As a thank you for attending every day of training, after the discussion with researchers you will receive a total of £30 in vouchers.

After the training, the research workers (Deborah or Fiona) will arrange to meet with you and, if you would like to become a peer mentor, they will ask you to sign the consent form, included in this leaflet.

What can I expect if I consent to take part?

You will be allocated to a looked after young woman in your Local Authority and you will be asked to mentor her, with at least one face to face meeting a week, for one year. After that:

- You will begin the mentoring with a three way meeting between you, your mentee and your project coordinator. At this meeting you will meet your mentee, begin to get to know each other and discuss the mentoring relationship going forward.
- You will attend monthly support meetings with your project coordinator, who will be available throughout the project to deal with any problems should they arise.
- You will also receive two follow up support training sessions with the NCB after four months and at the end of the mentoring.
- You will be given a mobile phone with a diary function, to enable you to keep a record of your contacts with your mentee and to record your thoughts about how the contacts are going. This information will be analysed by members of the research team at the end of the study.
- You will receive £40.00 a month in vouchers in recognition of your work and contribution to the project. You will also receive an additional £40.00 a month for travel and the activities that you and your mentee will decide to engage in (e.g. going to the cinema, a cafe or swimming).
- You will be asked to complete a questionnaire and interview with the researchers prior to commencing your peer mentoring work. You will receive a £10.00 voucher plus your travel expenses as a thank you.
- At the end of the mentoring year period, you will be asked to complete a similar questionnaire and interview again, with the same voucher payment.
- A sample of mentors will also be asked a few extra questions about the peer mentoring experience and will receive a £5 additional voucher payment.

As part of the mentoring experience, you can choose to gain an ASDAN qualification (Award Scheme Development and Accreditation Network). If you agree to participate in this study, we shall need to carry out CRB checks, which will be paid for by us.

What are the possible benefits of taking part?

We hope that you will see this as an opportunity to make a valuable contribution to research and improving the life chances of a young woman who is going through the care system. We hope you will develop a positive relationship with them, share your knowledge and experience of the care system and have some fun!

Mentoring will provide you with new skills, knowledge and experience. If you choose, your training and experience as a mentor will be accredited through

the ASDAN system. You will receive a small voucher payment for your contribution to the project, as well as additional money to support you to do additional leisure or social activities with your mentee. You will receive vouchers for interviews and questionnaires you complete.

Are there any disadvantages of taking part?

You should expect to encounter demands on your time and being a peer mentor may also be emotionally demanding. You will be offered plenty of support to deal with this.

What if there is a problem?

If you are experiencing any problems, at any stage of the project, you can raise this with your project coordinator, who will try and resolve any difficulties.

Will my taking part in the study be kept confidential?

All the information you provide about yourself during interviews will be confidential to members of the research team. However, if you say something that makes researcher's worry about your safety or the safety of another young person we will need to pass this information on to your project coordinator. During supervision, you will take part in discussion with the project coordinator and other peer mentors.

You will not be identified individually in any reports or publications, your name will not be disclosed and any personal details that could identify you individually will be changed. The research data will be stored in accordance with the Data Protection Act (1998). This means any personal details we hold about you will be stored confidentially for six months after the project ends, and then destroyed.

What will happen to the results of the research study?

A report will be written for the organisation that is funding this study. We shall also be publishing our research findings in scientific journals and may be presenting the findings at national and international conferences.

What do I do now?

If you are interested in taking part in this study, please speak to your project coordinator whose details are below. After speaking with you, the project coordinator will inform us of your details and you will be invited to attend a training course in your local authority.

Contacts for further information

(details removed to preserve anonymity of PCs)

The study is being conducted by St George's University of London, in collaboration with Bristol University and Royal Holloway University of London, London School of Hygiene and Tropical Medicine, the Institute of Education and the Department of Health. The study has been approved by the London School of Hygiene and Tropical Medicine Ethics Committee.

Appendix 5 Consent forms for participants aged 14–18 years and 19–25 years

CARMEN STUDY: Peer Mentoring for Young Women in Care

St George's University of London

CONSENT FORM - MENTEES

I have read the information sheet, or had it read to me. I understand what you are trying to find out in this research and what my role is if I decide to do this. ☐

I understand that it may involve me being offered support and being seen on a regular basis, by a young woman who has been through the care system - called a peer mentor. ☐

I understand that my peer mentor will need to record information about our contacts in a diary for the research team. ☐

I understand that I shall also be asked to fill out some questionnaires and be interviewed at the beginning and the end of the peer mentoring. I understand that I shall receive a £15.00 voucher plus my travel expenses on each occasion. ☐

The research workers have informed me that my social worker can be present at the above interview. I have accepted / declined this offer (delete as appropriate). ☐

I understand that a sample of mentees will be asked extra questions about the peer mentoring experience at the end of the peer mentoring. ☐

I understand that if I am chosen for this, I shall receive an additional £5 voucher. ☐

I agree to the research team accessing my GP records and asking my social worker for some additional information regarding how I have been coping with my experience of care, my placement history, reasons for going into care, health and any involvement with the police and youth justice system. ☐

I agree that my interviews may be tape recorded. ☐

I understand that information I provide will remain confidential to the peer mentors, the project coordinator, the research team and our research partners - unless I say something that makes them worry about my safety or the safety of another young person. In this case you may have to pass information to other members of my care team. ☐

I understand that any personal details about me will be stored confidentially for six months after the project ends, and then destroyed. ☐

I understand that I can decide not to take part in this project, or withdraw at any time, without needing to give an explanation and without any aspect of my care or services provided being affected. ☐

I would like to be part of this study. ☐

Name of Participant Date
Signature

Name of Researcher Date Signature

Taking Consent

CARMEN STUDY: Peer Mentoring for Young Women in Care

CONSENT FORM -- MENTORS

I confirm that I have read the information sheet, or had it read to me. I understand what you are trying to find out and what I would be asked to do if I decide to do this. ☐

I understand that this will involve me offering support and seeing on a regular basis, a looked after young woman, who will be allocated to me by the research team. ☐

I understand that I shall also be asked to fill out some questionnaires and be interviewed at the beginning and the end of the peer mentoring. I understand that I shall receive a £10.00 voucher plus my travel expenses on each occasion. ☐

I understand that a sample of mentors will be asked extra questions about the peer mentoring experience at the end of the peer mentoring. ☐

I understand that if I am chosen for this, I shall receive an additional £5 voucher. ☐

I understand that I shall receive £40.00 in vouchers each month, for a year, in recognition of my time. ☐

I understand that I will receive an additional £40.00/month, to pay for the social/leisure activities that my mentee and I will be engaging in. ☐

I understand that I shall be provided with a mobile phone for the duration of the intervention, which I will use to communicate with and record my contacts with my mentee. ☐

I understand that whatever I say during interviews is confidential unless I say something that makes the researchers worry about my safety or the safety of another young person. ☐

In such a case I understand the researchers may have to let someone else know what I have said. ☐

I understand that my individual interviews may be tape recorded. ☐

I understand that any personal details about me will be stored confidentially for six months after the project ends, and then destroyed. ☐

I understand that I can decide not to take part in this project, or withdraw at any time. ☐

I would like to be part of this study ☐

Name of Participant Date Signature

Name of Researcher Date
Signature

Taking Consent

Appendix 6 Baseline questionnaire for participants aged 14–18 years

MENTEES BASELINE

Information for participants

We will ask you some questions and this will take about 40-45 minutes.

Some of the questions are quite personal but the reason we are asking these is to find out about the mentees in the project. We will ask you some similar questions in a years' time, to find out if your situation and views are different. We would really like you to answer as many of the questions as you can but if you do not want to answer something that's ok. We are not here to make any judgements about you.

We are employed by a University and are not part of Social Services. All of the information you tell us will be kept confidential to our research team. All of your information will be anonymised. This means we may report what you have said but no one will be able to identify that it was you who said it. The only time I will have to tell someone outside of this room what you have said is if you say something that makes me worry about your safety or the safety of someone else.

B1. Participant ID number .....

B2. What is your date of birth?

☐☐/☐☐/☐☐☐☐

DAY MONTH YEAR

SECTION 1: Background variables

B3(a) What country were you born in?

England	☐ 1
Wales	☐ 2
Scotland	☐ 3
Northern Ireland	☐ 4
Republic of Ireland	☐ 5
Other country	☐ 6

B3(b) Other country

……..

B4(a) How would you describe your ethnic group?

White or White British	☐ 1
Mixed ethnicity	☐ 2
Asian or Asian British	☐ 3
Black or Black British	☐ 4
Chinese	☐ 5
Other	☐ 6
Not sure	☐ 7

B4(b)

Other ……..…….

B5(a) What is your religion?

No religion	1
Christian (including Church of England, Catholic, Protestant all other denominations)	2
Buddhist	3
Hindu	4
Jewish	5
Muslim	6
Sikh	7
Other religion	8

B5(b) Other religion……

B6(a) Do you have any brothers or sisters?

Yes	1

(go to question **B6(b)**)

No	2

(go to question **B7**)

B6(b) (If yes) **How many brothers and sisters do you have?**

i)	Full brothers **know**	☐☐	Or tick **Don't**	☐ 88
ii)	Full sisters	☐☐	Or tick **Don't know**	☐ 88
		i)		
iii)	Half-brothers **know**	☐☐	Or tick **Don't**	☐ 88
iv)	Half-sisters	☐☐	Or tick **Don't know**	☐ 88
v)	Step-brothers	☐☐	Or tick **Don't know**	☐ 88
vi)	Step-sisters	☐☐	Or tick **Don't know**	☐ 88

B6(c) Comments ……..

B6(d) Have any of your siblings been in care?

Yes ☐ 1

(go to question **B6(e)**)

No ☐ 2

(go to question **B7**)

Don't know ☐ 3

(go to question **B7**)

B6(e) (If yes) **How many of your siblings have been in care?**

☐☐

B7 **How old was your mum when she gave birth to her first child?**

☐☐

Prompt: If they don't know, ask:

How old is mum now..... AND

How old is eldest child? ……

B8(a) **Has anyone in your close family (blood related) ever had a mental health problem?** (i.e. parents, aunts and uncle, grandparents, siblings)

Yes ☐ 1

(go to question **B8(b)**)

No ☐ 2

(go to question **C1**)

Don't know ☐ 3

(go to question **C1**)

Care history

C1 **How old were you when you were first placed in care? (In years)**

☐

C2 **Can you tell me what was the main reason(s) you went into care?** *(Interviewer record if don't know)*

C3 (a) **Have you been in care for one continuous period?**

(as opposed to going in and out of care)

Yes ☐ 1

(go to question **C4**)

No ☐ 2

(go to question **C3(b)**)

C3 b) **How many times have you been in care?**

☐☐

C4 **How many placements have you had in total ?**

☐☐

Or tick **Don't know** ☐ 88

C5 How long have you been in your current placement?

Years ☐☐ , Months ☐☐ , Weeks ☐

(i) (ii) (iii)

C6 If you have had more than one placement, what is the longest placement you've ever had?

Years ☐☐ , Months ☐☐ , Weeks ☐

(i) (ii) (iii)

Living arrangements

L1(a) What is your current living situation?

Foster home (with a family and / or carer) – go to question **L1(c)**	☐ 1
In rented accommodation – go to question **L1(c)**	☐ 2
With relatives / friends – go to question **L1(c)**	☐ 3

Hostel / YMCA – go to question – go to question **L2(a)** ☐ 4

Residential children's home – go to question **L2(a)** ☐ 5

Residential school – go to question **L2(a)** ☐ 6

Other ☐ 7

L1(b) Other……

L1(c) **How many people do you live with?** (not including you)

☐☐

L2(a) **Have you moved accommodation in the last year?**

Yes ☐ 1

(go to question **L2(b)**)

No ☐ 2

(go to question **L3**)

L2(b) (If yes) **How many times have you moved accommodation in the last year?**

☐☐

L3 ***CARD*** **Choosing a number between 1 and 5, where 1 is bad and 5 is good, how do you feel being in your current placement?**

Bad	☐ 1
Somewhat bad	☐ 2
Ok	☐ 3
Somewhat good	☐ 4
Good	☐ 5

L4 ***CARD*** **Choosing a number between 1 and 5, where 1 is badly and 5 is well, how well do you feel you get on with your carers / keyworker?**

Badly	☐ 1
Somewhat badly	☐ 2
Ok	☐ 3
Somewhat well	☐ 4
Well	☐ 5

L5(a) **In the last year, have you run away / gone missing from home for 24 hours or more?**

Yes	☐ 1
(go to question **L5(b)**)	
No	☐ 2

(go to question **N1**)

L5(b) (If yes) **Approximately how many times have you run away in the last year?**

☐☐

L5(c) **How many nights, on average, do you stay away for?**

☐☐

L5(d) **And when you run away, where do you stay?**

		Yes	No
(i)	Friends	☐ 1	☐ 2
(ii)	Family	☐ 1	☐ 2
(iii)	On the streets	☐ 1	☐ 2
(iv)	Other	☐ 1	☐ 2

L5(e)

Other……

Natural family

N1(a) **Who, if anyone, do you have contact with from your natural family?**

*If participant has no contact with natural family members, go to question **N3(a)***

		Yes		No	
(i)	Mother	☐	1	☐	2
(ii)	Father	☐	1	☐	2
(iii)	Brothers / sisters	☐	1	☐	2
(iv)	Grandparents	☐	1	☐	2

N2(a) **How many contacts, in total, did you have with these family members in the last 3 months?**

☐☐

N2(b) Comments…….

N3(a) **How well do you get on with your natural family on the whole?**

Well with all	☐ 1
Well with some but not all	☐ 2
Not well with any	☐ 3
Other	☐ 4

N3(b)

Other……..

Education

E1 **How many schools have you attended since the age of 11?**

☐☐

E2(a) **Have you attended any schools or colleges in the last year?**

(even if you have now left)

Yes ☐ 1

(go to question **E2(b)**)

No ☐ 2

(go to question **E3(a)**)

E2(b) (If yes) **How many schools / colleges have you been to in the last year?**

☐

E2(c) Comments ……

E3(a) **Which of these best describes the main thing you currently do?**

Full time education (e.g. at school / college – inc. on vacation) ☐ 1

(Go to question **E3(c)**)

Part-time education (e.g. at school / college – inc. on vacation) ☐ 2

(Go to question **E3(c)**)

Part-time education and paid work ☐ 3

(Go to question **E3(c)**)

Full time paid work (at least 30 hours per week) ☐ 4

(Go to question **E4(a)**)

Part-time paid work (less than 30 hours per week) ☐ 5

(Go to question **E4(a)**)

On government training / employment scheme ☐ 6

(Go to question **E4(a)**)

Unemployed and receiving benefit ☐ 7

(Go to question **E4(a)**)

Unemployed and not receiving benefit ☐ 8

(Go to question **E4(a)**)

Other ☐ 9

(Go to question **E4(a)**)

E3(b) Other……

E3(c) What type of school / college are you currently attending?

Mainstream school / college	☐ 1
Pupil Referral Unit	☐ 2
School for children with disabilities	☐ 3
Home schooling	☐ 4
Other	☐ 5

E3(d) Other……

E4(a) What is the highest qualification you've got so far?

None – I am working towards my GCSEs	☐ 1
None – I did not pass any GCSEs	☐ 2
GCSEs (Less than 5)	☐ 3
GCSEs (5 or more, not including 5 A*-C)	☐ 4
GCSEs (5 or more including 5 A*-C)	☐ 5
A Level or equivalent	☐ 6
Other	☐ 7

E4(b) Other (e.g. truanting and unlikely to take GCSEs)

Health

H1 ***CARD*** **Choosing a number between 1 and 5, where 1 is bad and 5 is good, how do you rate your physical health right now?**

Bad	☐ 1
Somewhat bad	☐ 2
Ok	☐ 3
Somewhat good	☐ 4
Good	☐ 5

H2 ***CARD*** **Choosing a number between 1 and 5, where 1 is bad and 5 is good, how do you rate your emotional / psychological health right now?**

Bad	☐ 1
Somewhat bad	☐ 2
Ok	☐ 3
Somewhat good	☐ 4
Good	☐ 5

H3(a) **In the last year, how many times have you visited your doctor?**

☐

If none, go to question **H4(a)**

H3(b) Were the reasons you went to the doctor mainly physical or emotional or a combination of both?

Physical	☐ 1
Emotional	☐ 2
Physical & emotional	☐ 3

H3(c) Are you taking any type of medicine prescribed by a doctor right now?

Yes	☐ 1
(go to question **H3(d)**)	
No	☐ 2
(go to question **H4(a)**)	

H3(d) (If you are taking prescribed medicine) **Can you tell me the name(s) of the medicine(s) and what they are for?**

Prompt: psychological and physical health

Name(s): ……

For: ……...

H4(a) **Have you ever been a regular smoker? That is at least one cigarette a day**

Yes ☐ 1

(go to question **H4(b)**)

No ☐ 2

(go to question **H5(a)**)

H4(b) (If yes) **How old were you when you began to smoke cigarettes regularly?**

☐

H4(c) **Do you currently smoke cigarettes regularly?**

Yes ☐ 1

No ☐ 2

H5(a) **Have you ever had a drink containing alcohol?**

Yes ☐ 1

(go to question **H5(b)**)

No ☐ 2

(go to question **H6(a)**)

H5(b) (If yes) **How old were you when you first started drinking alcohol?**

☐☐

H5(c) **In the last year, how often have you had a drink containing alcohol?**

Every day	1
A few times a week	2
About once a week	3
Fortnightly	4
Once a month	5
Every few months	6
Once or twice in the last 12 months	7
Not at all in the last 12 months – go to question **H6(a)**	8

H5(d) ***CARD Interviewer show card demonstrating a unit of alcohol***

In the last year, how often have you had six or more units of alcohol on one occasion?

Every day	1
A few times a week	2
About once a week	3
Fortnightly	4

Once a month	☐ 5
Every few months	☐ 6
Once or twice in the last 12 months	☐ 7
Not at all in the last 12 months	☐ 8

H5(e) **In the last year, has anyone been worried about your drinking or suggested you cut down?**

Yes ☐ 1

(go to question **H5(f)**)

No ☐ 2

(go to question **H5(g)**)

H5(f) (If yes) **Who is this?**

H5(g) **In the last year, have you been worried about your own drinking?**

Yes ☐ 1

No ☐ 2

H5(h) **In the last year, have you been cautioned or convicted of criminal offences related to alcohol use?**

Yes ☐ 1

(go to question **H5(i)**)

No ☐ 2

(go to question **H6(a)**)

H5(i) (If yes) **Can you tell me a little about it and what was the outcome?**

(prompt for caution or conviction and involvement with YOT)

H6(a) ***CARD Interviewer show card with names of substances on***

Have you ever used any of the following substances?

Yes ☐ 1

(go to question **H6(b)**)

No ☐ 2

(go to question **H7(a)**)

H6(b) (If yes) **How old were you when you first started using these substances?**

☐

H6(c) **Can you tell me which substances you have been using in the last year?**

		Yes	No
(i)	Cannabis	☐ 1	☐ 2
(ii)	Cocaine	☐ 1	☐ 2
(iii)	Ecstasy	☐ 1	☐ 2
(iv)	Amphetamines	☐ 1	☐ 2

(v)	Hallucinogens	☐ 1	☐ 2
(vi)	Heroin	☐ 1	☐ 2
(vii)	Solvents	☐ 1	☐ 2
(viii)	Other	☐ 1	☐ 2

H6(d) Other – please state

H6(e) **In the last year, how often have you used these substances?**

Every day	☐ 1
A few times a week	☐ 2
About once a week	☐ 3
Fortnightly	☐ 4

Once a month	☐	5
Every few months	☐	6
Once or twice in the last 12 months	☐	7
Not at all in the last 12 months – go to question **H7(a)**	☐	8

H6(f) **In the last year, has anyone been worried about your drug use and / or said to you that you should stop using drugs?**

Yes ☐ 1

(go to question **H6(g)**)

No ☐ 2

(go to question **H6(h)**)

H6(g) (If yes) **Who is this?**

……

H6(h) **In the last year, have you been concerned about your own drug taking?**

Yes ☐ 1

No ☐ 2

H6(i) **In the last year, have you been cautioned for or convicted of criminal offences related to drugs?** (possession, supply or use)

Yes ☐ 1

(go to question **H6j)**)

No ☐ 2

(go to question **H7(a)**)

H7(a) **Have you ever self-harmed?** By this we mean scratching, cutting, burning yourself, taking an overdose and/or having an eating disorder?

Yes ☐ 1

(go to question **H7(b)**)

No ☐ 2

(go to question **H8(a)**)

H7(b) **In the last year, have you self-harmed?**

Yes ☐ 1

(go to question **H7(d)**)

No ☐ 2

(go to question **H8(a)**)

H7(c) Comments……

H7(d) In the last year, how often have you self-harmed?

Every day	☐ 1
A few times a week	☐ 2
About once a week	☐ 3
Fortnightly	☐ 4
Once a month	☐ 5
Every few months	☐ 6
Once or twice in the last 12 months	☐ 7

H7(e) Does anyone know about this?

Yes	☐ 1
No	☐ 2

H7(f) Comments……..

H8(a) Have you ever tried to kill yourself?

Yes	☐ 1

(go to question **H8(b)**)

No	☐ 2

(go to question **PY1(a)**)

H8(b) In the last year, have you tried to kill yourself?

Yes ☐ 1

(go to question **H8(c)**)

No ☐ 2

(go to question **PY1(a)**)

H8(c) Does anyone know about this?

Yes ☐ 1

No ☐ 2

H8(d) Comments……..

Interviewer: If no, at the end of interview inform participant that information will be passed on to members of their care team

Events in your lifetime / past year / six months

PY1(a) ***CARD*** **In your whole life, have any of these things taken place?**

		Yes	No
(i)	Truanted (bunked off) school / college / work	☐ 1	☐ 2
(ii)	Been suspended or expelled from school / college / work	☐ 1	☐ 2
(iii)	Been bullied verbally	☐ 1	☐ 2
(iv)	Been bullied physically	☐ 1	☐ 2
(v)	Had contact with the police (e.g. absconding, antisocial behaviour)	☐ 1	☐ 2
(vi)	Been cautioned / convicted of a criminal offence	☐ 1	☐ 2

(vii)	Had contact with the Youth Justice / Youth Offending Team	☐ 1	☐ 2
(viii)	Attended an appointment with a sexual health practitioner	☐ 1	☐ 2
PY1(b)	Comments on i – viii (e.g. date of offence, offence name and conviction)……..		

PY2(a)	***CARD*** **<u>In the last year</u>, have any of these things taken place?**	Yes	No	**PY2(b)** **No. of times**
(i)	Truanted (bunked off) school / college / work	☐ 1	☐ 2	☐☐
(ii)	Been suspended or expelled from school / college / work	☐ 1	☐ 2	☐☐

(iii)	Been in a physical fight	☐	1	☐	2	☐	☐
(iv)	Been bullied verbally	☐	1	☐	2	☐	☐
(v)	Been bullied physically	☐	1	☐	2	☐	☐
(vi)	Had contact with the police (e.g. absconding, antisocial behaviour)	☐	1	☐	2	☐	☐
(vii)	Been cautioned / convicted of a criminal offence	☐	1	☐	2	☐	☐
(viii)	Had contact with the Youth Justice Service / Youth Offending Team	☐	1	☐	2	☐	☐
(ix)	Made a new friend who means something to me	☐	1	☐	2	☐	☐
(x)	Attended an appointment with a sexual health practitioner	☐	1	☐	2	☐	☐

PY2(c)	Comments on i – x (e.g. date of offence, offence name and conviction)……	

PY3	***CARD*** **Thinking about the last 6 months, on a scale of 1-5 where 1 is strongly disagree and 5 is strongly agree, to what extent do you agree with the following statements?**			
(i)	I had someone to turn to	Strongly disagree	☐	1
		Disagree	☐	2
		Neither agree or Disagree	☐	3
		Agree	☐	4
		Strongly agree	☐	5
(ii)	I had someone I could share a problem with or go to for advice	Strongly disagree	☐	1
		Disagree	☐	2
		Neither agree or Disagree	☐	3
		Agree	☐	4

		Strongly agree	☐ 5
(iii)	Someone took an interest in my welfare	Strongly disagree	☐ 1
		Disagree	☐ 2
		Neither agree or Disagree	☐ 3
		Agree	☐ 4
		Strongly agree	☐ 5
(iv)	I was able to overcome challenges or problems	Strongly disagree	☐ 1
		Disagree	☐ 2
		Neither agree or gree	☐ 3
		Agree	☐ 4
		Strongly agree	☐ 5

(v)	I was able to rely on myself to handle situations	Strongly disagree	☐ 1
		Disagree	☐ 2
		Neither agree or Disagree	☐ 3
		Agree	☐ 4
		Strongly agree	☐ 5
(vi)	I felt confident I would succeed in certain tasks	Strongly disagree	☐ 1
		Disagree	☐ 2
		Neither agree or Disagree	☐ 3
		Agree	☐ 4
		Strongly agree	☐ 5
(vii)	I felt positive about my future	Strongly disagree	☐ 1
		Disagree	☐ 2

Neither agree or disagree	☐	3
Agree	☐	4
Strongly agree	☐	5

Social connectedness

SC1 **Who are the people you are closest to?**

Prompt: by this, we mean the people you would go to if you wanted to talk to or ask for advice

Back-code

i) .....
ii) .....
iii) .....

SC2 **How many close friends do you feel you have?**

Prompt: by a close friend we mean someone you can trust or confide in

☐☐

SC3(a) **How many adults do you feel you can trust?**

*If 0, go to question **SC4***

☐☐

SC3(b) Can you tell me who the adults that you trust are?

SC4 Do you ever feel lonely?

Never	1
Not often	2
Sometimes	3
Often	4
All the time	5

Sexual experiences (self-complete section) *Interviewer to check that section is completed properly before moving on*

S1(a) I have felt sexually attracted…..

Only to men, never to women	1
More often to men and at least once to a woman	2
About equally often to men and to women	3
More often to women and at least once to a man	4
Only ever to women, never to men	5
I have never felt sexually attracted to anyone	6
Other	7

S1(b) Other……

S2 ***CARD*** **Which of the following consensual sexual experiences have you had? (i.e. you agreed to it)**

		Yes	No
(i)	Kissing	☐ 1	☐ 2
(ii)	Sexual contact (genital touching, hand job, fingering)	☐ 1	☐ 2
(iii)	Giving or receiving oral sex	☐ 1	☐ 2
(iv)	Sexual intercourse	☐ 1	☐ 2
(v)	Anal sex	☐ 1	☐ 2
(vi)	None of these	☐ 1	☐ 2

S3 **Has anyone made you have any type of sexual contact against your will? (this includes genital touching, giving or receiving oral sex and/or intercourse)**

Yes	☐ 1
No	☐ 2

Have a look back at question S2 above, if you ticked ONLY **(i)** Kissing or **(vi)** None of these, **AND** for Question S3 you ticked **No**, please go to Question **S11**

If for Question **S2**, you ticked ONLY **(i)** Kissing or **(vi)** None of these, **AND** for Question S3 you have ticked **Yes**, please go to Question **S9(a)** on emergency contraception.

Please ask the researcher if you are unsure.

If neither of the above applies to you, please carry on to S4 below.

S4 **How many people have you had the following consensual experiences with?**

		(i) In your life	**(ii)**In the last year
(a)	Sexual contact (genital touching, hand job, fingering)	☐☐	☐☐
(b)	Giving or receiving oral sex	☐☐	☐☐
(c)	Sexual intercourse	☐☐	☐☐

(d) Anal sex ☐☐ ☐☐

S5 **How old were you the first time you had any consensual sexual contact (genital contact or oral sex)?**

☐☐

If you HAVE had consensual sexual intercourse with a male, carry on to question S6 below.

If you HAVE NOT had consensual sexual intercourse with a male, go straight to question S9(a).

S6 **How old were you the first time you had consensual sexual intercourse?**

☐☐

S7 **In the last 3 months, approximately how many times have you had consensual sexual intercourse?**

☐☐

If 0, go straight to question S9(a)

S8(a) **Out of the above number, how many times did you have unprotected sexual intercourse? (i.e. number of times you did not use a condom during consensual sex)**

☐☐

S8(a1) **In the last 3 months, have you been using any contraception which protects against pregnancy? (i.e. pill, injection, patch, implant, coil, diaphragm EXCLUDING condoms)**

Yes ☐ 1

No ☐ 2

S8(b) **Comments……** (Do they have a partner? Have they had a recent STI test?)

S9(a) **<u>Have you ever</u> used emergency contraception e.g. morning after pill?**

Yes ☐ 1

(go to question **S9(b)**)

No ☐ 2

(go to question **S10(a)**)

S9(b) (If yes) **<u>In the last year</u>, have you used emergency contraception?**

Yes ☐ 1

(go to question **S9(c)**)

No ☐ 2

(go to question **S10(a)**)

S9(c) (If yes) **<u>In the last year</u>, how many times have you used emergency contraception?**

☐☐

S10(a) **<u>Have you ever</u> had a sexually transmitted infection?**

Yes ☐ 1

(go to question **S10(b)**)

No ☐ 2

(go to question **S11**)

S10(a1) (If yes) **<u>In the last year</u>, have you had a test for sexually transmitted infections? (e.g. chlamydia, gonorrhoea)**

Yes ☐ 1

No ☐ 2

S10(b) (If yes) **In the last year, have you had a sexually transmitted infection?**

Yes ☐ 1

(go to question **S10(c)**)

No ☐ 2

(go to question **S11**)

S10(c) (If yes) **In the last year, how many times have you had a sexually transmitted infection?**

☐☐

S11. How easy or difficult would you find it to do the following? (please circle)

	Very difficult	Quite difficult	Neither easy or difficult	Quite Easy	Very easy
(a) Get a condom	1	2	3	4	5
(b) Use a condom properly	1	2	3	4	5
(c) Talk openly about sex with a partner	1	2	3	4	5
(d) Make/attend an appointment at a clinic or with a doctor to discuss contraception	1	2	3	4	5
(e) Say no to sexual advances that you don't want to do	1	2	3	4	5
(f) Suggest using a condom	1	2	3	4	5

S12. Can you read the following statements and tick according to what you think? (please circle)

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
(a) I feel I can, or could, use contraception properly	1	2	3	4	5
(b) I would find it really hard to ask a boy to use a condom	1	2	3	4	5
(c) I would never let my partner pressure me to have sex if I wasn't ready	1	2	3	4	5
(d) I know where I could go to get contraception	1	2	3	4	5
(e) Most people of my age group have had sex	1	2	3	4	5
(f) Condoms make sex less fun	1	2	3	4	5
(g) Sex education encourages people to have sex too early	1	2	3	4	5
(h) If I was close enough to someone to have sex with them, I would be able to talk to them about contraception	1	2	3	4	5
(i) Education about sex and relationships helps young people to be more responsible about sex	1	2	3	4	5

S13. Do you think the following statements are true or false?

	True	False
(a) There are no age restrictions on giving contraceptive advice and supplies to young people, as long as they are mature enough to understand the information and possible risks	1	2
(b) A girl under 16 can be given contraceptives by a doctor or family planning clinic without her carers knowing	1	2
(c) A girl can get pregnant if she has sex standing up	1	2
(d) A girl can get pregnant the first time she has sex	1	2
(e) A girl can't get pregnant during her period	1	2
(f) A girl can't get pregnant if she washes after having sex	1	2

Pregnancy

P1 **Are you currently pregnant?**

Yes	☐ 1
No	☐ 2
I might be	☐ 3

P2(a) **Have you been pregnant before?**

Yes – go to question **P2(b)**	☐ 1
No	☐ 2

*If NO to P1 & P2(a), go to question **P7***

P2(b) (If yes) **How many times have you been pregnant?** (In total)

☐☐

P3(a) **How old were you when you first got pregnant?**

☐☐

P3(b) **How did the first pregnancy end?**

Currently pregnant	☐ 1
Birth	☐ 2
Miscarriage / stillbirth	☐ 3
Abortion	☐ 4
Other	☐ 5

P3(c) *Other……*

*If participant has only been pregnant once, go to question **P5(a)***

P4(a) **What about your second pregnancy, how did that end?**

Currently pregnant	☐ 1
Birth	☐ 2
Miscarriage / stillbirth	☐ 3
Abortion	☐ 4
Other	☐ 5

P4(b) *Other……*

P5(a) **When your first pregnancy occurred did you intend to get pregnant at that time in your life?**

Yes ☐ 1

(if pregnant once go to **P7a**, if pregnant more than once go to **P6(a)**

No ☐ 2

(go to question **P5(b)**)

P5(b) (If no) **Were you using contraceptives of any form when you got pregnant?**

Yes ☐ 1

(go to question **P5(c)**)

No ☐ 2

(go to question **P5(d)**)

P5(c) (If yes, using contraceptives) **Why do you think you got pregnant whilst you were using contraceptives?**

……

*If participant has only been pregnant once, go to **P7***

*If participant has been pregnant more than once, go to **P6(a)***

P5(d) (If no, not using contraceptives) **Was there any reason that you didn't use contraceptives?**

……..

*If participant has only been pregnant once, go to **P7***

*If participant has been pregnant more than once, go to **P6(a)***

P6(a) **When your second pregnancy occurred did you intend to get pregnant at that time in your life?**

Yes ☐ 1

(go to question **P7** unless been pregnant a third time)

No ☐ 2

(go to question **P6(b)**)

P6(b) (If no) **Were you using contraceptives of any form when you got pregnant?**

Yes ☐ 1

(go to question **P6(c)**)

No ☐ 2

(go to question **P6(d)**)

6(c) (If yes, using contraceptives) **Why do you think you got pregnant whilst you were using contraceptives?**

*Go to **P7** unless been pregnant for a third time*

P6(d) (If no, not using contraceptives) **Was there any reason that you didn't use contraceptives?**

……

P6(e) **Comments**……..(on all pregnancies, if third

pregnancy please include details here)

P7(a) ***CARD*** **In general, at what age do you think a woman is too young to have a baby?**

☐

P7(b) **Comments……**

P8(a) **If you were to become pregnant now, how do you think you would feel?**

Prompt: please tell me the answer which is most like the way you would feel

Happy / excited	☐ 1
Scared / nervous	☐ 2
Angry / frustrated	☐ 3
Sad / depressed	☐ 4
Other	☐ 5

P8(b) Other……
…

P9 **If you were to become pregnant now, who would you tell or go to for advice?**

.....

P10(a) **If you were to become pregnant now, what choice would you make based on how you feel currently?**

Give birth and keep baby	☐ 1
Give birth and adopted or fostered	☐ 2
Abortion	☐ 3
Other	☐ 4

P10(b) Other.....

Social functioning (activities / aspirations)

A1(a) **In your spare time, do you take part in any organised activities?**

Prompt: By organised we mean things like team sports, an individual sports lesson or class, a music lesson, drama etc.

Yes ☐ 1

(go to question **A1(b)**)

No ☐ 2

(go to question **A2(a)**)

A1(b) (If yes) **What activity / ies is this?**

……

A1(c) **How often do you do the activity / ies?**

A few times a week or more ☐ 1

Once a week ☐ 2

Once or twice a month ☐ 3

Less than once a month ☐ 4

Don't know ☐ 5

A2(a) **Is there anything you'd like to do in your spare time but feel you can't for some reason?**

Yes ☐

(go to question **A2(b)**)

No ☐ 2

	(go to question **A3(a)**)	
A2(b)	(If yes) **Can you tell me what you would like to do in your spare time?**	
A2(c)	**And what stops you doing this in your spare time?**	
A3	**How often do you feel bored?**	
	Never	☐ 1
	Not often	☐ 2
	Sometimes	☐ 3
	Often	☐ 4
	All the time	☐ 5

A4(a) Do you feel safe in the area where you live?

Yes ☐ 1

(go to question **A5(a)**)

No ☐ 2

(go to question **A4(b)**)

A4(b) (If no) **What is it that makes you feel unsafe?**

A5(a) How long do you plan to stay on in education or training?

N/A because no longer in education / training ☐ 1

Age 16 ☐ 2

Age 18 ☐ 3

Age 21 ☐ 4

Older than 21 ☐ 5

Don't know ☐ 6

Other ☐ 7

A5(b) Other……..

A5(c) What is the reason for this? (i.e. choosing this age to stay on in education or training)

A6(a) What would you have liked to have achieved in 5 years' time?

Up to three things

i) .....

ii) .....

iii) .....

A6(b) *CARD* Choosing a number between 1 and 5, where 1 is very unlikely and 5 is very likely, how likely do you feel it is that you can achieve these things?

Very unlikely	☐ 1
Unlikely	☐ 2
Somewhat likely	☐ 3
Likely	☐ 4
Very likely	☐ 5

Appendix 7 Baseline questionnaire sent to social workers of participants aged 14–18 years

This questionnaire will ask you some information regarding one of the young women on your caseload, who has consented to take part in a new research project called the Carmen study (peer mentoring for young women in care). The young woman has agreed to us asking you for some information regarding how she has been coping with her experience of care, her placement history, reasons for going into care, health and any involvement with the police and youth justice system. Please complete this questionnaire and return it to the email address at the end of this form. **Your help with this is greatly appreciated.**

For tick box questions, please place an x in one box only unless otherwise stated.

OFFICE USE ONLY

Care history

1. At what age was the young woman first placed in care? ☐☐

2. Please state the reason(s) why the young woman was first placed in care

☐

3. What type of care order was it?

Care order under section 31 of the Children Act 1989 ☐ 1

Accommodated on a voluntary basis through an agreement with parents under section 20 of that Act, or agreement with the young woman if they are ☐ 2

In secure accommodation for own welfare and protection, or placed there by the Youth Justice Board ☐ 3

Don't ☐ 4

4. How many care placements has the young woman had? ☐

If only 1 placement, go to question 7 ☐

5. **If the young woman has had more than one placement, for how long was the longest placement?**

i) Years ☐☐

(Please write in years and months. Or in weeks if the longest placement has been less than one month)

ii) Months ☐☐

iii) Weeks ☐☐

6. **If the young woman has had more than one placement, what was the reason for previous placement breakdown?**

7. **Please write any comments about care history**

Abuse history

8. **Is the young woman currently, or has previously been, on the Child Protection register?**

9a. Has the young woman ever been abused? 1

If 'no' go to question 10

9b. If the young woman has been abused, under what categories was / is this registered?(please place an x in all the boxes that apply)

(i) ☐

(ii) ☐

(iii) ☐

(iv) ☐

Ticked = 1

Untick ed = 2

9c. Please write any comments about history of abuse

OFFICE USE ONLY

SECTION 2

Care situation:

10. What is the young woman's current care situation?

In care through a care order under section 31 of the Children Act 1989 ☐ 1

Accommodated on a voluntary basis through an agreement with parents under section 20 of that Act, or agreement with the young woman if they are over 16 ☐ 2

In secure accommodation for own welfare and protection, or placed there by the Youth Justice Board ☐ 3

Don't know ☐ 4

Sexual Health

11. Has the young woman ever accessed sexual health advice from a GP or Sexual Health clinic?

Yes ☐ 1

No ☐ 2

Don't know ☐ 3

12a. Has the young woman ever contracted a sexually transmitted infection (STI)?

Yes ☐ 1

No ☐ 2

Don't know ☐ 3

If you have ticked 'no' or 'don't know', go to question 13

12b. If they have contracted an STI, to which service/s were they signposted to access help? (please place an x in all the boxes that apply)

(i) GP ☐

(ii) Sexual Health ☐

(iii) Other ☐

Ticked = 1

Unticked = 2

OFFICE USE ONLY

12c. If other, please state

12d. If the young woman has contracted an STI did they attend an appointment

for treatment?

Yes ☐ 1

No ☐ 2

Don't know ☐ 3

13. Please provide any further comments on the sexual health of the young woman, particularly where they have accessed sexual health advice/treatment on more than one occasion

Pregnancy

14a. Has the young woman ever been pregnant?
(if you know they are currently pregnant, tick yes)

Yes ☐ 1

No ☐ 2

Don't know ☐ 3

If you ticked 'no' or 'don't know', go to question 19a

14b. If yes, how many times have they been pregnant? ☐☐

15. Is the young woman currently pregnant?

Yes	☐	1
No	☐	2
Don't know	☐	3

16a. How old was the young woman when they first became pregnant? ☐☐

16b. How did the first pregnancy end?

		OFFICE USE ONLY
N/A i.e. young woman is currently pregnant	☐	1
Live birth	☐	2
Miscarriage/still birth	☐	3
Abortion	☐	4
Other	☐	5

16c. If other, please state

17a. Did the young woman have a second pregnancy?

Yes	☐	1
No	☐	2
Don't know	☐	3

If you have ticked 'no' or 'don't know', go to question 18

17b. If yes, how did the second pregnancy end?

N/A i.e. young woman is currently pregnant	☐	1
Live birth	☐	2
Miscarriage/still birth	☐	3
Abortion	☐	4
Other	☐	5

17c. If other, please state

18. Please write any comments about pregnancy, particularly if more than two pregnancies

(i.e. how did the later pregnancies end).

Thinking about the last year …..

OFFICE USE ONLY

19a. Is the young woman currently enrolled at a school or college?

Yes ☐ 1

No ☐ 2

If you have ticked 'yes', go to question 19b

If you have ticked 'no', go to question 19c

19b. If yes, how many schools / colleges has the young woman been to in the last 12 months? *(now go to question 20a)* ☐☐

19c. If no, please explain the main thing they are doing and the reasons for this.
(now go to question 22a)

20a. In the last 12 months, has the young woman truanted from school?

Yes ☐ 1

No ☐ 2

Don't know ☐ 3

If you ticked 'no' or 'don't know', go to question 21a

20b. If yes, how many days of school do you think she has missed in an average month? ☐☐

21a. In the last 12 months, has the young woman been suspended or expelled from school ?

Yes ☐ 1

No ☐ 2

Don't know ☐ 3

If you ticked 'no' or 'don't know', go to question 22a

21b. If they have been suspended or expelled in the last year ☐☐

how many days were they out of school?

22a. In the last 12 months, has the young woman run away/gone missing from home

for more than 24 hours?

Yes ☐ 1

No ☐ 2

Don't know ☐ 3

If you ticked 'no' or 'don't know', go to question 23a

22b. If the young woman has run away, approximately how many times has this happened ? ☐☐

22c. How many days and nights, on average do they stay away for? ☐☐

22d. Were any of these missing episodes reported to the police?

Yes ☐ 1

No ☐ 2

Don't know ☐ 3

OFFICE USE ONLY

22e. If the missing episodes were reported to police, please provide detail

How many times reported, process and outcome

Contact with Police & Youth Justice Services

Thinking about the last year …..

23a. In the last 12 months, has the young woman had any contact with the police?

e.g. absconding, anti-social behaviour

Yes ☐ 1

No ☐ 2

Don't know ☐ 3

If you ticked 'no' or 'don't know', go to question 26

23b. If yes, please give reason

OFFICE USE ONLY

24a. In the last 12 months, has the young woman been cautioned/charged or convicted with a criminal offence?

Yes ☐ 1

No ☐ 2

Don't know ☐ 3

If you ticked 'no' or 'don't know', go to question 25a

24b. If yes, please give reason / type of offence

25a. In the last 12 months, has the young woman had contact with the Youth Justice Service / Youth Offending Team?

Yes ☐ 1

No ☐ 2

Don't know ☐ 3

25b. If yes, please give details

Agency work

Thinking about the last year …..

26. Thinking about the last 12 months, excluding statutory / required meetings with

the young woman, how many times have you seen them face-to-face in an

average month? ☐☐

27. Thinking about the last 12 months, how many times did you have a telephone

conversation with the young woman in an average month? ☐☐

OFFICE USE ONLY

28. Apart from Children's Social Care, please list all the statutory or voluntary agencies currently working with the young woman

.....

.....

.....

.....

****

Please return the completed questionnaire to:

[redacted]

Appendix 8 Baseline questionnaire for mentors

MENTORS BASELINE

Information for participants

We will ask you some questions and this will take about 20 minutes. We would really like you to answer as many of them as you can but if you do not want to answer something that's ok. All of the information you tell us will be kept confidential to the research team. All of your information will be anonymised. This means we may report what you have said but no one will be able to identify that it was you who said it.

B1. Participant ID number

B2. What is your date of birth? ☐☐/☐☐/☐☐☐☐

DAY MONTH YEAR

SECTION 1:

Background variables

B3(a) What country were you born in?

- England ☐ 1
- Wales ☐ 2
- Scotland ☐ 3
- Northern Ireland ☐ 4
- Republic of Ireland ☐ 5
- Other country ☐ 6

B3(b) Other country……

B4(a) How would you describe your ethnic group?

- White or White British ☐ 1
- Mixed ethnicity ☐ 2
- Asian or Asian British ☐ 3
- Black or Black British ☐ 4

Chinese ☐ 5

Other ☐ 6

Not sure ☐ 7

B4(b)

Other……

B5(a) What is your religion?

No religion ☐ 1

Christian (including Church of England, Catholic, Protestant and all other denominations ☐ 2

Buddhist ☐ 3

Hindu ☐ 4

Jewish ☐ 5

Muslim ☐ 6

Sikh ☐ 7

Any other religion ☐ 8

B5(b) Other religion……

B6(a) Have you got any educational qualifications?

Yes ☐ 1

(go to question **B6(b)**)

No ☐ 2

(go to question **B7(a)**)

B6(b) (If yes) **What is the highest qualification you've got so far?**

GCSEs (Less than 5) ☐ 1

GCSEs (5 or more, not including 5 A*-C) ☐ 2

GCSEs (5 or more including 5 A*-C) ☐ 3

A Level or equivalent ☐ 4

Degree or equivalent ☐ 5

Other ☐ 6

B6(c) Other……..……

B7 **How would you define your sexuality according to these categories?**

Heterosexual ☐ 1

Homosexual ☐ 2

Bisexual ☐ 3

Asexual ☐ 4

I'm not sure what my sexuality is ☐ 5

B8(a) **Do you have any brothers or sisters? (including half and step siblings)**

Yes – go to question **B8(b)** ☐ 1

No – go to question **B9** ☐ 2

B8(b) (If yes) **How many brothers and sisters do you have?**

i) Full brothers ☐☐ Or tick **Don't know** ☐ 88

ii) Full sisters ☐☐ Or tick **Don't know** ☐ 88

iii) Half-brothers ☐☐ Or tick **Don't know** ☐ 88

iv) Half-sisters ☐☐ Or tick **Don't know** ☐ 88

v) Step-brothers ☐☐ Or tick **Don't know** ☐ 88

vi) Step-sisters ☐☐ Or tick **Don't know** ☐ 88

B8(c) Comments ……..

B8(d) **Have any of your siblings been in care?**

Yes ☐ 1

(go to question **B8(e)**)

No ☐ 2

(go to question **B9**)

Don't know ☐ 3

(go to question **B9**)

B8(e) (If yes) **How many of your siblings have been in care?**

☐☐

B9 **How old was your mum when she gave birth to her first child?**

Prompt: Are you the eldest child?

☐☐

Prompt: If they don't know, ask:

How old is mum now?..... AND

How old is oldest child? ……

Care History

C1 **How old were you when you were first placed in care? (in years)**

☐☐

C2 **Can you tell me what was the main reason(s) you went into care?** *(Interviewer record if don't know)*

C3 **How many times were you in care?**

(i.e. were you in care for one continuous period or was it more than once)

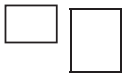
☐☐

C4 **How many placements did you have? (in total)**

☐☐

Or tick **Don't know** ☐ 88

C5 What age were you when you left care?



Living situation

L1(a) What is your current living situation?

Renting (signed a rental agreement, either with friends, partner family)	☐ 1
Homeowner	☐ 2
Hostel – go straight to **E1**	☐ 3
Staying with friends / sofa surfing	☐ 4
Living with parents / carers / other family (for free or paying rent to them)	☐ 5
Other	☐ 6

L1(b) Other……

L2 How many people do you live with? (not including you)

☐☐

Education & Employment

E1(a) Which of these best describes the main thing you currently do?

Full time education (e.g. at college / uni – inc. on vacation)	☐ 1
Part-time education (e.g. at college / uni – inc. on vacation)	☐ 2
In part-time education and paid work	☐ 3
Full time paid work (at least 30 hours per week)	☐ 4

Part-time paid work (less than 30 hours per week) ☐ 5

On government training / employment scheme ☐ 6

Unemployed and receiving benefit ☐ 7

Unemployed and not receiving benefit ☐ 8

Other ☐ 9

E1(b) Other……..

Social connectedness

SC1 **Who are the people you are closest to?**

Prompt: by this, we mean the people you would go to if you wanted to talk to or ask for advice

Back-code

i) ……
ii) ……
iii) ……

SC2 **How many close friends do you feel you have?**

Prompt: by a close friend we mean someone you can trust or confide in

☐☐

SC3 **Do you ever feel lonely?**

Never ☐ 1

Not often ☐ 2

Sometimes	3
Often	4
All the time	5

Health

H1 *CARD* **Choosing a number between 1 and 5, where 1 is bad and 5 is good, how do you rate your physical health right now?**

Bad	1
Somewhat bad	2
Ok	3
Somewhat good	4
Good	5

H2 *CARD* **Choosing a number between 1 and 5, where 1 is bad and 5 is good, how do you rate your emotional / psychological health right now?**

Prompt: mental health if participant does not understand psychological

Bad	1
Somewhat bad	2
Ok	3
Somewhat good	4
Good	5

H3(a) **Are you taking any type of medicine prescribed by a doctor right now?**

Yes ☐ 1

(go to question **H3(b)**)

No ☐ 2

(go to question **H4(a)**)

H3(b) (If you are taking prescribed medicine) **Can you tell me the name(s) of the medicine(s) and they are for?**

Prompt: mental and physical health

Name(s): ……

For:

H4(a) **Have you ever had a drink containing alcohol?**

Yes ☐ 1

(go to question **H4(b)**)

No ☐ 2

(go to question **S1(a)**)

H4(b) (If yes) **How old were you when you first started drinking alcohol?**

☐☐

H4(c) **In the last year, how often have you had a drink containing alcohol?**

Every day ☐ 1

A few times a week ☐ 2

About once a week ☐ 3

	Fortnightly	4
	Once a month	5
	Every few months	6
	Once or twice in the last 12 months	7
	Not at all in the last 12 months – go to question **S1(a)**	8

H4(d) *CARD demonstrating unit of alcohol* **In the last year, how often have you had six or more units of alcohol on one occasion?**

	Every day	1
	A few times a week	2
	About once a week	3
	Fortnightly	4
	Once a month	5
	Every few months	6
	Once or twice in the last 12 months	7
	Not at all in the last 12 months	8

Sex and relationships

S1(a) **Have you ever had consensual sexual intercourse? (i.e. you agreed to it)**

	Yes – go to question **S1(b)**	1
	No – go to question **P1**	2

S1(b) (If yes) **How old were you the first time you had consensual sexual intercourse?**

Pregnancy

P1 **Are you currently pregnant?**

Yes ☐ 1
No ☐ 2
I might be ☐ 3

P2(a) **Have you been pregnant before?**

Yes – go to question **P2(b)** ☐ 1
No ☐ 2

If no to P1 & P2(a), go to question P7

P2(b) (If yes) **how many times have you been pregnant?** (in total)

☐☐

P3(a) **How old were you when you first got pregnant?**

☐☐

P3(b) **How did the first pregnancy end?**

Currently pregnant ☐ 1
Birth ☐ 2
Miscarriage / stillbirth ☐ 3
Abortion ☐ 4
Other ☐ 5

P3(c) *Other / comments……..……...*

*If participant has only been pregnant once, go to question **P5(a)***

P4(a) **What about your second pregnancy, how did that end?**

Currently pregnant ☐ 1
Birth ☐ 2

Miscarriage / stillbirth ☐ 3

Abortion ☐ 4

Other ☐ 5

P4(b) Other……

P5(a) **When your first pregnancy occurred did you intend to get pregnant at that time in your life?**

Yes ☐ 1

(if pregnant once go to **P7**, if pregnant more than once go to **P6(a)**)

No ☐ 2

(go to question **P5(b)**)

P5(b) (If no) **Were you using contraceptives of any form when you got pregnant?**

Yes ☐ 1

(go to question **P5(c)**)

No ☐ 2

(go to question **P5(d)**)

P5(c) (If yes, using contraceptives) **Why do you think you got pregnant whilst you were using contraceptives?**

*If participant has only been pregnant once, go to **P7***

*If participant has been pregnant more than once, go to **P6(a)***

P5(d) (If no, not using contraceptives) **Was there any reason that you didn't use contraceptives?**

*If participant has only been pregnant once, go to **P7***

*If participant has been pregnant more than once, go to **P6(a)***

P6(a) **When your second pregnancy occurred did you intend to get pregnant at that time in your life?**

Yes – go to question **P7** unless been pregnant a third time ☐ 1

No – go to question **P6(b)** ☐ 2

P6(b) (If no) **Were you using contraceptives of any form when you got pregnant?**

Yes ☐ 1

(go to question **P6(c)**)

No ☐ 2

P6(c) (If yes, using contraceptives) **Why do you think you got pregnant whilst you were using contraceptives?**

*Go to **P7** unless been pregnant for a third time*

(go to question **P6(d)**)

P6(d) (If no, not using contraceptives) **Was there any reason that you didn't use contraceptives?**

P6(e)

Comments……(comments on all pregnancies and if third pregnancy please complete details here)

P7(a) *CARD* **In general, at what age do you think a woman is too young to have a baby?**

☐☐

P7(b) Comments……..

Social functioning (activities / aspirations)

A1(a) **In your spare time, do you take part in any organised activities?**

Prompt: By organised we mean things like team sports, an individual sports lesson or class, a music lesson, drama etc

Yes – go to question **A1(b)** ☐ 1

No – go to question **A2(a)** ☐ 2

A1(b) (If yes) **What activity / ies is this?**

A1(c) **How often do you do the activity / ies?**

A few times a week or more ☐ 1

Once a week ☐ 2

Once or twice a month ☐ 3

Less than once a month ☐ 4

Don't know ☐ 5

A2(a) **Is there anything you'd like to do in your spare time but feel you can't for some reason?**

Yes – go to question **A2(b)** ☐ 1

No – go to question **A3** ☐ 2

A2(b) (If yes) **can you tell me what you would like to do in your spare time?**

A2(c) **And what stops you doing this in your spare time?**

……

A3 **How often do you feel bored?**

Never ☐ 1

Not often ☐ 2

Sometimes ☐ 3

Often ☐ 4

All the time ☐ 5

A4(a) What would you have liked to have achieved in 5 years' time?

Up to three things

i) .....

ii) .....

iii) .....

A4(b) *CARD* **Choosing a number between 1 and 5, where 1 is very unlikely and 5 is very likely, how likely do you feel it is that you can achieve these things?**

Very unlikely	1
Unlikely	2
Somewhat likely	3
Likely	4
Very likely	5

Appendix 9 Follow-up qualitative interview schedules for participants aged 14–18 years, participants aged 19–25 years and project co-ordinators

12 month follow up interview schedule = Young women age 14-18 who received a mentor

Mentee ID ……

Date …….

Before interview explain:

- Non-judgemental interview.
- Don't have to answer questions if don't want to.
- Confidentiality – only researchers and our research partners. Limits to confidentiality.
- Anonymity – write up will be anonymised, and reporting/publications.
- With your permission, like to audio record
- Quiz: Ask mentee to complete a quiz. Following this, look at the answers. Then switch on tape recorder.
-

SECTION 1: Initial involvement in the Carmen Study

i) **Can you tell me how you became involved in the Carmen Study?**
ii) **How did you hear about the study?**

Probes: Who told you about it? How? (phone call / face to face?) What did they say?
Did they introduce the study using the information leaflets?

iii) **What did you think about the study when you first heard about it?**
iv) **What were you hoping to get out of taking part in the study?**
v) **What did you think of the information you received about the study?**
vi) Letters? Information sheets?
vii) **Did you see any posters about the study?** If yes, where?
viii) **Was there anything in particular in the materials that attracted you to the study?**
ix) **Is there anything you remember that could have made the materials look more attractive / appealing?**

SECTION 2: Consent and baseline meetings

i) **Overall do you feel you had all the information you needed to consent to take part in the study?**

Probe: Was there any time you felt you needed more information?

ii) **How did you feel about taking part in the first interview with me, where you filled in questionnaires?**

Probe: Did you feel comfortable talking to me? What did you think of the questions? To what extent were the questions appropriate to ask? (anything uncomfortable to answer?)

SECTION 3: Randomisation to the research study

Young women like you who consented to take part in the study had a 50% chance of receiving a mentor. I.e. they either got allocated to receive a mentor or they continued to receive their usual care. The decision about which young women were placed into which group was made at random by a computer.

i) What is your understanding of why, in this research, young women were allocated to one of two groups?

Once answered above say:

The reason the researchers used randomisation to two groups was because we wanted to see if mentoring for young women in care is helpful. To find out, we needed to compare the experiences of those who received a mentor with those who did not.

ii) If you can remember, who first explained randomisation to you?

Probe: If it was referrer (rather than researchers) how did they explain it?

iii) **When I explained randomisation to you during the consent meeting with you last year, do you think you understood the meaning and purpose of it then?**

Probe: If not, how could have been explained differently to you?

iv) **What did you think at the time about the idea that you may or may not be allocated to receive a mentor?**

Probes:

- Did that element of chance bother you?
- Did the element of chance affect the way you felt about taking part in the study?

v) How did you feel when you found out you had been randomly allocated to receive a mentor?

vi) Can you remember what happened next?

Probe: Which person informed you of who was going to be your mentor? i.e. PC, a researcher, a mentor who called you?

vii) **How long was it from finding out you were going to have a mentor to actually meeting your mentor for the first time?**

Probes:

- Are you aware of why there was a delay? Were you kept informed about the delay? By whom?
- What did you make of the fact that there was this delay? Did this affect you in any way?

SECTION 4: Meeting my mentor

I'd like to ask a few questions about the time you met your mentor for the first time.

i) **Before going to the first meeting, did anyone tell you what to expect from the first meeting / what would be discussed?**

ii) **Before going to the first meeting, were you given any information about your mentor?**

iii) **Before going to the first meeting, do you remember how you felt about meeting her for the first time?**

iv) **Can you describe how you felt when you met her on that first occasion?**

v) **How was the meeting arranged? Where did the meeting take place?**

vi) **Who was present? What kind of support did you get during or after the first meeting?**

vii) **What was your first impression of your mentor? Did you feel you could work together?**

viii) **How about after the meeting, did your impression of her change in any way?**

ix) **Can you remember what things you discussed during that first meeting with your mentor?**

x) **Can you recall anything striking about this first meeting? (OR can you recall anything that made an impression on you?)**

xi) **During the initial meeting, did your mentor / PC mention how long the mentoring would last? - If not, when did they mention**

this? (If mentor did not mention this at all, did they know how long it would last? Who told them? i.e. researchers?)

xii) **At the end of that meeting what arrangements did you make to contact each other again?** (Phone or face to face)

xiii) **What happened after that first meeting? (How long was it between the first and second face to face meeting?)**

xiv) **Can you suggest how the first meeting between mentor and mentee could be done in a better way in future?**

xv) ONLY if mentee had frequent contacts over first couple months, ask:

Can you describe your relationship with the mentor over the first few sessions? Can you describe how the mentoring relationship developed? What helped to develop it?

SECTION 5: <u>Content of mentoring relationship</u>

……
……

Question	**Once a week**	**Every two weeks**	**Once a month**	**Every two months**
I spoke to my mentor on **the phone**				
by text				
by email				

Question	Once a week	Every two weeks	Once a month	Every two months
On average, I met my mentor face to face …				

I. **Level of contact:**

- **From what you ticked in the quiz, you most often kept in contact with your mentor by XX, can you tell me why?** - Was this your preferred method of contact?
- **Can you give me some examples of the things you generally discussed on phone/texting?**
- **You have been meeting face to face with your mentor XX** (see table – fortnightly/monthly) etc.)**, can you tell me how you came to this arrangement?**
- **Did your contacts with the mentor increase over time or decrease over time?**
- **In general, would you have liked to have had more contact with your mentor or less contact with your mentor? Why? Have you ever discussed this with your mentor? Why?**
- **What transport did you generally use to go to the meeting with your mentor? Have you ever experienced any problems with meeting up with your mentor, transport wise? Can you tell me more?**
- **Did you ever experience any other difficulties meeting up with your mentor? If yes what? How did you resolve this at the time?**
- **When you met face-to-face with your mentor can you give me some examples of the things you talked about?**

If the contacts stopped for a length of time

- After how many months did the contact begin to slow down / stop?
- How long were the gaps between each meeting with your mentor? For how long did this go on for?

- Did you talk to each other about suspending contact for a while or was it a natural process? – What was the reason?

- Was the reason that the contacts got less frequent ever discussed between the two of you?

- Did you speak to anyone about the fact that you weren't seeing your mentor?

- Not meeting with you mentor for a long time - did that impact on you in any way? Can you elaborate?

- Did the contacts pick up again? How did this come about, e.g. who established contact again?

II. Activities:

- **Can you please describe the kind of things you did with your mentor when you met up? –Can you describe a typical outing together?**

- **Can you tell me how you decided about the things you would do when meeting up?**

- **Was the location and time of meetings convenient to you?**

- **What did you think of the activities you did together? – Did you always like the activities? Which activities engaged you the most?**

Probe: If they didn't like the activities - why? Did you raise this with your mentor?

- **Were there any activities you would have liked to do, but did not do? Why did you not do them?**

Question	Yes	No
My mentor talked to me about where I could get contraception, about healthy relationships and about how to keep safe		

Topics – General

- **Can you give me some examples of the kind of things you discussed with your mentor?**
- **What were the things you wanted to talk about with your mentor?**
- How did you mentor **respond to the** things you have raised with her? (Probe: was she interested / disinterested? she identified solutions? was she helpful?
- **Can you give me an example of the most helpful response you had to an issue you raised with your mentor?**
- **Can you also me an example of a less helpful response to an issue you have raised with your mentor?**

Topics – sex, healthy rels, contraception, keeping safe

- **At what point in your relationship did your mentor talk to you about sex and healthy relationships?**
- **Could you give me some examples of the issue related to sex/ relationships you have talked about?**
- **Can you tell me how these conversations were brought up?**
- **How did you feel about talking to your mentor about sex/relationships?**
- **When you spoke about sex/ relationships with your mentor did you feel you learned something new? Can you elaborate on this?**
- **What where the things you have learned from your mentor you did not know before?**

If they say mentor didn't talk to them about sex and rels, why do they think that was? Would they have liked to? What would they have wanted to discuss? To learn?

Question	Yes	No
My mentor informed me I should seek help and support from other services when I needed it (for issues such as mental health or sexual health)		

Question	Yes	No
At some point during the mentoring relationship, my mentor attended appointments with me (e.g. medical, sexual health)		

III. Signposting

- **Did your mentor encourage and / or suggest you go to a sexual health service / any other kind of service?** (and / or did you ask your mentor about additional support?)
- **What support did your mentor suggest? What service did they suggest you go to?**
- **Did you access any additional support from social services about sexual health/mental health/housing/benefits -** What support did you get? What service did you go to?
- **Did your mentor accompany you to attend any appointment with health professionals? Can you tell me more about this?**
- **How did you feel about going to the service? Was it helpful to have a mentor with you?**

If mentor did not encourage / suggest mentee go to any kind of service or accompany them to any appointments - ask would it have been helpful if your mentor had attended appointments with you?

……
…….

Question	Always	Often	Sometimes	Never
Over the last year my mentor was available to talk to when I wanted				

Question	Yes	No
My mentor set any rules / arrangements for the relationship (i.e. things I was / wasn't supposed to do)		

IV. Mentor availability and boundaries

- **Was the mentor available when you wanted her to be? (or needed her most?)**
- **Can you tell me the how the mentor made herself available? Probe: By phone? Text?**
- **At what kind of times was your mentor available?**
- **Can you tell me about any rules/agreements between the two of you – for e.g. when you could and could not speak with her? Were there any other rules or agreements?**
- **Did having set these agreements help your relationship with your mentor?**
- **Did you ever want to call your mentor, but did not because you felt it was beyond what you could ask of your mentor?**
- **During your relationship with your mentor, did you ever felt restricted by the rules / agreements? How were the issues overcome?**

V. Support required

- **Did you ever feel you wanted to talk about your mentor to someone else?**
- **If you wanted to talk about your mentoring relationship with someone other than your mentor, who did you talk to?**

Prompt: Did you ask your SW or PC?

- **What were the issues that you wanted to talk to the other person about?** What was the outcome?

Question	Yes	No
My mentor ended the relationship in a planned and sensitive way to meet my needs		

VI. Endings

- **How long do you think mentoring should last for?**
- **Did you mark the end of the relationship?** How? (If not, why not?)
- **What did you think of how the ending was marked?** (or if there was no final meeting as it had trailed off ask - **what did you think of the way the relationship ended?)**
- **Would you have liked the relationship to continue?** Why? Why not? For how long? What would the reason be?
- **Is there anything you feel you need help/support with now that the relationship has ended? Did you discuss on-going support and who would provide it?**
- **Would you like to stay in contact with/continue seeing your mentor?**
- **If yes, have you discussed this with your mentor and / or the project coordinator? What was the result?**

VII. Overall feelings

- **How would you describe the mentoring approach/style of your mentor?**

(E.g. was she open, warm, talkative, curios about you, interested in your well-being, helpful etc)

- **How would you describe your relationship with your mentor?**

Probe: how do you think it worked out in the end?

- **How long did it take to develop the relationship you have described?**
- **Do you think your mentor was a good match for you?**

Probe: Were they the right mentor for you? If yes, Why? If No, what type of person would you has liked to be matched with – on what basis?

SECTION 6: Impact of mentoring relationship

i) Can you tell me, what were the positive things about having a mentor?

ii) What were the negatives of having a mentor?
(If no answer, refer back to any difficulties they've mentioned)

iii) Has having a mentor made you think differently about anything or any aspects of your life? (If yes, what? Why?)

- Confidence, independence, self-esteem, overcoming problems?
- New experiences and aspirations?
- Attitudes to relationships, pregnancy and contraception
- educational engagement – school attendance, attainment,
- aspirations regarding education and work
- Impact on social relationships – no. friends, rels. With carers / family
- Health Use of alcohol and drug use, cigarettes
- Contact with police
- Feelings about yourself, self-esteem, confidence

iv) Another way of asking – **What, if anything did you gain?**
Probe: What exactly about having a mentor led you to gain those things?

v) Is there anything else you want to tell me about having a relationship with a mentor, that you think may be important?

SECTION 7: Components of a mentoring relationship

i) Now you have experienced having a mentor - if you were to design a new mentoring scheme for young people like yourself – what were the things you would do differently? And why. (OR what suggestions would you make)
Probe: how often would you have contact? What kind of contact?

ii) How about the meetings with the mentor, would you change anything about them, if so what?

iii) How about the mentor? Have you got any recommendations about what the ideal mentor should be like?

Probe: what qualities should they have? If they do not understand - use there term personal characteristics

vi) Given the opportunity, would you to like to have a mentor again in the future and why?

vii) **Would you see yourself ever wanting to be a mentor?** (Why / why not?)

SECTION 8: INVOLVEMENT IN THE CARMEN STUDY RESEARH

i) **Your involvement in this research has been invaluable to us; I would like to know what your experience has been in taking part in this research, and particularly about being interviewed by the research team?**

Probe: Comfort answering personal questions, opinion of voucher payments for interview

ii) **Do you think you would have consented to take part in this study if you had not been offered a voucher payment?**

iii) **We had some difficulties in recruiting people like you to take part in the study; do you have any recommendations on how to improve this so as to increase the number of young people taking part?**

iv) **To what extent do you feel you have been kept informed by us about the progress of the research over the last year?**
Probe: Letters about meetings, the newsletter / survey.

v) **Is there anything else we could have done, at any stage of the study, to make you feel involved with the research?**
vi) **Would you put yourself forward to take part in research like this again? Or recommend it to someone else?**
Probe: Why / why not?

Any other comments on your involvement in the study?

12 month follow up interview schedule

Young women age 14-18 - control group

Mentee ID ……

Date …….

Before interview explain:

- Non-judgemental interview.
- Don't have to answer questions if don't want to.
- Confidentiality – only researchers and our research partners. Limits to confidentiality.
- Anonymity – write up will be anonymised, and reporting/publications.

With your permission, like to audio record

SECTION 1: Initial involvement in the Carmen Study

i) Can you tell me how you became involved in the Carmen Study?

- **How did you hear about the study?** – Who told you about it? On phone / face to face? What did they say? Did anybody introduce the study to you using the information leaflets?
- **What did you think about the study when you first heard about it?**
- **What attracted you to take part in the Carmen study?** What were you hoping to get out of taking part in this study? (Probe further: were these hopes met?)

- **What did you think of the information you received about the study?**
  Information sheets?
- **Did you see any posters about the study?** If yes, where?
- **Was there anything in particular in the materials that attracted you to the study?**
- **Is there anything you remember that could have made the materials look more attractive / appealing?**

Consent and baseline meetings

i) Overall, did you feel you had all the information needed to consent to take part in the study?

Probe: was there any time when you felt you needed more information?

ii) How did you feel about taking part in the first interview with me, where you filled in questionnaires?

Probe: Did you feel comfortable talking to me? What did you think of the questions? To what extent were the questions appropriate to ask? (Anything uncomfortable to answer?)

Randomisation to the research study

Young women like you who consented to take part in the study had a 50% chance of receiving a mentor. I.e. they either got allocated to receive a mentor or they continued to receive their usual care. The decision about which young women were placed into which group was made at random by a computer.

i) What is your understanding of why, in this research; young women were allocated to one of two groups?

Once i) is answered say;

The reason the researchers used randomisation to two groups was because we wanted to see if mentoring for young people in care is helpful. To find out, we needed to compare the experiences of the group who received a mentor with those who did not.

viii) If you can remember, who first explained randomisation to you?

Probe: If it was referrer (rather than researchers) how did they explain it?

ix) **When I explained randomisation to you during the consent meeting with you last year, do you think you understood the meaning and purpose of it then?**

Probe: If not, how could have been explained differently to you?

ii) At the time (about a year ago) what did you think about the idea that you may or may not be allocated to receive a mentor?

Did that element of chance bother you?

Did the element of chance affect the way you felt about taking part in the study?

iii) How did you feel when you found out you would not be allocated to receive a mentor?

iv) Have you had any contact with other young women who consented to take part in the study? – What did you speak about? (Could be someone who had a mentor or someone who did not)

If you had contact with someone who did get a mentor what did you discuss? How did you feel about that? Did it affect you in any way?

SECTION 2: Mentoring relationships

We designed a mentoring programme which we hoped would support young women and have a range of positive impacts.

We would like to have your views about it, which would be very helpful to us for the future.

I. **Do you think that having a mentor is something that would be helpful to young people in care?**
II. **In what ways do you think it would be helpful to have a mentor?**
III. **What are the things that people like you could ask a mentor for help / advice with?**
IV. **What do you think the aim of a mentoring relationship for someone in care should be?**

Probe: What should be the purpose of it? What might the pairs aim to achieve?

V. **What should mentors/mentee be talking about when they meet?**
VI. **In your view what activities could a mentor and mentee do together?**

The research team suggested that the mentors in this study met with their mentee once a week, face to face for one hour. We asked mentors to discuss sex and healthy relationships with their mentees at some point in the relationship.

VII. **Would you find it acceptable if a mentor talked to you about sex, contraception and having positive intimate relationships? (Why/ why not?)**
VIII. **Are these topics that you feel you would like to discuss with someone at the moment? (Why / why not? If not, what are the relevant topics to you?**

Mentors in the Carmen study are asked to meet with their mentee once a week, face to face, for one year.

IX. **What are your thoughts about the contact of the mentoring relationship?**

Probe: Would once a week, face to face be acceptable to you? If not, what would be acceptable to you?

X. **Thinking about the things you do during your week at the moment, would have any practical issues with meeting with a mentor once a week?**

Probe: Travel (car/public transport / other commitments)

XI. The mentoring relationship lasts 12 months, what are your thoughts about the length?

Probe: Long enough? Too long?

XII. Ideally, in your view, how old should a mentor be?

XIII. Do you think the gender of the mentor matters? Why?

XIV. What are your thoughts about the idea that the mentor is someone like you, who once had experience of being in care?

XV. What in your view, should a mentor be like?

Probe: what qualities should they have? If they do not understand - use there term personal characteristics

SECTION 3: INVOLVEMENT IN THE CARMEN STUDY RESEARH

vii) Your involvement in this research has been invaluable to us; I would like to know what your experience has been in taking part in this research, and particularly about being interviewed by the research team?

Probe: Comfort answering personal questions, opinion of voucher payments for interview

viii) Do you think you would have consented to take part in this study if you had not been offered a voucher payment?

ix) We had some difficulties in recruiting people like you to take part in the study; do you have any recommendations on how to improve this so as to increase the number of young people taking part?

x) To what extent do you feel you have been kept informed by us about the progress of the research over the last year?

Probe: Letters about meetings, the newsletter / survey.

xi) Is there anything else we could have done, at any stage of the study, to make you feel involved with the research?

xii) Would you put yourself forward to take part in research like this again? Or recommend it to someone else?

Probe: Why / why not?

Any other comments on your involvement in the study?

12 month follow up interview schedule

Mentors aged 19-25

Mentor ID ……

Date …….

Before interview explain:

- Non-judgemental interview.
- Don't have to answer questions if don't want to.
- Confidentiality – only researchers and our research partners. Limits to confidentiality.
- Anonymity – write up will be anonymised, and reporting/publications.
- With your permission, like to audio record the interview. Audio recording and transcript will be saved in a safe way.

SECTION 1: Initial involvement in the Carmen Study (phase II mentors only)

x) **Can you tell me how you became involved in the Carmen Study?**

xi) **How did you hear about the study?**

Probes: Who told you about it? How? (Phone call / face to face?) What did they say?
Did they introduce the study using the information leaflets?

xii) **What did you think about the study when you first heard about it?**

xiii) **What were you hoping to get out of taking part in the study? (or being a mentor?)**

Probe: What were the incentives for you? – What did you think of the Carmen research incentives? (Adequacy)

xiv) **What did you think of the information you received about the study?**
Letters? Information sheets?

xv) **Did you see any posters about the study?** If yes, where?

xvi) **Was there anything in particular in the materials that attracted you to the study?**

xvii) **Is there anything you remember that could have made the materials look more attractive / appealing?**

SECTION 2: Training and consent

iii) How did you feel the training prepared you for the role of mentor?

iv) Can you talk me through how you felt after the training?

v) After training, how did you feel about taking part in the consent interview with me, where you filled in questionnaires?

Probes:
- Did you have all the information you needed to consent?
- Did you feel comfortable talking to me?
- What did you think of the questions? To what extent were the questions appropriate to ask? (Anything uncomfortable to answer?)

vi) We know that in some case there was a long wait between training and the allocation to a mentee, can you tell me what was your experience?

Probe: What did you do during this time? Did you make any enquires about it? What impact did the long wait have on you?

SECTION 3: Meeting my mentee

I'd like to ask a few questions about the time you met your mentee for the first time.

xvi) **Before going to the first meeting, did anyone tell you what to expect from the first meeting / what would be discussed?**

xvii) **Before going to the first meeting, were you given any information about your mentee?**

xviii) **Before going to the first meeting, do you remember how you felt about meeting her for the first time?**

xix) **Can you describe how you felt when you met her on that first occasion?**

xx) **How was the meeting arranged? Where did the meeting take place?**

xxi) **Who was present? What kind of support did you get during or after the first meeting?**

xxii) **What was your first impression of your mentee? Did you feel you could support her?**

xxiii) **How about after the meeting, did your impression of her change in any way?**

xxiv) **Can you remember what things you discussed during that first meeting with your mentee?**

xxv) **Can you recall anything striking about this first meeting? (OR can you recall anything that made an impression on you?)**

xxvi) **During the initial meeting, did you / PC mention how long the mentoring would last? - If not, when did you mention this?** (If mentor did not mention this do they remember when they mentioned it? Was the mentee aware already?)

xxvii) **At the end of the first meeting what arrangements did you make to contact each other again?** (Phone or face to face)

xxviii) **What happened after that first meeting? (How long was it between the first and second face to face meeting?)**

xxix) **Can you suggest how the first meeting between mentor and mentee could be done in a better way in future?**

xxx) ONLY if mentor had frequent contacts with mentee over first couple months, ask:

Can you describe your relationship with the mentee over the first few sessions? Can you describe how the mentoring relationship developed? What helped to develop it?

SECTION 4: Content of mentoring relationship

Question	Once a week	Every two weeks	Once a month	Every two months
I spoke to my mentee on **the phone**				
by text				
by email				

Question	Once a week	Every two weeks	Once a month	Every two months
On average, I met my mentee face to face …				

VIII. Level of contact:

- **From what you ticked in the quiz, you most often kept in contact with your mentee by XX, can you tell me why?** - Was this your preferred method of contact?
- **Can you give me some examples of the things you generally discussed on phone/texting?**
- **You have been meeting face to face with your mentee XX** (see table – fortnightly/monthly) etc.)**, can you tell me how you came to this arrangement?**
- **Did your contacts with the mentee increase over time or decrease over time?**
- **In general, would you have liked to have had more contact with your mentee or less contact with your mentee? Why? Have you ever discussed this with your mentee? Why?**
- **What transport did you generally use to go to the meeting with your mentee? Have you ever experienced any problems with meeting up with your mentee, transport wise? Can you tell me more?**
- **Did you ever experience any other difficulties meeting up with your mentee? If yes what? How did you resolve this at the time?**

Probe: Mentors who have a child – was childcare an issue for you? How did you manage this?

- **When you met face-to-face with your mentee can you give me some examples of the things you talked about?**

If the contacts stopped for a length of time

- After how many months did the contact begin to slow down / stop?
- How long were the gaps between each meeting with your mentee? For how long did this go on for?
- Did you talk to each other about suspending contact for a while or was it a natural process? – What was the reason?
- Was the reason that the contacts got less frequent ever discussed between the two of you?
- Did you speak to anyone about the fact that you weren't seeing your mentee?
- Not meeting with you mentee for a long time - did that impact on you in any way? Can you elaborate?
- Did the contacts pick up again? How did this come about, e.g. who established contact again?

IX. Activities:

- **Can you please describe the kind of things you did with your mentee when you met up? –Can you describe a typical outing together?**
- **Can you tell me how you decided about the things you would do when meeting up?**
- **Was the location and time of meetings convenient to you?**
- **Were there any activities you would have liked to do, but did not do? Why did you not do them?**

Question	Yes	No
At some point in the relationship, I talked to my mentee about healthy relationships, how to keep safe and where they could get contraception		

X. Topics – General

- **Can you give me some examples of the kind of things you discussed with your mentee?**
- **What were the things you think your mentee needed support with?**
- **How did you respond to the things she raised with you?**

Probe: were you interested / disinterested? identified solutions? helpful?

- **Can you give me examples of responses you gave to an issue your mentee raised with you? –** Do you think they were helpful / unhelpful?

Topics – sex, healthy rels, contraception, keeping safe

- **At what point in your relationship did you talk to your mentee about sex and healthy relationships?**
- **Could you give me some examples of the issue related to sex/ relationships you talked about?**
- **Can you tell me how these conversations were brought up?**
- **Did you feel your mentee needed help with healthy relationships and safe sex?**
- **How did you feel about talking to your mentee about sex/relationships?**
- **Did you need extra information / support with talking to your mentee about sex/relationships?? Did the booster training help with this?**
- **Is there something that would've made it easier to talk about these things with your mentee? (e.g. activities / prompts)**

- **When you spoke about sex/ relationships with your mentee did you feel she learned something new? Can you elaborate on this?**

If they didn't talk to mentee about sex and rels, why not?

……
……

Question	Yes	No
I encouraged my mentee to seek help and support from other services when they needed it (for issues such as mental health or sexual health)		

Question	Yes	No
At some point during the mentoring relationship, my mentor attended appointments with me (e.g. medical, sexual health)		

XI. Signposting

- **Did you encourage and / or suggest your mentee go to a sexual health service / any other kind of service?** (and / or did your mentee ask you about additional support?)

- **What support did you suggest to your mentee? What service did you suggest they go to?**

- **Did they access any additional support from social services about sexual health/mental health/housing/benefits -** What support did they get? What service did they go to?

- **Did you accompany your mentee to any appointments with health professionals? Can you tell me more about this?**

- **How did you feel about going to the service? Do you think it was helpful to go with your mentee?**

If mentor did not encourage / suggest mentee go to any kind of service or accompany them to any appointments – Was there any indication that it would have been helpful if you had?
Why didn't you?
……
……

I set rules / arrangements for the relationship (i.e. such as times I was available for them)		

XII. Mentor availability and boundaries

- **Can you tell me the how you made yourself available to your mentee?**

Probe: By phone? Text?

- **At what kind of times were you available for them?**

- **Can you tell me about any boundaries/agreements between the two of you – for e.g. did you tell your mentee the times you were available? Were there any other boundaries or agreements?**

- **Did having set these agreements help your relationship with your mentee?**

Probe: Did they stick to the arrangements?

If mentor did not set any boundaries ask - **Why didn't you set boundaries? In hindsight, would this have been helpful? How? What boundaries would have been useful?**

……
……

Question	Yes	No
I felt I had sufficient training for the role of peer mentor		

Vi) Training

- **How do you think the training impacted on your ability to be a mentor?**
- **Once you began mentoring, did you feel there was a topic that should have been covered during training that was not? / Or you felt you needed more help in an area?** What was it?
- **To what extent was the booster training useful? Why?**

Any other comments about training?

Question	Always	Often	Sometimes	Never
I had concerns about my mentee				

Question	Always	Often	Sometimes	Never
I felt supported and valued by the project coordinator in my role as mentor				

- **Concerns**
- **Were there times you had concerns about your mentee's behaviour AND / OR safety?** (If yes, please give examples of concerns you had about your mentee).
- **What did you do? / Were you sure when to pass things on?**
- **What was the outcome? How supported did you feel about passing things on?** (Who supported you?)
- **PC Support**

- **How many times per week / month did you speak to the coordinator?**
- **Did the coordinator call you / did you call her? Did you have any difficulties contacting her?**
- **Overall, how supported did you feel by PC?**
- **Did you feel you needed support from anyone else in relation to the mentoring? Did you ask them for support?**
- **Were you in contact with the mentees social worker / SOT worker? -** If yes, in what circumstances? How helpful was that? - If you were not in contact with the mentees social worker / SOT worker, would that have been helpful? In what circumstances?
- **Whilst you were a mentor, how often did you get in touch with other mentors?**

  Probe: In what form? How often?
  If you had little contact with other mentors, would you have liked to have more contact? What would have helped to make that happen?
- **Did you find it helpful to get in touch with other mentors? In what ways was it helpful? If was not helpful why this was so.**
- **Support group**
- **What did you think about the monthly support group?** Did you attend them? How often / many? If not, why not?
- **Can you give me some examples of the things you did or discussed during these monthly meeting? Did the meetings you attended differ very much?**
- **What did you bring up in the meetings?**

Probe: How was it dealt with by PC?

- **To what extent were support group meetings helpful?**
- **If this project was delivered in future, what do you think the content of a support group meeting should be?** (Would anything else have been more useful? what should be covered?)
- **Would you have liked more / less support from the PC?**
- **What additional support would you have liked?**

……
……

Question	Yes	No
I ended the mentoring relationship in a planned way		

- **Endings**

- **Have you got any thought about the length of the mentoring intervention? (Did it feel too long? etc)**

- **How did you go about ending your relationship with your mentee?**

- **Was there something else you would have liked to do, but felt you could not?**

- **How did both of you feel about the relationship ending?**

- **Now that the relationship has ended, is there anything you feel your mentee needs help with? Did you discuss on-going support for your mentee and who would provide it?**

- **How do you feel now about the fact the relationship has ended?**

- **Are you going to stay in contact with/continue seeing your mentee?**

- **Have you already discussed this with your mentee and / or the project coordinator? What was the result?**

XIII. Overall feelings

- **How would you describe your relationship with your mentee?**

Probe: how do you think it worked out in the end?

- **How long did it take to develop the relationship you have described?**

- **Do you think your mentee was a good match for you?**

Probe: Were they the right mentee for you? If yes, Why? If No, what type of person would you has liked to be matched with – on what basis?

……
……

Question	1	2	3	4	5
On a scale of 1 to 5, where 1 is unsatisfactory and 5 is satisfactory, how satisfactory were the incentives for mentoring? (In recognition of your time and effort as a mentor, you received £40 vouchers a month and could opt to gain an ASDAN qualification).					

vii) Incentives for mentoring

- What did you think of receiving £40 vouchers per month?

Probe: Would you have been prepared to mentor if you had not received £40 month in vouchers

- **What did you think about the option to get an Asdan?**

- **Did you complete Asdan?**

  If yes, why did you do it? How did you find the process of doing it? Are you pleased you did it? Would you do it again?

  If you did not do Asdan, why not? Could anything have been done to help you?

- **Is there anything else you think mentors should have received for their participation?**

……
……

Question	Always	Often	Sometimes	Never
I completed my mentor diary after every contact with my mentee and on a weekly basis				

viii) Mentor diary

- Did you complete it? Why / Why not?
- What prevented you from completing it?
- Did you complete it more often on phone or online?
- Did you prefer to do it on your phone / online?
- What could make it easier to complete a diary?

SECTION 5: Impact of mentoring relationship

viii) Can you tell me, what were the positive things about being a mentor?

ix) What were the negatives of being a mentor?
(If no answer, refer back to any difficulties they've mentioned)

x) Has being a mentor made you think differently about anything or any aspects of your life? (If yes, what? Why?)

- Confidence, independence, self-esteem, overcoming problems?
- New experiences and aspirations?
- Attitudes to relationships, pregnancy and contraception
- educational engagement – college / university attendance, attainment,
- aspirations regarding education and work
- Impact on social relationships – no. friends, rels. With carers / family
- Health Use of alcohol and drug use, cigarettes
- Contact with police
- Feelings about yourself, self-esteem, confidence

xi) Another way of asking – **What, if anything did you gain?**
Probe: What exactly about being a mentor led you to gain those things?

xii) Is there anything else you want to tell me about having a relationship with a mentee, that you think may be important?

SECTION 6: Components of a mentoring relationship

iv) Now you have experienced being a mentor - if you were to design a new mentoring scheme for young people– what were the things you would do differently? And why. (OR what suggestions would you make)
Probe: how often would you have contact with a mentee? What kind of contact?

v) How about the meetings with the mentee, would you change anything about them, if so what?

xiii) Given the opportunity, would you to like to be a mentor again in the future and why?

SECTION 7: INVOLVEMENT IN THE CARMEN STUDY RESEARH

xiii) Your involvement in this research has been invaluable to us; I would like to know what your experience has been in taking part in this research, and particularly about being interviewed by the research team?

Probe: Comfort answering personal questions, opinion of voucher payments for interview

xiv) Do you think you would have consented to take part in this study if you had not been offered a voucher payment?

xv) We had some difficulties in recruiting people like you to take part in the study; do you have any recommendations on how to improve this so as to increase the number of young people taking part?

xvi) To what extent do you feel you have been kept informed by us about the progress of the research over the last year?
Probe: Letters about meetings, the newsletter / survey.

xvii) Is there anything else we could have done, at any stage of the study, to make you feel involved with the research?
xviii) Would you put yourself forward to take part in research like this again? Or recommend it to someone else?
Probe: Why / why not?

Any other comments on your involvement in the study?

PC interview at the end of 12 months

PART 1: INITIATING THE RELATIONSHIPS

- Can you talk to me about how you decided on matching the mentors and mentees?

  Probe: How did you decide on matches? On what basis?

  Do you think those were good decisions based on how it worked out?

  What might you do differently if you were to do it again?

- How did you inform the mentors and mentees? (How did they react?)

- What do you think of the initial meetings in terms of how successful they were in starting the relationships off on a positive footing?

Probe: Who was there? What did they discuss? (Did they set boundaries for relationships? Did they set up further meetings?

Do you think the mentors could manage the meetings?

Would you recommend those initial meetings be delivered in a different way?

PART 2: MANAGING RELATIONSHIPS

- What were the tasks in managing the mentoring intervention once it started?

- How did managing the relationships impact on your time?

- How much time did it take up?

- How much time do you think it should take up?

- What was the most difficult thing about managing the mentoring intervention?

Probe: What was most difficult about managing the mentors themselves?

Did you feel it was part of your role to tell them when they were not fulfilling their responsibilities? If not, whose role was it?

Did you have confidence to tell them?

- What did you have concerns about / need advice about?

Probe: Why? – Did you not feel you had autonomy to make decisions about welfare?

- Why do you think young people didn't meet regularly?

- From discussion with the mentors and mentees, what else do you think they wanted? (e.g more money? i.e group meetings?)

- What could be done to overcome those problems

Probe this is not just about barriers young people have as individuals to meeting up but including structure of programme and how it could be improved.

PART 3: SUPPORT GROUP

- How often did you do the support group?

Probe: Was it as often as requested by Carmen Study team?

As often as you had hoped? If not, why?

- How many young people came to support group?

- What was discussed?

Probe: How did you decide what was covered (Did you use Carmen Study suggestions?)

Did you plan meetings? If not, would it have been more useful if you did?

- Do you think support group was useful?

- Can you tell me how you managed the money? – Handing it out (When, where, keeping records.

Probe: How would you handle the money differently?

- Did anyone do Asdan? What was done in support group regarding Asdan

Probe: Could the Asdan have been encouraged more? Supported better by you / others?

PART 4: OTHER SUPPORT

- How far did you give ad-hoc support to mentors? - In what circumstances? Through what means? How much time did it take up?

- What prevented you from offering ad-hoc support?

- In your views there a better way to support the mentors?

What would you differently if you did this again?

- What about mentees? – Did you support them?

Probe: Did you ring them? Did they call you? Why? If this was delivered again, would they need additional support?

- Did you feel supported by Carmen Study team?

Probe: Did we give you adequate information about what was required in your role?

What else could we have done to make it easier for you to carry out the role?

RECOMMENDATIONS

FOR LA1+2

Based on the knowledge and experience you now have of managing the Carmen Study what you would do differently if you were to do it again? And why. (OR what suggestions would you make for other LA's)

FOR LA1

We are aware that LA1 delivers a successful My Education mentoring project.

- Can you describe the structure of it, the activities etc and why you think it is successful? Why do you think young people attend? What do they get out of it?
- What are the drawbacks to the way it is designed? And delivered?
- Based on this, how do you think the Carmen peer mentoring could be improved? i.e. what is the optimum / most successful structure for peer mentoring in your view?

FOR LA2

- How do you think the design of the Carmen peer mentoring could be improved? i.e. what is the optimum / most successful structure for peer mentoring in your view?

FOR LA1+2

What additional resources do you think a Local Authority would require managing and delivering the Carmen Study mentoring intervention in a future trial?

FOR LA1+2

In a future study, what professional role do you think would be best placed to carry out the project coordinator role? (Why - thinking about their skills and place of work)

Appendix 10 Training evaluation forms and focus group schedule

Mentors Pre- training form

Welcome to the mentor training course!

The aim of the Carmen study is to see if providing a young woman in care with a peer mentor they can trust and receive support and respect from, can help them to increase their confidence and make positive choices particularly around sex, relationships, and delaying pregnancy. To help mentors to be prepared for the role, the training course will cover issues such as the peer mentor role and responsibilities, boundaries and confidentiality and sex and relationships.

Before the training begins, we would like to ask you a couple of questions. We will ask you similar questions after the training. We are asking you to do this so that we can assess the effectiveness of the training and any changes in your attitudes following the training. **This is not a test and will not affect any decisions we make regarding your suitability to become a peer mentor.**

Pretr1) At this stage, why do you think you might like to become a peer mentor?

Pretr2) What are you expectations for the training course?

(i.e. what do you hope to learn / achieve)

Training day 1 evaluation form

Thank you for attending this training. So that we can learn about your views of this training please let us know what you thought of each module, and a few other things, by using a scale of 1-5, with 1 being poor and 5 being excellent, please circle your choice. There is a box for you to comment further on each section (if you have more to say, please write on the back of the sheet).

Day 1 – **Introduction to research study & training**

1 Very poor	2 Poor	3 Satisfactory	4 Good	5 Excellent

Day 1 – **Building the peer mentor team - and reflection**

1 Very poor	2 Poor	3 Satisfactory	4 Good	5 Excellent

Day 1 – **The peer mentor role and 'Getting Started' – what mentees value in the relationship with mentors**

1 Very poor	2 Poor	3 Satisfactory	4 Good	5 Excellent

Day 1 - **Ethics and Accountability in peer mentoring**

1 Very poor	2 Poor	3 Satisfactory	4 Good	5 Excellent

Day 1 - **Professional Boundaries**

1 Very poor	2 Poor	3 Satisfactory	4 Good	5 Excellent

Day 1: **What do you think about the trainer's level of knowledge of the subjects today?**

1 Very Poor	2 Poor	3 Satisfactory	4 Good	5 Excellent

Day 1: **What do you think of the way the training was delivered today?**

1 Very Poor	2 Poor	3 Satisfactory	4 Good	5 Excellent
What was the most useful way of delivering it?			What was the least useful way of delivering it?	

Please state your agreement or disagreement with the following statement by circling one answer:

I have gained additional knowledge about the subjects covered today

1	2	3	4	5
Strongly disagree	disagree	Neither agree or disagree	agree	Strongly agree

Please comment

Training day 2 evaluation form

Thank you for attending this training. So that we can learn about your views of this training please let us know what you thought of each module, and a few other things, by using a scale of 1-5, with 1 being poor and 5 being excellent, please circle your choice. There is a box for you to comment further on each section (if you have more to say, please write on the back of the sheet).

Day 2 – **Professional Confidentiality**

1 Very poor	2 Poor	3 Satisfactory	4 Good	5 Excellent

Day 2 – **Safeguarding and Child Protection**

1 Very poor	2 Poor	3 Satisfactory	4 Good	5 Excellent

Day 2 - **Healthy and Unhealthy Relationships**

1 Very poor	2 Poor	3 Satisfactory	4 Good	5 Excellent

Day 2 – **Sex, Contraception & STIs**

1 Very poor	2 Poor	3 Satisfactory	4 Good	5 Excellent

What do you think about the trainer's level of knowledge of the subjects today?

1 Very Poor	2 Poor	3 Satisfactory	4 Good	5 Excellent

What do you think of the way the training was delivered today?

1 Very Poor	2 Poor	3 Satisfactory	4 Good	5 Excellent

What was the most useful way of delivering it?	What was the least useful way of delivering it?

Please state your agreement or disagreement with the following statement by circling one answer:

I have gained additional knowledge about the subjects covered today

1 Strongly disagree	2 disagree	3 Neither agree or disagree	4 agree	5 Strongly agree

Please comment:

Training day 3 evaluation form

Thank you for attending this training. So that we can learn about your views of this training please let us know what you thought of each module, and a few other things, by using a scale of 1-5, with 1 being poor and 5 being excellent, please circle your choice. There is a box for you to comment further on each section (if you have more to say, please write on the back of the sheet).

Day 3 - **Teenage pregnancy and parenthood**

1 Very poor	2 Poor	3 Satisfactory	4 Good	5 Excellent

Day 3 - **Keeping safe and minimising risk**

1 Very poor	2 Poor	3 Satisfactory	4 Good	5 Excellent

Day 3 - **Empathic listening skills**

1 Very poor	2 Poor	3 Satisfactory	4 Good	5 Excellent

Day 3 - **Building trusting mentoring relationships**

1 Very poor	2 Poor	3 Satisfactory	4 Good	5 Excellent

Day 3 - **Dealing with mentoring relationship difficulties**

1 Very poor	2 Poor	3 Satisfactory	4 Good	5 Excellent

Day 3 - **Ending the mentoring relationship**

1 Very poor	2 Poor	3 Satisfactory	4 Good	5 Excellent

What do you think about the trainer's level of knowledge of the subjects today?

1 Very Poor	2 Poor	3 Satisfactory	4 Good	5 Excellent

What do you think of the way the training was delivered today?

1 Very Poor	2 Poor	3 Satisfactory	4 Good	5 Excellent
What was the most useful way of delivering it?		What was the least useful way of delivering it?		

Please state your agreement or disagreement with the following statement by circling one answer:

I have gained additional knowledge about the subjects covered today

1	2	3	4	5
Strongly disagree	disagree	Neither agree or disagree	agree	Strongly agree

Please comment:

Training day 4 evaluation form

Thank you for attending this training. So that we can learn about your views of this training please let us know what you thought of each module, and a few other things, by using a scale of 1-5, with 1 being poor and 5 being excellent, please circle your choice. There is a box for you to comment further on each section (if you have more to say, please write on the back of the sheet).

Day 4 – **Record keeping and communicating with the research team**

1 Very poor	2 Poor	3 Satisfactory	4 Good	5 Excellent

Day 4 – **Reviewing of Learning**

1 Very poor	2 Poor	3 Satisfactory	4 Good	5 Excellent

Day 4 – **Support Group**

1 Very poor	2 Poor	3 Satisfactory	4 Good	5 Excellent

Day 4 – **ASDAN Award**

1 Very poor	2 Poor	3 Satisfactory	4 Good	5 Excellent

What do you think of the way the training was delivered today?

1 Very Poor	2 Poor	3 Satisfactory	4 Good	5 Excellent
What was the most useful way of delivering it?		What was the least useful way of delivering it?		

Mentors post- training form

Thank you for completing the training course. We hope you found it useful and enjoyable. To find out how much you have learned from it, we'd like to ask you some questions. This is not a test and will not affect any decisions we make regarding your suitability to become a peer mentor.

Please read the questions carefully.

Thoughts about mentoring and the training course

Posttr1) Please explain what you feel you have learnt from the training

Posttr2) On a scale of 1-5, where 1 is strongly disagree and 5 is strongly agree, to what extent do you agree that the training met your expectations? (i.e. what you hoped to learn / achieve)

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1	2	3	4	5

Posttr3) Is there anything else you would like to have learnt that wasn't covered in the training?

Posttr4) As a result of the training, are you considering becoming a peer mentor?

Please tick:

Yes ☐

No ☐

If you ticked **No** go to question **Posttr8**

Posttr5) Why do you feel you would like to be a peer mentor?

Posttr6)

On a scale of 1-5, where 1 is strongly disagree and 5 is strongly agree, to what extent do you agree that the training will help you in your role as a peer mentor?

Please **circle** the number that most closely reflects how you feel.

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1	2	3	4	5

Posttr7a) Is there anything you are concerned about with regards to becoming a mentor?

Please tick:

Yes ☐
No ☐

Posttr7b) If you are concerned about something, please explain what it is and why

If you circled yes, you are considering becoming a mentor, you have finished – please hand your form to the researchers.

……
……

Posttr8) Please tell us the reasons why you do not want to become a peer mentor

Posttr9) Would you be prepared to have a short chat with a researcher about your reasons for not wanting to become a peer mentor?

Please tick:

Yes ☐
No ☐

Focus group for mentors at training

At the beginning, tell the group:

- **Discussion is being tape recorded for researchers but their names and identities will remain anonymous in all reporting**
- **Group confidentiality. (not pass on anything they say with exceptions)**
- **"Rules" of the focus group – use first names only, one person talks at a time, all views are important and everyone should be allowed to express their opinion. All participants should feel free to**

1. **Overall, what do you think of the training? (if they hesitate for too long ask n. 2)**

2. **Did you find the training enjoyable? What was that made the training enjoyable for you? (prompt: refreshments, environment, length of sessions, breaks overall training &intensity)**

3. **What (if any) were the main things that made the training less enjoyable for you?**

4. **What was your favourite learning module and why? (prompt: learning new facts/skills and gaining confidence)**

5. **What was your least favourite learning module and why?**

6. **Is there a topic you would have liked to have covered (but wasn't) during training, which you think might help you as a peer mentor?**

7. **What do you think about the way in which the training was delivered? (prompt: the manner of trainers, knowledge of trainers and delivery style/ methods)**

8. **During training, did you feel able to ask questions or raise any concerns you had? (prompt: Were your concerns listened to / answered)**

9. **Is there anything about the training you think could have been done better? (How?)**

10. **How convenient were the dates and times of the training? What do you think is best for young people your age in general /weekdays or weekends?**

Feeling about mentoring

11 a) After the training, how confident do you feel about becoming a peer mentor now?

b) In what ways does the training make you feel more confident? [What was it about training that makes you feel confident?]

12. In what ways do you think being a peer mentor will help a mentee / what do you expect they will gain from it?

13. If you decide to become a peer mentor, do you think it'll help you in any way?
(prompt: confidence / vouchers / Asdan)

14. a) Have you got any concerns about becoming a mentor?

b) Did you discuss these concerns with anyone? [Why not?]

c) Were these concerns addressed during training? [why not?]

d) Do you still need to talk your concerns through with anyone?

Research

15. What do you think about the method you were recruited to the study?
(Prompt: What did you think of the information leaflet and letter)

16. What do you think of today's presentation about the research and your role?
Was this helpful or do you think you still need some clarifications?

17. What are your concerns about your role in the research?

We have finished. Thanks you for your help. Is there anything you would you like to tell us? Something we have not asked you which you think may be helpful for us to know/ (something about the training perhaps?, and/or the study?]

Appendix 11 Mentor diary questions

Survey name: e-mail

No. of questions: nine

1. This form should be completed after each e-mail conversation between you and your mentee (label).
2. Who sent the first e-mail? (multi)
    - Possible responses:
        - I sent the first e-mail
        - my mentee sent the first e-mail.
3. Why did you e-mail your mentee today? (multi)
    - Possible responses:
        - I wanted to be in touch with them today
        - someone had asked me to get in touch with them today.
4. Why did your mentee e-mail you today? (multi)
    - Possible responses:
        - my mentee wanted to get in touch with me
        - someone had asked my mentee to contact me.
5. What were the topics of discussion today? Tick all that apply (label).
6. We discussed . . . (multi)
    - Possible responses:
        - arrangements for next meeting
        - general, e.g. getting to know you
        - family/carers
        - friends
        - sexual relationships/boyfriends/girlfriends
        - contraception
        - school/education
        - training/work
        - alcohol/drugs
        - directing mentee to other support/help
        - relationship between you and your mentee
        - other.
7. If other, please specify (text).
8. Are there any thoughts or comments you want to tell us about your e-mail conversation today? (text)
9. Thank you for completing this form today (label).

Survey name: face-to-face

No. of questions: 13

1. This form should be completed after each face-to-face contact made with the mentee (label).
2. Roughly how long did you meet for today? (multi)
    - Possible responses:
        - up to 30 minutes
        - 30 minutes to 1 hour
        - 1–2 hours
        - more than 2 hours.
3. Where did you meet today? (text)
4. What did you do together? Tick all that apply (multi).
    - Possible responses:
        - talk
        - leisure activity
        - attend an appointment
        - other.
5. What were the topics of discussion today? Tick all that apply (label).
6. We discussed . . . (multi).
    - Possible responses:
        - arrangements for next meeting
        - general, e.g. getting to know you
        - family/carers
        - friends
        - sexual relationships/boyfriends/girlfriends
        - contraception
        - school/education
        - training/work
        - alcohol/drugs
        - directing mentee to other support/help
        - relationship between you and mentee
        - other.
7. If ‘other’, please specify (text).
8. The next questions are about how much it cost to meet with the mentee. Please enter as xx.xx (label).
9. How much did the activity cost? (number)
10. How much did it cost you to travel to the meeting? (number)
11. How much did it cost your mentee to travel to the meeting? (number)
12. Are there any thoughts or comments you want to tell us about your contact today? (text)
13. Thank you for completing this form today (label).

Survey name: phone call

No. of questions: 10

1. This form should be completed after each phone call between you and your mentee (label).
2. Roughly how long was your phone call today? (multi)
    - Possible responses:
        - up to 15 minutes
        - 15–30 minutes
        - 30 minutes to 1 hour
        - more than 1 hour.
3. Who made the phone call? (multi)
    - Possible responses:
        - I made the call
        - my mentee made the call.
4. Why did you call your mentee today? (multi)
    - Possible responses:
        - I wanted to be in touch with them today
        - someone had asked me to get in touch with them today.
5. Why did your mentee call you today? (multi)
    - Possible responses:
        - my mentee wanted to get in touch with me
        - someone had asked my mentee to contact me.
6. What were the topics of discussion today? Tick all that apply (label).
7. We discussed . . . (multi)
    - Possible responses:
        - arrangements for next meeting
        - general, e.g. getting to know you
        - family/carers
        - friends
        - sexual relationships/boyfriends/girlfriends
        - contraception
        - school/education
        - training/work
        - alcohol/drugs
        - directing mentee to other support/help
        - relationship between you and your mentee
        - other.

8. If 'other', please specify (text).
9. Are there any thoughts or comments you want to tell us about your phone conversation today? (text)
10. Thank you for completing this form today (label).

Survey name: text message

No. of questions: nine

1. This form should be completed after each text message exchange between you and your mentee (label).
2. Who sent the first text? (multi)
    - Possible responses:
        - I sent the first text
        - my mentee sent the first text.
3. Why did you text your mentee today? (multi)
    - Possible responses:
        - I wanted to be in touch with them today
        - someone had asked me to get in touch with them today.
4. Why did your mentee text you today? (multi)
    - Possible responses:
        - my mentee wanted to get in touch with me
        - someone had asked my mentee to contact me.
5. What were the topics of discussion today? Tick all that apply (label).
6. We discussed . . . (multi)
    - Possible responses:
        - arrangements for next meeting
        - general, e.g. getting to know you
        - family/carers
        - friends
        - sexual relationships/boyfriends/girlfriends
        - contraception
        - school/education
        - training/work
        - alcohol/drugs
        - directing mentee to other support/help
        - relationship between you and your mentee
        - other.
7. If 'other', please specify (text).
8. Are there any thoughts or comments you want to tell us about your text conversation today? (text)
9. Thank you for completing this form today (label).

Survey name: weekly non-contact

No. of questions: 7

1. Please complete this form if there has been no face-to-face contact or lengthy phone call this week (label).
2. Has the mentee initiated any contact with you either by phone/text or e-mail? (multi)
    - Possible responses:
        - yes
        - no.
3. Did you initiate contact with your mentee by phone/text or e-mail? (multi)
    - Possible responses:
        - yes
        - no.
4. If 'no', please comment (text).
5. Why did a face-to-face meeting not go ahead this week? (multi)
    - Possible responses:
        - mentee said they did not have time
        - mentee cancelled the arranged meeting
        - mentee did not turn up to arranged meeting
        - I did not have time
        - I had to cancel the arranged meeting
        - other.
6. If 'other', please specify (text).
7. Please make any comments about this (text).

Survey name: weekly reflective diary

No. of questions: 15

1. Please complete this form if you have had face-to-face contact *or* a lengthy phone conversation with your mentee this week (label).
2. This week I had a . . . (multi).
    - Possible responses:
        - face-to-face meeting with my mentee
        - lengthy phone conversation lasting more than 30 minutes.
3. On what date did your face-to-face meeting or lengthy phone call take place? (date)

4. What time of day did it take place? (multi)
    - Possible responses:
        - morning
        - afternoon
        - evening
5. Is there anything you think worked particularly well with your mentee this week? Please tell us about this and why you think it worked well (text).
6. Is there anything you think did *not* work well with your mentee? Please tell us about this and why you think it may not have worked well. What steps did you take to overcome the problem? (text)
7. On a scale of 1–5, where 1 is least confident and 5 is very confident, how confident did you feel that you had the skills needed to deal with the issues raised by your mentee? (number)
8. Are there any comments you want to make about this? (text)
9. Did your mentee tell you about anything significant that happened to them this week? It could be a positive thing (e.g. a good grade/comment from school) or a negative thing (e.g. a bad argument, moving placement, etc.) (text).
10. On a scale of 1–5, where 1 is not helpful and 5 is very helpful, please rate how helpful you think the mentoring has been to your mentee this week? (number)
11. Are there any comments you want to make about this? (text)
12. This week, during contact with your mentee, is there anything that made you feel your mentee may be at significant risk of harm? (i.e. from someone else or from themselves) (multi)
    - Possible responses:
        - yes
        - no
        - unsure.
13. If 'yes' or 'unsure', please comment (text).
14. Please comment on anything else with regards to your contact with your mentee in the last week. For example, this could be about the relationship with your mentee, your time management, how you feel about the mentoring or the topics you discussed (text).
15. Thank you for completing your weekly diary. Remember, your local project co-ordinator is available to answer any questions or talk to you about any concerns you may have (label).

Appendix 12 Mentor and mentee snapshot diary interview schedules

Mentor Snapshot Diary

We would like to ask some questions about your contact with your mentee in the last week. This is to give us a snapshot of the type of contact you have had, and how you felt about your relationship this week. We will ask you the same questions again in a few months' time.

As with the mentor diaries, everything you tell us will be kept confidential to the research team. All of your information will be anonymised. This means we may report what you have said but no one will be able to identify it was you who said it. The only time we have to tell someone else what you have said is if you say something that makes us worry about your safety, the safety of your mentee, or the safety of someone else.

Please answer the questions thinking only about your contact with your mentee in the last week.

Mentor ID number…….

Date……..

Section 1 - Face to face meetings

1. **In the last week, have you had a face to face meeting with your mentee?**

   Yes
   No (go to section 2)

2. **How many meetings have you had?** ……

   (If more than one, then go through the following questions with regard to each meeting)

3. **On what date did your face to face meeting take place?**

Date……..

4. **What time of day did it take place?**
   Morning
   Afternoon
   Evening

5. **Roughly how long did you meet with your mentee for?**
   Up to 30 minutes
   30 minutes to 1 hour
   1 to 2 hours
   More than 2 hours

6. **Where did you meet?**

7. **What did you do together? (tick all that apply)**
   Talk
   Leisure activity
   Attend an appointment
   Other

If other, please specify

8. **What were the topics of discussion? (tick all that apply)**
   Arrangements for next meeting
   General e.g. getting to know you
   Family/Carers
   Friends
   Sexual relationships/boyfriends/girlfriends
   Contraception
   School/education
   Training/work
   Alcohol/drugs
   Directing mentee to other support/help
   Relationship between you and mentee
   Other

If other, please specify

9. **How much did the activity cost?**

£……..

10. **How much did it cost you to travel to the meeting?**

£……..

11. **How much did it cost your mentee to travel to the meeting?**

£……..

12. **Are there any thoughts or comments you want to tell us about your face to face contact with your mentee in the last week?**

Section 2 - Phone calls

13. **In the last week, have you had any phone conversations with your mentee?**
    Yes
    No (go to section 3)

14. **How many phone conversations have you had with your mentee?**

Number……..

15. **On average, how long has/have the phone conversation(s) lasted?**
    Up to 15 minutes
    15 to 30 minutes
    30 minutes to 1 hour
    Over 1 hour

16. **Who made the phone call(s)?**
    I made the call(s)
    My mentee made the call(s)
    We both made the calls

17. **What were the topics of discussion? (tick all that apply)**
    Arrangements for next meeting
    General e.g. getting to know you
    Family/carers
    Friends
    Sexual relationships/boyfriends/girlfriends
    Contraception
    School/education
    Training/work
    Alcohol/drugs
    Directing mentee to other support/help
    Relationship between you and your mentee
    Other

If other, please specify

18. **Are there any thoughts or comments you want to tell us about your phone conversation(s) with your mentee in the last week?**

Section 3 – Text or email contact

19. **Have you had any email contact or text message contact with your mentee this week?**
    Yes
    No (go to section 4)

20. **What type of contact have you had?**
    Text message
    Email
    Both text message and email

21. **What were the topics of discussion?**
    Arrangements for next meeting
    General e.g. getting to know you
    Family/carers
    Friends
    Sexual relationships/boyfriends/girlfriends
    Contraception
    School/education
    Training/work
    Alcohol/drugs
    Directing mentee to other support/help
    Relationship between you and your mentee
    Other

If other, please specify

22. **Are there any thoughts or comments you want to tell us about your text and/or email contact with your mentee in the last week?**

Section 4 - Reflection on relationship in the last week if there has been a face to face meeting

23. **In the last week, is there anything you think worked particularly well with your mentee? Please tell us about this and why you think it worked well.**

24. **In the last week, is there anything you think did NOT work well with your mentee? Please tell us about this and why you think it may not have worked well. What steps did you take to overcome the problem?**

25. **On a scale of 1-5, where 1 is not helpful and 5 is very helpful, please rate how helpful you think the mentoring has been to your mentee in the last week?**
(Circle one number)

Not helpful				Very helpful
1	2	3	4	5

26. **On a scale of 1-5, where 1 is very confident and 5 is very confident, how confident do you feel that you had the skills needed to deal with the issues raised by your mentee in the last week? (Circle one number)**

Unconfident confident				Very
1	2	3	4	5

27. **Did your mentee tell you about anything significant that happened to them in the last week? It could be a positive thing (e.g. a good grade/comment from school) or a negative thing (e.g. a bad argument, moving placement etc)**

28. **In the last week, during contact with your mentee is there anything that made you feel your mentee may be at significant risk of harm? (i.e. from someone else or from themselves)**
Yes
No
Unsure

If Yes or Unsure, please comment

29. **Please comment on anything else with regards to your contact with your mentee in the last week.**

    For example this could be about the relationship with your mentee, your time management, how you feel about the mentoring or the topics you discussed.

Section 5 - complete only if there has been NO face to face or phone conversation this week

30. **In the last week, has your mentee initiated any contact with you either by phone/text or email?**
    Yes
    No

31. **In the last week, have you initiated contact with your mentee by phone/text or email?**
    Yes
    No

If No, please comment on why not.

32. **Can you tell me why did a face to face meeting not go ahead in the last week?**
    Mentee said they did not have time
    Mentee cancelled the arranged meeting
    Mentee did not turn up to arranged meeting
    I did not have time
    I had to cancel the arranged meeting
    Other

If other, please specify...

33. **Please make any comments about why a face to face meeting did not take place this week....**

34. **Please comment on anything else with regards to your contact with your mentee in the last week.**

Section 6

Please comment on anything else with regards to your contact with your mentee generally…

For example this could be about the relationship with your mentee and how you feel about the mentoring in general

Mentee Snapshot Diary

We would like to ask some questions about your contact with your mentor in the last week. This is to give us a snapshot of the type of contact you have had, and how you felt about your relationship this week. We will ask you the same questions again in a few months' time.

Everything you tell us will be kept confidential to the research team and project coordintor. All of your information will be anonymised. This means we may report what you have said but no one will be able to identify it was you who said it. The only time we have to tell someone else what you have said is if you say something that makes us worry about your safety, the safety of your mentor, or the safety of someone else.

Please answer the questions thinking only about your contact with your mentor in the last week.

Mentee ID number…….

Date……..

Section 1 - Face to face meetings

35. **In the last week, have you had a face to face meeting with your mentor?**

    Yes
    No (go to section 2)

36. **How many meetings have you had?** ……

    (If more than one, then go through the following questions with regard to each meeting)

37. **On what date did your face to face meeting take place?**

Date……..

38. **What time of day did it take place?**
    Morning
    Afternoon
    Evening

39. **Roughly how long did you meet your mentor for?**
    Up to 30 minutes
    30 minutes to 1 hour
    1 to 2 hours
    More than 2 hours

40. **Where did you meet?**

41. **What did you do together? (tick all that apply)**
    Talk
    Leisure activity
    Attend an appointment
    Other

If other, please specify

42. **What were the topics of discussion? (tick all that apply)**

    Arrangements for next meeting
    General e.g. getting to know you
    Family/Carers
    Friends
    Sexual relationships/boyfriends/girlfriends
    Contraception
    School/education
    Training/work
    Alcohol/drugs
    Directing me to other support/help
    Relationship between you and mentor
    Other

If other, please specify

43. **Are there any thoughts or comments you want to tell us about your face to face contact with your mentor in the last week?**

Section 2 - Phone calls

44. **In the last week, have you had any phone conversations with your mentor?**
    Yes
    No (go to section 3)

45. **How many phone conversations have you had with your mentor?**

Number……..

46. **On average, how long has/have the phone conversation(s) lasted?**
    Up to 15 minutes
    15 to 30 minutes
    30 minutes to 1 hour
    Over 1 hour

47. **Who made the phone call(s)?**
    I made the call(s)
    My mentor made the call(s)
    We both made the calls

48. **What were the topics of discussion? (tick all that apply)**
    Arrangements for next meeting
    General e.g. getting to know you
    Family/Carers
    Friends
    Sexual relationships/boyfriends/girlfriends
    Contraception
    School/education
    Training/work
    Alcohol/drugs
    Directing me to other support/help
    Relationship between you and mentor
    Other

If other, please specify

49. **Are there any thoughts or comments you want to tell us about your phone conversation(s) with your mentor in the last week?**

Section 3 – Text or email contact

50. **In the last week have you had any other type of contact (email or text) with your mentor this week?**
    Yes
    No (go to section 4)

51. **What type of contact have you had?**
    Text message only
    Email only
    Both

52. **What were the topics of discussion?**
    Arrangements for next meeting
    General e.g. getting to know you
    Family/Carers
    Friends
    Sexual relationships/boyfriends/girlfriends
    Contraception
    School/education
    Training/work
    Alcohol/drugs
    Directing me to other support/help
    Relationship between you and mentor
    Other

If other, please specify

53. **Are there any thoughts or comments you want to tell us about your text or email contact with your mentor in the last week?**

Section 4 - Reflection on relationship this week if there has been a meeting

54. **In the last week, is there anything that worked particularly well for you with your mentor? Please tell us about this and why you think it worked well.**

55. **In the last week, is there anything you think did NOT work well with your mentor? Please tell us about this and why you think it may not have worked well.**

56. **On a scale of 1-5, where 1 is not helpful and 5 is very helpful, please rate how helpful you found the mentoring in the last week? (Circle one number)**

Not helpful				Very helpful
1	2	3	4	5

57. **Please comment on anything else with regards to your contact with your mentor in the last week.**

Section 5 - complete only if there has been NO contact this week

58. **In the last week, has your mentor initiated any contact with you either by phone/text or email?**
Yes
No

59. **In the last week, have you initiated contact with your mentor by phone/text or email?**
Yes
No

If No, please comment on why not.

60. **Why did a face to face meeting not go ahead in the last week?**
    Mentor said they did not have time
    Mentor cancelled the arranged meeting
    Mentor did not turn up to arranged meeting
    I did not have time
    I had to cancel the arranged meeting
    Other

If other, please specify ...

61. **Please make any comments about why a face to face meeting did not take place this week....**

62. **Please comment on anything else with regards to your contact with your mentor in the last week.**

Section 6

Please comment on anything else with regards to your contact with your mentor generally…

For example this could be about the relationship with your mentor and how you feel about the mentoring in general

Appendix 13 Feasibility interview schedules for project co-ordinators, senior managers and social workers

Carmen Study

Interview with project coordinators

Introduce:

- **Aim of interview is to find out about the practices and processes employed by the LA so far and to assess the capacity and needs of LA to deliver it – in view of definitive trial**
- **Interview is non-judgmental**
- **Confidential**
- **Will be anonymised**
- **Recording**

1. Background:

1.1 How did you become involved in the Carmen study?
Probe: when? Were you invited?

1.2 Do you think the study is a worthwhile area of research? I.e. reducing teenage pregnancy in looked after children?
Probe: Can you say a little bit more on this? What strategies do LA have in place for a) reducing teenage pregnancy b) specifically looked after children?

1.3 What do you think about using peer mentoring as a way of, potentially, reducing teenage pregnancy in looked after children?
Probe: What do you think are the benefits of this approach?
Does the age of the mentor / having a peer, who has shared experience of care, make a difference?

1.4 What do you think about the fact that half the young women are randomly allocated to receive a mentor and half are randomly allocated to receive usual care?

Probe:

i) Do you see this as a potential advantage and/or disadvantage for participants in this study?

Is the fact that some participants get a mentor and some do not an impediment in some way ?

ii) What do you think social workers and other professionals feel about the randomisation in Carmen study? E.g. Has this intervention been embraced by them…..?

……..

2 Carmen Study Project coordinator role:

2.1 What do you consider to be the role of the project coordinator?
Probe: Recruitment, retention, support

2.2 Can you tell me whether you've had any previous experience of recruiting people for research?

2.3 Can you describe how the project coordinator role was allocated?

Probe: who are PC's? / and how was this decided?

2.4 How is the project coordinator role implemented in practice?
Probe: What is the role of each person? Is it equal? How do you feel about this?

2.5 How many people do you feel the project coordinator role requires?

Could it be done by one person? Under what circumstances?

2.6 What resources do you think are required in order to fulfil the role of the project coordinator for the Carmen study?
Probe: Time

2.7 Do you think you've had adequate resources to fulfil the role of PC?
Probe: If not, what would have helped you to be able to fulfil this role? Which resources were available to you? What other support do you think is required to fulfil the role of a PC?

2.8 What is the role of social workers in terms of helping to deliver the intervention?
Probe: What is the social worker role? Who in your view is better placed to effectively help the Carmen study to deliver the intervention? Why?

2.9 What do you feel is the role senior managers for delivering the Carmen Study?

……

3. Promoting the Carmen Study in the LA

3.1 Can you tell me whether anyone else in the LA been involved in promoting the Carmen Study to professionals? (If yes, who has been most helpful? name and role)

3.2 Can you tell me what things have you / others done to promote the Carmen Study

3.3 Which professionals has the Carmen study been promoted to?

3.4 Can you tell me about the response you have had from professionals
Probe: What was their response about being involved in the study? What was the outcome of these contacts? Was there a difference in response depending on profession? Why?

3.5 Under what circumstances has recruitment been
i) effective
ii) Ineffective (What difficulties have there been?)

3.6 What support does the Project coordinator need in order for recruitment to be effective? (And by effective we mean working within the set/agreed deadlines?)
……

4. Direct experiences of recruitment:

4.1 Can you tell me what kind of young person you would consider approaching to participate in the study
i. As mentor
ii. As potential mentee

4.2 Are there some young women you would be more likely to ask to participate in the study than others?

4.3 Are there any types of young women you would not ask to participate in the study?

Probe: Why? What are your concerns? Any particular behaviour you have in mind? Chaotic young people

4.4 EXPLAIN RECRUITMENT CITERIA
Bearing in mind the aims of the study, what are your views on our recruitment criteria?
i. Mentor
ii. Potential mentee

Probe: what would you add? / Omit

4.5 Have you been involved in recruiting anyone to this study?

Probe: IF not reasons why recruiter may/ may not approach people – e.g. lack of time, lack of suitable participants (too young / out of borough) concerns about the impact of study on participants / or research)

For THOSE PROFS WHO HAVE TRIED TO RECRUIT:

i. How many young women have you approached? (to be mentors / potential mentees)
ii. What motivated you to approach them? I.e. were you asked to approach them by the PC or a researcher / did you decide yourself following a team meeting / seeing a flyer?
iii. Do you think you had all the information you needed in order to fully explain the study to the young people? (if not, did you seek further clarifications?)
iv. What was the support you received from the research team?
(Anything they could have done differently to support you in your role?)

v. How did you feel about explaining the study to the young person?
vi. What was the person's reaction to the study?
vii. Why do they think someone agreed/ did not agree to take part in the study?
viii. What did you do after you spoke to them? I.e. did you make a referral to project coordinator / did you inform the person who had asked you to call the young woman? What about YP not interested, did you tell PC/researchers?
ix. Do you know how the participant responded to receiving a mentor/ not receiving a mentor?

4.6 What do you think have been the difficulties that social workers have encountered in terms of recruiting mentor/mentees to the Carmen study? - Do these difficulties apply to you also?
Probe:

i) Out of borough / age of participants
ii) Recent activities / priorities within the organisation
iii) Time (your time / PC /social workers time) ,
iv) Funding
v) Staffing

4.7 What could assist you / LA in overcoming difficulties with recruitment?
Probe:

i) Time (your time / PC /social workers time)
ii) Funding
iii) Staffing

……

5. **The mentoring intervention**

5.1 On what basis, if any, do you think mentors and mentees should be matched?

5.2 What is your view on the incentives for mentors? (Mentors for the Carmen study receive £40 vouchers per month and can gain a level 1 Asdan qualification).

5.3 What do you think about the amount of money for mentor and mentees travel and activities? (£15 / week)

5.4 Mentors in the Carmen study are asked to meet with their mentee once a week, face to face, for one hour, for one year. What do you think about this?

Probe: Is it too much, too little, just right?

Practical issues Travel (car/public transport – other commitments – Childcare expenses)

5.5 What kind of support do you think a mentor would need to undertake this role?
Probe: What do you think they may need help with? How?

5.6 Can you explain how you ensure mentors are supported?
Probe: Mentor support group / Endings

……

6. **Embedding the intervention into LA's**

The Carmen Study trial results will be used to develop a manual which outlines the methods of recruitment training and management – with a view that each LA across England and Wales should be able to deliver and manage the intervention in-house.

6.1 What, in your view, would the LA require or need to do in order to manage and deliver the intervention?

(By this I mean deliver mentor training, recruit sufficient mentors and mentees in an allocated time frame and support them through the mentoring year)

6.2 What are your views about rolling out this mentoring intervention across England?

Probe: what do you think the obstacle would be?

……..

Overall,

7.1 Do you have any particular concerns about this mentoring intervention that you would like to share with us?

7.2 Do you have any particular concerns about what this intervention is trying to achieve?

Carmen Study

Interview with Senior Managers

Introduce:

- **Aim of interview is to find out about the practices and processes employed by the LA so far and to assess the capacity and needs of LA to deliver it – in view of definitive trial**
- **Interview is non-judgmental**
- **Confidential**
- **Will be anonymised**
- **Recording**

2. Background:

1.1 How did this LA / you become involved in the Carmen study?
Probe: when? Were you invited to be involved?

1.2 What were your initial thoughts about it?

1.3 Do you think the study is a worthwhile area of research? I.e. reducing teenage pregnancy in looked after children?
Probe: What are the priorities in the LA regarding TP ? How does the Carmen Study fit in with these?

1.4 What do you think about using peer mentoring, specifically, as a way of potentially reducing teenage pregnancy in looked after children?
Probe: What do you think are the benefits of this approach? Does the age of the mentor / having a peer, who has shared experience of care, make a difference?

1.5 What do you think about the fact that half the young women are randomly allocated to receive a mentor and half are randomly allocated to receive usual care?

Probe:

iii) Do you see this as a potential advantage and/or disadvantage for participants in this study? Do you think the fact that some participants get a mentor and some do not is an impediment in some way?
iv) What do you think social workers and other professionals feel about the randomisation in Carmen study? E.g Has this intervention been embraced by them…..?

2 Carmen Study Senior Management role:

2.1 What do you consider to be the role of senior management in the study?
Probe: Recruitment, support

2.2 Can you describe your involvement in the Carmen study so far

Probe: Experiences of;

i) Nominating PC's
ii) Supporting PC's
iii) Recruitment

3 Promoting the Carmen Study in the LA

3.1 What do you think is the role of a) Project coordinator b) social worker for delivering the Carmen Study

3.2 How has the role of the PC been allocated? (What is the difference between the roles?)

3.3 Can you tell me how the Carmen Study has been promoted to professionals in this Local Authority?
Probe: To what extent has it been promoted by senior manager / PC / other professionals

3.4 Can you tell me what you know about the response you have had from social workers and other professionals In terms of referring young people to the Carmen Study?

i) Young women in care aged 14-18
ii) Young women aged 19-25

Probe: possible reasons

3.5 Could you tell me what you know about the difficulties that have been encountered in recruiting participants, both in relation to mentors and mentees?

iii) Young women in care aged 14-18
iv) Young women aged 19-25

4 LA Capacity

4.1 What has been the capacity of the Local Authority to manage the intervention so far?
Probe:

vi) Recent activities / priorities within the organisation (Reorganisations / inspections)
vii) Time (your time / PC /social workers time) ,

viii) Funding
ix) Staffing

4.2 What do you think have been the main difficulties for the LA of managing the Carmen Study so far?

4.3 What would assist the Local Authority to effectively manage the intervention?

Probe:

iv) Time (your time / PC /social workers time)
v) Funding a post to deliver it?
vi) Staffing

5. Embedding the intervention into LA's

The Carmen Study trial results will be used to develop a manual which outlines the methods of recruitment, training and management – with a view that each LA across England and Wales should be able to deliver and manage the intervention in-house.

5.1 What would the LA require / need to do in order to manage and deliver the intervention?
E.g Funding for dedicated PC post?

5.1 What are your views about rolling out this mentoring intervention across England?

Probe: what do you think the obstacles would be?

6. Concerns

6.1 Do you have any particular concerns about this mentoring intervention that you would like to share with us?

6. 2 Do you have any particular concerns about what this intervention is trying to achieve?

6.3 Are there any other comments you'd like to make about any aspect of the study?

Carmen Study

Interview with participating social workers

3. Background:

1.1 When did you first hear about the Carmen Study? From whom?
Probe: was there push / presence from senior managers?

1.2 How did you become involved in the study?

1.3 Do you think the study is a worthwhile area of research? I.e. reducing teenage pregnancy in looked after children?
Probe: Can you say a little bit more on this?

1.4 What do you think about using peer mentoring as a way of, potentially, reducing teenage pregnancy in looked after children?
Probe: What do you think are the benefits of this approach?

1.5 What do you think about the fact that half the young women are randomly allocated to receive a mentor and half are randomly allocated to receive usual care?

Probe:

v) Do you see this as a potential advantage and/or disadvantage for participants in this study? Is the fact that some participants get a mentor and some do not an impediment in some way ?
vi) What do you think other professionals feel about the randomisation in Carmen study? E.g Has this intervention been embraced by them…..?

……

Recruitment:

2.1 Have you any previous experience of recruiting people for research?
Probe: As wondering how methods / experience of recruitment for Carmen study compares - what makes this different / similar / more difficult / easier?

2.2 Have you been involved in recruiting anyone to this study?

Probe: IF not reasons why recruiter may/ may not approach people – e.g. lack of time, lack of suitable participants (too young / out of borough) concerns about the impact of study on participants / or research)

For THOSE WHO HAVE TRIED TO RECRUIT:

x. How many young women have you approached? (to be mentors / potential mentees)
xi. What motivated you to approach them? I.e. were you asked to approach them by the PC or a researcher / did you decide yourself following a team meeting / seeing a flyer?
xii. Do you think you had all the information you needed in order to fully explain the study to the young people? (if not, did you seek further clarifications?)
xiii. What was the support you received from the research team?
(Anything they could have done differently to support you in your role?)

xiv. How did you feel about explaining the study?
xv. What was the person's reaction to the study?
xvi. Why do they think someone agreed/ did not agree to take part in the study?
xvii. What did you do after you spoke to them? I.e. What did you do if they were NOT interested and what did you do if they were? Did you make a referral to project coordinator / did you inform the person who had asked you to call the young woman?
xviii. How did participants respond to receiving a mentor/ not receiving a mentor?

2.3 Can you tell me what kind of young person you would consider approaching to participate in the study
i. As mentor
ii. As potential mentee

2.4 Are there some young women you would be more likely to ask to participate in the study than others?

2.5 Are there any types of young women you would not ask to participate in the study?

Probe: Why? What are your concerns? Any particular behaviour you have in mind? Chaotic young people

2.6 EXPLAIN RECRUITMENT CITERIA

Bearing in mind the aims of the study, what are your views on our recruitment criteria?

i. Mentor

ii. Potential mentee

Probe: what would you add? / Omit

2.7 What do you think have been the difficulties that social workers have encountered in terms of recruiting mentor/mentees to the Carmen study? Young women in care aged 14-18 / Young women aged 19-25

Probe:

x) Out of borough / age of participants
xi) Recent activities / priorities within the organisation
xii) Time (your time / PC /social workers time) ,
xiii) Funding
xiv) Staffing - Staff turnover!?

2.8 Did you encounter any of those? **(If you know they did - Which ones?)**

2.9 What could assist you / LA in overcoming difficulties with recruitment?
Probe:

vii) Time (your time / PC /social workers time)
viii) Funding
ix) Staffing

……

4. Explaining the study

3.1 For future recruitment, we'd like to ensure that all professionals feel fully equipped to recruit young women and are able to describe the study in the same way. To help us with this, we'd like to know what you think is the best way to explain the following:

i) Why the LA are taking part in the Carmen study
ii) Possible benefits for young woman who take part – both those who receive a mentor and those who do not
iii) What happens to people if a young person agrees to take part?
iv) The Randomisation of participants - receive a mentor or usual care
v) What participation in the study might involve? (i.e mentor / research)

……..

5. **The mentoring intervention**

4.1 On what basis, if any, do you think mentors and mentees should be matched?

4.2 What is your view on the incentives for mentors? (Mentors for the Carmen study receive £40 vouchers per month and can gain a level 1 Asdan qualification)**.**

4.3 What do you think about the amount of money for mentor and mentees travel and activities? (£15 / week)

4.4 Mentors in the Carmen study are asked to meet with their mentee once a week, face to face, for one hour, for one year. **What do you think about this?**
Probe: Is it too much, too little, just right?

Practical issues Travel (car/public transport – other commitments – Childcare expenses)

4.5 What kind of support do you think a mentor would need to undertake this role?
Probe: What do you think they may need help with? How?

What do they think of monthly support group?
……

Overall,

5.1 Do you have any particular concerns about this mentoring intervention that you would like to share with us?

5.2 Do you have any particular concerns about what this intervention is trying to achieve?

Appendix 14 Online survey questions

The Carmen Study: Social Work Staff Survey for social workers from LA1, LA2 and LA3

To be completed by social work staff working with looked after young women or care leavers

The Carmen Study is funded by the National Institute for Health Research, Health Technology Assessment Programme. Its aim is to develop a peer mentoring intervention to reduce teenage pregnancy in looked after young women, and to explore whether peer mentoring can have a positive impact on the lives of looked after young women aged 14-18 in terms of their general wellbeing, social life, relationships, attitudes to sex and thoughts about early pregnancy. In the Carmen Study, a peer mentor is a young woman aged 19-25 who has been through the care system.

We are conducting an exploratory randomised trial (RCT) of the mentoring intervention in three local authority areas in England - Ealing, Lambeth and Essex. The results will inform the development of a protocol for a larger trial, for which separate future funding would be sought.

The Local Authority that you work for has committed to take part in the Carmen Research Study. As part of that commitment, the Heads of Service have consented for Social Work staff to complete a survey.

Recruitment for the Carmen Study has now been completed. We need to understand the process which occurred within the Local Authorities as well as the potential for future recruitment and improvements to the process.

Please answer as honestly as you can. Your answers will remain confidential to the research team and you will remain anonymous in any research reports. The survey should take around 10 minutes to complete.

If you complete this survey you can enter into a prize draw to win a £30 Marks & Spencer voucher. To do this, you will need to give us your first name and an email address. This information will be stored separately from your responses so that your answers remain anonymous.

Please complete this survey by **15th February 2013.**

……

……

Name of your Local Authority

- London Borough of Ealing
- London Borough of Lambeth
- Essex

Job role in the Local Authority …….

How long have you worked for the Local Authority in your current role?

Years……. Months ……. Weeks …….

1.1

Which age groups of looked after young people / care leavers are on your caseload?

(Check all that apply)

- **Between the ages 14 and 18 If they choose only this option they should not ANSWER SECTION 5**
- **Between the ages of 19 and25 If they choose only this option they should not ANSWER SECTION 4**
- **Neither of these (If they tick this then the blurb about not being able to participate should show and survey ends)**

1.2 – ONLY TO BE ANSWERED IF THEY HAVE TICKED 'AGES 14-18' IN 1.1

1.2 Today, approximately how many looked after young women between the ages of 14 and 18, do you have on your case load?

Number =

1.3 - ONLY TO BE ANSWERED THEY TICK 'AGES 19-25' OR 'BOTH OF THESE' IN 1.1

1.3 Today, approximately how many young women between the ages of 19 and 25 do you have on your case load?

Number =

Awareness of the Carmen Study

Everyone answers 2.1

2.1

Were you aware of the Carmen Study before you received this survey?

Y/N

IF NO, they skip to 3.1. They answer 3.1-3.4 and then hey skip to 6.2

IF YES TO 2.1, CONTINUE TO 2.2

2.2

From whom did you first hear about the Carmen Study? (Choose one of the following)

Head of Service / Director

Team Manager /Deputy Manager

Social Worker

Carmen Study Local Authority Project Coordinator (PC)

Carmen Study Researcher

Other (please state) ……..

2.3

How did you first hear about the Carmen Study?

(Choose one of the following)

- Via email
- In a team meeting
- On the telephone
- During a conversation in my office
- Other please state
  ……
  …….

PEER MENTORING

The Carmen Study is researching whether a peer mentoring intervention for looked after young women (aged 14-18) can have a positive impact on their lives and potentially reduce teenage pregnancy. In the study, peer mentors are young women aged 19-25 who have been through the care system.

3.1 follows 2.1 for those that answer NO to 2.1

3.1

In your view, what are the possible benefits of peer mentoring as a way of supporting looked after young women?

……

3.2 Do you think a peer mentoring approach could potentially reduce teenage pregnancy among looked after young women?

Y/N

3.3 follows 3.2 if you answer YES to 3.2

3.4 follows 3.2 if you answer NO to 3.2

3.3

<u>Why</u> do you think a peer mentoring approach could potentially reduce teenage pregnancy among looked after young women?

……

3.4 follows 3.2 if you answer NO to 3.2

3.4

Why do you think a peer mentoring approach <u>may not</u> reduce teenage pregnancy among looked after young women?

……

Those that answered No to 2.1 now go to 6.2

Recruitment

This section relates to looked after young women aged between 14 and 18 on your caseload.

4.1

Have you made any attempts to recruit looked after young women aged between 14 and 18 to the Carmen Study? (I.e. approached a young woman and talked to them about it or passed on their name)

Y/N

4.2 follows if answered Yes to 4.1

4.3 follows if answered No to 4.1

4.2

Approximately how many? 4.2 must be on same screen as 4.1 to see wording above

……..

4.3 follows if answered No to 4.1

4.3 What were the reasons that you did not attempt to recruit any looked after young women, aged between 14 and 18, to the study? (check up to 3)

- I didn't have any looked after young women age 14-18 on my caseload at that time

- I did not think it would benefit young women on my caseload to take part
- I thought it might be harmful to young women on my caseload to take part
- I did not have time
- I forgot
- There were other priorities for me in my office
- Other (please state)
  ……..

Ones who answered No to 4.1 (i.e. haven't recruited) now go to 4.12

4.4 follows if answered Yes to 4.1 and then answered 4.2

4.4 What were the factors that made you consider the looked after young women (aged between 14 and 18) to be suitable to take part in the Carmen study?

- ……
  ……..
- ……
  ……
- ……
  ……

4.5 Did you have young women on your case load that fitted the recruitment criteria (i.e. were female, looked after and aged between 14 and 18) but you thought would be unsuitable to take part in the Carmen Study?

Y/N

IF NO GO TO 4.8

4.6 If yes, how many?

……. 4.6 must be on same screen as 4.5 to see wording above

4.7 What were the factors that made you consider the looked after young women to be unsuitable to take part in the Carmen study?

- ……
- ……
- ……

4.8 follows if you answered No to 4.5

4.8 How many of the (x number inputted in 4.2) looked after young women you attempted to recruit, expressed an interest in taking part in the Carmen Study?

Number =

4.9 Of those looked after young women who did express an interest in taking part in the Carmen Study, what were the reasons they gave for this?

……

4.10

Of those looked after young women who did not express an interest in taking part in the Carmen Study, what were the reasons they gave for this?

……

4.11

When a looked after young woman consented to take part in the study, the researchers contacted the social worker to inform them of this.

Of those (x number inputted in 4.8) young women who expressed an interest in the Carmen study, how many consented to take part?

Number =

Those that answered No to 4.1 now start here.

Everyone completing this section answers this question

4.12 What do you think could have assisted you with recruiting looked after young women, aged between 14 and 18 to the Carmen Study?

……

<u>This section relates to young women on your case load aged between 19 and 25 who have been through the care system</u>

Mentors in the Carmen Study are female, aged between 19 and 25 and have been through the care system.

5.1 Have you made any attempts to recruit young women to the Carmen Study as mentors? (I.e. approached a young woman and talked to them about it or passed on their name)

Y/N

5.2 follows if answered Yes to 5.1

5.2 Approximately how many? 5.2 must be on same screen as 5.1 to see wording above

……..

5.3 follows if you answered No to 5.1

5.3 What were the reasons that you did not attempt to recruit any young women aged between 19 and 25 to the Carmen study? (up to 3)

- I didn't have any young women aged 19-25 , who had been through the care system, on my caseload at that time
- I did not think it would benefit young women aged 19-25 to take part
- I thought it might be harmful to young women aged 19-25 to take part
- I did not have time
- I forgot
- There were other priorities for me in my office
- Other (please state)
  ……..

Ones who answered No to 5.1 (i.e haven't recruited) now go to 5.12

5.4 What were the factors that made you consider the young women to be suitable to take part in the Carmen study as a mentor?

- ……
  ……..
- ……
  ……
- ……
  ……

5.5 Did you have young women on your caseload that fitted the recruitment criteria, that you thought would be unsuitable to take part in the Carmen Study as a mentor?

Y/N IF NO GO TO 5.8

5.6 If yes, how many? 5.6 must be on same screen as 5.5 to see wording above

……

5.7 What were the factors that made you consider the young women to be unsuitable to take part in the Carmen study as a mentor?

- ……
- ……
- ……

5.8 follows if you answered No to 5.5

(Remember that people who answered no to 5.2, (i.e did not make any attempt to recruit mentors are not answering this – they go from 5.1 to 5.12)

5.8 How many of the (number inputted in 5.2) young women you attempted to recruit as mentors expressed an interest in taking part in the Carmen Study?

Number =

5.9

Of those young women who did express an interest in taking part in the Carmen Study, what were the reasons they gave for this?

……
……

5.10

Of those young women who did not express an interest in taking part in the Carmen Study, what were the reasons they gave for this?

……
……

(Remember that people who answered no to 5.2, (i.e did not make any attempt to recruit mentors are not answering this – they go from 5.1 to 5.12)

5.11

Of those (number inputted in 5.8) young women who expressed an interest in the Carmen Study, how many consented to take part?

Number =

Those that answered No to 5.1 now start here.

Everyone completing this section answers this question

5.12 What do you think could have assisted you with recruiting young women aged between 19 and 25 to the Carmen Study?

……
……

Randomisation

All looked after young women aged 14-18 who consented to take part in the Carmen Study participated in a research interview. Afterwards, they were randomised to one of two groups. They had a 50% chance of receiving a mentor. Those that did not get a mentor continued to receive the services they usually have access to. Whether or not they received a mentor was decided at random by a computer. The decision had nothing to do with any personal characteristics or behaviours of the young woman. The reason for the randomisation is to be able to compare various outcomes, after one year, between those who receive a mentor and those who do not.

6.1

Before reading the above information, were you aware that participants aged between 14 and 18 who took part in the Carmen Study had a 50% chance of receiving a mentor?

Y/N

EVERYONE ANSWERS 6.2

AND For those that answered No to 2.1 and then answered Section 3 , The randomisation blurb above is now shown to them and 6.2 now follows

6.2 What are your views about randomisation for research purposes?

……
……

Those that answered No to 6.1 now go to 7.1

6.3 follows only for those that answered YES to 4.1 (that they recruited mentees) AND YES to 6.1 (that they knew about randomisation)

6.3 Did the use of randomisation in the Carmen Study affect the way you thought about / acted upon recruitment of young women aged between 14 and 18?

Y/N IF NO to 6.3 they skip to 6.5

6.4 If so how did it affect the way you approached recruitment? Ensure 6.4 is on the same page

……
……

6.5 follows for those that answered NO to 6.3

6.5 Are there any looked after young women on your caseload (aged between 14 and 18) you deemed unsuitable to take part in the study because of the use of randomisation?

Y/N

IF NO to 6.5 they skip to 7.1

6.6

Please explain the characteristics of the looked after young women that resulted in you deeming them unsuitable to take part in the study, because of the use of randomisation.

……
……..

Recruitment criteria

THE FOLLOWING QUESTIONS ARE FOR ALL RESPONDENTS

Mentors in the Carmen Study have been through the care system and are aged between 19 and 25. Having a child does not exclude them from being a mentor.

Those who are randomised to receive a mentor are looked after young women aged between 14 and 18.

THOSE WHO ANSWERED NO TO 6.2, NOW ANSWER SECTION 7

7.1

Bearing in mind the aim of the study, which is to reduce teenage pregnancy, what are your views on the ages of the participants in the Carmen Study?

(i.e. please tell us your views on the range of ages, and whether the ages are young or old enough considering the aims of the study)

a) The mentors - young women aged between 19 and 25 who have been through the care system
……
……
b) Looked after young women aged between 14 and 18
……
……

7.2 Please tell us if you have any other comments about the Carmen Study research or the peer mentoring intervention.

……
……

Information about respondents

We would like to ask a few questions about your background and experiences of research.

8.1 How long have you worked as a social worker?

N = ….years

8.2 Did your social work training include any teaching on social research methods?

Y/N

8.3 Apart from the Carmen Study, are you aware of any other research studies being conducted in your Local Authority?

Y/N

8.4 follows for those who answer Yes to 8.3

8.4 Please provide details of the other research studies being conducted in your Local Authority.

……
……

Thank you for completing the Carmen Study survey.

By completing this survey you are helping The Carmen Research Team to assess the feasibility of delivering the Carmen Study in a future large scale trial.

If you would like to be entered into the Prize Draw to win £30 in Marks & Spencer vouchers, please complete your name and contact details below. The winner will be randomly drawn from completed questionnaire entries on or soon after the 15th February 2013 and will be contacted straight away.

Name

Email address

This personal information will be stored separately from your responses so that your answers remain anonymous.

If you have any questions or would like further information about the study, you can contact us at [redacted]

Or:
Deborah Meyer, Research Trial Manager on [redacted]
Fiona Clare, Research Assistant on [redacted]

Young people's national online survey 14-18

Are you:

Aged 14 – 18

Female

In care

Live in UK

If no –

Participants eligible to take part in the Carmen Study are young women aged 14- 18 who are currently in care and young women aged 19-25 who have been through the care system. To be eligible to complete the survey you must also fall into these categories. Unfortunately you do not. Thank you for your interest in the Carmen Study.

If you would like to know more about the study for your information, please email [redacted]

BLURB:

St George's University of London, together with other partners, are being funded by the Government to do a Research Study. We are trying to find out whether meeting 'peer mentors' can have a positive impact on the lives of young women aged 14-18 in care. These positive effects could be to their general wellbeing, social life, relationships, attitudes to sex and thoughts about early pregnancy.
In this research study, a peer mentor is a young woman aged 19-25 who has been through the care system herself.
By completing this survey you will help us to understand what young women in care think and feel about the research methods we are using and peer mentoring. The Carmen Research study is currently being delivered in 3 local authorities and is not recruiting further participants at present, but we hope to be able set up another similar study in the future.

We really want to hear your views as to whether peer mentoring for young people in the care system is practical and useful. If it is, the research team will recommend that peer mentoring for young women in care becomes more widely available.

This survey should take you about 15 minutes to complete. There are 8 sections. Your responses will be stored confidentially. In reporting of the survey findings we may report something that you have said but no one will be able to identify it was you who said it.

If you complete every question of the survey you can enter into a prize draw to win a £30 Love2Shop voucher which you can spend in a variety of shops.
To do this, you will need to give us your first name and an email address (or a telephone number). This information will be stored separately from your responses so that your answers remain anonymous.

Thank you for completing this survey.

The Carmen Research Team.

SECTION 1 :

Age …….

How would you describe your ethnicity? (please tick one)

- White or White British
- Mixed ethnicity
- Asian or Asian British
- Black or Black British
- Chinese
- Not sure
- Other please state ……..

What part of the UK do you live in?

- North England (N. East and N. West)
- Yorkshire and the Humber
- Midlands (East and West)
- London
- South England (S. East and S. West)
- East of England
- Wales
- Scotland
- Northern Ireland

How many times have you been placed in care?

N = …….

If once, how long have you been in care?

Years ….. Months ……. Weeks ……..

If more than once, what is the longest period of time you have spent in care?

Years ….. Months ……. Weeks ……..

SECTION 2:

Do you have or have you ever had a mentor?

Y/N

IF YES CONTINUE SECTION, IF NO SKIP TO SECTION 3

If you have more than one mentor, please answer in relation to the mentor that you have most contact with.

Where is/was your mentor from? My mentor is someone from ……(Please tick one)

- School / college / other education centre
- Youth centre / Connexions
- Mental Health Service
- Advocacy Service
- Religious organisation
- Business organisation
- Youth Offending Team / Youth Justice Service
- In care / a care leaver
- Other (please specify) …….

Is/was your mentoring provided in a group setting or on a one-to-one basis?

(please tick one)

- Group
- One-to-one
- Both

How often do/did you meet with your mentor? (please tick one)

- More than once a week
- Once a week
- Every two weeks
- Once a month
- Every two months
- Less than every two months

What do/ did you do during your time with your mentor?

(Tick all responses that apply)

- Sit and talk with them
- Home work / Education
- Leisure activity e.g. eating a meal out / cinema / sport etc
- Attend an appointment e.g. Doctor / Social Worker / Clinic
- Other (please specify)…….

How long will you / did you have a mentor for?

- Less than 6 months
- 6 months to 1 year
- 1 year to 1.5 years
- 1.5 years to 2 years
- More than 2 years

Do/did you enjoy having a mentor? Y/N

Please explain what you like/d about having a mentor

……
……
……

Please explain what you do/did not like about having a mentor

……
……
……

If your mentoring has ended, how did you feel when it finished?

……
……
……

SECTION 3:

The Carmen Study aims to provide young women in care with a supportive relationship with their mentor and help them make informed choices.

If you had an opportunity to choose a mentor, what would they be like?

For each question a – f below, please choose one option and then rate how important each one is to you.

a) I would like my mentor to be:

- Male
- Female
- I don't mind whether my mentor is male or female

Now rate how important the gender of your mentor would be to you

(Please circle a number)

Not at all important		Somewhat important		Very important
1	2	3	4	5

b) I would like my mentor to be:

- Age 14-18
- Age 19-25
- 26 – 30
- 31 – 40
- 41+
- I don't mind what the age of my mentor is

Now rate how important the age of the mentor would be to you

(Please circle a number)

Not at all important		Somewhat important		Very important
1	2	3	4	5

c) I would like my mentor to be

- Someone who is in care or has left care
- Someone who has a profession working with children in care e.g. participation officer / advocate
- Someone who has no experience of the care system
- I don't mind what experiences the mentor has had

Now rate how important the mentor's experience of the care system would be to you

(Please circle a number)

Not at all important		Somewhat important		Very important
1	2	3	4	5

d) I would like my mentor to

- Have the same religion as me
- Have a different religion to me
- I don't mind what their religion is

Now rate how important the mentor's religion would be to you

(Please circle a number)

Not at all important		Somewhat important		Very important
1	2	3	4	5

e) I would like my mentor to

- Have the same ethnicity/culture to me e.g. shared country/region of origin
- Have a different ethnicity/culture to me
- I don't mind what their ethnicity/culture is

Now rate how important the mentor's ethnicity/culture would be to you

(please circle a number)

Not at all important		Somewhat important		Very important
1	2	3	4	5

f) I would like my mentor to have

- The same interests as me e.g. music / films
- Different interests to me
- I don't mind what their interests are

Now rate how important the mentor's interests would be to you

(please circle a number)

Not at all important		Somewhat important		Very important
1	2	3	4	5

g) Please tell us if there is something else that would be important to you in a mentor

……
……
……

If you were offered a female mentor aged between 19 and 25 who has left care, would you want one?

Yes / No

If yes, please explain what your reasons would be for wanting the mentor.

……
……
……

If no, please explain what your reasons would be for not wanting the mentor.

……
……
……

SECTION 4:

The Carmen Study is a research study. Young women who want to take part in the research participate in a confidential interview with a researcher. The researchers have to ask quite personal questions, for example about their care history, relationships and attitudes towards sex and pregnancy. The reason for this is to find out about the experiences and views of the participants who take part in the study.

How comfortable would you feel about answering questions of this nature in a research interview?

Not at all comfortable		Somewhat comfortable		Very comfortable
1	2	3	4	5

Please tell us if there is anything that could be done to encourage you to take part in a research interview like this?

(SARAH PLEASE MAKE SURE THIS QUESTION IS ON SAME PAGE AS ABOVE)…….

……

SECTION 5:

After the research interview, young women have a 50% chance of receiving a mentor. Whether or not they receive a mentor is decided at random by a computer. The decision has nothing to do with any personal characteristics or behaviours of the young woman. The reason we are doing the research in this way is because we need to compare the experiences of those who receive a mentor with those who do not.

If the Carmen Study was available in your area, and knowing that you would have a 50% chance of receiving a mentor, would you still take part in the research study?

Y/N

If yes, please explain what your reasons would be for taking part in the research study.

……
……
…… **If no, please explain what your reasons would be for not taking part in the research study.**

……
……
……

How would you feel if you took part in the research interview but you didn't receive a mentor?

……
……
……

SECTION 6

Young women in the Carmen Study are asked to meet with their mentor once a week, in person, for one year.

Do you think once a week is: (please circle / tick one)

- Too little

- Just right
- Too much

Do you think you would have any difficulties in meeting up with a mentor once a week?

Y/N

IF YES, what are those difficulties? (Please circle / tick one option)

- Education / work commitments e.g. homework
- Organised activities e.g. sports club / music lesson
- Other commitments e.g. time for friends

If you have ticked other: Please tell us what ……...

THIS QUESTION WILL BE SEEN BY 14/15 YEAR OLDS ONLY

Does you carer allow you to travel alone on public transport?

Y/N

THIS QUESTION WILL BE SEEN BY EVERYONE

Are you comfortable travelling alone on public transport? (e.g. bus / train)

Y/N

If yes, how far would you be willing to travel on public transport to see your mentor once a week?

- Nowhere – my mentor should come to me
- Less than 30 minutes
- 30 mins
- 1hr
- 1.5 hrs
- 2 hours
- As long as it takes as it doesn't matter how far away they live

SECTION 7

Now imagine you are taking part in the Carmen Research Study and you have a mentor

Your mentor is a young woman aged between 19 and 25 and has been through the care system herself…..

How often would you like to meet up with your mentor?

- Once a week
- Every two weeks
- Every three weeks
- Once a month
- Less than once a month

What kind of contact would you prefer to have with your mentor in between face to face meetings with them? (check at most 2 answers)

- Telephone conversation
- Email
- Text messaging
- Other (please state) ……..

How long would you like to be in contact with your mentor? (pick one)

- Less than 6 months
- 6 months to 1 year
- 1 year to 1.5 years
- 1.5 years to 2 years
- More than 2 years

During meetings with your mentor, what would you like to do?

……
……
……

Once you had got to know your mentor, do you think you would be willing to discuss personal or emotional problems with them?

Y/N

Once you had got to know your mentor, do you think you would be willing to discuss sex and relationships with them?

Y/N

The relationship with your mentor has been ongoing for 11 months and it is going to end in a few weeks. **Is there anything special that ought to happen when the relationship finishes?**

Y/N

Would any of the following be helpful?

(Choose up to 2 of the following answers)

- Ensure there is a plan in place so I have other support when the relationship ends
- Ending ceremony with certificate
- A gift / letter
- A special activity of my choice
- Anything else please state ……..

SECTION 8

Imagine you see a poster about the Carmen Study with details about the study and the contact details for the project coordinator, whose role is to recruit young women to the study.

You are interested in taking part. Would you feel able to call the project coordinator?

Y/N/ not sure?

How would you prefer to be first contacted with information about the Carmen study?

- In person
- Phone
- Email
- Post
- Social network site e.g. facebook or twitter
- Other (please state) ……

Who would you prefer to first contact you about the Carmen study? (choose one)

- My social worker or a previous social worker
- Another professional that I have contact with e.g. teacher / personal advisor
- A researcher
- The Carmen study project coordinator (even if I don't know them)
- A Carmen Study mentor
- My carer / family member
- It don't mind who I receive initial information from
- Other (please state)

We would like some more ideas about how to reach young women in care to tell them about the Carmen Study.

Please tell us about places young women in care might visit where the project coordinator or researchers could let them know about the study or put up posters for them to see.

……

……

BLURB:

Thank you for completing the Carmen Research Study Questionnaire.

By completing this survey you have helped us to understand a bit more about what young women in care think and feel about the research and peer mentoring.

If you would like to be entered into the Prize Draw to win £30 in Love to Shop Vouchers, please complete your name and contact details below. The winner will be randomly drawn from completed questionnaire entries on or soon after the 14th December 2012 and will be contacted straight away.

Name

Email (Essential so we can email to let you know if you have won)

Phone (not essential)

If you have any questions, you can contact us on [redacted]

Or:
Deborah Meyer, Research Trial Manager on [redacted]
Fiona Clare, Research Assistant on [redacted]

Young people's national online survey 19-25

Are you:

Aged 19 – 25

Female

Been in the care system

Live in UK

If no – END

BLURB:

St George's University of London, together with other partners, are being funded by the Government to do a Research Study. We are trying to find out if providing peer mentors to young women aged 14-18 in care can have positive effects - in relation to their general wellbeing, social life, relationships, attitudes to sex and thoughts about early pregnancy.
In this research study, a peer mentor is a young woman aged 19-25 who has been through the care system herself. The peer mentors in the Carmen Study are young women aged 19-25, like you, who have been through the care system.

By completing this survey you will help us to understand what young women in care think and feel about the research methods we are using and peer mentoring. The Carmen Research study is currently being delivered in 3 local authorities and is not recruiting further participants at present, but we hope to be able set up another similar study in the future.

We really want to hear your views as to whether peer mentoring for young people in the care system is practical and useful. If it is, the research team will recommend that peer mentoring for young women in care becomes more widely available.

This survey should take you about X minutes to complete. There are 9 sections. Your responses will be stored confidentially. In reporting of the survey findings we may report something that you have said but no one will be able to identify it was you who said it.

If you complete every question of the survey you can enter into a prize draw to win a £30 Love2Shop voucher which you can spend in a variety of shops.
To do this, you will need to give us your first name and an email address (or a telephone number). This information will be stored separately from your responses so that your answers remain anonymous.

Thank you for completing this survey.

The Carmen Research Team.

SECTION 1 :

Age …….

How would you describe you ethnicity? (please tick one)

- White or White British
- Mixed ethnicity
- Asian or Asian British
- Black or Black British
- Chinese
- Not sure
- Other please state ……

What part of the UK do you live in?

- North England (N. East and N. West)
- Yorkshire and the Humber
- Midlands (East and West)
- London
- South England (S. East and S. West)
- East of England
- Wales
- Scotland
- Northern Ireland

SECTION 2:

Do/have you ever had a mentor? Y/N

If you have/have had more than one mentor, please answer in relation to the mentor that you have/had most contact with.

Where is/was your mentor from? My mentor is/was someone from ……..

(please tick one)

- School / college / other education centre
- Youth centre / Connexions
- Mental Health Service
- Advocacy Service
- Religious organisation
- Business organisation
- Youth Offending Team / Youth Justice Service
- In care / a care leaver
- Other (please specify) ……..

Is / was your mentoring provided in a group setting or on a one-to-one basis?

- Group
- One-to-one
- Both

How often do / did you meet with your mentor?

- More than once a week
- Once a week
- Every two weeks
- Once a month
- Every two months
- Less than every two months

What do / did you do during your time with your mentor? (tick all responses that apply)

- Sit and talk with them
- Home work / Education
- Leisure activity e.g. eating a meal out / cinema / sport etc
- Attend an appointment e.g. Doctor / Social Worker / Clinic
- Other (please specify)

How long will you / did you have a mentor for?

- Less than 6 months
- 6 months to 1 year
- 1 year to 1.5 years
- 1.5 years to 2 years
- More than 2 years

Do / did you enjoy having a mentor?

Y/N

Please explain what you like/d about having a mentor

……
……
……

Please explain what you do / did not like about having a mentor

……
……
……

If your mentoring has ended, how did you feel when it finished?

……
……
……

SECTION 3:

Have you ever been a mentor for someone else? Y/N

IF YES CONTINUE SECTION, IF NO SKIP TO SECTION 4

If you have mentored more than one person, please answer in relation to the person that you had most contact with.

Who is/was the person you mentored? The person I mentored was from ……..

(Please tick one)

- School / college
- Youth centre / Connexions
- Mental Health Service
- Religious organisation
- Youth Offending Team / Youth Justice Service
- In care
- Other (please specify) ……

Is/was the person you mentored a male or a female?

Male / Female

How old is/was the person you mentored?

(please enter the actual or approximate age)

…….

Do/did you mentor them in a group setting or on a one-to-one basis?

(please choose one)

- Group
- One-to-one
- Both

How often do/did you meet with the person you mentored?

- More than once a week
- Once a week
- Every two weeks
- Once a month
- Every two months
- Less than every two months

What do/did you do during your time with the person you mentored?

(Tick all responses that apply)

- Sit and talk with them
- Home work / Education
- Leisure activity e.g. eating a meal out / cinema / sport etc
- Attend an appointment e.g. Doctor / Social Worker / Clinic
- Other (please specify)

How long will you be/were you a mentor for?

- Less than 6 months
- 6 months to 1 year
- 1 year to 1.5 years
- 1.5 years to 2 years
- More than 2 years

Do/did you enjoy being a mentor?

Y/N

Please explain what you like/d about being a mentor

……
……
……

Please explain what you do/did not like about being a mentor

……
……
……

SECTION 4:

Mentors in the Carmen Study are expected to meet with a young woman once a week, face to face, for one year.

In recognition of their time and effort, mentors receive £40 vouchers per month and they can gain a level 1 qualification called an ASDAN.

If the Carmen Study was available in your area, would you consider becoming a mentor for a young woman in care?

Please note: Yes / No

(If ticked Yes) **What would be your reasons?** (Please tick up to 3)

- Something to put on my CV
- Helping a young person in care
- Sharing my experiences
- New skills
- A recognised qualification
- Payment
- Other (please state) ……

(If ticked No) **What would be your reasons?** (Please tick up to 3)

- I am not interested in being a mentor for anyone
- I am not interested in being a mentor for a young woman in care
- I have issues to sort out in my own life
- I have too many education / employment commitments
- I have too many social commitments i.e. want my spare time for myself / friends / social or religious organisations
- I have family commitments e.g caring for children / family member
- I have no baby sitter for my children
- Other (please state) ……

SECTION 5:

Mentors in the Carmen Study volunteer to meet with the young woman they are mentoring once a week, face to face, for one year.

In recognition of their time and effort, mentors receive £40 vouchers per month and they can gain a level 1 qualification called an ASDAN.

On a scale of 1-5, how satisfactory are these incentives?

Unsatisfactory				Satisfactory
5	1	2	3	4

Please tell us what amount per month you thinks is satisfactory as a voucher payment in recognition of time and effort for mentors.

£…..

(This question is not to be seen by those who said they would never consider being a mentor) **Would you consider becoming a mentor if there was no financial reward?**

Y/N

Mentors in the Carmen Study have £15 a week to pay for an activity of their choice and travel costs for themselves and the young woman that they mentor.

On a scale of 1-5, how satisfactory is this amount for activities and travel?

Unsatisfactory				satisfactory
1	2	3	4	5

Please tell us what amount per week you think is satisfactory.

£…..

SECTION 6:

The training to become a mentor in the Carmen Study takes place over 3.5 days.

In recognition of their time and effort for attending the training, mentors receive a £30 voucher and reimbursement for travel expenses on completion of the training.

Do you think you would have any difficulties attending 3.5 days of training?

Y/N

If yes, what would the difficulties be? (choose up to 2 main difficulties)

- I have education / employment commitments
- I have social commitments i.e. want my spare time for myself / friends / social or religious organisations
- I have family commitments e.g caring for children / family member
- I have no baby sitter for my children
- Other (please state) ……

On a scale of 1-5, how satisfactory is a £30 voucher and reimbursement of travel costs in recognition of the time and effort of attending training?

Unsatisfactory				**Satisfactory**
1	**2**	**3**	**4**	**5**

Please tell us what amount you think is satisfactory

……

(Question not for those that said they would never be mentor) **Would you attend the training if there was no financial incentive on offer?**

Y/N

When do you think is the best time for mentor training to take place?

- Weekdays
- Evenings
- Weekends
- A mixture of weekdays and weekends
- College / university holidays
- Don't mind

Would you like the training to be delivered over

i. four weekdays in a row
ii. Two weekdays one week and two weekdays the following week

iii. One weekday each week, delivered over 4 weeks
iv. Other please state……..

b) Evenings – Next question would be …..
If the training was delivered during the evenings it would be delivered over approximately 8 evenings. The training would need to be completed within a one month period.

Would you like the training to be delivered over

i. 4 evenings per week (training is completed over 2 weeks)
ii. 3 evenings per week (training is completed over 3 weeks)
iii. 2 evenings per week (training is completed over 4 weeks)

c) Weekends – next question would be……
If the training was delivered during weekends, it would need to be completed within a one month period.

Would you like the training be delivered over

v. Two weekends in a row (Saturday and Sunday)
vi. Four weekends in a row (e.g -every Saturday for 4 weeks)
vii. Other please state……..

d) A mixture of weekdays and weekends – next question would be……
If the training was delivered during weekdays and weekends, it would need to be completed within a one month period.

Would you like the training be delivered over

viii. One week and weekend (e.g Wed – Sat)
ix. Two weeks and two weekends (e.g Fri and Sat for two weeks in a row)
x. One day a week over a month period (sometimes a weekday and sometimes a weekend day)
xi. Other please state……..

SECTION 7:

Mentors in the Carmen Study volunteer to meet with the young woman they mentor once a week, face to face, for one year.

D**o you think once a week is:** (please pick one)

- Too little
- Just right
- Too much

Do you think you would have any difficulties in meeting up with a young woman once a week?

Y/N

IF YES, what would those difficulties be? (tick up to 2 responses)

- I have education / employment commitments
- I have social commitments i.e. want my spare time for myself / friends / social or religious organisations
- I have family commitments e.g caring for children / family member
- I have no baby sitter for my children
- Other (please state) ……

How much time do you think is reasonable to expect a mentor to travel to see a young woman they are mentoring? (tick one)

- Less than 30 mins
- 30 mins
- 1hr
- 1.5 hrs
- As long as it takes as it doesn't matter how far away they live

SECTION 8:

Now imagine you are mentoring a young woman in care who is aged 14-18…..

How often would you like to meet up with the young woman you are mentoring?

- Once a week
- Every two weeks
- Every three weeks
- Once a month
- Less than once a month

How long would you like to be in contact with the young woman you are mentoring?

- Less than 6 months
- 6 months to 1 year
- 1 year to 1.5 years
- 1.5 years to 2 years
- More than 2 years

You have got to know the young woman you are mentoring.

Do you think you would you feel comfortable discussing their sexual relationships and sexual health with them?

Y/N

What type of support do you think should be available to you whilst you are a mentor? (Tick up to 3)

- Phone contact with a project coordinator from the Local Authority who manages the mentoring and provides support to mentors
- Individual, face to face support with a project coordinator from the Local Authority
- A group session which includes the other mentors, facilitated by project coordinator from the Local Authority
- Individual (face to face or phone) support from a professional that I know already
- Other (please state) …….

  The next page should list the options above that they have ticked and a box where they need to put how often they want that type of support.

Options will be:

More than once a week

Once a week

Every two weeks

Monthly

Every two months

Mentors in the Carmen Study have monthly support group meetings with other mentors, facilitated by a project coordinator. These provide an opportunity to discuss with other mentors and the project coordinator how things are going and they try to resolve any issues.

What kind of professional do you think should facilitate these meetings and provide support to mentors? (i.e take on the role of project coordinator)

- Social worker
- Local Authority Health professional (including sexual health workers)
- Other Local Authority professional (e.g. personal advisor / participation officer/youth worker)
- Other professional who is independent from Local Authority e.g. Charity / voluntary organisation worker
- A mentor who has graduated the mentoring programme
- Other please state ……..

SECTION 9

Imagine you see a poster about the Carmen Study with details about the study and the contact details for the project coordinator.

You are interested in taking part. Would you feel able to call the project coordinator?

Y/N/ not sure?

How would you prefer to be first contacted with information about the Carmen study?

- In person
- Phone
- Email
- Post
- social network site / twitter
- Other (please state) ……

Who would you prefer to first contact you about the Carmen study? (choose one)

- My social worker or a previous social worker
- Another professional that I have contact with e.g. tutor / personal advisor
- A researcher
- The Carmen study project coordinator (even if I don't know them)
- A Carmen Study mentor
- A key worker / carer / family member
- It don't mind who I receive initial information from
- Other (please state)

We would like more ideas about where to advertise the Carmen Study. Please tell us about any other places female care leavers (age 19-25) might visit where someone could let them know about the study or the Carmen Study could put up posters

……

……

Thank you for completing the Carmen Research Study Questionnaire.

By completing this survey you have helped us to understand a bit more about what young women like you think and feel about the research and peer mentoring.

If you would like to be entered into the Prize Draw to win £30 in Love2Shop Vouchers, please complete your name and contact details below. The winner

will be randomly drawn from completed questionnaire entries on or soon after the 14th December 2012 and will be contacted straight away.

Name

Email (Essential so we can email to let you know if you have won)

Phone (not essential)

This personal information will be stored separately from your responses so that your answers remain anonymous.

If you have any questions, you can contact us on [redacted]

Or:
Deborah Meyer, Research Trial Manager on [redacted]
Fiona Clare, Research Assistant on [redacted]

The Carmen Study: National Survey

To be completed by:

a) **Director of Children's Services**
b) **Senior Managers in Looked After Children / Care Leaving teams**

The Carmen Study is funded by the National Institute for Health Research, Health Technology Assessment Programme. Its aim is to develop a peer mentoring intervention to reduce teenage pregnancy in looked after children, and to explore whether peer mentoring can have a positive impact on the lives of young women aged between 14 and 18 in care in terms of their general wellbeing, social life, relationships, attitudes to sex and thoughts about early pregnancy. In the Carmen Study, a peer mentor is a young woman aged between 19 and 25 who has been through the care system.

We are conducting an exploratory randomised trial of the mentoring intervention in three local authority areas in England - Ealing, Lambeth and Essex. The results will inform the development of a protocol for a larger trial, for which separate future funding would be sought.

In addition to research within the three Local Authority areas, we are contacting the Directors of Children's Services in all Local Authorities across England and Wales and asking them to complete a survey. We would really appreciate it if you could answer a few questions to help us assess feasibility for the Carmen study in a future trial.

Please answer as honestly as you can. Your answers will remain confidential to the research team and you will remain anonymous in any research reports and publications. The survey should take around 10 minutes to complete.

Please complete the survey by **15th February 2013.**

……
……

Where is your Local Authority / Borough / Council Council situated?

- North England (N. East and N. West)
- Yorkshire and the Humber
- Midlands (East and West)
- London
- South England (S. East and S. West)
- East of England
- Wales

Name of Local Authority / Borough / County Council

……..

a) **What is your role in the Local Authority?**

……..

b) **How long have you worked in your current role?**

Years……. Months …… Weeks ……

Participants who receive a mentor in the Carmen Study are looked after young women between the ages of 14 and 18.

c) **What is the total number of young people aged between 14 and 18 Looked After by your Local Authority?**

(NB. This does not include young people aged between 14 and 18 who are Looked After by another Local Authority and placed within your Local Authority)

Number:……

d) **What is the total number of females aged between 14 and 18 Looked After by your Local Authority?**

Number……

Please tell us a bit more about the number of females aged between 14 and 18 who are Looked After by your Local Authority

e) How many of these are placed in borough?
Number……

f) How many of these are placed out of borough?
Number……

N:B The total of e) + f) should equal d) i.e. the total number of females aged between 14 and 18 in the care of your Local Authority.

1.1

Please give a brief overview of current strategies for addressing the prevention of teenage pregnancy in your Local Authority.

……
……

1.2

Does your Local Authority have specific strategies for preventing teenage pregnancy among Looked After Children?

Y/N

1.3 follows if answer Yes to 1.2

1.3

Please explain what the specific strategies are.

……
……..

PEER MENTORING

The Carmen Study is researching whether a peer mentoring intervention for looked after young women (aged between 14 and 18) can have a positive impact on their lives and potentially reduce teenage pregnancy. In the study, peer mentors are young women aged between 19 and 25 who have been through the care system.

2.1

In your view, what are the possible benefits of peer mentoring as a way of supporting looked after young women?

……
……

2.2

Do you think a peer mentoring approach could potentially reduce teenage pregnancy among looked after young women?

Y/N

2.3 follows 2.2 if you answer YES to 2.2

2.3

Why do you think peer mentoring could potentially reduce teenage pregnancy among looked after young women?

……

2.4 follows 2.2 if you answer NO to 2.2

2.4

Why do you think that a peer mentoring approach may not reduce teenage pregnancy among looked after young women?

……

PROJECT COORDINATOR ROLE

Each of the three Local Authorities involved in the Carmen Study have allocated a project coordinator from within the Local Authority. Their role is to manage the recruitment of young women in care (aged between 14 and 18) and the mentors who have been through the care system (aged between 19 and 25). Looked After young women are recruited with support from social workers. The project coordinators also support mentors to enable them to do the mentoring safely and effectively.

In a future trial, each Local Authority project coordinator is likely to require at least half a day per week of protected time, to enable them to commit to the role.

3.1

What professional role do you think would be best placed to carry out the project coordinator role?

- Social worker
- Local Authority Health professional (including sexual health workers)
- Other Local Authority professional (e.g. personal advisor / participation officer/youth worker)
- Other professional who is independent from Local Authority e.g. Charity / voluntary organisation worker
- A mentor who has graduated the mentoring programme
- Other please state ……..

3.2

Please explain why you think that professional role would be suitable (Thinking about their skills and place of work)

……
……

RANDOMISATION

All looked after young women aged between 14 and 18 who consented to take part in the Carmen Study participated in a research interview. Afterwards, they were randomised to one of two groups. They had a 50% chance of receiving a mentor. Those that did not get a mentor continued to receive the services they usually have access to. Whether or not they received a mentor was decided at random by a computer. The decision had nothing to do with any personal characteristics or behaviours of the young woman. The reason for the randomisation is to be able to compare various outcomes, after one year, between those who receive a mentor and those who do not.

4.1

What are your views about randomisation for research purposes?

……
……

4.2

Do you have any concerns about the randomisation of young women to two groups?

Y/N

4.3 follows if answered Yes to 4.2

5.1 follows if you answered No to 4.2

4.3 What are your concerns?

……
……

CAPACITY

Subject to funding, it is possible that the Carmen Study will be rolled out in a larger scale trial, to include other Local Authorities across England and Wales. If this were to occur, the Local Authority would be responsible for managing the peer mentoring intervention. The evaluation of the intervention would be conducted by an external research team.

5.1

What resources do you think your Local Authority would require to manage and deliver the Carmen Study mentoring intervention?

……
……..

5.2

What difficulties do you think your Local Authority might have with managing and delivering the Carmen Study mentoring intervention?

……
……

5.3

Would your Local Authority be interested in participating in a future Carmen research study?

N:B The Local Authority is under no obligation to commit take part in a future trial if you answer YES to this question.

Y/N

5.4 Please tell us if you have any other comments about the Carmen Study research or the peer mentoring intervention.

……

Information about respondents

We would like to ask a few questions about your experiences and views of research.

6.1 Are you aware of any research studies being conducted in your Local Authority?

Y/N

6.2 follows for those who answer Yes to 6.1

6.2 Please provide details of the research studies being conducted in your Local Authority.

……
……

6.3 In your view, what are the potential benefits of Local Authorities taking part in research?

……
……

Thank you for completing the Carmen Study survey.

By completing this survey you are helping the Carmen Study Research Team to assess the feasibility of delivering the Carmen Study in a future large scale trial.

If you have any questions or would like further information about the study, you can contact us on [redacted]

Or:
Deborah Meyer, Research Trial Manager on [redacted]
Fiona Clare, Research Assistant on [redacted]

The Carmen Study: National Survey

To be completed by:

a) **Social Workers in Looked After Children Teams**
b) **Social Workers in Leaving Care Teams**
c) **Social Workers in Unaccompanied minors / Asylum Teams**

The Carmen Study is funded by the National Institute for Health Research, Health Technology Assessment Programme. Its aim is to develop a peer mentoring intervention to reduce teenage pregnancy in looked after children, and to explore whether peer mentoring can have a positive impact on the lives of looked after young women aged between 14 and18 in terms of their general wellbeing, social life, relationships, attitudes to sex and thoughts about early pregnancy. In the Carmen Study, a peer mentor is a young woman aged between 19 and 25 who has been through the care system.

We are conducting an exploratory randomised trial of the mentoring intervention in three local authority areas in England - Ealing, Lambeth and Essex. The results will inform the development of a protocol for a larger trial, for which separate future funding would be sought.

In addition to research within the three Local Authority areas, we are contacting the Directors of Children's Services in all Local Authorities across England and Wales, as well as Local Authority professionals who have a case load including looked after children (aged between 14 and 18) or Care Leavers (aged between 19 and 25).

If you have a case load of looked after young women (aged between 14 and 18) or Care Leavers (aged between 19 and 25), we would really appreciate if you could answer a few questions to help us assess the feasibility of delivering the Carmen Study in a future large scale trial.

Please answer the questions as honestly as you can. Your answers will remain confidential to the research team and you will remain anonymous in any research reports and publications. The survey should take around 10 minutes to complete.

Please complete this survey by **15th February 2013.**

a) What region is your Authority / Borough / County Council situated in?

- North England (N. East and N. West)
- Yorkshire and the Humber
- Midlands (East and West)
- London
- South England (S. East and S. West)
- East of England
- Wales

b) Name of Local Authority / Borough / County Council

……..

c) Which groups of young people are on your caseload? (Tick as many as apply)

- **Looked After Children**
- **Care Leavers**
- **Unaccompanied minors**

- **None of these – SURVEY ENDS**

d) How long have you worked in your current role?

Years……. Months ……. Weeks ……

e) Today, approximately how many looked after young women between the ages of 14 and 18, do you have on your caseload?

Number =

f) Today, approximately how many young women between the ages of 19 and 25 do you have on your caseload?

Number =

PEER MENTORING

The Carmen Study is researching whether a peer mentoring intervention for looked after young women (aged between 14 and 18) can have a positive impact on their lives and potentially reduce teenage pregnancy. In the study, peer mentors are young women aged between 19 and 25 who have been through the care system.

1.1

In your view, what are the possible benefits of peer mentoring as a way of supporting looked after young women?

……

1.2

Do you think a peer mentoring approach could potentially reduce teenage pregnancy among looked after young women?

Y/N

1.3 follows 1.2 if you answer YES to 1.2

1.3

Why do you think a peer mentoring approach could potentially reduce teenage pregnancy among looked after young women?

……**1.4 follows 1.2 if you answer NO to 1.2**

1.4

Why do you think a peer mentoring approach may not reduce teenage pregnancy among looked after young women?

……

Incentives to participate in the Carmen Study

2.1

Mentors in the Carmen Study volunteer to meet with the young woman they are mentoring once a week, face to face, for one year.

In recognition of their time and effort, mentors receive £40 vouchers per month and they can gain a level 1 qualification called an ASDAN.

On a scale of 1-5, how satisfactory are these incentives for mentoring?

Unsatisfactory				Satisfactory
1	2	3	4	5

2.2 follows if they tick 1 or 2 on 2.1

2.2

Please tell us what amount per month you think is satisfactory as a voucher payment in recognition of time and effort for mentors.

£ …..

Everyone sees the following

In addition to the £40 vouchers per month and the ASDAN qualification, mentors in the Carmen Study are given £15 a week to pay for an activity of their choice and the travel costs for themselves and the young woman they mentor. They are also given a mobile phone to enable them to contact the young woman they mentor.

2.3

Is there anything else you think mentors should be receiving for their participation?

……
……

2.4

Considering the tools that the Carmen Study is giving mentors, to enable them to maintain regular contact and participate in activities with

the young woman they are mentoring, can you foresee any potential problems?

……
……

Recruitment criteria

Mentors in the Carmen Study have been through the care system and are aged between 19 and 25. Having a child does not exclude them from being a mentor.

Looked after young women who participate in the study are aged between 14 and 18.

3.1

Bearing in mind the aim of the study, which is to reduce teenage pregnancy, what are your views on the ages of the participants in the Carmen Study?

(i.e. please tell us your views on the range of ages, and whether the ages are young or old enough considering the aims of the study)

a) The mentors – young women aged between 19 and 25 who have been through the care system

……
……

b) Looked after young women aged between 14 and 18

……

Recruitment process

Each of the three Local Authorities involved in the Carmen Study have a project coordinator from within the Local Authority. Their role is to manage the recruitment of young women and support mentors. To assist the Carmen Study project coordinator with recruitment, social workers are asked to look through their case loads and identify young women that meet the criteria.

Subject to funding, it is possible that the Carmen Study will be rolled out on a larger scale and include other Local Authorities across England and Wales. If your Local Authority was involved…..

4.1

Do you think you could identify any young women that meet the criteria to participate in the Carmen Study? (Looked After young women aged between 14 and 18 and / or Care Leavers aged between 19 and 25)

Y/N

4.2 and 4.3 follow if answered Yes to 4.1

If you answer No to 4.1 – skip to 4.4

4.2 Approximately how many looked after young women aged between 14 and 18 would you be able to identify as potential participants for the Carmen Study?

N =

4.3 Approximately how many young women aged between 19 and 25, who have been through the care system, could you identify as potential mentors for the Carmen Study?

N =

4.4 follows if answered No to 4.1

4.4 What is the reason that you think you would be unable to identify young women to participate in the Carmen Study? (Tick a maximum of 3 choices)

- I do not have looked after young women aged between 14 and 18 and / or young women aged between 19 and 25 who have left care on my caseload
- I do not have time to recruit young women for research / there are other priorities in my office
- I do not think participation in the Carmen Study would benefit young women on my caseload
- I think participation in the Carmen study may be harmful to young women on my caseload
- Other (please state)
  ……..

Everyone answers 4.5

4.5 If you were asked to assist with recruitment, what characteristics would you look for in choosing female care leavers aged between 19 and 25 to be peer mentors for looked after young women?

……
……

4.6

Are there any looked after young women aged between 14 and 18 that you would consider to be unsuitable to take part in the Carmen Study?

Y/N

IF NO GO TO 5.1

4.7 What are the factors that would make you consider a looked after young woman to be unsuitable to take part in the Carmen study?

- ……
- ……
- ……

Randomisation

All looked after young women aged between 14 and 18 who consented to take part in the Carmen Study participated in a research interview. Afterwards, they were randomised to one of two groups. They had a 50% chance of receiving a mentor. Those that did not get a mentor continued to receive the services they usually have access to. Whether or not they received a mentor was decided at random by a computer. The decision had nothing to do with any personal characteristics or behaviours of the young woman. The reason for the randomisation is to be able to compare various outcomes, after one year, between those who receive a mentor and those who do not.

5.1

What are your views about randomisation for research purposes?

……

5.2

If you were asked to recruit looked after young women aged between 14 and 18 in a future study using randomisation to two groups, are there any young women you would deem unsuitable to take part?

Y/N

5.3 follows if answered Yes to 5.2

6.1 follows if you answered No to 5.2

5.3

Please explain the characteristics of looked after young women that you would deem unsuitable to take part in the study (because of the use of randomisation).

- ……
- ……
- ……

<u>Mentoring relationship and contact</u>

6.1

In order to build a positive mentoring relationship, how often do you think it is necessary for mentors who have left care to meet in an unsupervised, face to face session with a looked after young woman?

- More than once a week
- Once a week
- Every two weeks
- Every three weeks
- Once a month
- Less than once a month

6.2

What do you think are the potential barriers / difficulties mentors might face in building a positive relationship with the looked after young woman they mentor?

……
……

6.3

What do you think are the potential barriers to regular meetings taking place between mentors and the looked after young women?

……
……

6.4

What do you think could be implemented to overcome the potential barriers / difficulties you have described above?

……
……

6.5

Please explain any potential areas of concern you would have with regard to mentoring relationships?

……
……

6.6

How much time do you think is reasonable to expect a mentor to travel each way to see a young woman they are mentoring? (tick one)

- Less than 30 minutes
- 30 minutes
- 1 hour
- More than 1 hour

6.7

Before the first meeting with them, do you think a mentor should have any information about the young woman they will be mentoring?

Y/N

6.8 follows if answered Yes to 6.7

6.8 What information would be useful to the mentor and why?

……
……

6.9 follows if answered No to 6.8

6.9 Why not?

……
……

SUPPORT

The role of a project coordinator in the Carmen Study is to manage the recruitment of young women and support mentors to enable them to deliver mentoring safely and effectively.

7.1

What type of support do you think should be available to a mentor in the Carmen Study? (check up to 3)

.

- Phone contact with a project coordinator
- Individual, face to face support with a project coordinator
- A group session which includes the other mentors, facilitated by a project coordinator
- Individual support from a professional that the mentor already knows (face to face and / or phone)
- Other (please state) …….

When the respondent ticks one of the above, they are given the options below asking how often the mentor should have this support.

7.2

How often do you think mentors in the Carmen Study would need this support ?

- More than once a week
- Once a week
- Every two weeks
- Monthly
- Every two months

7.3

What professional role do you think would be best placed to provide support to mentors? (check one)

- Social worker
- Local Authority Health professional (including sexual health workers)
- Other Local Authority professional (e.g. personal advisor / participation officer/youth worker)
- Professional who is independent from Local Authority e.g. Charity / voluntary organisation worker
- A mentor who has graduated the mentoring programme
- Other please state ……..

7.4

Please explain why you think that professional role would be suitable (Thinking about their skills and place of work)

……
……

7.5
Please tell us if you have any other comments about the Carmen Study research or the peer mentoring intervention.

……
……

Information about respondents

We would like to ask a few questions about your background and experiences of research.

8.1 How long have you worked as a social worker?

N = ….years

8.2 Did your social work training include any teaching on social research methods?

Y/N

8.3 Are you aware of any research studies being conducted in your Local Authority?

Y/N

8.4 follows for those who answer Yes to 8.3

8.4 Please provide details of the research studies being conducted in your Local Authority.

……
……

Thank you for completing the Carmen Study survey.

By completing this survey you are helping the Carmen Study Research Team to assess the feasibility of delivering the Carmen Study in a future large scale trial.

If you have any questions or would like further information about the study, you can contact us on [redacted]

Or:
Deborah Meyer, Research Trial Manager on [redacted]
Fiona Clare, Research Assistant on [redacted]

Appendix 15 Feasibility focus group schedules

Carmen Study Focus group with young adults aged 14-18 in LA4

- Welcome the participants and thank them for participating
- Explanations of the study in further details (Preliminary information)
- Purpose of focus group – to assess feasibility for larger trial
- Group contract - Ask to put phone on silent / not talk over each other
- Confidentiality and recording – Sign consent forms
- Breaking the ice – games
- Explain the structure of the focus group

……
……

1. Views about mentoring

1.1 What is a mentor?
(I.e. meaning for you? What is a mentor for? What does a mentor do?)

1.2 Do any of you have a mentor?
Probe: What type of person are they e.g. teacher? What are the good / bad characteristics they have ?

1.3 What do you think of the idea of mentors for young women in care?
Probe:

- Is there a value for having a mentor for a young women in care?
- What makes a good mentor – what are the characteristics they ought to have?
- **What kind of young people would benefit from having a mentor?**
- How are they different to other professionals?

1.4 For young women age 14-18, do you think the age of a mentor matters?

1.5 How about whether the mentor is a man or a woman, would it matter to you?

1.6 Would it matter whether a mentor had been in care?
1.7 If you were offered a mentor for one year, would you like a female peer mentor of a similar age to you who had been in care?

Probe: What would your reason be? What would you like them to help you with? / If not, why not?

1.8 Would you have liked this at a younger age? (Pre age 14)

2. Randomisation

Young women aged 14-18 who are recruited to take part in the study in Ealing, Lambeth and Essex have a 50% chance of receiving a mentor. This is because we need to compare the experiences of those who receive a mentor with those who do not – this will allow us to see if mentoring for young people in care is helpful.

Whether or not they receive a mentor is decided at random after a young person has consented to take part in the research.

2.1 What do you think about the fact that half the young people aged 14-18 can receive a mentor in the research study and the other half do not?
Probe: Do you understand it? If not, how could we make it clearer to young people?

2.2 If the Carmen study were available in [redacted] and you had the knowledge that you may not receive a mentor, how many of you would consider taking part?
Probe: reasons / motivation

2.3 What do you think your carer / social worker would think about the idea that you cannot be guaranteed a mentor?

3. Research

All young women aged 14-18 who give consent to take part in the study, (whether allocated to a mentor or not), they take part in a research interview at the beginning of the study. They receive a £15 love to shop voucher. The interview takes about 1.5 hours. The researchers offer snacks and provide money for travel to get there and home. Participants are asked to take part in another interview a year later and will receive another £15 for this.

3.1 What is your view on

i) Taking part in a research interview? (Have you done interview before? Feelings? Answering personal questions?)

ii) Receiving £15 voucher for this?

FOR THE TWO PARTICIPANTS AGE 19+

a) If the Carmen mentoring intervention were available in [redacted] would you consider becoming a mentor for a young woman in care?

Probe: What would be your reasons / motivation?

b) Mentors for the Carmen study receive £40 vouchers per month and can gain a level 1 Asdan qualification. What is your view on these incentives?

Probe: Would you consider becoming a mentor if there was no financial incentive?

……

4. Contact with a mentor

Mentors in the Carmen study are asked to meet with their mentee once a week, face to face, for one year.

4.1 What do you think about meeting with a mentor once a week for one hour?
Probe: Is it too much, too little, just right

4.2 If you had a mentor, what would you like to do with them?
4.3 Do you think it is practical to ask a mentor/mentee to meet once a week? Why?

Probe: Travel (car/public transport / other commitments)

4.4 Mentors receive £60 / month for paying for activities their mentee and to pay for travel for both of them. What do you think about this amount of money for activities? (£15/week)

4.5 What do you think about one year as the amount of time for the mentoring relationship?

4.6 How do you think you might you feel at the end of the year?

4.7 And how do you think this could be managed so that it is a positive ending?

……
……

5. Recruitment methods

5.1 What do you think of the recruitment materials we produced? (I.e. leaflets, and one page flyers)
Probe: colour, length, language

5.2 Is there anything else you would have liked to know from the leaflets that was not covered?

5.3 Would the information in the leaflet be important for you in deciding to take part in the study?
Probe: What would encourage you to take part in a study like this?

5.4 What do you think are the best ways to advertise the Carmen study to people your age who may want to take part?

5.5 If you were interested in taking part, would you respond to an poster / leaflet which asked you to call the project coordinator?
Probe: If not why? How would you like to be contacted? Phone / face to face?

……
……

Overall,

6.1 Do you have any particular concerns you would like to voice about mentoring programmes in general?

6.2 Do you have any particular concerns about what this programme is trying to achieve?

Carmen Study Focus group with young adults aged 19-25 in LA4

- Welcome the participants and thank them for participating
- Explanations of the study in further details (Preliminary information)
- Purpose of focus group – to assess feasibility for larger trial
- Group contract – Ask to put phone on silent / not talk over each other
- Confidentiality and recording – Sign the consent form
- Breaking the ice – games
- Explain the structure of the focus group

……
……

1. Views about mentoring

1.1 What is a mentor?

Probe: meaning for you? And thoughts about what a mentor does

1.4 What do you think of the idea of the idea of mentors for young women in care?
Probe:

- What do you think is the value of having a mentor?
- What makes a good mentor – what are the characteristics a mentor ought to have?
- What kind of young people would benefit from having a mentor?

1.5 Did any of you have a mentor when you were aged 14-18?
If so, what can you remember about them?

Probe: What type of person were they? What good / bad characteristics they had?

1.4 For young women age 14-18 in care, do you think the age of their mentor matters?

1.5 How about whether the mentor is a man or a woman, do you think it would matter to them?

1.7 Would it matter whether a mentor had been in care?
……

2. Incentives

2.1 If the Carmen mentoring intervention were available in [redacted] how many of you would consider becoming a mentor for a young woman in care?
Probe: What would be your reasons / motivation

2.2 Mentors for the Carmen study receive £40 vouchers per month and can gain a level 1 Asdan qualification. What is your view on these incentives?
Probe: Would you consider becoming a mentor if there was no financial incentive?

2.3 Mentors receive £60 / month for paying for activities their mentee and to pay for travel for both of them. What do you think about this amount of money for activities? (£15/week)

……

3. Recruitment

3.1 What do you think of the recruitment materials we produced?
(I.e. leaflets, one page flyers)
Probe: colour, length, language

3.2 Is there anything else you would have liked to know from the leaflets that was not covered?
3.3 Would the information in the leaflet be important for you in deciding to take part in the study?

3.4 What do you think are the best ways to advertise the Carmen study to people your age who may want to become mentors?

3.5 What do you think are the best ways to advertise the Carmen study to young people in care?

3.6 If you were interested in taking part, would you respond to an advert and call the project coordinator?
Probe: If not why? How would you like to be contacted? Phone / face to face?

……

4. Training

The training to become a mentor took place over four days (some day during the week) and covered a range of issues – All participants who attended said they enjoyed it and nearly all participants who attended decided to become mentors afterwards. Some participants could not attend training due to education and work commitments.

4.1 Do you think you would have had any difficulties attending the training?
Probe: taking time off from work / college /childcare

4.2 How do you think some of these issues be overcome?
Probe: payment / childcare / dates /times

4.3 If you were organising the training, when would you put it on?

Probe: Once a week, weekdays, weekends

5. Contact with mentee

5.1 Mentors in the Carmen study are asked to meet with their mentee once a week, face to face, for one year. What do you think about this?
Probe: Is it too much, too little, just right

5.2 Do you think it is practical to meet a mentee once a week for an hour? Why?

Probe: Travel - car/public transport – other commitments – childcare expenses

5.3 If you had a mentee, what would you like to do with them?
Probe: What would be beneficial for them and why?

5.4 Mentors are required to complete a diary of their contact for the researchers. They are able to complete the diary using an application on their mobile phone or by completing it online, through a confidential server.

i) Do you have any preference between the two?
ii) What are your thoughts about the task of completing a diary on a phone / online?

5.5 What are your thoughts about one year as the amount of time for the mentoring relationship?

5.6 What, in your view, would be an appropriate way for the relationship to end?
Probe: feelings /support with this

……

6. Support

6.1 What kind of support do you think you'd need as a mentor?
Probe: What do you think you may need help with?

6.2 What do you think of the idea of a monthly support group?
This would be to discuss how things are going with other mentors and the project coordinator and to try and resolve any issues.

6.3 What kind of professional do you think should provide the support?
Probe: Attribute and role i.e. a social worker?

……

7.1 Overall, do you have any particular concerns you would like to voice about mentoring programmes in general?

7.2 Do you have any particular concerns about what this programme?

Carmen Study - Focus Group Social Workers

- Welcome the participants and thank them for participating
- Purpose of focus group – to assess feasibility for larger trial
- Confidentiality and recording - Consent form
- Explain the study and the intervention in detail (preliminary info)
- Explain the structure of the focus group

……
……

1. Views about mentoring:

1.1 Do you think the study is a worthwhile area of research? I.e. reducing teenage pregnancy for young women in care?

1.2 What do you think of the idea that providing mentors for young women in care can potentially

i) Reduce teenage pregnancy?
ii) Have other benefits (probe: psychological health, education, help seeking)

Probe: Is there any value? Can you think of any particular young persons who would really benefit from this intervention?

1.3 Do you think there are any advantages, for young women in care, of having a mentor who

b) Is of a similar age
c) Has been in care herself?

1.4 Do you think there are any disadvantages ?

2. Awareness of the Carmen Study:

2.1 How many of you have heard about the Carmen Study?
2.2 When did you first hear about the Carmen Study? From whom?

Probe: Was there a strong push / presence from senior managers?

2.3 What was your immediate response when you have heard about this particular study?
Probe: Why?

2.4 For those who have heard about it – what involvement with recruitment have you had?
Probe: What are the issues you've experienced / true for other social workers?

In the Carmen Study, young women aged 14-18 who are recruited to take part in the study in Ealing, Lambeth and Essex have a 50% chance of receiving a mentor. This is because we need to compare the experiences of those who receive a mentor with those who do not – to allow us to see if mentoring for young people in care is helpful.

The allocation of the young woman to receive a mentor or to receive their usual care is decided at random after a young person has consented to take part in the research.

2.5 What do you think about the fact that half the young women are randomly allocated to receive a mentor and half are randomly allocated to receive usual care?

Probe: Do you understand why we do this as part of the research?)

How do you feel about people receiving/ not receiving a mentor?

Do you see this as a potential advantage and/or disadvantage for participants in this study? Is it an impediment to recruitment that some participants get a mentor and some do not?

What do you think social workers and other professionals might think about this and do you think it would affect recruitment?

……

5. Contact with mentee

5.1 Mentors in the Carmen study are asked to meet with their mentee once a week, face to face, for one hour, for one year.
What are your views on

i. Frequency of contact
ii. Type of contact
iii. Activities they could do
iv. Length of mentoring intervention? (Year long enough? Too long /not enough)

Probe: practical issues i.e. travel - other commitments – childcare expenses

5.2 What are the potential areas of concern for you with regard to the relationships?

5.3 And what could be done to manage those concerns / problems?
Probe: Drop out / endings - What support might mentor need with this?

……

6. Incentives

6.1 Mentors for the Carmen study receive £40 vouchers per month and can gain a level 1 Asdan qualification. What is your view on these incentives?

6.2 Mentors receive £60 / month (or £15 per week) to participate in activities with their mentee. What do you think about this amount of money for travel and activities? (£15)

6.3 Is there anything else you think mentors / mentees should be receiving for their participation?

……
……

6. Mentor Training - Fully explain the topics covered in training:

6.1 What do you think about the areas covered in the training?

Probe: Is there anything you would add / omit?

6.2 Based on your experience, when do you think is the best time to deliver the training, to ensure that 19-25 year olds are able to attend? (i.e. time of year, weekdays/weekends).

6.3 What kind of professionals in the LA do you think are best placed to deliver the training? **Prompt:** Would you feel comfortable delivering parts of it? Which parts?

………

7. Matching

Fully explain the matching criteria:
The main criteria for pairing mentors with mentees were their geographical location, i.e. their proximity to each other. This is to increase the likelihood that the mentor and mentee will meet face to face every week. Ideally there should also be a 5 year age gap between the mentee and mentor. Any additional information from mentors / mentees or social workers regarding preferences for matching are passed to the project coordinators, to help them with matching participants.

7.1 What are views on our matching criteria?

Probe: Is there anything you would add / omit?

7.2 Do you think mentors should know anything about their mentee before their first meeting? And if so, what?

7.3 Do you think mentees should know anything about their mentor before their first meeting? And if so, what?

.....

8. Support for mentors

8.1 What kind of support do you think a mentor would need?
Probe: What do you think they may need help with? How?

8.2 Who do you think should deliver it from the LA?

8.3 What do you think about a monthly support group

9. **Recruitment materials and methods**

9.1 Were you aware of the recruitment materials provided by SGUL?

9.2 What did you think of them?
(Hand them out! – time to read it and then discuss language, design)

Probe: Would you explain any aspects of the study in a different way?

9.3 What are the key points the local authorities need to know about the study in order to enable them to effectively recruit young women?

9.4 What do you think are the best ways to advertise the Carmen study in order to reach out to young women who may want to become mentors? And in order to recruit young women who are still in care?

9.5 What do you think the problems might be in recruiting mentees and mentors?

9.6 And what could be done to address them?

9.7 Do you have any views about recruitment for social research in social care settings in general?
Probe: Are the difficulties likely to be similar across research settings?

.....

10.1 Do you have any particular concerns about this mentoring intervention you would like to voice? **10.2** Do you have any particular concerns about what this intervention is trying to achieve?

Any other comments

Carmen Study - Focus Group Education Health & Foster Carers

- Welcome the participants and thank them for participating
- Purpose of focus group – to gain opinions to assess feasibility for larger trial
- Explain the structure of the focus group
- Confidentiality and recording
- Start by explaining the study and the intervention in detail

……

1. Views about mentoring:

1.3 Do you think the reduction of teenage pregnancy for young women in care is a worthwhile area of research?

1.4 What do you think of the idea that providing mentors for young women in care can potentially

iii) Reduce teenage pregnancy?
iv) Have other benefits (probe: psychological health, education, help seeking)

Probe: Is there any value? Can you think of any particular young persons who would really benefit from this intervention?

1.3 Do you think there are any advantages, for young women in care, of having a mentor who

d) Is of a similar age
e) Has been in care herself?

1.5 Are there any disadvantages / concerns?

……

2. Awareness of the Carmen Study:

2.2 How many of you have heard about the Carmen Study?
2.2 When did you first hear about the Carmen Study? From whom?

Probe: Was there a strong push / presence from senior managers?

2.5 What was your immediate response when you have heard about this particular study? Why?
2.4 For those who have heard about it – what involvement with recruitment have you had?

Probe: Have you spoken to any young people? Reaction? Outcome.

In the Carmen Study, young women aged 14-18 who are recruited to take part in the study in Ealing, Lambeth and Essex have a 50% chance of receiving a mentor. This is because we need to compare the

experiences of those who receive a mentor with those who do not – to allow us to see if mentoring for young people in care is helpful.

The allocation of the young woman to receive a mentor or to receive their usual care is decided at random after a young person has consented to take part in the research.

2.6 What do you think about the fact that half the young women are randomly allocated to receive a mentor and half are randomly allocated to receive usual care?

Probe:

Do you see this as a potential advantage and/or disadvantage for participants in this study?

What do you think social workers and other professionals might think about this?

Do you think it would affect recruitment? / how would you feel if you were asked to recruit?

……

3. Contact with mentee

Mentors in the Carmen study are asked to meet with their mentee once a week, face to face, for one hour, for one year.

3.1 What are your views on

v. Frequency of contact
vi. Type of contact
vii. Activities they could do
viii. Length of mentoring intervention? (Year long enough? Too long /not enough)

Probe: practical issues i.e. travel - other commitments – childcare expenses

3.2 What are the potential areas of concern for you with regard to the relationships?

3.3 And what could be done to manage those concerns / problems?
Probe: Drop out / endings - What support might mentor need with this?

……
……

4. Incentives for mentors

4.1 Mentors for the Carmen study receive £40 vouchers per month and can gain a level 1 Asdan qualification. What is your view on these incentives?

4.2 Mentors receive £60 / month to participate in activities with their mentee. What do you think about this amount of money for travel and activities? (£15)

4.3 Is there anything else you think mentors / mentees should be receiving for their participation?

……
……

5. Mentor Training - Fully explain the topics covered in training:

5.1 What do you think of the topics covered?

5.2 Based on your experience, when do you think is the best time to deliver the training, to ensure that 19-25 year olds are able to attend? (i.e. time of year, weekdays/weekends).

5.3 What kind of professionals do you think are best placed to deliver this training?
Prompt: Would you feel comfortable delivering parts of it? Which parts?

………
……...

6. Support for mentors

6.1 What kind of support do you think a mentor would need?
Probe: What do you think they may need help with? How?

6.2 Do you think mentors should be given any particular information about mentees before they begin mentoring?

6.3 What do you think about a monthly support group?
.....
..

7. Recruitment materials and methods

7.1 Were you aware of the recruitment materials provided by SGUL?

7.2 What did you think of them?
(Hand them out! – time to read it and then discuss language, design)

Probe: Would you explain any aspects of the study in a different way?

7.3 What are the key points the local authorities need to know about the study in order to enable them to effectively recruit young women?

7.4 What do you think are the best ways to advertise the Carmen study in order to reach out to young women who may want to become mentors? And in order to recruit young women who are still in care?

7.5 What do you think the problems might be in recruiting mentees and mentors?

7.6 And what could be done to address them?

7.7 Do you have any views about recruitment for social research in social care settings in general?

Probe: Are the difficulties likely to be similar across research settings?

……
……

Overall,

10.1 Do you have any particular concerns about this mentoring intervention you would like to voice?

10.2 Do you have any particular concerns about what this intervention is trying to achieve?

Appendix 16 Interview schedule for university student care leaver

- Welcome the participants and thank them for participating.
- Provide preliminary information about the study.
- Purpose of the interview – to assess feasibility for a larger trial.
- Explain the structure of the interview.
- Confidentiality and recording.

Name:

Age:

Course details:

Length of time in care:

1. Views about mentoring

(a) What is a mentor (i.e. meaning for you)?
(b) What do you think of the idea of mentors (in general) for people in care?

- Probe:
  - Is there any value?
  - What makes a good mentor?
  - What kind of young people would benefit?

(c) What sort of things might young people in care want and/or need a mentor for?
(d) Did you have a mentor when you were aged 14–18 years? If so, what can you remember about them?

- Probe:
  - Important attributes: good/bad – age, gender, etc.

2. Task: creating a mentoring scheme for young people in care

You have decided you want to be a mentor for young people who are in care. You are thinking of setting up a new mentoring programme for young people who have left care, which will involve identifying a project manager and a trainer for the mentors. You will participate in the training to become a mentor.

Based on your own experiences of the care system, please decide:

(a) What do the young people in care need support with?
(b) What is the aim of your peer mentoring intervention for looked-after children/young people? What do you hope to achieve? (Please outline the reasons for your choices)

(c) Based on the aim, who will the mentoring intervention be for (i.e. males/female)? What age are the young people?
(d) How long will the mentoring last for?

Selection of mentors

(a) How will you select mentors? (How might you access them?)
(b) What characteristics would they have? What knowledge/skills would they need?
(c) Do you think there would be any issues with mentors being aged 19–25 years and having been in care? How old should they be and why?

Training

The training would last for a minimum of 2–3 days.

(a) What days of the week and at what times would your training be held? (What might you have to consider in your decision?)
(b) What difficulties might you have in attending training? How could these be overcome?

Contact

(a) Based on the aims of your programme, will you be meeting your mentee in the community (e.g. café) or in a young person's centre? Why?
(b) How often would you have time to meet with your mentee? Would you like it to be the same day/time each week or would you like it to be flexible?
(c) What are your other commitments? How would you manage your time around them?
(d) What will you do during your meetings with your mentee (based on the aims of your mentoring programme)?
(e) What difficulties might you have with meeting your mentee? How would you overcome the difficulties?

- Probe:
  - Travel – car/public transport.
  - Other commitments – childcare expenses.

(f) What would you think about when it was nearing the end of the relationship? (How would you end the relationship?)

Support

(a) What support do you think you would need to be an effective mentor? (Who would provide it? How often? In what location?)

Incentives

(a) Do you think mentors should receive anything in return for mentoring? (What would that be?)

Carmen study

The Carmen peer mentoring intervention is managed and run by a project co-ordinator within the local authority. The role of the project co-ordinator is to recruit mentors and mentees and to provide support to mentors.

Recruiting mentors

(a) Mentors in the Carmen study are aged 19–25 years. When you were aged 19–25 years what contact did you have with social services? What other organisations/services did you have contact with?
(b) Based on the above, what do you think is the best organisational context for recruiting mentors aged 19–25 years who have left care?

- Probe:
  - Social services, universities, other organisation mentioned above.

Contact with mentee

(a) Mentors in the Carmen study were asked to meet with their mentee once a week, face-to-face, for 1 year. What do you think about this?

- Probe:
  - Is it too much, too little, just right?

(b) Mentors were asked to complete a diary of their contact for the researchers. They are able to complete the diary using an application on their mobile phone or by completing it online, through a confidential server. What do you think about completing a diary on a phone/online? The mentors have not completed the diary consistently – what do you think would be a better system for them to feed back their contacts to a project co-ordinator?
(c) What do you think about 1 year as the amount of time for the mentoring relationship?

Support

(a) What do you think of the idea of a monthly support group? This would be to discuss how things are going with other mentors and the project co-ordinator and to try and resolve any issues.
(b) What kind of professional do you think should provide the support?

- Probe:
- Attributes and role, i.e. a social worker?

Incentives

(a) Mentors in the Carmen study receive a £40 voucher per month and can gain a level 1 ASDAN qualification. What is your view on these incentives?
(b) Mentors receive £60 per month for paying for activities with their mentee and for travel for both of them. What do you think about this amount of money for activities (£15 per week)?

Any other questions/comments? (recruitment, difficulties we've experienced).

Appendix 17 Project co-ordinator, mentor and research team role description

PC role	Mentor role (note: PC is first point of contact for mentor)	Research team role
• To provide clear management support to the project (allowing appropriate time for the role and regular supervision with own manager) • To commit at least 3 hours per week for the duration of the project, allowing extra time for the role according to peaks and troughs in terms of demands on time (PC will complete time sheets and expenses forms for monitoring purposes) • To support mentors through monthly individual supervision sessions, ad hoc support and a group session at 6 months and at the end of the intervention. This is to ensure that the mentor–mentee relationship is manageable and appropriate • To liaise with members of mentees' networks of carers if difficulties arise • To record and communicate to researchers all contact (whether supervision or ad hoc) with mentors and mentees (date, time and length) • To contribute to research and communicate with the research team as required • To ensure appropriate staff cover is in place in case of absence or leaving the post and ensure that contact details are passed to researchers and mentors	• To be a consistent, approachable and available person in the life of a young woman in care (mentee aged 14–18 years) for 12 months • To build a non-judgemental and positive relationship with a mentee based on trust, honesty, openness and encouraging self reliance • To provide confidential advice, support and guidance to the mentee • To engage in activities that both the mentor and the mentee find enjoyable • To behave in an appropriate and professional manner with the mentee • To encourage the mentee to seek help as appropriate (by using knowledge of local sources of support and/or by asking professionals known to the mentor) • Attend appointments as and when agreed with the mentee, e.g. doctor, genitourinary medicine clinic, social work • To contribute to research as required (i.e. baseline questionnaire and interview at the start and end of the project, provide feedback on training and experience as a mentor and complete a weekly mentor diary) • To be aware of the boundaries of the mentor–mentee relationship and attempt to ensure that the mentee does not become overly dependent • To adhere to safeguarding procedures when concerned about the safety of the mentee, i.e. contact the PC • Agree to have a DBS check	• To provide advice, support and troubleshooting for PCs on an ad hoc basis • To meet with mentors following training and ensure that informed consent is gained • To meet with and provide information to mentees about the project at the outset (Phase II – before randomisation) to ensure that informed consent is obtained • To conduct and analyse research activities including questionnaires at baseline and the end of the intervention and interviews with mentors following training, mentees and PCs • To receive and maintain records of mentors' research diaries Note: Researchers will contact the PC immediately if there are any safeguarding concerns reported by a mentor *This will involve:* Mentor recruitment and training: • Collaboration with the NCB to develop training • Liaising with PCs to arrange mentor training, i.e. location, etc. • Designing information sheets and posters for recruitment of mentors and mentees • Meeting with PCs to discuss roles and disseminate information sheets

PC role	Mentor role (note: PC is first point of contact for mentor)	Research team role
This will involve: Mentor recruitment and training: • Assisting researchers to arrange mentor training, i.e. location, etc. • Identifying, in partnership with other professionals, 10–12 young women (potential mentors aged 19–25 years) and provide them with full information about the project • Identifying and providing researchers with local sources of support and information to include in the mentor training pack • Supporting mentors to attend training • Attending half a day of mentor training facilitated by the NCB • Supporting young people to complete the DBS form (at training if not before) and obtain identity documents - invoice St George's for this Mentee recruitment and selection: • Ensuring information about the project is shared with social workers, carers and other professionals linked to potential mentees (young women aged 14–18 years) so that these professionals can support the PC to identify potential mentees • Ensuring potential mentees are given information sheets and have details of the project explained to them (either by the PC or other linked LA professionals). If a potential mentee indicates a willingness to participate, the PC will gain consent from social workers, carers, etc. for researchers to arrange a meeting with the potential mentee to ensure informed consent. Note: If the potential mentee is aged < 16 years, the PC will arrange for an appropriate adult to be present at that meeting, i.e. the PC, social worker or other LA professional. If the potential mentee is aged > 16 years, the PC will discuss with the mentee whether they wish to have an appropriate adult present	*This will involve:* Training and support: • Attending 3 days of training facilitated by the NCB • Giving informed consent to the research team to become a mentor • Attending monthly group support sessions with the PC and booster training facilitated by the NCB after 6 months Peer mentoring: • At least 1 hour of face-to-face contact per week with a mentee for 12 months • Other contact with the mentee by phone call, e-mail and text • Taking responsibility for mobile phone use for purposes of the mentor role and spending up to £40 per month on informal activities with the mentee • Liaising with the PC about receipt of personal payments in recognition of the mentor role (£40 per month), payments for activities (£40 per month) and travel expenses • Completing a research diary each week regarding the frequency and nature of contact with the mentee and submitting these to the research team • Contacting the PC about any difficulties with the mentor–mentee relationship or personal concerns • Contacting the PC if there are any child protection concerns following contact with the mentee • Managing the end of the mentor–mentee relationship in a way that is not disempowering to the mentee and which empowers them to seek support from an identified LA individual if required	At training: • Attending, observing and documenting mentor training and explaining the research to potential mentors • Recording mentor training attendance • On the last half day of training, discussing with the mentors their strengths, weaknesses and what they believe they will bring to the mentor role and obtaining informed consent • Issuing mentors with a mobile phone and an explanation of the weekly diary for mentors Mentee recruitment and selection: • Meeting individually with mentees to explain the project, answer questions and obtain informed consent • Contacting the randomisation service (for Phase II) to obtain the allocation • Informing the PC and the mentee of group allocation (Phase II – i.e. whether the mentee is part of the intervention group or the control group) • Mentee interviews and questionnaires at baseline and at the end of the intervention. Note: phase II – in addition, interviews with PCs and a sample of 15 mentors and 15 mentees

PC role	Mentor role (note: PC is first point of contact for mentor)	Research team role
• Communicating the contact details of potential mentees to researchers so that they are able to arrange a meeting with them to ensure informed consent Mentoring support: • Supporting mentors to ensure that their mentor–mentee relationship is manageable and appropriate through monthly group supervision sessions, ad hoc support and a group training booster session facilitated by the NCB at 6 months and at the end of the intervention • Invoicing St George's for personal, activity-related and expenses payments for mentors • Managing and distributing funds allocated to mentors as payment in recognition of the mentor role and mentor-related activities and expenses • Ensuring regular communication between all professionals involved with mentors and mentees as appropriate, e.g. personal advisors, social workers and the research team • Supporting mentors with the exit strategy, in part by identifying a member of each mentee's care team who will agree to follow up on the mentee's well-being		Mentoring support: • Supporting mentors to gain an ASDAN accreditation • Troubleshooting PC queries on an ad hoc basis • Liaising with PCs bimonthly to monitor progress of the project • Contacting PCs in cases of safeguarding issues • Submitting regular monthly payments to the LA in recognition of the mentors' role and activities • Topping up mentors' pay as you go mobile phones

Appendix 18 Guidance given to project co-ordinators on conducting monthly support group meetings

Guidance for mentor support and supervision

On introduction to the session remind mentors of confidentiality within the group, that is, not discussing any of the issues or mentees outside of the group. The project co-ordinator will ensure confidentiality except in instances when it is in the best interests of a mentee for a social worker/other professional to be informed (e.g. child protection or access to services).

The purpose of the supervision sessions is:

- To allow mentors to:
  - reflect on their relationship with the mentee
  - feed back any concerns to the project co-ordinator
  - consider and monitor important 'milestones' in their relationship
  - verify and submit work for their accreditation if applicable
  - identify any additional training needs
  - receive any up-to-date information about agency policies and continue to adhere to these, e.g. safeguarding.
- To allow project co-ordinators to:
  - be aware of and continue to monitor potential difficulties that may arise in mentoring relationships (including non-engagement and boundaries being crossed)
  - give consideration to the specific needs of mentors who are care leavers, monitor any issues in their lives and provide additional support when necessary to enable them to meet the demands of the role
  - troubleshoot difficulties
  - sign off mentors' work for accreditation
  - distribute money for activities and voucher payments
  - communicate any relevant updates/information on agency policies to mentors.
- Project co-ordinators should increase the likelihood of mentors attending group supervision sessions by:
  - providing a yearly schedule of meetings to mentors from the outset
  - ringing/texting mentors before each meeting to remind them about the meeting
  - providing refreshments and adding a social element to the sessions
  - being flexible and ensuring that the supervision sessions are compatible with demands on the mentors' time (e.g. working arrangements).

Appendix 19 Project co-ordinator recruitment guidelines

CarmenStudy

PEER MENTORING FOR YOUNG WOMEN IN CARE

CARMEN@sgul.ac.uk

RECRUITMENT:

A GUIDE FOR LOCAL PROJECT COORDINATORS

Research Manager: Dr Gill Mezey

Research Assistants: Deborah Meyer and Fiona Clare

Research Administrator: Ros Hampton

1 Contents

1 Foreword

Literature on mentoring programmes stresses the importance of strong project management and staffing to coordinate mentoring programmes and to produce an effective recruitment strategy. The importance of all Local Authority professionals working together with the coordinator to achieve this cannot be overstated. The aim of this document is to provide a framework to achieve this.

2 Part 1: Carmen Study Aim

The aim of the study is to develop a peer mentoring intervention to reduce teenage pregnancy in looked after young women and to assess the feasibility of evaluating the intervention. SGUL will look at whether giving a young woman in care, extra support from another young woman who has been through the care system is helpful and has positive effects on their general wellbeing, social life, relationships, attitudes to sex and thoughts about early pregnancy.

Numbers:

For the phase 2 exploratory trial (mentoring to begin early 2012), SGUL are aiming to recruit 48 young women in care between the ages of 14-18 to become potential mentees.

Each local authority should recruit **16 potential mentees**. Half the young women who consent to take part in the study will be provided with a peer mentor, whilst

the other half will continue to receive their usual care. The reason for this is the need to compare the experiences of young women who have mentors with those who do not.

As mentors, SGUL are recruiting twenty four young women, aged 19 to 25, who have themselves been through the care system. Each local authority should **recruit 10-12** young women to be trained as mentors, with a view to **8 of them consenting to be a mentor.**

Part 2: Criteria for recruitment of Mentees and Mentors

Mentees:

The Local Authority Project Coordinator and other professionals such as social workers, residential home workers and foster carers will be relied upon to seek out potential mentees.

As well as proactively marketing the benefits of potentially becoming a mentee, evidence from the phase 1 pilot of the Carmen Study has illustrated the need for social workers and other professionals to be directive with a young woman who they feel is appropriate for the study in order that they participate.

St George's is not specifying whether the young people must be sexually active, or have been pregnant. However, these data will be collected at baseline and follow up.

Essential criteria:

- A female
- Aged between 14 and 18
- Currently Looked After

Desirable criteria:

- Age 14-15 (prior to transition to independence)
- In a foster home or residential placement (non-independent living)
- Has had 3+ placements (on the basis that they represent the most vulnerable group)

Mentors:

Literature on mentoring illustrates that mentors with good interpersonal skills such as empathy, engagement, authenticity and the ability to empower are more able to create relationships which are associated with higher self-esteem. During recruitment, Local Authorities should take responsibility for decisions about who would make a good mentor. To help with the programme evaluation, local authorities should document how mentors were chosen.

Essential Criteria:

- Aged between 19 and 25 who have experienced the care system and are therefore familiar with it
- High in relational qualities/interpersonal skills such as empathy, engagement, authenticity and empowerment.

- Agreement between the mentors' values and the programmes' values so that they will act as appropriate role models. (I.e. the mentor's attitudes towards teenage pregnancy and promoting healthy sexual behaviours should be consistent with the programme's desire to reduce teenage pregnancy. This does not automatically exclude mothers)
- Fully committed and able to meet the needs and demands of the role.
- Safe to work with children and vulnerable young people with a cleared Criminal Records Bureau check.
- Part 3: Guidelines for recruitment

2.1 Timescales:

In order for the exploratory trial to begin on time (early 2012) in Ealing, Lambeth and Essex, mentee and mentor recruitment should take place between September and December 2011. The recruitment of mentees and mentors should take place simultaneously.

Potential mentees are required to **consent** to take part in the study at a face to face meeting with researchers. These meetings need to be conducted **between the middle of November and the end of December 2011**. Potential mentors will need to be identified by project coordinators. Potential mentors will be sent a letter to invite them to training a month in advance of the course.

1.1 General guidelines

1. Ensure clear roles and responsibilities for the project coordinator/s are discussed and documented between each party (i.e. between project coordinators assistant project coordinators as appropriate).
2. Ensure the above roles and responsibilities are communicated to the researchers so they are able to contact the appropriate person regarding each section of recruitment.
3. Ensure regular and effective communication between project coordinators in Local Authority.
4. Ensure regular updates on recruitment to researchers.
5. Ensure over-recruitment of potential mentors and mentees, due to the likelihood of drop out (e.g. identify 10-12 potential mentors to attend the training).
6. Ensure progress on recruitment is documented (see part 5: Recording).
7. Ensure timesheets are completed each week and emailed to researchers (see appendix 2).

1.2 Recruiting potential mentees: A 10 step process

Each local Authority will recruit 16 potential mentees. Only 8 of those will be offered a mentor match. The study will need to be pitched to potential mentees to make sure they are aware that they have a 50% chance of having a mentor but there are no disadvantages to taking part for those that do not receive a mentor. They will become research participants. As research participants they will receive vouchers for their interview time at the beginning and end of the study and will be greatly contributing to improving the life chances of other young women in care.

Step 1: Local Authority professionals are contacted well in advance of mentor training to help identify potential mentees**. (Inc. social workers, foster carers, residential home managers, Children in Care Council, SOT workers & IRO's.)**

Step 2: The project coordinator emails the above professionals, attaching the project information leaflets (see Appendix 1). It will be extremely important that social workers attend a group meeting delivered by the project coordinator whereby the project and their role are explained. (If this is not possible, as a minimum, the recruitment guide for social work professionals can be sent to them).

Step 3: The project coordinator ensures there is backing by senior management for the above process. Senior management team are informed about progress, particularly when responses to the project coordinator from other professionals are slow.

Step 4: Professionals (highlighted in Step 1) begin to identify young women from within their care / case load and pass their details to the project coordinator (including their name, address, phone and D.O.B).

Step 5: The project coordinator invites potential mentees to attend a group information session with refreshments and activities. Potential mentees are invited to bring their social workers and / or carers to this meeting.
(As well as phone contact, the project coordinator can post the mentee the information leaflet and an initial contact letter enclosed with the date of the information meeting)

Step 6: After the meeting, a known professional phones / makes face to face contact with the potential mentee. They discuss the project and at this point the young person will either agree to meet researchers to consent or not.

Step 7: The known professional asks potential mentee for their availability to meet the researchers and whether the young person would like the known professional to be present at the consent meeting with researchers. Known professional will need to cross check their own availability.

Part 8: The known professional contacts the project coordinator and the researcher with the outcome, whether positive or negative (see appendix 3 for researcher contact details).

Part 9: Researchers telephone the potential mentee to confirm a date for a consent meeting. Researchers inform the project coordinator and the known professional of this date and perform any necessary risk assessment of the location. Researcher post a letter to the potential mentee confirming the agreed meeting date.

Part 10: Researchers telephone and text potential mentee about the consent meeting. The meeting takes place and young person consents to take part in the study. At this point, the researchers contact the Bristol randomisation service to find out whether the potential mentee will have a mentor or will be part of the care as usual group. The result will be communicated to the project coordinator and known professional. The researchers will inform the young person of the outcome and advise them, either that they have not been allocated to a mentor or, that once mentors have been trained the coordinator will be in touch with them regarding a mentor match.

1.3 Recruiting potential mentors: A 12 step process

N: B Steps 1-4 below are the same as for mentees and should be administered concurrently. However the type of professionals contacted by the project coordinator may differ as mentors will be care leavers.

Step 1: Local Authority professionals are contacted well in advance of mentor training to help identify potential mentors. **(Inc. Leaving Care professionals, Children in Care Council and SOT workers)**

Step 2: The project coordinator emails the above professionals, attaching the project information leaflets (see Appendix 1). It will be extremely important that social workers attend a group meeting delivered by the project coordinator whereby the project and their role are explained. (If this is not possible, as a minimum, the recruitment guide for social work professionals can be sent to them).

Step 3: The project coordinator ensures there is backing by senior management for the above process. Senior management team are informed about progress, particularly when responses to the project coordinator from other professionals are slow.

Step 4: Professionals (highlighted in Step 1) begin to identify young women to become mentors and pass their details to the project coordinator (including their name, address, phone and D.O.B).

Step 5: The project coordinator invites potential mentors to attend a group information session with refreshments and activities. (As well as phone contact, the project coordinator can post the mentor the information leaflet and an initial contact letter enclosed with the date of the information meeting)

Step 6: After the meeting, a known professional phones / makes face to face contact with the potential mentors. They discuss the project and at this point the young person will either agree to attend mentor training or not.

Step 7: The known professional contacts the project coordinator with the outcome.

Step 8: The project coordinator sends interested young women a letter to invite them to training. The young women will be asked to confirm their attendance at training with the project coordinator. N: B The young women may need further prompting to confirm their intention to attend training.

Step 9: Project coordinator informs researchers of the outcome. For the purposes of the evaluation, project coordinator should inform researchers of the reason if young woman is unable to attend training.

Step 10: The training deliverers send the potential mentors a text message a day or two before training to remind them to attend and to welcome them. Training course happens.

Step 11: Following training, mentors decide whether to consent to become a mentor. If they would like to, researchers arrange to meet with them directly to conduct a baseline. Researchers will ask mentors about their preferences regarding a mentee match and will pass this information to the project coordinator.

Step 12: Once all of the mentor have consented to the project, the project coordinator (in communication with mentees social worker) can begin to match the mentors to the mentees (see criteria on following page).

3 Part 4: Matching mentors with mentees

Once mentor training has taken place and all potential mentees have been consented and allocated either to have a mentor or receive their care as usual, the project coordinator, in coordination with other professionals, will create mentor-mentee pairings. The main criteria for pairing mentors with mentees should be their geographical location, i.e. their proximity to each other. This is to increase the likelihood that the mentor and mentee will meet face to face every week. Ideally there should also be a 5 year age gap between the mentee and mentor.

However, the mentor training and baseline interviews may reveal to researchers that a young woman would be best placed with a particular type of mentee. This information, as well as anything which uncovers potential problems with matches will be passed to the project coordinators, to aid the process of pairing. The existing knowledge that project coordinators and other professionals have of the young women will also be useful.

The project coordinator should send details of the 8 mentor-mentee pairings to the researchers and once arranged, inform researchers of the date of the initial three-way meeting to introduce the relationship with mentor and mentee.

4 Part 5: Recording

4.1 Recruitment process:

The researchers would like the following information to be collected by the project coordinator/s to enable the research team to monitor the process of recruiting mentors and mentees in each Local Authority in terms of costs and drop out. Project coordinators should provide feedback to the researchers on all information collected.

Mentees

1. How many posters and information sheets aimed at mentors were placed in each location in the Local Authority (Please note if anyone responded directly to the posters / leaflets and put themselves forward)
2. How many potential mentees were invited to an information meeting?
3. How many potential mentees (age14-18) attended that information meeting or were spoken to about the project on a one-to-one basis? (Who made initial contact?)

(Point 2 and 3 would be the same number if there was full take up of info meetings)

4. How many potential mentees arrange a consent meeting with researcher?
5. How many of those arranged consent meetings go ahead?
6. How many potential mentees consent to the study at that meeting?

Mentors

1. How many posters and information sheets aimed at mentors were placed in each location in the Local Authority? (Please note if anyone responded directly to the posters / leaflets and put themselves forward)
2. How many potential mentors were invited to an information meeting about the project?
3. How many potential mentors (age19-25) attended that information meeting or were spoken to about the project on a one-to-one basis? And who made initial contact? (i.e. young woman who initially contacted the project coordinator or vice versa)

(Point 2 and 3 would be the same number if there was full take up of info meetings)

4. How many invites to the mentor training course were sent?
5. How many potential mentors accepted the invitation / said they would attend the training course?
6. How many actually attended the training course?
7. How many that attended the training course consented to become a mentor afterwards?

4.3 Timesheets

As part of the exploratory trial we are recording the resource demands on all those involved. This is to allow the research team to make a sound estimate of the costs of a scaled up project and to set the benefits of the exercise in the context of its costs. Essentially we need a break down of the project coordinator's time spent on the various activities under three broad headings.

- Setting up the project
- Running the project
- Providing assistance to the researchers

The 'setting up' comprises all those tasks from the project initiation through to the project 'going live', i.e. the first mentor/mentee contacts. After that first contact we are in the realm of live running of the project. In practice there may be some overlap between setting up and live running as some first mentor/mentee contacts may precede others. Assistance to the researchers is defined as any activity that is only required because there is a research project taking place.

Project coordinators should complete a time sheet weekly. (If there are two coordinators, they are both required to do this). We ask that coordinators are conscientious in completing these, but recognise that the task can be seen as a diversion from the primary management tasks. Ideally they will be completed at the end of each day and totalled up for the week. (See Appendix 2 for detailed instructions on how to complete the timesheet).

Appendix 20 Social worker recruitment guidelines

Guidance for Social Work professionals

The importance of all Local Authority professionals working together with the local project coordinator to achieve strong coordination of this programme cannot be overstated. St George's University of London (SGUL) research team have produced this short note for social workers and other professionals in the local authority to convey the aims of the Carmen study, the crucial role of local authority professionals within it and the benefits to young women for taking part.

The Carmen Study

The Carmen study is funded by the National Institute for Health Research, Health Technology Assessment programme. There are three local authorities involved in the project, Ealing, Lambeth and Essex. The aim of the study is to develop a peer mentoring intervention to reduce teenage pregnancy in looked after young women and to assess the feasibility of evaluating the intervention. SGUL will look at whether giving a young woman in care, extra support from another young woman who has been through the care system is helpful and has positive effects on their general wellbeing, social life, relationships, attitudes to sex and thoughts about early pregnancy.

A project coordinator has been identified in each of the Local Authorities who will manage local recruitment of mentees and mentors and will provide local coordination and management of the project throughout the intervention.

SGUL are aiming to recruit 48 young women in care between the ages of 14-18 to become potential mentees. Each local authority should recruit 16 potential mentees. Half the young women who consent to take part in the study will be randomly assigned to receive a peer mentor. The other half will become research participants and continue to receive their usual care. The reason for this is the need to compare the experiences of young women who have mentors with those who do not. To act as mentors, SGUL are recruiting twenty four young women, aged 19 to 25, who have themselves been through the care system. Each local authority should recruit 10-12 young women to be trained as mentors, with a view to 8 of them consenting to be a mentor.

Recruitment Criteria

Mentees

Essential criteria:

- A female
- Aged between 14 and 18
- Currently Looked After

Desirable criteria:

- Age 14-15 (prior to transition to independence)
- In a foster home or residential placement (non-independent living)
- Has had 3+ placements (on the basis that they represent the most vulnerable group)

Mentors:

Literature on mentoring illustrates that mentors with good interpersonal skills such as empathy and the ability to empower others are more able to create relationships which are associated with higher self-esteem. During recruitment, Local Authorities should take responsibility for decisions about who would make a good mentor. To help with the programme evaluation, local authorities should document how mentors were chosen.

Essential Criteria:

- Aged between 19 and 25 who have experienced the care system and are therefore familiar with it
- High in relational qualities/interpersonal skills such as empathy, engagement, authenticity and empowerment.
- Agreement between the mentors' values and the programmes' values so that they will act as appropriate role models. (i.e. the mentor's attitudes towards teenage pregnancy and promoting healthy sexual behaviours should be consistent with the programme's desire to reduce teenage pregnancy. This does not automatically exclude mothers)
- Fully committed and able to meet the needs and demands of the role.
- Safe to work with children and vulnerable young people with a cleared Criminal Records Bureau check.

What is the role of social workers?

To enable the project coordinator to reach the recruitment targets, the input of social work professionals is crucial. We are aware of the demands on time of social work professionals and therefore the role of a social worker in the

project is not designed to be time consuming. The central element of the role is to identify participants and communicate with the project coordinator.

The role is as follows:

- To identify young women to act as mentees (age 14+) and mentors (age 19+) and informing the project coordinator.
- Where time permits, to accompany young women to information meetings delivered by the project coordinator and discuss the benefits of the project with the young woman.
- Attend consent meeting if young woman chooses to have an adult with them.
- Contribute to decisions regarding matching mentors to mentees after consent.
- Act as a support and inform the project coordinator should any issues arise concerning young women during the intervention.

What are the benefits?

During the recruitment to the study we will ensure that young women have things fully explained to them so that they understand the choices they make about participating. Whether acting as a mentor, a mentee or as a participant in the research who receives care as usual, young women will be given opportunities to achieve. We will ensure that every young woman who participates feels cared about, valued and respected as an individual.

Benefits for Mentors

- With support from the project coordinator, mentors will be given the opportunity to improve the life chances of a young woman who is currently in the care system.
- Mentors will gain experience of participating in a research study.
- Mentoring will provide them with new skills, knowledge and experience.
- Their training and experience as a mentor will be accredited through ASDAN if they choose (Award Scheme Development Accreditation Network). It can also be added to their CV.
- They will receive £40 a month in Love2Shop vouchers in recognition of their time and commitment.
- They will be given an amount of money (up to £40 a month) to participate in activities with their mentee. The mentor and mentee can decide what activities they would like to do.
- All mentors will be interviewed at the beginning and end of the year, for which they will receive a £10 Love2Shop on each occasion. Some mentors will have an additional in-depth interview, to explore their experiences of mentoring in more detail, for which they will receive an additional voucher payment.

Possible benefits for young women who receive a mentor

- They will gain experience of participating in and contributing to research that may benefit other young people in care in the future.
- They will have a supportive relationship with someone who is volunteering to help them.
- Their mentor will be someone who has been through the care system themselves so is likely to understand some of their experiences.
- They will get to participate in activities with their mentor, and can choose what they would like to do.
- They will receive a £15 Love2Shop voucher for interviews conducted at the beginning and the end of the one year intervention. Further payment will be given to a sample of mentees who are chosen to take part in more in-depth interviews.
- They will receive newsletters during the project to keep them updated, and will also receive a final report on the results of the study.

Benefits for young women who do not receive a mentor

- They will gain experience of participating in and contributing to research, which may benefit young people in care in the future.
- They will get to participate in something that is interesting and a bit different.
- They will receive a £15 Love2Shop voucher for interviews conducted at the beginning and the end of the one year intervention.
- They will receive newsletters during the project to keep them updated, and will also receive a final report on the results of the study.

How will SGUL ensure the safety and mentors and mentees?

Both mentors and mentees will be made aware that if they have any concerns, at any stage, they should contact the project coordinator. The following is a list of other safeguards to protect the welfare of peer mentors and mentees who participate in The Carmen Study. All mentors will be made aware of relevant safeguards during the training sessions and will receive a copy in their training pack. (See the appendix for topics covered in training)

Matching

- When the researchers meet the mentors and mentees to seek their consent to participate in the research, they will be asked if there any exceptions to those they would be able to work with. Following this, project coordinators and social workers will have input into decisions regarding the matching of mentor and mentee pairs.

Initiating the mentor-mentee relationship

- The initial contact between mentors and mentees will take place in a three-way meeting with the project coordinator. The purpose of this meeting is to provide them with initial support and define the aims, roles, responsibilities, length and boundaries of the relationship.

During the relationship

- To ensure professional boundaries are maintained, mentors will be instructed to contact their mentee using the mobile phone and email address provided by the research team. They will be asked not to contact their mentee on social networking sites such as Facebook. Mentors will also be advised that whilst they are permitted to save up money to spend on activities with their mentee, monies should not be spent on material goods for the mentee.
- Once a mentor has arranged a meeting with their mentee, they should inform the project coordinator of the proposed date, time, estimated length, location and activity planned. If necessary, the project coordinator can discuss concerns they have and suggest alternatives. After the meeting the mentor should notify the project coordinator that it has gone as planned. If the project coordinator does not hear from the mentor after an appropriate amount of time, they should phone them to check on their welfare.
- Mentors will be reminded to have their mobile phone on at all times during meetings with their mentees. Their phones will contain the numbers of services they may need to contact in an emergency, including the police and social services emergency duty team.
- The emergency duty team will be made aware of the project from the outset, including the names and details of all young people involved in it.
- Mentors will complete a diary on their mobile phone each week that will be sent directly to the research team. Although they are advised to contact their project coordinator if they are having any difficulties or concerns, they can also raise these in the diary so that the researchers are aware and can pass the information on to the project coordinator. The diary will also give them an opportunity to reflect on their relationship with their mentee.

Support from project coordinator

- Mentors will have monthly support group meetings with their project coordinator to allow them to reflect on their relationship with their mentee, and also provide an opportunity to feedback any concerns or issues that have arisen. The meetings will also allow the project coordinator to be aware of, monitor, and troubleshoot any difficulties raised by the mentors, both in terms of their relationship with their mentee and also in terms of the their own wellbeing. The project coordinator will ensure the mentees' social worker is kept fully informed of any issues or concerns regarding their welfare.
- Mentors will be encouraged to contact their project coordinator if any difficulties arise that they are unable to cope with or that cannot wait until the next meeting. If the mentor has any safeguarding concerns they should contact the project coordinator immediately. If the project coordinator is unavailable the mentor should contact the mentee's social worker. If either of these professionals is unavailable (e.g. outside of working hours) and they have immediate concerns, mentors should contact the police or social services emergency duty team. During training it will be emphasised that mentors should contact appropriate professionals, rather than trying to deal with problems alone.

Early termination of relationship

- Ensuring a mentor who attends training is offered a mentoring match is an important ethical consideration. Where a relationship breaks down before three months into the intervention, the aim will be to offer both the mentor and mentee another match.

What is covered in the training?

Potential mentors will receive 3.5 days of training delivered by the National Children's Bureau in preparation for the role of mentor. Potential mentors do not consent to take part in the study until they have completed the training, therefore the training is an opportunity for them to reflect on becoming a mentor and ensure they are fully informed of the expectations and responsibilities prior to participating.

Potential mentors will be equipped with the knowledge and skills to assist them in their role as a mentor. However, the mentor is not responsible for sexual health advice. The emphasis of the training will be on signposting and empowering the mentee to attend services.

The training will cover the following topics:

- The role of the peer mentor and building the peer mentor team.
- Understanding personal reflection and its importance to peer mentoring.
- Ethics and accountability.
- Exploring professional boundaries.

- Exploring confidentiality in the peer mentoring relationship, including exceptions.
- Safeguarding children and child protection.
- Examining features of healthy and unhealthy relationships.
- Emotional and legal aspects of sexual relationships.
- Awareness of types of contraception available and where to get help/information, including for sexually transmitted infections.
- Recognising the challenges and impact of teenage pregnancy and parenthood, including where to get help/information.
- Keeping safe and minimising risks.
- Empathic listening skills.
- Building trusting mentoring relationships and dealing with difficulties in the relationship.
- The mentors' role in the research project.
- How to gain an ASDAN award.

Appendix 21 Mentor training handbook

PEER MENTOR HANDBOOK

Authors and Trainers: **Trainer 1 Kemp & Trainer 2 Owens, 2012**

Contents:

Page

ASDAN Life Skills Award

Useful Contacts- young people's services

Research User Guide

A guide to the mentor diary

The Mentor Role Description

Peer Mentoring for Young Women in Care

As a participant in the Carmen study, your role involves both acting as a peer mentor and a research participant. Your role as a mentor will involve offering support, advice and guidance to a young woman, organising social activities for the two of and accompanying her to appointments and interviews where appropriate. In addition, as a research participant in this study, you will assist the research team in assessing the effectiveness of the peer mentoring. Your role as both a peer mentor and research participant is outlined below. It may be helpful for you to retain this information and refer to it during mentoring to ensure you understand the responsibilities of your role.

Mentoring	Research Participant
- Being a consistent, approachable and available person for a young woman in care for 12 months. - Providing support, advice & guidance. - Behaving in an appropriate and professional manner. - At least one hour of face to face contact per week. - Engaging in activities by mutual agreement. - Encouraging mentees to seek help as appropriate. - Attending appointments as and when agreed by you and your mentee. - Adhering to safeguarding procedures. - Taking responsibility for appropriate mobile phone usage. - Managing monies for activities with mentee. - Liaising with project coordinator (P.C) about receipt of personal payments and travel expenses. - Contacting P.C about any difficulties in relationship, personal concerns or child protection concerns. - Ending the relationship in a planned, sensitive and safe way. **Training and support** - Attending 3.5 days of initial training facilitated by NCB. - Attending initial three-way meeting between P.C, mentee &mentor - Attending monthly group support sessions with P.C. - Attending booster training facilitated by NCB after four months and at the end of mentoring. - Attending three way meeting between mentee, mentee's social worker & mentor at ten months to ensure smooth relationship end. - Completing an ASDAN qualification (optional)	- Attending 3.5 days of training, at which the researchers will outline the nature of research activities. - Completing a short feedback questionnaire and taking part in a focus group about the experience of training. - Answering questions at the beginning and end of the mentoring year about your care history, general health, education, self-esteem, mood and motivations and expectations for becoming a peer mentor. - Completing a weekly diary entry to reflect on the mentoring each week.

Role of Project Coordinator - The Carmen Study

The following is a description of the role of the project coordinator. This is provided to ensure you are aware of their responsibilities to you in supporting the mentoring role and duties on the project as a whole. Your local project coordinator should be your first port of call for any help, questions, queries or concerns regarding your peer mentoring role.

ROLE OVERVIEW

To provide clear management support to the project and be responsible for recruiting mentors and mentees. Main tasks include acting as a clear and consistent support contact person for mentors throughout the intervention.

MAIN TASKS

- To provide clear management support to project
- To commit at least 3 hours per week to the project
- To liaise with members of mentors and mentees' care network
- To attend half a day mentor training facilitated by NCB
- To facilitate and attend the initial three way meeting between mentor and mentee
- To help mentors to identify a member of mentees' care team who will attend a three way meeting (mentor, mentee and social worker) at ten months to identify a meaningful exit strategy
- To support mentors through monthly group supervision sessions and ad hoc support. This is to ensure mentor-mentee relationship is

manageable and appropriate
- Attend PC and mentor training booster session at four months and at end of intervention
- To manage and distribute funds allocated to mentors as payment in recognition of their role and mentor related activities and expenses
- To complete time sheets to record time spent on project and expense claim forms to record any spending on project
- To send all time sheets and invoices to research team
- To work with research team to achieve key targets as required
- To ensure appropriate staff cover is in place in case of absence or leaving post and ensure contact details are passed to researchers and mentors

This will involve:

Mentor recruitment and training

- Identifying, in partnership with other professionals, young women (potential mentors aged 19-25). Provide them with information sheets about the project
- Assisting researchers to arrange mentor training i.e. location etc
- Supporting mentors to attend training
- Supporting young people to complete CRB form 2/3 months before training and obtain identity documents
- Identifying and providing researchers with local sources of support and information to include in mentor training pack

Mentee recruitment and selection

- Taking the lead in ensuring information about the project is shared with social workers, carers and other professionals linked to potential mentees' (young women aged 14-18) so these professionals can support coordinator to identify potential mentees
- Taking the lead in ensuring potential mentees are given information sheets and have details of the project explained to them

- Ensuring researchers have sufficient information to arrange a meeting with mentee to gain informed consent

Mentoring support

- Supporting mentors to ensure their mentor-mentee relationship is manageable and appropriate through monthly group supervision sessions and ad hoc support
- Supporting mentors to gain ASDAN accreditation
- Supporting mentors to attend a group training booster session facilitated by NCB at four months and a session at end of intervention
- Working to ensure regular communication between all professionals involved with mentors and mentees as appropriate e.g. personal advisors, social workers and the research team
- Supporting mentors with exit strategy to identify a member of mentees' care team who will agree to follow up on mentee's wellbeing

Project Coordinator Contact Details

Cheryl Campbell Tel: [redacted] Email: [redacted]

Evette Grant Tel: [redacted] Email: [redacted]

The project coordinator role will be shared between Cheryl and Evette. They will explain to you how they are splitting the role.

Important Values for Peer Mentors

Your relationship with the mentee needs to be based upon:

- **Respecting her** for who she is
- **Empowering her** to make informed choices
- **Supporting and encouraging her** to develop self-esteem, self-confidence and self-reliance

Recall how you felt when you were a younger teenager. Remember that adolescence is a difficult time. One moment, a teenager is striving for separate identity and independence, and the next moment urgently needs an adult's support.

Remember that mentees want mutually respectful conversations. Avoid telling them what to do or say or feel. Share your feelings, values, and attitudes *and* listen to and learn about theirs. Remember that you cannot dictate anyone else's feelings, attitudes, or values.

Don't assume that your mentee is sexually experienced or inexperienced, knowledgeable or naive. Listen carefully to what your mentee is saying and/or asking. Check out that you truly understand what they are saying or asking. Respond to the mentee's actual or implied questions, not to your own fears or worries.

Don't underestimate your mentee's ability to weigh the advantages and disadvantages of various options. Mentees have values, and they are capable of making mature, responsible decisions, especially when they have all the needed facts and the opportunity to discuss options with a supportive adult. If you give your mentee misinformation she may lose trust in you, just as she will trust you if you are a consistent source of clear and accurate information. Of course, a mentee's decisions may be different from ones you would make; but that goes with the territory.

Ethics & Accountability

Ethics are moral principles that guide a person's behaviour; generally they are about what's right and what's wrong. When we work with people we have to be really thoughtful about whether our actions are ethically and morally right because we don't want to make matters worse for the mentee or cause them harm.

The European Mentoring and Coaching Council (2008) says that mentors are required to

> *'act within the law and not encourage, assist or collude [meaning act together] with others engaged in conduct which is dishonest, unlawful, unprofessional or discriminatory'*

This means that in peer mentoring practice, ethics are about:

- Relationships - how people relate to each other
- Responsibility - for yourself, for others, for your decisions and actions
- Respect for others and respect for difference
- Reflecting (using the 3Ps)

As the adult in the relationship you are responsible for what you say and do, so that makes you *accountable.* Two questions to ask yourself if you are faced with an ethical dilemma:

- Is what I'm thinking of doing or being asked to do dishonest, illegal, unprofessional or discriminatory?
- Might it hurt anyone?

If your answer is yes or maybe to any of these questions, talk it over with your project co-ordinator.

Professional Boundaries – the 3Ps

Your boundaries help you to be professional, to take care of the mentee's emotions and to look after yourself. The professional boundaries of the peer mentor can be described in terms of three dimensions: the professional, the personal, and the private.

The private peer mentor sets the boundaries of what is *not* shared with the mentee. The private peer mentor is who you are with those closest to you, and the experiences you have had that may have shaped who you are but which you do not share with the mentee. As a peer mentor you will want to use your own experience of being in care to understand what might be happening for the mentee, but there are some things that you won't want to share. It's really important that you have a good think and make decisions about what you do and don't want to share. For example, you might not want to tell your mentee the details about any abuse that you suffered, but you might decide that it would be in the mentee's best interests to talk about how you coped with it and who you got good support from. When you talk to your project co-ordinator or in your support group you can talk about what is private to you, as this can help you to understand how to have a better relationship with the mentee. The project co-ordinator will keep your private things private, but the mentee doesn't have to.

The personal peer mentor is the parts of you and your experiences that you *do* share with the mentee. As a peer mentor you will have some valuable understanding about the mentee's situation because you have probably experienced something similar, and this can be really useful and helpful. You must carefully think about what parts of your own experiences you are happy to share with your mentee. Anything that you do share with her must be in her best interests, not because you want to talk about it, but because talking about your experience will, or could, help her. Remember that although your mentee might understand that you don't want everyone to know what you've told her about yourself, you cannot ask her to keep it secret.

The professional peer mentor helps you to understand mentee and their behaviour through theories, laws and policies. The professional peer mentor supports and protects you in having a professional & personal relationship with the child; it helps you make sense of the child's actions and reactions through reflecting on what has happened. For example, if you are worried about your mentee's relationship with her boyfriend you would use the professional peer mentor to apply what you learned on the training course about healthy and unhealthy relationships, keeping safe and minimising risks

and safeguarding children. The professional peer mentor would remind you to talk to the project co-ordinator about your concerns.

Confidentiality

Mutual trust and confidentiality are central to the success of any mentoring relationship. It is essential that mentors respect the confidentiality of what is discussed within the relationship. However there are exceptions and these can normally be put in three categories:

1. the disclosure of information with the explicit agreement of the mentee (this will include the information that you agree with the mentee to pass on to the researchers);
2. where the mentor believes that there is convincing evidence of serious danger to the mentee or others if the information is withheld (e.g. mentee tells you that she or her friends are planning to hurt someone tonight)
3. where disclosure is required by law for example where it concerns child protection issues (e.g. if you find out that the mentee is in a dangerous relationship).

In general, you must only share information about your mentee with people who need to know, and not to anyone else, including your friends and family.

It is very important that you discuss confidentiality with your mentee right at the start of your relationship, and to keep checking that your mentee understands what this means. **If you are ever unsure about whether to keep something confidential or not, talk it over with your project co-ordinator.**

Safeguarding Children and Child Protection

The Basic Principles

• The child's welfare is paramount

• All children whatever their age, gender, racial origin, language, religious belief, disability, class or culture have the right to protection from abuse

• Safeguarding children is the responsibility of everyone

• If somebody believes that a child may be suffering, or is at risk of suffering significant harm, they should always refer the concern to Children's Services or the Police

• All allegations and suspicions of abuse will be taken seriously and responded to swiftly and appropriately.

What is Child Abuse

Child abuse is the term used to describe how children are significantly harmed, often by adults but also by other children and young people. Children with special needs are particularly vulnerable and in need of special care. Children are mainly abused by the people they know and trust. Abuse may happen at home, within the family, with friends, within close relationships or within a public place such as school or a sports centre. The abuse or neglect of children can have major long term effects on all aspects of a child's health, development or wellbeing.

Recognising Abuse

It is not always easy, even for those with specialised training, to recognise child abuse. Not all people working with children are expected to be experts at such recognition. Significant harm includes anything which impairs a child's social or physical development, or well-being. Any concerns about the welfare of a child should be discussed with the project co-ordinator as soon as possible. If they are not available, Children's Services can be contacted for advice or to make a referral (see Contacts section). If there is any concern that a child is in immediate danger, Children's Services or the Police should be contacted without delay.

Protecting yourself and your mentee

Your welfare is important to us. The following is a list of safeguards designed to protect your welfare and the welfare of your mentee. Please read these carefully and make sure you adhere to them.

Before beginning mentoring

- If you consent to take part in the Carmen study, the researchers will ask you if there are any characteristics that a young woman may have, that you feel you would not feel comfortable working with. Mentees will be asked the same. The purpose of doing this is to increase the chances of your relationship being successful and to ensure both you and your mentee are as safe as possible in each other's company.
- The initial contact between you and your mentee will take place in a three-way meeting with the project coordinator. The purpose of this meeting is to provide both you and your mentee with initial support and

define the aims, roles, responsibilities, length and boundaries of the relationship.

During mentoring

- You should use the mobile phone and email address provided by the research team to contact your mentee. You should not use your personal mobile or add your mentee as a friend on social networking sites.
- You can decide on the activities you want to do with your mentee. If on occasion you would like to, you are permitted to save up your money to spend on a special activity. However you should not spend money on presents for your mentee.
- When meeting with your mentee each week, it is important that the project coordinator knows where you are. Once you have arranged a meeting with you mentee, you must inform the project coordinator of the date, time, estimated length, and location of the planned activity (by text is fine). Do not forget to inform the project coordinator after the meeting so they know you are safe.
- During the meeting with your mentee, you should keep your mentor phone on in case the project coordinator needs to contact you.
- If you have an emergency, you can use your mentor phone to call the project coordinator and /or social services emergency duty team or police.

Support from your project coordinator

- You will have a meeting once a month with the project coordinator. The meeting is designed to allow you to reflect on your relationship with your mentee and provide an opportunity to feedback any concerns or issues. The meetings will also allow the project coordinator to support you with any difficulties that you have.
- Outside of the support meetings, you should contact the project coordinator if any difficulties arise in the relationship with your mentee that you would like advice on or feel unable to cope with.
- If you have immediate concerns about the safety of your mentee, contact the project coordinator. If they are unavailable you should contact the mentee's social worker. Outside of working hours, you should contact the social services emergency duty team or the police.

Contraception and Sexually Transmitted Infections

20 facts

1. There is no method of contraception that is 100% effective.
2. A woman who does not use any form of birth control has an 85% chance of getting pregnant within one year.
3. For birth control methods to be effective, they must be used correctly and consistently.
4. Taking medications, such as antibiotics, can reduce the effectiveness of birth control pills.
5. When used correctly, condoms (rubbers) can greatly reduce the risk of pregnancy and STIs, such as Herpes, Gonorrhea, Syphilis, Chlamydia, Hepatitis B, and AIDS.
6. At least one in two sexually active Americans will contract a sexually transmitted infection/disease (STI) by age twenty-five.
7. Every year, there are at least 19 million new cases of STDs/STIs, some of which are curable.
8. STDs can be passed from one person to another through vaginal, anal or oral intercourse.
9. Some STIs, such as syphilis and herpes, can be passed through kissing.
10. Birth control pills and diaphragms do not protect against STIs.
11. Though the likelihood of getting genital warts can be decreased by condom use, contagious warts may exist elsewhere (such as on buttocks, inner thighs, outer lips).
12. Dental dams or plastic wrap need to be used in oral sex to prevent the transmission of STIs.
13. For additional protection against pregnancy, latex condoms can be used in conjunction with a spermicide. (However, if a person is allergic to spermicide, the resulting irritation can increase the potential for sexually transmitted infection).
14. When using a latex condom it is very important that you DO NOT use an oil-based lubricant (such as massage oil, baby oil or Vaseline). Oil can damage the latex very quickly destroying the condom. (Use water-based lubricants, such K-Y jelly or liquid instead).
15. Many people with STDs, such as Gonorrhoea, HIV+, Chlamydia, and Herpes, show absolutely NO visible symptoms.
16. Medical tests can determine if you or your partner have an STD.
17. Some STDs can be easily treated and cured.
18. Some STDs may stay in the system causing health problems or requiring medications forever.
19. Some STDs, such as Chlamydia and Gonorrhoea, can cause sterility in a man or a woman, meaning they will never conceive a child.

20. The more sexual partners you have the greater your risk of getting an STD.

	Condom	Combined Pill	Mini Pill	Contraceptive Implant	Contraceptive Injection
Other names?	Each brand has different name	Each brand has different name	Each brand has different name	Implanon®	Depo-Provera®
Protection against pregnancy?	✓	✓	✓	✓	✓
Protects against STIs?	✓	X	X	X	X
Reliability rate	85- 98%	92-98%	92-98%	99%	97%
Affected by vomiting/diarrhoea?	X	✓	✓	X	X
Affected by antibiotics?	X	✓	✓	X	X
Affected by taking St John's Wort?	X	✓	✓	✓	X
Stops sperm entering the vagina?	✓	X	X	X	X
Prevents ovulation?	X	✓	✓	✓	✓

How to use – key facts	!!! Check packet isn't damaged. !!! Check use by date. !!! Check for BSI or CE kitemark. !!! Avoid oil based lubricants. !!! Squeeze the tip before putting on. !!! Remove carefully.	!!! Use condoms for 7 days if you miss a pill, or have vomiting, diarrhoea or are on certain medications. !!! 27 different types, request to change brand if necessary. !!! Follow instructions from Doctor for when to start taking the pill.	!!! Take at the same time every day. !!! Use condoms for 7 days if you take a pill more than 3 hours late, have vomiting, diarrhoea or are on certain medications. !!! Follow instructions from Doctor for when to start taking the pill.	!!! Doctor / health professional will anesthetise the area and then insert the 40mm implant. !!! Follow Drs instructions – if implant put in after the first 5 days of your cycle you will need to use condoms for 7 days.	!!! Ensure you do not miss your next injection. !!! Follow instructions from Doctor/Pharmacist. !!! Use with caution if under 18, can have effect on bone density and lead to osteoporosis.
Advantages	+ Both partners can take responsibility. + Easily available, free from some clinics + Various sizes and designs.	+ Can reduce heavy periods and period pains. + Highly effective when used properly.	+ Can reduce heavy periods and period pains. + Highly effective when used properly.	+ Once in you can forget about it for 3 years. + Not affected by vomiting / diarrhoea + Fertility returns to normal once	+ Can reduce heavy periods and period pains. + Don't have to worry about remembering to take a pill each day.

Disadvantages	- Some couples state that condoms affect enjoyment of sex, try different styles to find one that works for you.	- No protection against STIs - May cause side effects. - Affected by medication & illness.	- Must be taken at the same time each day. - No protection against STIs - May cause side effects. - Affected by medication & illness.	removed. - No protection against STIs - May cause continuous or erratic bleeding (or may stop your periods altogether) - May cause side effects.	- No protection against STIs - May cause irregular or continuous bleeding. - Cannot be reversed early. - Fertility can take up to a year to return to normal.

Emergency contraceptives

	Emergency Contraceptive Pull (Levonelle) aka "Morning after pill"	Coil or IUD
How do I use it?	2 tablets, the second taken 12 hours after the first. It is essential to then use a barrier (condoms) until your next period.	Small 'T' shaped piece of copper and plastic placed through the cervix into the uterus by a trained health professional.
When can I use it?	Up to 72 hours after unprotected sex. (A new emergency contraceptive pill called ellaOne can be taken up to 5 days after unprotected sex, though this is not easily available so do not wait relying on this to cover you.)	Up to 5 days after unprotected sex.
How effective is it?	Taken within the first 24 hours: 95% 25-48 hours: 85% 49-72 hours: 58%	99%
Where can I get it?	Prescribed by GP, walk in NHS clinics, sexual health/GUM clinics, some A&E departments (ring first to check) or directly from pharmacy if aged 16 or over.	GP, sexual health or GUM clinic.
What does it cost?	Free with a prescription from your GP or family planning clinic, or around £25 when obtained directly from a pharmacy	Free

Teenage Pregnancy and Parenting

Teenage Pregnancy rates in England and Wales are amongst the highest in the western world. The 2010 rate for under 18 conceptions is 38.3/1000 girls. This rate includes conceptions that lead to termination, or miscarriage.[1] Whilst teenage parenthood can be a positive experience for some, children of teenage parents are more likely to grow up in households were no one works (and therefore living in poverty), and are more likely to be raised by single parents and are more likely to have unsettled childhood factors than children of older parents.[2] Concern is raised for the teenage parents themselves as a pregnancy is cited to increase the likelihood of interruption in life goals, such as career or education goals, and therefore the ability to come become financially independent longer term can be reduced. In addition they are three times more likely to suffer from post-natal depression, and have an increased likelihood of suffering from mental health problems in the first three years after giving birth. Pregnant teenagers are more likely to smoke during pregnancy, and 50% less likely to breastfeed, both factors having negative health implications for the child.[3]

Who becomes a pregnant teenager?

Young people in care are three times more likely to become a young parent than their non LAC peers.[4]

Those with low self esteem.

Poor educational achievement[5]

Low levels of aspiration

Children of teenage parents themselves[6]

Living in Poverty[7]

Dislike of school / poor attendance[8]

Young people previously in trouble with the police (2 times more likely)[9]

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[1] Office for National Statistics, 2010

[2] SEU (1999) *Teenage Pregnancy* London: The Stationary Office

[3] Department of Health, 2006 Teenage *Pregnancy: working towards 2010 Good practice and self-assessment toolkit* London: DoH

[4] **Barn, R; Andrew, L. and Mantovani, N. (2005)** *Life After Care: A study of the experiences of young people from different ethnic groups* York: JRF/The Policy Press.

[5] Kiernan, K.E. (1997). Becoming a young parent: A longitudinal study of associated factors. *British Journal of Sociology* 48(3): 406-428

[6] Botting et al (1998) *Teenage Mothers and the Health of their Children* ONS Population Trends

[7] SEU (1999) *Teenage Pregnancy* London: The Stationary Office

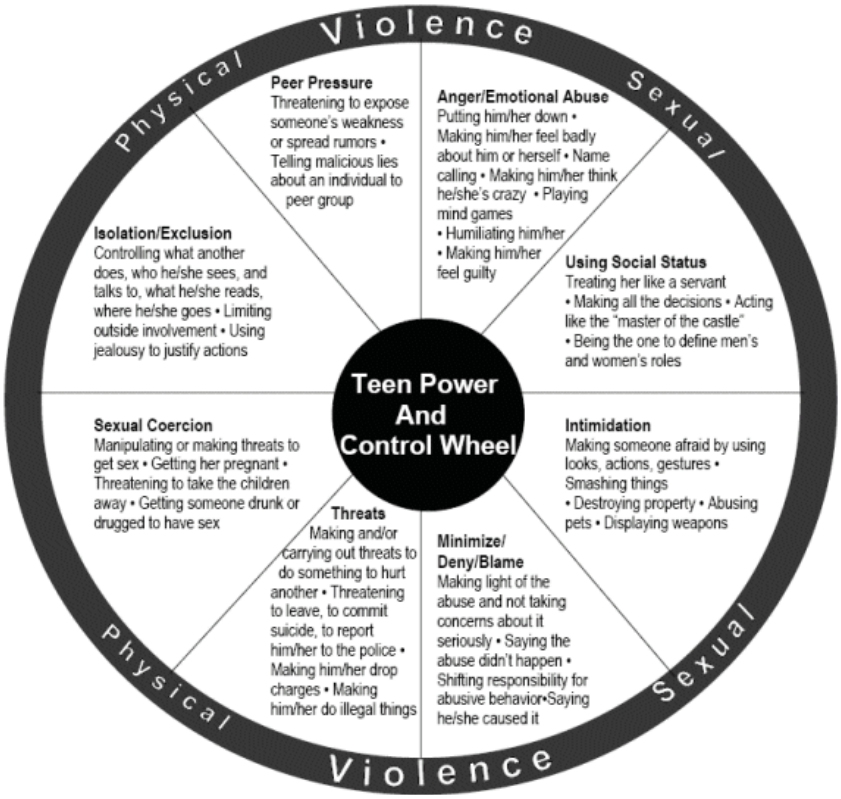
[8] Kiernan, K.E. (1997). Becoming a young parent: A longitudinal study of associated factors. *British Journal of Sociology* 48(3): 406-428

[9] Botting et al (1998) *Teenage Mothers and the Health of their Children* ONS Population Trends

Many teenage parents do a fantastic job as parents, however they are statistically more likely to find parenthood much harder and for the child growing up with a young parent the impacts mean that there is a large amount of focus on trying to reduce the rates of teenage pregnancy and delay parenthood. As a mentor working on increasing your mentees self esteem, aspirations and options on leaving care may reduce the risk factors that can lead to teenage pregnancy.

Keeping Safe and Minimising Risks

Having an understanding about what a healthy and an unhealthy relationship is can help mentees to make good decisions about their partners and minimises the risks of being involved with a person who can harm you.



Keeping safer when you're out

- Charge your phone and make sure you have credit and some cash
- Let someone know where you are going & when you expect to be back
- Take a personal alarm, put it in your pocket while you're walking
- Plan how you will get home, and take cab numbers
- Don't advertise your valuable stuff (like phone, MP3 player, jewellery)
- Make sure that no-one can put anything in your drinks without you noticing

Safer use of internet and social networking

There are lots of sites around that allow you to talk to other people on the web. Chat rooms give you the chance to have a conversation with other people and get instant replies. Online message boards and forums let you post questions or comments and ask other users to give their opinion in their own time.

It can be a great way to chat to other people who share your interests, but you should always be careful not to pass on any of your personal details. You should always keep in mind that internet users can pretend to be anyone they like. They can lie about their age, their interests and whether they're male or female. No matter how long you've been chatting, remember that they're still strangers; you don't really know them at all.

Domestic Abuse

Domestic abuse is defined by the government as "Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality." It is important to note that domestic abuse may occur without any physical violence, through emotional abusive behaviours such as patterns of control and coercion for example. Both men and women can be the victims of domestic abuse, and it can affect people of any age.

1 in 4 women are affected by domestic abuse at some stage in their lifetime.[10]

2 women every week are killed by their partner[11]

If you have *any* worries that your mentee may be suffering from domestic abuse talk to them about it and also get advice from your project co-ordinator as soon as you can.

[10] Council of Europe (2002) *Recommendation Rec (2002)5 of the Commitee of Ministers to member States on the protection of women against violence and Explanatory Memorandum Adopted on 30 April 2002* Strasbourg, France: Council of Europe

[11] Department of Health (2005) *Responding to Domestic Abuse* London: DoH

Mental Health

Lots of people have mental health problems at some point in their life – research tells us that's about one person in every four. About 45% of all young people in care have a diagnosed mental health problem, this rises to 72% of young people in residential care, and the reasons vary from person to person, so it is possible that your mentee may have a mental health problem. These can include things like depression and self harming behaviours, and are described below so that you might be more aware of the signs.

Depression Young people who are very depressed can find it hard to concentrate and may lose interest in work and play. Some may refuse to go to school, while others complain of feeling bored or lonely, even when they have friends. Some young people become irritable and find it difficult to control their emotions, others lose confidence. Some young people can talk about feeling unhappy, but others are only able to show how they feel through their behaviour. Many young people blame themselves if things go wrong. A young person who is feeling bad may do things that lead to them being punished, for example, by being disruptive, stealing or not going to school. (see the Young Minds website)

Self harm can be direct (e.g. cutting, burning, biting, head banging, hitting, over-dosing, self poisoning) or indirect (e.g. alcohol and/or substance misuse, taking personal risks such as absconding, being aggressive, engaging in abusive or exploitative relationships, risky sexual behaviour, neglecting oneself, eating disorders). Self harm is described as "a powerful, silent language"[12], and "the expression of, and temporary relief from overwhelming, unbearable and often conflicting emotions, thoughts or memories, through a self-injurious act that [the self harmer] can control and regulate"[13]. Walsh (2006) notes that "self-injury is not about ending life but about reducing psychological distress. Self-injury is often a strangely effective coping behaviour, albeit a self-destructive one"[14]. There is a common understanding amongst practitioners and researchers that self harming behaviours tend not to be about ending life. However, some of the behaviours can lead to accidental death and research by the Samaritans has shown that of those 15-19 year olds who commit suicide, up to 10% have self harmed in the previous

[12] Motz A Ed. (2009), *Managing Self Harm: psychological perspectives,* Routledge, London
[13] Spandler H and Warner S, Eds (2007), *Beyond fear and control; working with young people who self harm,* PCCS books, Ross-on-Wye
[14] Walsh B (2006), *Treating self-injury a practical guide,* The Guilford press, London & New York

year[15]. Therefore self harm must be taken very seriously, whatever the circumstances. While it is important not to assume that self harm is intended or likely to result in suicide, it is equally important not to assume that somebody who repeatedly self harms will never attempt suicide.

If you have *any* worries about your mentee's mental health talk to them about it and also get advice from your project co-ordinator as soon as you can.

[15] Samaritans (2004), Young Matters 2000 – A Cry for Help, Slough, Samaritans.

Building a Trusting Mentoring Relationship

As a mentor you need to be able to show your mentee that you are **competent** (you are able and knowledgeable), you have **integrity** (you are honest, reliable, trustworthy and honourable), and that you are **caring**—all three areas are critical to developing and maintaining trust. No matter how brilliant someone's character is, if they cannot demonstrate competency, trusting them is difficult. Similarly, a competent person who shows no personal interest in your well-being is hard to trust with confidential information. Finally, without integrity, competence and caring would be hollow. Attention must be given to the actions and conversations that support all three of these dimensions of trust in order to build successful mentoring relationships.

Starting off

Starting your mentoring relationship in a really positive way is likely to have a positive effect on the rest of the time you spend together so think about how you will do this before you meet your new mentee. Important things to talk about in your first meeting are:

- The boundaries of the mentoring relationship
- Confidentiality within the relationship
- Expectations - yours and theirs
- Activities and budget for activity costs
- Record keeping & your communication with research team
- How often, for how long and where will you meet
- What you both might like to talk about over the next year
- How to make contact with each other
- Any issues that concern you or her
- Look in your diaries and create a timetable for the next few meetings

Helpful hints:

- Acknowledge that her feelings may be mixed, talk about your feelings about starting the relationship (perhaps talk about your own nervousness, to demonstrate that you are prepared to talk about your own difficult feelings,)
- Assure her that you will not launch straight into the difficult stuff

- Think of something to do or a game to play with each other (think of your Personal P),
- Tell her about why you wanted to be a mentor and the stuff you like to do, and a bit about your background
- Tell her about what you know about her from the information shared with you before you started
- Ask her questions about how she would like the relationship to work, what she wants to get out of it, how she would like you to be with her
- Ask her about the things she likes
- Bring a small (low cost) present to give her at the end of the first session (leaving the mentee with something she can look at when you are apart and that will remind her of you)
- Talking about sex and relationships can make people feel uncomfortable so it's a good idea not to go into too much detail at the start but do talk about how and when this could happen. Find out who your mentee is, what they like to do, be interested and curious but not pushy, take it at their pace. At the end of each time you meet talk about what you could or will do and talk about in the next meeting.

Reviewing the relationship

Reviewing how the relationship is going is important so it's recommended that you and the project co-ordinator meet with the mentee after 4-6 months. The review is carried out as a 3 way meeting with you, the mentee and the project co-ordinator and will be used to discuss the following:

- How do the mentor and mentee feel that the relationship is progressing?
- What has been achieved so far?
- What is still to be achieved?
- Are the initial goals and targets still relevant or can new ones be set?
- What do they both feel they've gained?
- What change has the mentor noticed in the mentee?
- What change has the mentee noticed in themselves?
- Have any other people in the mentee's life noticed any change?
- How long does the relationship have left to run? Does that timeframe still feel ok?
- How often are they meeting and is that still ok?
- Have there been any issues they've needed to resolve as they've gone along?
- What's been the best thing about the relationship so far?
- What has been not so good?
- Is there anything they could both do to make the relationship better?

The meeting should be recorded by the co-ordinator, who can also provide feedback from their point of view and from other professionals or parents/carers that they may have spoken to. A timeframe for a follow up meeting can be agreed if felt appropriate.

Dealing with difficulties

There are a wide range of difficulties that you may experience, for example, the mentee blanking your calls and texts, there is a clash of personalities, or your mentee is becoming too dependent on you. Any difficulties should be discussed with the project co-ordinator who will help you to identify what you or others can do to help things. Sometimes you will be asked questions by the mentee that are difficult to answer or even not to answer. Remember that it's ok not to know the answer to a question and to say that you don't know. Sometimes you will be able to try to find out an answer or let someone else know that the mentee's question needs an answer. Sometimes it helps to try to find out how the mentee is feeling and try to help her with those feelings if you can.

Ending the relationship

This stage needs to have been identified from the outset with some flexibility being built in depending on the needs of the mentee. Previous research has shown that mentoring that ends too soon can have a detrimental effect for young people, especially those in care so it is very important that you are committed for the 12 months of this study. Some relationships will reach a 'natural' end prior to the original timeframe, whilst others will benefit from more time than originally identified. The more needs driven this is, the more effective for young people. Ending of relationships can potentially generate a range of emotions for both the mentor and the mentee. This stage needs to be carefully managed by mentors and project co-ordinators. It is important that mentors take into consideration that young women from care backgrounds are more likely to have experienced negative 'endings' of relationships and may feel that adults are prone to 'giving up on' or 'rejecting' them. We aim to ensure that mentoring will provide an example of a positive ending to a productive relationship so endings need to be planned for and approached in a structured way – it is recommended that you and your project co-ordinator take the following into account when planning for an ending:

- Could the mentor write something about her mentee that describes the positive sides of the mentee, their learning and what they have achieved over the period of mentoring and praises them in a genuine way?

- How do both parties feel about the relationship coming to an end?
- Would the mentee benefit from a 'wind down' period i.e. with the mentor seeing the mentee less frequently over a defined period of time? The mentor could then follow up with a monthly phone call.
- Do you want to implement a 3 way ending meeting with the mentee's social worker who can facilitate the evaluation of the gains for both parties and help you to think about and identify other networks of support the mentee has developed?
- Can the mentor and mentee do something 'special' to mark the ending – theatre, day trip?
- If the mentor and mentee decide to sustain the relationship, can this take place outside the formal structure of the scheme and what impact would this have on contact?

Mentors will not have an opportunity to continue mentoring through The Carmen Study once the year ends; therefore any possibility of future mentoring opportunities would need to be discussed with your Local Authority.

Unplanned endings

Occasionally, mentees won't contact you or answer your calls and after a while you may feel like giving up. If this happens, talk with the project co-ordinator and agree a course of action. Sometimes, mentees will be testing you to see how much you want to be their mentor, or how long it takes before you give up. Don't rely on one form of communication like phone calls. Use texts, emails and letters/cards too and think about the tone of your message – you want to encourage her to get in touch. Agree with the project co-ordinator how long you will keep trying to contact her and what you will do if the return message received is that she wants to end the relationship.

Also occasionally, mentees or mentors will need or want to end the relationship quickly or without warning. If a mentor needs to do this she must think of the possible impact this may have on the mentee and discuss this with the project co-ordinator and explain the reasons to the mentee. If the mentee needs to end the relationship it may be their decision (e.g. they don't want to do it anymore as there's too much else going on) or someone else's (e.g. they have had to move placement). Make time to write something about the mentee that celebrates the positive sides of the mentee, describes their learning, and praises them in a genuine way. You may either give this to them or post it to them. It is vital that you mark the ending. It is usually best to have a final face to face meeting, although sometimes these can be difficult, especially if the ending is a shock. Try to make sure that they leave this project at least with some positive memories and feelings.

Empathic Listening

Empathy is the ability to project oneself into the personality of another person in order to better understand that person's emotions or feelings. Through empathic listening the listener lets the speaker know, "I understand your problem and how you feel about it, I am interested in what you are saying and I am not judging you." The listener unmistakably conveys this message through words and non-verbal behaviours, including body language. In so doing, the listener encourages the speaker to fully express herself or himself free of interruption, criticism or being told what to do. It is neither advisable nor necessary to agree with the speaker, even when asked to do so. It is usually sufficient to let the speaker know, "I understand you and I am interested in being a resource to help you resolve this problem." Madelyn Burley-Allen[16] offers these guidelines for empathic listening:

1. Be attentive. Be interested. Be alert and not distracted. Create a positive atmosphere through your non-verbal behaviour.
2. Be a sounding board - allow the mentee to bounce ideas and feelings off you while assuming a non-judgmental, non-critical manner.
3. Don't ask a lot of questions. They can give the impression you are "grilling" the speaker.
4. Act like a mirror - reflect back what you think the speaker is saying and feeling.
5. Don't discount the speaker's feelings by using stock phrases like "It's not that bad," or "You'll feel better tomorrow."
6. Don't let the speaker "hook" you. This can happen if you get angry or upset, allow yourself to get involved in an argument, or pass judgment on the other person.
7. Indicate you are listening by
    - Providing brief, non-committal acknowledging responses, e.g., "Uh-huh", “Yes”, "I see."
    - Giving non-verbal acknowledgements, e.g. head nodding, facial expressions matching the mentee, open and relaxed body expression, eye contact.
    - Invitations to say more e.g. "Tell me about it", "I'd like to hear about that", “Can you expand on that”
8. Follow good listening "ground rules:"
    - Don't interrupt.
    - Don't change the subject or move in a new direction.
    - Don't interrogate.

[16] Burley-Allen, M (1982) *Listening: the Forgotten Skill*, John Wiley & sons

- ***Do*** reflect back to the mentee what you understand and how you think they feel.

The ability to listen with empathy may be the most important attribute of mentors who succeed in gaining the trust and co-operation of mentees. Among its other advantages, empathic listening has empowering qualities. Providing an opportunity for the mentee to talk through their problems or worries may clarify their thinking as well as provide a necessary emotional release.

ASDAN Life Skills Award

8 credits need to be obtained by completing a combination of the following units:

- Working as part of a group (2 credits)
- Working towards goals (2 credits)
- Dealing with problems in daily life (2 credits)
- Developing self (2 credits)
- Planning and carrying out research (2 credits)
- Group discussion (1 credit)
- Preparing for & giving a presentation (2 credits)

Completion of the qualification involves three main strands:

1. taking responsibility for planning, organising and carrying out a number of activities or challenges and evidencing this work in a portfolio
2. developing and evidencing the skills represented by the chosen assessment units. Some of these units can offer a potential route to additional qualifications through Wider Key Skills and/or Communication (one of the main Key Skills).
3. completing skill-specific evidence records using ASDAN documentation

You will need to:

- Complete a number of activities or challenges to develop the skills
- Achieve the required number of curriculum credits
- Complete the appropriate recording documents for each of the selected assessment units
- Identify additional evidence that meets the requirements of the selected assessment units
- Present an organised portfolio which provides evidence of at least one example of working at the level set for each assessment unit chosen, and of completing sufficient challenges to achieve the required number of curriculum credits

- Complete the Assessment Checklist (provided by the assessor) which indicates which assessment units have been completed and identifies evidence for each of those assessment units. This needs to be checked, signed and dated by the assessor to confirm that the evidence meets the standards and endorsed by the internal moderator

Contact: [redacted] / [redacted]

Useful Contacts – young people's services

(this page has been removed to retain anonymity of LAs).

1 Research User Guide

As a participant in the Carmen study, your role will involve being both a peer mentor and a research participant. Your role as a peer mentor will be covered throughout the training sessions. It involves offering support, advice and guidance to a young woman, organising social activities for the two of you and managing funds for this, attending supervision sessions with your project coordinator, dealing with any problems that arise, and ending the mentoring relationship in a sensitive and planned way. Further details on peer mentoring are provided in the material included in the training pack. As a research participant in the Carmen study, you will assist the research team in assessing the effectiveness of the peer mentoring. The purpose of this guide is to provide further information on your role as a research participant in the Carmen study. This guide is for you to keep and refer to when needed throughout your time as a peer mentor.

2 Aim of the research

The purpose of the Carmen study is to assess whether giving a young person in care extra support from someone who has themselves been through the care system, is helpful. We want to see if providing a young woman with a peer mentor they can trust and receive care and respect from, can help them to increase their confidence and make positive choices, particularly around sex and relationships and delaying pregnancy. Many young women in care become teenage parents and although this may be a positive thing for them, it can also create health and social problems for them and their babies.

Given the available evidence, the research team believe that peer mentoring from a young woman who has been through the care system and whose experience of life post-care has been positive, may be a promising approach to supporting a young person in care. There is evidence to suggest that peer mentoring has the potential to assist young women in care to make positive choices regarding their education, personal and social development and in increasing self-confidence and self-esteem.

A crucial aim of the Carmen study is therefore to explore the peer mentoring experience for both mentors and mentees; including how they feel about it and specific aspects of mentoring and the mentoring relationship that may be particularly helpful to mentees.

3 Who are the researchers and what is their role?

Deborah and Fiona are employed, full time, at St George's University of London as Research Assistants working on the Carmen Study. They have been working at St George's since March 2011. Deborah previously carried out research for Barnardo's Children's Charity. Fiona has worked for Surrey Children's Services.

Their role in this study is to collect and analyse data on the effectiveness of peer mentoring.

Part of Deborah and Fiona's role is to observe the mentor training. At the training, their role is also to discuss the research with the mentors and go through the content of this user guide. Following the training, if you would like to become a peer mentor then you will meet with Deborah or Fiona to consent to take part in the study, fill in some questionnaires and be interviewed. If you take part in any further interviews or focus groups, you will meet with the researchers again.

To contact Deborah or Fiona, please email The Carmen Study inbox at [redacted] or phone them on: Deborah – [redacted] or Fiona – [redacted]

Or you can contact Ros Hampton, research administrator on [redacted] / [redacted]

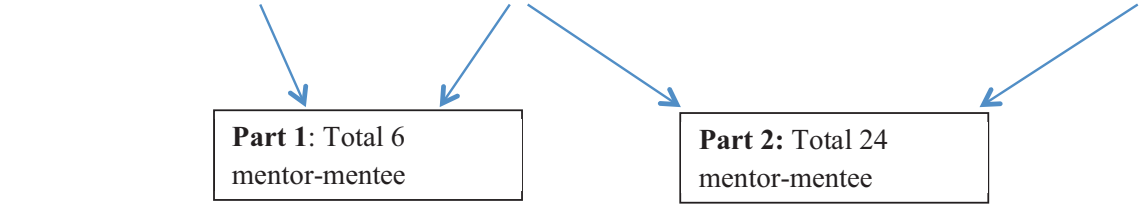
4 Who else is involved in the research?

There are three local authorities involved in this research study; Ealing, Essex and Lambeth. Between the autumn of 2011 and spring 2013, the aim is for a total of 84 young women from the three local authorities to participate in the study. Thirty of these will be peer mentors.

The first part of the study, which commenced in September 2011, will involve six mentors who will be paired with six mentees from Ealing Local Authority. The second part of the study, which will begin in early 2012, will involve 24 peer mentors across the three local authorities, who will be paired with 24 young women in care, aged between 14 and 18 years. A further 24 young women aged between 14 and 18 years who consent to take part in the study will not be allocated a peer mentor, but will continue to receive their normal care. This will allow us to compare the experiences of young women who have mentors with those who don't. Those young women who are not provided with a peer mentor will also be answering questions as part of the research.

Involvement in the study is illustrated in the following table.

Part of intervention	Part 1 (Sept 2011)	Part 2 (Early 2012)		
Local Authority Name	Ealing	Ealing	Essex	Lambeth
No. Mentors	6 mentors	8 mentors	8 mentors	8 mentors
No. Mentees	6 mentees	16 mentees	16 mentees	16 mentees
Total no. young women (84)	12	24	24	24



6 What is the mentor's role in the research?

The mentor's contribution to the research will involve:

- Attending 3.5 days of training. Full details of the material covered in training are provided in your training pack.
- Providing feedback about the training experience.
- Completing questionnaires and interviews at the beginning and the end of the one year peer mentoring.
- Recording each contact with the mentee in the research diary.
- Completing a weekly reflective diary about the experience of mentoring.

7 A guide to the mentor diary

7.1 Introduction

As a peer mentor, you will be expected to meet your mentee for at least one hour, face to face each week. As well as this, you are encouraged to be in contact with your mentee by mobile phone (phone calls or text messages) or email contact if your mentee has access to email. You will be provided with a mentor email address which can be used to contact your mentee.

We would like you to keep a thorough record of your contacts with your mentee throughout the year. This will be in the form of a 'mentor diary', which you will be asked to complete, in private, using Episurveyor Mobile phone technology. This is a mobile phone based application that allows you to complete data forms on a mobile phone and send them directly back to the research team.

Therefore, as part of your role, we will be providing you with a mobile phone. As well as allowing you to complete the mentor diary, this will also enable you to keep in contact with your mentee and arrange appointments with them. The phone will be given to you once you have consented to take part in the study, and you will have it for the duration of your peer mentoring role. The contract includes unlimited text messages and 300 minutes of talk time per month but no internet usage. The phone is on a monthly contract which will be billed to the research team and checked to monitor usage. At the end of the year, you will need to return the phone to us, the St. George's research team.

This user guide explains the purpose and importance of the mentor diary and when and how you should complete it. **Before attempting to use Episurveyor, it is recommended that you familiarise yourself with your mobile phone guide to enable you to understand how to use the device.**

7.2 What is the purpose of the mentor diary?

The purpose of the mentor diary is to enable you and the research team to keep a record of **all** the contacts you have with your mentee throughout the year that you are a peer mentor. The diary will also allow you to reflect on your relationship with the mentee, your feelings towards the mentoring role itself and raise any concerns or worries you or your mentee have.

7.3 What information will be recorded in the diary?

The diary (completed after each and every contact, in private) will allow you to record the date, time and length of contact with your mentee, the type of contact you had (e.g. face to face, telephone call), the subjects you discussed and the costs (if face to face).

Most of the questions asked in the diary are multiple choice but some will be 'free text' to enable you to answer in more detail. The more detail you can give the better, as it will allow us to assess the mentoring relationship and help us to make improvements to the programme.

The weekly diary asks questions about your relationship with your mentee and how you are feeling about the mentoring role. **If you have any concerns about your mentee's safety, or anything that you are worried about yourself, you should record it** here, as well as discuss concerns with your project coordinator straight away. By recording concerns in the diary, we will be able to assess any issues raised through mentoring as well as ensure mentors receive the support needed to carry out their role safely and effectively.

It is important for you and your mentee to build a trusting and confidential relationship and you may be concerned about recording details of your contacts. However, part of the role of the researchers is to discover the effects of mentoring as well as ensuring you and your mentee are safe. Mentees will be aware that you are completing a diary of your contacts and that information about their contacts with you will be shared, yet confidential to the project coordinator, researchers and our partners. **On completion of each diary entry the information will be transferred through to our secure, confidential server which is password protected.** We don't necessarily expect you to provide a detailed account of everything you may have discussed with your mentee, just to describe the broad subject area, who initiated the discussion and what you felt about it. **In order to keep your mentee's personal details confidential, we would prefer to you to refer to them as your 'mentee' when completing your diary, rather than by their name.**

7.4 How often should the diary be completed? 

The diary should be completed after **every** contact with your mentee, **whether they or you initiated the contact.** In addition, you will complete a reflective diary once a week.

After each contact

After every contact with your mentee, whether face to face, by telephone call, text or email exchanges, you will need to complete a short form on your phone. The mentor diary has a number of forms. You will only need to complete the form relevant to the type of contact you have had.

The forms to complete after each contact are labelled in Episurveyor as follows:

- Email
- Face_to_Face
- PhoneCall
- Text_message

If for some reason you are unable to complete the diary directly after a contact has taken place or you forget, you should try to complete as soon after the contact has taken place as possible and preferably the same day.

Weekly

In addition to completing the diary after every contact, you will be required to complete a **Weekly_Reflective_Diary**. The weekly reflective diary should be completed when the anticipated weekly face to face meeting and / or lengthy phone conversation (30 mins+) has taken place. The weekly diary asks in-depth questions about contact over the whole week and will allow you to reflect on the mentoring relationship and any significant events or issues that have arisen.

If, during a particular week, you were unable to have face to face contact or a lengthy phone conversation with your mentee, you must complete the Weekly_NonContact diary. This will enable you to tell us the reasons for this. It may be that you were unable to get hold of your mentee or your meeting was cancelled for some reason. In these circumstances, instead of the Weekly_Reflective_Diary, you should complete the **Weekly_NonContact** diary.

We shall send a reminder to your mentor phone every Friday for you to complete your **weekly diary**.

7.5 What if I forget to complete the diary?

We hope that you will remember to complete the diary after each contact you have with your mentee, and also **remember to complete the weekly diary** every Friday. However, if you do forget to complete the diary on an occasion, please complete it as soon as you remember and in as much detail as possible.

Please make sure the date and time settings on your phone are correct.

Try and remember the date and time of your contacts. You will be asked to record this.

7.6 Being professional

As discussed at the training, we encourage you to develop a friendly and trusting relationship with your mentee. However, **you will be working in a professional capacity.** We would therefore suggest that you do not give out your personal mobile or home phone number to your mentee and that you do not add your mentee as a 'friend' on social networking sites such as Facebook. As stated earlier, you will be given an email address and a phone number by researchers for use specifically in your mentoring role, to communicate with your mentee. When you have been given the login details, please change your password, so that your account is confidential. If you forget your password, you can easily reset it. Please see the appendix of this user guide for how to do this.

The mobile phone provided to you should only be used for phoning or texting your mentee, and should not be used to browse the internet or send emails. If you would like to contact your mentee via email, please use a desktop or laptop computer. However, it is not compulsory that you contact your mentee via email so please don't worry if either you or your mentee do not have regular access to the internet. **Please remember to carry your phone around with you where possible. If you do leave it at home, please check your phone regularly in case your mentee has left you a message.**

7.7 Completing the diary - two weeks in the life of a mentor

The following is an example scenario in the life of a mentor called Anne. It illustrates the type of mentor diary Anne completed over a two week period.

Anne has been Jane's mentor for four months now. They are getting on well and Jane is just beginning to feel like she wants to talk to Anne about her home life which is getting her down. She has also got a new boyfriend whom she is feeling excited about. Anne and Jane like to pre-arrange the dates of their face to face meetings a month in advance. They have often met in a café or a park on Thursday afternoons, although sometimes they meet on Mondays or Tuesdays. Anne completes her weekly mentor diary on a Friday morning.

Monday: Anne texts Jane and they have a short text conversation and confirm that they are going to meet face to face on Thursday as planned. Anne completes **Text_Message** message diary.

Thursday: Anne and Jane meet on Thursday afternoon after school in the park between 4-6pm. Jane is a bit upset because she has rowed with some friends at school about her new boyfriend and she isn't getting on very well with her carers at the moment. Before going home, Anne confirms with Jane that they will meet again next Thursday. Anne asks Jane what she would like to do when they meet next time. Jane said they could meet for a drink and she really wants to see a newly released film at the cinema. Anne gets home and completes the **Face_to_Face** diary.

Friday: Anne receives a text from the researchers reminding her to complete her weekly diary. Anne completes **Weekly_Reflective_Diary**. Anne tries to remember as much as she can about the discussion on Thursday. She remembers to record that she discussed friends and family/carers with Jane. She records that listening to Jane talk about this seemed to help to her calm down.

Monday: Anne makes a short telephone call to Jane to ask how her weekend was and to confirm their trip to the cinema on Thursday afternoon. Anne completes **PhoneCall** diary.

Wednesday: Jane texts Anne to tell her she has got a really bad cold. Jane is gutted but she is not going to be able to see the film this week. Anne completes **Text_Message** diary.

Friday: As Jane was ill and unable to meet with Anne on Thursday, Anne completes the **Weekly_NonContact** diary. Within the free text section of the diary she explains that whilst she had called Jane on Monday, Jane had text her on Wednesday to cancel the face to face meeting on Thursday as she has been ill with a cold.

Monday: Anne texts Jane to see how she is. Jane is feeling better now. The two of them have a short text conversation and arrange to meet this week on Wednesday. Anne completes **Text_Message** diary.

9 Operating Instructions - completing the diary on your phone

The researchers will hand out the operating instructions for the diary on day 4 of training

9.1 FAQ's

Please remember, if you are having problems with your phone or using the research diary, please contact the researchers.

Q. I have sent the data to the server and it says it has been unsuccessful. What do I do?

A. Do not worry as the data will be sent automatically to the server the next time you send a form.

Q. What do I do if I accidentally delete one of the mentor diary forms from the phone?

A. Contact the researchers.

Q. What do I do if my phone breaks or gets lost?

A. Contact the researchers via email ASAP, as we would need to inform the phone company

10 Mentor email address

To access your email account, go to www.gmail.com. Enter your username and password.

If you cannot remember your password click on

- 'can't access your account?'
- Type your carmenmentor email address into the box. Press submit.

- Enter the letters displayed and press submit.
- Click on ‘Get a password reset link at my recovery email’ which is [redacted]

The researchers will then receive an email and will reset your password. They will text you with a reminder of the original password. Once you have logged in again, please change your password and try to remember it.

Appendix 22 Phase II training agenda

Time	Session title	Learning aim	Details	Materials	Who
Day 1					
1000	Introduction to the research study	To understand the background to the Carmen study, why peer mentoring is being tested and the methods to be used; to clarify what the aim of this project is and what role researchers/ research participants have in the study	Also, explanations of support and guidance available for mentors from PCs and the research team		Deborah and Fiona
1015	Welcome, introductions	To give participants an opportunity to find out about each other	Paired introductions – participants pair up with someone they don't know very well and obtain answers to the following four questions: name, a bit about who they are, what they hope to gain from the course and something interesting/surprising about them that no one else in the room is likely to know about Energy barometer: explain that every day we will be checking on the level of energy that people have today – thumbs up, midway, down		Trainer 1
1045	Introduction to training	To let participants know what is in store for the next 3.5 days	Give an overview of the training days using slides, emphasising that valuing and working with diversity is not a separate element but permeates throughout. Potential mentors make a decision whether they want to become a peer mentor after the training so that they are making an informed decision PPP outlining learning methods and give an overview of training, stressing open dialogue, challenge by choice, confidentiality 'Parking lot' – if questions arise that don't fit with the session, participants can write them down on a Post-it note and place it on a flip chart entitled 'Parking lot'. The question/issue will be dealt with at a later stage; parking it means that we won't forget it ASDAN accreditation, explanation of units and support available	Handbook, PPP slides	Trainer 1

Time	Session title	Learning aim	Details	Materials	Who
1115	Break				
1130	Building the peer mentor team	To give the participants the opportunity to have a little fun together while at the same time experiencing what it is like to be guided through direction and then through support	Facilitator sets out an obstacle course with chairs, etc. in the room. Participants pair up: one partner is blindfolded and the other has to guide them through the obstacle course as quickly and safely as possible to the other side of the room. Facilitator checks understanding of the task among participants 1. 5 minutes to prepare, then the participants stand at opposite ends of the room with one guided and the other communicating what needs to happen 2. Discuss between the pair how to improve the experience – 5 minutes preparation and then repeat the exercise This should take about 20 minutes	Blindfolds, flipchart, pens	Trainer 1
1150	Reflection	To give participants an understanding of professional reflection and how important it is for peer mentoring	Reflection: first explain that reflection is an essential part of being a mentor so we will be doing lots of it on the course. Also, that every experience is useful, whether good or bad, and that through reflection our aim is to find learning, not to blame or ridicule – reflecting on successes and mistakes are a good way of learning. Write responses on a flip chart under following headings: Facts – what happened – without going into feelings, only the facts Feelings (emotional effects, physical effects, social effects) – how did it feel to be guided? What made it good/not so good? How did it feel to be guiding? What made it feel good/not so good? Influences – what influenced your experience during the activity? Guided person first and then the guide Learning – what, if anything, would you do differently? What is it important to remember when supporting someone? What values and behaviours underpin supporting and guiding people? Using the flip chart, facilitator divides participant contributions into: Values – e.g. respect, participation, empowerment, trust, empathy Behaviours – e.g. positive support and encouragement, listening, clear communication This reflection is likely to take about 30 minutes		Trainer 1

DOI: 10.3310/hta19850

Time	Session title	Learning aim	Details	Materials	Who
1220	Peer mentor role	To clarify the role and expectations	The role of the mentor – what will be expected of you Exploration of the role as stated in the leaflet – what this means in practice Personal qualities and practicalities PPP: explore the meaning of each bullet point in the large group, adding the clarifications to the flip chart and encouraging the participation of all. Issues that must be covered at some point during the year: contraception, healthy/unhealthy relationships and keeping safe. Reassure the mentors by adding that they will have had training on this and will not be expected to talk about relationships right away	PowerPoint presentation	Trainer 1
1245	Lunch				
1330	Energiser	To connect the group, connect left and right sides of the brain and raise energy levels	Finger grab		Trainer 1
1340	Getting started – what mentees value in the relationship with mentors	To identify what kinds of attitudes and behaviours mentees are likely to value in the relationship with the mentor	Individually, think of a time when you have had a positive, supporting/guiding relationship – could be with a family member, carer, social worker, teacher. What did you value in your relationship with them? Jot your memories down on a sheet of paper. If you can't think of anyone, consider what you would value in a hypothetical positive supportive relationship (3 minutes) In small groups (three to four people): discussion on what young women mentees are likely to value in the relationship with the mentor. Participants share their experiences. Split flip chart into three columns. Look at one thing from each person: what they are likely to value? (e.g. enthusiasm), how would they know you value it too? (e.g. you show up on time with a smile and some ideas), why is this important? (e.g. because life in care can be miserable and the relationship needs mentors to be positive and to have thought about what they could do with the mentee). Feed back responses and link to how the value base guides the mentor, adding to the previously generated values and behaviours as necessary (15 minutes) Links to empowerment; emphasis on supporting and enabling the young woman to make informed choices, especially about sex and relationships; developing self-esteem and self-confidence; encouraging self-reliance; developing social networks Use quotes from pilot		Trainer 1

Time	Session title	Learning aim	Details	Materials	Who
1430	Break				
1445	Energiser	Star dance	To illustrate the difficult link between theory and practice		Trainer 1
1500	Ethics and accountability	To provide an opportunity to explore ethics and accountability	Ethics – what are ethics? Relate to current issues in the news – News International seems like a good one – also to the ethics of providing training for this research study Slide on ethics – present and discuss Mentors are the adults in the relationships; you are responsible for your actions – group discussion – what does this mean to and for you?	Slide	Trainer 1
1515	Boundaries	To explain and explore what professional boundaries are, why we need them and how to use reflection to think about them	PPP presentation and group discussion Professional – what guides you: values, law, theory, policy Personal – what you bring of yourself into the relationship to support the mentee Private – what you keep private and don't share with the mentee; your private feelings Group discussion – what does this mean in practice? Link to what the mentee is likely to value in a relationship with you. What personal attributes can you bring to the relationship with the mentee? What are you good at, do you enjoy, do you want to explore further/develop? What could you do together in your first meeting? Depending on group size, small group or whole group discussion: scenario – your mentee wants to know about your own care history; your mentee wants to know about your boyfriend Private – how do you feel about being asked these questions? Can you name your feelings? Are your feelings influencing you? If so how? What do you not want to tell her?	Slide	Trainer 1

Time	Session title	Learning aim	Details	Materials	Who
			Personal – what information about your own experiences will be helpful for her to know and what is your motivation for telling her? Are you comfortable about this information now being 'public' (you can't ask her to keep it secret but you can ask her to treat it with sensitivity)? Professional – what are the underpinning values when answering a question like this? Reflection on what PPP means for each participant		
1600	Reviewing learning and feedback	To consolidate the learning and find out how the participants experienced the day and whether there is anything that trainers need to do to make it a better experience	Spider chart – ask participants what they have done today, write it up on a flip chart and place it on the wall – too little, too much, just right amount?		Trainer 1
1630	End				
Day 2					
1000	Starting the day		Welcome – introduce trainer 2 Recap and questions/queries from day 1 Energy barometer – traffic lights Introduce the day	Flip chart and pens Red, amber and green cards	Trainer 1
1015	Confidentiality	To explain and discuss confidentiality in the peer mentoring context	Mutual trust and confidentiality are central to the success of any mentoring relationship. It is essential that mentors respect the confidentiality of what is discussed within the relationship. However, there are exceptions, which can normally be divided in three categories: (1) the disclosure of information with the explicit agreement of the mentee (this will include the information that you agree to pass on to the researchers); (2) when the mentor believes that there is convincing evidence of serious danger to the mentee or others if the information is withheld (e.g. mentee revealing that her friends are planning to stab someone tonight); (3) when disclosure is required by law, for example when it concerns child protection issues (e.g. when the mentee reveals that her boyfriend is in his 30s and she is 14 years old) (safeguarding will be discussed in more detail after this session)		Trainer 1

Time	Session title	Learning aim	Details	Materials	Who
			Exercise in pairs: (1) think back to when you were in care – how did/does it feel to have lots of information about you held by your carers and/or social worker? What would reduce your anxieties about someone holding your private information? (2) Discuss what kinds of information should be kept confidential and what should not Group reflection: discuss what confidentiality means in this relationship, including at the start of the relationship. Discuss how information about the mentee's personal life, including sexual activity, will be treated. Any written information is kept safe and locked away. Any break in confidentiality is discussed with the mentee first. Deciding to break confidentiality after discussing it with another professional if there is a risk of harm or harm has occurred		
1045	Safeguarding children and child protection	To give a basic overview of safeguarding and child protection responsibilities	Overview of safeguarding policy Definitions of abuse and neglect, relating specifically to risks for adolescent young women, including self-harm Confidentiality in child protection	Safeguarding procedures	Trainer 1
1115	Break				
1130	Energiser				
1140	Safeguarding	To provide an opportunity to think about what you would do if something worries you and examine some case studies	What to do if your mentee discloses or does something that worries you Disclosures: group discussion on what to do and what not to do during (while the mentee is talking), immediately after (with the mentee and with other professionals) and following up - write up group responses on the flip chart, adding or modifying when necessary Case studies: in small groups consider what are your concerns about this situation? What do you say to the mentee in the case study? What else do you do? Structured reflection: facts, feelings, influences, learning	Case studies	Trainer 1
1245	Lunch				

DOI: 10.3310/hta19850

Time	Session title	Learning aim	Details	Materials	Who
1315	Energiser		Gordian knot		
1325	Healthy/unhealthy relationships	To examine what constitutes a healthy and an unhealthy relationship	What makes a healthy/unhealthy friendship? In pairs, design a job description for a friend – personal qualities and attributes. Then, promote this person to being in an intimate relationship. Redesign the job description for an intimate relationship on a separate flip chart, keeping the friendship job description for tomorrow. Now you want to fire the person in your relationship – list 10 things that would give you grounds to fire them Group discussion and reflection		Trainer 2
1400	Sex	To explore the emotional aspects of sexual relationships For participants to feel confident about the general rules about confidentiality and how to access services (e.g. U16s seeking support and their protection)	Why do we do it? In two groups the participants need to be given a sheet of flip chart paper and pens. Ask them to come up with as many reasons why people have sex as they can think of. After 5–10 minutes, when a number of reasons have been written down, give each group a green and a red pen. The groups then circle each reason with green if they feel that the experience of sex would be emotionally fulfilling or with red if they think that the experience would be negative or leave them feeling unfulfilled afterwards. One group will present the 'red' examples and the other group will present the 'green' examples. Both groups will be given time to add and explore examples that they could not circle as they felt that they could be either red or green Sex and the law quiz	Prizes	Trainer 2
1445	Break				
1500	Contraception and STIs	To gain a greater awareness of the types of contraception available and how to use them; to understand the prevalence of STIs/sexually transmitted diseases; to learn about where to get more information/help and the clinics available locally	Modules 1–3 Trainer 2 will add government guidance on testing although it must be noted that it is not recommended to be tested every year or before starting a new sexual relationship as per feedback suggestion. This is unrealistic, especially for young women in care, and provides no protection; condoms are the best form of prevention	Game board, dummy contraceptives, information handbook, lottery ticket	Trainer 2
1600	Reviewing learning				
1630	End				

Time	Session title	Learning aim	Details	Materials	Who
Day 3					
1000	Welcome, recap and outline of the day		Recap and questions Energy levels Outline of the day		Trainer 1
1015	Teenage pregnancy and parenthood	To learn the prevalence of teenage pregnancy in England and Wales and the perceived problems related to this; to gain an ability to recognise some of the key causes of teenage pregnancy; to be able to recognise the challenges faced by teenage parents; to explore the impact of teenage pregnancy on both the parent and the child; to learn where to get more information and advice	Also discuss mental health and domestic abuse; presentation and group discussion relating to teenage pregnancy and parenthood		Trainers 1 and 2
1130	Break				
1145	Keeping safe and minimising risk	To examine how young women can keep themselves safer and minimise risks	Case studies: aspects of keeping safe and minimising risk – for mentors and for mentees; small group/paired work *Mentee* Your mentee is planning to go out and meet some friends tonight. What can you advise to help her keep safe? Your mentee is meeting up with her new boyfriend tonight. What can you advise to help her keep safe? *Mentor* You are planning to meet your mentee in a café in an area of town that you are not familiar with. What will you do to keep yourself and the mentee safe? Your mentee wants you to meet her new boyfriend. What will you do to keep yourself and the mentee safe? Group reflection: what are the common themes for keeping safe?		Trainers 1 and 2

DOI: 10.3310/hta19850

Time	Session title	Learning aim	Details	Materials	Who
1215	Empathic listening skills	To understand and experience empathic listening skills	Presentation/group discussion on empathic listening skills (10 minutes) Activity: in pairs sit opposite each other. One of each pair has 2–3 minutes to tell the other about their time with someone who supported them really well. The partner has to listen without asking questions and then has a minute to repeat how she or he has heard the story. The pair then swap so that the listener tells their partner about their time with someone who supported them really well Reflection on skills used and how they felt for both giver and receiver and on how they felt during and after telling a positive story – use this for reflection on building trusting relationships		Trainer 1
1300	Lunch				
1330	Energiser	Hoola hoop chase			
1335	Building trusting mentoring relationships	To examine how to build a trusting relationship; first meetings	Re-look at job description for friendship and agree what modifications are needed for a mentoring relationship (30 minutes) How to engage well with your mentee on first meetings: Find an actor in the group. Their role is to play the mentee, who is experiencing a combination of the following feelings (get them to overplay if possible): nervous (what's going to happen?), suspicious (who is this mentor anyway, what's in it for her), excited (at last, a friend! *or* this could be really helpful), worried (is she going to tell me not to have a boyfriend?), relieved (phew, I can finally find some stuff out!), reluctant (my carer and social worker want me to do this but I'm not so sure), disinterested (I was interested when they asked me but now I'm not) Ask the rest of the group to shout 'freeze frame!' when they can think of the emotion and any questions the mentee might have; look at hopes vs. fears. Then, get the whole group to think of things to ask, say or do that could address the difficulty. Add the responses to the flip chart If group is not large enough or there are no potential actors, in small groups ask the following questions: how would you expect the mentee to be feeling and how might they behave? (10 minutes), what could you do to lessen any difficult/problematic/ negative feelings? (10 minutes)	Mentee emotions Blue monkey	Trainer 1

Time	Session title	Learning aim	Details	Materials	Who
			Acknowledge that their feelings may be mixed and talk about your feelings about starting the relationship (demonstrate that you are prepared to talk about your own difficult feelings; talk about your own nervousness maybe): assure her that you will not launch straight into the difficult stuff; think of something to do or a game to play with each other (think of the Personal element of PPP); talk about boundaries and confidentiality; discuss and agree how often, for how long, when and how you will mentor her; tell her about why you wanted to be a mentor and the stuff you like to do and a bit about your background; tell her about what you know about her from the information shared with you before you started; ask her questions about how she would like the relationship to work, what she wants to get out of it and how she would like you to be; ask her about the things she likes – easy(ish) questions; bring a small (low-cost) present to give to her at the end of the first session (object association, leaving the child with something they can look at when you are apart and that will remind them of you) 30 minutes of feedback and a summary of the key messages		
1445	Break				
1500	Dealing with difficulties	To explore what kinds of difficulties may occur, the reasons behind this and what to do about it	In trios, each person takes a role: mentor, mentee or observer Mentee only is given background information. The mentor and mentee agree what the context of the meeting is and then have about 5 minutes to role play while the observer takes notes of what she notices. Each trio could role play to the whole group or just to each other. Could ask the group for more examples if there is time How did that feel (mentor, mentee in role)? What did the observer notice? What are the key messages from this scenario? Add the key messages to the flip chart	Mentee roles	Trainer 1
1600	Ending the mentoring relationship	To examine creating positive endings	Trainers get a call and have to end the training without warning – leave the room with bags, etc. so that it looks real. Stay out for 1 minute. Return and ask how that felt Small group exercise looking at how we can make ending the relationship positive, what to do and what to avoid (15 minutes) Group reflection		Trainer 1

DOI: 10.3310/hta19850

Time	Session title	Learning aim	Details	Materials	Who
1630	Reviewing learning				Trainer 2
1645	End				
Day 4					
1000	Welcome back	Energy levels Outline of the morning	Everyone writes their name on a piece of paper, folds it and puts it in a hat. Participants then draw a name at random, keeping the name secret until the end of the morning, when we will have a celebration ceremony		Trainer 1
	Record keeping and communication	To ensure that participants are clear about their recording and communication responsibilities			Deborah and Fiona
1020	Reviewing learning Q&A	To provide an opportunity to go over the training and answer questions			Trainer 1
1130	Break				
1145	Support group	To give PCs time to explain how mentors will be supported			PCs
1215	ASDAN award	To explain the award in more detail and sign mentors up if they want to			Trainer 1
1230		Ending ceremony	Each person says something positive about and to the person whose name they picked out of the hat at the start of the day and chooses a gemstone for them. Trainer 1/Deborah/Fiona give participants their certificates and a final toast is made to the mentors and the project with bubbly (non-alcoholic!)	Gemstones, Shloer-type drinks, certificates	
1245	Lunch				
1330	Feedback focus group				Deborah and Fiona
1500/ 1530	End				

PPP, Professional, Personal, Private.

Appendix 23 Mentor contract

CarmenStudy
PEER MENTORING FOR YOUNG WOMEN IN CARE
CARMEN@sgul.ac.uk

St George's
University of London

CARMEN STUDY: Peer Mentoring for Young Women in Care

Carmen Study Mentor Contract

In consenting to be a part of the Carmen study, you can gain new skills and receive payment in recognition of your role. You can also opt to gain an ASDAN qualification.

In order for this to happen, you must agree to the following;

Contact and communication:

I will try to ensure that I abide by the minimum requirements for meeting with my mentee i.e. face to face contact for one hour a week (or on occasion, a lengthy 30 minutes+ phone call).

I will attend medical / other appointments where necessary and agreed between my mentee and me.

I will use my mobile phone for the purposes of my peer mentoring role only. These are communicating with my mentee, project coordinator or the research team, and completing my mentor diary. I will not use my phone for general internet use or other telephone calls.

Professionalism:

I will read and abide by the guidelines specified in the peer mentor handbook about remaining professional in my peer mentor role.

Confidentiality and Safety:

I will ensure that conversations I have with my mentee are only discussed between myself and my project coordinator, the researchers and other mentors in group supervision. I will not disclose the personal details of my mentee to anyone outside the project.

I will read and abide by the guidelines specified in the training pack about safeguarding. I will inform my project coordinator immediately if I have any concerns that my mentee is at risk of harm to themselves or others. If my project coordinator is unavailable and I have immediate concerns, I will contact the social services emergency duty team or the police.

I will contact my project coordinator if I feel that I need extra support, if any difficulties in the mentoring relationship arise or I feel I am not coping well in the role.

Contribution to research:

I will complete the mentor diary at the times expected, as outlined in the peer mentor handbook. This means after every contact with my mentee, and competing the reflective diary on a weekly basis. Even if I have not met the expected level of minimum contact, I will record this in my mentor diary.

I will return my mobile phone, and all related mobile phone accessories, to the research team at the end of my peer mentoring role.

Support:

I will attend an initial three-way meeting with my mentee and project coordinator prior to commencing my peer mentoring role.

I will attend monthly support meetings provided by my project coordinator, and will inform them if I am unable to attend for any reason.

I will attend the NCB training booster session at approximately four months into my peer mentoring role, and will inform my project coordinator if I am unable to attend this for any reason.

I will attend a three-way meeting with my mentee and their social worker / the project coordinator at ten months into my peer mentoring role, to discuss the ending of the mentoring relationship.

In return for agreeing to the above I can:

Receive £40 vouchers a month in recognition of my peer mentoring role.

Communicate with my project coordinator in order to receive up to £40 a month which will pay for peer mentoring activities and my travel expenses.

Receive £10 vouchers plus my travel expenses for completing a questionnaire and interview with researchers prior to commencing my peer mentoring work and at the end.

Opt to gain an ASDAN qualification.

Name of Participant **Date**
Signature

Name of Researcher **Date**
Signature

Please retain a copy for your records.

Appendix 24 Time sheet for project co-ordinators to record their time once a week during the project

Year: mid-July 2011–mid-September 2012 (exactly 14 months).

Activity	Hours	Comments
Familiarisation	15	Attending meetings and reading a lot of e-mails
Setting up the intervention		
Recruit mentors	56	Attending meetings, talking to young people, writing letters and making phone calls
Arrange training for mentors	7	
Recruit mentees	56	
Attend mentor training session	7	
Arrange initial mentor–mentee contact	7	
Other activities		
Running of the intervention		
Meetings with mentors (i.e. group meetings or individual supervision)	33	
Phone calls with mentors	14	
Additional support for mentors/mentees, e.g. contacting/ liaising with social workers, etc.	7	
Mentors' expenses (distributing monies and/or queries)		Included in mentor supervision
Read and approve mentors' work for ASDAN accreditation		Included in mentor supervision
Replace mentors as/when necessary		NA
Replace mentees as/when necessary		NA
Other activities		
Research project		
Co-ordination/assistance to researchers	7	
Total	209	

Activity	Hours	Comments
Co-ordinators' expenses/organisational overheads		
Specific personal overheads		
Travel/subsistence	£7.50	Cost of one meeting that I attended
General overheads		
Administrative overheads		
Mobile phones		
IT equipment		
Photocopying		
Office space		
Other		

IT, information technology; NA, not applicable.
The PC estimated that the project took 'on average about 10.5 hours a week at the start of the project to now once it is going which is about 3.5 per week and on a day with supervision 7 hours in total'. This implies that, on average, between the middle of July 2011 and the middle of September 2012 the PC has spent 11% of their time on the Carmen study, i.e. half a day a week. This is calculated assuming that the PC works for 140 hours per month × 14 months = 1960 hours (209/1960 × 100 = 10.66%). This does not include any input from other LA staff. The model of project costs described in this report estimates that it requires approximately 20% of one person-year for a LA to set up and run this project.

Appendix 25 Assumptions made in the spreadsheet model which estimates the costs to a local authority of setting up and running a mentoring programme

The basic assumptions are:

1. The model begins from the point at which it has been decided to proceed with a trial:
    i. a Steering Group (SG) will oversee the broad design and purpose of the project and evaluate it on completion
    ii. a smaller Management Group (MG) will oversee the detailed design and day-to-day management of the project, referring issues upwards as necessary
    iii. most of the development work will be carried out by a project development officer (PDO)
    iv. a PC will take responsibility for running the project, with other staff being called on as necessary.
2. The SG consists of three senior social workers (SSW) and three social workers (SW) (or approximately equivalent grades).
3. The MG consists of one SSW, one SW, the PDO and PC. The PDO will undertake the work of designing the project. The PC will take over when the project goes live.
4. The staffing suggestions above are flexible both in terms of numbers and grades. They are offered as a starting point for any LA wishing to make and cost its own plans. It must be emphasised again that they, and all assumptions in this appendix, are, in the absence of solid cost data from the study, plausible guesses that should not be used for any other purpose without this understanding being clearly acknowledged.

General input assumptions

Item	Assumption	Notes
Number of social workers dealing with LAC	24	
Number of geographical centres from which they work	4	
Number of potential mentees	66	
Number of potential mentors	200	
Number of working days	240	
Number of working hours per day	7.5	
Second class postage (£)	0.33	
Cost of criminal record check (DBS) (£)	44.00	
Average length of SG meetings (minutes)	60	
Average length of MG meetings (minutes)	60	
Salaries, per hour/per year (£)		
Assistant director	61.11/110,000	Source: 2012 job advertisements for Lambeth (includes London weighting)
Clerical officer	11.11/20,000	
PC	17.78/32,000	
PDO	17.78/32,000	
SSW	20.56/37,000	
SW	17.78/32,000	
Salary oncosts for national insurance and pension (%)	29	Source: PSSRU 2012[192]
Direct overheads for office and supplies (%)	29	
Indirect overheads for support services (%)	16	

'Inception and preparation' and 'ongoing management' assumptions

Item	Assumption	Notes
PDO familiarisation (minutes)	900	
Drafting proposal for first meeting of the SG (minutes)	900	PDO
SG to read proposal (minutes)	120	SG
Number of SG meetings	3	In months 1, 2 and 3
Number of MG meetings	3	In months 1, 2 and 3
MG team to prepare fully costed plan (minutes)	900	WG
Revise plan (minutes)	900	PDO
Submit plan to assistant director for approval (minutes)	30	SSW
Assistant director to read papers and approve (minutes)	30	Assistant director
Choose PC (minutes)	30	SSW
Brief PC (minutes)	60	SSW and PC
PC familiarisation (minutes)	450	PC
Draft initiation letter for assistant director (minutes)	60	PDO
Draft brief guidance notes for SWs (minutes)	900	PDO
Draft standard letters for SW recruitment of mentees (minutes)	60	PDO
Draft standard letters for SW recruitment of mentors (minutes)	60	PDO
Draw up posters for recruitment purposes (minutes)	120	PDO
Negotiate training provision (minutes)	900	PDO
Negotiate provision of mobile telephones (minutes)	450	PDO
Average length of MG meetings (minutes)	60	MG
Amend draft of fully costed plan (minutes)	240	PDO
Sign off amended plan as suitable for assistant director (minutes)	30	SSW, chairperson of SG
Send draft plan to assistant director (minutes)	10	SSW
Assistant director to approve sending to SWs (minutes)	10	AD
Clerical officer to send plan to SWs (minutes)	5	Clerical officer
Ongoing MG meetings	3	MG

a These activities take place during months 1–3 (inception and preparation) and months 11, 15 and 21 (ongoing management).

Awareness-raising assumptions[a]

Item	Assumption	Notes
Social workers to become familiar with the papers (minutes)	60	All SWs involved in care
Number of presentation meetings in first couple of months	4	One in each geographical centre including one SSW and six SWs plus the PC
Duration of meetings (minutes)	60	

a This activity takes place during month 4.

Assumptions regarding recruitment of mentees and mentors[a]

Item	Assumption	Notes
Mentee recruitment		
General management of process (minutes)	45	SSW; SSW manages this to ensure compliance from SWs
Management of clerical officer by SSW (minutes)	45	SSW and clerical officer
Setting up mentee recruitment mailshot (minutes)	10	Clerical officer; per potential mentee (find their name, the names and addresses of their carers and the name and contact details of their SW)
Stuffing envelopes (minutes)	2	Clerical officer; per eligible girl
Percentage of girls responding positively within first month	6.00	Of 'number of potential mentees'
Percentage of girls responding positively within second month	4.60	Of 'number of potential mentees'
Dealing with further queries in response to letters (minutes)	10	SW; per response (telephone call, e-mail)
Logging names of potential candidates (minutes)	1	SW; per response
Looking out file summaries of potential candidates (minutes)	5	Clerical officer; per case file
Passing names and summaries over to PC (minutes)	15	Clerical officer
Mentor recruitment		
General management of process (minutes)	45	SSW; SSW manages this to ensure compliance from SWs
Management of clerical officer by SSW (minutes)	45	SSW and clerical officer
Setting up mentor recruitment mailshot (minutes)	10	Clerical officer; personalising the standard letters, finding the names and last known addresses of potential mentors
Stuffing envelopes (minutes)	2	Clerical officer; per eligible girl
Percentage of recipients responding positively within first month	10	Of 'number of potential mentors'
Percentage of recipients responding positively within second month	5	Of 'number of potential mentors'
Dealing with further queries in response to letters (minutes)	10	SW; per response (telephone call, e-mail)
Logging names of potential mentors (minutes)	1	SW; per name
Looking out file summaries of potential mentors (minutes)	10	Clerical officer; per case file
Passing names and summaries over to the PC (minutes)	15	Clerical officer; minutes in total

a This activity takes place during months 5 and 6.

Training assumptions[a]

Item	Assumption	Notes
Communicate to each potential mentor what ID papers are needed (minutes)	10	PC; telephone conversations
Assemble papers for each potential mentor (minutes)	3	PC
Pass papers to the clerical officer who handles DSB checks for the LA (minutes)	3	PC
Clerical officer initiates check procedure with the DSB (minutes)	15	Clerical officer
Write to potential mentors when DSB checks are returned (minutes)	5	PC; standard letters
Percentage of potential mentors failing the DSB check	10	PC
Select 20% more mentors than mentees for training (minutes)	5	PC; per cleared mentor
Write to potential mentors to arrange training dates (minutes)	10	PC
Contact training providers to arrange training (minutes)	30	PC
Cost of training a mentor (£)	500	

a This activity takes place during months 7 and 8.

Pairing assumptions[a]

Item	Assumption	Notes
Pair mentor and mentee (minutes)	5	PC
Arrange first meeting between mentor and mentee	30	PC; minutes of telephone calls
Length of first mentor–mentee meeting	30	PC
Percentage of first meetings showing incompatibility	5	Means PC must choose another mentor and arrange another meeting

a This activity takes place during months 7 and 8.

Assumption regarding supporting/maintaining pairs[a]

Item	Assumption	Notes
Pay mentor expenses (minutes)	20	PC; per active mentor per month
Expenses: stipend (£)	40.00	Per month per mentor
Expenses: telephone vouchers (£)	10.00	Per month per mentor
Arrange monthly group meetings with mentors (minutes)	60	PC; in total
Occasionally rearrange monthly group meetings (minutes)	120	PC
Percentage of monthly meetings needing to be rearranged	20	
Attend monthly group meetings (minutes)	140	PC; per month
Individual contact with active mentors on ad hoc matters	40	PC; per active mentor per month
Individual contact with inactive mentors on ad hoc matters	5	PC; per active mentor per month
Mentee dropout probability		
Proportion of mentees expected to drop out over 12 months (%)	33	
Report dropout to responsible social worker (minutes)	10	PC
Debrief mentee after dropping out (minutes)	30	SW
Report to PC on reasons for dropout (minutes)	10	Responsible SW
Debrief mentor after mentee dropout (minutes)	30	PC
Mentor dropout probability (minutes)		
Proportion of mentors expected to drop out over 12 months (%)	33	
Report to social worker (minutes)	10	PC
Debrief mentee after mentor dropout (minutes)	30	SW
Report to PC (minutes)	10	SW
Pair with replacement mentor (minutes)	65	PC

a This activity takes place during months 9–20.

Assumptions regarding normal terminations[a]

Item	Assumption	Notes
Contact mentor to get views on who best to come to termination meeting (minutes)	5	PC
Contact SW to get views on who best to come to termination meeting (minutes)	5	PC
Contact SW to get views on who best to come to termination meeting (minutes)	5	SW
Resolve any differences (minutes)	10	PC
Contact chosen person, social worker and mentor to arrange time for the termination meeting (minutes)	5	PC
Debrief mentor (minutes)	10	PC
Debrief SW after the meeting (minutes)	10	PC
Debrief SW after the meeting (minutes)	10	SW
Draft report on that matching (minutes)	20	PC

a This activity takes place during months 18–20.

Review assumptions[a]

Item	Assumption	Notes
Draft report on the project (minutes)	450	PC
Meeting of MG (minutes)	60	MG
Amend draft report (minutes)	225	PC
Submit draft report to SG (minutes)	15	SSW
Meeting of SG (minutes)	60	SG; outcome is a decision on the value of the project and how to proceed

a This activity takes place during month 21.

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