

EVALUATION REPORT

Multi-Site Trial: Mentoring

Feasibility Study Report

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THE CENTRE
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IMPACT

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About the Youth Endowment Fund

The Youth Endowment Fund (YEF) is a charity with a mission that matters. We exist to prevent children and young people becoming involved in violence. We do this by finding out what works and building a movement to put this knowledge into practice.

Children and young people at risk of becoming involved in violence deserve services that give them the best chance of a positive future. To make sure that happens, we'll fund promising projects and then use the very best evaluation to find out what works. Just as we benefit from robust trials in medicine, young people deserve support grounded in the evidence. We'll build that knowledge through our various grant rounds and funding activity.

And just as important is understanding children and young people's lives. Through our Youth Advisory Board and national network of peer researchers, we'll ensure they influence our work, and we understand and are addressing their needs. But none of this will make a difference if all we do is produce reports that stay on a shelf.

Together, we need to look at the evidence, agree what works and then build a movement to make sure that young people get the very best support possible. Our strategy sets out how we'll do this. At its heart, it says that we will fund good work, find what works and work for change. You can read it [here](#).

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About the evaluator

Centre for Evidence and Implementation

The Centre for Evidence and Implementation (CEI) is a global not-for-profit evidence intermediary dedicated to using the best evidence in practice and policy to improve the lives of children, families and communities facing adversity. Established in Australia in late 2015, CEI is a multi-disciplinary team across four offices in Singapore, Melbourne, Sydney and London. We work with our clients, including policymakers, governments, practitioners, programme providers, organisation leaders and funders in three key areas of work:

- Understand the evidence base.
- Develop methods and processes to put the evidence into practice.
- Trial, test and evaluate policies and programmes to drive more effective decisions and deliver better outcomes.

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Centre for Youth Impact

Established in 1970, YMCA George Williams College works to provide transformational support to practitioners, funders, and policy makers across the sector, to improve the quality and impact of provision and outcomes for children and young people across the UK.

As part of this work, the College now hosts three Centres of Expertise. The Centre for Youth Impact at YMCA George Williams College supports organisations to generate and act on evidence of the impact of their provision. Using a robust evidence base, the Centre for Youth Impact designs, tests, and champions shared approaches to quality and impact, consolidating and sharing open access resources, research, and training for all those working in informal and non-formal youth provision. Lead contact: Bethia McNeil, Chief Executive, bethia.mcneil@youthimpact.uk

Bryson Purdon Social Research

Bryson Purdon Social Research (BPSR) LLP is an independent research partnership set up in 2009 specialising in policy and programme impact evaluation and survey methodology. We work on evaluations across a wide range of policy areas, including early intervention and support for families, health and disability, and ageing. We collaborate with academics, research organisations, consultants and third-sector organisations, typically leading on the design and analysis of the impact evaluation. We specialise in quasi-experimental and randomised controlled trial designs.

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Executive summary



The project

Most rigorous impact evaluations of youth sector provision focus on well-defined, manualised programmes delivered by single organisations. These evaluations require large sample sizes that are often only achievable by large organisations. This is likely to exclude small, community-led 'grass-roots' organisations from participating in evaluations and testing the feasibility and efficacy of their interventions. Smaller organisations may be more likely to be led by, and serve, individuals from racially minoritised communities, and they may also provide specialist, more adaptable services not offered by larger organisations. Due to the complexity, cost, training time and rigidity of some programmes, smaller organisations may also not be best placed to deliver widespread manualised interventions. In addition, most services provided to young people in England and Wales take place in small, local organisations and consist of non-manualised, informal approaches to support. This creates a gap between the available evidence and everyday practice.

This project aimed to test an approach to closing this gap by examining the feasibility of running a multi-site trial (MST) with smaller organisations. An MST aims to combine the reach of multiple smaller organisations to create a sample large enough for an impact evaluation. To test this in this project, smaller organisations (delivery partner organisations, or 'DPOs') delivered a common and promising provision: mentoring. Mentoring programmes match a child with a mentor who they then meet regularly. They aim to help the child form a good relationship with a trusted adult, develop social skills, form constructive relationships with others, and develop positive behaviours and aspirations. Many mentoring programmes also specifically aim to reduce involvement in violence. This project aimed to establish the feasibility of engaging DPOs in a large impact trial of mentoring and to explore whether a 'trial-able' shared practice model could be co-developed and consistently delivered across organisations.

Following a rapid review of the literature and two workshops with DPOs, the evaluators proposed a shared practice model of mentoring. Elements of the shared practice model included using trained, paid adult mentors to deliver one-to-one weekly mentoring, over a minimum of 12 weeks, to 10-17-year-olds who were at risk of serious violence affecting young people. Mentoring was voluntary for the young person. Nine DPOs delivered this model to 93 young people as part of a multi-site randomised controlled trial. Forty-seven young people were randomised to a waiting-list control group, and 46 young people were randomised into the intervention group. Young people in the control group were required to wait for 12 weeks before receiving mentoring. In the meantime, they were offered 'business as usual' activities, which included music, football, art and work experience. Young people in the intervention group received mentoring immediately. Young people completed baseline and 12-week follow-up surveys (the Strengths and Difficulties Questionnaire [SDQ] and the Youth Report of Socio-Emotional Skills [YRSS]). Programme administrative data, a survey of all mentors, a mentoring quality survey from young people and interviews with nine DPO managers, 10 mentors and nine mentees were also used. The evaluation team provided extensive support to DPOs to support their engagement in the evaluation. Recruitment of DPOs began in September 2021, and the trial ended with the completion of data collection in November 2022.

Key conclusions

The MST arrangements were feasible and acceptable to the DPOs and young people. DPOs were successfully recruited, and they remained committed to the trial. All nine DPOs that started the feasibility study completed the evaluation and attended the majority of scheduled support meetings during the trial period. Good engagement was ensured by intensive support from the evaluators.

Mentee recruitment targets were largely met, with seven out of nine DPOs recruiting 10 or more young people. It was a challenge for some DPOs to meet recruitment targets, and the recruitment timeline was extended.

The shared practice model was deemed to be acceptable by 79% of mentors, and 89% of DPOs delivered the model with high to medium fidelity (67% with high fidelity). Data collection was also good. Eighty-three per cent of young people in the intervention group completed the follow-up survey, as did 87% of those in the control group.

Mentoring attendance was good. Seventy-six per cent of young people in the intervention group received eight or more mentoring sessions. Trial procedures were also largely followed. Only one young person in the control group reported receiving mentoring during their waiting period.

The evaluators recommend that the project moves forward to a larger trial. All eight pre-set progression criteria were met, and only minor adjustments are proposed to trial design and procedures.

Interpretation

The MST arrangements were feasible and acceptable to the DPOs and young people. The evaluators found that there are high levels of interest among small youth sector organisations in participating in robust evaluations. DPOs were recruited using a range of outreach tools, including direct contact with potential organisations, dedicated webpages and holding webinars. When recruiting DPOs, it was important to set out clear eligibility criteria and communicate the implications of participating. While organisations remained engaged, future evaluations should still recognise that the sector may not have previous experience with randomised designs and the data collection demands of an evaluation. Once recruited, DPOs remained committed to the trial, with all nine completing the evaluation and attending the majority of scheduled support meetings during the trial period. A key element in ensuring trial success was the strong relationship built between the evaluators and the DPOs, ensuring that DPOs were comfortable and confident to raise concerns and potential issues. Given the complexity of the evaluation, open communication and trust between DPOs and the evaluators proved vital in addressing challenges. The evaluation team provided extensive support to DPOs, including jargon-free guidance material and resources, regular communication with weekly one-to-one meetings for each DPO with a named evaluation team member, and a bespoke online data portal.

Recruitment targets were largely met, with seven out of nine DPOs recruiting 10 or more young people. Meeting this target was challenging, particularly for smaller DPOs that did not have pre-existing referral routes. The recruitment period was extended to 11 weeks to ensure adequate recruitment, and in future evaluations, the timeline should reflect a longer recruitment period. Gaining consent from young people and their parents to participate posed a significant challenge. While 116 young people initially registered, 23 did not provide consent. Obtaining consent was particularly challenging where English was a second language or where young people did not have access to email addresses or digital devices. Mentoring attendance was good. Seventy-six per cent of young people received eight or more mentoring sessions of at least 45 minutes. Only one young person in the control group reported receiving mentoring during their waiting period. Delivering teams reported that providing young people and their caregivers with a full understanding of what mentoring involves at the outset was key to minimising withdrawals.

The shared practice model was deemed to be acceptable by 79% of mentors, and 89% of DPOs delivered the model with high to medium fidelity (67% with high fidelity). Data collection rates were also good: 83% of young people in the intervention group completed the follow-up survey, as did 87% of those in the control group. One barrier to delivery was the staff turnover within DPOs. Mentors who were recruited after the initiation of the trial were less equipped to explain the trial and its requirements to young people. Where possible, this should be avoided, and DPOs should be given sufficient time to recruit enough staff to deliver mentoring prior to the start of the evaluation and thorough onboarding materials for those who join later.

The evaluator recommends that the project moves forward to a larger trial. All eight pre-set progression criteria were met, and only minor adjustments are proposed to trial design and procedures. These include a longer period for recruitment of young people, encouraging DPOs to establish a variety of referral pathways, using multiple formats to obtain consent, reducing the data burden for young people, and better streamlining and signposting to evaluation materials for DPO staff. YEF is proceeding with further evaluation, funding a larger impact [MST](#).

Introduction

Background and aims

Most rigorous impact evaluations of youth sector provision focus on well-defined, manualised programmes or interventions, delivered at a single site or by a single organisation. Most of these impact studies require large sample sizes ($N > 600$) that are only achievable for larger organisations or those with several sites. This is more likely to exclude small community-led organisations, those with specialist focuses – such as young people involved in criminal justice – those in rural communities or those serving specific ethnic groups.

In practice, most services provided to young people in the UK take place in small, local organisations and consist of non-manualised, informal approaches to support, such as mentoring and semi-structured group recreational activities, rather than manualised programmes. There are a number of factors that result in many well-evidenced programmes and interventions not being suitable for mainstream delivery, including the resources they require (including cost and training time), misalignment with organisational culture, and, commonly, their complexity and rigidity (Bach-Mortensen et al., 2018; Barry, Clarke & Dowling, 2017; Jensen-Doss et al., 2009). This results in a gap between the available evidence and everyday youth practice and implies that the evidence base of structured manualised programmes does not fully reflect the prevalent practice of youth agencies.

To address this imbalance, this study tested the feasibility of engaging multiple small youth organisations in an evaluation of a common and promising provision: mentoring. By working with several organisations across geographies and serving a diverse demographic, we remove the limitations that often lead to the exclusion of small organisations from research opportunities, which could potentially promote equity in funding and evaluation. Furthermore, by focusing on common practice, we hope to be able to build the evidence base for commonly used, non-manualised youth work.

The feasibility trial was the first stage in a two-stage multi-site trial (MST) study set up to test methods for supporting a group of youth organisations to work together in a randomised controlled trial (RCT) that involves developing and delivering a shared model of mentoring practice across multiple sites. The two key objectives of the feasibility trial are to assess the feasibility of:

- engaging small community-based youth organisations in MSTs; and
- delivering and evaluating a shared model of mentoring practice.

Mentoring was chosen as the focus practice area for several reasons. Mentoring is a common feature of youth provision, both as a stand-alone intervention and as an element of broader services. Mentoring practices and approaches are well understood by the sector, and mentors provided crucial support to young people during the COVID-19 pandemic (Kaufman et al., 2022). There is consistent evidence of its effectiveness, including from several systematic reviews and meta-analyses (Raposa et al., 2019; DuBois et al., 2011; Edwards et al., 2015), which have found mild to moderate impact across a range of youth outcomes that correspond with the YEF's outcomes framework. Several of these have been shown to have direct associations with youth crime and youth violence, including behavioural difficulties, pro-social relationships, and school achievement, while others are thought to have a more indirect relationship to youth crime and violence, including mental health, emotion regulation, self-esteem, attitudes, and self-efficacy (Lindsay, Kolne & Cagliostro, 2018).

Much of the evidence on mentoring is published from the US or Canada, showing that there is a gap in the evidence for its effectiveness in the UK policy context. Many of the studies included in these reviews were of manualised models, where the duration of mentoring is for 6–12 months or longer. However, several programmes have shown positive outcomes over 6–16 weeks, particularly on peer social skills and self-management ability (Wyman et al., 2010; Plourde, Thomas & Nanda, 2020). This also reveals a gap in evidence for non-manualised, organisation-specific mentoring approaches.

In terms of what works, for whom and how, a recent meta-analysis of 70 studies of youth mentoring (Raposa et al., 2019) suggests larger effect sizes for programmes that include a greater proportion of young males, services that employ a larger percentage of male mentors or those with a helping professional background (e.g., social worker, counsellor or psychotherapist) and initiatives designed with shorter meeting times. There is little rigorous research on the specific impacts of mentoring on young people of colour, but a recent systematic review by Sánchez et al. (2018) highlights that mentoring can support Black male youth with academic outcomes, reduce risky behaviour, and encourage positive internalised racial identity. However, the effectiveness of mentoring for Black male youth is mediated by the cultural appropriateness of the programme, parental involvement, and the race of the mentor, among others.

There are diverse forms of mentoring delivered across organisations, but the evidence suggests that various forms can be effective (Raposa et al., 2019; DuBois et al., 2011), providing it is of high quality (Garringer, 2015; Podmore, Fonagy & Munk, 2018; Armitage et al., 2020; DuBois et al., 2011). This evidence supports the use of a shared practice model based on core components, rather than a single more tightly specified model of mentoring.

In line with the two key objectives of this feasibility trial highlighted above, this report focuses on the process of recruiting DPOs, the development of a shared model of practice, and the approaches to evaluating the practice. While young people's outcomes data was collected at baseline and follow-up, this was with the primary purpose of assessing the feasibility and support required for administering the data collection materials in a larger-scale impact evaluation, and the small sample size means that it is not meaningful to report outcomes here.

Intervention

An important first step in the feasibility trial was to develop a shared practice model of mentoring (the intervention) that described mentoring practice sufficiently consistently for a trial but was well aligned with DPO's usual practice. The shared practice model was developed by first conducting a rapid review of the literature (academic, practice-focused and grey) on mentoring practice, models and impacts, which focused on systematic reviews, meta-analyses, and empirically supported quality and practice frameworks. This review was initiated in August 2021 and completed in November 2021 and identified key quality dimensions in mentoring programmes. The shared model of mentoring practice developed for this study draws heavily on the review and, in particular, on *Elements of Effective Practice for Mentoring* (4th edition)¹ and on the practices of the DPOs.

For this study, mentoring is defined as a formal, supportive developmental relationship between a young person and an adult that is intended to support and intentionally target positive socio-emotional skill growth

¹<https://www.mentoring.org/resource/elements-of-effective-practice-for-mentoring/>

for the young person. Mentors can offer support, guidance, and concrete assistance to the mentee and should model positive socio-emotional behaviours for young people.

The basic programme structure for the shared mentoring-practice model was set out drawing on the evidence review phase and further refined through collaborative online workshops with all the DPOs. A total of three workshops were organised with DPOs as part of the development phase, prior to the start of the feasibility trial.

The first two workshops were held in December 2021 with representatives from all seventeen DPOs (see page 19 for more information on DPO selection). The first workshop focused on understanding more about the trials and their relationship to the participants' mentoring practice. The second workshop focused on describing what young people and mentors do and experience during recruitment, screening and training. Both of these workshops utilised an online whiteboard platform (Miro) to enable DPO representatives to provide information about their mentors and service users and activities used over the course of a mentoring relationship. The evaluation team also facilitated discussion in small groups of organisations to establish key points of similarity and difference in their practice.

Using workshop participants' responses, the draft model of practice was adapted. This version was shared with the DPOs in early January 2022, ahead of the third workshop in mid-January, during which the model was reviewed by all DPOs, and the key dimensions of quality and fidelity were discussed in some detail. Through this process, we established core and flexible components of the model that define the quality and intended impact of mentoring practice. Each component – such as 'spaces where mentoring takes place are emotionally and physically safe' – was organised under the main structural features of the shared practice model: recruitment, screening, training, support, and closure. The refined and final version of the shared practice model was shared with DPOs in February 2022.

The detailed shared practice model elements can be found in Appendix 1. In summary, the core programme structure of mentoring included:

- Dosage: a minimum of 12 weeks duration; with a minimum eight sessions of at least 45 minutes over the course of 12 weeks. A driving consideration the selection of 12 weeks as the minimum period was that DPOs had been recruited on the basis of an RCT involving a waitlist design, and 12 weeks was considered an acceptable length of time for the control group to wait for mentoring without adverse effects. In addition, there is evidence that initial positive changes can be achieved from mentoring and similar interventions in this period, and the DPOs concurred that they considered it feasible to initiate positive change for young people over this period.
- Target population: mentees predominantly aged 10–14, with no more than 30% aged 15–17; and mentees exhibiting at least one of the YEF-identified unmet needs related to their disadvantage before escalation to the point of crisis for youth violence (Appendix 2).² This population was selected as representative of the young people already receiving services from the DPOs and is in line with the YEF's focus.

² Also refer to YEF's Outcomes Framework <https://youthendowmentfund.org.uk/outcomes/> detailing the factors in a young person's life that can influence their likelihood of becoming involved in crime and violence.

- **Mentor:** adult (rather than peer) mentors who are paid (rather than volunteers) and have received a minimum of two hours of training, with the same mentor to deliver mentoring to the mentee for consistency. These requirements were set as the literature shows that they minimise the variability in quality of mentoring practice (Garringer et al., 2015) and as common practice in the selected DPOs. Additionally, the evaluation requirements required significant time from mentors, which would typically be outside the scope of a volunteer’s role.
- **Mentoring components:** an initial mentor–mentee meeting to be held prior to the start of mentoring; a written plan used during the course of mentoring; and a defined closure process followed at the end of mentoring. These were identified in the review as key components of quality mentoring and were confirmed as common and good practice by the DPOs in the workshops.
- **Mentoring interactions:** mentoring delivered on a one-to-one basis in a safe space; building trust; goal setting used as part of delivery; voluntary participation of the mentee. Again, these key components of quality mentoring were identified in the review and agreed on as common and good practice by the DPOs in the workshops.

Theory of Change

An associated Theory of Change accompanying the shared practice model of mentoring was subsequently developed through a workshop held in May 2022 for all DPOs participating in the study. According to the Theory of Change, as reflected in effective youth provision in general (McNeil & Stuart, 2022), young people who experience high-quality mentoring practices are expected to develop positive relationships with mentors and show increases in wellbeing and growth in socio-emotional skills. The mechanisms of change associated with mentoring include high-quality relationships between mentor and mentee, building trust, consistency of support, goal setting, and meeting in a safe space, as well as support from parents and other structures. Together, this constellation of positive personal and social factors is expected to decrease young people’s vulnerability to violence and increase their confidence, resilience and prosocial behaviour.

The Theory of Change for the shared practice model that was applicable to all delivery sites has been described in detail in Appendix 3.

Research questions

The aims and objectives of the feasibility trial were framed by four specific research questions:

1. What is the feasibility of engaging DPOs in a multi-site trial?

This question explored the outreach and appraisal strategies required to recruit, engage and ensure the retention of DPOs in an MST.

2. How feasible is it to successfully run a multi-site trial with the selected DPOs?

Under this research question, we set out to explore the feasibility of recruiting young people to mentoring and securing their participation in the evaluation, the adherence to randomisation, of recording the other services accessed by the young people during the trial and the distinction of mentoring from ‘business as usual’, the acceptability of the trial arrangements to DPO staff and young people, and the support required to run a trial.

3. What is the feasibility of developing and delivering a trial-able shared practice model?

This question explored the fidelity to the core components of the shared practice model, identifying barriers and enablers, the support required to deliver the shared practice model and the differentiation from usual services delivered by the DPOs.

4. Is it appropriate to proceed from feasibility to a larger pilot trial?³

A set of eight progression criteria was established to provide a structured framework to answer this last research question, encompassing key elements from all previous research questions.

Methods used to address these questions include programme administrative data, online surveys of both mentors and mentees, post-session feedback by mentees, and in-depth interviews with DPO managers, mentors, and mentees.

Progression criteria

In order to determine the success of the feasibility trial and enable effective decision making about progression to a larger pilot trial, progression criteria were defined as set out in Table 1. The criteria were intended to capture information across all aspects of the trial, including successful recruitment and the overall completion of the trial, fidelity to the intervention and trial procedures, and sufficient data collection. These were set in collaboration with the YEF as realistic and measurable criteria by which the success of the feasibility trial and readiness for a larger trial could be established.

Adherence to each criterion was established using programme administrative data, mentor and mentee surveys, and interviews as appropriate.

Table 1. Feasibility trial progression criteria

Criteria	Criteria details
PC1. Maintaining commitment from DPOs	At least seven of the nine DPOs complete the FT.
	DPOs attend 75% of scheduled 121 support meetings during the FT trial period.
PC2. Acceptability of the shared practice model	75% of the mentors report the shared practice model to be acceptable.
PC3. Fidelity to the shared practice model	75% of the DPOs can deliver the practice model with medium to high fidelity.
PC4. Attendance to mentoring target	At least 75% of young people in the intervention group complete at least eight sessions of mentoring.
PC5. Adherence to randomisation	No/minimal evidence of contamination
PC6. Minimum recruitment target of young people for FT	75% DPOs recruit 10+ young people for the FT.
PC7. Data collection completeness target	75% of baseline and follow-up SDQ responses fall within the tolerance threshold for missing data and can be analysed.
PC8. Data collection follow-up retention target	<i>Intervention group:</i> 75% of young people complete follow-up data collection for the SDQ and YRSS.

³ The second phase of this study was initially framed as a pilot trial to explore the feasibility of delivering a shared model of practice and running an RCT with a larger number of organisations and participants. However, due to the success of the feasibility trial and the planned recruitment numbers, it was decided that the trial was well placed to explore impact in an efficacy trial rather than a pilot.

	<i>Waiting list group: 75% of young people complete follow-up data collection for the SDQ and YRSS.</i>
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FT: feasibility trial; DPO: delivery partner organisation; SDQ: Strengths and Difficulties Questionnaire; YRSS: Youth Rating of Socio-Emotional Skills

Ethical review

Ethical approval was granted separately for the quantitative (surveys with young people and mentors and DPO administrative data related to delivery of the mentoring sessions) and qualitative (interviews with DPO managers, mentors and young people) elements of this trial by the University of Cumbria Research Ethics Committee. Reference numbers: 21/29 and 21/50.

Informed consent to participate in the trial was obtained on an individual level for all participants. Informed consent was required from each young person and their parent/carer before any data collection or mentoring support could proceed. Young people were provided with child-friendly materials explaining the study and given the opportunity to ask questions to a member of staff before completing a paper or online consent form. Mentors also verbally checked for ongoing consent throughout the duration of the trial. Parents were also sent an information sheet before completing a paper or online consent form. Additional consent was obtained for the young people who were selected to take part in further interviews through the same procedure. DPO managers and mentors were also provided with information sheets and were required to provide informed consent via an online form before completing the survey and interviews.

Data protection

A full Data Protection Impact Assessment (DPIA) was undertaken for the feasibility study. CEI, BPSR and CYI were joint data controllers. The lawful basis for all data purposes was legitimate interest as per GDPR Article 6 (1) (f) since the processing of data collected as part of the trial is expected to have clear social benefits for understanding how to undertake this type of research, with limited impact on the privacy of the individual.

The special category data collected were racial or ethnic origin and SEND status, as requested by YEF, to record the reach of the study. The protected characteristics recorded were sex and age, to determine the eligibility and level of need of young people recruited to the study. GDPR Article 9 (2) (j) and DPA Schedule (1) Part (1) form the lawful basis for processing special category data.

Informed ethical consent was gathered for all participants in the research. Voluntary informed consent was regarded as a sufficient safeguard for the processing of personal data up to the point of analysis, at which point participants could no longer withdraw consent.

Data were also processed during the recruitment, appraisal and selection processes, so that the evaluation team could communicate with prospective DPOs and carry out necessary due diligence checks. All DPOs consented to their data being processed and held for these purposes.

A Data Privacy Notice (DPN) was made available to all research participants during the consent process, informing them of their data rights.

Data Sharing Agreements were fully executed between participating DPOs and all partners in the evaluation team. Egress or a similar secure system was used for the transfer of personal and/or special category data. Personal data will never be shared, stored or accessed outside the UK or EU. There may be scenarios where we are subject to a legal obligation to disclose or share personal data, such as with law enforcement

agencies, regulatory bodies or public authorities in order to prevent or detect crime. The study team will only ever disclose personal data to these third parties to the extent we are required to do so by law.

All quantitative survey information from young people and mentors was pseudonymised before analysis, using a unique participant identification number assigned automatically by the data collection portal set up for this study. Qualitative interviews were tracked via a unique participant identification, with interview transcripts kept separate from any contact information. The evaluation team will securely destroy their data two years after completion of the final feasibility report in April 2025.

Project team/stakeholders

The Centre for Evidence and Implementation (CEI) led the management of the project overall, as well as specific elements including the feasibility trial design, development of data collection materials, and quantitative and qualitative data collection. CEI also co-led on the rapid review of mentoring, development of the shared practice model and the support of DPOs to participate in the trial, as well as supporting evaluation partners in other activities.

- Jane Lewis, Managing Director: principal investigator and project lead, supporting development of the mentoring practice model and support for DPOs, leading the implementation evaluation, and accountable for the project overall
- Stephanie Smith, Senior Advisor: project manager responsible for the day-to-day project management and coordination of the evaluation with partners, involved in all stages
- Jamie Rowland, Advisor: researcher responsible for DPO support and qualitative data collection
- Amy Hall, Advisor: researcher providing DPO support and supporting survey data collection

The Centre for Youth Impact (CYI) led on the recruitment and management of DPOs. They also administered grant payments to DPOs to contribute to the costs of delivery of mentoring and the trial, based on payment triggers agreed with YEF. CYI co-led on the development of the shared practice model, including a rapid review of mentoring, and the preparation and support of DPOs to participate in the trial. CYI have jointly contributed to trial outputs and supported evaluation partners in other activities.

- Bethia McNeil, Chief Executive: project lead for the recruitment and management of the DPOs, leading the development of the mentoring practice model, and supporting on fidelity and quality monitoring
- Mary McKaskill, Research and Methods Lead (until January 2022): supporting the development of the practice model and responsible for CYI's day-to-day project management of DPO recruitment and ongoing support to DPOs
- Lucy Maynard, Director of Projects (until February 2022): supporting the management of DPOs and monitoring
- Sope Otulana, Director of Programmes (from February 2022): supporting the management of DPOs and monitoring

- Hannah Borkin, Research and Evaluation Lead (from January 2022): supporting the delivery of the practice model and responsible for CYI's day-to-day project management and ongoing support to DPOs
- Josef Fischer, Digital Products Lead: developing and managing the study data portal
- Steve Peck, Consultant Adviser

Bryson Purdon Social Research (BPSR) led on the RCT design and data collection material development. They led a review of MSTs, the randomisation tool and analysis of the outcomes data. They have jointly contributed to trial outputs and contributed to all discussions regarding the implementation of the trial.

- Caroline Bryson, Co-founder and Director: statistician collaborating on design of data collection tools, randomisation, and analysis of quantitative data
- Susan Purdon, Co-founder and Director: social science researcher collaborating on design of data collection tools, randomisation, and analysis of quantitative data

Delivery Partner Organisations

The following are the nine DPOs that participated in the feasibility trial:

- Act for Change
- Education and Skills Development Group (ESDEG)
- The Enthusiasm Trust
- Mancroft Advice Project (MAP)
- Media Academy Cymru Ltd
- NAOS (Bristol) CIC
- Positive Youth Foundation
- Reaching Higher
- The Trust for Developing Communities (TDC)

Methods

The feasibility trial was the first stage in a two-stage MST study set up to test whether and how small-scale community youth organisations can be supported to participate in an MST of a shared practice model (focused on mentoring) and to learn how to best approach the upcoming larger pilot trial. While a larger sample of DPOs were recruited to meet the sample size requirement of the pilot trial, only half participated in the feasibility trial.

Participant selection: Recruitment of Delivery Partner Organisations

Recruitment for the study began in mid-September 2021 with requests to youth organisations to submit an Expression of Interest (EoI) to become research project DPOs. The aim was to recruit DPOs that had prior mentoring experience from a range of contexts and settings, e.g., education, criminal justice, and work with girls and young women, so as to enable the co-design of a shared model of practice based on DPOs' mentoring experience. While these DPOs provided a range of other services, these were not part of the selection criteria (see page 26 for more information on services provided by the selected DPOs). Other selection criteria at the EoI stage included: checking that DPOs had adequate safeguarding procedures, that the grant wouldn't destabilise their finances, that DPOs had capacity to participate and recruit enough young people, that they could articulate their mentoring approach, that they understood what taking part in a trial would involve, and that they had internal data collection systems. While not all criteria had to be met, every DPO that submitted an EoI was scored on these criteria.

EoIs were conveyed proactively via email (e.g., to partners, networks and delivery organisations), pages on partner websites (e.g., YEF, CEI, CYI), pages on stakeholder websites (e.g., NYA, UK Youth, Comic Relief, Children in Need) and via Twitter. The parameters for participating organisations were communicated clearly in order to reduce the number of speculative or ineligible expressions of interest. A high level of information was shared in a variety of formats to support potential DPOs to consider deeply whether participation in the trial was 'right' for them. This included briefing papers, frequently asked questions (FAQs) and a pre-EoI checklist.

All interested organisations were invited to sign up for one of two information sessions that were scheduled for the end of September 2021, with a final deadline set for 13 October 2021. Following the deadline, youth organisations were shortlisted and invited to attend an interview. Interviews were held online, with potential DPOs represented by both the CEO (or equivalent) and the lead staff member for mentoring delivery. Two members of the study team participated in each interview. All interviews were scored via a common scoring system, and two 'assessment panel' meetings were held to select the final 18 DPOs to participate in the project (out of 50 who submitted an initial EoI).⁴ Of these, 10 were randomly selected to take part in the feasibility trial. The randomisation was carried out using stratification by country and delivery site (school, community and other) to ensure the 10 selected DPOs had a similar set of characteristics to the overall 18. Following the selection, one DPO withdrew prior to the start of the feasibility trial, leaving a cohort of nine DPOs for the feasibility trial (and a total of 17 DPOs for the larger trial).

⁴ Details about the criteria used to recruit, shortlist and select DPOs for this trial can be found in the Feasibility Study Plan.

Participant selection: Recruitment of the young people in the feasibility trial

Each of the nine DPO involved at feasibility stage was tasked with fully onboarding 11 young people into the feasibility trial, giving a target total sample of 99. This number was selected as sufficient for providing information on the appropriateness and acceptability of both the shared practice model of mentoring and the trial arrangements by DPO staff and young people.

A young person was considered fully onboarded once they we had received consent from both them and a parent, they had completed the baseline outcomes survey, and they were randomised to the control or intervention group. A young person was eligible for the trial if:

- they were aged between 10 and 14 (or up to 17 by exception, with no more than 30% of young people aged 15–17 per DPO);
- they exhibited at least one of the YEF-identified unmet needs related to their disadvantage before escalation to the point of crisis for youth violence (Appendix 2); and
- DPO staff deemed them to be at a suitable level of need for 12-weeks of mentoring.

The only exclusion criterion was that DPOs must exclude young people facing immediate risk or crisis, or for whom being on a waiting list would be potentially harmful. DPOs were responsible for determining the threshold of cases that they put forward for the trial. DPOs were asked not to recruit young people with immediate risk to crisis to the trial, and instead to meet their needs through their own services or through referral. They were also advised that young people in the control group should receive 'business as usual' DPO provision such as group support sessions and be signposted to other organisations for support (with the specific exclusion of mentoring).

DPOs could use a range of referral routes (school; YOT; CAMHS; other health, social care, existing service user; self-referral; friends or family referral or other) to identify potentially eligible young people.

One hundred and sixteen young people were initially recruited for the study, and 93 young people were fully onboarded for the feasibility trial.⁵ Young people and their parents/carers were required to give written consent. The procedure to obtain consent was initially planned as an online link emailed to the participants, but during the feasibility trial, this was adapted to also include paper consent forms.

Appendix 5 shows the baseline profile of the young people in the trial for the two trial arms. There is no evidence that the young people assigned to the control and intervention groups differed on baseline SDQ score, baseline YRSS score, gender, age, ethnicity, SEND or referral route.

Data collection

The study team provided ongoing support for the DPOs during the trial, from recruitment through to final data collection, including one-to-one weekly meetings with a designated study team member. The study

⁵ Overall, 116 young people were registered for potential inclusion in the trial, but 23 did not fully provide consent or baseline outcomes and so are not included in the numbers of young people fully onboarded.

team provided the DPOs with a bespoke online data portal to manage the data collection process. It also included an embedded randomisation tool.⁶

Outcome measures

In line with the key objectives of this feasibility trial, this report focuses on the feasibility and support required for administering the data collection materials in a larger-scale impact evaluation, and the small sample size means that it is not meaningful to report outcomes here.

The baseline and follow-up surveys were completed online by young people. The surveys were distributed by DPO staff via the online data portal, either by opening the link on a device in the presence of the young person or by sending the link by email to the young person. When the young person opted for completing the survey using the device provided by the DPO, they did this in a place where no other DPO staff were present. The survey was developed in TypeForm and can be displayed on any device (phone, tablet, PC). Answers were given independently and confidentially, but DPO staff not directly involved in the mentoring were encouraged to support young people when required. The surveys consisted of two outcome measures focusing on socio-emotional learning and wellbeing:

- The Strengths and Difficulties Questionnaire (SDQ) is the primary outcome measure for the trial, used as a core measure by YEF across its evaluations (Goodman, 2001). The SDQ is a validated scale with an established evidence base that measures behaviours, emotions, and relationships across 25 items. The feasibility trial adopted the self-report version, suitable for 11- to 17-year-olds.⁷ It includes five subscales that measure: 1. Emotional symptoms; 2. Conduct problems; 3. Hyperactivity/inattention; 4. Peer problems; 5. Prosocial behaviour. The first four of these scales can be summed to produce an overall 'difficulties' score. Different subscales can also be combined to measure internalising and externalising problems, known to provide intermediate risk and protective factors of offending as outlined in the YEF's outcomes framework.
- The Youth Report of Socio-Emotional Skills (YRSS)⁸ is a self-report survey used to assess young people's mental and behavioural skills in six domains of socio-emotional functioning (emotion management, empathy, initiative, problem solving, responsibility, and teamwork), developed by QTurn and the Centre for Youth Impact. Each domain is scored from 1 to 5, with a higher score being more positive. An overall score can be calculated, in addition to separate scores for each subscale. The overall score is created by taking the average of the domain scores. It was included in the feasibility trial as a secondary outcome because, unlike the SDQ, which has more general use, it has been developed specifically for use within the sphere of youth provision. Several of the domains measured by the YRSS are indicated as having an indirect effect on youth crime and violence in the YEF's outcomes framework.

The outcome measures were agreed with YEF and the DPOs after a period of consultation with DPOs. The decision was based on (a) the suitability of the measures for capturing outcomes reasonably expected to change within 12 weeks of starting mentoring and (b) the acceptability of the measures by DPOs and young people. During this process, a decision was made – based on its suitability and acceptability – not to include

⁶ Merged block randomisation was used separately within each DPO giving implicit stratification by DPO.

⁷ Parent and teacher versions are also available.

⁸ <https://www.youthimpact.uk/sites/default/files/2022-08/YRSS%20Guide.pdf>

the Self-Report of Delinquency Scale (SRDS), a standard outcome measure included in many of YEF's evaluations. This is further discussed in the Findings section.

The outcome surveys were programmed in a way that did not allow young people to omit particular items. As such, there are no missing data for those completing the surveys. For future trials, we will change to programming to allow young people to skip items that they do not want to answer to ensure the validity of young people's responses (see page 34 for more information on findings from acceptability of trial arrangements).

Mentee quality feedback survey

The mentee quality feedback survey was a brief survey designed to assess the quality of mentoring provision provided to young people and the fidelity to and acceptability of the shared practice model for young people. The key elements were assessed using Likert scales, with an open text question available if mentees wanted to provide further feedback. The survey was completed online at weeks 4, 8 and 12 of mentoring, with some questions adjusted to be appropriate for the corresponding time within the mentoring. The survey was administered to all young people in the mentoring group in the same way as the outcomes survey: DPO staff could open the link directly or send it to young people by email via the online data portal. The three surveys consisted of 7–11 questions relevant to the initiation, middle and closure of mentoring.

Mentor survey

The mentor survey was completed at one time point by all mentors, in the second half of delivery. The survey consisted of multiple choice and Likert questions relevant to fidelity and acceptability of the trial arrangements and the shared practice model, based on the validated Weiner implementation outcomes measure (Weiner et al., 2017) and specific trial and practice elements of interest. Additionally, there were open text questions available in case mentors wanted to elaborate on their answers.

Qualitative data

We planned to interview the manager in every DPO ($n = 9$), one or two mentors in each DPO ($n = 9–18$) and one or two young people in each DPO ($n = 9–18$).

In-depth qualitative interviews were held online (Zoom or Teams) towards the end of the feasibility trial to gain a better understanding of the experiences of the feasibility trial from a management, delivery and young person's perspective. We spoke to at least one mentor and manager from each of the nine DPOs, conducting a total of 10 mentor interviews and nine manager interviews. In cases where more than one mentor was working on the trial, we prioritised speaking to the mentor who had worked with the most young people and then extended the invitation to others if they were available.

Nine young people participated in online (Zoom or Teams) qualitative interviews with the study team, representing six of the nine DPOs. Mentors were asked to use their professional judgement about which young people would be willing and/or able to participate in an interview and invited them during their final session. Mentors were asked to ensure they considered young people who were less engaged in the process to minimise the likelihood of bias by only including young people who had had positive experiences. However, this bias may still be present and was considered during interview analysis by triangulating findings from the qualitative interviews with those from the mentee feedback surveys (administered to all young people in the mentoring group).

Topic guides for the interviews with DPO staff and mentees focused on acceptability, appropriateness and feasibility of the trial procedures and their experience of mentoring (Proctor et al., 2011). The young person’s topic guide was carefully developed to ensure the questions, wording and length were appropriate for children aged 10–17.

A summary of the overall data collection methods is provided in Table 2.

Table 2. Data collection overview

Data collection methods	Participants/data sources	When data were collected	Purpose	Completion rate
Baseline outcomes survey	All young people	Prior to randomisation	Measure outcomes	100%
Follow-up outcomes survey	All young people	Twelve weeks after randomisation	Measure outcomes	85%
Demographic data	All young people	Prior/close to randomisation	Monitor implementation	99%
Mentee quality feedback survey	Intervention group	Monthly	Fidelity and quality	Week 4: 76% Week 8: 67% Week 12: 60%
Mentor survey	Mentors	End of intervention period	Feasibility, acceptability and appropriateness Fidelity and quality	75%
Programme administrative data	DPO managers	End of intervention period	Monitor implementation Grant payment KPIs	100%
In-depth interviews	DPO managers, mentors and mentees	End of intervention period	Feasibility, acceptability and appropriateness Implementation	DPO managers: 9 Mentors: 10 Mentees: 9

Analysis

Data from each source were analysed separately and then triangulated and integrated, identifying areas of difference and reinforcement and using different data sources to substantiate and explain findings.

The mentor and mentee feedback surveys were analysed to inform our assessment of the fidelity, acceptability and appropriateness of the trial arrangements and practice model and the suitability of DPOs to go forward for further evaluation. Quality of delivery and fidelity to the shared practice model and trial arrangements were assessed by creating a set of criteria using items from the mentor survey, mentee survey and programme data. Each DPO was given a score against these criteria, reflecting high, medium or low fidelity, based on quantitative data from these various sources.

Qualitative data were digitally recorded and transcribed verbatim. Framework Analysis (Gale et al., 2013) was undertaken to examine and interpret qualitative data, with themes developed both deductively and inductively to include unexpected issues. Our analysis also explored DPO staff and mentees descriptions of the impact of mentoring and their perceptions of the causal mechanisms leading to change.

Our analysis was shaped by the research questions and focused on key dimensions of effective implementation highlighted in implementation science to understand how the trial was implemented, the barriers and facilitators to implementing as intended, and the perceived feasibility, acceptability and appropriateness of the trial.

Timeline

Table 3. *Timeline*

Date	Activity
July–December 2021	Project kick-off Recruitment of DPOs Study plan development Grant agreements and due diligence
November 2021–March 2022	Development of shared practice model through practice workshops Rapid review of mentoring Development of fidelity/quality measures Design of outcome measures Build the online participant portal Ethics application Pilot trial materials with a small number of young people
April 2022–October 2022	Start of feasibility trial delivery Recruitment and onboarding of young people, including young person and parental consent, uploading demographics, and randomisation Data collection: baseline and follow-up questionnaires, mentee feedback surveys, mentor surveys, interviews with mentees, mentors and DPO managers
October 2022–December 2022	End of feasibility trial delivery Analysis of outcome data Analysis of fidelity/quality measures Analysis of interview data Write feasibility report and submit to YEF with recommendation for progression to next phase of evaluation YEF decide on the progression of the trial to the next phase of evaluation

Findings

Participants

Ten youth organisations were selected to take part in the feasibility phase of the project, chosen to represent a range of regions, organisation sizes and service offers. However, one DPO withdrew before the start of the feasibility trial, citing concerns over data sharing. The remaining eight DPOs that were not selected to participate contributed to the workshops during the development phase to co-design a shared practice model and were later provided with ongoing updates relating to the feasibility trial but did not receive funding to deliver mentoring.

Locations:

- East Anglia: 1
- East Midlands: 1
- Greater London: 3
- South East: 1
- South West: 1
- Wales: 1
- West Midlands: 1

The DPOs represent a range of youth work provision and work with a variety of populations. For some DPOs, mentoring is their primary or only offer, for others it is their highest level of support available, while in others it is the lowest level of support available. Some DPOs provide other services to young people, such as arts and crafts sessions, fitness sessions, music therapy, sports sessions, counselling, and coaching. DPOs also represent a mix of rural and urban populations. Most DPOs deliver mentoring from a central location or youth centre, while a few deliver within schools or detached mentoring.

Our target was to recruit 99 young people to the feasibility trial, with approximately 11 young people per DPO. However, this number varied by DPO, as detailed in Table 4. This number was agreed during ongoing communications with DPOs and was viewed as a realistic target figure for recruitment as well as a good number to test the trial arrangements.

Table 4. Number of young people onboarded per DPO

Number of young people onboarded	Number of DPOs
<10	2
10	1
11	4
>11	2

One hundred and sixteen young people were initially recruited for the study from various settings, as described in Table 5.

Table 5. Referral sources of mentees

Referral source	Number of referrals
Internal organisation referral	20 (20%)
Social care and children’s services	18 (18%)
School	26 (27%)
Friends and family*	5 (5%)
Youth Offending Teams (YOT)	3 (3%)
Self-referral*	10 (10%)
Other	16 (16%)
Total	98 (100%)

*Note: Data provided by 98 of 116 young people initially registered onto the trial, % rounded to the nearest 1.00. *The referral process from friends, family and self are not standardised across DPOs and work in different ways depending on DPO policies. As part of the trial, we did not collect more details on each of these referral procedures.*

Ninety-three of the 116 young people registered were fully onboarded for the feasibility trial, while 23 were unable to participate as they either did not provide consent or did not complete baseline outcome measures.⁹ Each young person who was fully onboarded to the trial was randomised at a ratio of 50:50 either to the control group or to the intervention group. Figure 1 shows the number of young people entering the trial and providing data at the various timepoints.

Seven young people in the intervention group terminated mentoring early and left the trial for a range of reasons including moving location, seeing an increase to their level of risk and not having time to prioritise engaging with support. One young person was withdrawn by their parent, and another did not want to continue with mentoring. Five young people in the control group left the trial early.¹⁰

⁹ We are unable to distinguish between those who did not give consent in time and those who refused to give consent. Additionally, demographics of those who did not consent or withdrew before being randomised were not collected, so we cannot report the distribution.

¹⁰ We were unable to collect data on reasons for attrition among the control group as the young people could not be followed up. Personal data including contact information were not collected by the evaluation team.

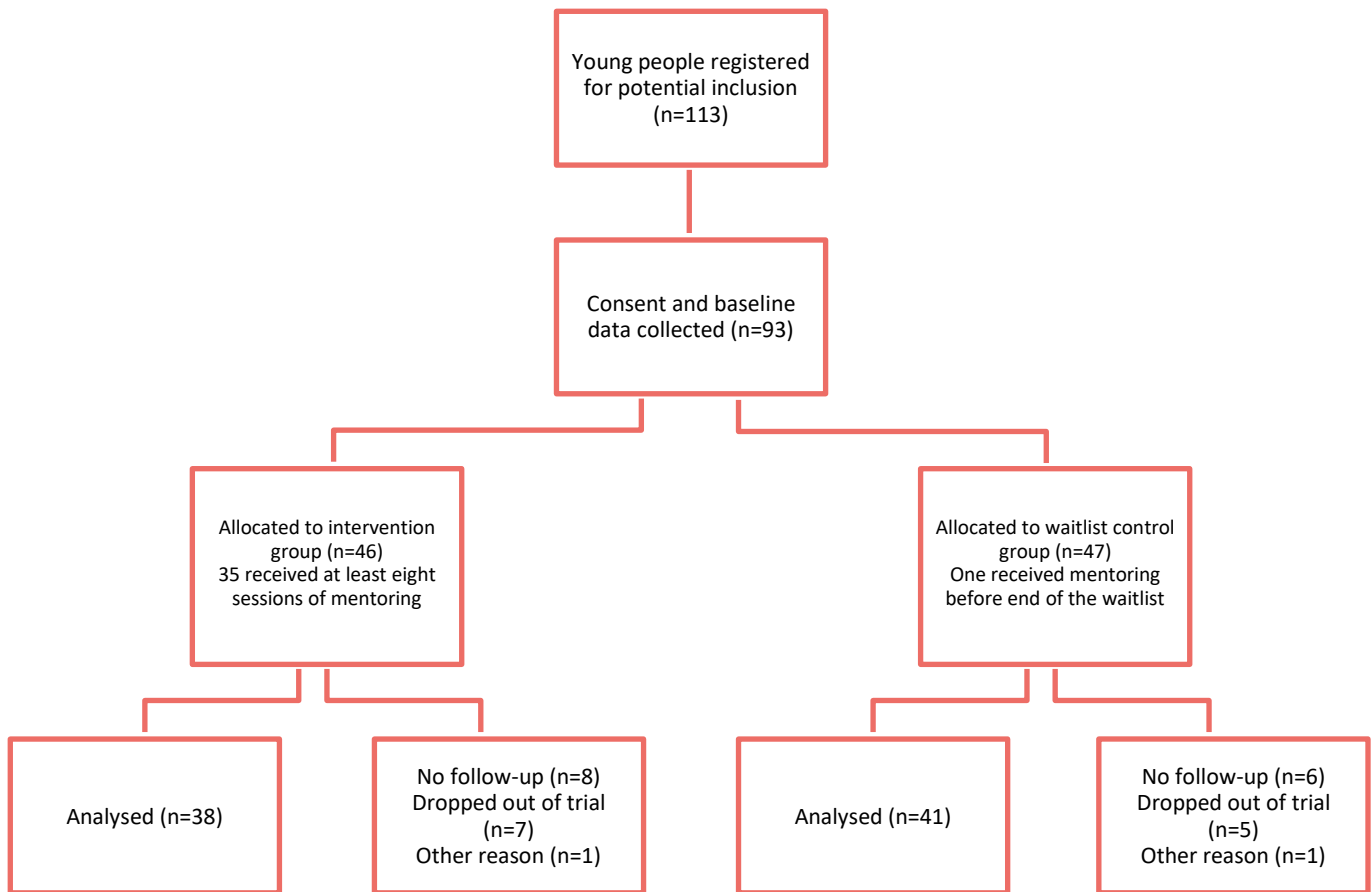


Figure 1. Flow diagram of young people numbers in the trial

What is the feasibility of engaging DPOs in an MST?

The recruitment process for the study began in mid-September 2021 (as detailed in the Methods section), and the arrangements for recruiting DPOs to participate in the study were generally successful. The recruitment webinars to share information about the study held at the end of September 2021 were attended by 44 organisations, and approximately 50 organisations submitted EoIs by the 13 October 2021 deadline. Of these 50 organisations, 26 were shortlisted for interview by the study team, and a final 18 DPOs were selected based on assessment panel meetings and common scoring system.

During recruitment, the study team also made direct contact with organisations that were likely to be eligible and with potential to be interested. This enabled us to ensure a good spread of EoIs across England and Wales and to focus on organisations that would normally be excluded from RCTs (mainly due to size/reach/turnover). This balance is reflected in the final DPO cohort (as detailed in Participants section above). The information provided was effective in reducing ineligible EoIs and generated a very high level of engagement (the study webpage received more traffic than any other page on the CYI website). The study team also held many calls with youth organisations to address questions and concerns.

It was challenging at times to clearly communicate the complexity of the study (both methodologically and operationally) to DPOs, and this was made more challenging by the study being in two phases, with only 50% of DPOs participating in the feasibility trial prior to the pilot trial. Despite this, DPOs were engaged and communicative during the process.

Recruitment was successful in outreach and engagement, and DPOs were representative of a range of regions, organisation sizes and services offered, and DPO retention has also been effective since the commencement of the feasibility trial. One DPO (out of 18) dropped out prior to the start of the feasibility

trial. This early withdrawal was due to the DPO's concerns about data sharing (with the Home Office, as part of YEF's broader funding agreement).

How feasible is it to successfully run a multi-site trial with selected DPOs?

Under this research question, we set out to explore the feasibility of recruiting young people to mentoring and securing their participation in the evaluation, the adherence to randomisation, the recording of other services accessed by the young people during the trial, and the acceptability of the trial arrangements alongside data collection for the evaluation to DPO staff and young people.

Support required by DPOs to run the trial

A key element in supporting and ensuring the success of the trial was building strong relationships between the study team and DPOs. As noted, none of the DPOs had participated in an RCT previously, and many had not experienced rigorous evaluation before this study. Indeed, an intention of this study was to engage youth organisations that, due to size or reach, may have been excluded from rigorous evaluation before. As such, it was important to ensure that the DPOs had consistent access to jargon-free briefings and resources; guidance and reassurance about the trial process; and dedicated relational support. It was also critical that relationships with DPOs were characterised by mutual trust. The study team put a variety of DPO support materials, tools and meetings in place to aid the delivery of the trials. As well as the workshops before the trial began, DPOs had access to:

- a shared folder, containing the shared practice model, the delivery handbook, the Theory of Change, a live Q&A document, a glossary of research terms and recordings of all key workshops and briefings;
- short videos describing the trial requirements on key topics for DPO staff to review content and support the onboarding of new staff;
- weekly one-to-one meetings with a named contact in the study team;
- weekly drop-ins where they could share experiences with other DPOs;
- weekly centralised update from a dedicated CYI email address, which covered key progress and actions required; and
- a Slack channel for all DPOs (an online instant messaging platform).

Overall, mentors and managers were very satisfied with the level and type of support offered by the study team. Initially, some felt over-directed, but over the course of the trials, they felt part of a team working towards the same goals.

"I don't think we felt patronised; we haven't felt like we've been dictated to. We've felt that the level of support that we've received so far and the understanding from you guys has been top." (DPO manager)

The written support materials and topic videos were used extensively by some DPOs and very little by others. Those that used them found them very helpful, while those that did not found them 'overwhelming', with too much information. It was noted that DPOs that did not access the resources required more clarifications and support.

“It was all very helpful in a practical and a delivery-focused sort of way.” (DPO manager)

The one-to-one meetings and availability of named contacts were particularly well received as they provided reassurance and fast responses. These meetings, and overall responsibility for the trial delivery, were taken by mentors in some cases and managers in others.

“From my point of view, it's been fantastic. I don't think I've ever felt this supported from a project ever before.” (DPO manager)

The weekly drop-in sessions were intended as an optional opportunity for DPOs to raise ad hoc issues outside the one-to-one meetings and to meet with other DPOs. Although several DPO staff requested more interaction with other DPOs, they were not attended well. Explanations given were that staff did not have the capacity for optional weekly meetings.

The centralised weekly updates from the study team were considered clear and helpful and will continue for the next evaluation phase.

The Slack channel was underutilised, and interviews with DPO staff revealed that it was not an appropriate tool for the trial. Many referenced that they were ‘tech-phobic’, that they were too busy to engage with it and that the one-to-one meetings were sufficient.

There was interest in attending an in-person introductory meeting with the study team and all DPOs. We will explore this possibility when planning the kick-off for the next phase of this study.

Recruitment of young people

Initially, each DPO was asked to recruit 10 young people. However, after one DPO withdrew from the study, each of the remaining nine DPOs were asked to recruit 11 young people instead. The average number of young people recruited per DPO was 10.3. The DPOs met the trial requirements for recruiting young people, but the approaches used and ease of recruitment of young people to the trial varied depending on the pre-existing practices and referral routes that DPOs had established prior to involvement in the trial.

Organisations with strong connections with schools, children’s services and youth offending teams, and those with extensive pre-existing provision that enabled internal referrals, were able to recruit young people more easily. In contrast, organisations that needed to put these relationships in place for the trial faced challenges establishing initial engagement, which resulted in delays to recruitment.

One key challenge faced by DPOs during the recruitment phase of the trial was the requirement for both parents and young people to provide informed consent. For the trial, the primary way in which consent was initially obtained was via a consent form emailed to both the parent/primary carer and the young person. While most required parents to sign a paper consent form (less detailed than that used for this trial), one DPO did not have pre-existing arrangements for parental consent.

Depending on how different this was from their usual processes, DPOs needed to put more resources than they had expected into following up on emails and supporting parents and young people to complete the forms. This was particularly challenging where they worked with young people and parents with English as a second language or less digital competence, or where young people did not have access to email addresses or digital devices. These challenges were addressed in the feasibility trial in the following ways:

- **Diversifying consent options:** Mentors were encouraged to use paper consent forms where families faced difficulties with emails and electronic forms. The study data portal was enhanced to integrate a way for mentors to open surveys and consent forms on their own devices and support young people to complete these in person on the mentor's device.
- **Supporting translation of consent forms:** We provided Welsh translation of information sheets and consent forms for DPOs based in Wales and further relied on DPOs own staff to translate the resources into other languages that were commonly used in their area of operation.
- **Collective trial onboarding:** One of the DPOs held a collective onboarding session for parents and young people. This created an open space for parents and young people to hear about the opportunity, discuss any concerns and gather consent from multiple families simultaneously.
- **Shortlisting young people prior to start date:** DPOs that created a shortlist of suitable young people with contact details prior to the start of recruitment were able to gather consent and baseline measure completion more quickly.

The consent form content was developed and tested by CYI's Young Evaluator's Panel, but during the qualitative interviews with young people, we received mixed feedback. Some found the wording too complex, questioned if younger participants would be able to understand the form without guidance from adults and suggested that the form be made more visually engaging. Other young people were less critical of the consent form and felt it was clear and engaging. One young person reflected that completing the consent form made him feel happy 'because I feel like I'm on a new adventure'.

While recruiting a sub-sample of the young people to participate in the qualitative interviews for the evaluation, additional parental and young person consent had to be obtained. This multiplicity of the consent processes was identified as a key challenge.

Compliance with trial arrangements

Data collected on the young people in the trial suggest that compliance with the trial arrangements was high. Forty-seven young people were randomised to the waiting-list control group, and 46 young people were randomised into the intervention group. Seven (out of 47) young people in the intervention group ended their mentoring early, and five (out of 46) young people in the control group left the trial before receiving mentoring. For those in the control group, only one young person reported starting mentoring before the end of the feasibility trial. Thirty-eight of the 46 young people from the intervention group (83%) and 41 of the 47 young people from the control group (87%) completed the follow-up outcomes survey.

Other services received

DPOs were advised that the control group young people could receive alternative services, such as group support sessions, during their waitlist period. Likewise, the intervention group could receive additional services over and above the mentoring. DPOs reported a range of alternative services taken up by both groups.

For the control group, alternative services were recorded for 35 of the 47 young people. For 11 of these, this just involved a regular casual check-in. For the remaining 24, alternative services included music programmes, football, boxfit, art therapy and general youth club sessions.

For the intervention group, additional services to mentoring were recorded for 26 of the 46 young people. Again, these were varied but included music programmes, football, swimming, visits to the theatre, a NEET programme, group mentoring and work experience.

Acceptability of trial arrangements

In the qualitative interviews, DPO managers, mentors and mentees were asked about the feasibility of key elements of the trial design, including the waiting list, the outcome measures, and the quality feedback surveys. For many of the DPOs that participated in the trial, it was their first involvement in an RCT. The trial arrangements were generally acceptable to DPOs and young people, although there was a tension for DPOs between the more rigid data requirements of the RCT and the more flexible approach often demonstrated by community mentoring delivery.

For the waitlist design of the RCT, arrangements were put in place to safeguard young people for whom delaying mentoring might have adverse effects. DPOs were asked not to recruit young people with high support needs to the trial and instead to meet their needs through their own services or through referral. They were also advised that young people in the control group should receive 'business as usual' DPO provision, such as group support sessions, and be signposted to other organisations for support (with the specific exclusion of mentoring).

Despite this, there remained some discomfort among DPO managers and mentors about the waitlist approach. Some interviewees articulated a tension between the desire to respond quickly to the needs of young people and the need for comparative data through the waitlist, even though they understood why this was needed:

“Fundamentally, it's difficult putting somebody on hold for three months, because very often people don't come to you until they're in crisis. They don't come to you on an early prevention manifesto; they come to you when they're really, really desperate.” (DPO manager)

“In terms of youth work, it's all about building trusting relationships, being flexible, responding to need. Whereas the RCT is, 'Well, actually, we're going to identify some young people, and then we're going to put half of them on a waiting list.’” (DPO manager)

However, other professionals interviewed were less critical of the waitlist design and felt that the safeguards that were put in place meant they were still able to support young people through positive connections:

“I think we just had to explain all of the other things that we do that you can take part in. There are still staff there that you can talk to, or that you can check in with.” (DPO manager)

Mentees interviewed (all of whom had received mentoring) expressed mixed perspectives on the waitlist design. There was a sense of indifference among some, who said that they were 'not bothered' about the possibility of having to wait and wouldn't have a strong opinion if placed on the waitlist as long they were given adequate reasons. Others expressed more concerns, saying that they may feel 'sad' and that waiting for support 'may have been hard,' and one young person felt they would have been at risk of school exclusion:

“Well, probably would have had a lot of in-school exclusions, all that, nearly getting suspended from school.” (Mentee).

Despite the issues raised, overall, DPOs felt that with the safeguards put in place, the waitlist was acceptable. Procedures for the efficacy trial will emphasise these arrangements further and monitor them.

Regarding the outcome measures collected during the trial at the baseline and after the end of mentoring at follow-up, the reflections explored through qualitative interviews suggested that while the outcome measures were largely acceptable amongst mentees, some mentors and DPO managers felt that improvements could be made to the approach to ensure that all young people engaged fully with the completion process. As with the consent forms, young people were initially emailed the outcome measures as an electronic survey directly and often needed support by mentors to complete them.¹¹

While some young people found them 'too long' and 'boring', most of the young people interviewed were overall positive about the outcome measures. They reflected on how completing the outcome measure provided space to reflect on their mental wellbeing, and the process appeared to aid building both confidence and a sense of self.

"It actually gets you to know where your head is at. Say if you're mixed and don't know where your head is at the moment, then you do it, like you start to understand where your head is actually at."
(Mentee)

While young people suggested that the outcome measures could have been made more engaging and simplified, young interviewees consistently said they had completed the forms meaningfully and in a way that captured their current emotional state:

"Yes, 100%, because I feel like when I'm answering something, if I didn't, I would be lying in a way."
(Mentee)

We also experienced significant challenges with the potential use of the Self-Report of Delinquency Scale (SRDS), the validated measure YEF requested that was used in the study. Significant numbers of DPOs stated their concerns about the measure, most notably in relation to the appropriateness for young people, many of whom were not known to be offending, the potential for young people to 'self-incriminate' and thus the incentive to share inaccurate data, safeguarding concerns relating to disclosure (including where the measure was completed within school settings), and the risk of undermining trust with the DPO. Several organisations suggested they may withdraw if use of the measure was mandated. One DPO, with agreement of the study team and YEF, facilitated a focus group with young people to explore their perceptions of the measure, and this appeared to confirm DPO concerns. As a result, and following extensive discussions with YEF, the SRDS was withdrawn from the study. Interviews with DPO staff show that this decision was very well received by DPOs and improved their relationship with the study team.¹²

¹¹ We did not collect data on how many reminders each young person needed before completion of the outcomes measure. The reality is that such data would be hard to come by – the type and format in which a young person would have been reminded varied across DPOs depending on their practices and relationships with young people.

¹² More work is needed to develop a measure that responds to prevalence of criminality but is not ethically challenging to implement.

“You sorted all of that out, and so, for me, that showed that we had a really good partnership.” (DPO Manager)

In addition to the outcome measures, the study team also collected data on the quality of mentoring support received through a short survey, completed by mentees at weeks 4, 8 and 12 of mentoring. While the content and structure were acceptable, the frequency was too great and placed heightened pressures on mentors, DPO staff and young people, in what was already perceived to be a data heavy process.

What is the feasibility of developing and delivering a trial-able practice model?

The feasibility, appropriateness and acceptability of the shared practice model was assessed in the mentor survey using three pragmatic measures (Weiner et al., 2017). Mentors completed the survey towards the end of the feasibility trial to capture their experience of one full 12-week cycle. The pragmatic measures produce an overall rating of the feasibility of the shared practice model of 4.0/5, the acceptability of the model as 3.9/5 and the appropriateness of the model for young people as 3.7/5.

The shared practice model was generally viewed as feasible by DPOs, and acceptable to them and to young people, and implemented with good fidelity.

The extent to which the shared practice model document was actively used varied by organisation. The most effective approach taken by mentors and managers was going through the model before the trial began and identifying which elements of their practice would need to be adjusted, as well as returning to it periodically to ensure fidelity. A couple of organisations reported using the shared practice model document very little. However, overall DPOs delivered the shared practice model with medium to high fidelity.

Fidelity to the shared practice model

Fidelity to the shared practice model was assessed on 12 elements across five core components of practice, as detailed in Table 6 (the detailed model can be found in Appendix 1).¹³

Table 6. Shared practice model elements

Dosage	Target population	Quality – mentor	Quality – components	Quality – interaction
1) Twelve weeks	3) Age	5) Consistency of mentor throughout mentoring period	7) Initial mentor–mentee meeting held	10) Trust
2) At least eight sessions	4) Level of need (based on YEF framework)	6) Mentor training: minimum of two hours	8) Written plan used	11) Safe space
			9) Closure process followed	12) Goal setting

Each organisation was rated against these criteria using evidence from programme data, young people profiles, mentor surveys and mentee surveys. For each DPO, each of the 12 criteria were scored as high (met by the DPO in ≥80% of cases, 2 points), medium (met in ≥60% of cases, 1 point) or low (met in <60% of cases, 0 points), with a maximum possible score of 24 points.

¹³ Even single-site RCT design sees natural variation between caseworkers’ approach to mentoring, adapting sessions to make it more mentee centred. Being more prescriptive may run the risk of creating conflict with flexible ways of working of the DPOs. The Shared Practice Model strikes the balance, and while the report concisely summarises the core elements of this model, Appendix 1 includes the detail to precisely define these elements with all DPOs.

Analysis of the scores found that 89% of DPOs (8 out of 9) were able to deliver the practice model with medium to high fidelity (achieving a score of $\geq 15/24$), and 67% of DPOs (6 out of 9) were able to deliver the practice model with high fidelity (achieving a score of $\geq 20/24$).

Across the feasibility trial, dosage was achieved with 87% fidelity to the shared practice model. Cases in which dosage was not achieved were primarily due to young people terminating mentoring early (reasons for young people leaving early are described in detail on page 27).

Mentoring was offered to the eligible population with 97% fidelity to the shared practice model. Additionally, 76.3% of young people recruited were aged 10–14, well above the YEF minimum requirement for 70% of young people to fall in this range. Additionally, the majority of young people older than 14 were 15, and all were under 18. In general, DPOs reported that the target population fell within their typical population. While working within the eligibility criteria, some DPOs intentionally selected young people for the trial according to other characteristics to facilitate the trials, such as location, type of unmet needs, and prior involvement in the service. We will discuss this with DPOs prior to the pilot trial, as the large numbers of young people may make this selection unfeasible.

Mentor quality was achieved with 81% fidelity to the shared practice model across organisations. The fidelity criterion that was most often missed was the requirement for the same mentor to work with the young person throughout their mentoring, which was mainly missed because of mentors leaving their roles.¹⁴ For the pilot, we will ensure that DPOs have a clear hand-over procedure to cause minimal disruption to young people's support. We will also share easy-to-read materials to support the smooth onboarding of new mentors to the trial.

Mentoring quality components were delivered with 71% fidelity to the shared practice model. Eighty-eight per cent of young people who responded to the relevant mentee survey had an initial meeting with their mentor, 79% had a written plan and 92% discussed closure with their mentor, showing high delivery fidelity. The study team will ensure that all mentors are familiar and comfortable with these elements of the shared practice model through workshops and streamlined materials for the pilot trial.

Markers of quality interactions were delivered with 85% fidelity to the shared practice model across the feasibility trial. Our selection of trust, safe spaces and goal setting was endorsed in the interviews, where these were described as intrinsic aspects of the mentoring process. Ninety-two per cent of mentors agreed that 'In each mentoring relationship, I have always provided opportunities for the mentee to monitor progress towards goals that they set for themselves'. Seventy-seven per cent of mentors agreed that they intentionally target social and emotional learning outcomes in all or most sessions. On the key elements of quality mentoring, mentee survey results showed that 79% of young people who responded created a set of goals at the start of their mentoring, 88% felt they could trust their mentor, and 94% felt emotionally and physically safe during their sessions. The streamlined materials and support for mentors described in previous sections will ensure that these features continue to be delivered and recorded with high fidelity in the pilot trial.

¹⁴ Other reasons for lack of fidelity were the quality components, i.e. holding an initial meeting, having a written plan and specifying a closure process. However, there were only two out of the nine DPOs that missed achieving these criteria.

Evidence of promise

The young people who were interviewed were encouraged to reflect on whether and how mentoring had supported them to progress. While each mentee's experience of support varied, and as we note on page 23 our sample may be biased to young people with more positive relationships with mentors, there was a consensus among those who were interviewed that mentoring had, to some extent, enabled them to progress across areas of personal development. The following areas were most prominent across mentee interviews.

Moving away from anti-social behaviour and youth violence

Some of the young interviewees felt that mentoring had supported them to take steps away from crime and anti-social behaviour, or that they had seen this impact for other young people.

“Back then, I was a hard-head; I used to get into fights and stuff... He [mentor] basically talked to me about fighting, and how if I do fight, there will be consequences. After that, I felt like I was mature enough.” (Mentee)

One young person linked this directly with mental resilience and the development of emotional regulation:

“It helped me mentally... The only reason why they [other young people] do knife crimes, and do crime in the first place, is because they can't handle anything mentally.” (Mentee)

Developing resilience, mental strength and confidence

Speaking to the primary outcome of improved socio-emotional learning, young interviewees' experiences of mentoring suggested potential improvements to confidence and emotional regulation. Improved mental resilience and confidence were often fundamental to young people's experiences, and increased confidence was often a key catalyst for young people to address wider or more specific needs relating to relationships, engagement with schooling or stepping away from anti-social behaviour.

One young interviewee reflected on how his relationship with his mentor was pivotal to him gaining social confidence and 'opening up':

“I remember when I first met [mentor name], I didn't want to do anything, just didn't want to talk. I was a bit shy, but then as we were going on, I was opening up a lot more.” (Mentee)

Linked with the development of resilience, mental strength and confidence, young people reflected on how mentoring had supported them to engage with support networks more meaningfully. Specifically, interviewees reflected on how they had built better relationships with friends, family and other professionals such as teachers. Mentees specifically linked increased confidence and self-worth with being able to expand social networks:

“It's definitely helped with my confidence [...] but meeting new people as well, and just overall being comfortable.” (Mentee)

“I'm a lot more open with people, like I'd start talking, make conversations.” (Mentee)

Young people also reflected on benefits on existing relationships. This again related to peer groups, families and working professionals. One young person noted how his ability to regulate his emotions, as a result of mentoring, had improved his relationship with his siblings:

“I always get into arguments with my siblings, and like I said after I went mentoring... I just ignore them.” (Mentee)

Young people talked about mental resilience, extended social connections and reduction in anti-social behaviour in ways that strongly suggested they are interlinked. The data suggest that influential aspects of mentoring were the development of a strong relationships within which mentoring helped to identify a young people's support needs; helped young people to identify the changes they wanted to make and how to make them; motivated young people to take steps to towards their goals; and helped young people learn how to regulate emotions.

Many of the interviews held with DPO delivery staff resonated with the experiences of young people who were interviewed. Mentors and DPO managers suggested that there was a wide range of positive shifts experienced by the young people they supported as a result of mentoring provision. Interviewees felt that through collaborative work, young people were empowered to progress in a range of areas, particularly social wellbeing, school attendance, emotion regulation and self-confidence.

Mentors felt these changes were particularly apparent where they were able to work with parents and schools to provide holistic, person-centred support.¹⁵ Interviewees described school staff similarly, commenting on the benefits of the mentoring to their pupils. While the nature and scale of change varied, some professional interviewees pointed to examples of considerable change:

“They've completely transformed; it's like they're a different person.” (DPO manager)

Avoiding anti-social behaviour and youth violence

The emphasis placed on reducing youth crime and anti-social behaviour varied between mentors, reflecting their local area and the organisation's focus. It was highly relevant to some and a strong aspect of their work and local context:

“So we're talking about a lot of poverty and a lot of issues and challenges around crime. The area that we work in has high crime rates, so mentoring is really key within the organisation across all the strands of delivery we work.” (DPO Manager)

As well as impacting directly, interviewees also saw mentoring as reducing involvement in crime by increasing the likelihood of young people remaining in education and avoiding exclusion.

“He's in the pupil referral unit, and he was able to stay in school, do well, got lots of achievements during that process and he's been able to settle down.” (Mentor)

While for some interviewees the notion of youth crime was highly relevant to the young people that they were supporting, for others it was a less prevalent issue, and their work connected more with early risk factors of unmet needs.

Developing resilience, mental strength and confidence

¹⁵ This did not fall under our defined 12 core elements.

Reflecting the experiences of the mentees that were supported throughout the trial, practitioners also believed that young people's confidence and resilience had improved as a direct consequence of mentoring support. Specifically, mentors' perception of this positive shift was often articulated in terms of young people taking greater responsibility for decision making and goal setting:

"We've seen shifts in the young people's behaviour; we've seen them grow; we've seen them being able to set goals and achieve them." (Mentor)

Staff also described seeing young people's confidence and sense of self improving, linked to the encouragement they were able to provide in a supportive relationship:

"Their self-confidence improves, their self-awareness, the way they view themselves, their perception of themselves. It changes because someone is there to tell them that they can. Someone is there to inspire them and encourage them." (Mentor)

Drivers of change

Mentors perceived that the key drivers of change varied between young people, depending upon their needs. However, some aspects of mentoring were seen as widely relevant, particularly trusting relationships, goals setting and gaining a fuller understanding of each young person's circumstances and needs. For example, one interviewee describing how that understanding had identified food insecurity as a key issue for a young person, which they were then able to address:

"One of our young person's home life, there's not much money in the home, so we've done food parcels, and we wouldn't have known that if they hadn't have been on the [...] if they hadn't have been mentored." (DPO Manager)

The one-to-one nature of mentoring support is seen as key to building an in-depth understanding of a young person, which would in turn enable mentors to empower young people to progress in line with their goals:

"I think it provides, like, a really unique, personal touch that a lot of other youth provisions might not do, especially that one-to-one aspect, where you're really getting to know each other and getting to help what's really going on under the surface, and what the outcomes of their behaviour and stuff is, and tackling those issues." (DPO Manager)

Delivery staff also highlighted the importance of helping young people to develop their own coping strategies to ensure they can independently deal with issues that may present in their lives.

"You give support on how this might be better for them to cope with, or different mechanisms to put in place. Then you can see the effect of that and the progress that they make, and you're constantly checking in." (DPO Manger)

Internal barriers and facilitators to delivery

All mentors interviewed said that they had received sufficient training and support from their organisation to run the trial effectively, bar one, who found it challenging due to a lack of organisational support.

Some managers expressed concerns that the time required for recruitment and data collection was too burdensome on mentors. We will emphasise the necessity for more staff to be involved for the pilot trial, including administrative support, to ensure the work can be accommodated.

Two DPOs do not have a 'central office' or base, which made some aspects of the trials more difficult, such as the additional travel time, not being able to print forms and not being able to invite parents to a neutral space. However, this is also a positive as mentors were able to see young people in their own environments.

Managers noted that mentors who had not been involved in the preparation were less equipped to explain the trials to young people and complete data collection requirements.

Staff and trustees have been very welcoming of the trials overall, as they enabled them to support more young people, boost learning about best practice and contribute to evidence about the effectiveness of youth work.

Differentiation from business as usual

Relative to their usual provision, mentoring sits differently within each DPO. DPOs could be divided into three main groups:

1. Mentoring as the primary service and offered to all young people referred
2. Mentoring as the highest level of provision for young people with high levels of unmet needs
3. Mentoring as a lower level of support, offered where more intensive interventions such as counselling are not appropriate

Two DPOs intentionally differentiated the trial mentoring provision from their usual mentoring provision, one to distinguish it from counselling (also provided by their mentors) and the other to distinguish it from academic mentoring.

The survey showed apparently conflicting data about how aligned the shared practice model is with DPOs' usual mentoring offer. Sixty-nine per cent of mentors agreed that the mentoring required for the study is the same as their usual mentoring practice, but 62% of mentors agreed that they adapted their mentoring practice to fit with the shared practice model. This appears to reflect specific requirements such as age and duration rather than the content of or approach to mentoring sessions themselves.

The support offered to young people on the waiting list depended on which other services were provided by the DPO. Where the primary provision was mentoring, young people in the control group were kept engaged via phone calls and check-ins. Where mentoring sits within a range of youth services, they were engaged in group activities such as sports or youth groups. Only six young people (out of 46) on the waiting list disengaged ahead of receiving mentoring, suggesting that both of these approaches have been successful. Mentors also noted that knowing they would eventually receive mentoring led young people on the waiting list to engage more with other services.

Implementation of the shared practice model

Overall, DPO staff reported that they could deliver mentoring in line with the shared practice model without any major challenges. It was considered close to usual practice and flexible enough to fulfil young people's needs and fit with youth work principles. Some mentors found it enhanced their usual practice. For instance, one organisation had not previously defined their approach to closure.

"I also think a model like this shows you what is and what isn't working in your organisation." (DPO Manager)

“A lot of the shared practice model and what we do in mentoring anyway is very similar.” (DPO Manager)

It seems that the main reason for the practice model not being seen as appropriate related to duration. The shared practice model required mentoring to last for at least 12 weeks. This was misunderstood by many DPOs as a requirement that it should last no more than 12 weeks, perhaps reinforced by the timing of the outcomes survey and the point when mentoring for the control group needed to begin. While some viewed 12 weeks as sufficient, others felt that mentoring would ideally continue for longer and managed this either by focusing mentoring on a smaller set of issues than would be their usual practice, continuing mentoring for longer, or providing other support after mentoring. Some young people interviewed also expressed a preference for longer mentoring, although again views were mixed. In the pilot trial, we will reinforce that DPOs can continue mentoring for longer.

Because of school summer holidays, a modification to the minimum duration was agreed for one school-based organisation to offer eight sessions in eight weeks rather than 12 weeks. In this case, the final outcomes survey data were then collected at 12 weeks. The provision of some DPOs not based in schools is also affected by school holidays, and we will consider the need for similar flexibilities in future evaluations.

Support required by DPOs to deliver the shared practice model

The study team hypothesised that some elements of participation in the trial would stretch DPO capacity, confidence and resources potentially beyond their comfort zone, and it was both important to communicate this openly and to create a low-stakes environment in which DPOs could raise concerns about potentially being unable to meet any requirements. The feedback from DPOs suggests that this was achieved through the weekly one-to-one meetings between a study team member and a named DPO contact.

Critically, the study team often functioned as a bridge between the DPOs and YEF, in terms of communicating the aspirations for the trial and the parameters for the funding support provided to DPOs alongside. This functioned well, in that DPOs were able to reflect openly on the implications of their involvement in the trial with the study team without necessarily feeling exposed, and the study team was able to adapt key messaging for individual DPOs becoming more adept at anticipating need as the relationships developed.

To support this, the study team met regularly with YEF (both in relation to the progress of the trial and the distribution of funding to DPOs) and as a group throughout the feasibility phase in order to share key messages about the experiences of DPOs and to ensure consistent messaging. ‘Group communication’ with all DPOs was undertaken via the dedicated email account, with a weekly message sent out. In addition, individual DPOs met regularly with a consistent, named contact in the study team, usually on a weekly basis.









Open communication proved vital in addressing challenges with the use of the SRDS. The relationships of trust that had been established between individual DPOs and members of the study team meant that several DPOs felt comfortable and confident to raise concerns with the SRDS at an early stage and reassured that these concerns would be communicated in a balanced, solution-focused manner with YEF. The study team was able to share the background and detail of concerns, supported by the experience of DPOs, which enabled resolution. The innovative nature of the trial means that there are also likely to be areas of challenge in the pilot trial, and the continued focus on trust and communication will be necessary in navigating them.


Finally, the management of grant payments to DPOs had gone smoothly, although managing the transition between the feasibility trial and the next phase raised some issues. The uncertainty about whether the pilot trial will go forward, and the relatively short period between decision and the start of the pilot trial, created practical and financial pressures for DPOs. Again, the open communication channel established with DPOs ensured that the study team could respond to these uncertainties, provide reassurances, and act as a link between YEF and DPOs, allowing for timely flow of information and decisions.

Is it appropriate to proceed from feasibility to a larger pilot trial?

The progression criteria established for the feasibility trial provides a structured framework to assess delivery success and potential to move forward to the next stage of evaluation. All eight criteria have been met, as detailed in Table 7.

Table 7. Progression criteria

Criteria	Criteria detailed	Criteria met	Data source	Commentary
Project implementation: Can the project be implemented as intended?				
PC1. Maintaining commitment from DPOs	At least seven DPOs complete the FT.		N/A	Besides one DPO, who withdrew from the feasibility trial due to YEF's data linkage requirements of evaluations, all nine DPOs completed the feasibility trial and want to continue for to the next phase.
	DPOs attend 75% of scheduled 121 support meetings during the FT trial period.		N/A	All DPOs attended the majority of 121 weekly support meetings with the study team. Sessions were at times rearranged or cancelled due to staff leave. These data were not tracked systematically, so the % of attendance cannot be detailed precisely.
PC2. Acceptability of the shared practice model	75% of the mentors report the shared practice model to be acceptable.		Mentor survey	Seventy-nine per cent of mentors who completed the mentor feedback survey strongly agree/agree to the acceptability of intervention measure questions regarding the shared practice model.
PC3. Fidelity to the shared practice model	75% of the DPOs can deliver the practice model with medium to high fidelity.		Mentor survey, administrative data, mentee survey	Eighty-nine per cent of DPOs delivered the shared practice model with medium to high fidelity (67% with high fidelity).
PC4. Attendance of mentoring target	At least 75% of young people in the intervention group complete at least eight sessions of mentoring		Administrative data	Thirty-five of the 46 young people in the intervention group (76%) received eight or more sessions of mentoring.
PC5. Adherence to randomisation	No/minimal evidence of contamination		Administrative data	We are aware of just one young person in the control group who started mentoring prior to completing the outcome survey.
Recruitment of young people: Have sufficient numbers of young people been recruited?				
PC6. Minimum recruitment target of young people for FT	75% DPOs recruit 10+ young people for the FT.		Administrative data	Seven of the nine DPOs (78%) recruited 10 or more young people. The remaining two organisations recruited seven and eight young people.
Evaluation data: Has sufficient evaluation data been completed?				
PC7. Data collection completeness target	75% of baseline and follow-up SDQ responses fall within the tolerance		Outcome data	SDQ questionnaires were, in error, programmed without options for 'do not wish to answer' per question. This led to a situation where the missing data rate was 0%. This will be corrected for the next phase of evaluation.

Criteria	Criteria detailed	Criteria met	Data source	Commentary
	threshold for missing data and can be analysed.			
PC8. Data collection follow-up retention target	<p><i>Intervention group:</i> 75% of young people complete follow-up data collection for the SDQ and YRSS.</p> <p><i>Waiting list group:</i> 75% of young people complete follow-up data collection for the SDQ and YRSS.</p>		Outcome data	Thirty-eight of the 46 (83%) young people randomised to the intervention completed the follow-up survey, as did 41 of the 47 (87%) of those randomised to the control group.

Theory of Change

The Theory of Change was not revised as part of the analysis in this trial, and each aspect of the Theory of Change was well represented by the measures collected during the trial. Each of the four sections of the Theory of Change (Appendix 3) was used to inform the design and implementation of the feasibility trial.

There was evidence of promise for the mentoring model in the qualitative interviews with mentees, mentors and DPO managers. During these interviews, young people reflected on their experiences of the support they received, and professionals described their perceptions of whether and how mentoring has supported young people, in ways aligned with the intended outcomes set out in the Theory of Change. With the larger sample of young people in the next evaluation phase, we will be able to refine and test the hypotheses derived from the Theory of Change.

Conclusion

Recruitment of youth organisations to serve as DPOs as part of the multi-site study was successful, using a range of outreach tools from direct contact with potential organisations and dedicated webpages to holding informational webinars. It was important to set out clear eligibility criteria and communicate the implications of participating in a two-staged study where progression would be dependent on the first feasibility stage. While youth organisations remained engaged, future evaluations should recognise that the sector may not have previous experience with RCT designs and the data collection demands of an evaluation.

Relatedly, recruitment of young people by the study DPOs was challenging, particularly for smaller DPOs without pre-existing referral routes. While we were able to recruit our target numbers (93 young people out of the targeted 100), the recruitment period was extended to 11 weeks. For future evaluation, the timeline should reflect a longer recruitment period. We would also encourage DPOs to establish a variety of referral pathways at the launch event for the future evaluation.

One of the key challenges to recruiting young people to the trial was obtaining consent from parents/carers and the young person. While 116 (more than the targeted 100) young people were initially registered for the trial, 93 were onboarded after obtaining consent. Obtaining consent was particularly challenging where English was a second language, there was less digital competence, or young people did not have access to email addresses or digital devices. For future evaluation, studies should consider multiple formats for obtaining consent, such as texting links to participants or using paper forms to be uploaded at a later stage by DPOs. Another avenue to explore in future evaluation is holding collective recruitment sessions with young people and their parents, where questions can be answered and consent forms completed at the same time. Further, combining consent processes for the trial *and* the other evaluation data collection methods (such as qualitative interviews) would streamline the paperwork and prove to be less burdensome on participants. In addition, considerations should be made around providing multiple translations of key trial documentation to ensure that minoritised populations are not unintentionally excluded.

Once recruited, the study found randomisation to be successful and high compliance among the young people to the trial arrangements. The level of attrition and consequently non-completion of the follow-up outcomes survey were slightly higher than 10%. However, there was no evidence that those who completed the follow-up outcomes survey were a biased sub-set of all those randomised. Providing young people and their caregivers a full understanding of what mentoring involves is key to minimising early withdrawals due to mismatched expectations. Reducing the overall data collection burden in future evaluation may be helpful to consider, such as reducing the frequency of the mentee feedback survey on the quality of mentoring support received to once at the end of mentoring.

All young people had access to 'business as usual' services, and alternative services used included a music programme, football, art therapy, visits to the theatre, a NEET programme and work experience. Future evaluations should ensure that DPOs are able to provide 'business as usual' services so that young people in the trial are engaged with the study. Additionally, it is important to ensure that each DPO has a plan in place to maintain contact with young people on the waiting list and minimise the number disengaging early, especially for smaller DPOs that only offer mentoring as the primary provision.

Overall, the feasibility trial found a high level of acceptability of trial arrangements among young people and DPO staff. However, this was achieved through intensive support provided by the study team to the DPOs. Of great value were the weekly one-to-one meetings between a DPO-named contact and a study team member, and future evaluations should plan for this level of engagement. The study found online messaging platforms (such as Slack) to be underutilised, and DPO staff valued the one-to-one meetings more. The study team also put in place a wide range of informative materials and videos for DPO staff and found that staff who had accessed these were less likely to need support. Moving forward, a strategy to consider would be to encourage the DPO staff to engage with these materials – materials will be streamlined and signposted more clearly to ensure that all DPOs can benefit from them. This will be particularly important with the increased number of DPOs to ensure that the study team has capacity to provide effective support.

The feasibility trial was delivered by most organisations with medium to high fidelity to the core components of the shared practice model, and the model was viewed as acceptable and feasible by the mentors. Sixty-seven per cent of the DPOs delivered the model with high fidelity, and 89% delivered it with medium to high fidelity. A barrier to delivery was the staff-turnover within DPOs, and mentors who were recruited after the onboarding of young people were less equipped to explain the trial and its requirements to young people. Where possible, this should be avoided and DPOs should be given sufficient time to recruit enough staff to deliver mentoring prior to the start of the evaluation. Where this is not possible, DPOs should be advised to provide dedicated time to the newly recruited staff to study the materials and videos designed for the trial so that they can understand the purpose and trial procedures.

While the feasibility trial was not intended or powered in terms of sample size to detect impacts of the mentoring, we report evidence of promise. Mentees indicated that mentoring had supported them to move away from anti-social behaviour through improved mental resilience and emotional regulation. Mentors' views resonated with the experiences of young people. Mentors and DPO managers suggested that there were a wide range of positive shifts experienced by the young people they supported as a result of mentoring provision. Interviewees felt that through collaborative work, young people were empowered to progress in a range of areas, particularly social wellbeing, school attendance, emotion regulation and self-confidence. With the larger sample of young people in the next evaluation phase, we will be able to refine and test the hypotheses derived from the Theory of Change.

Given the complexity of the evaluation and its two-staged nature, overall, open communication between DPOs and the study team has proved vital in addressing challenges. A key element in ensuring the success of the trial was building strong relationships between the study team and DPOs. The relationships of trust that had been established between individual DPOs and members of the study team meant that several DPOs felt comfortable and confident to raise concerns and reassured that these concerns would be communicated in a balanced, solution-focused manner with YEF. The evaluation team provided extensive support to DPOs, including jargon-free guidance material and resources, regular communication with weekly one-to-one meetings for each DPO with a named evaluation team member, and a bespoke online data portal.

Table 8. Summary of feasibility study findings

Research question	Finding
1. What is the feasibility of engaging DPOs in a multi-site trial?	Small youth sector organisations are willing and able to engage in high-quality evaluation when they are provided with clear eligibility criteria and trial requirements. There are high levels of interest among small youth sector organisations in participating in robust evaluations. A thorough recruitment process is required to ensure that all participating organisations fully understand the purpose and requirements of an RCT and have the capacity to deliver effectively.
2. How feasible is it to successfully run a multi-site trial with the selected DPOs?	MSTs can be run successfully and with high levels of compliance with small youth sector organisations provided there is sufficient planning and flexibility by the evaluation team and adequate, regular and timely support provided. A particular challenge was the onboarding process, including gaining consent from young people and parents, which can be mitigated by providing diverse and responsive approaches to the process. Evaluators must be mindful of the sometimes conflicting requirements of rigorous evaluation and the young person-centred youth work approach, but overall the trial arrangements were acceptable to DPO staff.
3. What is the feasibility of developing and delivering a trial-able shared practice model?	Developing a shared model of practice of a common but heterogeneous practice such as mentoring is feasible and acceptable to small youth organisations. Some organisations found it a very helpful process to reflect on and improve their own practice. Fidelity to the delivery model can be high but requires effective delivery management to ensure that all mentors responsible for delivery have the resources to engage with the model. Fidelity to the quality components can be ensured by asking all mentors to actively engage with the model of practice, which requires a trusting relationship between DPOs and the evaluation team.
4. Is it appropriate to proceed from feasibility to a larger efficacy trial?	The findings from this feasibility trial strongly suggest that it is appropriate to proceed to a larger multi-site evaluation of short-term mentoring with initial evidence of promise in support of the Theory of Change. This is evidenced by fulfilling all eight progression criteria.

Evaluator judgement of intervention feasibility

Our judgement on the feasibility of delivering the shared practice model is that it is feasible within the constraints of an MST. Results from the Weiner implementation outcome survey show that the shared practice model was considered feasible, acceptable and appropriate by the mentors delivering the intervention. Interviews with mentors and DPO managers also provided insights into their practical experiences of delivering the model, indicating that, in most cases, it is similar to their usual practice and easy to integrate into their service. A key element in ensuring the success of the trial was building strong relationships between the study team and DPOs through regular and timely one-to-one communication with DPOs.

The feasibility trial shows early evidence of promise in support of the Theory of Change but was limited in its sample size to comment on impacts and the mechanisms. This will be further interrogated in the next stage of evaluation with larger number of DPOs and young people. Early evidence from the feasibility trial indicated that mentors perceive impacts when the shared practice model of mentoring is delivered for a longer duration. In response to this, the study team will increase the minimum number of sessions required from eight to 12 within the 12 weeks of intervention.¹⁶ This change may have implications for DPOs that will be required to deliver 50% more sessions within the same period, and increased level of support to DPOs from the study team is expected during the next evaluation phase.

Interpretation and recommendations

Our strong recommendation is that the project should move forward to a larger trial, with suggested improvements and recommendations. As previously highlighted, all the progression criteria have been met. As a result, the study team will be progressing to an efficacy trial rather than a pilot trial. The feasibility trial was successful in highlighting the challenges and identifying ways to address these challenges within a larger trial setting. Although some have needed more support, we propose to take all the feasibility trial DPOs forward, and none have indicated they want to withdraw. All the DPOs recruited that did not take part in the feasibility trial have indicated they want to continue, and there are no reasons to exclude any. We set out below our proposals for adapting the feasibility trial approaches for the next phase of evaluation.

Recommendations for ongoing DPO support

Overall, the support we provided to feasibility trial DPOs was intensive, responsive and regular. This was well received, and the evidence indicates that this support, and the trusting relationships established alongside, was central to the successful conduct of the feasibility trial. We propose to make a few changes:

- To hold a preparatory workshop with DPOs in January 2023, before ethical approval has been secured, to introduce the mentoring practice model, provide a high-level overview of the trial and set out the preparatory work that DPOs can undertake before the 'go live' date;

¹⁶ We also considered increasing the duration to 16 weeks, but on balance had to weigh it against having a 16-week waiting period for the control group.

- To hold a second workshop with DPOs once ethical approval is secured, setting out the trial arrangements in detail;
- To continue to offer weekly one-to-one meetings where key data collection issues and timepoints can be discussed;
- To replace the weekly drop-in sessions with a small number of group DPO sessions, focusing on different aspects of delivery, which all DPOs will be expected to attend;
- Use of emails rather than Slack for communication with DPOs as the key point of centralised messaging; and
- To streamline and clearly signpost support materials so that they are accessible and useful to all delivery staff.

Recommendations for the recruitment of young people

One of the more challenging areas in the feasibility trial was the initial recruitment of young people and onboarding and consent gathering. To address this, we recommend the following plan:

- To significantly extend the period of recruitment, onboarding, consent collecting and baseline measurement of young people;
- To diversify the mode and language of consent options so that DPOs can respond to their communities' needs, with modes of completion to include email, paper and text;
- To promote collective trial onboarding sessions with parents and young people, bringing parents and young people together to discuss mentoring and the trial, and gather initial onboarding documents from multiple families simultaneously;
- To ensure that consent to participate in qualitative interviews is integrated into the initial consent form completed by both young people and parents/primary carers to participate in the trial;
- To encourage and facilitate DPOs to start shortlisting young people prior to the trial start date; and
- To provide clear guidance on how DPOs should approach recruitment and onboarding during the efficacy trial based on the learnings from the feasibility trial.

Recommendations for data collection and trial design

The overall design of the trial was found to be largely acceptable by those who delivered and participated in the trial. However, there were some improvements that would strengthen the approach:

- To programme the baseline and follow-up surveys so that young people can skip questions that they do not want to answer;

- To reduce the number of surveys for mentee feedback on mentoring quality support from three (weeks 4, 8 and 12) to one, which would be integrated into final outcome measure completion;
- To encourage DPOs to keep in touch with young people on the waitlist control group and provide them with an additional explanation of the waitlist approach; and
- To provide reasonable flexibility around data collection and delivery of mentoring sessions to accommodate for school holidays where DPOs are school-based.

Recommendations for changes to the data collection portal

The portal, which was used as a centralised point of data collection, was of critical importance to the delivery of the trial. Not only did it provide a space for mentors and managers to keep track of caseload requirements, but it was also a key resource supporting the study team to monitor the progress of DPOs. We adapted the portal in line with key learning throughout the feasibility trial and will continue to strengthen it further for the efficacy trial:

- To embed a priority task list for mentors, highlighting key upcoming data completion tasks; and
- To enable integrated notifications so that emails are not the primary point of communication around key data completion priorities.

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Appendices

Appendix 1. Shared practice model

- Summary

Shared Practice Model of Mentoring for Multi-site Trials - Checklist

Recruitment

- What recruitment materials do you have to recruit young people?
- Who is your organisation's champion to oversee recruitment?
- What is your process for accepting referrals and registrations of interest?
- Mentoring is voluntary on the part of the mentee (e.g. not court-ordered criminal justice interventions)



Closure

- What is your closure process?
- Early withdrawal or exit is recorded



Onboarding and Screening

- Have young people and their parents/carers provided consent?
- Are you monitoring demographic information?
- Have mentors received minimum 2-hour training?
- How are you matching mentors and mentees?
- Mentors are adults rather than peers
- Mentors are supported throughout the programme by a line manager



Mentoring

- An initial meeting that includes relationship building and boundaries
- Minimum of 12 weeks duration and minimum 12 sessions of at least 45 mins over the course of 12 weeks
- Mentoring is on a one-to-one basis
- The same mentor for all sessions
- Mentor sessions includes discussion relevant to the young person's goals.



Eligibility Criteria:

- Young people aged 10-14 (with up to 17 years old by exception)
- Risk to involvement in violence (see YEF definition for more information)
- The offer is open to all young people, those with complex needs should not be disqualified



● A shared model of mentoring practice

The shared model of mentoring practice will be used by all delivery partner organisations (DPOs) taking part in the multi-site trials of mentoring practice. The aim of the study is to assess mentoring as it is delivered by youth agencies, not to develop a new manualised approach to mentoring or new mentoring programme. However, for the purposes of this study, we do need DPOs to be working to a broadly consistent model of mentoring. The intention of this paper is to set out the proposed model of practice and to identify its core and flexible components.

Our aim is not to construct the ‘most effective’ mentoring offer to roll out across the DPOs, but rather to bring together the most common, evidence-informed elements that can be deployed across the DPOs so that we can be confident that the practice is similar enough to generate a meaningful shared dataset and is supported by existing evidence. There remains scope for variation within the model, and we will discuss this with DPOs in the implementation evaluation.

Defining mentoring

For this study, mentoring is defined as a formal, supportive developmental relationship between a young person and an adult, (definitions of adult vary, and tend to mean ‘more experienced’ than the mentee, and above 18 years of age) intended to support positive outcomes for the young person. Mentors can offer support, guidance, and concrete assistance to the mentee and should model positive socio-emotional behaviours for young people.

The basic programme structure for the mentoring model is:

- Minimum of 12 weeks duration and minimum 12 sessions of at least 45 mins over the course of 12 weeks
- Mentoring is voluntary on the part of the mentee: we will exclude mandated mentoring (e.g., a court-ordered criminal justice intervention) – this is particularly relevant when recruiting through referral partners e.g. YOS
- Mentors are adults rather than peers
- Mentoring is on a one-to-one basis

The model structure

The model aims to bring together research evidence and common elements across the DPOs existing practice, within the study parameters. It draws heavily on Elements of Effective Practice for Mentoring (4th Edition)¹⁷ and organises elements that feature in that model and those that are aligned to it under the same domain headings:

- Recruitment
- Screening
- Training
- Matching and initiation
- Support
- Closure

¹⁷ <https://www.mentoring.org/resource/elements-of-effective-practice-for-mentoring/>

Monitoring how the model is applied

Through the implementation study of the multi-site trials, the delivery of the shared practice model will be monitored for quality and fidelity. This will include:

- Feedback from young people about their experiences and relationships with their mentor;
- Feedback from mentors about their practice;
- Sessions features such as length and setting;
- Administrative data such as session attendance, demographic information, and additional relevant referral data about risk factors of involvement in youth violence.

Eligibility criteria for young people

Young people will have to meet a set of criteria to be eligible for mentoring within the multi-site trials. These criteria are in place so that there is some commonality between young people across the DPOs and to align with the YEF's charitable aims of working with young people primarily between the ages of 10-14 years old who experience 'unmet needs that leave them at risk to involvement in violence'.

Young people who meet these criteria should be targeted through recruitment and then their eligibility confirmed through screening and onboarding.

Age range

- Young people aged 10-14, with up to 17 years old by exception (no more than 30% aged 15- 17 per DPO)

Note that, for consistency and simplicity, we will refer to 'young people' throughout, rather than 'children' or 'children and young people' - the age range we are referring to will remain 10-14, and up to 17 by exception.

Risk to involvement in violence

The YEF defines 'risk' as young people having unmet needs which leave them at greater risk of involvement in violence. This information will be collected through admin and monitoring data.

The following characteristics set out how this is defined by the YEF. All young people should meet at least one of these criteria (and we recognise the strong likelihood that unmet needs are very likely to cluster, with young people experiencing more than one at any given time). Note, however, that there is an option for 'other' if a relevant characteristic or experience is not on the list.

- Young people who have had a criminal conviction
- Young people who are receiving services from a Youth Offending Team or similar
- Young people who are registered as a Child in Need
- Looked after children and young people
- Young people who have been excluded from school
- Young people who have been identified as at risk of exclusion from school
- Young people who are regularly absent from school
- Young people growing up in families where parents, carers or siblings have had a criminal conviction
- Young people who are unengaged at school/in formal education and have low levels of educational achievement
- Young people who have been diagnosed with mental health issues
- Young people who have suffered abuse / early childhood trauma
- Young people who have been a victim of crime

- Young people who have been involved in antisocial behaviour
- Young people who display high impulsivity/hyperactivity
- Young people who have a history of weapon possession (e.g., knife, gun)
- Young people who have a history of alcohol and/or substance use
- Other (please state)

● Recruitment

For young people

Recruitment processes are used to reach and engage potential young people to take part in mentoring for the multi-site trials of practice.

Strong recruitment processes allow the mentoring provider (i.e. the DPO, for the purposes of this study) to clearly communicate their offer and onboard mentees to the programme with clear expectations. Information in recruitment materials should at a minimum include the key features of the mentoring offer and may also include bios of the mentor and other activities that the organisation offers to young people. Recruitment materials could include fliers aimed at both young people and relevant adults in their lives and processes may include reaching out to referral partners, holding 'meet and greets', or suggesting mentoring to a young person directly.

As the multi-site trials is a study, recruitment materials and processes will also have to include information about taking part in the trials so that young people, their primary carers, and referral partners understand what that will involve in addition to the mentoring sessions.

All DPOs will likely have their own unique processes for reaching potential young people to take part in mentoring for the trials that will be founded on their existing relationships and ways of working.

The shared core elements for recruitment in this practice model are to ensure the likelihood that young people who are reached are eligible to take part and that there is clarity around participation in the trials from the onset.

For mentors

There may be cases where a DPO recruits a new mentor to join the team. Onboarding new staff members will be unique processes within each DPO.

Elements

R.1. DPOs will recruit young people for mentoring through their existing work, relationships, and referral pathways that enable them to reach young people they believe to be eligible

- Young people aged 10-14, with up to 17 years old by exception (no more than 30% aged 15- 17 per DPO)
- Young people experience unmet needs that leave them at greater risk to youth violence – this is widely defined YEF and each DPO is to use their existing definitions and approaches for reaching this cohort

R.2. DPOs will have written recruitment materials to advertise the mentoring offer that include:

- The basic structure of the mentoring offer
 - Minimum of 12 weeks duration and minimum 12 sessions of at least 45 mins over the course of 12 weeks
 - Mentoring is voluntary on the part of the mentee: we will exclude mandated mentoring (e.g., a court-ordered criminal justice intervention) – *this is particularly relevant when recruiting through referral partners e.g. YOS*
 - Mentors are adults rather than peers
 - Mentoring is on a one-to-one basis
- Young people’s basic eligibility
- Messages about the trials (provided by the study team)
 - The mentoring offer includes taking part in a study
 - There is the potential of being randomly allocated to a waiting list for three months

R.3. Detailed written materials about the trials will be on-hand should people want this information at the recruitment stage

- The study team will provide a briefing sheet and FAQ document for young people, parents and referral partners that can be used at the recruitment stage if people require that level of information early on. This will include
 - Information about the trials – rationale, study team, funder
 - Randomisation process and rationale
 - Data collection measures for the control and intervention groups
 - Waiting list process and rationale

R.4. A ‘champion’ will be appointed within each DPO, ideally at a senior level within the organisation, to oversee and support recruitment

- At the recruitment stage, their role will primarily be to ensure that colleagues follow the necessary processes and to respond to any challenging questions that arise through recruitment processes. This may involve being ‘on the ground’ if recruitment events are live or being a named contact that people can reach out with questions. Questions could come from
 - Referral partners or carers considering whether to ‘nominate’ a young person for mentoring
 - Young people considering whether to put themselves forward to take part in mentoring for the study

R.5. DPOs will have a process for accepting referrals and registrations of interest to take part in mentoring

- These processes will be unique to the DPO and be the way in which a young person is initially engaged, after which they will be screened for eligibility and formally onboarded

● Screening and onboarding

For young people

Following referrals and other initial engagements, young people’s eligibility for mentoring as part of the multi-site trial should be formally assessed through a screening process. Following successful screening, young people will be invited to take part in the trial and consent processes put in place, following which they will be officially onboarded onto the programme. There is likely to be a time gap between screening and onboarding - we do not expect that all elements in this section occur on the same day.

We expect that each DPO will have their own screening processes and we will not seek to standardise, though we will have to see that it has taken place.

Baseline data will be collected at the end of the screening procedure when young people's eligibility and their consent to take part is confirmed. After baseline data is collected from a young person, they will be randomly allocated to either the control group (waiting list) or intervention (mentoring).

For mentors

In the case where a new mentor is recruited into the DPO to deliver mentoring as part of the trials, their suitability for serving as a mentor should be assessed by the DPO both in terms of capability and DBS checks.

Each DPO will have their own procedures for this, and we will not standardise them across the DPOs beyond ensuring that screening and onboarding procedures are in hand.

Elements

S.1. Written criteria for assessing young people's eligibility for the mentoring offer is used when screening referrals and expressions of interest

- Young people's demographic information should be recorded for monitoring purposes - the study team will provide a standardised way of doing this
- Unmet needs experienced by young people that increase their risk to violence should be recorded for monitoring purposes

S.2. Young people are not to be disqualified on the basis of having complex needs

- The offer is open to all young people provided that additional support is provided alongside the core offer for young people with particularly complex needs and that young people on the waiting list are offered support that is different from mentoring

S.3. Onboarding to the programme will be formalised in writing following successful screening. This will include:

- Written agreement from both the mentee and their parent(s)/carer(s) they will participate in the mentoring offer
- Young people and parent(s)/carer(s) (due to the age of young people) will need to provide informed consent for participation in the trial and for data collection

● Training for mentors

Evidence of effective mentoring practice shows a relationship between mentors having received training on mentoring, and the positive impact of mentoring. As the multi-site trials methodology does not insist that all sites deliver identical mentoring provision, the content of DPO-delivered training will vary according to the DPO's approach and policies.

We appreciate that as DPOs are working with experienced mentors, many of whom are existing members of staff, their training may have taken place in the past as part of onboarding procedures. DPOs are not expected

to 'repeat' training, however, it should be confirmed that all mentors have had some training prior to mentoring with young people beginning.

Training will be provided to all the DPOs on the trial procedures by the study team. The DPO's multi-site trials champion should attend this training and pass on information as required to relevant members of the team. Training on the trial procedures will include:

- Explaining the trials and establishing informed consent from participants and primary carers
- Data collection
- Data entry into an online portal
- The randomisation procedure for allocating young people to either the mentoring programme immediately or the waiting list

Elements

T.1. Mentors should have received a minimum of two hours of training prior to starting relationships that includes:

- The DPO's mentoring approach
- The DPO's safeguarding policies and procedures
- The DPO's risk management processes

- **Matching and initiation**

The matching and initiation process involves the young person being paired with their mentor and meeting for the time. This may take place through the recruitment, screening, and onboarding processes or it may be a separate event. The significance of matching and initiation elements is to consider how the relationship between the mentor and mentee can be best supported and to establish the mentoring relationship's boundaries.

Parents/carers may or may not be involved in the initial meeting as appropriate. Other professionals may also be present at the initial per the DPO's business as usual - these people could include the referring professional, teachers, other team members at the DPO.

Many DPOs work with one or a small number of mentors and therefore young people are matched with the mentor by default rather than through pairing by selecting from a pool of mentors. Even so, it is valuable to assess the strengths and potential risks that are unique to that match to understand how best to manage and support the mentor-mentee relationship.

Elements

M.1. DPOs will reflect on mentor-mentee matchings and consider the qualities of the match. These could include:

- Perceived strengths and risks of the match
- Strategies to enhance the match based on perceived strengths and risks
- Aspects to particularly monitor or check-in on

M.2. A meeting that includes relationship building and boundaries

- This discussion (or components of it) may be included in the first mentoring session or may be part of the screening and onboarding process

- The initial meeting can take place on-site or another safe place that the mentee would prefer

● Support

For young people

Through the mentoring process, young people will be supported to develop SEL skills and work towards personal development goals set by the young person. Elements in this domain are related to how the mentors will support young people through mentoring practice.

Within this domain, mentoring practice elements are outlined but they remain high-level, in recognition that DPOs are not all expected to deliver identical mentoring programmes. A purpose of the multi-site trials methodology is to lean into that variation; however, we will seek to see evidence that key quality principles are embodied in the mentoring relationships through the aforementioned implementation study.

DPOs are likely to have different tools and systems that they use for supporting young people to identify and monitor their goals. Additionally, the mentoring settings can vary as per business as usual for the DPOs. Mentoring can be either remote or in person.

Mentors and mentees can communicate in their strongest shared language, however data for the trials must be collected in English or Welsh.

Modes of contact with parent(s)/carer(s) can vary between DPOs depending on what's appropriate and their business as usual. This includes not maintaining contact with parent(s)/carer(s) if it is not appropriate or business as usual for mentors to do so.

Support for young people on the waiting list

DPOs can engage and support young people on the waiting list as long as it's not mentoring. This support could involve keeping in touch through informal check-ins, targeted intervention to support immediate needs, or group-work provision (as examples).

DPOs can support young people on the waiting list by working with them directly or referring them to another local youth organisation. While we cannot stop a young person on the waiting list from taking up mentoring outside of the DPO, DPOs should not directly refer or sign-post young people on the waiting list to another mentoring programme.

For mentors

Mentors will also be supported by colleagues within the DPO to enable consistent high-quality practice. This can be in the form of line management and supervision as well as ongoing training and practice development.

The frequency and content of training and supervision for mentors may vary between DPOs - this is to follow the DPOs standard procedures.

Elements for young people's support

YS.1. DPOs will have a written programme plan to guide the 12-week mentoring relationship

YS.2. Key quality dimensions are intentionally attended to through the mentoring relationship. These include:

- young people feel able to trust their mentor
- relationships between mentors and mentees are high-quality
- spaces where mentoring takes place are emotionally and physically safe
- with the support of their mentor, young people set and review goals

YS.3. Young people have the same mentor for the twelve-week period

YS.4. A ‘mentoring session’ is a minimum of 45 minutes long and includes discussion relevant to the mentoring programme and young person’s goals

- in between mentoring sessions, some DPOs may have shorter check-ins to keep in touch with the mentees or contact with them through other provision activities

YS.5. Over the twelve-week mentoring period, there should be a minimum of twelve sessions

YS.6. If the mentoring is extended beyond twelve weeks, reasons should be documented

Elements of support for mentors

MS. 1. Mentors will be supported throughout the mentoring programme by a line manager. This support can be space for:

- coaching and practice development
- resolution of risks and issues

● Closure

It is widely considered good practice that young people are given clear expectations about the length of mentoring and are prepared for it to come to an end. If the closure of a programme or relationship is managed poorly, it can be potentially harmful and undermine the good work that has taken place.

The precise content of closure procedures, conversations, and post-closure contact policies and practice may vary between DPOs and will follow DPO business as usual. This extends to both how closure is communicated with young people and whether and how it is communicated with parents.

DPOs can extend their mentoring relationships beyond the 12-week minimum requirement. If they do extend beyond the 12 weeks, however, they will have to ensure that doing so would not undermine capacity to deliver mentoring to young people on the waiting list, whose mentoring should start 12 weeks after their randomisation. For the trials, closure documentation will include information about how to contact the study team for any further queries or to gain access to their data in line with their rights under GDPR.

Elements

C.1. DPOs will have a closure process that includes:

- giving notice of closure to the young person and agreeing it in advance of the final session
- review any scope and boundaries for post-mentoring contact

C.2. Closing documentation is issued to the young person at the final session clearly communicating that mentoring has finished

- this can also include celebratory material acknowledging the young person's achievements through mentoring

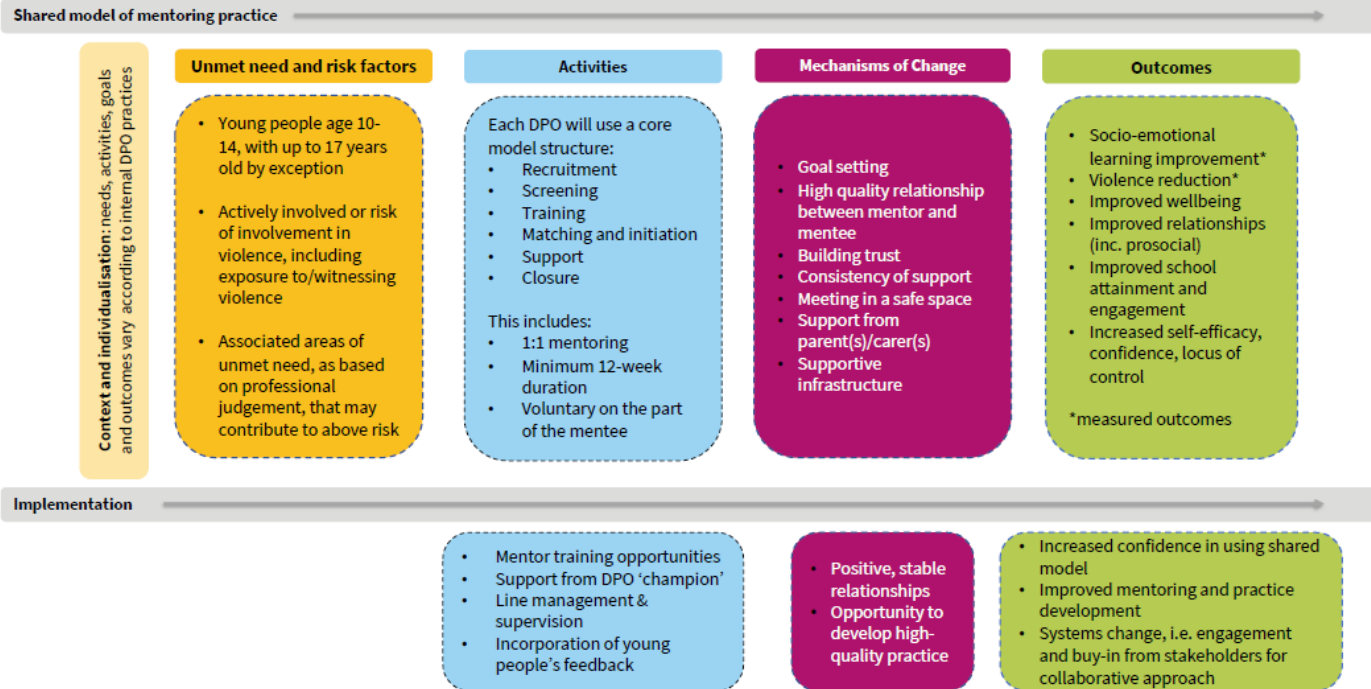
C.3. Early withdrawal or exit is recorded along with any known reasons and relevant mentor reflections

Appendix 2. YEF unmet needs criteria

- Young people who have had a criminal conviction
- Young people who are receiving services from a Youth Offending Team or similar
- Young people who are registered as a Child in Need
- Looked after children and young people
- Young people who have been excluded from school
- Young people who have been identified as at risk of exclusion from school
- Young people who are regularly absent from school
- Young people growing up in families where parents, carers or siblings have had a criminal conviction
- Young people who are unengaged at school/in formal education and have low levels of educational achievement
- Young people who have been diagnosed with mental health issues
- Young people who have suffered abuse / early childhood trauma
- Young people who have been a victim of crime
- Young people who have been involved in antisocial behaviour
- Young people who display high impulsivity/hyperactivity
- Young people who have a history of weapon possession (e.g., knife, gun)
- Young people who have a history of alcohol and/or substance use
- Other (please state)

Appendix 3. Theory of Change

Aim: To build a safe, trusting and stable relationship between mentor and mentee that takes a positive approach to improving young people's wellbeing and addressing any unmet needs that may increase their risk to involvement in violence. Through delivering a shared model of mentoring practice, organisations are able to support young people to raise their aspirations and plan for the future, by both developing and sustaining key life-skills beyond the end of the mentoring time-frame.



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¹⁸ While the ToC recognises a range of outcomes that would be affected by mentoring, as informed by the evidence base and YEF's outcomes framework, it is unrealistic for a trial to measure impacts on all outcomes given the sample size/power/multiple hypothesis testing considerations. We selected the outcomes (SDQ and YRSS) in consultation with YEF and during the development phase with DPOs. Further, it is known that these are key outcomes associated with reducing violence and given the short duration of the intervention

Appendix 4. YEF risk factors of the trial participants referred

Type of need	Number presenting with need
Young person has been identified as at risk of exclusion from school	34
Young person is unengaged at school and has low levels of educational achievement	33
Young person - some other level of need	30
Young person has suffered abuse / early childhood trauma	27
Young person displays high impulsivity/hyperactivity	27
Young person is regularly absent from school	22
Young person has been involved in antisocial behaviour	18
Young person has been excluded from school	16
Young person has been diagnosed with mental health issues	14
Young person has been a victim of crime	5
Young person is registered as a Child in Need (CiN)	5
Young person is receiving services from a Youth Offending Team or similar	5
Young person's parents, carers or siblings have a criminal conviction	4
Young person is a Looked after Child (LAC)	4
Young person has a history of alcohol and/or substance use	2
Young person has a history of weapon possession (e.g. knife, gun)	2

Appendix 5. Baseline profile of the trial participants

	Intervention group		Control group	
	All randomised	Those completing follow-up survey	All randomised	Those completing follow-up survey
Gender				
Female	43%	42%	28%	29%
Male	52%	53%	66%	63%
Prefer not to say/prefer to self-identify	4%	5%	4%	5%
Not recorded	-	-	2%	2%
Age				
9-12	43%	47%	21%	24%
13-15	48%	45%	74%	73%
16-17	9%	8%	4%	2%
Ethnic group				
White	61%	55%	49%	44%
Mixed	15%	16%	11%	10%
Asian/Asian British	4%	5%	6%	7%
Black/Black British	20%	24%	32%	3%
Other	-	-	-	-
Not recorded	-	-	2%	2%
Has SEND				
Yes	11%	13%	11%	7%
No	89%	87%	87%	90%
Not recorded	-	-	2%	2%
SDQ total difficulties mean (sd)¹⁹	17.9 (7.1)	18.0 (7.1)	17.8 (7.1)	17.7 (7.3)
SDQ categories				
Close to average	30%	32%	32%	34%
Slightly raised	15%	13%	15%	12%
High	9%	8%	13%	12%
Very high	46%	47%	40%	42%
YRSS total score mean (sd)	17.9 (4.2)	18.1 (4.2)	16.7 (3.8)	16.8 (3.8)
<i>Base:</i>	46	38	47	41

¹⁹ The outcomes survey had 0% missing data since it was programmed to make every item mandatory and YP did not have an option to skip any item.

Appendix 6. Data Collection Instruments

Q#	Question/item	Answer options / format
	Young person profile - please complete the following set of information for ALL young people who meet the eligibility criteria for the trial	
1	Name of young person	Free text box
2	Young Person ID	
3	Date of birth	Drop downs for date / month / year, with error message populated if invalid responses given
4	Age	Drop downs for 10/11/12/13/14/15/16/17 years
5	Gender	Drop down for each: Male; Female; Other; Prefer not to say
6	Ethnicity	<p>White</p> <ol style="list-style-type: none"> 1. English/Welsh/Scottish/Northern Irish/British 2. Irish 3. Gypsy or Irish Traveller 4. Any other White background, please describe <p>Mixed/Multiple ethnic groups</p> <ol style="list-style-type: none"> 5. White and Black Caribbean 6. White and Black African 7. White and Asian 8. Any other Mixed/Multiple ethnic background, please describe <p>Asian/Asian British</p> <ol style="list-style-type: none"> 9. Indian 10. Pakistani 11. Bangladeshi 12. Chinese 13. Any other Asian background, please describe <p>Black/ African/Caribbean/Black British</p> <ol style="list-style-type: none"> 14. African 15. Caribbean 16. Any other Black/African/Caribbean background, please describe <p>Other ethnic group</p> <ol style="list-style-type: none"> 17. Arab 18. Any other ethnic group, please describe

7	Does the young person have any Special Educational Needs and Disabilities (SEND)?	Yes/No
8	If yes, please describe	Free text box
9	Level of need	<p>Tick all that apply:</p> <ul style="list-style-type: none"> - Young person has a criminal conviction - Young person is receiving services from a Youth Offending Team or similar - Young person is registered as a Child in Need (CiN) - Young person is a Looked after Child (LAC) - Young person has been excluded from school - Young person has been identified as at risk of exclusion from school - Young person is regularly absent from school - Young person's parents, carers or siblings have a criminal conviction - Young person is unengaged at school and has low levels of educational achievement - Young person has been diagnosed with mental health issues - Young person has suffered abuse / early childhood trauma - Young person has been a victim of crime - Young person has been involved in antisocial behaviour - Young person displays high impulsivity/hyperactivity - Young person has a history of weapon possession (e.g., knife, gun) - Young person has a history of alcohol and/or substance use
10	Level of need (other)	Please state: [free text box]
11	Referral route	Drop down: School; YOT; CAMHS; Other health; Social care; Existing service user; Self-referral; Friends or family referral
12	Referral route (other)	Please state: [free text box]
13	Consent status	Drop down for each: Parent/carer and young person consented Young person chose not to participate Parent/carer did not consent
14	Reason for young person non-consent	Tick all that apply: Young person did not want mentoring Young person did not want to take part in the trial (but wants mentoring) Other
15	Reason for young person non-consent (other)	Please state: [free text box]
16	Reason for parental non-consent	Please state: [free text box]
17	Date of parent/carer consent	Drop downs for date / month / year
18	Date of young person consent	Drop downs for date / month / year

19	Did the young person decide not to continue after consenting but before randomisation? (after completing baseline measures)	Yes/No
20	Date of decision to end participation in study (before randomisation)	Drop downs for date / month / year
21	Reason for ending participation (before randomisation)	Please state: [free text box]
22	Date of randomisation	Drop downs for date / month / year
23	Allocation	Intervention / waiting list

Q#	Question/item	Answer options / format
	Mentor profile - please tell us more about yourself and your background to mentoring.	
1	Mentor name	Free text box
2	Mentor ID	
3	Age	Free text box
4	Gender	Drop down for each: Male; Female; Other; Prefer not to say

5	Ethnicity	<p>White</p> <ol style="list-style-type: none"> 1. English/Welsh/Scottish/Northern Irish/British 2. Irish 3. Gypsy or Irish Traveller 4. Any other White background, please describe <p>Mixed/Multiple ethnic groups</p> <ol style="list-style-type: none"> 5. White and Black Caribbean 6. White and Black African 7. White and Asian 8. Any other Mixed/Multiple ethnic background, please describe <p>Asian/Asian British</p> <ol style="list-style-type: none"> 9. Indian 10. Pakistani 11. Bangladeshi 12. Chinese 13. Any other Asian background, please describe <p>Black/ African/Caribbean/Black British</p> <ol style="list-style-type: none"> 14. African 15. Caribbean 16. Any other Black/African/Caribbean background, please describe <p>Other ethnic group</p> <ol style="list-style-type: none"> 17. Arab 18. Any other ethnic group, please describe
6	Number of years worked for current mentoring organisation	Drop down for each: <12 months; 1-2 years; 3-5 years; 6-10 years; >10 years
7	Total number of years of mentoring experience	Drop down for each: <12 months; 1-2 years; 3-5 years; 6-10 years; >10 years
8	Please list any relevant academic/professional qualifications	Free text box
9	Do you consider yourself to have lived experience of the issues your mentees face?	Yes/No
10	Additional information on lived experience (optional)	Free text box
11	Do you have a current DBS?	Yes/No

Q#	Question/item	Answer options / format
	<p>Mentoring programme data</p> <p>Please complete for each young person allocated to the intervention group once they have finished 12 weeks of mentoring</p>	

1	Young person name	Free text box
2	Young Person ID	
3	Mentor name	Free text box
4	Mentor ID	
5	Was the organisation's usual process for matching followed in the case of this young person?	Yes/No
6	If no, please give a reason	Free text box
7	How well matched do you think you and the young person are/were?	Free text box
8	Was there an initial discussion between the mentor and the young person to start relationship building and boundary setting? This may have been the first mentoring meeting.	Yes/No
9	Date of initial discussion	Drop downs for date / month / year
10	Was a written mentoring plan created for this young person to guide the 12-week mentoring relationship?	Yes/No
11	If yes, was the mentoring plan shared with the young person?	Yes/No
12	Total number of mentoring meetings offered to the young person	Free text box
13	Total number of mentoring meetings attended by the young person	Free text box
14	Did this young person decide not to continue in the study before their first mentoring meeting?	Yes/No
15	Date of decision to end participation in study (before mentoring began)	Drop downs for date / month / year
16	Reason for ending participation (before mentoring began)	Please state: [free text box]
17	Date of mentoring meeting 1 and duration (minutes)	Free text box
18	Date of mentoring meeting 2 and duration (minutes)	Free text box
19	Date of mentoring meeting 3 and duration (minutes)	Free text box
20	Date of mentoring meeting 4 and duration (minutes)	Free text box
21	Date of mentoring meeting 5 and duration (minutes)	Free text box

22	Date of mentoring meeting 6 and duration (minutes)	Free text box
23	Date of mentoring meeting 7 and duration (minutes)	Free text box
24	Date of mentoring meeting 8 and duration (minutes)	Free text box
25	Date of mentoring meeting 9 and duration (minutes)	Free text box
26	Date of mentoring meeting 10 and duration (minutes)	Free text box
27	Date of mentoring meeting 11 and duration (minutes)	Free text box
28	Date of mentoring meeting 12 and duration (minutes)	Free text box
29	Did this young person end mentoring early (before week 12)?	Yes/No
30	Date of early termination of mentoring (before week 12)	Drop downs for date / month / year
31	Reason for early termination of mentoring (before week 12)	Free text box
32	Will mentoring continue for more than 12 weeks for this young person?	Yes/No
33	If yes, please explain why	Free text box
34	Did mentoring occur on a 1 to 1 basis only (rather than group sessions)	Yes/No
35	If no, please give a reason	Free text box
36	Did this young person have the same mentor throughout the 12-week period?	Yes/No
37	If no, please give a reason	
38	Did the young person receive any other support from your service in addition to mentoring?	Yes/No
39	What other support did the young person receive from your service during the last 12 weeks?	Tick all that apply: Casual check-in with DPO staff member; Group wellbeing activity; Other group activity; Arts and creative media; Sports; Focused support (e.g., homework help, support with form filling); Participation in service development; Signpost to other local services; Other
40	If other support was received from your service during the last 12 weeks, please describe what and how much (i.e., frequency and duration)	Free text box

41	Did the young person receive any support from external services during the last 12 weeks?	Yes/No
42	If support was received from external services, please describe what and how much (i.e., frequency and duration)	Free text box

Q#	Question/item	Answer options / format
	Waiting list group programme data Please complete for each young person once they have finished the 12 weeks on the waiting list	
1	Young person name	Free text box
2	Young Person ID	
3	Date of first mentoring meeting	Drop downs for date / month / year
4	Did this young person begin mentoring before the end of the 12 week waiting list period?	Yes - from our service/Yes - from an external service/No
5	If yes, please provide a reason	Free text box
6	Did this young person decide to end their participation in the study during the waiting list period?	Yes/No
7	Date of decision to end participation in the study	Drop downs for date / month / year
8	Reason for ending participation in the study	Free text box
9	Did the young person receive any support from your service while on the waiting list?	Yes/No
10	If yes, which of the following services were received from your service while they waited for mentoring?	Tick all that apply: Casual check-in with DPO staff member; Group wellbeing activity; Other group activity; Arts and creative media; Sports; Focused support (e.g., homework help, support with form filling); Participation in service development; Signpost to other local services; Other
11	If support was received from your service whilst this young person waited for mentoring, please describe what and how much (i.e., frequency and duration)	Free text box
12	Did the young person receive any support from external services while waiting for mentoring?	Yes/No

13	If support was received from external services, please describe what and how much (i.e., frequency and duration)	Free text box
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Initial Mentoring Feedback Survey

Item		Response scale				
About the start of your mentoring						
1	I met my mentor before starting my mentoring sessions	Yes	No			
2	If you said no, would you have liked to meet your mentor before starting mentoring?	Yes	No			
3	It was clearly explained what the mentoring would involve before it began	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
4	I agreed a set of goals with my mentor at the start of my mentoring	Yes	No			
About your last mentoring session						
5	In my last mentoring session, I felt that I could trust my mentor <i>Prompt: 'What is trust? Trust means you feel like you can speak to your mentor about things that are personal to you, and you know that your mentor will always try and help and support you in the best way possible.'</i>	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
6	In my last mentoring session, I felt that my mentor understood me and the challenges that I face	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
7	In my last mentoring session, I felt like my ideas and views were heard and respected	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
8	In my last mentoring session, I felt emotionally and physically safe during the session <i>Prompt: 'What is emotional safety? By emotional safety we mean that you feel at ease and comfortable when you are with your mentor. You don't feel scared, anxious, or worried.'</i>	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
9	In my last mentoring session, I worked towards goals that meant a lot to me	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree

10	In my last mentoring session, I reviewed progress with my goals so far	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
11	In my last mentoring session, I enjoyed what I was doing and liked the way that my mentor helped me	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
12	Are there any other comments you would like to add on the mentoring you have received?	*Free text*				

Mid-Support Mentoring Feedback Survey

Item		Response scale				
About your last mentoring session						
1	In my last mentoring session, I felt that I could trust my mentor <i>Prompt: 'What is trust? Trust means you feel like you can speak to your mentor about things that are personal to you, and you know that your mentor will always try and help and support you in the best way possible.'</i>	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
2	In my last mentoring session, I felt that my mentor understood me and the challenges that I face	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
3	In my last mentoring session, I felt like my ideas and views were heard and respected	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
4	In my last mentoring session, I felt emotionally and physically safe during the session <i>Prompt: 'What is emotional safety? By emotional safety we mean that you feel at ease and comfortable when you are with your mentor. You don't feel scared, anxious, or worried.'</i>	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
5	In my last mentoring session, I worked towards goals that meant a lot to me	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
6	In my last mentoring session, I reviewed progress with my goals so far	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
7	In my last mentoring session, I enjoyed what I was doing and liked the way that my mentor helped me	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
8	Are there any other comments you would like to add on the mentoring you have received?	*Free text*				

Closing Mentoring Feedback Survey

Item		Response scale				
About the end of your mentoring						
1	My mentor and I prepared for the end of my mentoring before our last session	Yes	No			
2	I am happy with my mentoring ending at the time when it ended	Yes	No			
3	In my last session we discussed whether and how we would stay in touch	Yes	No			
4	I am happy with the way that my mentoring has ended	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
About your last mentoring session						
5	In my last mentoring session, I felt that I could trust my mentor <i>Prompt: 'What is trust? Trust means you feel like you can speak to your mentor about things that are personal to you, and you know that your mentor will always try and help and support you in the best way possible.'</i>	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
6	In my last mentoring session, I felt that my mentor understood me and the challenges that I face	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
7	In my last mentoring session, I felt like my ideas and views were heard and respected	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
8	In my last mentoring session, I felt emotionally and physically safe during the session <i>Prompt: 'What is emotional safety? By emotional safety we mean that you feel at ease and comfortable when you are with your mentor. You don't feel scared, anxious or worried.'</i>	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
9	In my last mentoring session, I worked towards goals that meant a lot to me	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
10	In my last mentoring session, I reviewed progress with my goals so far	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree

11	In my last mentoring session, I enjoyed what I was doing and liked the way that my mentor helped me	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
12	Any there any other comments you would like to add on the mentoring you have received?	*Free text*				

Mentor Survey: Study of Youth Mentoring

	Survey question	Answer format	Explanation
	General information		
1	In what capacity do you work for your organisation?	Paid – permanent contract Paid – fixed-term contract Paid – zero hours contract Paid – temporary or agency Paid – self-employed or freelance Unpaid – volunteer Other	
2	Have you received training on any of the following during your time at your current organisation? Please tick all that apply	The organisation’s safeguarding policies and procedures The organisation’s risk management processes The organisation’s mentoring approach External mentoring, coaching, or counselling training Mental health first aid Youth work qualification Other	
3	Please indicate the total amount of training you have received since joining your current organisation	Fewer than 2 hours 2-6 hours More than 6 hours	
4	Have you received training on any of the following during your time at other organisations you have worked for in the last five years? Please tick all that apply	The organisation’s safeguarding policies and procedures The organisation’s risk management processes The organisation’s mentoring approach External mentoring, coaching, or counselling training Mental health first aid Youth work qualification Other	
	This section is about the support you have received to deliver mentoring as part of the multisite trials		

5	How satisfied are you with the briefing documents and other support resources provided by the study team?	(1) very satisfied; (2) satisfied; (3) neutral; (4) unsatisfied; (5) very unsatisfied	Support materials include the briefing documents and videos.
6	Over the last eight weeks, how often have you received one-to-one supervision or support from someone within your organisation?	(1) weekly or more; (2) fortnightly; (3) monthly; (4) less than monthly; (5) never	For example, meeting with a manager or team leader to discuss your practice.
7	Over the last eight weeks, how often have you received group supervision or group support from someone within your organisation?	(1) weekly or more; (2) fortnightly; (3) monthly; (4) less than monthly; (5) never	For example, peer support or group sessions.
8	How satisfied are you with the support you receive from within your organisation for your mentoring practice over the last eight weeks?	(1) very satisfied; (2) satisfied; (3) neutral; (4) unsatisfied; (5) very unsatisfied	
9	Additional comments on mentor support	Free text box	
10	How many young people have you mentored as part of the multi-site trials in the last eight weeks?	Text box that requires a valid integer	
11	How many mentoring sessions have you conducted with young people as part of the study over the past two weeks?	Text box that requires a valid integer	
12	Additional comments on your caseload	Free text box	
	The following questions refer to the mentoring you have delivered as part of the multi-site trials. Please do not include mentoring delivered outside of the trials.		
13	In each mentoring relationship, I have always provided opportunities for the mentee to set and review goals or make plans	(1) strongly agree; (2) agree; (3) neutral; (4) disagree; (5) strongly disagree	For example, you allowed the young person to decide the level of performance they should achieve after X weeks of mentoring, decide the steps they should take to achieve a given type of performance or reach a specific goal, or discuss alternative plans for reaching a specific goal or doing a particular task.

14	In each mentoring relationship, I have always provided opportunities for the mentee to monitor progress toward goals that they set for themselves	(1) strongly agree; (2) agree; (3) neutral; (4) disagree; (5) strongly disagree	For example, you asked the young person to record how often they practiced something during the past week, how close they are to achieving their goal, or what other steps they may have taken to further their goal progress (e.g., reading, discussing, or cross-training). This could be informally or using a validated tool.
15	How often do your mentoring sessions intentionally target social and emotional learning outcomes?	(1) in all sessions (2) in most sessions; (3) in some sessions; (4) in a few sessions; (5) not in any sessions	This could include improving your mentees' skills in decision-making, relationships, social awareness, self-awareness, self-management, and more.
16	In each mentoring relationship, I ensure that mentoring takes place in a space that is emotionally and physically safe to enable the young person to share thoughts, feelings, or work	(1) strongly agree; (2) agree; (3) neutral; (4) disagree; (5) strongly disagree	For example, you set aside time for the young person to share what's on their mind, you allowed the young person to finish what they were saying without being interrupted, or you allowed the young person to share nothing if that's what they chose.
17	The form of mentoring required for the study is the same as my usual mentoring practice	(1) strongly agree; (2) agree; (3) neither agree nor disagree; (4) disagree; (5) strongly disagree	
18	I have adapted my mentoring practice to fit with the shared practice model	(1) strongly agree; (2) agree; (3) neither agree nor disagree; (4) disagree; (5) strongly disagree	
19	Additional comments on how your mentoring practice has been affected by participating in the trials	Free text box	
	This section is about your views of the acceptability, appropriateness and feasibility of delivering mentoring in the form required for the study. We refer to this as 'the shared practice model'. Please reflect on your experiences so far.		
20	The shared practice model seems implementable	(1) strongly agree; (2) agree; (3) neither agree nor disagree; (4) disagree; (5) strongly disagree	Implementation is the process of putting a plan into action or turning an idea into reality.
21	The shared practice model seems possible	(1) strongly agree; (2) agree; (3) neither agree nor disagree; (4) disagree; (5) strongly disagree	

22	The shared practice model seems doable	(1) strongly agree; (2) agree; (3) neither agree nor disagree; (4) disagree; (5) strongly disagree	
23	The shared practice model seems easy to use	(1) strongly agree; (2) agree; (3) neither agree nor disagree; (4) disagree; (5) strongly disagree	
24	The shared practice model meets my approval	(1) strongly agree; (2) agree; (3) neither agree nor disagree; (4) disagree; (5) strongly disagree	
25	The shared practice model is appealing to me	(1) strongly agree; (2) agree; (3) neither agree nor disagree; (4) disagree; (5) strongly disagree	
26	I like the shared practice model	(1) strongly agree; (2) agree; (3) neither agree nor disagree; (4) disagree; (5) strongly disagree	
27	I welcome the shared practice model	(1) strongly agree; (2) agree; (3) neither agree nor disagree; (4) disagree; (5) strongly disagree	
28	The shared practice model seems fitting to the young people taking part in the study	(1) strongly agree; (2) agree; (3) neither agree nor disagree; (4) disagree; (5) strongly disagree	For example, for the young people you work with and for the organisation you work in
29	The shared practice model seems suitable for the young people taking part in the study	(1) strongly agree; (2) agree; (3) neither agree nor disagree; (4) disagree; (5) strongly disagree	For example, for the young people you work with and for the organisation you work in
30	The shared practice model seems applicable to the young people taking part in the study	(1) strongly agree; (2) agree; (3) neither agree nor disagree; (4) disagree; (5) strongly disagree	For example, for the young people you work with and for the organisation you work in
31	The shared practice model seems like a good match to the young people taking part in the study	(1) strongly agree; (2) agree; (3) neither agree nor disagree; (4) disagree; (5) strongly disagree	For example, for the young people you work with and for the organisation you work in
32	Additional comments on the shared practice model	Free text box	
	The following questions refer to your experiences with using the online portal		
33	I found the online portal easy to navigate	(1) strongly agree; (2) agree; (3) neither agree nor disagree; (4) disagree; (5) strongly disagree	

34	It was clear what information I was required to provide in the online portal	(1) strongly agree; (2) agree; (3) neither agree nor disagree; (4) disagree; (5) strongly disagree	
35	It was a lot of effort to collect and fill in the required attendance information for the online portal	(1) strongly agree; (2) agree; (3) neither agree nor disagree; (4) disagree; (5) strongly disagree	
36	The data that I entered into the online portal is accurate, as far as I am aware	(1) strongly agree; (2) agree; (3) neither agree nor disagree; (4) disagree; (5) strongly disagree	
37	Additional comments on experiences using the online portal	Free text box	

1. Introduction and background

- Introduce self, CEI's role in the study
- Explain the purpose and coverage of the interview in plain language
- Emphasise that they/their organisations themselves are not being evaluated but we want to understand and learn from their experiences
- Reiterate anonymity and confidentiality; ask for permission to record
- Go through consent process if consent form not received
- Check if they have any questions before beginning

1.1. Background

- Background – keep brief
- Very briefly, what is your role within the organisation?
- Day to day, what activities have you done as part of the trials?

Referrals, recruitment, outreach

Managing referrals, assessment of needs

Data collection

Crisis intervention

Mentoring

Mentor supervision

1.2. The DPO's offer

- Where does mentoring sit in terms of the provision your organisation offers to young people?

i.e., highest level of support or lowest

- Briefly, how do you decide when to offer mentoring or another type of provision?

2. Organisation and study team support

2.1. What did you/your organisation do to prepare for the trials?

2.2. Internal training and support

- What training and support have mentors received for the trials?
- What kind of support have you received from your organisation to take part in the trials? What would be helpful for the pilot trial?

2.3. Support from study team

- Which sessions did you take part in in preparation for the trials? What did you find useful / was anything missing?
Briefing workshops
- Did we provide enough / the right kind of support?

Frequency and quality, involvement in decisions, addressed concerns

- How did each of the following aid delivery:

1:1 weekly calls

Weekly drop ins / surgeries

Slack channel

Centralised updates

Shared dropbox resources

Handbook

Topic videos

- Have you communicated with other DPOs, was this useful?

If no, would you like to/how could we facilitate that better

- Suggestions to improve communication between DPOs and the study team for the pilot trial?

2.4. Organisation and staff attitudes

- How were the trials initially received by your organisation? Has that changed?
- How did you encourage staff engagement? *Senior leadership, mentors*
- What has helped or hindered the delivery of this project?

Staff belief in the project – concerns, mitigations

Features of the organisation – structure, context, goals, culture, networks

Attributes of mentors – *training, experience, understanding, beliefs*

2.5. Tell me about the mentors working on the trials

- How did you meet the staffing requirements of the trials? Have you used existing staff, or did you need to extend hours, employ existing volunteers, or hire new mentors?

If new hire: Did you approach staff recruitment differently because of the trials?

- Has staff turnover been an issue since the trials started? How easy has it been to induct any new mentors?

Were the materials provided by the study team useful for new staff?

2.6. How have the trials been received by your stakeholders / referral partners?

- What info shared with them? *Funding for mentoring, waitlist design*

Fit with other systems (schools, social care, CAMHS, YOS)

3. Shared practice model

3.1. Overall, how have you found working with the shared practice model?

- How closely does the shared practice model align with your usual mentoring offer?

How have you adapted your usual mentoring to fit?

Have you seen any implications of these changes, positive or negative?

- Is the practice model flexible enough to work well for your organisation?
- What has worked well? What have been the key challenges?
- What mitigations have helped reduce the impact of these issues?
- Is there anything you would change about the core and flexible practice elements for the pilot trial?

3.2. Matching and initiation

- Could you briefly describe your matching process?
- Did you change your matching process for the trials?

3.3. What type of impact does the mentoring at your organisation target?

- Were you able to achieve that using the shared practice model of mentoring?
- Any facilitators/barriers to achieving impact due to the trial?

Impact of this mentoring on:

Social and emotional learning

Risk of anti-social and/or violent behaviour (victim or perpetrator)

Other impacts? Negative or unintended consequences?

4. Trial arrangements

4.1. Overall, how well received would you say the feasibility trials have been by the young people you work with?

- How has the context you work in helped / hindered delivery?

Fit with young people's needs

4.2. Recruitment and screening and consent process

- How did you decide which young people to invite to participate in the trial? Did you adapt your usual approach to recruitment/outreach for the trials?
- Were the recruitment processes and materials (information sheets and consent materials) appropriate for the young people and parents you work with? What would you change for the pilot trial?
- How did you find explaining the trials and the waiting list to young people?

Understanding, concerns?

- Did you identify any young people as being ineligible for the trial? **Why?**
- Have any young people/parents turned down the invitation to the trials? **Why?**
- What has been particularly useful in recruiting and retaining young people – especially those on the waiting list?
- Have you had any young people disengaged early? **Why?**

Especially waiting list

How to change for pilot trial

4.3. Control group activities and communication

- Talk me through how you've stayed in contact with young people on the waitlist?
- What other activities at your organisation have they participated in?

Have you signposted young people to provision at other organisations?

Particularly note 1:1 support (mentoring, coaching, counselling)

- Have any young people needed to be removed from the waiting list or start mentoring before the 12 weeks?

4.4. Waiting list design

- An alternative design would be for the control group not to receive mentoring at all, just any other services you provide. Would that design be appropriate for your organisation and young people?

5. Data collection and the online portal

5.1. Overall, how have you found the data collection procedures for the trial?

Burden on staff and young people, clarity of procedures and purpose

5.2. How do you think young people found using the online forms and questionnaires?

- Recurring issues? Support required?
- Accessing and using information sheets, consent forms, surveys, questionnaires

5.3. Self-report outcome measures

- How did they complete the outcome questionnaire?

In mentoring sessions / at the youth centre or at home? DPO's tablet/laptop?

Did they need support to answer the questions?

Did any the questions bring up any issues, disclosures, concerns?

- Was there anything in particular that made questionnaire completion easier or more difficult?
- Do you think it was an appropriate amount of data collection for this population?
- How well do you think the outcomes measures capture the qualities and behaviours your organisation's mentoring targets?

5.4. Other data collection

- Have your mentors filled in the online survey? How have they found it?
- How did you/admin support staff find using the online portal?
- Do you have any suggestions to improve the portal for the pilot trial?

5.5. How do these data collection processes compare to your "business as usual"?

- New data collection/storage tools/processes

6. Concluding

6.1. What impact (positive or negative) do you think taking part in the trials has had on the effectiveness of your mentoring and relationships with young people?

- If negative, what would reduce that effect for the pilot trial?
- If positive, what would enhance that for the pilot trial?

6.2. What effect has taking part in the trials had on your organisation?

e.g., ways of working, work in other areas, examples of negative and positive impact.

- Have you had access to the funding you expected and/or needed to run the trials?

6.3. Decision to take part – keep brief

- What was your organisation's motivation to take part in the trials? Has it lived up to expectations?
- Were the materials provided sufficient to make an informed decision?

Webinar for interested organisations, briefing document to accompany EOI, FAQs

- Was there anything you were worried or unclear about? Has it been resolved?

6.4. Moving into the pilot trial:

- What would you have done differently to prepare now that you have experience of the trials?
- Is there anything you will do differently moving into the pilot trial?
- Is there anything we should do differently?
- What advice would you give to an organisation preparing to join the pilot trial who did not take part in the feasibility phase?

Mentor prep, recruitment, data collection, engagement

6.5. Is there anything else you would like to tell me that we have not covered?

6.6. Could we contact you again for another interview or any future questions?

Thank you.

Closing and next steps

YEF multi-site feasibility trial Mentor Interview Guide

1. Introduction and background

- Introduce self, CEI's role in the study
- Explain the purpose and coverage of the interview in plain language
- Emphasise that they/their organisations themselves are not being evaluated but we want to understand and learn from their experiences
- Reiterate anonymity and confidentiality; ask for permission to record
- Go through consent process if consent form not received
- Check if they have any questions before beginning

1.1. Background

- Could you tell me about your role at your organisation?

How long worked there, work other than mentoring

- Day to day, what activities have you been involved in for the trials apart from providing mentoring?

Referrals, recruitment, outreach

Caseload management

Data collection

Crisis intervention

Supervision

- How much of your time is spent on the mentoring trials? And do you mentor / provide other provision for YP not taking part in the trials?
- Were you already employed (working part time or voluntary) by your organisation or were you recruited for this project?

2. Organisation and support

2.1. What training and support have you had for taking part in the trials? How well has this prepared and supported you?

- What did you think about the resources we provided? What could be improved for new mentors joining for the pilot trial?

Weekly drop ins / surgeries

Slack channel

Workshops/briefings

Handbook

Topic videos

Direct / indirect contact with study team

- Are there any features of your training or experience that have enabled the trials or made implementation more difficult?

2.2. Are there any features of your organisation that made it easier / more difficult to run the trials?

Structure, context, goals, culture, networks, partners

3. Shared practice model

Check involvement at each stage.

3.1. Overall, how have you found working with the shared practice model so far?

- How closely does the SPM align with your usual mentoring practice? To what extent have you adapted your usual practice to fit with the SPM? Was the SPM flexible enough for you and the young people you work with?

Frequency, duration, and number of sessions

Implications, positive or negative

- What has worked well? What have been the key challenges? What mitigations have helped it run smoothly?
- How well has the shared practice model fitted with young people's needs?
- What would change about the core and flexible elements for the pilot trial?

3.2. Matching and initiation

- Did you change your matching process for the trials?
- Could you tell me about the first meeting between young person and mentor?

3.3. Which outcomes do you target with your mentees? How?

- Were you able to achieve that during the trial?

Social and emotional learning

Risk of anti-social and/or violent behaviour (victim or perpetrator)

Other impacts? Negative or unintended consequences?

- Tell me about how you set and monitor goals with your mentees
- Tell me about how you build trust with your mentees
- Tell me about how you create a physically and emotionally safe space for your mentees

3.4. Closure

- How did you/will you manage the end of mentoring relationships during the trials?
- Do you anticipate this being different from your usual practice?

4. Trial arrangements

Check involvement at each stage.

- 4.1. Overall, how have the feasibility trials been received by the young people you work with?

Fit with young people's needs

4.2. Recruitment and screening

- Are you involved in the recruitment process? Did you change this process for the trials?
- How did you decide which young people to invite to take part?
- How did you find explaining the trials and the waiting list to young people?

Understanding, concerns

- Were the recruitment materials (information sheet, consent form) appropriate for the young people you work with?
- Did you identify any young people as being ineligible for the trials? **Why?**
- Did any young people / parents turn down the invitation to take part in the trials? **Why?**
- What was particularly helpful in recruiting and retaining young people for the trials (especially waiting list)?
- Have any of the young people you have worked with for the trial decided to end their mentoring early? **Why?**
- Have any young people on the waiting list disengaged before receiving mentoring? How might we prevent this in the pilot trial?

4.3. Control group activities and communication

- Were you involved in maintaining contact with the young people on the waiting list?
- What kinds of activities have young people on the waiting list taken part in?

Particularly note 1:1 support

- Have any young people been removed from the waiting list due to crisis intervention?

5. Data collection and the online portal

5.1. Overall, how have you found data collection procedures for the trial?

- *Additional burden on mentors, clarity of procedures and purpose*

5.2. How have you found using the online portal and entering your data?

Mentor profile

Mentor survey and programme data (12 weeks)

Any other use e.g., admin access

- Any suggestions to improve it for the pilot trial?

5.3. How did young people find completing the forms and questionnaires?

Accessibility of the portal

Acceptability of consent form and information sheet

- How well do you think the questions in the outcome measures survey capture the qualities and behaviours your mentoring targets?

How much support did young people need, were there any disclosures, concerns etc.?

- Was there anything that made it easier or more difficult for young people to complete the questionnaire?
- Do you think it was an appropriate amount of data collection for young people?

6. Concluding

6.1. What impact (positive or negative) do you think taking part in the trials has had on the effectiveness of your mentoring for young people?

- If negative, how could we avoid/reduce it for the pilot trial?

- If positive, what could enhance it for the pilot trial? How could we share that learning with other organisations?

6.2. What was your first impression of the trials? How has that changed now that you have experience?

Concerns, expectations

- Would you want to be involved in a project like this again?

If no, what would you change to take part again?

- What are the general feelings towards the trial within your organisation?
- Do you think the feasibility trial has lived up to expectations?

6.3. What effect has taking part in the trials had on you and your organisation?

- Ways of working, processes, future ambitions

6.4. Overall, how feasible would you say running a research project like this is for your organisation?

6.5. Moving into the pilot trial:

- What would you do differently to prepare now that you have experience of the trials?
- Will you be delivering mentoring in the pilot phase? What will you do differently?
- What advice would you give to a mentor joining the project for a pilot phase?

6.6. Is there anything else you would like to tell me that we have not covered today?

6.7. Could we contact you again for another interview or follow up questions?

Thank you.

Closing and next steps.

YEF multisite feasibility trial Young People Interview Guide

Introduction – suggested script to follow

- Introduce self and CEI

'Thank you for agreeing to talk to me today. As part of the research study, we want to speak with you and other young people who have received mentoring support. We want to understand what's been good about mentoring and what could be done better.

Our chat today will help us to learn and help other young people like you receive the support that works best for them.

We'll be asking you about [mentor name] at [DPO name]. If you don't want to answer something, that's no problem at all just say so and we'll move on. There are no wrong answers, we're interested to know what you think both good and bad!

We won't tell anyone about what you tell us today unless we think you or someone might be at risk of harm. If that happens, I may need to pass on this information.

We might also include some of things you say in our research report, but we won't use your real name. Your information will be kept on a password protected computer so nobody apart from the research team will have access to it.

So that I can listen to what you say, are you happy for me to record our chat? If at any time you feel uncomfortable, we can turn the recorder off and should at any point you want us to stop using your interview in our work we will delete it immediately and won't use what you say so long as the report isn't already finished.

Did you have any questions before we start? Are you happy to continue with our chat?'

Experience of service engagement

2.1 Experience of initial engagement with the mentoring service

- Tell me about how you first started receiving support from [insert DPO name]?
- Was mentoring the first service you received from [DPO] or were you already using their other services (and if so what, e.g., group activities, other 121 support)?

Prompts:

- *Did someone (e.g., a teacher or friend) suggest you use [DPO] or did you approach them yourself?*

2.2 Experience of signing up for the mentoring service

- Thinking back to a few weeks ago, what were you initially told about the mentoring service at [DPO name] and who by?

Prompts:

- *Did you feel like you understood what mentoring would be like?*
- *Were you able to discuss what you wanted to get out of mentoring?*
- *Was there anything else that could have helped before you started mentoring?*

Perspectives on the trial

3.1 Knowledge of the trial

- Were you aware that as part of the mentoring you were also being asked to be part of a piece of research? If so, how do you feel about being part of the research?

Prompts:

- *How was the research explained to you?*
- *How does it make you feel? Good, bad, not bothered?*
- *Do you remember reading an information sheet? Did you understand it?*
- *Do you remember completing a consent form online/paper? How did you feel completing this? Did you understand it? Any problems?*

3.2 Views on randomization and the waiting list control

- Were you told at the start that the research was a trial, which meant that you might receive mentoring straight away or you might have to wait three months?
- What did you think about that?

Prompts:

- *Did you talk about this with anyone?*
- *How would you have felt if you'd had to wait for 3 months?*

Views on data collection

4.1 SDQ/YRSS reflections

- I want to ask you some questions about a survey you completed at the start and end of mentoring support with [insert DPO name]. The survey questions asked about how you were feeling.

[Show screenshot of measures if on zoom]

- Do you remember answering these questions when you finished your mentoring with [insert DPO name]? Tell me what it was like and how you felt completing the survey?
- How did you feel answering these questions before you started mentoring?

Prompts:

- *Did you understand the questions?*
- *How long did it take? Was this too long, too short, ok length?*

- *Were these things you had wanted the mentoring to improve?*
- *Did you answer the questions on your own or did someone help you?*
- *Did you answer the questions honestly? Did you skip any of the questions?*
- *If you remember there were two different questionnaires (visual prompt), which one did you prefer, why? Did you notice any differences?*

Experience of mentoring

5.1 Reflection on nature of support and elements of the shared practice model

- Tell me about your experience of mentoring from [insert mentor name]? How's it been?

Prompts:

- *Has the support been what you were expecting? If not, how is it different?*
- *What are some of the good and not so good things about mentoring?*
- *Has it been easy to attend all the meetings with [insert mentor name]? If not, why not?*
- Do any of the following things stand out to you as being key in the support that you've received from [insert mentor name]?
 - *Has the support been what you were expecting? If not, how is it different?*
 - *What are some of the good and not so good things about mentoring?*
 - *Has it been easy to attend all the meetings with [insert mentor name]? If not, why not?*

(Complete with visual prompts of the Shared Practice Model elements for zoom completion or discussed individually if interview completed by phone)

- Did you agree a **set of goals** when you first started mentoring?
 - And did you have a chance to **review** your progress with these goals during your sessions? If not, why not do you think?
 - How important was this aspect of mentoring for you?
- Did you have the **same mentor** throughout?
 - If yes / no – how was this (consistency) for you?
 - If no, do you know why they changed?
- What's your **relationship** been like with [insert mentor name]?
 - (If positive), what helped with this – prompt, e.g., feeling understood, accepted, listened to?
 - How important was a positive relationship with [insert mentor name] to your experience of mentoring?

- (If less positive), what made your relationship not work so well? Was there anything [insert mentor name] could have done differently?
- Did you feel you could **trust** [insert mentor name]?
 - How important was trust to your experience of mentoring?
 - If yes, how did the trust develop? What things made you trust them?
 - If no, what things made the trust difficult to happen?
- How **safe** did you feel during your mentoring sessions? Prompt, e.g., feeling comfortable to share your true feelings.
 - How did [insert mentor name] help you to feel safe (or not safe)?
 - How important was safety to your experience of mentoring?
- How **many sessions** have you had (minimum 8 sessions across 12 weeks)?
 - Is this just right / too few / too much?
 - Why / why not?
- How **long were the sessions** (minimum duration of 45 minutes)?
 - Is this just right / too few / too much?
 - Did you feel you had enough time to discuss what you wanted to? Why / why not?

5.2 Reflection on the end of mentoring support

- How many mentoring sessions have you got left?
- If finished / nearly finished – how has [insert mentor name] prepared you for the end of mentoring support?
- Do/did you feel clear on what will happen once mentoring finishes? Have you been referred to other support?

Impact of support, overall reflections and close

6.1 Perceived impacts

- How has mentoring helped you? Were these things that you wanted mentoring to help you with?
- If noted an impact, what aspects of the mentoring made this come about?

Prompts (from theory of change):

- *Improved wellbeing/mental health?*

- *Improved relationships, e.g., with support network, including school, friends, family?*
- *Increased engagement and attainment at school?*
- *Increased confidence and aspiration?*
- *Could mentoring stop young people from committing crime? How? Positive role modelling? Learning coping skills?*

6.2 Closing

- How could [DPO name] improve their mentoring service, what advice would you give them?
- What would you say to another YP considering using mentoring?
- How could we improve things to do with the research, e.g., the consent form, surveys?
- Is there anything else you would like to add?

Wrapping up

Suggested script if needed:

That's all we need to ask you today. Thank you so much for speaking to me!

Remember, I won't tell anyone what you've told me today and you won't be identified in the report that we write.

If you have any questions about the research or decide you don't want us to use your information, just let me know using the contact details on your information sheet or ask [mentor name] to contact me on your behalf.

If you need to talk to anyone about any of the things we discussed today, please go to your mentor, or come to me if you'd like me to put you in touch with someone outside [DPO name].

(Interview ends)