

**Youth mentoring: Mentors' and caseworkers' perspectives of
enduring mentoring relationships**

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Thesis declaration form

I confirm that the work presented in this thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis.

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Overview

This thesis focuses on youth mentoring, a popular form of intervention for disadvantaged young people. It is presented in three parts.

The literature review examines the effectiveness of youth mentoring programmes for young people engaging in, or at risk for, antisocial behaviour. Fourteen studies met the criteria for the review. Methodological quality was assessed using The Quality Assessment Tool for Quantitative Studies by the Effective Public Health Practice Project. Overall, the studies provide limited but promising evidence for mentoring for antisocial youth, and the quality of evidence was good. Further research is needed to clarify the benefits of mentoring for this high-risk group.

The empirical paper reports on a qualitative study (part of a larger evaluation with Evans, 2011 and Prytys Kleszcz, 2012) exploring mentors' approaches in enduring mentoring relationships with disadvantaged children in middle childhood and early adolescence. It focuses on how mentors think about, engage with and respond to their mentees. Semi-structured interviews were conducted with 10 pairs of mentors and their caseworkers; transcripts were analysed thematically. Participants' accounts indicated that the mentoring relationships followed distinctive, uneven trajectories, and mentors faced considerable challenges and dilemmas in responding to their mentees' needs. The study points to the high level of mentor skill and resilience required to sustain a close mentoring relationship, and the important role of supervision in facilitating this process.

The critical appraisal reflects on the process of planning and executing the research presented in the empirical paper. It also explores conceptual issues raised by the research related to recruitment, training and support procedures in youth mentoring.

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Part 1: Literature review

Effectiveness of mentoring programmes for antisocial youth

Abstract

Aims: Youth mentoring has attracted substantial interest from policy makers and the criminal justice system. It has been promoted as a cost-effective intervention for delinquency prevention, contrary to inconclusive findings from reviews and evaluation studies. However, research is limited by a lack of methodological rigour. This review aimed to systematically identify and appraise the best available evidence for mentoring programmes for youth displaying, or at risk for, antisocial behaviour.

Method: Studies were included if they used a quantitative outcome measure of antisocial behaviour to evaluate a formal mentoring programme targeting youth engaging in, or at risk for, antisocial behaviour. Methodological quality was assessed using The Quality Assessment Tool for Quantitative Studies developed by the Effective Public Health Practice Project.

Results: Fourteen studies met the inclusion criteria; ten reported positive changes in antisocial behaviour and four found no difference in outcomes between mentored and non-mentored youth. Several studies also provided insight into the circumstances in which mentoring may be more or less effective. Overall, the quality of evidence was good; methodological quality ratings using the assessment tool indicated five 'strong', seven 'moderate' and two 'weak' studies.

Conclusions: The studies provide limited but promising evidence for mentoring for antisocial youth. However, methodological issues prevent firm conclusions from being made. The findings highlight the challenges commonly faced in practice based research and the inevitable conflict that arises between good clinical practice and high quality evaluation. Further research is needed to clarify the benefits (and costs) of mentoring for this high-risk group.

Introduction

Youth mentoring involves pairing a young person with a non-professional, non-parental adult, in order to foster a caring relationship in which the young person can seek support, advice and new opportunities. Mentoring is becoming a popular form of intervention for disadvantaged young people in the UK, providing a community-based complement to professional services. Mentoring schemes have multiplied in recent years, particularly in response to government policy initiatives designed to tackle social exclusion (Philip, 2003). The majority of programmes have targeted children or adolescents deemed to be “at risk”. These young people typically come from single-parent backgrounds, exhibit emotional and behavioural problems, and lack the social support to navigate developmental tasks successfully (Keating, Tomishima, Foster & Alessandri, 2002). Longitudinal research shows that, without early intervention, long-term outcomes for these young people are poor. As adults they have a higher incidence of divorce, unemployment, physical and mental health problems, and criminal activity (Patterson, DeBaryshe & Ramsey, 1989).

Developments in the UK have been largely influenced by the rapid proliferation of mentoring programmes in North America in the 1980s, most notably the Big Brothers Big Sisters of America (BBBSA) programme. However, the evidence base is relatively new as there has been a considerable time lag between research and practice (DuBois, Doolittle, Yates, Silverthorn & Kraemer Tebes, 2006). Furthermore, the quality of the evidence is variable. Common methodological limitations include inadequate reporting, the use of non-experimental designs, small sample sizes, and a reliance on self-report data (DuBois, Portillo, Rhodes, Silverthorn & Valentine, 2011). A fair comparison has also been hindered by the diversification of treatment approaches, with different mentoring programmes

focusing on different populations and different goals and using different training or supervision models (Keating et al., 2002).

It is only recently that researchers have begun to evaluate mentoring programmes more rigorously (Rhodes & DuBois, 2008). A meta-analysis of 55 programme evaluations conducted prior to 1998 demonstrated a modest association between youth mentoring and improved social, behavioural and educational outcomes, with an overall effect size of .18 (DuBois, Holloway, Valentine & Cooper, 2002). This is small in comparison to effect sizes found in meta-analyses of other intervention programmes for young people (e.g. child and adolescent psychotherapy; Baskin, Slaten, Sorenson, Glover-Russell & Merson, 2010). In a second meta-analysis of 73 evaluations published between 1999 and 2010, DuBois et al. (2011) reported a similarly modest overall effect size of .21 for differences between mentoring and control groups. Somewhat discouragingly, the results did not appear to indicate a trend towards greater use of theory and research in programme development (DuBois et al., 2011). Importantly, however, both meta-analyses showed that effectiveness depended on certain moderating factors, such as adherence to best practices (e.g. recruiting mentors with backgrounds in helping roles, supporting and involving parents, providing ongoing training and supervision for mentors) and youth characteristics.

Of particular relevance to the current review, DuBois et al. (2011) found stronger effects for programmes targeting youth with behavioural difficulties such as delinquent behaviour or discipline problems at school. Furthermore, effects were strongest when participating youth were either relatively high in individual risk but low in environmental risk, or conversely, high in environmental risk but low in individual risk. From this, they inferred that mentoring programmes may be most

beneficial for youth presenting with an intermediate level of risk, whereas high-risk youth with multiple personal and contextual needs may require more intensive, specialist support that extends beyond the scope of traditional community mentoring (DuBois et al., 2011). Other types of intervention programmes designed to prevent behavioural difficulties have typically found larger effects for subgroups of higher-risk youth (e.g. Conduct Problems Prevention Research Group [CPPRG], 2007; Wilson & Lipsey, 2007).

While mentoring has traditionally served a wide range of youth, programmes targeting serious psychopathology have become increasingly popular (Jackson, 2002). Mentoring has often been promoted as a cost-effective intervention for delinquency prevention, and has attracted substantial interest from policy makers and the criminal justice system (Tolan, Henry, Schoeny & Bass, 2008). In a review of the evidence for this, Tolan et al.'s (2008) meta-analysis examined 39 studies evaluating mentoring interventions for their effects on delinquency outcomes (e.g. arrest, self-report data) and associated outcomes (e.g. aggression, drug use, academic functioning). Similar to other meta-analyses on mentoring, the results were mixed and overall effect sizes were modest, at best. To capture all relevant data the review used broad inclusion criteria: Firstly, studies were drawn from both peer-reviewed and grey literature; and secondly, an intervention needed only target at-risk youth (defined as having one individual or environmental risk factor) using a sample containing a minimum of one juvenile offender. Therefore, there was considerable variability in the quality of the evidence and in the risk profiles of participating youth. In fact, surprisingly little is known about the impact of mentoring for higher-risk youth, including those engaging in, or at risk for, antisocial behaviour (Shlafer, Poehlmann, Coffino & Hanneman, 2009). In the UK this topic has received some

attention in the media, in narrative reviews (e.g. Philip, 2003; Roberts, Liabo, Lucas, DuBois & Sheldon, 2004), and in evaluation studies published in the grey literature (e.g. St James-Roberts, Greenlaw, Simon & Hurry, 2005; St James-Roberts & Samlal Singh, 2001; Tarling, Burrows & Clarke, 2001). These studies have generally not found youth mentoring to be cost-effective for delinquency prevention, although the findings are somewhat limited by a lack of methodological rigour.

Mentoring has been used as both a stand-alone intervention and as part of a multi-component programme to address the needs of antisocial youth. First generation approaches to delinquency prevention have typically focused on the individual within the juvenile justice system, usually at crisis point. However, recent advances within developmental psychopathology have highlighted the importance of early intervention. The “early starter” (Patterson, Reid & Dishion, 1992) or “life-course-persistent” (Moffitt, 1993) models propose that antisocial behaviour is relatively stable over time and that early age of onset is related to more serious and chronic offending. The pathway to antisocial behaviour is thought to be the result of a complex interaction between the child and surrounding family, peer and community contexts. Therefore, since the 1990s second generation approaches to delinquency prevention have developed long-term, comprehensive intervention models targeting young children presenting with conduct problems (e.g. Fast Track: CPPRG, 2007; The Early Risers Program: August, Realmuto, Hektner & Bloomquist, 2001). These models often use one-to-one mentoring in combination with other components such as parent training, teacher consultation, peer pairing and summer school programmes.

This review set out to examine how mentoring has been used to address the needs of higher-risk, antisocial youth, within the context of first and second

generation approaches to delinquency prevention. It had the following objectives: 1) To examine the effectiveness of youth mentoring programmes for young people either displaying antisocial behaviours or identified as having individual risk factors for antisocial behaviour; and 2) To assess the quality of the research.

Method

Inclusion and exclusion criteria

Studies needed to meet the following criteria:

1) *Intervention type.* Studies were required to evaluate a formal mentoring programme rather than informal or natural mentoring. This included one-to-one or group mentoring by adult volunteers or paraprofessionals receiving a small stipend, but not peer mentors or paid professionals. Studies in which mentoring was only a minor component of an integrative intervention were excluded, unless the impact of the mentoring component could be evaluated separately. Mentoring interventions that were explicitly psychotherapeutic (i.e. that included components of a psychological therapy) were also excluded.

2) *Participants.* The mentoring interventions under investigation needed to target youth who were displaying antisocial behaviours or had been identified as having individual risk factors for antisocial behaviour. Individual risk factors included evidence of oppositional defiant or conduct disorders, high scores on screening measures for aggression or externalising problems, attitudes or beliefs consistent with antisocial behaviour, truancy and school failure (Farrington, 2004). Studies of young people who only presented with ecological risk factors, such as residence in neighbourhoods with high levels of poverty or crime, were not included in the review.

3) *Research design*. Only quantitative studies were included in order to provide an indicator of change or impact. Studies were required to use a comparison group (randomised or non-randomised) or a prospective longitudinal design comparing data from two or more time points.

4) *Outcome measures*. Studies were required to use outcome measures of antisocial behaviour or precursors of antisocial behaviour, such as aggression or externalising problems. Studies only measuring outcomes that are associated with a risk of antisocial behaviour, such as substance use and academic achievement, were excluded.

Search Strategy

A comprehensive search of the literature was conducted for eligible studies. Studies were identified through a combination of database searches, citation searching, and reference lists of prior literature reviews and relevant papers.

A systematic search of three databases (PsycINFO, ERIC and Social Policy and Practice) was conducted to identify relevant studies from psychology, education and public policy literature. To identify studies evaluating mentoring programmes, initial scoping searches used various terms such as *befriending / buddy / role model*. However, these terms did not produce any new studies that had not already been captured by the term *mentor*, and were therefore not included in the final searches. Where possible, *mentor* was used as a thesaurus subject heading because the keyword *mentor** produced a large number of irrelevant studies, particularly within PsycINFO and ERIC. Trial searches also used terms such as *prevention / intervention / evaluation / outcome*. However, these terms eliminated several pertinent studies, so were not included in the final searches.

The final searches used the following terms as subject headings or keywords in all combinations:

Mentor*

AND

Antisocial behavio?r / conduct / delinquen* / externali* / aggressi* / behavio?r
problems / violen*

Truncated terms were used to allow for variations in English and American spelling as well as variations in keywords such as conduct problems and conduct disorder, delinquent and delinquency, aggressive behaviour and aggression, and violent behaviour and violence.

Results from PsycINFO and ERIC were limited to English language, peer-reviewed journal articles up until December 2011. For PsycINFO, an additional limit of 'Age Group' was applied in order to select studies using participants between 2 and 18 years old. None of these limits were available with the Social Policy and Practice database. Search results were then scanned by title and abstract to eliminate those that clearly did not meet inclusion criteria. Full articles were read for those that remained.

PsycINFO yielded a total of 66 results; 36 full articles were examined, and of these, 11 met the inclusion criteria. ERIC generated a total of 127 results; 44 full articles were examined and 7 met the inclusion criteria. Only one of these had not previously been identified by PsycINFO. Finally, Social Policy and Practice generated 73 results; 28 full articles were considered but none were eligible for the review. Two additional articles were identified from reference lists of relevant papers. A total number of 14 papers met the inclusion criteria for the review.

Examples of excluded studies

Several studies came close to meeting the inclusion criteria but were eventually excluded. Many intervention programmes did not fall within the traditional conceptualisation of youth mentoring. For example, a number of school-based programmes used same aged peers (e.g. Mathews, Fawcett & Sheldon, 2009), older children (e.g. Dellasega & Adamshick, 2005), teachers (e.g. Converse & Lignugaris/Kraft, 2009), or paid members of staff (e.g. Carswell, Hanlon, O'Grady, Watts & Pothong, 2009) as mentors. In some studies, the effects of mentoring could not be disentangled from a multi-component intervention (e.g. August et al., 2001; Nee & Ellis, 2005). Mentoring interventions that were explicitly psychotherapeutic were also excluded. For example, Jent and Niec (2009) evaluated a group mentoring programme within a community mental health setting that combined elements of Cognitive Behavioural Therapy with child-led activities.

Other studies did not meet the second criterion concerning the type of participants. For example, in a large scale evaluation of BBBSA school-based mentoring programmes only 12% of the sample had been involved in serious school infractions (e.g. fighting or suspensions). The study was not able to assess outcomes for this high-risk subgroup of youth. Other mentoring programmes were specifically designed to reduce aggression but did not target aggressive individuals, so therefore could not be included in the review. For example, the Mentors in Violence Prevention Model aimed to prevent domestic violence by influencing violence-related attitudes of high school students, as potential perpetrators, victims or bystanders (Katz, Heisterkamp & Fleming, 2011). In other cases, it was not clear whether participants had individual risk factors for antisocial behaviour. For example, Royse (1998) evaluated a mentoring project targeting high-risk African-

American adolescents. To be eligible for the project participants had to live in a female-headed, low income household and have “less than grade equivalency”.

A few studies did not meet the inclusion criteria due to research design or outcome measures. For example, Rose and Jones (2007) evaluated a community mentoring scheme for young people identified as having emotional and behavioural problems, and report using quantitative data from Local Authority and school records of attendance, exclusions and school sanctions at three time points; however, the authors only state that “improvements” were recorded with regard to attendance and school exclusions.

Quality assessment of studies

Methodological quality was assessed using a critical appraisal tool designed for randomised and non-randomised studies of public health interventions. The Quality Assessment Tool for Quantitative Studies was developed by the Effective Public Health Practice Project (<http://www.ehphp.ca/tools.html>), and has been recommended in the Cochrane Handbook for Systematic Reviews of Interventions (Higgins & Green, 2011). The tool provided a rating of strong, moderate or weak for the following study components: selection bias, study design, confounders, blinding, data collection methods, and withdrawal and drop-outs. The individual component ratings were then combined to produce an overall rating of strong, moderate or weak, using guidelines defined by Thomas, Ciliska, Dobbins and Micucci (2004). When guidelines were not clear, the author consulted with a second researcher and came to a consensus decision.

Results

Fourteen studies met the inclusion criteria for the review, details of which are summarised in Table 1. Ratings from the Quality Assessment Tool are shown in Table 2. Five studies used data from randomised controlled designs and the remaining nine studies used quasi-experimental or prospective longitudinal designs to evaluate pre-existing programmes. To assess changes in antisocial behaviour, 10 studies used standardised parent and/or teacher reported outcome measures; two studies used official delinquency data from police or school records; one study used a measure of youth self-reported delinquency; and one study used both official data and youth self-reported delinquency. Four studies collected additional qualitative information about participants' perspectives on the mentoring programme. Sample sizes ranged from 13 to 237, and participating youth were aged between 4 and 17 years old. In nine studies, the sample comprised a majority (60% or over) of boys. Four studies evaluated interventions targeting primary school aged children, whereas the remaining eight studies assessed programmes for adolescents or young people spanning a broad age range. All studies apart from two were North American.

The 14 studies are considered in three sections, reflecting chronological advances in the youth mentoring and antisocial behaviour literature, and the movement from first to second generation approaches to delinquency prevention since the 1970s. The first group includes studies assessing mentoring interventions for juvenile offenders; the second group includes studies assessing mentoring interventions for youth at risk for antisocial behaviour; and the third group consists of a more sophisticated set of studies that have not only looked at effectiveness but also possible moderators and mediators of change.

Table 1: Description of studies included in the review

Author, date	Study description	Sample size and characteristics	Design	Assessment points	Antisocial behaviour outcome measure(s)
Berger & Gold (1978)	Evaluation of three separate volunteer programmes within a juvenile court setting	196 juvenile offenders on probation	Random assignment to volunteer programme versus control group	Baseline, 2-4 months, 6 months, 12 months	Youth self-reported delinquency (frequency and seriousness of chargeable delinquent behaviour)
Blechman et al. (2000)	Evaluation of three widely used interventions for juvenile offenders: juvenile diversion (JD), JD plus skill training (ST), and JD plus mentoring (MEN).	237 youth between 10 and 18 years charged with non-violent misdemeanours or first arrest	Non-random assignment to JD, JD plus skill training or JD plus mentoring	Baseline plus min 2 years	Official delinquency data from police records (recidivism rates and time to first re-arrest)
Caldarella et al. (2009)	5-month school-based mentoring intervention	16 teacher-identified primary school children at risk for emotional and behavioural disorders	Prospective longitudinal	Pre and post	a) School Social Behavior Scale (teacher) b) Home and Community Social Behavior Scale (parent)

Cavell and Hughes (2000)	Comparison of two 16-month mentoring interventions for aggressive children: PrimeTime: intensive, multi-component intervention Standard Mentoring: minimally trained, unsupervised mentors	62 children from grades 2 and 3, identified by teachers based on a description of an aggressive child. Inclusion criteria: CBCL score >70/ score 2 SD above classroom mean on peer nominated aggression/ score >60 AND score above mean	Randomised assignment to PrimeTime or Standard Mentoring	Baseline, post-treatment and 1 year follow up	Child Behavior Checklist
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Cavell et al. (2009)	Investigation of the degree to which relationship quality predicts outcomes for aggressive children in two mentoring programmes: PrimeTime: intensive, multi-component intervention Lunch Buddy: minimally trained, unsupervised mentors	145 children in grades 2 and 3 (For inclusion criteria see Cavell & Hughes, 2000)	Randomised assignment to PrimeTime versus Lunch Buddy	Baseline, post-treatment, 1 year follow up, 2 year follow up	Child Behavior Checklist
Cheng et al. (2008)	Evaluation of a community-based mentoring intervention designed to reduce re-injury and reactive perpetration. Child-mentor dyads attended 6 violence prevention sessions and parents received 3 home visits.	116 families including youth aged 10-15 years, presenting to 2 US emergency departments with peer assault injuries	Random assignment to intervention (n = 87) or control group (n = 79)	Baseline, 6 months	a) Attitude about Interpersonal Violence Scale b) Perception of Environmental Violence Scale c) Conflict avoidance self-efficacy d) Child Behavior Checklist e) Various youth self-reported delinquency measures

Davidson et al. (1987)	Evaluation of four 18-week mentoring interventions using volunteer undergraduate students. Compared with attention-placebo control group and treatment as usual control group.	213 juvenile offenders referred from juvenile court	Random assignment to treatment or control groups	Baseline, 6 weeks, 12 weeks, 18 weeks, 1 year follow up, 2 year follow up	a) 29-item self-report delinquency measure b) Official delinquency data from police records
Hughes et al. (2005)	Investigation into the moderating role of school adversity on the effectiveness of PrimeTime compared to Lunch Buddy (see Cavell et al., 2009)	86 children in grades 2 and 3 (61% of original randomly assigned sample) who remained in the school for both years of intervention (For further inclusion criteria see Cavell & Hughes, 2000)	PrimeTime versus Lunch Buddy	Baseline, post-treatment, 1 year follow up	Child Behavior Checklist
Jackson (2002)	Evaluation of an intensive 12-month mentoring intervention	13 children (mean age 12.5 years) with a history of school conduct problems	Prospective longitudinal	Baseline, 4 months, 8 months, 12 months	Behavior Assessment System for Children (parents and teachers)

Jent and Niec (2006)	Investigation into the mediating role of parenting factors on the effectiveness of a mentoring programme in community mental health setting.	60 young people aged 8-12 years diagnosed with Axis I disorder	Non random assignment to intervention group versus matched waiting list controls	Cross sectional	Behavior Assessment System for Children (BASC)
Keating et al. (2002)	Evaluation of a 6-month intensive community mentoring intervention designed to prevent the onset of delinquency and mental illness.	68 young people aged 10-17 years with behavioural and emotional problems	Intervention group versus matched waiting list controls	Baseline, 6 months	a) Child Behavior Checklist b) Self-Report Delinquency Scale
Milne et al. (2002)	Evaluation of a 6-month truancy intervention programme. Mentoring was an optional component.	66 young people referred for truancy behaviour, 31 of which received additional one-to-one mentoring support.	Prospective longitudinal	Pre and post	a) Frequency of truanting b) Youth Self Report

Rollin et al. (2003)	Evaluation of a school and community-based violence prevention programme matching youth with mentors in an employment setting.	8 th grade students (aged 13 to 14 years) from three middle schools with a history of antisocial behaviour or disciplinary problems	Non random assignment to intervention group versus matched waiting list controls	Baseline, 1 year	Data collected by school administrative staff (number of unexcused absences, in-school suspensions, out-of-school suspensions, infractions committed on school property)
Shlafer et al. (2009)	Evaluation of BBBS programme for children with incarcerated parents	57 children with an incarcerated parent aged between 4 and 16 years	Prospective longitudinal	Baseline and 6 months	Child Behavior Checklist

Table 2: Quality assessment ratings of included studies using the EPHPP Quality Assessment Tool for Quantitative Studies

Study	Selection Bias	Study Design	Confounders	Blinding	Data collection methods	Withdrawal and drop-outs	Overall rating
Berger & Gold (1978)	Moderate	Strong	Weak	Moderate	Weak	Weak	Weak
Blechman et al. (2000)	Moderate	Moderate	Strong	Moderate	Strong	Strong	Moderate
Calderella et al. (2009)	Moderate	Moderate	Weak	Weak	Strong	Strong	Weak
Cavell & Hughes (2000)	Strong	Strong	Strong	Moderate	Strong	Strong	Strong
Cavell et al. (2009)	Strong	Strong	Strong	Moderate	Strong	Strong	Strong
Cheng et al. (2008)	Moderate	Strong	Strong	Strong	Strong	Moderate	Strong
Davidson et al. (1987)	Strong	Strong	Strong	Strong	Strong	Strong	Strong
Hughes et al. (2005)	Moderate	Strong	Strong	Moderate	Strong	Strong	Strong
Jackson (2002)	Moderate	Moderate	Weak	Moderate	Strong	Strong	Moderate
Jent & Niec (2006)	Moderate	Moderate	Strong	Moderate	Strong	Not applicable	Moderate
Keating et al. (2002)	Moderate	Moderate	Moderate	Moderate	Strong	Strong	Moderate
Milne et al. (2002)	Moderate	Moderate	Weak	Moderate	Strong	Strong	Moderate
Rollin et al. (2003)	Moderate	Moderate	Weak	Moderate	Moderate	Strong	Moderate
Schlafer et al. (2009)	Moderate	Moderate	Moderate	Moderate	Strong	Moderate	Moderate

Interventions for juvenile offenders

Three studies evaluated mentoring interventions for juvenile offenders. The first two studies (Berger & Gold, 1978; Blechman, Maurice, Buecker & Helberg, 2000) do not provide any evidence for the effectiveness of mentoring, although their designs and standard of reporting do not allow firm conclusions to be drawn. However, some promising evidence comes from the well-designed, randomised study by Davidson, Redner, Blakely, Mitchell and Emshoff (1987).

Berger and Gold (1978) assessed three separate volunteer programmes run by a juvenile court: a volunteer probation officer (VPO) programme, a tutoring programme and group counselling. The VPO programme matched adult community volunteers with young offenders in a one-to-one mentoring relationship, tutoring focused on academic issues, and group counselling involved discussions about common problems. At referral, 196 probationers were either randomly assigned to a volunteer programme or to the control group. All participants received court services as usual.

To determine the effectiveness of the volunteer programmes in reducing delinquency, Berger and Gold (1978) assessed changes in youth self-report measures of delinquency at four time points over a 12 month period. The results indicated that all three programmes had a negligible effect on reducing antisocial behaviour. The authors attributed this null finding to the involuntary and coercive nature of the court-led programme; they suggested that volunteer programmes would be more effectively implemented within a community setting outside of the juvenile justice system.

However, no firm conclusions can be drawn from this study due to a number of significant limitations, as reflected in the overall weak rating given in Table 2.

Firstly, only a brief description of the intervention and method was provided in the paper. Other important limitations included unequal group sizes, non-equivalence of groups, high attrition, and a reliance on youth self-report measures of delinquency. The study reported using official delinquency measures (i.e. police and court records) but this data was not presented. Furthermore, probationers were able to participate in more than one type of volunteer programme, which may have confounded the results.

In a second study, Blechman et al. (2000) set out to compare the effectiveness of three interventions widely used in the United States to prevent recidivism among juvenile offenders: juvenile diversion (JD), JD plus skill training (ST), and JD plus mentoring (MEN). At intake, 237 youth were non-randomly assigned by the juvenile justice system to one of the three intervention groups. The JD group consisted of 137 youth who participated in a variety of standard activities, such as writing apology letters or community service. Fifty-five participants in the ST group attended four additional classes on anger management, personal responsibility and decision making, and 45 participants in the MEN group were matched with an adult volunteer mentor in the community. The study examined the impact of the interventions on recidivism at least two years after the intake arrest.

Interestingly, Blechman et al. (2000) showed that the three intervention groups differed significantly on demographics, intake arrest charges, and psychological status. They used a propensity analysis method to demonstrate that juvenile justice decisions about group assignment were primarily influenced by gender and ethnicity; minority youths were often assigned to mentoring, whereas females and white youths were typically assigned to skill training. Furthermore, compared to the JD and ST groups, participants allocated to mentoring had less

favourable scores at intake (higher externalising and internalising scores, reduced coping, younger age at first arrest), indicating that the risk for future recidivism would be highest in this group. The investigators therefore used propensity score blocking to control for these pre-treatment differences and eliminate potential threats to internal validity. After adjustment, the ST intervention was found to be the most effective in reducing recidivism; 37% of the ST group were re-arrested 2 years after intake, compared to 51% in the MEN condition and 46% in the JD condition. ST also delayed the timing of the first re-arrest by 767 days, in comparison to 638 and 619 days in the MEN and JD groups, respectively.

Considering that the average recidivism rate for juvenile offenders in the United States is approximately 50% (Blechman et al., 2000), this study does not provide promising evidence for youth mentoring. However, it should be noted that the study did not describe the nature, quality or duration of the mentoring programme and gave no indication of whether best practices were being followed. While the authors questioned the clinical appropriateness of mentoring for high-risk youth, they also speculated that logistical problems may have prevented a fair evaluation of the mentoring programme, particularly when compared with a tightly controlled intervention such as skill training. These results therefore highlighted the need for further randomised experimental designs.

In an ambitious study, Davidson et al. (1987) assessed the efficacy of four different types of mentoring interventions for 213 juvenile offenders. All treatment conditions were structured in a similar way. Juvenile offenders were matched with a volunteer undergraduate student in a one-to-one mentoring relationship, meeting for 6 to 8 hours per week within a community setting. Eight weeks of volunteer training preceded 18 weeks of supervised intervention. However, there were important

theoretical differences in the content of training and supervision across the four conditions. *Action condition (AC)* used techniques of behavioural contracting and child advocacy, derived from the principles of social learning theory and differential-opportunity theory. Volunteers received 2 hours of weekly supervision from psychology graduates, who were in turn supervised by the principal investigators. *Action condition-family focus (ACFF)* was similar to the action condition with an additional emphasis on family relationships as determinants of delinquency (Patterson, 1971). *Action condition-court setting (ACCS)* differed from the other action model conditions by using juvenile justice staff rather than psychology graduates as supervisors. This condition was included in order to compare the impact of community versus court setting on delinquency outcomes. Finally, the *Relationship condition (RC)* was based on interpersonal theory with a focus on the development of empathy, unconditional positive regard and genuineness (Rogers, 1957). These four interventions were contrasted with an *Attention-placebo control (APC)* group and a treatment as-usual control group. The APC condition was intentionally atheoretical; it attempted to control for the effects of non-specific attention, by providing minimal training and supervision and relying on the volunteers' natural helping skills.

Davidson et al. (1987) administered a self-report delinquency measure at multiple time points, as well as collecting official delinquency data from police records. Curiously, self-report data failed to show any effects. However, analysis of official delinquency data at 2-year follow up showed that the conditions with specific treatment models (AC, ACFF and RC) were the most effective in reducing recidivism rates, closely followed by the APC group. The ACCS and the control group were the least effective. The results seemed to suggest that one-to-one

mentoring can have a beneficial impact on juvenile offending, particularly when implemented outside of the court system. Intriguingly, theoretical content did not seem to have a differential impact on outcome as the AC, ACFF and RC models were equally effective. The authors speculated that this may be due to fundamental similarities across treatments, such as the focus on positive rather than pathological processes and social support from a caring adult.

While there were some limitations (e.g. unequal group sizes), this was generally a robust, well-designed evaluation. A major strength of the study was that it also examined the integrity of intervention conditions by testing volunteers' theoretical content knowledge at the end of training and at case termination. It appeared that the interventions were implemented as intended, and that all groups intervened with similar levels of intensity. Importantly however, Davidson et al. (1987) pointed out that the experimental treatments were based on intensive, manualised models of intervention, which are not typically used in routine clinical practice. Therefore the results from this study may not generalise to existing treatments within the juvenile justice system.

Interventions for youth deemed at risk for juvenile delinquency

Six studies fell into this broad category of mentoring interventions targeting at-risk children and adolescents. The first three studies evaluated interventions based on a more traditional conceptualisation of mentoring, whereas the following three examined alternative models. There was considerable variability in the type of participants and the nature, duration and intensity of the mentoring programmes under evaluation. All studies but one (Milne, Chalmers, Waldie, Darling & Poulton, 2002) provided some evidence for the effectiveness of mentoring. While there are important limitations to consider in each study, the overall standard of reporting was

good as the majority gave a thorough description of the intervention and research methodology used.

Keating et al. (2002) examined the impact of a 6-month community mentoring programme designed to prevent the onset of delinquency or mental illness. Participants were referred to the programme by a concerned professional or agency. At baseline, they were all rated by parents and teachers as being in the clinical range for both internalising and externalising behaviours but had not been involved in any serious delinquent activity. In the intervention group, 34 youth were paired with mentors based on gender, ethnicity, age, geographical location and common interests. The non-intervention group consisted of 34 wait-list controls, matched as closely as possible on gender, ethnicity and age. Mentors included both volunteers from the community (“community matches”) and local university students (“university matches”); community matches lasted a minimum of 1 year, while university matches lasted a minimum of 6 months. In addition to weekly one-to-one mentoring in the community, mentors and mentees were expected to participate in additional group activities and attend monthly seminars on subjects such as drug and alcohol abuse and school problems.

After being in a mentoring relationship for 6 months, there was a significant reduction in parent and teacher rated internalising and externalising behaviours for the intervention group but not the control group. In contrast, youth self-reports on delinquency, self-concept and hopelessness were in the non-clinical range, both before and after mentoring. Keating et al. (2002) speculated that either the young people did not see themselves as at-risk or they were not honest about their feelings and behaviours. This highlights the importance of using multiple informants, and once again raises questions about the validity of youth self-reports.

While this study seemed to provide good preliminary evidence for mentoring interventions targeting at-risk youth, the results must be interpreted cautiously. As the study did not use random assignment, there were some potentially important differences between the intervention and control group (e.g. baseline levels of self-reported delinquency, additional services received outside of the mentoring programme) that may have influenced the results. Furthermore, it is possible that there were pertinent differences between matches involving community versus university mentors. However, Keating et al. (2002) did not provide any information about mentor characteristics. Follow-up data would have also been useful to determine whether behavioural improvements were maintained once the mentoring relationship had ended.

Jackson (2002) evaluated an intensive mentoring intervention for children with a history of school conduct problems who were all at risk for suspension or expulsion. Thirteen participants were randomly selected from a list of 29 at-risk students from several junior high schools. They had a mean number of 7.5 school infractions prior to participating in the programme. Mentees spent 15 to 20 hours per week with their undergraduate student mentors, either at school or in the community. As part of an official university course, mentors received extensive teaching on child development and psychopathology as well as weekly group supervision led by a clinical psychologist.

Parents and teachers assessed behaviour change at four intervals over a 12-month intervention period. The results showed that parent rated internalising and externalising problems significantly decreased from Time 1 to Time 4. There was also a significant reduction in conduct, aggression and attention subscale scores. The use of multiple assessment points provided a more realistic view of behaviour

change, as gains were not made in a linear fashion over time. However, no significant changes were found for teacher reports, which was surprising given that only one mentee continued to have a regular discipline problem at school and the remaining 12 mentees had a mean number of 1.5 school infractions at the end of the programme. Jackson (2002) suggested that the children may have experienced a “negative halo effect” in that the teachers continued to perceive them in an unfavourable light.

A particular strength of this study was the inclusion of outcomes beyond traditional behavioural measures. Jackson (2002) also assessed adaptive functioning (leadership, social skills and study skills), the mentoring relationship and satisfaction. Unfortunately, no significant improvements were found in adaptive behaviour, but quantitative and qualitative reports from mentors were generally very positive about the programme. Overall, the findings from this study seem to suggest that such an intensive, long-term mentoring relationship may help to reduce maladaptive behaviour, but may not necessarily be sufficient to promote prosocial behaviours. However, some important limitations, such as the lack of a control group and the small number of participants, undermine the strength of these findings.

Caldarella, Adams, Valentine and Young (2009) evaluated the effectiveness of a 5-month school-based mentoring programme for 16 primary school children at risk for emotional and behavioural disorders (EBD). Eligible children were initially identified using a valid and reliable screening tool; from these, final participants were then selected by school staff based on students’ need and mentor characteristics. Higher risk children were matched with more experienced volunteers. Mentors ranged in age from 20 to 80 years and were mostly recruited from the local university or retirement community. They were required to meet with their mentee on a weekly

basis in order to develop a trusting relationship and help them set academic or personal goals. Mentors received basic training and bimonthly support meetings with a mentoring coordinator based at the school. At post-treatment, the study reported a significant decrease in antisocial behaviours and a significant increase in social competence. Effect sizes for teacher ratings were larger than for parent ratings.

However, the reduced statistical power resulting from the small sample size represents a significant limitation. The integrity of the intervention was also questionable, as Calderella et al. (2009) noticed considerable variability in the quantity and quality of mentoring delivered. Specifically, undergraduate mentors were observed to be less committed to the programme than older mentors. However, potential confounders (e.g. child and mentor characteristics, frequency of contact) were not included in the analyses, and without a control group internal validity could not be established. In feedback surveys, the majority of children, mentors, parents and teachers valued the experience but there was less indication of any observable behaviour change.

Milne et al. (2002) assessed the effectiveness of a multi-modal truancy intervention programme in New Zealand. Young people were referred to the programme from multiple sources (e.g. parents, school, juvenile justice system) for urgent reintegration into school. To address the educational, health, social and recreational needs of each young person, an “individualised management plan” was formulated and monitored by a supervising caseworker. Of the 66 participants in the study, 31 received additional one-to-one mentoring support. These young people were considered to be the highest-risk individuals presenting with at least three significant difficulties, including criminal behaviour, educational deficits, addictive behaviour and dysfunctional family life. Mentors met with mentees regularly and

were involved in the process of monitoring and revising individualised management plans.

Analyses of the full sample showed overall improvements in truanting, depression, delinquency and aggression over the 6 months, with the proportion of young people persistently truanting reducing from 82% to 37%. However, no effect was found for mentor assignment; mentored youth did not fare better or worse than non-mentored youth in terms of truancy or problem behaviours. Milne et al. (2002) recognised that the study design did not permit a fair evaluation of mentoring as there were significant pre-existing differences between mentored and non-mentored youth. The young people selected for mentoring presented with more difficulties, so therefore may have required the extra support to achieve the same level of improvement as non-mentored youth. Furthermore, as the programme intervened at the level of the individual, family or school, it is impossible to know which aspects were the most effective in reducing truancy and behaviour problems. While individualised, multi-level interventions may make good sense clinically, they do not lend themselves well to rigorous evaluation procedures.

Rollin, Kaiser-Ulrey, Potts and Creason (2003) examined the effectiveness of a violence prevention programme for at-risk young adolescents selected from three different middle schools. Participating youth presented with at least one of the following risk factors: involvement with the juvenile justice system, history of fighting or disciplinary problems at school, high absenteeism or over-age in grade. Founded on behavioural principles and Social Cognitive Career Theory (Lent, Brown & Hackett, 1996) the intervention placed youth in voluntary year-long internships with community mentors. Students were required to pass a three-week orientation (i.e. demonstrate prosocial behaviours, keep attendance) in order to be accepted into

the programme. If they failed they were replaced by another student from the waiting list. Youth were expected to participate in the programme for 2 hours daily, 4 times a week under the constant supervision of their mentor. They received course credits for participation and a small stipend every fortnight based on their performance. Each school designated a part-time teacher to implement and monitor the programme, with the help of an independent consultant.

To evaluate the impact of the intervention, the study used data routinely collected by school administration staff. Outcome variables represented proximal indicators that have been linked to violence, including unexcused absences, the number of in-school and out-of-school suspensions, and the number of infractions committed on school property. Overall, the results indicated a modest reduction in most of these variables for mentored youth compared to controls. Unfortunately, analyses had to be split by school due to significant differences in community demographics and teacher characteristics. As a result, small sample sizes reduced the study's statistical power. There were also a number of other significant limitations, including non-random selection of participants, missing data and variability in programme implementation practices. For example, one school chose to periodically rotate students to different internship sites, which may have affected the quality of the mentoring relationship and potentially confounded the results. Rollin et al. (2003) also recognised that the study would have benefited from using additional youth, mentor and teacher reports to verify the reliability of their outcome measures.

Using a randomised controlled design, Cheng, Haynie, Brenner, Wright, Chung and Simons-Morton (2008) evaluated the impact of a mentor-implemented violence prevention programme designed to reduce the risk of re-injury and reactive perpetration among young people presenting to emergency departments of two urban

hospitals. The intervention was developed using social-cognitive theory and national best practice guidelines for youth violence prevention programmes. Mentors had a history of working with young people and received extensive training and supervision. During the 6-month intervention period, mentors and mentees completed a 6-session violence prevention curriculum, which included interactive sessions on conflict management, problem solving, weapon safety and goal-setting. Parents were also offered 3 home visits from a health educator. Of the 166 families enrolled in the programme, 87 were assigned to the intervention group and 79 to the comparison group. Participants in both groups received basic case management and referrals were made to alternative services, such as mental health, addiction and educational programmes, as requested by the family.

There were significant trends towards differences between the intervention and comparison groups on measures of youth-reported aggression, misdemeanour activities (damage to property and stealing) and self-efficacy at 6 months. No differences were found for youth reports of fighting or carrying weapons, parent reported aggression, social competence or attitudes. However, Cheng et al. (2008) pointed out that control group participants received services that extended beyond usual care within US emergency departments. The study also used intent to treat analysis as all families were included at follow up, regardless of whether they completed or even started the intervention. Both of these factors may have reduced the overall impact of the programme. Further analyses showed that programme impact was associated with the number of sessions received; greater improvements were found for the “high-adherence group” (those who received the full intervention) compared to the “low-adherence group” (those who did not complete the intervention). While the study was not able to assess which aspects of the

intervention were the most effective, programme staff members thought that the mentoring relationship was the most powerful component, and satisfaction data revealed positive reports from youth and parents.

Interventions assessing moderators and mediators of change

Five studies not only evaluated the effectiveness of a mentoring intervention for at-risk youth, but also examined possible mechanisms of change based on psychological theory. While these studies produced mixed evidence for the impact of mentoring, their sophisticated designs provided valuable insight into the circumstances in which mentoring may be more or less effective.

The mentoring literature has suggested that parent-child interactions may mediate the relationship between mentoring and youth outcomes (e.g. Grossman & Tierney, 1998; Rhodes, Reddy & Grossman, 2005). However, few studies have directly tested this. In an original study, Jent and Niec (2006) explored the mediating role of three parenting factors (parent stress, parent perceived social support, and parent-child relationship quality) within the context of a mentoring programme for a mental health population. Participants included 60 children aged between 8 and 12 years diagnosed with an Axis I disorder (35% Attention Deficit Hyperactivity Disorders, 25% Other Disruptive Behaviour Disorders, 17% Mood Disorders, 15% Anxiety Disorders, 8% Adjustment Disorders). Mentors were paraprofessionals working for a rural community mental health centre and were mostly undergraduates students. Mentoring entailed 8 hours of training in behavioural principles and weekly recreational, goal-focused visits with youth. At the end of each visit, mentors briefly discussed the visit with parents and reviewed goal progress. At the time of participation in the study, the mean enrolment time was 75 weeks for participants in the mentoring intervention and 15 weeks for wait list controls.

As predicted, mentored youth had significantly fewer externalising and internalising behaviour problems than wait-list controls, whose scores remained in the clinical range. Caregivers of mentored youth also reported more favourable outcomes on all parenting factors. These effects were significant after controlling for the impact of additional services (e.g. psychiatric services, individual therapy, family therapy) and enrolment time. Only parenting stress was found to mediate the relationship between mentoring and children's externalising behaviour problems. In other words, the results suggested that mentoring may have helped to reduce parent stress, which in turn alleviated children's behaviour problems. Jent and Niec (2006) pointed out that while other treatments, such as behavioural parent training, may reduce parent stress in a shorter time period, mentoring may be a good alternative for families who are unwilling to participate in treatment.

Shlafer, et al. (2009) investigated the impact of a BBBSA mentoring programme targeting children aged 4 to 16 with incarcerated parents, a vulnerable group considered to be at high-risk for developing behaviour problems (Murray & Farrington, 2005). Participants included 57 pairs of mentors and mentees, who were expected to meet for at least one hour per week. Unfortunately, post-treatment data were only available for two thirds of matches due to a high rate of match termination within the 6-month intervention period. Difficulties with data collection also resulted in a substantial amount of missing data, particularly on behavioural outcome measures. Therefore the results must be interpreted with appropriate caution.

Overall analyses revealed no changes in behavioural outcomes, although children who met with their mentors more frequently exhibited significantly fewer internalising and externalising symptoms at 6 months, even after controlling for initial symptoms and socio-demographic risks. In addition to frequency of contact,

Shlafer et al. (2009) also looked at other possible moderating and mediating variables, such as the child's pre-existing attachment status and the quality of the mentoring relationship, but no significant effects emerged. However, one interesting finding was that matches were less likely to terminate if children's families experienced more cumulative risk factors. The investigators speculated that these families may have elicited a greater level of commitment from mentors, or that programme staff may have selected the most experienced and competent mentors to work with the highest-risk children.

The main value of this study was in the additional use of monthly semi-structured interviews to explore the development of the mentoring relationship and the reasons for match termination; mixed methods studies are typically rare in the mentoring literature. Qualitative data highlighted the challenges associated with mentoring for this particular high-risk group of children. Common reasons for early match termination included scheduling difficulties, family problems and transitions, mentors' underestimation of the commitment required, and match incompatibility. Based on these findings, Shlafer et al. (2009) emphasised the importance of implementing established best practices, such as parental involvement, ongoing training and choosing mentors who have a background in a helping role (DuBois et al., 2002).

A series of three well-designed studies used data from two randomised clinical trials to evaluate the effectiveness of "PrimeTime", a multi-component intervention for aggressive primary school children (Cavell & Hughes, 2000; Hughes, Cavell, Meehan, Zhang & Collie, 2005; Cavell, Elledge, Malcolm, Faith & Hughes, 2009). The intervention combined intensive one-to-one community mentoring with problem-solving skills training (PSST) for children and consultation

for parents and teachers. All three studies compared PrimeTime with a stand-alone mentoring programme, which was designed as a control condition with little anticipated impact on children's functioning. PrimeTime mentors were extensively trained and supervised; control group mentors were minimally trained and monitored. Mentors in both intervention and control groups were psychology undergraduate students, who were matched with teacher-identified aggressive children for 16 months. All mentors received course credits for completing the programme in order to control for the duration of the relationship, which has been shown to be an important predictor of outcomes in youth mentoring (Grossman & Rhodes, 2002). The first study by Cavell and Hughes (2000) assessed the effectiveness of PrimeTime using data from the first randomised trial. The subsequent two studies focused on specific moderators and mediators of change using data from the second trial.

Cavell and Hughes (2000) compared the effectiveness of PrimeTime with "Standard Mentoring", a community-based programme. Contrary to expectations, both interventions led to overall improvements in behaviour and a significant decline in aggression at post-treatment and one-year follow up. It seemed that Standard Mentoring was not simply an inert control as intended, but in fact an active comparison treatment. Unfortunately, without a no-treatment control group internal validity could not be established. The authors acknowledged that the positive changes in outcome measures may have been due to other uncontrolled factors, such as regression to the mean, children's maturation or historical events. Furthermore, teachers at post-treatment were not blind to treatment condition so may have been more likely to perceive improvements in behaviour.

The study also produced a mixed, and at times contradictory, pattern of results. For example, at post-treatment children in the PrimeTime condition were more likely to endorse the positive consequences of aggression than children in the Standard Mentoring condition, even when controlling for pre-treatment aggression and beliefs. Conversely, PrimeTime children were less inclined to make hostile attributions. The authors speculated that this mixed pattern of gains and losses may have been due to implementation difficulties with PSST. However, the study design did not allow the impact of the separate intervention components to be analysed.

The findings also provided preliminary evidence for important mediators (social cognitions, quality of relationship) and moderators (childhood narcissism, parental history of maternal rejection) of treatment outcome. Of particular interest, the investigators found that PrimeTime was more beneficial for children with high scores on narcissism and parental history of rejection. In contrast, Standard Mentoring was more effective for children with low scores on these variables.

Hughes et al. (2005) set out to examine the moderating role of school adversity on the effectiveness of PrimeTime compared to “Lunch Buddy”. As a replacement for Standard Mentoring, the Lunch Buddy programme was designed to further dilute the strength of the mentor-mentee relationship; visits took place in the school canteen and a different mentor was assigned each semester. Yet once again, contrary to expectations, initial outcome analyses (reported in an unpublished report by Hughes, Cavell and Meehan, 2001) found no differences between the two interventions on measures of aggression, achievement or peer acceptance at post-treatment. Based on previous prevention research into the moderating role of school context and peer ecology (e.g. CPPRG, 2002), Hughes et al. (2005) hypothesised that PrimeTime would be more effective than Lunch Buddy in low-adversity schools,

whereas Lunch Buddy would be more effective than PrimeTime in high-adversity schools. The results did indeed support their hypothesis.

The authors suggested that this effect may have been due to difficulties with implementing PrimeTime in a high-adversity setting, in which there are multiple stressors, increased demands on teachers, and greater peer reinforcement for aggressive behaviour. Using information from mentors' log books, they also speculated that the Lunch Buddy programme may have reduced aggressive behaviour by directly influencing the immediate peer ecology. This provides an alternative to the traditional assumption that a close, lasting relationship is an essential ingredient for successful youth mentoring. Unfortunately, the study did not use any measures to formally test differential mechanisms of change in the two interventions.

More recently, Cavell et al. (2009) tested the assumption that relationship quality is an important predictor of outcomes for aggressive children. The study extended the preliminary findings from Cavell and Hughes (2000) by including a larger sample, a longer follow up period, and more frequent ratings of relationship quality. Relationship quality was assessed using measures of both support and conflict.

As expected, PrimeTime children rated their mentoring relationships as more supportive than Lunch Buddy children. PrimeTime children's perceptions of relationship quality were more consistent with mentor views, and they were also more likely to report feeling supported in the presence of conflict. Furthermore, relationship quality predicted parent-rated externalising outcomes, but only for PrimeTime children. However, in spite of these differences in relationship variables across conditions, both interventions produced comparable benefits for aggressive

children. This study seemed to provide further evidence that mentoring interventions can effect behaviour change through mechanisms other than a close, lasting mentoring relationship. The authors acknowledge the main limitation of the study. As Lunch Buddy was originally designed to have little impact on children's behaviour, relationship quality was not randomly assigned and the findings were therefore correlational and post hoc.

Discussion

Overall, the 14 studies included in this review provide limited but promising evidence that mentoring is beneficial for young people engaging in, or at risk for, antisocial behaviour. Ten studies reported some positive changes in the behaviour of mentored youth; four of these found that improvements were maintained at follow up. Four studies found no difference in behavioural outcomes between mentored and non-mentored youth; no studies showed any evidence of negative effects.

Although none of the studies present definitive evidence for the benefits of mentoring for antisocial youth, some do provide insight into the circumstances in which it may be more or less effective. For example, community interventions located outside of the juvenile justice system (Davidson et al., 1987), higher levels of participation (Cheng et al., 2008; Shlafer et al., 2009) and higher relationship quality (Cavell et al., 2009) were all associated with positive outcomes. The strongest evidence came from five studies using data from randomised controlled trials, which evaluated interventions based on manualised, theoretically-driven treatment models. These studies all provided mentors with ongoing training, supervision and incentives for participation such as a small stipend or university course credits. While the impact of these procedures was not directly measured, it seems likely that they would

have enhanced the effectiveness of mentoring. Some interesting findings also emerged regarding the role of environmental context. For example, Shlafer et al. (2009) found that matches involving children from higher-risk families were less likely to terminate prematurely, possibly due to an increased level of commitment from programme staff and mentors. Furthermore, Hughes et al. (2005) showed that different types of mentoring intervention may be more or less effective depending on the level of school adversity.

The findings do not lend support to any one theoretical model. Davidson et al. (1987) found three theoretically distinct mentoring interventions to be equally effective in reducing recidivism. Somewhat surprisingly, there was no evidence to suggest that mentoring may be more effective as part of an intensive multi-component programme rather than as a stand-alone intervention (Cavell & Hughes, 2000; Cavell et al., 2009; Hughes et al., 2005). However, it should be noted that even traditional mentoring programmes included additional components, such as parental involvement or educational groups, which may have also influenced the overall outcome.

Methodological Issues

It is difficult to draw any firm conclusions from the evidence presented in this review given the small number of included studies and their heterogeneous nature. There was considerable variation in the type of mentoring approach, the duration and intensity of the intervention, and the age and characteristics of participants. Some interventions were pre-existing programmes whereas others were designed and implemented by a well-resourced, independent research team.

Mentoring research has often been criticised for its lack of methodological rigour, and the limitations commonly cited in the wider literature (DuBois et al.,

2011) were also identified in this review. For example, some studies were constrained by inadequate reporting (e.g. Berger & Gold, 1978), non-random assignment (e.g. Jent & Niec, 2006), small sample sizes (e.g. Jackson, 2002) and narrow outcome measures (e.g. Rollin et al., 2003). However, the majority reported an awareness of these limitations and tried to avoid common pitfalls where possible. Overall, the quality of evidence was good; methodological quality ratings using the EPHP tool indicated five strong, seven moderate and two weak studies. All studies used samples that were either somewhat or very likely to be representative of the target population. Most studies provided a reasonably detailed description of the intervention and the research design, and many administered standardised outcome measures to multiple informants and controlled for at least some relevant confounders in their analysis.

The findings from this review highlight the challenges commonly faced in practice based research and the inevitable conflict that arises between good clinical practice and high quality evaluation. Firstly, the studies that evaluated pre-existing treatment programmes were often under-resourced and encountered difficulties with data collection and retention of participants (e.g. Schlafer et al., 2009). Secondly, several programmes followed best practice guidelines, which precluded the use of a randomised experimental design. For example, pairs of mentors and mentees were matched according to criteria such as gender, ethnicity and shared interests (e.g. Keating et al., 2002). Some studies also reported that the highest-risk youth were more likely to be selected for mentoring (e.g. Blechman et al., 2000; Milne et al., 2002) or that highest-risk mentees were more likely to be matched with more experienced mentors (e.g. Calderella et al., 2009). While this may make good sense clinically, it introduces a considerable degree of selection bias into the study design.

Thirdly, several studies did not have ethical approval to use a no-treatment control group, usually due to concerns raised by the hosting school or organisation (e.g. Calderella et al., 2009); therefore, they used a simple one group pre-post design (e.g. Cavell & Hughes, 2000). However, it is perhaps especially important to use no-treatment controls in research involving high-risk youth. Given the chronic and severe trajectory of antisocial behaviour in childhood, even small improvements in outcome measures may be clinically significant.

Another important issue is measurement. Studies that used multiple informants often reported uneven gains in youth, parent and teacher rated outcomes, and there was no identifiable pattern of results across studies. There was also considerable variety in the measures used and in the timing and frequency of assessment points. While most studies assessed pre-post change, some administered outcome measures to participants before the intervention had finished (e.g. Jent & Niec, 2006; Keating et al., 2002). Timing is likely to have a significant effect on the results. As an example of this, Jackson's (2002) study found the course of behaviour change to be non-linear. In order to obtain the most accurate picture of behaviour change, studies should ideally administer outcome measures to multiple informants at multiple assessment points, both during and after the intervention period. Of course, such rigorous data collection procedures are costly, time-consuming and exceed the capabilities of most community mentoring programmes.

The aforementioned issues present significant challenges to researchers in the mentoring field. Intervention studies implemented by well-funded research institutions have usually been able to overcome most of these challenges through the use of randomised controlled trials. However, while they may provide the best quality evidence, the results may not easily generalise to routine practice.

Strengths and limitations of this review

This review set out to examine how mentoring has been used to address the needs of high-risk, antisocial youth. Using relatively strict inclusion and exclusion criteria, a small number of quantitative outcome studies were identified from peer-reviewed journals; therefore the best available evidence was systematically collected and appraised. This complements the findings from previous reviews of youth mentoring for antisocial behaviour that have included a broader range of evidence (Jolliffe & Farrington, 2007; Tolan et al., 2008). Of course, a limitation of this is that many relevant studies were excluded. As the review only focused on antisocial behaviour outcomes, there was little scope to investigate other potential benefits or participants' experiences of mentoring. Furthermore, the review excluded a large number of evaluation studies published in the grey literature. Therefore the results do not represent the entirety of evidence for youth mentoring and delinquency and must be interpreted with appropriate caution.

The EPHPP instrument was chosen because it is suitable for assessing and comparing studies using different quantitative designs (Deeks, Dinnes, D'Amico, Sowden, Sakarovich et al., 2003). The methodological quality ratings provided a clear summary of the strengths and weaknesses of each of the 14 studies across six internal validity domains. However, there were specific limitations of the tool. In particular, it did not address issues of sample size and power and did not acknowledge exemplary data collection procedures involving multiple methods and informants.

Implications for future research

The current review has addressed the broad question of whether mentoring is an effective intervention for young people who are engaging in, or at risk for,

antisocial behaviour. The evidence so far is limited and more effectiveness studies are required to clarify the potential benefits (and costs) of mentoring for this high-risk group. Ideally, future studies should use longitudinal designs with appropriate comparison groups and administer standardised outcomes measures to multiple informants at multiple assessment points. Randomisation should only be used if it does not conflict with best practice procedures of the mentoring programme under study.

The majority of studies in the review focused on global outcome comparisons, although a few also examined potential moderating and mediating variables. Further research is needed into moderators and mediators of change in order to gain a better understanding of the circumstances in which mentoring may be more or less effective. To date, there has generally been a lack of formal theory underpinning most mentoring initiatives, and little is known about the processes by which mentors influence developmental outcomes (Philip, 2003). The methodological limitations of the literature may be at least partly due to this absence of a unifying theory, as the studies in the current review were informed by an eclectic mix of approaches that did not easily lend themselves to comparison. To address this issue, Rhodes, Spencer, Keller, Liang and Noam (2006) presented the first conceptual model of the mentoring process, drawing from a broad range of child and adolescent theory and research. However, the model requires empirical evaluation, as few studies have explicitly focused on change processes involved in mentoring.

Recent trends in psychotherapy research have shown a resurgence of interest in therapeutic change processes (Hayes, Hope & Hayes, 2007). Knowing when the most change occurs can lead to a more focused assessment of the mechanisms of change, which in turn can contribute to valuable theory and treatment developments

(Laurenceau, Hayes & Feldman, 2007). In order to examine these processes, researchers are studying individual trajectories over time, using longitudinal methods and frequent assessments (Hayes et al., 2007). In-depth qualitative interviews can also provide valuable insight into the conditions that may precipitate early termination or lead to successful long-term relationships. Given the shortage of information about the processes involved in successful mentoring relationships, this approach could provide a fruitful line of investigation. Furthermore, these methods do not require comparison groups or large samples, so they may be particularly well suited to practice based research.

Social interventions such as mentoring are of course complex and are capable of doing harm as well as good (Roberts et al., 2004). Further research, including well designed outcome evaluations, systematic reviews and good qualitative studies, will ensure that young people have access to effective evidence based interventions.

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Part 2: Empirical paper

Youth mentoring: Mentors' and caseworkers' perspectives of enduring mentoring relationships

Abstract

Aims: Mentoring is becoming a popular form of intervention for disadvantaged youth. The evidence base for the effectiveness of youth mentoring is promising; however, little is known about the processes through which mentors influence behaviour change. This qualitative study aimed to gain an understanding of mentors' approaches in enduring mentoring relationships with children in middle childhood and early adolescence. It focused on how mentors think about, engage with and respond to their mentees. Caseworkers' perspectives were also obtained.

Method: Semi-structured interviews were conducted with 10 pairs of volunteer mentors and their caseworkers. Mentors had been meeting with their mentees for a minimum of one year. Transcripts of the 20 interviews were analysed using Braun and Clarke's (2006) method of thematic analysis.

Results: The analysis generated nine themes organised into two domains; 'The course of the relationship over time' and 'Responding to the child's needs'. While all of the mentors formed a close bond with their mentees, most relationships followed a distinctive, uneven trajectory. Participants' accounts provided rich illustrations of the different ways in which mentors thought about and responded to their mentees' needs, and how they managed significant challenges and dilemmas.

Conclusions: The findings point to the high level of mentor skill and resilience required to build and sustain a close mentoring relationship, and the important role of supervision in facilitating this process. Implications for selection and support procedures are discussed. Further research is required to better understand the dyadic and programme-level processes involved in successful and unsuccessful mentoring relationships.

Introduction

Youth mentoring programmes, which have experienced exponential growth in the UK since the 1990s, typically aim to help “at risk” children and adolescents, for example those from disadvantaged backgrounds or who have emotional or behavioural difficulties (DuBois, Portillo, Rhodes, Silverthorn & Valentine, 2011; Meier, 2008). Mentoring programmes vary in focus and have been applied to a diverse range of settings and populations; however, most emphasise the relationship between the young person and a caring adult, with the goal of facilitating the young person’s psychosocial development (Keating, Tomishima, Foster & Alessandri, 2002).

The evidence base for youth mentoring originates from North America, where there are currently over 5,000 mentoring programmes serving an estimated three million young people (DuBois et al., 2011). Findings from meta-analyses support the effectiveness of youth mentoring for improving outcomes across academic, behavioural, social and emotional domains of development (DuBois, Holloway, Valentine & Cooper, 2002; DuBois et al., 2011). However, the associated gains are modest, and effect sizes are small in comparison to those found in meta-analyses of other intervention programmes (e.g. child and adolescent psychotherapy; Baskin, Slaten, Sorenson, Glover-Russell & Merson, 2010). Furthermore, outcomes across studies vary considerably, which is partly due to the variable quality of evidence and widespread methodological limitations. Importantly, however, when these limitations have been accounted for, meta-analyses have shown that effectiveness depends on certain mediating and moderating factors, such as youth and mentor characteristics, the quality of the relationship, and programme adherence to best practices (DuBois et al., 2011). The consensus in the literature seems to be

that mentoring works for some young people in some circumstances, and ongoing efforts are being made to define the conditions that lead to optimal outcomes.

While effectiveness studies have been important in demonstrating the potential benefits of youth mentoring, the research to date has not used methodology able to capture the complexity of relational processes involved in youth mentoring (DuBois, Doolittle, Yates, Silverthorn & Kraemer Tebes, 2006). The limitations of the evidence base are partly due to a lack of formal theory underpinning most mentoring initiatives. To address this issue, Rhodes and colleagues (Rhodes, 2005; Rhodes & DuBois, 2008; Rhodes, Spencer, Keller, Liang & Noam, 2006) put forward a conceptual model of the mentoring process, drawing from a broad range of child and adolescent theory and research. They propose that a successful mentoring relationship taps into three interacting developmental processes by: 1) enhancing the young person's social relationships and emotional wellbeing, 2) improving their cognitive skills, and 3) promoting positive identity formation. Crucially, the model asserts that these processes are only effective within the context of a close relationship defined by mutuality, trust and empathy. Furthermore, outcomes are also moderated by a variety of contextual factors, including the duration of the relationship, programme practices, and the young person's interpersonal history, family background and developmental stage (Rhodes & DuBois, 2008).

Rhodes et al. (2006) draw upon a broad range of theories to support their model, including ideas from attachment theory (Ainsworth, 1989; Bowlby, 1988), the resilience literature (Rutter, 1990), social theories of learning (Vygotsky, 1978), and the psychoanalytic process of identification (Freud, 1914). The authors tentatively suggest that attachment theory could provide the foundation for their model. It is hypothesised that a close mentoring relationship may promote different

patterns of interaction, which can then modify the child's internal working models regarding the reliability of parental care as well as his or her own ability to elicit care in times of need. This may lead to positive changes in their perceptions and interactions with parents and others in their social network. A mentoring relationship may also provide a young person with the necessary security to regulate their emotions, explore their environment and ultimately develop new knowledge and skills (Ainsworth, 1989; Bowlby, 1988). In summary, the model suggests that mentoring relationships can potentially influence multiple developmental domains, although individuals are likely to vary in the type and degree of benefits gained (Rhodes et al., 2006). DuBois et al. (2011) assert that the findings from their meta-analysis are broadly consistent with the major assumptions of the model, although the model still requires further theoretical development and empirical evaluation.

Consistent with a main premise of this model, many quantitative and qualitative studies have found high relationship quality to be a key ingredient of successful mentoring. The existing literature provides some markers for relationship quality, including relationship duration, frequency and consistency of contact, perception of closeness, and the mentor's approach (Deutsch & Spencer, 2009; Grossman & Rhodes, 2002; Grossman & Tierney, 1998).

Of these four markers, the mentor's approach is perhaps the most difficult to assess. A small body of research has focused on the mentor's approach in successful, enduring mentoring relationships. These studies have typically used qualitative methods, interviewing pairs of adult mentors and adolescent mentees who have been matched for a minimum of one year. There is some evidence to suggest that a 'youth-driven' style, characterised by the mentor's greater flexibility and adaptability to the young person's needs and circumstances, is more favourable than a goal-driven or

prescriptive style of relationship (e.g. Morrow & Styles, 1995; Shelmerdene & Louw, 2008). More commonly, studies have attempted to describe the interactive processes between the mentor and mentee leading to the development of a high quality relationship. For example, Pryce (2012) found a high level of mentor 'attunement' to be associated with successful, satisfying relationships. Attunement was defined as the capacity to respond flexibly to verbal and nonverbal cues by taking into account youth needs and desires. Other examples of relational processes include: authenticity, empathy, collaboration and companionship (Spencer, 2006); defining the relationship and setting boundaries (Barrowclough & White, 2011); and reciprocity, challenge, continuity and providing respite from difficult situations (Philip, 2008; Philip, Shucksmith & King, 2004). Notably, many of these processes have also been associated with the effectiveness of psychotherapy (Pryce, 2012; Spencer, 2004).

In line with existing theory and quantitative research, these studies emphasise the centrality of a close, emotional connection in successful mentoring. While they shed light on possible qualities of the mentor and relational processes involved in building a close relationship, they do not tell us about several issues. Firstly, they do not describe how relational processes change over time. This is important given that mentoring relationships are thought to progress through a set of developmental stages (Keller, 2005a). A few studies have generated descriptions of relationship stages in adult workplace mentoring (Pollack, 1995), but there is nothing comparable within the youth mentoring literature. Understanding the course of a relationship can provide insight into when the most change takes place, which can in turn inform theory and practice. Secondly, the existing literature has not examined the mentor's approach *after* a strong, trusting bond has been formed with a mentee. Little is

known about the mechanisms through which a close relationship facilitates positive outcomes for young people. Furthermore, most studies have tended to analyse descriptions of social exchanges within the mentoring relationship, but have paid little attention to the mentor's internal experiences (e.g. beliefs, feelings, intentions and appraisals). Deutsch and Spencer (2009) assert that capturing the mentor's approach – defined as how the mentor thinks about, engages with and responds to the youth – is crucial for understanding what youth experience in these relationships and how such experiences influence outcomes. Finally, the majority of studies have examined mentoring relationships in mid to late adolescence rather than in younger children; this is also a limitation of the wider mentoring literature (DuBois et al., 2011).

The current study set out to explore and describe mentors' experiences of successful, long-term mentoring in middle childhood and early adolescence. The main aims were to describe the course of the relationship, including both positive and negative aspects, and to seek a deeper understanding of the mentors' approach, particularly once a close, trusting bond had been established. A full understanding of what contributes to high-quality mentoring not only requires examining relational processes, but also programme-level processes which facilitate the development of the relationship (Deutsch & Spencer, 2009). The current study therefore also included the perspectives of caseworkers. Caseworkers were professional employees of the mentoring organisation, who provided training and ongoing supervision for the mentors, and liaised with the mentees' familial and professional support network about the mentoring relationship.

A qualitative approach was chosen as the most suitable method for an exploratory study with a focus on subjective experiences (Flick, 2009). Pairs of

mentors and caseworkers were interviewed retrospectively about their experience of the mentoring relationship. Semi-structured interviews were used to capture the complexity and variability of participants' internal experiences, permitting an exploration of issues that may be too complex to investigate through quantitative means (Pistrang & Barker, 2010; Willig, 2008).

The study addressed the following research questions: 1) How do mentors perceive and experience the nature, quality and course of the mentoring relationship over time? 2) What guides mentors in how they think about, engage with and respond to their mentees, particularly once a strong relationship has been established? 3) What difficulties, challenges or dilemmas do mentors face and how do they deal with them? 4) How do caseworkers facilitate the mentoring process, if at all?

Method

This study was a part of a larger evaluation with two other UCL Clinical Psychology Doctorate students, Matthew Evans and Marta Prytys Kleszcz (Evans, 2011; Prytys Kleszcz, 2012). A brief description of each project is provided in Appendix 1.

Setting

Mentors and caseworkers were recruited from a voluntary sector mentoring organisation in London. The organisation aimed to promote close, long-term friendships through which children could have fun, access new experiences and explore new interests, manage challenges and develop life skills; mentors were not expected to work towards explicit goals with their mentees. Volunteer adult mentors were matched with disadvantaged young people from single-parent families, aged between five and 16 years old. Referrals were accepted from schools, social services,

voluntary organisations and from parents themselves. Each family was assessed by a caseworker and the young person was subsequently paired with a volunteer mentor.

The mentors underwent a rigorous interview procedure, followed by a two-day training programme. They were then given anonymised information about three young people and were asked to select the one that they felt would be most suitable for them. The mentors were expected to meet with their mentees for at least four hours most weekends for a minimum of two years.

Once the mentors and mentees had started meeting, the mentors received regular supervision with an allocated caseworker, initially via weekly and then monthly telephone contact. Reviews were conducted by caseworkers every six months, entailing separate interviews with mentors and mentees. The mentors were also able to contact the caseworker if they had any concerns or queries in between supervision sessions. The caseworkers liaised with the family and any organisations involved in the young person's care to facilitate the development of the mentoring relationship.

Ethical approval

Ethical approval for this study was obtained from the UCL Research Ethics Committee, as part of a larger evaluation of youth mentoring (see Appendix 2). Mentoring was referred to as "befriending" in the information sheets and consent forms as this was the terminology originally used by the mentoring organisation.

Participants

Recruitment. Mentors who had been recruited to the quantitative evaluation study were invited to participate in the present qualitative study when they reached the one year point, or beyond, in the mentoring relationship. Only six mentor-mentee pairs had reached this point; therefore the lead caseworker was asked to identify

additional pairs who had been meeting for a minimum of one year. In the quantitative study, the mentees were required to be between 9 and 12 years old at the start of the mentoring relationship; this age range was extended in the present study in order to obtain a sufficient sample size.

Characteristics of participants. Ten mentors and their caseworkers were interviewed (see Table 1). The mentors (six women and four men) ranged in age from 25 to 52, with a mean age of 32. Nine were White British or European and one was Vietnamese. All were employed and all but one were educated to degree level. There were five caseworkers (four women, one man); one caseworker supervised four mentor-mentee pairs and two caseworkers supervised two pairs. All were employed by the mentoring organisation and had qualifications in social work or education.

The mentors were paired with seven boys and three girls, ranging in age from 10 to 15 (mean age 12 years) at the time of the study. The two eldest mentees (14 and 15) had both been diagnosed with developmental disorders and learning difficulties, and therefore the mean developmental age of the sample is likely to have been lower than the mean chronological age. Five mentees were referred to the mentoring programme by social services or another local organisation, four were referred directly by their parents, and one by the school. The length of the mentoring relationship ranged from 12 to 24 months (mean length 16 months).

Procedure

Caseworkers were asked to approach mentors to explain the nature of the study and confirm that they were willing to be contacted by the researcher. The researcher then contacted the mentors to discuss the study in more detail and arrange a convenient time and place for the interview. Where possible, the interviews took

Table 1: Mentor characteristics

Mentor ID	Sex	Age	Mentee (sex, age, referral reason)	Length of relationship (months)	Caseworker ID
1	Female	34	Boy 12, limited access to activities due to mother's poor health	23	5 ^a
3	Male	27	Boy 12, part of child protection plan, behavioural problems, history of domestic violence	24	2
4	Female	52	Girl 12, mother's lack of social support networks, history of domestic violence	24	4
9	Male	38	Boy 10, limited access to activities due to grandmother's poor health, behavioural problems, history of neglect	14	2
11	Female	28	Boy 11, limited access to activities, sister had a mentor and mother thought it would be beneficial	12	3
12	Female	29	Girl 11, shy and lacking confidence	12	6 ^a
13	Female	29	Girl 15, lacking confidence and difficulties with peers at school, learning difficulties, diagnosed with dyspraxia	16	4 ^a
14	Female	25	Boy 13, social isolation, limited access to activities due to mother's anxiety, history of domestic violence	12	4
15	Male	27	Boy 14, diagnosed with global developmental delay, limited access to activities, mother thought he needed a positive male role model	12	4
16	Male	33	Boy 11, social isolation, limited access to activities due to mother's poor health	12	3

Note. ID numbers are not sequential as mentor and caseworker IDs are taken from a larger study from which the sample of the present study was drawn.

^aThese caseworkers had not been supervising the mentor from the beginning of the mentoring relationship.

place in the mentor's home or in a private room at their workplace. Two interviews were conducted in a café. Caseworkers were interviewed in the office of the mentoring organisation. Participants were given information sheets and consent forms (see Appendices 3 and 4), and interviews were audio-recorded and later transcribed. All of the interviews were conducted by the author of this study.

Semi-structured interviews

Two separate interview schedules were developed for mentors and caseworkers to elicit a comprehensive account of each participant's experience of the mentoring relationship (see Appendix 5). The interview questions were grouped into three broad categories: an overview of the mentoring experience (e.g. "What is it like being a mentor?"); helping the young person to make changes (e.g. "How have you tried to help the child overcome their difficulties?" "What has informed or guided your actions?"), and the quality of the relationship (e.g. "How able is the child to talk about their emotions?" "Has that changed?") Participants were encouraged to discuss both positive and negative aspects of the relationship and provide detailed examples of challenges and conflict. They were also asked about the supervisory relationship between the mentor and the caseworker, and how this facilitated or impeded the development of the mentoring relationship. Furthermore, the caseworkers were asked to compare the mentor-mentee pair with other pairs they had worked with.

Interviews followed a semi-structured format; the interview schedules were designed to be minimally directive and the ordering of questions was flexible to allow participants to tell their own stories and focus on what they perceived as important. Follow-up questions were used to gain a better understanding of participants' internal experiences, such as their intentions, appraisals and emotions.

The interviews lasted between 45 minutes and an hour and a half. Interviews with mentors tended to be longer than interviews with caseworkers.

Qualitative analysis

The transcripts were analysed using Braun and Clarke's (2006) method of thematic analysis, which is a flexible approach compatible with both essentialist and constructionist perspectives. The analysis involved several stages, following Braun and Clarke's guidelines. The first stage was a process of familiarisation, involving reading transcripts several times and noting down initial ideas. In the second stage, each transcript was read in a systematic fashion in order to highlight features of the data relevant to the research questions. Tentative codes were generated to capture their essence and matched with corresponding sections of data. A summary sheet was produced for each pair of mentor and caseworker transcripts, identifying key ideas. The third stage involved clustering similar ideas and themes across all transcripts by comparing the summary sheets and re-reading the transcripts to check the meaning. A preliminary list of domains and themes was produced. In the fourth stage, each transcript was reviewed to check the validity of the themes and a second summary sheet was produced for each mentor-caseworker pair. Comparisons were made across all summary sheets to modify and refine themes and identify subthemes; at this stage a small number of themes were dropped or amalgamated with other themes because of insufficient data. Themes and subthemes were further refined during the final stage of writing the report. Appendix 6 provides illustrations of the different stages of the analysis.

The analysis was more heavily weighted towards the mentor accounts as they were the main focus of the study. Within each pair, the mentors typically provided a more detailed narrative of the relationship than the caseworkers. Mentor and

caseworker transcripts were broadly similar in content; however, any differences in perspective were carefully documented.

Credibility checks. Credibility checks were employed to enhance the quality of the research process in accordance with published guidelines (Barker and Pistrang, 2005; Elliott, Fischer, & Rennie, 1999). Several transcripts were read and coded by the study supervisor, an expert in qualitative research methodology, followed by a detailed discussion about the content and organisation of the themes. Further amendments of themes and subthemes were checked and discussed throughout the process of analysis.

Researcher's perspective. Given the subjective nature of qualitative research, the validity of the analysis is enhanced by disclosing the researcher's perspective (Caelli, Ray & Mill, 2003). I am a white, middle class woman and carried out this study as part of a professional doctorate in clinical psychology. During the early stages of conducting this research I worked for six months as a Trainee Clinical Psychologist in a Child and Adolescent Mental Health Service, where I had contact with clients who had been referred to a youth mentoring scheme. Several years prior to clinical training, I became a volunteer mentor for a Youth Offending Team in London, where I was briefly matched with a young girl before the relationship broke down. My curiosity about the processes involved in successful mentoring was undoubtedly influenced by my own experience as a mentor. Mindful of my experiences, I tried to reflect on and "bracket" my beliefs and assumptions throughout all stages of the research process (Tufford & Newman, 2010).

Results

Nine key themes were identified (see Table 2). These were organised into two domains, which were informed by the research questions and the participants' accounts. The first domain provides an overview of how the nature and quality of the relationship developed over time, setting the scene for the second domain. The second domain describes the specific ways in which the mentors tried to respond to their mentees' needs, including their internal experiences (such as beliefs, motivations, intentions and appraisals) that guided their actions. Both domains include examples of challenges and dilemmas encountered by the mentors, as well as illustrations of how the supervisory relationship with the caseworker facilitated the development of the mentoring process. Quotations illustrating themes and subthemes are identified by the participant's research identification number.

Domain 1: The course of the relationship over time

Theme 1.1. Intimacy: from 'doing' to 'being'. All mentors and caseworkers agreed that the activities provided a key focus at the beginning of the mentoring relationship. The mentors thought carefully about choosing mutually enjoyable activities, and the early months typically involved a broad range of outings, such as swimming, ice-skating, going to the cinema, and visiting tourist attractions in London. Several of the mentors described the beginning as an "adventurous" time and recalled a sense of excitement, particularly on the mentee's part, about trying new things. For others, this was remembered as a period of experimentation or "trial and error". The activities allowed them to get to know one another by providing an important "third subject" or "something to interact with", particularly for those with children who found it difficult to talk about themselves.

Table 2: Summary of domains, themes and subthemes

Domain/Theme	Subthemes
Domain 1: The course of the relationship over time	
Theme 1.1 Intimacy: from ‘doing’ to ‘being’	Activities becoming less important Sharing a comfortable space “Part of my life”
Theme 1.2 A rocky road	Testing the relationship Difficulties in the child’s life
Theme 1.3 Breakthroughs and milestones	Sudden turning points Development of trust
Domain 2: Responding to the child’s needs	
Theme 2.1 “Reading between the lines”	“Seeing the need under the surface” Not taking things personally
Theme 2.2 To talk or not to talk	“Fun comes first” Permission but no pressure to talk We need to talk: finding a way in
Theme 2.3 Showing another way	A different way to behave and think A brighter future
Theme 2.4 Focusing on strengths	Praise and celebrating achievements Developing self-belief
Theme 2.5 Setting limits	Managing expectations of the friendship Responding to difficult behaviour Maintaining boundaries with the family
Theme 2.6 Managing anxieties	Developing coping strategies Tolerating own anxieties

“I could just see that she didn’t want to talk. Um, so I tried to choose activities where we didn’t have to talk that much. So if it wasn’t the cinema, sometimes we’d do arts and crafts, so she could at least express herself ...you know, through different kind of channels and that seemed to work really nicely.” (Mentor 12)

Another mentor explained how talking about the activities had led the child to start talking about more personal subjects.

“...first we talk about the exhibition and I think I always approach it in an educational kind of way, and ask her what she liked about this and what she thought this meant, and that sort of stuff. But as, as we kind of had this channel through which to communicate then eventually we started talking about more personal things and about our lives and she told me about her friends and how it’s going at school and things like that, so it kind of progressed from there.” (Mentor 13)

Most mentor-mentee pairs developed a shared interest or a repertoire of favourite activities, which they did on a regular basis. Three of the longer term pairs had started doing activities in the mentor’s home, such as baking or arts and crafts. All of the mentors and caseworkers agreed that the activities had become less important over time and that the simple trips were often the most enjoyable. Above all, the mentors valued spending quality time with their mentee, which is illustrated by a caseworker’s account of when an outing did not go to plan.

“I know that the other day they were going to the cinema and the bus was going to take too long and they didn’t manage to make it there, which, for some people that can be a total disaster and a child might get a bit annoyed with that. But actually [the mentor] saw it as a real positive, she said, ‘Oh it was brilliant because we were on the bus for ages which meant we could really chat.’ (laughter) So she said it didn’t make a difference at all and they went for lunch instead.” (Caseworker about Mentor 12)

All of the mentors described feeling more comfortable and relaxed within the relationship over time, which was often linked to positive changes in how they talked to one another. Several had noted a gradual shift from the mentor having to ask lots of questions and the child responding with one-word answers to a more equal, two-

way conversation. There were numerous examples of both mentors and mentees becoming more confident about talking.

“...it just feels very comfortable as a conversation, and as a relationship, I feel that we trust each... you know, I feel very comfortable around her, and I think she’s very comfortable around me. And I think we can just go off, the fact that we can just stroll about yakking, and she can just chat away for hours, and then we come back and we have lunch.” (Mentor 4)

“It’s now nice that I can mention stuff without it spoiling the whole visit. Whereas before if I pushed for something he would close up a little bit. You know, and now he’ll chat a little bit and change the subject, or just talk.” (Mentor 9)

While talking had become easier for everyone, three mentors discussed how they had become more comfortable with silence, having felt an initial “pressure to talk” at the beginning of the relationship.

“It doesn’t have to be we’re always talking, or always doing something or you know, it is fine for us to be sitting and if we’re eating our lunch not talking or whatever, it’s all just really comfortable and natural which I think you should feel when you’re with a friend...” (Mentor 1)

“And I think also we can spend time together, um, which, which isn’t as effortful as it was at the beginning, so the other week we just took some pens and paper and a sketch pad and just drew for two hours so we can kind of sit and do things together as well, which feels very comfortable and very natural, rather than like you have to talk about things...” (Mentor 13)

Most of the mentors likened their relationship with the child to “any other friendship”, and three even considered themselves to be a friend of the child’s family. In their interviews they all showed empathy and concern when discussing the child’s difficulties, and explained how they took great care in remembering important events happening in the child’s life. Most of the mentors no longer regarded spending time with their mentee as a commitment, but rather an enjoyable part of their weekly routine.

“...it has now become just a part of my life, so I don’t really think of it, think about it as a...I don’t really think about it as doing something any more...” (Mentor 1)

Having formed a genuine friendship, all of the mentors hoped it would continue well beyond the minimum two years requested by the organisation.

“...I feel like I have a friend that I never want to lose, in a way, and I think that’s probably quite mutual.” (Mentor 13)

Theme 1.2. A rocky road. While every pair had become closer over time, only one relationship seemed to develop along a relatively straightforward, linear trajectory. For the majority, the course of the relationship was characterised by “peaks and troughs”, “blips” and “difficult patches”. For mentors who were matched with very quiet children, early meetings were often troubled by feelings of awkwardness and self-doubt.

“[The caseworker] kind of like prepped me and I knew a lot about her profile. So she was like, ‘Just be prepared for you know, [the child] to be very quiet.’ But we had like a few moments where she didn’t feel that bad, but there were times when she was just really moody. Just completely looking the other way and not engaging with me at all. That was really difficult because, more than anything I just felt like I wasn’t doing a good job of it. And so I took it personally, I took it really personally.” (Mentor 12)

For three other pairs, the beginning was marked by a distinct “honeymoon period”, lasting up to six months, followed by a sudden decline in the child’s behaviour.

“...the beginning was really good because I thought I had like a dream child who loved meeting up... [The child] was very good, very cautious and seemed really happy about everything, and then there was just a lull and he seemed to take everything for granted and not really like doing stuff and he wouldn’t talk to me about anything. That was difficult.” (Mentor 9)

“So, as I say, yeah initially he was very, not wary, but you know, very polite and unsure about what he could ask and what to say. And then after six months that was it, you know, I’ll demand the world and why not, why not?” (Mentor 16)

Unsurprisingly, the mentors felt confused and frustrated by these unexpected changes. The caseworkers played a vital role in normalising the experience and helping the mentors to understand the child’s difficult behaviour as a sign of

progress; they suggested that the child was in fact beginning to feel secure enough to express their true feelings or to test the boundaries of friendship.

“Because often you’ll have that honeymoon period where, there’s no wishes, there’s no demands, there’s you know, being lots of ‘please’s and ‘thank you’s and ‘I don’t mind’s, and ‘you choose’. Some of that is about the fact that, actually, ‘Can I really show how I’m feeling with this person? Do I know them well enough? And what reaction I’m going to get?’ So I was trying to get him to think about, you know, there’s something about you that he feels comfortable enough to say, ‘I’m not happy,’ you know, ‘I don’t want to be here.’” (Caseworker 3 about Mentor 16)

“You know, I think it’s because he almost felt safe that he tested me in a way...I think he was like, ‘I think this is a person that I can push and see what reaction I get out of and I’m testing you, you know, how much are you in my life?’” (Mentor 14)

Interestingly, one mentor had actually anticipated such conflict and regarded tantrums as an important step forward in the relationship.

“When we first started going out I knew we’d reached a strangely good point in our relationship when he was comfortable enough to throw sulks in front of me.” (Mentor 3)

All of the mentors could recall examples of conflict, ranging from an occasional tantrum or “sulk” to an extended period of difficult outings. These “difficult patches” could emerge at any point, sometimes after a run of cancellations or a short break, but usually when the child was experiencing problems at home or school. Most of the time, the caseworker’s knowledge of the family helped the mentor to understand the child’s behaviour in context. However, sometimes mentors had very little background information. One caseworker commented on the challenge of dealing with such ambiguity.

“... I think the difficulty for our mentors is when things are getting difficult, you don’t know when it’s going to end, or if it is going to end, or if it’s going to go back to how it was or change the relationship completely. I think that’s, you know, [the mentor] has had to hold that for a while, that, that well maybe this is now how [the child]’s going to present and trips are going to be more challenging...” (Caseworker 4 about Mentor 15)

Nevertheless, all of the participants' accounts suggested that the mentors showed considerable resilience and coped with times of conflict with patience, kindness and good humour. With support and reassurance from their caseworkers, they were able to put their own frustrations aside and start afresh each week.

"I mean, it was really difficult, but as soon as I kind of, dropped him off, I kind of chuckled to myself, I was thinking to myself, you know, 'Oh what a little toe-rag!' you know. I don't like, I don't get stressed by stuff like that. Even when he's really embarrassed me and stuff, like I speak to [my caseworker] and stuff and just laugh about, this is what he did, you know. So even the difficult weeks are kind of, I come back and I enjoy them." (Mentor 15)

Theme 1.3. Breakthroughs and milestones. Six mentors recalled at least one significant event that led to a qualitative shift in the relationship. In most cases, these turning points involved the child suddenly becoming more open and talkative. For example, Mentor 9 vividly recalled a "major breakthrough" towards the end of the first year, after a particularly long and difficult patch in the relationship. The child had been reprimanded by his grandmother prior to the mentor's visit and spontaneously began talking about his feelings to the mentor.

"But then all through the walk he was crying and saying, 'I'm never happy'. And I said, 'Well you do seem quite happy, you've got friends' because his friends were saying hello to him in the park. And he said, 'Well, I'm never happy on the inside,' and saying things that were quite wise and beyond his years and stuff. So it all just happened in that one visit." (Mentor 9)

Mentor 12 identified several important turning points in the friendship. At around six months she described seeing "glimmers" of the child's personality for the first time. A few weeks later she recalled a particularly memorable outing in which the child had wanted to hold hands, which led to new feelings of intimacy and trust within the relationship.

"And that was really nice actually because I kind of felt close to her, not just in the physical sense that she wanted to like hold my hand and link my arm, but that she felt she could trust me... Um and yeah, again, it was relatively

new but for that outing she just seemed to really trust me and we had a really nice time together. And conversation wasn't just prompted by me but she was able to kind of like, chip in or initiate conversation herself, so that was really nice." (Mentor 12)

Most of the breakthroughs and milestones were characterised by a moment when the mentor realised that the child's perception of the relationship had changed; the child was beginning to see the mentor as someone they could trust. This in turn gave the mentors confidence and made them feel valued in their role.

"So I think that at the last review, [the mentor] was saying, you know, for him, one of the most touching moments was they were walking down the street and there were some bigger boys, um and [the child] was like nudging into [the mentor]. And he was thinking well, 'Why does he keep walking into me?' and um, the boys were still behind them and um, he realised that [the child] was feeling unsafe and kind of nudged into him to feel secure with him. And um, [the mentor] said that was just a real 'light bulb moment' for him thinking, gosh that he sees me as someone who protects him and who he feels safe with and he felt that was, you know, really heart-warming." (Caseworker 4 about Mentor 15)

According to a few mentor accounts, there seemed to be a defining point in the relationship when the child felt "special" and "wanted" by the mentor. For example, about eight months after their first meeting, Mentor 11 realised that the child thought that the mentor was being paid to spend time with him. She remembered this conversation as a key turning point.

"It hadn't dawned on me that he thought that it was like a job, and I said, 'No, I take you out because I like spending my time with you. They don't pay me. You don't pay somebody to spend time with their friends.' And he said, 'You don't get paid?' He seemed so... And the way he was with me after that just seemed to change." (Mentor 11)

Another mentor noticed that the child became more talkative after they had a conversation about how the friendship began.

"Yeah, so [the child]'s got lots of [professional agencies] involved, so I said, 'You know how we met up? I wanted to do this.' It was fascinating; we had a really good talk actually a couple of weeks ago... It was about how we hadn't really thought about how we got together. So he was asking about that process. He was asking about the other boys and stuff, and why I chose him.

It was really nice for him to know that. I was just like, 'You know, I thought we'd get on...'' (Mentor 9)

Domain 2: Responding to the child's needs

Theme 2.1. "Reading between the lines". While the mentors were all given information about the child's difficulties from the caseworkers, these were not always obvious from the way the child interacted with the mentor. Across all interviews, there were many examples of children acting or talking in a way did not seem to reflect their true feelings, intentions or needs. These inconsistencies were often subtle and required the mentors to think carefully about the meaning of the behaviour and how best to respond. For example, Mentor 11's mentee had a complex family history but did not present with any noticeable behavioural problems and was extremely polite and considerate of the mentor's feelings. Both the mentor and caseworker came to see that underneath the mature, well-mannered exterior was a young boy with very low self-esteem and they agreed it was important to help him to become more assertive. As a first step, the mentor found creative ways to encourage him to express simple likes and dislikes.

"And I could tell, I mean I didn't particularly enjoy [the film], and afterwards I got the sense that he didn't like it either but he didn't want to say as he'd been going on about it so much. So I was saying to him, 'Shall we give it marks out of ten?' because I said, 'I'm not sure that I really enjoyed it,' and then his mark was much lower than he would normally give things. I found that's quite a useful way of telling, because I want to know when it's genuine and when he's just being polite." (Mentor 11)

Four mentors gave examples of more challenging behaviour, such as lying or aggression. For example, one child was considered to be 'at risk' for antisocial behaviour but he usually presented as "polite and funny" during outings with the mentor. It was not until two months into the relationship that the mentor fully realised the impact of the child's home environment on his behaviour, when he witnessed the child fighting with some local boys. The mentor was taken aback by

the child's aggression and by his mother's attitude to the incident. The caseworker explained how she helped the mentor to make sense of the situation and adopt a more compassionate attitude towards the family.

“So it was about [the mentor] thinking about why mum, you know, her response when [the mentor] had told her there was a problem and he got quite disappointed I think, about how she responded and thought why would you respond like that as a parent? And it was about him thinking about, well why would she maybe respond like that. Trying to get him not to judge her for her response and maybe making him think more about that's why [the child] has some of these behaviours because of the response he gets sometimes. Rather than him thinking and judging mum, so get him to think about it in a different way really.” (Caseworker 2 about Mentor 3)

When asked how the relationship compared to other pairs she had worked with, the caseworker commented on the improvement in the mentor's reflective skills.

But I think it's been easier because the ups and downs and instabilities and problems within the family are very difficult for a little boy to deal with, but [the mentor] recognises that. So maybe that's made it easier, in terms of I don't have to keep on saying why do you think this is happening, why do you think that is happening; he'd probably reflect on that himself and realise why those things are happening. So because of that, it's made things easier. Because sometimes it is difficult when a volunteer can't recognise, when from the outside it looks like everything is fine, but yet really it must be very difficult.” (Caseworker 2 about Mentor 3)

Understandably, such examples of challenging behaviour provoked initial feelings of fear and confusion in the mentors and could have potentially jeopardised the relationship, had the behaviour been taken at face value and not carefully thought through. Mentor 14 described a particularly “disturbing” interaction a few months into the relationship. At the end of one outing the child started talking about violence and asked the mentor, “*If I punched you in the face, would you see that as a really violent act or just a violent act?*” On another occasion, the same mentor witnessed the child being cruel to an animal. The mentor and caseworker held a number of possible explanations in mind while they were trying to understand the child's behaviour.

“And, you know, some of the things we [caseworker and mentor] talked about were quite deep actually, like the fact I’m a woman and he’s a boy – the gender thing. The fact that he might be confused about what my role was – am I a mother figure? Or am I this young woman and you know the potential to have feeling towards me? Erm and all of the reasons why he might have wanted to make me feel uncomfortable, because I think that’s what he was trying to do.” (Mentor 14)

Most of the mentors discussed how having an increased awareness of the child’s needs had helped them not to take things personally. This was particularly relevant for the mentors paired with quieter children who tended to give little feedback about the relationship. For example, over time Mentor 12 came to understand her mentee’s shyness at the end of outings.

“...before I just put it down to, ‘Oh she’s probably couldn’t wait to see the back of me’. But I think now it’s, she doesn’t know how to say bye to me sometimes and she doesn’t really know what to say in front of her mum.” (Mentor 12)

Mentor 9 also had a very challenging time during the first year of the relationship. The caseworker praised his positive attitude and his ability to recognise the value of this role, in spite of the persistent lack of positive feedback from the child.

“When we ask [the children] what they like they’re able to give something, but [this child] wasn’t able to at all. ‘So, what do you like about [your mentor]?’ He said, ‘He’s alright, he’s nice.’ So all the way through [the review], kind of, he was in a negative mood and he didn’t really say anything. So that was quite difficult for [the mentor] that he wasn’t getting even from me any feedback. The only thing was, at the end of it, [the child] had said the only bad thing about it was that it only lasted for two years. And [the mentor] could then recognise that it was his way of saying ‘this is really important to me’.” (Caseworker 2 about Mentor 9)

The caseworkers often played a key role in empathising with and motivating the mentors whenever the relationship felt like a “thankless task”.

“...of course children sulk but actually feeling it yourself and actually registering, ‘Oh what have I done here? He doesn’t like me,’ are completely normal and, you know, understandable reactions. And just trying to help [the mentor], you know, work through that and pull out the positives, ‘Hang on a minute [the child]’s talking to you about that, he’s here every week, he wants to do these sorts of things with you and this child that wants to engage with you.’” (Caseworker 3 about Mentor 16)

Theme 2.2. To talk or not to talk. All of the mentors and caseworkers agreed that the main purpose of the mentoring relationship was to have fun and give the child a break from their difficulties. The mentors were keen to differentiate their role from the usual ‘problem-focused’ approach of helping professionals, such as social workers or psychotherapists.

“...I wouldn’t want him to think the only reason I’m seeing him on the weekends is so I can try and find out how he’s feeling and what he’s thinking, because I view my visits with him as an opportunity for him to get out of his home environment and away from things he’s dealing with, not then to put him in the situation that he has to talk about them with me, because really then I’m just bringing them along with us.” (Mentor 1)

However, the mentors also recognised that the outings provided a valuable outlet for the child to talk. They planned trips so that there was an opportunity to chat, for example in a café or on the journey to and from the activity, in case there was something on the child’s mind. While most of the mentors had explicitly given their mentee ‘permission’ to talk at the beginning of the relationship, they were respectful of their privacy and did not probe or push for information.

“I never pressured him to talk...I said to him a couple of times, ‘You know, you can talk to me about anything. I might not tell you what you want to hear but I’m not a social worker.’” (Mentor 9)

“I have said to him in the past, ‘If something makes you sad you can tell me.’” (Mentor 11)

While the mentors were usually aware of current difficulties in the child’s life through the caseworker, they tended not to confront sensitive issues “head on” and preferred to wait for the child to bring things up. Over time the mentors became more attuned to the moments when the child wanted to talk. Mentor 16 emphasised the importance of being patient, observant and flexible when encouraging his mentee to talk about his mother’s illness.

“And I think you’ve got to take it in pieces at the appropriate time and not try and have an agenda about it too much. Because there are times when you’re least expecting it and something will come out. So like if I sat down with him, like tomorrow and said, ‘How do you feel about this?’ He’d be very unlikely to say something. But then sometimes something will happen, a spark, a reminder, and he’ll just say, or something will come out.” (Mentor 16)

The mentors were equally sensitive to the times when the child did not want to talk, as demonstrated by Mentor 4.

“She goes quiet. Then we’ll go off and then she’ll have a face on her and I sort of know. So you know and I won’t ask her how she is because I don’t want to go down that route, because you know, she gets that in her psychotherapy but I just think, ‘Come on, you know, let’s just go and do this,’ and she’s like, ‘OK then,’ and she just picks up, so she’s fine.” (Mentor 4)

How much to probe about personal subjects was a common dilemma. A few mentors described feeling ill-equipped to deal with potentially serious issues, such as child protection matters, and did not feel confident talking to the child without the advice of the caseworker. Mentor 12 described what happened when her mentee revealed how she felt about her mother’s new male friend.

“And then [the child] saw her mum and her friend walking and she was like, ‘I really don’t like him.’ And I just felt, I don’t know, I felt really protective of her. The moment she said that I was just like, oh, I didn’t really know why and I didn’t really know what I could and couldn’t ask really. Um, so I was just kind of asking her some... you know, ‘Why don’t you like him?’ She was just like, ‘I just don’t like him in the house, he makes me feel really sick every time he’s here.’ And that, I was like, I didn’t really know on what level he makes her feel sick, so I was just like again, I just kind of felt that I needed to speak to [the caseworker] about it.” (Mentor 12)

Once the mentors felt that they had formed a close, trusting friendship with their mentee, they became more confident and skilled in raising difficult subjects. Remaining tentative in their approach, several of the mentors could recall a time when they had managed to talk about something important in spite of the child’s apparent resistance. Mentor 15 described this as “coming about things in a roundabout way”. By talking about his own personal experiences of crying, the

mentor was able to validate and normalise the child's distress without making him feel embarrassed.

"...you know, he's clearly trying to hide from me that he's crying, so I don't want to make a big deal out of the fact he's crying, because he clearly doesn't want to show that. So it's kind of, how to deal with that as well but at the same time addressing it, and sort of, letting him know that he can be upset about stuff, you know... that's why I made a big deal about me, saying, 'Oh yeah, I cried too then.' So he knows that it's ok." (Mentor 15)

Mentor 9 explained how he had learnt to "keep things open" as his mentee had a tendency to lie or block emotive conversations. In one example, the mentor found a way to reassure the child without directly acknowledging his anxiety about the relationship ending.

"So I said to him, 'I hear you might be moving,' and he was like, 'No we're not, we're not.' I said, 'Oh well I heard you might be. Because if you do, we'll have to sort something out. You don't get rid of me that easily.' And he went, 'Oh yeah, we could still see each other once a month, couldn't we?' I said, 'Yeah, we'll probably do bigger stuff and it'd have to be for longer,' and then he was just happy again." (Mentor 9)

Theme 2.3. Showing another way. According to the caseworkers, all of the mentors were positive role models by simply conducting themselves in a caring and responsible manner. Some mentors also noticed that their mentee seemed to instinctively adopt their behaviours, leading to noticeable improvements in interpersonal skills.

"...and I think just seeing the way I am with other people, she thinks, okay, I don't have to be scared to speak to someone, or, you know, to be able to order my own food, you know it's not that big a deal..." (Mentor 12)

The mentors' demeanour and values were sometimes noticeably different from those of other adults in the children's lives. One caseworker described the subtle but important way that a mentor was able to show his mentee an alternative path.

"There is um a culture within the area [the child] lives and in his own family that breaking the law is okay and acceptable. And being bad is actually okay and acceptable. And [the mentor] might be the only person who [the child] looks at, who [the child] recognises as being an okay person, who isn't like

that. [The mentor] doesn't throw it in his face, he just shows him it really. So [the child] can just see it rather than [the mentor] constantly telling him about how that's bad, that's bad. He just shows him a different way.” (Caseworker 2 about Mentor 3)

All of the mentors and caseworkers agreed that exposing the children to different behaviours, places and experiences had “broadened their horizons” and enabled them to see new possibilities. Beyond this, the mentors played an active role in helping the children to think in a more flexible, balanced way about situations and relationships at home or school. There were numerous examples of mentors helping mentees to consider other people’s perspectives, either to encourage them to take responsibility for their actions or to develop empathy.

“And then there’s a reoccurring one with his Spanish class that he always gets thrown out of the class, so then I’ll ask him why does it happen, and he always says oh it’s because the teacher doesn’t like him. And then we have conversations about how, why does he think that’s the case, and I try and give him views maybe that the teacher’s, what the teacher might be seeing of him and how, you know. Um just to get him to think a little bit broader than with his mum, for instance. She will just say, ‘Yeah, it’s the teacher’s fault’ ... I try and get him to think for himself that there could be more than one reason why this is happening, not just that it’s the teacher hates him.” (Mentor 1)

For children who had difficulty verbalising their worries, mentors were able to help them “think things through” using more creative methods, such as role play. Occasionally, mentors took a more direct approach when presenting an alternative point of view. Mentor 4 made her feelings very clear when she did not approve of her mentee’s participation in a series of drama auditions.

No, I just said, ‘It’s up to you but I think it’s a con and if you want to do it, then you know, you decide to do it,’ but I said, ‘I’m not going to bring you to any more of these because I don’t want to be part of this.’ ... In something like that, I’m not going to just go, ‘Oh well if that’s what you want...’ it’s like, you know. So I think for me, mentoring is about offering a bit of a different perspective as well, you know, and she can just choose to take what she wants. I’m always saying, ‘You decide what you want to do,’ but I’m not going to keep quiet.” (Mentor 4)

As well as offering a different perspective on the here and now, the mentors were keen to inspire hope about the future and help the children to fulfil their potential. All coming from educated backgrounds themselves, the mentors wanted to promote a good work ethic and an interest in learning. Most made a point of asking the child about school every week and wanted to be involved in decision making about secondary schools, subject choices or work experience. This often provided a contrast to the family's attitude or understanding of the education system.

"He'll tell me that he's been learning about the water cycle and I'll say, 'Tell me about that!' He loves doing that and I think it's because it's something that's really missing with his mum." (Mentor 11)

"I would like to help him try and think at least about doing work experience that's relevant to where he wants to go. And to try and get him to choose GCSEs wisely and intelligently, because actually if you don't have someone around you, who's done GCSEs before or thinks they're important... You just think 'whatever'. So that is one area that I could sort of make a bit of difference." (Mentor 14)

Five mentors identified with certain aspects of the child's upbringing, such as coming from a single parent family or having a parent who did not speak English. They wanted to highlight these similarities in order to help the child see that they too could overcome barriers and lead a successful and productive life. They did this by sharing personal information about their background and everyday accomplishments in a 'piecemeal' fashion. Mentor 9 referred to this process as "drip-feeding" and often used his own experiences to initiate conversations about the child's future.

"So with [the child], I very much speak to him in a presumptive way about doing stuff. I'm very much like, 'When you do this...' or 'When you decide you're going to do this...' I go on quite a lot of holidays, and I can understand it could be like, 'Ooh [my mentor]'s going away again,' and [the caseworker] always takes the mickey out of me. But I'm very much like, 'What are you going to do?' or 'when you're on a plane' you know, I just want him to think it's normal... I don't want him to think, 'I can't do that.'" (Mentor 9)

There was evidence across most of the interviews that the children were curious about their mentor's lifestyle and success. It was clear that one child aspired to be

like his mentor from the way he asked questions about his work, home and political views. The mentor took this opportunity to share his own personal beliefs about the value of hard work. The caseworker reflected on this:

“Because [the child] has no other adult in his life, a teacher is a very different role, that he can aspire to, you know. That’s not being disrespectful to any other family member but [the mentor]’s obviously been very successful and you could really sense that he was looking up to him and wanting to know more about that. How he got there and what he needed to do and those sorts of things.” (Caseworker 3 about Mentor 16)

Theme 2.4 Focusing on strengths. All of the mentors spoke about their mentees positively, emphasising their individual strengths over their vulnerabilities. Six discussed how they had used praise to encourage certain behaviours or to promote an interest in something. This was often related to school achievements, although other examples included praising creativity and ideas or bravery when trying something new. A few mentors marked achievements by sending a card and one even attended school performances. Both mentor and caseworker accounts suggested that the children responded enthusiastically to this positive attention.

“And I think because [the mentor]’s very school focused and talks about the positives of school quite a lot, it’s made [the child] want to do well at school so that he can tell [the mentor] about it and get praise. So [the child] has managed to stay at school all the way through, and he’s now at secondary. And the school were really pleased with him at the last review. They were like, ‘It’s amazing that he’s actually... we’re very proud of where he’s got to, because it was kind of so unexpected for him.’ ...and I don’t think [the mentor] sees that this is all to do with me, but I think he enjoys the fact that he’s kind of influenced [the child] in thinking positively perhaps about school.” (Caseworker 2 about Mentor 3)

Aside from direct praise and compliments, all mentors tried to improve their mentee’s confidence by tailoring activities to their individual interests and strengths. Mentor 15 was particularly thoughtful about the way he tried to boost his mentee’s self-esteem when he was being bullied at school about his learning difficulties. He gave the child every opportunity during their outings to use his superior skills and knowledge, such as map reading and teaching the mentor about football. The mentor

had also noticed that the child had been asking many simple questions in a repetitive manner, and described how he helped the child to realise that he already knew the answers.

“...I’ve started the approach of sort of saying to him, ‘Don’t you know the answer to that?’ Or I’ll say, ‘Don’t you remember?’ And he’ll say, ‘Oh yeah, it’s this isn’t it?’ And he’ll answer it himself. So I’ve started to do that more. Because I think, in my mind, I was wondering whether it was some kind of issue about confidence or security. I thought if I let him answer it, then he sees that he’s got the answers and he feels secure with it, you know.” (Mentor 15)

Developing the child’s self-belief was an important goal for most of the mentors. They saw their mentees as bright and competent but lacking in confidence and aspiration due to inadequate social support or access to information and resources. Five mentors discussed this in some detail, commenting on the inherent social inequalities in society.

“You know, you get into family spirals and it’s hard to have aspirations that are outside the confines of your own family.” (Mentor 3)

“Because my greatest, like, my one of what I’m passionate about, is why I’m doing the work that I am is, the fact that you can miss opportunities because of who you are, where you’re from, where you’re from or contextual factors that have no bearing on your individual ability.” (Mentor 14)

The mentors talked to their mentees about their hopes and dreams with confidence and optimism, and tried to help them by sharing ideas, information or skills.

“...you know letting her sort of keep talking to me about it, and she might not be able to be an illustrator in a Manga studio, I imagine the competition for it is fierce, and there’s a really long way to go to get there but she could work for the studio, or work somewhere that distributes it or things like that, and I’d love to be quite helpful in giving her that, because I don’t think she necessarily has access to that information through her school or through her immediate family.” (Mentor 13)

In two instances the caseworkers were slightly concerned that the mentor's aspirations for the child were too high. However, on the whole the mentors seemed realistic about what they hoped to achieve.

"I think it's fine because my real aspiration for [the child] at the end of the day is that he's happy and healthy and content with himself. So that's like a main goal. Like he's not getting in trouble at school and not being bullied, and those sorts of things, which is really important I think. And I think my main one is to give him some stability and be a bit of a constant where possible. And all the other things are added bonuses..." (Mentor 3)

Theme 2.5. Setting limits. Eight mentors explained that they needed to manage the child's expectations of the relationship in order to avoid potential disappointment or conflict. This often concerned requests for extra money or expensive activities, and several mentors recalled difficult situations in gift shops. The mentors dealt with this by being patient, explaining the "rules", and involving the children in the budgeting and planning of the activities.

"But generally, he knows kind of what the expectations are for me and him when we go out...like the issue with money, for example, he knows now not to ask me for extra money and stuff like that. ...I think initially when you kind of talk about stuff like that, it can be a bit, sort of, awkward and it's finding a balance, I don't want it to become this kind of strict, right, you know, militant when we go out. But um, so I think it's become more relaxed now because it's kind of automatic, this is how we, sort of, do stuff. But, so I think that kind of makes, like I say, we built up our kind of expectations." (Mentor 15)

Other difficulties included missed outings, last minute cancellations or being late, which were usually resolved by improving channels of communication between the mentor and the family and having a consistent routine each week. However, on the odd occasion when a mentor felt that their mentee was "pushing the boundaries" or showing a lack of respect towards the mentor, they responded by defining "the principles of friendship" and clarifying their roles.

"...I said, asked him, 'You know how you called me during the week and said oh can I change what we're doing because you have another friend that you'd like to see instead?' I said, 'Well, that was a little bit, you know, hurtful

to me, because you are my friend, and I don't ever cancel on you for another friend. And I enjoy when we spend time together and it's, when then you call me and say actually you want to see another friend instead of me, then you're actually telling me that friend is more important to you than when you see me'". (Mentor 1)

The mentors tried to be clear and fair when setting boundaries but were also very sensitive towards the children's feelings. This was demonstrated in a caseworker's account of how one mentor responded when his mentee turned up unexpectedly at his home.

"[The mentor] was with his girlfriend and he'd just got up and she was still in bed and so it didn't feel right for him but it also didn't feel right for him to say 'go away'. So he kind of compromised and told him to go and sit in the park and he'd come and meet with him and also because, I think his concern is, 'Oh why are you coming here to my house when you had to get on the train by yourself?' You know, he is only 11. He had to come three or four stops on the train and why is that happening? And so he would be worrying about those things as well." (Caseworker about Mentor 3)

There were numerous examples of inappropriate behaviours that required a firmer approach, such as spitting, littering, aggression and insolence. On the whole the mentors were able to find a good balance between giving the children freedom to be themselves and being strict when necessary, or to quote one mentor, "*a bit of empathy and a bit of no I'm not putting up with that*" (Mentor 3). They were usually able to find gentle ways of managing difficult behaviour without directly reprimanding the child. Mindful of her role as a friend and not an authority figure, Mentor 14 described how she responded when her mentee was disrupting other passengers on the tube.

"But I was just like, 'I think that's going to really annoy people, I don't think people are going to appreciate that,' and I said it in quite an audible tone, not shouting obviously... And err, he just looked at me and kept doing it...I said, 'People are looking now, because, you know, I don't think they're going to like that.' And he stopped doing it. But again, I didn't say no. I didn't want to do it in that parent way, do you know what I mean? Or a teacher, it's quite hard not to slip into... Yeah, because you want to negotiate like, the point is you're a friend, I don't say no to my friends, rarely anyway... I try and

understand, I try and explain, like I try and talk it through, which is what I suppose I try and do with [the child]” (Mentor 14)

While the mentors did not enjoy setting limits with their mentees, they believed that it prevented further disputes. Mentor 11 recalled only one difficult encounter with her mentee, in which she skilfully avoided conflict by compromising and giving the child a “get out”.

“So we were playing this [game] and he got ‘makin’ bacon’ where they fall and you lose all your points, and he basically said, ‘No I didn’t’ and covered it. I was thinking it was all quite fun and said, ‘Yeah you did, you cheat,’ and changed his score to nought and that was it. He was like, arms folded, and stopped talking to me for half an hour! ... So in the end I said, ‘Right, if you are telling me you didn’t cheat and you didn’t get makin’ bacon then I’ll apologise for my mistake on that. So I’ll say sorry, but I think you should say sorry to me as well for not talking to me.’ ... So then it was, ‘Okay, sorry, sorry,’ we both said sorry, and I said, ‘We’ll just pretend that that never happened.’ And we went on from there and never had a problem like that since.” (Mentor 11)

Different strategies seemed to work for different children and in different situations. While some mentors generally found talking more helpful, others preferred ‘time out’ or distraction. Sometimes it was simply a case of “sitting with the silence”, as described by one of the caseworkers.

“You explain the reasons why, he doesn’t like them, that’s fine. It’s not unusual behaviour. And to really resist, if he needs a space to be quiet, then that’s okay and although it might feel a bit uncomfortable and it might feel that there’s a disappointment there, um that’s a process that [the child] will have to go through. And [the mentor]’s put a boundary in place and explained it. He can empathise and acknowledge, ‘I know why you’re disappointed, I know you wanted to stay out longer, but these are the reasons.’” (Caseworker about Mentor 16)

Both mentors and caseworkers understood that boundaries were an important way of making the children feel safe and contained. They also agreed that it was essential to end every outing on a positive note, letting the child know that the mentor would come back the following week.

Alongside the relationship with the child, three mentors also had to manage boundaries with the child's family. They often found themselves caught up into long, sometimes uncomfortable, conversations with the parent at the beginning or end of trips. The mentors managed this by keeping contact to a minimum or by meeting the child in a public place rather than at the family home. While it was important to maintain an amicable and open relationship with the parents, the mentors' priority was to protect the one-to-one friendship with their mentees.

Sometimes her mum can be quite... I don't want to say overbearing because she's lovely, but sometimes I'll get in there and I'll make a conscious effort just to direct questions at [the child], and her mum, you know, she always wants to have a conversation with me and that's great but sometimes I'm aware that if I start to engage in a conversation with her mum, I look like I'm neglecting [the child].” (Mentor 12)

However, in a one case it was necessary to devote special attention to the parent at the beginning, as she did not speak English and was wary about the organisation and the mentor.

“And I initially invested quite a lot of time with his mum. I used to go around to her flat and um, sometimes have a bit of food with them, she would always make some stuff that I would try and eat. ... Initially she was a bit, kind of, sceptical but I think as [the child]’s hopefully got home and enjoyed the trips. ... But she’s seen the benefit and now she’s very relaxed about it.” (Mentor 16)

Theme 2.6. Managing anxieties. Six mentors had to deal with at least one situation in which the child was worried or frightened about something. Most commonly, the children were nervous about particular social situations or when doing new activities or going to unfamiliar places. Sometimes they became extremely upset. The mentors were able to empathise with their distress, gently challenge their beliefs, and give them enough reassurance to overcome their fears, as shown in the examples below.

“...when we were passing [the group of boys] she said, ‘Can we go this way, because I don't want...’ and I actually said, ‘No let's go past them,’ because I said, ‘You're going to have to go past them and stop avoiding... you know,

if you just go past them a few times, you're not going to notice. And you're with me, you're completely safe.' So we did, and she was fine." (Mentor 4)

"Anyone can say, 'No don't do it,' and I think that's what I said. I was saying things like, 'Everyone has a first time of doing something and your first time of doing it will be with me, and I've done it loads of times and it's fine.' And it wasn't going on a big rollercoaster; it was going on a rowing boat in [name of park]. And I said, 'Look, there's a family on a boat there, it's really simple and it's really shallow,' and he said, 'No but it's full of disease blah blah blah.' So I said, 'We won't even touch the water,' and then I just talked about his feelings. I said, 'I know you want to do it,' and he said, 'Yeah I do,' and I said, 'But you've just got this little voice telling you don't do it, you haven't done it before.' I said, 'It'll be absolutely fine,' and then he obviously forced himself to do it, for me I think, which is good. Yeah, and he loved it." (Mentor 9)

Sometimes talking things through was not enough to reduce the child's anxiety and mentors had to come up with an alternative approach. In this example, the caseworker admired the mentor's use of distraction when his mentee was having a panic attack on a rollercoaster.

"... [the child] had a big panic attack on the ride and um, the only way [the mentor] got him to calm down in the end was to say, 'You know what, I'm so scared myself, I've just wet myself.' (laughter) And he hadn't, he said, 'I don't know what made me say it, I was just trying to distract him!' And um [the child] found it hilarious and calmed down and then when [the mentor] dropped him off, or they met the family at the fair, he walked away and he heard [the child] saying, 'Yeah you'll never guess what, [the mentor] wet himself on one of the rides!' (laughter) It's brilliant." (Caseworker 4 about Mentor 15)

Most of the mentors noticed a positive change in their mentee's outlook and a greater willingness to try new things over time. However, the mentors needed to be able to tolerate a certain level of anxiety within themselves before they were in a position to help the child. Managing the child's anxiety was therefore a skill that emerged as the relationship developed and the mentors gained confidence in their role.

"At the beginning [the mentor] would've just accepted that [the child] had changed his mind and maybe been a bit frightened of [the child] crying and getting upset and would've just said, 'Okay then, let's not bother and do something else.' But now because they know each other better, he's happier

to talk about things and sit down and say, 'Let's talk this through.' Persevere more maybe, rather than think, '[the child] really doesn't want to do this so let's not do it.' So he's happier to persevere I think." (Caseworker 2 about Mentor 9)

Most of the mentors thought that regular supervision with the caseworker provided an essential space to discuss their own anxieties and frustrations. Even after friendships had been firmly established and supervision sessions reduced in frequency, the mentors continued to value the ongoing support and guidance from the caseworkers.

"[The caseworker] was really helpful with all of her advice, just yeah, always on the end of the phone really. In any situations where I was, you know, confused about or concerned about, I always felt that I had the advice and support that I needed from them." (Mentor 12)

Discussion

All of the mentors in this study reported forming a close relationship with their mentees. However, the majority of relationships followed a distinctive, uneven trajectory, characterised by highs and lows, turning points and setbacks. The mentors provided rich descriptions of their experiences, illustrating the different ways they thought about and responded to the individual needs of their mentees. While the mentors broadly perceived the mentoring process in a positive light, they encountered significant challenges and dilemmas along the way. Both mentor and caseworker accounts highlighted the vital role of supervision in managing these challenges and facilitating the development of the mentoring relationship.

While each mentoring pair progressed along a unique trajectory, common themes were identified across the mentors' descriptions of the course of the relationship. Every mentor managed to build a good relationship with their mentee, characterised by a level of trust, mutual enjoyment and reciprocity. For the majority,

a close bond had been established for some time; only one or two relationships were considered to be still developing. Activities provided a central focus at the beginning but became less important over time, which is consistent with findings from previous qualitative studies that have emphasised the role of enjoyable activities and “sharing a laugh” in the development of the relationship (Philip, 2008; Spencer, 2007a). Positive changes in the quality of the relationship were experienced by the mentors in two main ways, either as a gradual, steady process over time or as sudden turning points or transformations. These turning points were particularly meaningful and salient in the mentors’ accounts, and commonly led to new feelings of trust, intimacy and confidence within the relationship.

The majority of mentors also experienced a difficult period during the first year of mentoring. Problems typically emerged at the beginning of the relationship or after a “honeymoon period”. Previous qualitative studies have noted an initial phase, usually lasting between six months to one year, in which youth are uncommunicative, reluctant to trust, and have difficulty keeping appointments (Rhodes et al., 2006; Styles & Morrow, 1992). Additionally, this study showed that strains and ruptures could surface well into the second year. However, these were usually related to events in the mentees’ lives rather than the mentoring relationship per se. In most cases, the management of conflict seemed to have a profound influence on the course of the relationship, for example by defining expectations or by providing opportunities for emotional disclosure. Keller (2005a) suggests that difficult interactions can represent “critical junctures” that determine whether a mentoring relationship is maintained, strengthened or damaged.

The positive and negative changes in the quality of the relationship described by the mentors in this study are consistent with Keller’s (2005a) conceptualisation of

change processes in mentoring. He proposes that relationship variables can show steady growth or decline (monotonic function), fluctuate up and down (cyclical function), demonstrate sudden shifts (step function), or may even occur as a qualitative transformation. It is clear that these successful, enduring mentoring relationships did not progress along linear change trajectories; instead they evolved in response to dynamic social exchanges and contexts both within and outside of the mentoring relationship.

Mentor and caseworker accounts indicated a variety of ways in which the mentors were trying to help their mentees and ultimately make a difference to their lives. On one level, both mentors and caseworkers were keen to emphasise that the main aim of mentoring was to build a friendship and have fun, rather than directly addressing the children's difficulties or needs. Their descriptions of the mentors' approach were akin to findings from studies that have advocated mentoring styles based on friendship rather than pre-determined goals (Morrow & Styles, 1995; Shelmerdene & Louw, 2008). However, detailed analysis of participants' accounts revealed that the mentors were indeed thinking about and responding to the emotional needs of their mentees in a variety of subtle and skilful ways.

Perhaps most importantly, the mentors made active efforts to be emotionally available to their mentees. They did this by giving the children 'permission' to talk, creating opportunities for talking during weekly outings, supporting the child during times of distress, as well as sharing their own experiences and vulnerabilities when appropriate. This gave the children a safe, reflective space in which they could try to make sense of their own and others' behaviours. The mentors explained their intentions behind this; they were trying to develop empathy, independent thinking and a sense of responsibility in the children. Two qualitative studies (Garraway &

Pistrang, 2010; Spencer 2007a) have similarly illustrated how mentors actively strive to provide a reflective space for mentees to share their vulnerabilities, enabling them to find constructive ways of managing their emotions. Once the mentors in the present study had formed a strong, trusting bond with their mentees, they felt more confident about raising difficult topics or challenging the child's perspective, and the children in turn appeared to become more receptive to the mentors' ideas. This combination of support and challenge has previously been identified as a key component in successful mentoring (Spencer & Liang, 2009).

All of the mentors were aware of their position as a role model, and purposefully introduced the children to different environments, experiences and coping strategies. They tried to help them fulfil their potential by focusing on their strengths, sharing information and skills, and instilling a sense of self-belief and hope for the future. While the mentors were clearly trying to help their mentees in a number of ways, they were not following an agenda or working towards explicit goals. Their non-judgemental, strengths-based approach allowed them to respond to the children's needs in a sensitive, flexible and positive manner.

These findings provide further support to the centrality of a high quality relationship in successful, long-term mentoring. The mentors all described a feeling of closeness towards their mentee, which has been identified as a critical component in both quantitative (e.g. DuBois & Neville, 1997; Parra, DuBois, Neville, Pugh-Lilly & Povinelli, 2002) and qualitative studies (e.g. Spencer, 2006). To date, most of the literature regarding the mentor's approach has focused on processes involved in the development of the relationship, such as empathy, authenticity, collaboration and companionship (Spencer, 2006). This is consistent with Carl Rogers' proposal that all successful helping relationships are based upon empathy, acceptance and

genuineness (Rogers, 1957). The current study did not set out to examine such relationship building processes, although many were evident from the rich descriptions of interactions between mentors and mentees.

Participants' accounts also highlighted significant challenges and dilemmas throughout the course of the relationship, which have received limited examination in previous studies (Spencer, 2007b). Common difficulties included mentee reticence leading to mentor self-doubt, mentees testing the boundaries of the relationship (e.g. requests for money), and challenging or undesirable behaviour (e.g. aggression, swearing, littering). Difficult interactions with mentees not only required patience and understanding on the part of the mentor, but also involved occasional re-negotiation of roles and limit setting. Related to this, Barrowclough and White (2011) recently identified defining the friendship and setting boundaries as two central processes in the formation of high quality relationships. It was striking how the mentors in the current study used their natural talent and experience to avoid or manage disappointment and conflict, often with relatively little advice or input from the caseworkers. The caseworkers' role tended to come into play at a later stage through the provision of reassurance and opportunities for reflection in supervision. This helped the mentors to perceive episodes of conflict as learning experiences or opportunities for change. In support of this, Collins and Laursen (1992) suggest that conflict resolved in a constructive and nonthreatening manner can promote growth and strengthen a relationship, whereas conflict perceived as hostile can lead to defensiveness and negative consequences. The mentors in this study took great care to retain the focus on fun and friendship, and protect the close bond they were forming or had formed with their mentees.

Both mentor and caseworker accounts highlighted the crucial role of ongoing supervision in facilitating the development and maintenance of the mentoring relationship. By liaising with the child's surrounding support network, the caseworkers were able to provide useful contextual information as well as manage any problems that were beyond the scope of the mentoring role. They used their professional knowledge and training to develop the mentors' reflective skills and raise their awareness of developmental issues arising in middle childhood. Not only were the caseworkers valued as a source of support and reassurance when things were going well, they also played a key part in tempering mentors' expectations and validating their frustrations or worries when times were difficult. This kept motivations high and enabled the mentors to approach each outing with a fresh perspective. While the findings from quantitative studies have indicated that some form of supervision should be provided to mentors, little is known about how much or what type of supervision is most effective (DuBois et al., 2002). However, best practice guidelines have outlined minimum standards for monitoring and support (MENTOR, 2009), and the caseworkers in this study appeared to meet or exceed these standards.

A broader understanding of the processes involved in mentoring might be usefully informed by the construct of "mentalisation" (Fonagy, Steele, Moran, Steele & Higgitt, 1991). Mentalising is defined as the capacity to understand one's own and others' behaviour in terms of underlying mental states and intentions, or in more simple terms, the "uniquely human capacity" to make sense of each other (Fonagy, Gergely, Jurist & Target, 2002). "Reflective functioning" is the overt manifestation of mentalising in speech (Slade, 2005), and is thought to lead to the process of attunement, in which two people are in emotional synchronicity (Stern, 1985).

Research has demonstrated that reflective functioning can create secure attachments in children and improve long-term developmental outcomes, whereas deficits in this capacity can lead to long-term psychopathology (Slade, 2005).

In the current study, the mentors' accounts suggested that they were highly reflective individuals who had become increasingly attuned to their mentees' needs and desires over time. They appeared to grasp the complex interplay between mental states and behaviour, within themselves, within their mentees and within the interactions between them. They were able to use this ability to understand and predict the children's behaviour and respond in a sensitive way. While it is likely that the mentors' reflective skills were well developed prior to becoming a mentor (and possibly one of the reasons why they were selected), there was evidence to suggest that they refined these skills through reflective practice modelled by the caseworkers in supervision. Just as reflective functioning is thought to serve a mediating or protective function in the development of psychopathology (Slade, 2005), it might also explain how high quality relationships lead to positive outcomes in youth mentoring. Given that reflective functioning is thought to be a core capacity involved in attachment processes and that Rhodes et al.'s (2006) conceptual model of mentoring is primarily based on attachment theory, this could provide a fruitful line of further investigation.

Limitations

Caution must be exercised when generalising the findings from this study to other populations and settings. The mentors were predominantly White and well educated, and were drawn from a well-organised, long-standing mentoring organisation that adhered to a number of best practices, including rigorous recruitment and matching procedures, comprehensive training and regular

supervision. Such high quality support is not representative of all mentoring programmes (DuBois et al., 2011). Nevertheless, the findings from this study provide a valuable insight into the potential benefits of mentoring under optimal circumstances.

The mentors were also interviewed at different stages in the mentoring relationship. As some pairs had been meeting for a year longer than others, it was difficult to make direct comparisons across mentoring pairs. Linked to this, the study also relied on retrospective accounts. Given that most of the mentors had reached a positive, secure stage in the relationship, it is possible that they found it hard to recall earlier struggles and challenges. Similarly, some mentors' perception of the relationship may have been tainted by recent difficulties. Multiple assessments at regular time intervals could help to reduce such bias. However, the range of both positive and negative experiences, as well as the consistency between the mentors' and caseworkers' accounts, suggested that this was not a particular problem.

Furthermore, the study did not include the perspectives of the mentees. Given that the mentees were aged between 10 and 15 (with a mean age of 12) at the time of the study, it is likely that some of them would have found it difficult to articulate their experiences of the mentoring relationship in any detail. However, it is important for future studies to include mentees' views of their mentoring relationships. Finally, the findings relate to mentoring in middle childhood and early adolescence, and therefore cannot be generalised beyond this age group.

Implications for practice and research

The findings from this study have implications for practice and research into youth mentoring. Above all, the results point to the high level of mentor skill and resilience required to build and sustain a close relationship and overcome the

inevitable strains and ruptures encountered in youth mentoring. While the presence of screening, training and support procedures has been associated with positive outcomes (DuBois et al., 2011; MENTOR, 2009), little is known about the qualities of mentors or the amount of professional support most conducive to effective mentoring. Given that reflective functioning is a trainable concept and has been applied to many clinical interventions, including parenting programmes (e.g. Slade, 2006) and adult psychotherapy (e.g. Bateman & Fonagy, 2004), mentoring programmes may be advised to recruit mentors who, at the very least, demonstrate a potential for reflective capacity, and to consider how reflective practice is incorporated into training and supervision procedures. However, much of the appeal of youth mentoring can be attributed to the unusual degree of freedom and reciprocity afforded by the relationship, and there is a risk that ‘professionalisation’ may lose the unique personal qualities of mentors. Similar concerns about the professionalisation of volunteers have been discussed in the literature on peer support interventions (Pistrang, Jay, Gessler & Barker, 2013; Repper & Carter, 2011).

Further research is needed into the processes of change, ideally using prospective, longitudinal study designs with multiple informants. Observational methods could also provide an objective view of relationship processes between mentors and mentees, allowing for comparisons to be made across mentoring pairs. To date, very few mentoring studies have used observational methods (one example being Pryce, 2012). Growing attention is also being paid to the broader social contexts surrounding mentoring relationships. Keller (2005b) proposes a systemic model of mentoring, in which he describes a complex network of pathways through which mentors, mentees, caseworkers and parents may influence the course of the

relationship. He therefore recommends that future research includes the perspectives of multiple informants.

Clearly, questions remain regarding how and for whom one-to-one mentoring is effective. While research into successful relationships can tell us about the potential of mentoring under optimal circumstances, very little is known about the processes involved in unsuccessful relationships (one exception being Spencer, 2007b). This is somewhat surprising given that approximately half of pairings fail (Rhodes, 2002) and that those that break down within the first three months have the potential to cause harm (Grossman & Rhodes, 2002). Further empirical investigation is therefore required into the factors associated with relationship termination.

Conclusions

The evidence base, though not without its limitations, suggests that youth mentoring is effective for certain young people in certain circumstances. This study of enduring, successful relationships provides insight into the processes of mentoring under optimal circumstances; vulnerable children were paired with skilled, committed mentors, who were in turn supported by a best practice mentoring programme. Researchers, like the mentors in this study, need to remain realistic about what can and cannot be achieved through mentoring. As Philip et al. (2004, p49) suggest, "...mentoring is not a 'magic bullet' that is capable of solving all the problems facing young people and those charged with working with them." Nevertheless, a close relationship with a caring, responsible adult can provide valuable support and respite to disadvantaged children and has the potential to change their lives in subtle but meaningful ways.

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Part 3: Critical appraisal

Introduction

This critical appraisal considers the process of planning and conducting the qualitative study presented in Part 2 and explores some conceptual issues raised by the research. It is divided into three sections. The first section outlines the development of the project; I explain the decisions I made and describe the challenges I encountered in my early interviews with mentees and their caregivers. The second section covers my experiences of conducting qualitative research, from developing the interview schedule through to data analysis. The final section considers issues related to recruitment, training and support procedures in youth mentoring. It includes an overview of existing research and best practice guidelines, and a discussion of how the mentors in my study viewed their role and the support they received.

Development of the project

Given the lack of research into the processes of mentoring, I originally set out to conduct a qualitative study of long-term mentoring relationships. I began by interviewing the mentees, their primary caregivers and the mentors. I was keen to include multiple perspectives for two main reasons: firstly, ‘data triangulation’ increases the validity of a research study (Willig, 2008); and secondly, researchers in the field have called for a more holistic understanding of the mentoring process (see Keller’s systemic model of mentoring; Keller, 2005). However, in my initial interviews with two mentees, I found that it was difficult for them to articulate their experiences of the mentoring relationship, despite my prior consideration of appropriate language, pacing and scaffolding of the interview schedule. In hindsight, this was not surprising given that these mentees were 10 and 11 years old, and the

stage of their cognitive and language development is likely to have limited their ability to talk about abstract concepts such as relationships (Piaget, 1972). The caregivers, on the other hand, were unable to comment about many aspects of the mentoring process, and tended to discuss broader familial and social problems that were not directly relevant to the research questions.

In contrast, the quality of data provided by the mentors was rich and detailed. This fuelled my interest in the mentor's approach; identifying a gap in the literature, I decided to focus on mentor perspectives of enduring, successful relationships. For both conceptual and practical reasons, the mentees and their caregivers were therefore not included in the study. Nevertheless, it is worth noting that while interviewing families raised certain problems, the experience did, however, provide a useful insight into contextual factors influencing the mentoring relationship. Experiencing engagement difficulties first-hand helped me to approach the mentor interviews with genuine empathy and curiosity about how they had managed to overcome barriers to forge strong, successful relationships with their mentees. Furthermore, meeting the children in their homes provided a stark contrast to the affluent and pristine workplaces of some of the mentors. This highlighted both the potential gains and challenges associated with pairing vulnerable youth with adults from different socioeconomic and cultural backgrounds.

In order to include another perspective of the mentoring relationship, I decided to interview the caseworkers. Deutsch and Spencer (2009) recommend that in addition to assessing the quality of the one-to-one relationship between the mentor and the youth, it is important to consider the quality of the mentoring programme in which the relationship is embedded. They call for a better understanding of programme-level processes influencing the relationship, such as training and

supervision. Since the views of programme staff have rarely been included in mentoring research, this seemed like an interesting adjunct to the study.

Finally, while mentees were not included in this study, it is important that future research includes their views of mentoring. The predominant approach to researching children's experiences has been grounded in 'research on' rather than 'research with' children; however, children are being increasingly recognised as active participants and 'key informants' (Darbyshire, 2000). Researchers wishing to explore mentees' perspectives in younger children could adopt a multi-method approach rather than a traditional verbal interview, using more engaging techniques such as story-telling, photography or focus groups (e.g. Darbyshire, MacDougall & Shiller, 2005).

Conducting qualitative research

Conducting qualitative research is an inherently subjective process. As human beings, researchers inevitably bring their own unique set of 'preconceptions' (i.e. values, assumptions, feelings, theories) to a project, and these preconceptions influence how the data is gathered, interpreted and presented (Tufford & Newman, 2010). At the same time, having an awareness of one's own preconceptions is beneficial in that it allows researchers to reach a deeper level of reflection and identify themes in common with the broader human experience (Ahern, 1999). Qualitative researchers must therefore demonstrate reflexivity. Willig (2008) draws a distinction between epistemological reflexivity and personal reflexivity. Epistemological reflexivity involves reflecting upon the assumptions that the researcher has made about knowledge and the world during the course of the study, and how these assumptions have influenced the process of the research and its

findings. Personal reflexivity involves reflecting upon the ways in which the researcher's own values, experiences and interests have shaped the research, and how the research has in turn affected the researcher. There is of course likely to be some overlap between these two types of reflexivity, given that personal factors can influence epistemological beliefs and vice versa. By adopting a reflexive approach, researchers are encouraged to acknowledge and 'bracket' their preconceptions so that they do not unduly shape the data and compromise the rigour of the research (Tufford & Newman, 2010). In the following sections I discuss my experience of the process of conducting the study, with reference to issues of reflexivity and bracketing.

Developing the interview schedule

During the early stages of the project, I quickly became aware of the influence of specific theoretical knowledge acquired through my experiences in child research and clinical training. Having previously administered the Child Attachment Interview (Target, Fonagy, & Shmueli-Goetz, 2003) with children in middle childhood and early adolescence, there was a noticeable bias in the first draft of my interview schedule towards attachment theory, with emphasis placed on times of conflict, distress and separation within the mentoring relationship. During the initial interviews, I also noticed an instinctual tendency to interpret interactions between mentors and mentees in terms of attachment processes. Transcribing and discussing these interviews with my supervisor enabled me to bracket, but not abandon, my assumptions at an early stage in the research process. The interview questions were revised accordingly.

Conducting the interviews

On the whole, the mentors and caseworkers were a reliable, organised and reflective group of participants, which made the interviewing process reasonably straightforward. However, during the interviews, I was often aware of the influence of my role as a clinical psychology trainee; my therapeutic background was both a help and a hindrance at times. On the one hand, it enabled me to establish a good level of rapport and empathy with participants. This was particularly important for the mentors, given that they had a strong personal stake in the issues being discussed. I was also generally able to strike a good balance between allowing the participants to tell their own stories and gathering enough relevant information.

However, other aspects of my clinical interviewing skills needed to be adapted to the research context. For example, my early attempts to summarise and paraphrase (in order to ensure that the participant felt heard) were often unnecessary and overly interpretive, either wasting time or leading to missed opportunities for further questioning. I also realised that certain words or phrases in the original interview schedule (e.g. “What strategies have you used to help your mentee overcome their difficulties?”) were a reflection of language commonly used in my clinical role. Such language did not ‘fit’ with the strengths-based ethos of the mentoring organisation and was sometimes a source of tension in the interviews. As I was keen to take a phenomenological approach and represent the experiences of the participants from their perspective, I simplified my language and used my understanding of systemic and narrative approaches to adopt a stance of genuine curiosity and “not knowing” (e.g. White & Epston, 1990). Another area of development was eliciting underlying mental states, i.e. identifying the mentors’ internal thought processes guiding their interactions with their mentees. This did not

come easily for most participants and required attentive, and sometimes quite directive, questioning on my part. With practice and ongoing feedback from my supervisor, I became more confident and skilled about knowing how and when to follow up on salient points in the conversation.

As a clinical trainee, I was also conscious of my shared professional background and language with the caseworkers. While the caseworkers did not explicitly refer to any theoretical models in the interviews, their perspectives seemed to be predominantly guided by a psychodynamic approach and ideas from attachment theory. There were a few occasions when a mentor's and a caseworker's interpretation of an event differed. In one example, the mentor had understood a prolonged break in the relationship in terms of the child's developmental stage and increased need for peer friendships, whereas the caseworker was concerned that the child might be unconsciously testing the boundaries of the relationship or pushing the mentor away. Ahern (1999) recommends that researchers recognise feelings that could signal a lack of neutrality in order to avoid projecting one's own feelings onto the data. While I was initially swayed towards the caseworker's perspective, having an awareness of this bias helped me to remain open to the mentor's perspective during interviews, and later even made me question my own theoretical position.

Finally, it is worth noting that both the mentors and caseworkers appeared to value the interviewing experience. It provided them with a unique opportunity to reflect on the mentoring process with a neutral party, without the usual pressure of being assessed within a supervisory context. One of the caseworkers commented on her experience of the interview:

“They're quite good questions actually, that you're asking. I was just thinking in supervision I would love my managers to ask me these types of questions. Because, you know, sometimes you go along and you don't have

time to stop and think about things...more subtle things you don't have time to think about..." (Caseworker 6)

Data analysis

Given my shared professional background with the caseworkers and the greater level of clarity and coherence of their accounts, I was mindful not to prioritise their perspectives in the analysis. I therefore coded the mentor transcripts before the caseworker transcripts.

I chose to take an inductive rather than a theoretical approach to the data. An inductive form of thematic analysis involves coding the data without trying to fit it into a pre-existing coding frame or the researcher's analytic preconceptions (Braun & Clarke, 2006). It tends to provide a richer description of the overall data, and allows the research questions to evolve through the coding process. A theoretical thematic analysis, on the other hand, can provide a more detailed analysis of particular aspects of the data in response to specific, pre-defined research questions. While there are advantages and disadvantages to both methods, an inductive approach seemed more appropriate for this study given that the mentor's perspective is an under-researched area.

At this stage, I had to be especially careful to bracket my theoretical assumptions, in light of my clinical background and the emphasis on attachment theory in the mentoring literature (e.g. Rhodes, Spencer, Keller, Liang & Noam, 2006). My early attempts at coding transcripts were too interpretive, including broad attachment-related labels such as "containment", "secure base" and "fear of abandonment". Reanalysis of transcripts and discussions with my supervisor counteracted this 'analytic blindness' (Ahern, 1999) and I deliberately avoided engaging with the literature at this stage (Braun & Clarke, 2006). As a result, subsequent coding was more closely linked to the content of the data. Finlay (2008)

warns that tensions can often arise between bracketing preconceptions and using them as insight. I was indeed aware of these tensions as I strived to identify general patterns and overarching themes in the data, whilst capturing the subtle nuances of the participants' views. Analysing a large data set produced by two types of participants was a necessarily 'messy' process; the data did not automatically fall into neat categories and there were numerous ways of linking observations. Systematic coding and thorough documentation helped me to manage this challenge.

The influence of the research on the researcher

Having had a brief and unsuccessful experience as a mentor prior to clinical training, I initially approached the project with great interest but also a degree of uncertainty about the benefits of youth mentoring. However, listening to the participants' stories was fascinating; I was inspired by the mentors' enthusiasm, generosity and perseverance, and impressed by the quality of support they received from their caseworkers. The experience helped me to understand how mentoring can have a subtle but profound influence on children's lives, often in ways that cannot necessarily be captured by quantitative outcome measures (e.g. through developing self-belief or confidence).

Several of the mentors told me that their mentees were receiving psychotherapy at the time of the study. While it was not within the scope of the project to explore this in the interviews, I was often left wondering how these two different types of intervention impacted upon the children's development. Conducting the research has certainly enhanced my clinical practice. I am more aware of the existence of third sector organisations such as mentoring programmes, and how these organisations can provide effective emotional and psychological

support alongside traditional mental health services. I am therefore able to consider a range of treatment options beyond the professional support immediately available.

Recruitment, selection and training of mentors

The findings from the study presented in Part 2 point to the high level of skill and resilience required to be an effective mentor. This would suggest that careful selection of high quality mentors is a key process. While it is widely accepted that the presence of certain programme practices facilitates the development of the relationship (DuBois, Portillo, Rhodes, Silverthorn & Valentine, 2011), there is a surprisingly small body of research into recruitment, training and support procedures involved in youth mentoring. This research has a number of limitations in common with the wider mentoring literature. Studies are typically correlational in design, often due to practical and ethical reasons, and therefore have low internal validity. There is also considerable variability in the type of mentoring programme, participant and setting under investigation, which makes it difficult to generalise the findings to other contexts. Furthermore, there is a lack of qualitative studies examining how mentors experience these programme practices.

Given these limitations and the small number of empirical studies available, the best practice guidelines are understandably tentative in their recommendations (MENTOR, 2009). They outline the minimum requirements and do not specify exactly how these practices should be implemented. The existing research and guidelines are summarised below: firstly, for recruitment and selection, and secondly, for training and support. This is followed by a discussion of how the mentors in the study in Part 2 viewed their role and the support they received.

Recruitment and selection

DuBois et al.'s (2011) meta-analysis found that mentoring programmes were more effective when mentors' educational or occupational backgrounds were well matched to programme goals. In a more detailed review of the literature on recruitment, Stukas and Tanti (2005) identify three main types of mentor characteristics associated with positive outcomes: demographic characteristics (e.g. education level, income, participation in other voluntary activities), personality traits (e.g. "prosocial personality" traits such as other-oriented empathy and helpfulness) and motivations for becoming a mentor. The majority of research has examined motivational differences in mentoring and has tended to contrast altruistic with egoistic goals (Stukas & Tanti, 2005). Some studies have found an association between altruistic motivations and positive outcomes (e.g. Karcher, Nakkula & Harris, 2005; Rubin & Thorelli, 1984) while others have found egoistic motivations to be more influential (e.g. Starke & DuBois, 1997). It has been suggested that both types of motivation may lead to longer and better mentoring relationships, but only to the extent that actual opportunities allow these motives to be fulfilled (Stukas & Tanti, 2005). Motivations are also thought to influence expectations of the relationship, and a few studies have found a link between mentor expectations and outcomes (e.g. Madia & Lutz, 2004; Spencer, 2007). These studies have shown that unrealistic or unfulfilled expectations can have a negative effect on the quality and duration of the relationship.

The guidelines for recruitment and selection advise organisations to select mentors who are committed and have realistic expectations, but the focus is predominantly on screening for safety rather than personal suitability (MENTOR, 2009). Following the rapid proliferation of mentoring programmes in North America

in the 1980s, many organisations have struggled to recruit and retain sufficient numbers of mentors (Roaf, Tierney & Hunte, 1994). As a result, there seems to be a greater emphasis on quantity rather than quality of mentors.

Training and ongoing support

Research into training and support procedures is also rare. Parra, DuBois, Neville and Pugh-Lilly (2002) found that mentors' perceptions of training quality predicted the length of the mentoring relationship, with this association mediated by mentor self-efficacy and youth reports of relationship closeness. The number of hours of training has also been positively associated with the duration of the relationship (McClanahan, 1998) and satisfaction with the relationship (Herrera, Sipe and McClanahan, 2000). Regarding ongoing support, Furano, Roaf, Styles and Branch (1993) reported that organisations that provided regular supervision by caseworkers had matches that met more frequently than organisations that provided less supervision. However, in contrast, DuBois and Neville (1997) found that contacts with programme staff were negatively related to relationship closeness and length. Clearly, more research is needed to determine the optimal amount of training and supervision required to facilitate effective mentoring relationships.

The guidelines advise organisations to provide mentors with a minimum of two hours training, two contacts within the first month of the match, and monthly contact thereafter (MENTOR, 2009). They suggest that the content of training should focus on mentor motivations, modify unrealistic expectations and address any discrepancies between the goals of the mentor and the mentee. Drawing upon the wider mentoring literature, the guidelines also recommend that training and support procedures should develop and sustain interpersonal skills, such as attunement, and "positive relationship behaviours", such as authenticity, empathy, collaboration and

companionship. However, there is no specific guidance on how, or to what extent, organisations should try to develop these skills and behaviours.

Mentors' views of their role

While the research presented in Part 2 did not focus on the mentors' experiences of programme practices, some mentors raised some interesting points about training and supervision that could be explored in future studies. The mentors all underwent a rigorous interview procedure, followed by a two day training programme. They received weekly supervision for the first six months, and monthly supervision from six months onwards. The findings indicated that, on the whole, the mentors valued the training and support they received from their caseworkers. Most of the mentors felt that the frequency and style of supervision was appropriate, although those who had been meeting with their mentees for two years experienced the frequency of supervision as somewhat excessive. A few mentors had mixed feelings about the organisation's approach or their caseworker's style of supervision. While they appreciated having someone to talk to about the mentoring relationship, they felt that the caseworkers could be too analytical at times, which left them feeling scrutinised and less confident in their role. Mentor 1 thought that the term 'supervision' was unnecessarily formal and created an unhelpful barrier in the mentor-caseworker relationship. Her feelings about supervision are illustrated in the following extract.

M: "...my previous [caseworker] gave me guidance or helped to deal with it, whereas I think [my current caseworker]'s just trying to make me talk about it more to her, like she's more, 'And why do you think that is, and how did that come about?' ..."

I: "What don't you like about that?"

M: "I feel...that it's not supporting, it's just making me try and think more about, you know, about all the little intricacies of what happened. 'Did you do this or did you do that?' and I don't know, I'm just looking for a way to help me

cope in the situation, not feel like I'm being torn to shreds to find out all the little details..."

While it seems that training and supervision are vital for effective mentoring, it is also possible that providing too much support, or the wrong type of support, could have a negative impact on the mentoring relationship. The mentors in this study seemed to predominantly rely upon their natural talent and skills to respond to the children's needs. During the interviews, I was often impressed by their accounts of how they had managed difficult situations, particularly when their mentees had become distressed. The mentors sometimes described using strategies that a therapist might use, such as thought challenging, questioning the evidence and exposure (Hawton, Salkovskis, Kirk & Clark, 1989). However, in their minds they were not applying any particular 'strategies' and were simply guided by their intuition and their understanding of the child. This left me wondering whether mentoring programmes might benefit from teaching mentors basic therapeutic skills, or whether such specialist training might in fact jeopardise the distinctive role of the mentor.

To my knowledge, such issues have not been discussed in the mentoring literature, but the risks of 'professionalisation' have received some attention in the context of peer support interventions (Pistrang, Jay, Gessler & Barker, 2013; Repper & Carter, 2011). Some of the ideas may also be usefully applied to youth mentoring. Repper and Carter (2011) assert that peer support in mental health services offers distinctive features that are not provided by professional interventions: support based on experience rather than professional expertise, more reciprocal relationships and more egalitarian conversations. They argue that formalising peer support by offering training, payment or titles would lead to power differences in the relationship. Peer support workers could become socialised into the 'usual ways of working' and adopt the traditional medical language of mental health professionals, leading them to

neglect the unique personal experience of the individuals they are trying to support. The recipients of peer support, in turn, may feel less comfortable about disclosing their true thoughts and feelings.

In a similar way, formalising mentoring interventions could reduce the degree of freedom, flexibility and reciprocity afforded by the relationship. Some might argue that it is this unique level of freedom and flexibility that creates the potential for mentors and mentees to form such a close, meaningful and lasting bond. A greater emphasis on using specific skills to address individual difficulties would inevitably detract the focus away from forming a friendship based on fun, mutual enjoyment and shared interests. The flexibility of the role may also be one of the key incentives of mentoring, as demonstrated in one mentor's comparison of his professional role as a social worker and his role as a volunteer mentor.

"...often the social worker is seen as the bad guy... And you're always just the social worker, you're a professional, you're kind of, you're a step removed from it really. Um, whereas I feel, like the mentoring, it's more like hands on and I feel like I'm actually doing what I wanted. I feel like I'm making a change in a young person's life. That's the change I want to make, which I can't do in my job...I mean, that's why I did it, because I felt frustrated...so I went into mentoring." (Mentor 15)

Several of the mentors in this study also commented that it was important for the children and their families to perceive the mentors as non-professional volunteers. One mentor thought that the informal, authentic nature of her role helped to engage the child's parent in the mentoring process, and set her apart from the caseworker and other professionals involved with the family.

"Yeah, and maybe there's something a bit more, like real about [mentoring]. And not like institutionalised...you know, everything is in a framework isn't it... It's funny because even when [the child's parent] referred to [the caseworker] ...she said something like, 'Oh what's the organisational person or the woman from the organisation called?' and she'd forgotten her name. I thought that was so interesting because I'm not an organisation in their

house....maybe if I turned up every day with a piece of paper, it'd make me different in her eyes... ” (Mentor 14)

It seems that while careful screening, training and supervision are important procedures in the development of successful mentoring relationships, it is also necessary to maintain the distinctiveness of the mentor role. Repper and Carter (2011) suggest that peer-led training and peer supervision can help to preserve the unique qualities of peer support workers. Mentoring organisations may also benefit from the provision of group opportunities for mentors to share insights, coping strategies and experiences.

Conclusions

Throughout the process of conducting the qualitative study, I strived to maintain a balance between bracketing my preconceptions and using them to inform the development of the research. The experience has certainly raised my awareness of the socially constructed nature of research, and the inevitable influence of the researcher on the data. I understand that total objectivity is not humanly possible, nor is it necessarily desirable. I have also come to appreciate that all research has its limitations, and therefore recognise the value in using a variety of methods and designs to investigate a given phenomenon.

I was both impressed and inspired by the mentors' commitment and desire to help their mentees fulfil their potential. I believe that in the right circumstances youth mentoring can influence children's lives in a meaningful way, providing a useful, cost-effective complement to traditional mental health services. However, further research is needed to elucidate the personal qualities, relational processes and programme practices associated with effective mentoring.

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Appendices

Appendix 1
Joint project information

This study was conducted as part of a joint research project with fellow UCL clinical psychology doctorate students, Matthew Evans and Marta Prytys Kleszcz. All three projects were part of an ongoing evaluation of the same mentoring organisation. The two other studies were (a) a quantitative study examining mentoring relationship quality over time (ME); and (b) a qualitative study exploring mentor, mentee and caseworker perspectives of the development of the mentoring relationship at six months (MPK). All three projects were supervised by Professor Nancy Pistrang.

Joint work

Liaison with the mentoring organisation regarding recruitment to the study

Design of participant information and consent forms

Independent work

The literature review

The design and research questions of the empirical study

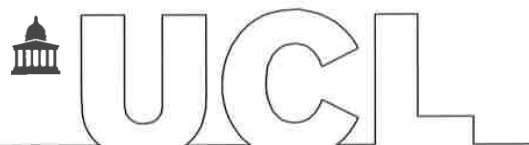
The design of the interview schedules

All mentor and caseworker interviews

Qualitative analysis and write up

Appendix 2

Letter of ethical approval



Dr Nancy Pistrang
Department of Clinical, Educational and Health Psychology
UCL

29 September 2009

Dear Dr Pistrang

Notification of Ethical Approval

Ethics Application: 0484/001: Processes and outcomes of befriending for young people

I am pleased to confirm that your study has been approved by the UCL Research Ethics Committee for the duration of the project, i.e. until October 2013.

Approval is subject to the following conditions:

1. You must seek Chair's approval for proposed amendments to the research for which this approval has been given. Ethical approval is specific to this project and must not be treated as applicable to research of a similar nature. Each research project is reviewed separately and if there are significant changes to the research protocol you should seek confirmation of continued ethical approval by completing the 'Amendment Approval Request Form'.

The form identified above can be accessed by logging on to the ethics website homepage: <http://www.grad.ucl.ac.uk/ethics/> and clicking on the button marked 'Key Responsibilities of the Researcher Following Approval'.

2. It is your responsibility to report to the Committee any unanticipated problems or adverse events involving risks to participants or others. Both non-serious and serious adverse events must be reported.

Reporting Non-Serious Adverse Events.

For non-serious adverse events you will need to inform Ms Helen Dougal, Ethics Committee Administrator (h.dougal@ucl.ac.uk), within ten days of an adverse incident occurring and provide a full written report that should include any amendments to the participant information sheet and study protocol. The Chair or Vice-Chair of the Ethics Committee will confirm that the incident is non-serious and report to the Committee at the next meeting. The final view of the Committee will be communicated to you.

Reporting Serious Adverse Events

The Ethics Committee should be notified of all serious adverse events via the Ethics Committee Administrator immediately the incident occurs. Where the adverse incident is unexpected and serious, the Chair or Vice-Chair will decide whether the study should be terminated pending the opinion of an independent expert. The adverse event will be considered at the next Committee meeting and a decision will be made on the need to change the information leaflet and/or study protocol.

On completion of the research you must submit a brief report (a maximum of two sides of A4) of your findings/concluding comments to the Committee, which includes in particular issues relating to the ethical implications of the research.

Yours sincerely

A handwritten signature in black ink, appearing to read 'John Birch', written in a cursive style.

Sir John Birch
Chair of the UCL Research Ethics Committee

UCL Research Ethics Committee, c/o The Graduate School, North Cloisters, Wilkins Building
University College London Gower Street London WC1E 6BT
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h.dougal@ucl.ac.uk
www.ucl.ac.uk/gradschool

Appendix 3
Participant information sheets



An evaluation of befriending

Information sheet for befrienders

We are inviting you to take part in this research project. You should only participate if you want to; choosing not to take part will not disadvantage you in any way. Before you decide whether you want to take part, it is important to read the following information carefully and discuss it with others if you wish. Please ask us if there is anything that is not clear or if you **would like more information.**

Who are we?

We are researchers from University College London and we are working together with [the mentoring organisation]. Our contact details are at the bottom of this sheet.

What is the project about?

The purpose of this research is to get a detailed picture of how befriending may help young people. There are a number of studies of befriending (sometimes called mentoring), but few have looked at long-term befriending and how change occurs over time. We hope to learn more about this by getting the views of the young people, their befrienders and their parents.

Who is being invited to take part?

We are asking young people who have been matched with a befriender at [the mentoring organisation] to take part, as well as their befrienders and parents.

What will I be asked to do?

We will ask you to fill out questionnaires that ask about your relationship with the young person whom you are befriending. We will also ask you to take part in an informal interview so that we can hear about your experiences of befriending. Because we are interested in how befriending develops over time, we will ask you to fill out questionnaires several times over the next couple of years while you are with [the mentoring organisation]. They should not take longer than 30 minutes to fill out and you will be able to do them at a time and place convenient to you.

What will happen to the information that is collected?

All the questionnaires and interviews will be made anonymous; names and any identifying information will be removed so that you cannot be identified. With your permission, we will audio-record the interviews and then transcribe (write up) what was said. We will delete the recordings after they have been transcribed. All written information will be stored securely and will be destroyed five years after the project has ended. All data will be collected and stored in accordance with the Data Protection Act 1998.

Everything that you tell us will be kept confidential; only the research team will have access to what has been said. The only time confidentiality would be broken is if we were worried that someone was at risk of harm, and we would need to let the appropriate services know. However, we would try to talk to you about this before we spoke to anyone else.

Once the project is over, the results will be written up and may be submitted for publication in a professional journal. Reports will not reveal the identity of anyone who took part. A summary of the findings will be given to those who took part in the project.

Are there any benefits of taking part?

We hope that you will find it interesting to fill in the questionnaires and to talk to us about what it is like being a befriender. The research should give us a better understanding of how befriending works, and therefore it should be helpful to [the mentoring organisation] and to young people in the future.

Are there any risks of taking part?

We do not think there are any risks to taking part. If you feel uncomfortable answering any questions, you do not have to answer them.

Do I have to take part?

No, you don't have to take part; it is up to you to decide. If you do decide to take part, you are still free to withdraw at any time and without giving a reason.

What do I do now?

If you would like to take part, or if you have any questions, please tell one of the researchers or someone at [the mentoring organisation]. Before taking part, we will ask you to sign a consent form.

The researchers are:

Dr Nancy Pistrang <n.pistrang@ucl.ac.uk>
Dr Chris Barker <c.barker@ucl.ac.uk>
Matthew Evans <matthew.evans@hotmail.com>
07729019952
Marta Prytys <mprytys@hotmail.com>
Nicky Mountain <nicky.mountain.09@ucl.ac.uk>

Department of Clinical, Educational and Health Psychology
University College London
Gower Street, London, WC1E 6BT

Telephone: 020 7679 5962

Thanks for reading this information sheet! You can keep this copy.

This study has been approved by the UCL Research Ethics Committee (Project ID number 0484/001).



An evaluation of befriending

Information sheet for caseworkers

We are inviting you to take part in this research project. You should only participate if you want to; choosing not to take part will not disadvantage you in any way. Before you decide whether you want to take part, it is important to read the following information carefully and discuss it with others if you wish. Please ask us if there is anything that is not clear or if you **would like more information.**

Who are we?

We are researchers from University College London and we are working together with [the mentoring organisation]. Our contact details are at the bottom of this sheet.

What is the project about?

The purpose of this research is to get a detailed picture of how befriending may help young people. There are a number of studies of befriending (sometimes called mentoring), but few have looked at long-term befriending and how change occurs over time. We hope to learn more about this by getting the views of the young people, their befrienders and their parents.

Who is being invited to take part?

We are asking young people who have been matched with a befriender at [the mentoring organisation] to take part, as well as their befrienders and parents.

What will I be asked to do?

We will ask you to take part in an informal interview so that we can hear about your experiences of supervising the befriender and your view of how the relationship is developing.

What will happen to the information that is collected?

All the questionnaires and interviews will be made anonymous; names and any identifying information will be removed so that you or the befriender or child cannot be identified. With your permission, we will audio-record the interviews and then transcribe what was said. We will delete the recordings after they have been transcribed. All written information will be kept confidential and stored in accordance with the Data Protection Act 1998.

Once the project is over, the results will be written up and may be submitted for publication in a professional journal. Reports will not reveal the identity of anyone who took part. A summary of the findings will be given to those who took part in the project.

Are there any benefits of taking part?

We hope that you will find it interesting to talk to us about your role as a caseworker. The research should give us a better understanding of how befriending works, and therefore it should be helpful to [the mentoring organisation] and to young people in the future.

Are there any risks of taking part?

We do not think there are any risks to taking part. If you feel uncomfortable answering any questions, you do not have to answer them.

Do I have to take part?

No, you don't have to take part; it is up to you to decide. If you do decide to take part, you are still free to withdraw at any time and without giving a reason.

What do I do now?

If you would like to take part, or if you have any questions, please tell one of the researchers. Before taking part, we will ask you to sign a consent form.

The researchers are:

Dr Nancy Pistrang <n.pistrang@ucl.ac.uk>

Dr Chris Barker <c.barker@ucl.ac.uk>

Matthew Evans <matthew.evans@hotmail.com>
07729019952

Marta Prytys <mprytys@hotmail.com>

Nicky Mountain <nicky.mountain.09@ucl.ac.uk>

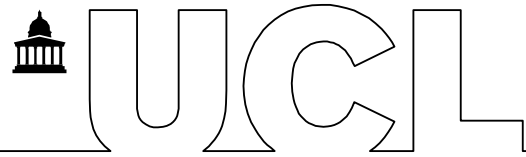
Department of Clinical, Educational and Health Psychology
University College London
Gower Street, London, WC1E 6BT

Telephone: 020 7679 5962

Thanks for reading this information sheet! You can keep this copy.

This study has been approved by the UCL Research Ethics Committee (Project ID number 0484/001).

Appendix 4
Participant consent forms



Informed Consent Form for Befrienders

Please complete this form after you have read the Information Sheet and/or listened to an explanation about the research.

Title of Project: **An evaluation of befriending**

This study has been approved by the UCL Research Ethics Committee
[Project ID Number: 0484/001]

Thank you for your interest in taking part in this research. Before you agree to take part the person organising the research must explain the project to you.

If you have any questions arising from the Information Sheet or explanation already given to you, please ask the researcher before you to decide whether to join in. You will be given a copy of this Consent Form to keep and refer to at any time.

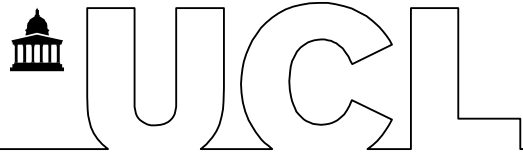
Participant's Statement

I

- have read the notes written above and the Information Sheet, and understand what the study involves.
- understand that if I decide at any time that I no longer wish to take part in this project, I can notify the researchers involved and withdraw immediately.
- understand that interviews may be audio-recorded, and consent to anonymised quotations from the interviews being used in reports.
- consent to the processing of my personal information for the purposes of this research study.
- understand that such information will be treated as strictly confidential and handled in accordance with the provisions of the Data Protection Act 1998.
- agree that the research project named above has been explained to me to my satisfaction and I agree to take part in this study.

Signed:

Date:



Informed Consent Form for Caseworkers

Please complete this form after you have read the Information Sheet and/or listened to an explanation about the research.

Title of Project: **An evaluation of befriending**

This study has been approved by the UCL Research Ethics Committee
[Project ID Number: 0484/001]

Thank you for your interest in taking part in this research. Before you agree to take part the person organising the research must explain the project to you.

If you have any questions arising from the Information Sheet or explanation already given to you, please ask the researcher before you to decide whether to join in. You will be given a copy of this Consent Form to keep and refer to at any time.

Participant's Statement

I

- have read the notes written above and the Information Sheet, and understand what the study involves.
- understand that if I decide at any time that I no longer wish to take part in this project, I can notify the researchers involved and withdraw immediately.
- understand that interviews may be audio-recorded, and consent to anonymised quotations from the interviews being used in reports.
- consent to the processing of my personal information for the purposes of this research study.
- understand that such information will be treated as strictly confidential and handled in accordance with the provisions of the Data Protection Act 1998.
- agree that the research project named above has been explained to me to my satisfaction and I agree to take part in this study.

Signed:

Date:

Appendix 5
Interview schedules

Mentor interview

Introduction

- I would like to find out about your experience of being a mentor, what your relationship with X is like, and how things have changed over the last year.
- Consent and confidentiality.
- Use of voice recorder.
- There are no right or wrong answers.

Overview: what it's like being a mentor

- What is it like being a mentor?
- What kind of things do you do with X?
- What kind of things do you talk about?
- What are the best things about being a mentor?
- What are the more challenging or difficult aspects?

Helping the young person to make changes

- What's your understanding of why X was referred to [the mentoring organisation]?
- What is X like?
- What do you see as their main difficulties?
- How have you tried to help X overcome these difficulties? What have you found helpful/not so helpful?
- Do you talk to X about their difficulties? What is that like?
- What were you hoping to achieve? What has informed or guided your actions?
- How do you understand your role as a mentor? What are the most important aspects of your role?
- What impact do you hope your relationship will have on X's life?
- Can you remember a time when X was upset about something? What happened? How did you manage that?
- Have X's difficulties changed since you first met? In what way?
- How would you describe X's difficulties now?
- How do you think X's life is different because of your relationship? At home? At school?
- What support have you received from [the mentoring organisation]? Did they give you any advice/tips? Did it make a difference?

Quality of the mentoring relationship

- How has the relationship changed since you first met? Is it different meeting with X now than at the beginning?
- How able is X to talk about their emotions? Has that changed?
- How able is X to ask you for help if they are upset or worried about something? Has that changed?
- Has there been a time when you weren't able to see X for longer than usual (e.g. holidays or Christmas)? What happened? How do you think X found the break? What was it like seeing X again?
- Has there been a time when X has become upset or angry with you? What happened? How did you handle that? How did that make you feel? What happened afterwards?
- What challenges have you faced in your relationship with X? Have the nature of these challenges changed?
- Do you anticipate any particular difficulties or challenges for the relationship in the future? How do you think you might deal with that?
- What are your thoughts about when it might end?
- Is there anything else that is important that we haven't already talked about?

Caseworker interview

Introduction

- I would like to find out about your experience of being a case worker for the young person and their mentor, what their relationship is like, and how things have changed over the last year.
- Consent and confidentiality.
- Use of voice recorder.
- There are no right or wrong answers.

Overview of the mentoring relationship

- How do you think the match has gone over the past year?
- What has gone well?
- What have been the more challenging or difficult aspects?

Helping the young person to make changes

- Why was the young person referred to [the mentoring organisation]?
- What is the young person like?
- What do you see as their main difficulties?
- Has the mentoring relationship helped to address these problems? In what way?
- What did the volunteer do to address each of these problems? How did it go? What went well? What didn't go so well?
- What do you think they were trying to achieve? What was informing or guiding their actions?
- Have the young person's problems changed over time?
- How would you describe their problems now?
- How do you think the young person's life is different because of the mentoring relationship? At home? At school?
- What kinds of support or input have you given the volunteer? Any tips/advice?
- What support do you think has been helpful for them? Has it made a difference?

Quality of the mentoring relationship

- How do you think the relationship has developed over time? Has it changed? In what way?
- What kinds of issues arise now? Is that different from the beginning?
- How able is the young person to talk about their emotions? Has that changed?
- How able are they to ask for help if they are upset or worried about something? Has that changed?
- How did the young person cope with any breaks or separations from their mentor (e.g. holidays or Christmas)? How was this managed?
- Have there been times of conflict in their relationship? What happened? Was it resolved?
- What are your thoughts about when it might end?
- How does this match compare to other mentoring relationships you have worked with?
- Is there anything else that is important that we haven't already talked about?

Appendix 6

Illustrations of the stages of analysis

Stage 1: Example of initial coding of a transcript

Extract from Mentor interview ID003 (p6-7)

- I: Sorry to interrupt, but if we could just go back to the tantrums, what sense do you make of what's happening there?
- M: I think it's very child...it's more to do with his age than his background or anything else. I think lots of kids his age throw tantrums with their parents or whoever they're with all the time. Understanding behaviour in developmental context
Normalising behaviour
- I: So you think he's trying to...?
- M: I think he's trying to get his own way! And it's the same with kids everywhere, a kind of failure to empathise with other people's wishes or needs... So again, I don't think any of those were about him kind of [inaudible], he just wanted to do particular things so... There's a weird kind of inverse relationship that as he gets to know you and trust you more he is more likely, and I think it's something that [the caseworker] would say is fairly common across all of their matches, they're more likely to mess you about with arrangements and stuff because they trust you enough to say, "Oh well actually I've had this offer from my mates to do this, so can we meet Sunday?" "No, come and meet me now, it's not a choice!" (laughs) So there's that kind of weird inverse thing where the more they trust that you won't disappear and they won't scare you away, the more they're secure in you as someone they can rely on, the more freedom they have to be themselves and be know you... But equally I think, I guess we've become closer. So one of his brother's was arrested in the riots and one has just got out of Holloway Prison, and when we first met he wouldn't talk about that at all but now we do talk about that. I always let him bring those things up, I never... So I often know this stuff from [name of caseworker], who'll hear it from social workers and the school and stuff, but I'll never say, "So I hear your brother's in jail?" If he wants to talk about it, I'm there. So it's a trust thing I guess, getting to know someone. Developing trust and security
Pushing boundaries
Becoming closer
Changes in talking
Not probing
- I: And what do you think would happen if you did bring those things up without him mentioning it first?
- M: I think it would be fine, but I've never just jump into one of those things, I'd have a think about where we were and the context of the conversation, but I think if I had to bring something up I could. Actually last weekend I had to bring something up, so when we were on the phone his mum had said, "I hope you don't mind but I've had a call from the school about his behaviour, would you mind having a talk?" He's just being cheeky in class, and it's because he's clever enough to be cheeky... Waiting for the right time and place to talk
Seeing child's strengths

Stage 2: Example of a summary produced for each mentor-caseworker pair

ID003 Transcripts Summary

Mentor interview

- Mentor relates child's experiences to own upbringing (p1) congratulations card "that's something my parents did for me when I was a kid" (p6) sharing own interests "I was an avid reader as a child" (p9) mentor draws on own single parent upbringing to help child see another perspective (p12) "I was a miserable git too" (p17)
- Milestone: "I knew we'd reached a strangely good point in our relationship when he was comfortable enough to throw sulks in front of me." Sign of trust. (p1, 6)
- Challenging the child's point of view and presenting an alternative perspective (p2) "Are you gay?" example (p3-4) Encouraging child to think about consequences of behaviour e.g. getting in trouble at school (p13)
- "Starting off strict" and reinforcing boundaries e.g. about swearing (p4)
- Mentor's previous experiences with children and in a helping role (increased confidence?) (p4)
- Helping the child to understand social norms/etiquette, presenting clear rules with reasons: swearing example – "Don't swear here, there are younger kids here or families here" (p5)
- Broadening horizons: "there's a bit more out there than Kentish Town" (p5) Exposing child to a different way of living (p11)
- "Normal child behaviour" - understanding child within developmental context: "I wouldn't say he was being homophobic, just being a 10 year old...so I was fairly open-minded about it." (p5, 6) "And it's the same with kids everywhere, a kind of failure to empathise with other people's wishes or needs." (p7)
- Realistic expectations and "added bonuses" (p5, 8, 10) "you try all these things but it's very unlikely that they'll come off" (p9) "My main [aspiration] is to give him some stability and be a bit of a constant where possible. And all the other things are added bonuses" (p10)
- Mentor's own background and values: "reinforcing aspiration" e.g. talking about future careers (p5) encouraging child to read (p9) involvement in decision making about education and GCSE choices (p9) "I think education, if you get it right, is one of the big silver bullets for a lot of social issues in any country" (p10) imparting a "decent work ethic" (p10)
- Praise and celebrating achievements to build confidence: congratulations card for SATs, going to school show (p6) Showing genuine interest in child e.g. school (p14)
- "I guess you're talking really little incremental things that you hope will trickle down into other aspects of his life." (p6, 8)
- Trust and security, understanding cancellations and rearrangements: "So there's that weird kind of inverse thing where the more they trust that you won't disappear and they won't scare you away, the more they're secure in you as someone they can rely on, the more freedom they have to be themselves and be you know..." (p7)
- Not probing, waiting for the right time and place: "I always let him bring those things up" "I'd never just jump into those things, I'd have a think about where we were and the context of the conversation" (p7)
- Reinforcing boundaries with the parent (p8)
- Modelling to the parent that the child comes first (p8)
- Fun, opportunities for mentor as well as child (p10)
- Helping child to think about and verbalise own behaviour and feelings e.g. when child is angry (p12)

- Asking questions to get child to think for himself: "...and instead of saying yes I try to get him to, "So what do you think might happen?" so you get him to describe to you some stuff." (p14)
- Making the child feel listened to: "I try and make sure I ask him about stuff we talked about last week just so he knows I've listened" (p14)
- When child finds out mentor is not paid (p15)
- "so a bit of empathy and a bit of "no I'm not putting up with that" (p17)

Caseworker interview

Mostly similar account although caseworker had some different ideas about the reasons behind recent cancellations.

- "up and down patch" "hiccups along the way" (p1)
- Realistic expectations (p1)
- Showing a different way: someone different from the family (p1, 2) allowing child to come to mentor's home (p7) "doesn't throw it in [name of child]'s face, he just shows him it really...he just shows a different way" (p12) "recognition that actually there are different ways, a different way you can behave, a different way you can live" (p13)
- Focusing on the positives and strengths rather than difficulties e.g. doing maths related things in a fun way (p3)
- Praise and encouragement, building confidence (p2, 3, 12)
- Mentor relates child's experiences to own upbringing (p3, 4)
- Type of activities: "small enough things for them to have an opportunity to spend time talking and just being together" (p3)
- Long term view on friendship, talking about the future (p4)
- Helping the mentor to understand child's behaviour in context, being non-judgemental about child's parent and background, "seeing the need beyond the surface" "so that happened to [name of child] that week, and how might this make him feel on our next visit" (p4, 5, 10, 14)
- Not probing when child is finding it difficult to talk e.g. family involved in riots (p5-6, 11)
- Mentor's own values: promoting education (p6) mentor's emphasis on education too much for child? (p8, 9) "someone who can give [name of child] a passion for education" (p13)
- Firm boundaries e.g. child comes to mentor's house (p6-7)
- Focus on child's wishes: "it's okay to be two different people" (p9) reminding child "you can still be yourself and [name of mentor]'s still going to be your friend" (p10)
- Not taking things personally e.g. when child doesn't talk about riots (p12, 14)
- Helping the child feel special, reminding the child that the mentor is not being paid (p15)

Main themes

- "Hiccups along the way"
- Milestone: Understanding "sulks" as a sign of trust
- Reflecting on own upbringing and identifying with the child
- Showing the child a different way: "...really little incremental things that you hope will trickle down..."
- Starting off strict
- Not probing, waiting for the child to bring things up
- Reinforcing aspiration and "added bonuses"
- Making the child feel special e.g. praise, good luck cards, attending school show, voluntary nature of role

Stage 3: Preliminary list of domains and themes

The development of the relationship:

1.1 Intimacy: from 'doing' to 'being'

1.2 Peaks and troughs

1.3 Breakthroughs and milestones

How the mentor attempts to help the child:

2.1 Reading between the lines: understanding the child's behaviour

2.2 To talk or not to talk

2.3 Showing another way

2.4 Focusing on strengths

2.5 Setting limits

2.6 Managing anxieties

2.7 Mentalising

2.8 Finding a voice

Stage 4: Example of a themes summary produced for each mentor-caseworker pair

ID003 Themes

The development of the relationship:

1.1 Intimacy: from 'doing' to 'being'

- Always getting closer (p6M) more able to talk about personal subjects e.g. brother in prison (p7M) less adventurous now - child enjoys swimming and quiet time together e.g. cooking in mentor's home (p7,15C)
- Child realises mentor is there for him, not family - mentor not being paid (p15M)
- Genuine friends – likely to continue forever (p3-4,15C)

1.2 Peaks and troughs

- Run of cancellations around the time of the riots (p16M) Up and down patch of 'I'd rather see my friends' (p1,8C)

1.3 Breakthroughs and milestones

- First milestone of child having a tantrum around 6 months – sign of trust (p1,6-7M)

How the mentor attempts to help the child:

2.1 Reading between the lines: understanding the child's behaviour

- Normalising and understanding behaviour in developmental and social context, e.g. mother's reaction to child being involved in a fight (p6M,p4,10C) difficulties at home having an impact on friendship (p16M)
- Identifying with the child, remembering own childhood experiences (p1,7,9,17M, p3,4C)
- Child presents as a 'cheeky chappy' - mentor able to see need under the surface (p4C)

2.2 To talk or not to talk

- Not probing, waiting for child to bring difficult things up (p7M)
- Child not wanting to talk about personal things as much as he gets older (p6C) protective towards mother so does not discuss deeper feelings (p11-12C)

2.3 Showing another way

- A different viewpoint e.g. fight with local children, homosexuality (p3-4,5M, p13C)
- Encouraging aspiration and a strong work ethic, sharing own interests e.g. reading, education (p5,9, 10M) influenced by mentor's own bringing (p10,11M) asking about school every week (p14-15M) child excited to show mentor his school uniform (p6C)
- Showing him a different way but not contradicting the messages that child hears at home (p10M, 12C)
- Child seems aware of differences in their lives on some level (p11M)

2.4 Focusing on strengths

- Praising and recognising achievements, cards, attending school plays, doing fun maths-related activities (p6M, p3C)
- Child wants to do well at school to get praise from mentor (p3C) but also concerns from caseworker that this puts too much pressure on child to do well (p8-10C)

2.5 Setting limits

- Starting off strict e.g. swearing (p4-5M)
- Mother asks mentor to talk about child's behaviour at school (p7M) thinking through consequences of behaviour and other people's perspectives (p2,13-14M)
- Maintaining boundaries with the family, avoiding too much contact with parent – goal is to help child, not the family (p8M)
- Helping child to manage angry feelings – aggression is the 'default mode' (p12M)
- Child turns up at mentor's home unexpectedly (p6-7M)

2.6 Managing anxieties

2.7 Mentalising

2.8 Finding a voice