

Public Health Practice Evaluation Scheme

Addressing the challenges faced by 'front line' practitioners

Mentoring vulnerable excluded adolescents to achieve better health and well-being: results from the feasibility pilot randomised control trial (RCT) of the Breakthrough Mentoring Scheme

Angela Beattie, Heide Busse, Ruth Kipping, David Gunnell, Matthew Hickman, John Macleod, William Hollingworth, David Berridge, Chris Metcalfe, Rona Campbell, University of Bristol; Steve Spiers, South Gloucestershire Council

Background

- ❖ Mentoring schemes are increasingly being used as a way of working with vulnerable and marginalised groups to reduce social isolation and improve health and wellbeing. (1)
- ❖ Youth mentoring has been suggested as a way to improve a young person's health, well-being and educational outcomes. (2-3)
- ❖ There is growing interest in mentoring programmes by policy makers and practitioners.
- ❖ The evidence base for youth mentoring programmes is weak and no RCT has yet been undertaken in the UK. (4-5)

Definition

Youth mentoring is "relationship in which an older, experienced adult provides ongoing guidance, instruction and encouragement aimed at developing the competence and character of the young person." (6)



Aims

- ❖ To conduct a feasibility study, pilot randomised control trial (RCT) and process evaluation to investigate the feasibility of undertaking a definitive RCT of the effectiveness and cost-effectiveness of the Breakthrough Mentoring programme with referrals of students from secondary schools.
- ❖ To understand how mentoring can impact on secondary school students at risk of exclusion from school.

The intervention

Breakthrough Mentoring - is a youth mentoring programme provided by South Gloucestershire Council, delivered during school time by paid adult mentors. It is tailored to the mentee's interests and is activity-focused. Participants randomised to the intervention received weekly two hour mentoring sessions, off school premises, for an academic year.



Methodology

- ❖ Feasibility study, two-arm unblinded parallel group pilot RCT.
- ❖ 21 students age range 12-16 years were recruited and randomised to receive mentoring (n=11) for one academic year or care as usual (n=10).
 - ❖ **Outcome measures:** Goodman's Strengths and Difficulties Questionnaire (SDQ), Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS), and Social Connectedness Scale Revised (SCS-R) at baseline, 6, 12, & 18 months.
 - ❖ Interviews were conducted with participants to explore their views about being in the study and having or not having a mentor.
 - ❖ Qualitative interviews conducted with participants, parents, teachers, mentors and key stakeholders on their views of mentoring and the research.
 - ❖ Qualitative data were analysed thematically and descriptive analyses of quantitative data were produced.



Results

- ❖ This feasibility study and pilot RCT was successful and demonstrated that it was possible to recruit, randomise and retain vulnerable students at risk of exclusion from secondary school to a pilot RCT for 6, 12 and 18 month follow-up.
- ❖ The RCT was acceptable to students, parents, schools because they understood the randomisation process and perceived this as fair.

"Yeah I knew it was like 50/50 chance. I guess it's fair if you can only give it to a certain amount of people then that's the only way to decide it." (P20, Control)
- ❖ Positive changes relating to school behaviour (e.g., attending school and lessons, engaging with homework, fewer detentions and suspensions) were only partially sustained at subsequent follow-ups. The intervention group reported slightly increased detentions and suspensions than the control.
- ❖ School absences were reduced in both groups.

"...like a bond between you, you can talk about anything...get things off your chest." (P2, Intervention)

Intervention participants indicated that having an adult mentor, unconnected with the school that they could talk to about their problems helped them to give voice to and deal with difficult feelings.

"...felt as if I'd just been ditched. But now I'm starting getting back used to it, so it's like a bit easier." (P10, Intervention)

Some participants expressed negative experiences e.g., feeling unprepared for the end of mentoring.

"I would have liked a mentor but I didn't really care at the end of the day"; "I wanted a mentor...unlucky I didn't get one." (P1, 3, Control)

Some control participants reported wanting a mentor and some were mildly upset at not achieving this.

"...shut my eyes, count to ten, clench fists, just simple little things that did work. I still use them now...I haven't had a fight in quite a long time." (P8, Intervention)

Intervention participants also reported implementing strategies to deal with negative emotions e.g., anger.

Quantitative results

- ❖ 100% response rates at 6 & 12 month follow-up and 86% at 18 month follow-up.
- ❖ Participants reported little difficulty in completing the SDQ and WEMWBS, some struggled with various terms in SCS-R.
- ❖ Due to the small number of participants it was not possible to discern any meaningful differences between the groups for the outcome measures.

Conclusion

- ❖ The criteria for progressing to a full trial were all met in this feasibility study and the need for a definitive RCT of the effectiveness and cost effectiveness of youth mentoring remains.
- ❖ The evidence presented warrants further investigation as we do not know whether the self-reported benefits and disadvantages of mentoring remain over a longer period and whether they are demonstrably different from those not receiving mentoring.

What next?

- ❖ We need to identify other mentoring organisations similar to Breakthrough as a future trial will need to be multi-centred.
- ❖ Funding for mentoring schemes needs to be explored in order to help schools cover the costs of providing a mentor.

References

1. Patel V, Flisher AJ, Hettrick S, McGorry P. Mental health of young people: a global public-health challenge. *The Lancet*. 2007;369(9569):1302-13.
2. Thompson LA, Kelly-Vance L. The impact of mentoring on academic achievement of at-risk youth. *Children and Youth Services Review*. 2001;23(3):227-42.
3. Beier SR, Rosenfield WD, Spitalny KC, Zansky SM, Bontempo AN. The potential role of an adult mentor in influencing high-risk behaviors in adolescents. *Archives of Pediatrics & Adolescent Medicine*. 2000;154(4):327.
4. DuBois DL, Holloway BE, Valentine JC, Cooper H. Effectiveness of mentoring programs for youth: A meta-analytic review. *American Journal of Community Psychology*. 2002;30(2):157-97.
5. Tolan P, Henry D, Schoeny M, Bass A. Mentoring interventions to affect juvenile delinquency. *Campbell Systematic Reviews*. 2008;16.
6. Rhodes JE. *Stand by me: The risks and rewards of mentoring today's youth*. First Harvard University Press; 2002.

The NIHR School for Public Health Research (SPHR) is a partnership between the Universities of Sheffield, Bristol, Cambridge, Exeter, UCL; The London School for Hygiene and Tropical Medicine; the LiLaC collaboration between the Universities of Liverpool and Lancaster and Fuse; The Centre for Translational Research in Public Health, a collaboration between Newcastle, Durham, Northumbria, Sunderland and Teesside Universities.

The research was funded by the NIHR School for Public Health Research (SPHR) Public Health Practice Evaluation Scheme (PHPES). The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health.

Funded by
NHS

**National Institute for
Health Research**