Mentoring vulnerable and excluded adolescents to achieve better health and well-being: results from six and twelve month follow-up interviews with students participating in a pilot randomised control trial (RCT) of the Breakthrough Mentoring Scheme

Dr Angela Beattie, University of Bristol

This is an outline of independent research funded by the National Institute for Health Research’s School for Public Health Research (NIHR SPHR).

The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health.
Evidence on youth mentoring

Mentoring has been associated with:
• Improved academic achievement ⁵
• Fewer problem or risk-taking behaviours ⁶
• Enhanced psychological well-being and general health ⁷
• Improved perceived family and peer relationships ⁸

Evidence on Youth mentoring is limited and mixed ⁹,¹⁰
• (design, scope, duration, US based RCTs mixed results) ¹¹

Recent high profile launch of mentoring schemes in UK
Breakthrough Research Team

University of Bristol:
- Professor Rona Campbell (PI)
- Dr Angela Beattie (Research Fellow/Trial Manager)
- Miss Heide Busse (Research Assistant)

Co-Applicants:
- Dr Ruth Kipping
- Professor David Gunnell
- Professor Matt Hickman
- Professor John Macleod
- Professor Will Hollingworth
- Professor David Berridge
- Dr Chris Metcalfe

Breakthrough Mentor Programme:
- Mr Steve Spiers (Manager)
- Mr Jonathan Wheeler (Coordinator)
- Bristol Randomised Controlled Trials Unit (BRCT)
Background

**Mentoring:** “A relationship over a prolonged period of time between two or more people where an older, caring, more experienced individual provides help to the younger person as he/she goes through life.” (Centre for Substance Abuse Prevention)

- Increasing number of young people experience psychological, social and behavioural difficulties associated with adverse health, education and social outcomes \(^1, 2, 3\)
- Stable and trusting adult relationships important for personal, emotional, cognitive and psychological growth \(^4\)

Can youth mentoring help these vulnerable young people?
Breakthrough Mentoring

• Aims to help develop positive life skills and emotional resilience in vulnerable individuals
• 1:1 mentoring scheme where individual is provided with a paid, guiding adult mentor
• Individuals are typically referred through agencies (schools, GPs)
• Work with school students for one academic year
• Activity-focused and careful attention is placed on matching process
• >10 years in South Gloucestershire and other local authorities
Breakthrough Mentoring pilot RCT

Design: Pilot RCT with embedded process evaluation

Intervention: Breakthrough mentoring for a school year

Population: 11-16 year olds currently attending secondary school deemed at risk of exclusion by school staff

Participants: n= 21 age range: 12-16 years
(n=11 intervention; ♂=4 , ♀=7)
(n=10 control; ♂=6 , ♀=4)

Exclusion Criteria: Currently receiving or received Breakthrough mentoring in past

Primary outcome measure: Strength and difficulties questionnaire (SDQ) completed by students and teachers
Aim of 6 & 12 month follow-up interviews

- To explore acceptability & participant experiences of being involved in pilot randomised control trial (RCT)

- Gather qualitative data on outcomes (benefits and disbenefits) for those allocated to receive Breakthrough mentoring (Intervention) and Care as Usual (Control)

- In-depth semi-structured interviews with topic guide

  Interviews audio recorded, transcribed verbatim, analysed using Constant Comparative Method (CCM), Software ATLAS.ti
Method / location of follow-up at 6 & 12 months post baseline

<table>
<thead>
<tr>
<th>Followed up at 6 months (in school)</th>
<th>Intervention group</th>
<th>Control group</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% (11/11)</td>
<td>100% (10/10)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Followed up at 12 months</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>In school</td>
<td>64% (7/11)</td>
</tr>
<tr>
<td>At home (moved to college)</td>
<td>27% (3/11)</td>
</tr>
<tr>
<td>By phone (moved out of area; not wish to be interviewed face-to-face)</td>
<td>0</td>
</tr>
<tr>
<td>Still to be conducted</td>
<td>9% (1/11)</td>
</tr>
</tbody>
</table>
Acceptability: involvement in study

- Participants positive and interested in being involved in the study

  “I’m helping you guys as much as you guys are helping me.” (Intervention 4)
  “I was definitely interested in it.” (Intervention 15)

  “I would have been a bit sad on the day ‘cos like I really wanted one. But then I probably would have just forgotten about it, to be honest.” (Intervention 19)
  “…would have felt gutted.” (Intervention 6)

  “…quite like special that I’m doing this…” (Control 3)
  “I found it quite good… never been part or asked to be part of anything like this before.” (Control 14)

- Range of preferences for a mentor (pre-allocation)

  “I wanted a mentor… unlucky I didn’t get one.” (Control 1)
  “I was a bit annoyed when I didn’t get a mentor.” (Control 11)

  “I would have liked a mentor but I don’t really care at the end of the day.” (Control 3)
Acceptability of trial procedures: randomisation

- Most appeared to understand the principle
- Perceived as a fair process

- Web-based
- Liked knowing on the day
- “Nervous” building up to randomisation
- Perceived as “more random”

“Yeah I knew it was like a 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.” (Control 20)

“I think I prefer the computer, just ‘cos you see it with your eyes, you know that nothing else is going on behind the scenes, nobody is like looking and thinking, “Oh they’d be better for this, they’d be better for that,” you see it in front of your eyes: I think that’s the better way of doing it. There’s no[thing] anything else going on.” (Control 14)
Allocation to the groups

Range of perspectives:

“Someone to talk to, get out of school, lucky to have a mentor.”
Intervention 15, 10, 19

“I cannot see anything amazing about being in the normal care group, it hasn’t really changed anything get on with my life like how it was before, just gotta fill in something every month.”
Control 1, 20, 17

“Almost a bit relieved didn’t require every week try and almost put pressure on myself, no pressure to see someone every week.”
Control 14, 16
Implementation of Breakthrough

Participants met with mentor weekly for 2 hours off school premises (Sept-July 2014)

Activities- broad range e.g., rock climbing, gym, dog walking, shopping, walking

Key component: being able to talk to mentor

Changes of mentors
  - 5 participants changed mentors
Reported benefits at 6 month follow-up

• Being able to talk to the mentor about problems
• Helping participants manage angry feelings
• Implementing strategies to manage these feelings: “keeping calm, not gonna blow up and get myself suspended… like counting to three in my head what [mentor] told me to do.” (Intervention 10)
• Feeling supported: “I don’t feel so much on my own, fighting a battle.” (Intervention 15)
• School improvement: “not bunking off” attending lessons (Intervention 2)
Reported benefits 12 month follow-up

• Being able to talk to the mentor about problems
  “…like a bond between you, you can talk about anything…get things off your chest.” (Intervention 2)

• The mentor “being there for you.”
  “[Mentor] being there, doing things that you like, listening to you and showing that they care.” (Intervention 4)

• Helping with angry feelings/implementing strategies
  “…stepping away from that [trouble], gave me tips on how to like control myself and that helped.” (Intervention 10)
  “…shut my eyes, count to ten, clench fists, just simple little things that did work. I still use them now and they still work…I haven’t had a fight in quite a long time.” (Intervention 8)

• School-mixed “haven’t bunked” (Intervention 2); “loads of detentions.” (Intervention 6)
Possible disbenefits 6 month follow-up

End of the relationship

- Fear when mentoring will come to an end-fear being that negative behaviour and relationships would resume

  “… Um I’m kind of — it sounds like really weird but I’m worried about like not seeing my mentor, because I’m worried that my behaviour is just gonna drop again...And that um I’ll just be back at like the bottom, like ’cos I’ve like worked all this way up with my mentor, and like I just like kind of like wanna carry on seeing her, and I don’t want it to end, ’cos I’m just scared about like my behaviour dropping again, me not focusing, me like mixing in with the wrong crowd.” (Intervention 19)

- Becoming dependent on mentor

  “Even though some things have changed since then, like personal things and health-wise and stuff, but <name of mentor> has really made me feel confident about myself, even though I felt like I didn’t wanna know and I wanted to go back to my old ways, which was self-harming, but now <name of mentor> has completely took it away from my mind and I don’t wanna get back to then.” (Intervention 15)
Possible disbenefits 12 month follow-up

Loss of the mentor relationship

- Feeling “sad,” “hard not seeing,” “ditched” to accepting

  “…. like sad that I can’t see [mentor]…was good fun.” (Intervention 2)
  “….when I stopped seeing [mentor] I was really upset, sad I wouldn’t be able to talk to my [parent] and I could only talk to [mentor]…it is really hard not seeing [mentor]” (Intervention 4)
  “….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.” (Intervention 10)
  “I still don’t like it [not seeing their mentor], but like I just think well, there’s nothing I can do about it.” (Intervention 8)

- Becoming dependent on mentor

  “…to have something taken away it’s just quite bad quite hard to deal with…having someone that you’ve kind of grown attached to, like really close, just because of like school funding you’re not carrying on is really annoying for me.” (Intervention 19)

  “…no I have other people in my corner. I missed [mentor] at first but it was fine, I talk to me [parent] and now just get on with it.” (Intervention 15)
The end of mentoring

Feeling unprepared
“…its [mentoring] suddenly gone, it’s hard to readjust, bit upset, angry, would have preferred to know before instead of it just being dropped on me.” (Intervention 10)

Others neutral
“I haven’t really gone that long without having it [mentoring] anymore, two hours isn’t really that much to make up, so like it’s not really that different.” (Intervention 9)

Feeling prepared
“Yeah, I knew it was gonna end, my mentor knew as well, we were discussing it, like one of the last sessions we had together.” (Intervention 19)
Conclusions

• Pilot trial successful-can be implemented in a school setting

• It is feasible to recruit, and retain vulnerable students at risk of exclusion from school to a pilot RCT for 6 & 12 month follow-up

• Breakthrough mentoring appears to help students by:
  • enabling them to give voice to and deal with difficult feelings
  • having an adult unconnected with school whom they regarded as being on their side

• Whether self-reported benefits remain and are demonstrably different from those not receiving mentoring will only be answered by conducting a full-scale RCT
References

8. Tierney JP. Making a Difference. An Impact Study of Big Brothers/Big Sisters. 1995

Angela.Beattie@Bristol.ac.uk

School for Public Health Research

National Institute for Health Research