



**EBPU**  
Evidence Based  
Practice Unit

A partnership of



**Anna Freud**  
National Centre for  
Children and Families

**Evidence briefing #8: October 2020**

# Learning from HeadStart: **Does cross-age peer mentoring help young people with emerging mental health difficulties?**

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In collaboration with:



The University of Manchester

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## The HeadStart Programme

### The HeadStart Programme

Started in 2016, HeadStart is a six-year, £67.4 million National Lottery funded programme set up by The National Lottery Community Fund, the largest funder of community activity in the UK. HeadStart aims to explore and test new ways to improve the mental health and wellbeing of young people aged 10 to 16 and prevent serious mental health issues from developing.

To do this, six local authority-led HeadStart partnerships are working with local young people, schools, families, charities, community and public services to design and try out new interventions that will make a difference to young people's mental health, wellbeing and resilience. The HeadStart partnerships are in the following locations in England: Blackpool; Cornwall; Hull; Kent; Newham; Wolverhampton.

### The HeadStart Learning Team

The Evidence Based Practice Unit (EBPU) at the Anna Freud Centre and University College London (UCL) is working with The National Lottery Community Fund and the HeadStart partnerships to collect and evaluate evidence about what does and does not work locally to benefit young people now and in the future. Partners working with the EBPU on this evaluation include the Child Outcomes Research Consortium (CORC) and the University of Manchester. This collaboration is called the HeadStart Learning Team. Previous partners in the HeadStart Learning Team include The London School of Economics (LSE) and Common Room.

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## Evidence Briefing #8

# Executive summary

### Context

This study aimed to evaluate **More than Mentors (MtM)**, which is a targeted intervention run in schools by HeadStart Newham. Strand 1 involved quantitative research, employing a pre-post quasi-experimental design, in which a group of young people who took part in MtM were compared to a 'control group', who didn't receive the intervention. Strand 2 involved qualitative interviews with pupils and staff to evaluate whether MtM was perceived to have a positive impact on young people's wellbeing, problem solving skills, and goals and aspirations.



### Findings

#### Strand 1 Quantitative research

We found that MtM had no impact on young people's problem-solving skills or goals and aspirations.

When comparing mentors to mentees, we found that participation in MtM was associated with a moderate and statistically significant improvement in mentors' wellbeing.

We found that the number of intervention sessions attended was not related to young people's scores.

## Strand 2 Qualitative interviews

The qualitative findings corroborated the Strand 1 findings.

Mentors felt good about being selected for the role and the responsibility of being a role model to younger peers. Mentors generally felt they had supported their mentee to make positive changes. They also reported that they had developed personal, social and vocational skills through MtM.

Mentees generally liked having the opportunity to speak with a peer mentor. They worked through current problems and goals with their mentor but did not learn how to do this independently of their mentor. MtM could support transition to secondary school. However, mentees did not generally report or attribute changes to their wellbeing to MtM.

Interviews highlighted challenges to intervention implementation. There were gaps in training for delivery staff. There was evidence of inconsistent delivery. Practitioners did not take consistent approaches to address common challenges, such as pupil absences. Mentee recruitment in particular could be improved, to ensure that mentees have difficulties they wish to discuss with a mentor. School staff suggested a need for regular communication about pupil attendance and progress to ensure they could support successful implementation. Furthermore, delivery staff outlined wider service issues, including a lack of senior leadership for the intervention and a lack of quality assurance, which affected their enthusiasm and ability to implement the intervention well.



## Implications and recommendations

Our findings suggest that intervention delivery and outcomes for pupils may benefit from the following:

### 1. Consistent intervention delivery

- Appointing a senior lead for the intervention
- Providing refresher training and reviewing delivery standards to address common challenges such as pupil absences
- Introducing a quality assurance mechanism to provide feedback to practitioners about delivery practice.

### 2. Identifying and recruiting well

- A review and refinement of the recruitment procedure to ensure a commitment to after school sessions.
- Recruiting mentees who can identify difficulties they would like to discuss with a mentor before starting the intervention.

### 3. School engagement

- Weekly session feedback to the school may support school engagement with the intervention, including addressing low attendance.



# About More than Mentors

**More than Mentors (MtM)** is a targeted intervention run in schools by HeadStart Newham. MtM follows the approach of cross-age peer mentoring, where an older pupil mentors a younger pupil over the period of 10-12 weekly sessions. Unlike other cross-age peer mentoring programmes, MtM provides mentors with extensive training (two days followed by "bitesize" sessions) and fortnightly group supervision with a clinical psychologist. MtM aims to improve mentors' and mentees' resilience, confidence and problem solving and goal setting skills.

Eligible mentees are young people in Years 7-8 that report at least one indicator of an emerging mental health difficulty (a mild or moderate emotional, behavioural, attention, or relationship difficulty) as assessed by school staff or self-nomination. Young people in Years 9-10 are able to sign up as mentors, but only those who pass the two-day training course go on to act as mentors. The mentor training is provided by Youth Practitioners and Mental Health Practitioners and includes a mixture of teaching and practical sessions about building relationships, promoting change by setting goals, recognising emotions, communication and setting boundaries. A HeadStart Youth Practitioner has a discussion with each mentor and mentee to explain the intervention and the commitment required, and to confirm that the young person wants to take part. Young people under the care of Child and Adolescent Mental Health Services are not eligible.

The weekly sessions take place in school at the end of the day with 10-15 mentors and 10-15 mentees in each group. The weekly sessions are 1.5 hours long and include a group activity followed by 1:1 mentoring time. Each mentor works through a standardized toolkit of resources with their mentee to explore different areas the mentee may like to focus on, and to identify and set goals linked to the mentee's wellbeing and emotional resilience. The toolkit includes resources on how to initiate and end the relationship with the mentee,

and tasks and exercises on feelings, goal setting, relationships and communication, confidence, stress and anger, and problem solving. Alongside the toolkit, mentors also use a handbook to document and reflect on their mentoring relationship.

At the end of each weekly session, mentors receive an additional hour of 'bitesize' training or supervision. Training is provided by the Youth Practitioner. Every two weeks, group supervision for mentors is also provided by a Mental Health Practitioner (clinical psychologist) where they have the opportunity to ask questions, problem-solve, and reflect on their mentoring sessions. The logic model (Figure 1) outlines the intervention selection, activities, intended outcomes and longer-term impact.

Previous research has found that mentees participating in cross-age peer mentoring report improvements in school outcomes, parent connectedness, and social acceptance<sup>1-4</sup>. Evidence on mentors is more limited, but suggests improved school connectedness and self-esteem<sup>5</sup>, while recurring mentoring was shown to predict improvements in mentors' social competence, task leadership and confidence<sup>6</sup>. Despite the promising application of cross-age peer mentoring, evidence on its efficacy is limited, and is found predominantly in unpublished work and grey literature.



In relation to **MtM** specifically, there have been two evaluations to date. HeadStart Newham published a review of the first year of intervention delivery<sup>7</sup>. This qualitative study sought the perspectives of participating pupils, Youth Practitioners and school staff, and several changes were made to **MtM** as a result of the findings. For example, a review of mentor training length and content was recommended, with a view to reducing both. As a consequence, new materials were developed to refine training content.

The second evaluation of **MtM**<sup>8</sup> was a mixed-methods study, conducted by Stapley *et al* in eight secondary schools across three London boroughs. The quantitative strand used a single group, pre-post design to assess the impact of **MtM** on 377 participating pupils' mental health and related outcomes. The authors found that mentees experienced significant reductions in their mental health difficulties and mentors experienced significant improvements in their sense of participation in school and home life. The number of intervention sessions attended was found to be related to young people's outcomes.



This logic model outlines More than Mentors, a HeadStart Newham targeted intervention. It shows the logical relationships between the inputs, outputs, the intended outcomes, and impacts. It is updated annually and provides a framework for evaluation.



# More than Mentors

School intervention

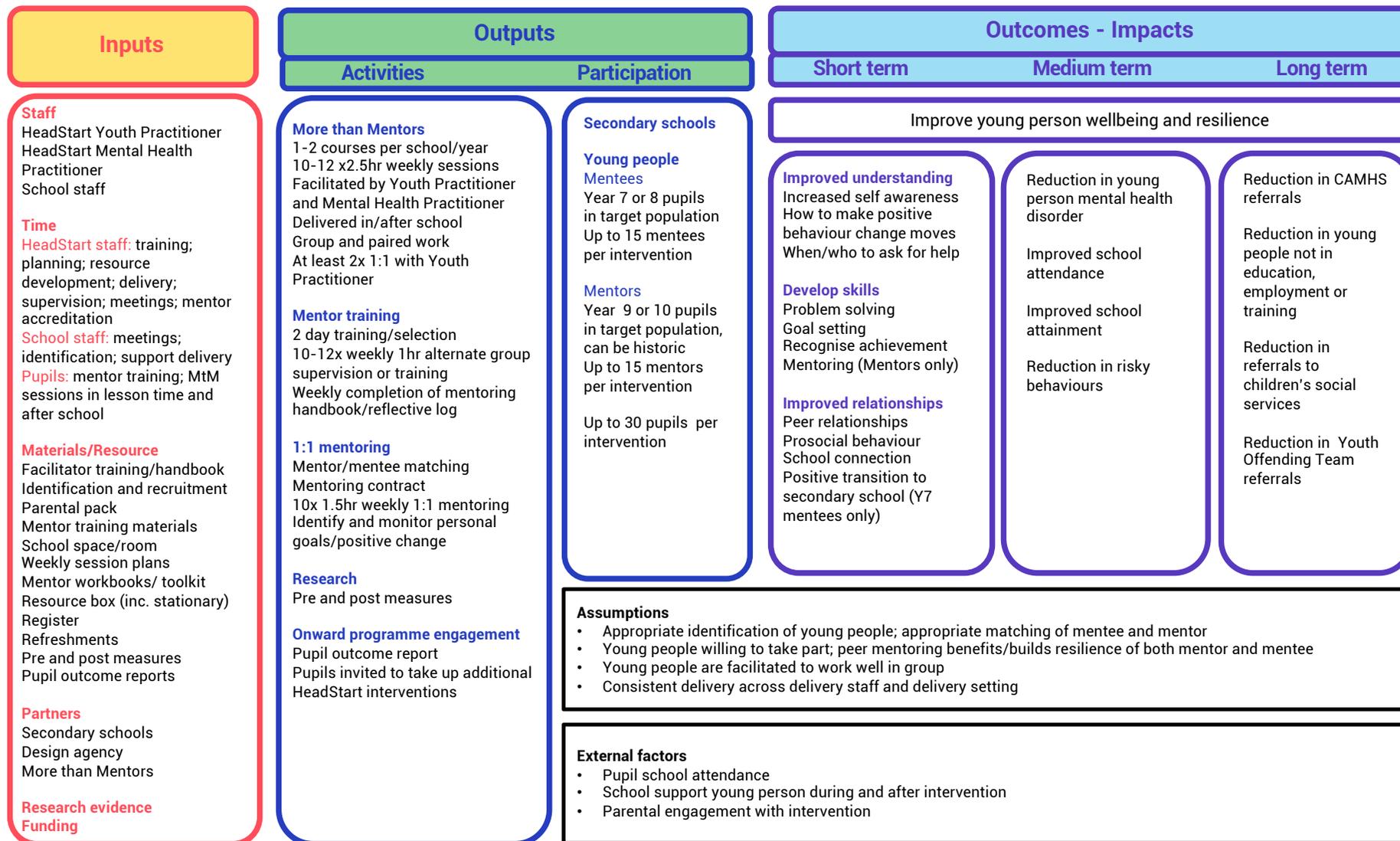


Figure 1. More than Mentors logic model

## The study

This study was co-designed by the Manchester Institute of Education and HeadStart Newham. It had two strands: a pre-post quasi-experimental design to assess the impact of MtM (led by Manchester Institute of Education), followed by qualitative interviews with stakeholders to understand the intervention experience and contextualise the results of the trial (led by HeadStart Newham). The study took place during one academic year, 2018-2019.

## Research questions

The study explored four questions:

1. Whether and how taking part in MtM impacts pupil's wellbeing.
2. Whether and how taking part in MtM impacts pupils' perceptions of their problem-solving skills.
3. Whether and how taking part in MtM impacts pupils' goals and aspirations.
4. How MtM was implemented, and whether levels of intervention attendance are related to outcomes.



## Strand 1.

# Quantitative research

## Design

Strand 1 was a pre-post quasi experimental design, which compared an intervention group with a control group.

Eligible pupils in the current study participated in MtM (intervention group). Pupils with similar characteristics as the intervention group were supported as usual in their school setting and acted as the control group<sup>i</sup>. Specifically, the two groups were similar in terms of their pre-test scores and proportions of group (mentors vs. mentees), free school meal (FSM) eligibility and special educational needs (SEN) status. There was a slightly higher proportion of males in the control group.

## Measures

Pre-test data were collected before the intervention began, and post-test data were collected within a month after the intervention ended.

- Short Warwick Mental Wellbeing Scale (SWEMWBS)<sup>9-10</sup> was used to measure young people's wellbeing (e.g., *"Over the last two weeks, I've been feeling useful"*).
- Student Resilience Survey (SRS)<sup>11-12</sup> was used to measure young people's problem-solving skills (e.g., *"I try to work out problems by talking about them"*) and goals and aspirations (e.g., *"I have goals and plans for the future"*).

i) Mentees in the control group took part in either the HeadStart mini intervention or a new or existing simple school intervention. Mentors in the control group did not take part in any interventions.

ii) All analyses were conducted in Mplus 8.1 software. Multiple regression analysis was used, controlling for the school clustering. The impact of attendance was explored by adding interaction terms (time\*attendance) in the regression model.

## The sample

A total of 257 young people from 11 Newham secondary schools participated in the study: 117 in the intervention (45.5%) and 140 in the control (practice as usual) group (54.5%). Attendance ranged between 1-12 sessions with an average of 7.8 sessions. All young people attended at least one session. The age of the overall sample ranged between 11 and 16 years (Mean age = 13.11) with 120 Mentors (Years 9-10) and 137 Mentees (Years 7 and 8). There were 122 females (47.5%) and 135 males (52.5%) in the sample and with higher levels of FSM eligibility and SEN status than national averages<sup>13-14</sup>. 95 young people were Asian (36.1%), 70 (26.6%) were Black, 21 (8%) were from a mixed ethnic background, 13 (4.9%) were from any other ethnic group, and 57 (21.7%) were White. The remaining seven (2.7%) had missing data.

## Analysis

Quantitative analyses<sup>ii</sup> explored the effectiveness of MtM separately for mentors and mentees. Three separate models (one for each outcome) were tested.

All models took into consideration the possible impact of pre-test scores and other characteristics such as gender, FSM eligibility, and SEN status.

Following this, the above models were re-conducted for the intervention group only in order to take into consideration the possible relationship between percentage of sessions attended and young people's outcomes.

## Findings

### Does participation in MtM impact positive wellbeing?

MtM had a moderate and statistically significant impact on mentors' wellbeing (effect size:  $d = .52$ ), but MtM did not have a statistically significant impact on mentees' wellbeing. In other words, when it came to wellbeing, there were discernible differences between mentors and their counterparts in the control group, but this was not true for mentees.

The degree of session attendance was not related to wellbeing scores of the intervention group.

### Does participation in MtM impact problem-solving?

There were no discernible differences between the intervention and control groups for either mentors or mentees when it comes to problem-solving.

The degree of session attendance was not related to the problem-solving skills scores of the intervention group.

### Does participation in MtM impact goals and aspirations?

There were no discernible differences between the intervention and control groups on either mentors' or mentees' goals and aspiration scores.

The degree of session attendance was not related to the goals and aspirations scores of the intervention group.

## Strand 1 – key takeaway messages

- MtM had a positive impact on mentors' wellbeing: acting as a mentor appears to improve wellbeing compared to not acting as a mentor.
- MtM did not have an impact on mentors' problem-solving skills and goals and aspirations.
- MtM did not have any impact on mentees: receiving peer mentoring did not have additional benefits to the interventions already available to mentees (e.g. HeadStart mini)
- Degree of MtM session attendance was not related to mentors' and mentees' scores



## Strand 2.

# Qualitative in-depth interviews

## Design

A qualitative strand was designed to complement and build on the quantitative findings. Experienced researchers facilitated in-depth interviews with pupils, Youth Practitioners and Mental Health Practitioners, and school staff to explore how they experienced the intervention, to help explain the quantitative findings and explore any outcomes not measured quantitatively.

## The sample

The sample included 19 participants: 13 pupils (6 mentors, 7 mentees) that had completed MtM, 3 Youth Practitioners, and 3 staff across 3 schools. Pupil participants were selected from the group participating in MtM in Strand 1.

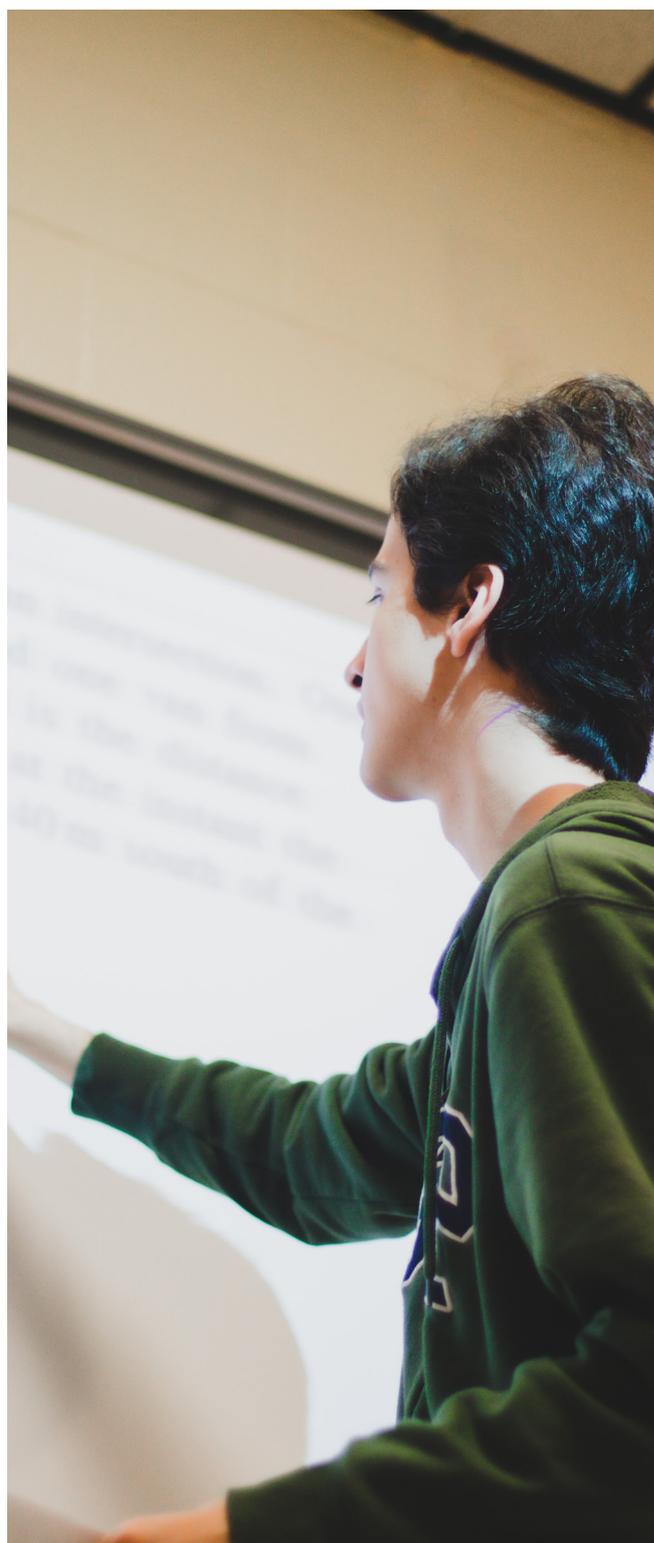
Recruitment took into consideration the inclusion of a range of schools, pre/post intervention survey wellbeing change score, and gender.

The practitioners and school staff samples were drawn from the schools that pupils in the qualitative study were attending. Interviews took place in June -July 2019.

Topic guides ensured consistency of coverage across researchers. Consent was sought from parents and participants. Interviews were audio recorded and transcribed verbatim.

## Analysis

The framework method, a thematic approach to analysing qualitative data, was used to identify themes within the data. Data were compared and contrasted between cases (looking at what different participants said about the same issue) and within cases (looking at how a participant groups' opinions on one topic relate to their views on another).



## Findings

### How was MtM implemented?

Interviews highlighted the facilitators and barriers to implementation. In particular, inconsistent delivery across groups was identified as an implementation issue.

#### Facilitators to implementation

##### a. Mentor training, resources and supervision

Mentors reported that the training equipped them for the role. They felt it provided them with:

- a better understanding of the intervention;
- an introduction to the resources to support mentees, which were helpful to facilitate building mentee-mentor relationships;
- knowledge of how to maintain a professional relationship with their mentee, and
- knowledge of how to report safeguarding concerns.

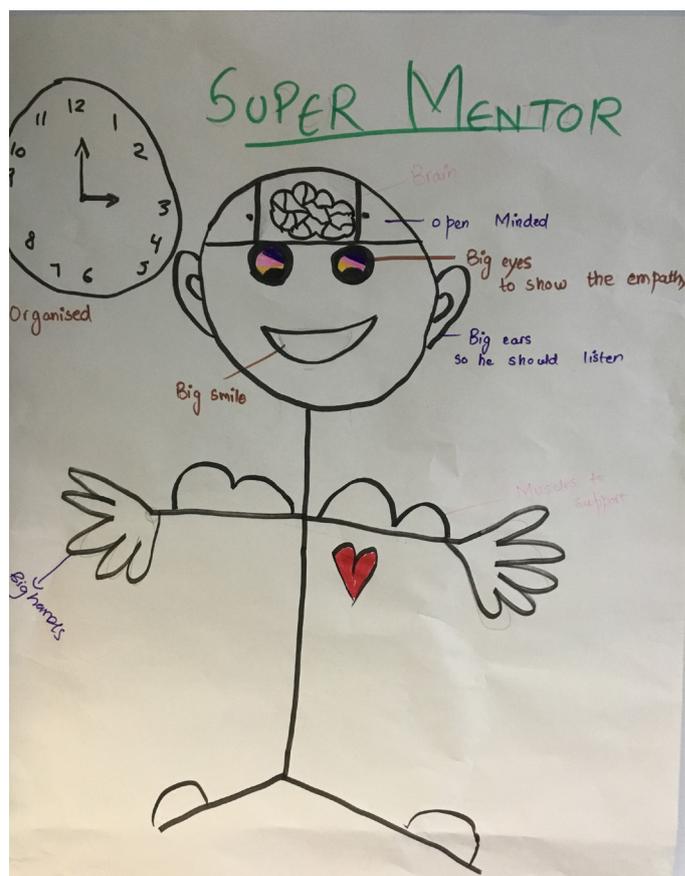
Mentors felt they benefited from taking part in role-plays to practice mentoring and receive feedback from the practitioners. They particularly liked the opportunity to train alongside pupils from different schools, as they felt part of an initiative beyond their school.

Mentors reported that the ongoing group supervision sessions were useful to debrief, and to share and develop their mentoring skills.

##### b. The value of peer support

Schools and pupils were positive about the value of peer support. Mentees valued working with an older mentor who shared their experience of school and of particular teachers. Mentees felt they could discuss difficulties with school more openly with their mentor, compared to an adult. Furthermore, mentees liked the opportunity to meet other mentees, finding it normalising to meet peers also experiencing difficulties settling into school. Mentors also expressed the value of sharing learning with peers during group supervision.

The mentee-mentor relationship was described as central to the success of the intervention. Practitioners observed that pairings were unsuccessful when mentee and mentor personalities were not compatible, for example a shy mentor with a boisterous mentee. Pupil absences could hinder the development of the mentoring relationship.<sup>iii</sup>



iii) See Appendix A: case study A for an illustration of a challenging mentee-mentor relationship and how this affected the mentor's intervention experience.

## Challenges to implementation

### a. Intervention fidelity

Youth Practitioners explained that they had received an initial one-off training on how to deliver MtM, at the start of their employment. The Mental Health Practitioner did not receive formal intervention training. Youth Practitioners felt that the training provided an overview of the intervention and the associated resources. However, they lacked guidance on dealing with issues they encountered during delivery. There was also no mechanism to quality assure delivery.

*"Ninety percent of the time, I'm just making it up as I go along...not everyone might be doing the same thing...I was just doing what felt right, nothing was enforced, nothing was checked up on, there was no accountability."*

Practitioner

Practitioners learnt how to implement MtM through trial and error. Although they had a shared understanding of MtM, they described different approaches to delivery. For example, there was variation in how they matched mentees with mentors. Approaches included matching based on observations from one-to-one discussions or the initial taster session; discussing pairings with school staff; or matching any mentee with any mentor.

Practitioners dealt with pupil absences differently. Three variations were described:

- the mentee/mentor was asked to talk to an available, but unknown, mentor/mentee
- trios were created, whereby an additional mentee/mentor, whose pair was absent, was added to an existing pair, or
- the mentee/mentor worked with a practitioner.

The length of sessions varied according to time allocated by the school, suggesting that pupils across MtM groups received different amounts of the intervention.

Furthermore, it was unclear whether fortnightly bitesize sessions were delivered by all practitioners. Mentors across groups could recall weekly supervision, but couldn't always remember receiving bitesize training. Mentors suggested a need to provide formal top-up training during the intervention. Practitioners acknowledged that the bitesize training was not always delivered as outlined in the guidance. They felt it was not always relevant to the issues raised by mentors and instead stated a preference to discuss issues arising that week.

Communication with the school, about the intervention and pupil progress, varied by practitioner. There were school leads who received weekly communication, and others that did not. Schools wanted regular communication about the intervention, including attendance, progress towards goals, and evidence of outcomes for young people. Mentors also expressed a need to engage teaching staff with the intervention. Mentors had been disappointed that their contributions to the school community had not been formally recognised, by way of a celebration assembly, for example.

*"...if you're given the data as such, it can provide dialogue. I think maybe even just a little email at the end of the week to say how they got on may have been good... or the concerns if there's anything of that nature, I think would have been beneficial, definitely."*

School staff

### b. Identifying appropriate young people

Practitioners considered appropriate identification of mentors and mentees as pivotal to the intervention's success. Identification was completed by the schools; this cohort did not utilise a self-recommendation approach. At particular schools, the rationale for selecting mentors and mentees was not always clear to practitioners. While mentor selection was generally considered appropriate, practitioners thought that not all selected mentees may have had early mental health difficulties present. This was echoed by mentors who reported that their mentees had dropped out or did not report difficulties to work on. Practitioners and mentors perceived this as a possible reason for mentee and mentor early exit from the intervention.

*"The mentors aren't professional therapists... the Year 7 needs to be able to articulate, before they start the programme, some things that they might like to chat about."*

Practitioner

Furthermore, mentors acknowledged that MtM was tiring as it occurred after the school day. Mentors dropped out if they felt unable to manage competing demands on their time such as homework, exam revision and extracurricular activities.

While mentors were generally proud to be selected for the role, mentees were not always clear on why they had been chosen. At one school mentees initially thought that they were in trouble. Once mentors and mentees were given information about the intervention by the Youth Practitioner, pupils felt it was their choice to participate. While the Mental Health Practitioner endorsed the recommendation criteria for the intervention, Youth Practitioners felt it should be a universal intervention, and did not agree with the recommendation criteria.

### c. Service organisation

Practitioners reported wider issues in the service team that posed challenges to intervention delivery. Firstly, there was no senior lead specifically assigned to the intervention to discuss and problem solve issues that arose during delivery. Equally, senior leadership's indecision regarding the intervention model caused frustration, e.g. regarding whether mentors would receive accreditation. Secondly, Youth Practitioners and Mental Health Practitioners encountered difficulties in working together, as they had different approaches to working with young people. Thirdly, practitioners described a general lack of morale in their teams, which they felt affected enthusiasm for the service and delivery of all HeadStart interventions.

*"There's a whole lack of morale. Everyone either doesn't care or is demoralised. Yes, definitely that will influence the quality of the interventions. I think there's a bit of an attitude of just do your hours and that's it."*

Practitioner



## How does participation in MtM change wellbeing?

The interviews suggested that mentees' wellbeing did not change, but they could feel more settled at school and learnt coping skills to manage their emotions. Changes to mentees' sense of wellbeing tended to relate to wider support, including nurture groups in school, access to a school counsellor, peer/family support and developmental maturation.

Consistent with previous evidence, mentors<sup>5</sup> enjoyed the opportunity to be a role model to mentees. Personal reflection with peer-mentors and developing vocational skills resulted in improved self-confidence.

### Mentee wellbeing

Mentees who recalled positive intervention experience and outcomes had been paired with the same mentor throughout the intervention. They felt a genuine bond with their mentor. Two key outcomes reported by mentees:

#### a. *Settling into secondary school*

Mentees were selected for MtM because they had problems settling into secondary school, and as a result displayed emotional and/or behavioural difficulties such as being withdrawn, shy and/or aggressive. Following MtM, mentees reported a range of changes at school, for example increased classroom participation, talking to teachers about concerns, and feeling more confident in making new friends. While mentees attributed some of these changes to support from their mentor, they also recognised that becoming more familiar with the school environment helped, as did additional support from teachers and peers.

*"I never used to put up my hand ever, and I used to get picked on, but now I just put my hand up and I volunteer for things."*

Mentee

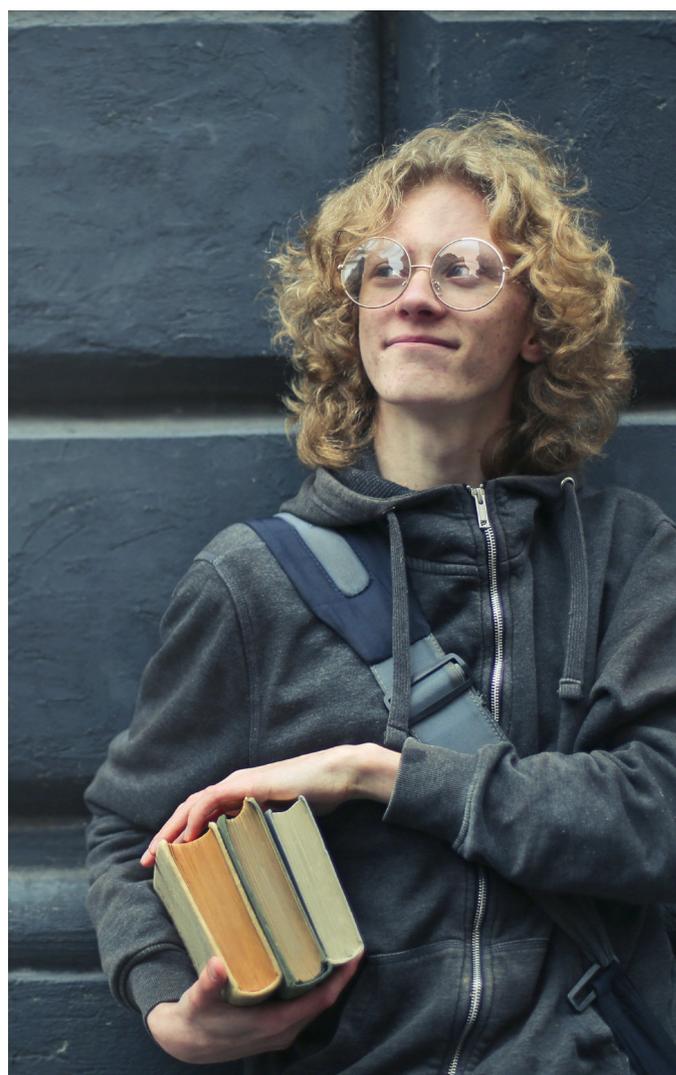
Mentees described feeling more comfortable to be themselves and to talk to peers about their feelings at school, since participating in MtM. A group of mentees had found it difficult to talk about deeply personal topics such as bereavement and sexuality in social situations prior to MtM, but felt better able

to have these conversations since taking part in the intervention. Practitioners and school staff attributed this increased social confidence to having a trusted relationship with an older pupil who was perceived to genuinely care for them.

Mentor disclosures about past personal challenges provided reassurance for mentees that their worries and difficulties at home, at school and with peers were normal and could be worked through. Mentors felt that imparting their experience of being in Year 7 supported mentee's transitions, reducing worries about school.

*"She talked about her personal life, her problems she's been having with her friends and family... it caused me to feel like I'm not alone. I have people who are also dealing with the same stuff I am."*

Mentee



### b. Coping skills

Mentees fell into one of two groups: those who identified as having emotional or behavioural difficulties and those who did not report difficulties. Following MtM, the former group of mentees reported use of coping strategies to manage difficult emotions and better habits, such as healthy eating or improved school attendance. Mentees made these changes by working with their mentor and using the problem-solving and goal-setting resources. Reflective conversations with mentors helped mentees to think about their response to challenging situations at school. In addition to mentoring, these mentees could be in receipt of a range of additional support to develop and use coping strategies, including from family, peers, pastoral staff and mental health professionals.

### Mentor wellbeing

Mentors reported improved self-confidence through participation in MtM, in relation to several outcomes:

#### a. Being a role model

Practitioners and school staff described how being selected for the valued role of a mentor, entrusted to act in an advisory capacity, could increase mentor self-confidence. Mentors felt good that their own experiences and approaches to managing difficult situations were helpful to mentees. Mentors felt a sense of achievement in supporting mentees to reach goals and improve their interpersonal skills as the intervention progressed.

*"...it made me feel hopeful, that I know I've helped someone out as much as I could during that time. It's nice to feel that way."*

Mentor

School staff observed that role-modelling had built mentors' confidence to pursue more responsibility in other aspects of their lives, for example becoming a prefect in school. MtM particularly benefitted mentors who had previously not been chosen for responsible roles in school as it promoted a positive view of themselves.

*"There are students that I find who are not that confident, or don't have that sense of "I'm a role model" and "I'm doing this". I think a programme like this is fantastic if it gives them that sense of oh wow, someone is looking up to me, I am confident in being able to be a voice of reason to that person".*

School staff

Mentors described altering their behaviour in order to set a good example to their mentees, for example, abiding by the school dress code. This suggested that adopting the mentor role may have helped them reflect on their behaviour and how to present themselves positively at school.

#### b. Peer support and reflection

Mentors acknowledged the role of the practitioner-led supervision and training in enabling them to work effectively with their mentees. Peer mentor support helped to manage challenges that arose during 1:1 mentoring, and to understand the limits to their role in affecting change for mentees.

Mentors spoke honestly to each other about issues they encountered, including mentee disengagement. They supported each other to problem-solve these issues and shared experiences from mentoring or their personal lives to aid this. This created a nurturing environment in which mentors felt valued and listened to, and enabled strong relationships with their peers.



### *c. Developing vocational skills*

Mentors felt that participation in MtM improved their communication skills. They adapted language for younger audiences and found creative ways to engage mentees in conversations.

Mentors identified leadership, assertiveness, and a better understanding of child safeguarding and maintaining confidentiality as important skills learnt during MtM. They recognised that developing these skills would strengthen their CVs.

There were mentors who joined MtM because they enjoy helping others and had ambitions to work in psychology or education. For these mentors, the experience of mentoring further motivated them to pursue these career paths.<sup>iv</sup>

### *d. Intervention engagement*

Practitioners and school staff acknowledged that attrition and low engagement could negatively affect mentor and mentee wellbeing. Where mentor drop-out was perceived to have been managed poorly, this could have a negative effect on the mentee, who could feel rejected. If mentor attendance was sporadic this may have hindered the mentee–mentor relationship.

<sup>iv</sup>) See Appendix A: case study B for an illustration of a positive mentee–mentor relationship, and how this affected mentor wellbeing.

## How does participation in MtM change perceptions of problem-solving skills?

Interviews indicated that mentees received support and learnt strategies from their mentor to manage problems they experienced during the intervention period. While this learning could be applied to familiar problems, mentees generally struggled to problem-solve new difficulties after MtM. In contrast, mentors felt they had developed enduring problem-solving awareness and skills.

### Mentees

During MtM, mentees received support from their mentor with current problems, including shyness and talking to new people, conflict with teachers and peers, and managing challenging emotions such as sadness and anger. There were three key mechanisms which facilitated this support.

#### a. An open dialogue

Mentees, mentors, and practitioners emphasised the value of talking about problems as a helpful outlet for mentees. Building a consistent relationship with a mentor over several weeks allowed mentees to talk openly. This open dialogue helped mentees reflect on current issues, whilst feeling reassured that they were not alone and that problems could be solved.

*"It was the talks, because I told [my mentor] about my [family], and just listening to her talk about different things that happened in her life as well just made me feel like I'm not alone...and that I could talk to them."*

Mentee

#### b. Shared mentee-mentor experiences

Mentors and practitioners noted that mentees received helpful problem-solving support when matched with a mentor with similar past experiences. Mentors could draw on their experiences and share strategies which had worked for them e.g. breathing techniques to manage difficult feelings. Furthermore, mentors could relate to and encourage shy mentees, based on their own struggles with confidence.

*"These are students in the same school with the same problems, so they can give the best advice. Not me and not the Mental Health Practitioner. They give the best advice because they've gone through it."*

Practitioner

#### c. MtM resources

Mentees also felt that they benefitted from the handbook resources and toolkit used by mentors and practitioners, particularly those which focussed on emotions and peer relationships. Mentees could apply learning from these resources to familiar situations, and could share strategies with peers outside of MtM.

It was not clear to what extent mentees problem-solved new difficulties after MtM had finished. Mentees either did not discuss how they dealt with new problems, or reported avoiding dealing with them. Therefore, the main value of MtM for mentees was as an outlet to talk about current problems, rather than as a means of developing problem-solving skills. There were mentees who were sad about MtM ending, and it was not clear that they had a replacement outlet to discuss new problems.<sup>v</sup>

v) See Appendix A: case study C for an illustration of how the mentee-mentor relationship enabled a mentee to problem-solve difficulties during MtM.

## Mentors

Findings from interviews indicated that mentors developed problem-solving skills which they used to help their mentees, and which they transferred to situations outside of the intervention.

School staff noted that during MtM, mentors had gained the maturity to support mentees with problems. Pupils, school staff, and practitioners noted the development of mentoring skills, including encouraging reflection and being non-judgemental and non-directive. Mentors drew on their own experiences to help mentees, and explained that participation in MtM had increased their awareness of the range of problems other people face. They also recognised the limits to their mentor role, such as not always being able to change how someone feels.

Mentors described gaining problem-solving skills through the intervention training and resources. Roleplay activities helped mentors to prepare for problem-solving conversations and allowed them to reflect on their approach. Group supervision after MtM sessions promoted peer learning. That is, mentors learnt to solve problems from hearing other's perspectives, in a trusting and safe space. Mentors also found the resources and information in the handbook a helpful guide for problem solving.

Furthermore, maintaining a consistent relationship with their mentee allowed mentors to gain problem-solving practice over the course of MtM, especially with helping mentees to resolve peer conflict. This extended practice allowed mentors to think from others' perspectives and to develop their reasoning skills.

Mentors felt that they had helped mentees to solve problems, and as a result, were more confident in helping with others' problems, outside of MtM. They described reflecting on and applying problem solving knowledge to mediate conflict between others. For example, practitioners were impressed with mentors' mature handling of disputes within their friendship groups. Mentors also applied problem solving skills to their own lives, feeling calmer when faced with a problem to solve and confident that they were capable in doing so.

*"I feel like it [MtM] helped me problem-solve as well, because I've faced problems in my own life obviously, and so seeing someone else's problems of how they went around, went through it all, it helped me as well."*

Mentor



## How does participation in MtM change goals and aspirations?

The interviews suggested that mentees received support from their mentor to set goals during MtM, but did not develop the skills or motivation to set goals after the intervention had finished. Mentors, however, developed goal-setting skills through the MtM training and resources.

### Mentees

During MtM, mentees received support from their mentor to set specific short-term goals. Mentees' goals focussed on reducing anxieties and settling into secondary school e.g. making new friends, participating in class, taking up extra-curricular activities, and improving academic work. Mentees also discussed long-term goals and career aspirations with their mentors. Long-term and less specific goals remained ongoing after MtM, while short-term goals tended to be reached during the intervention.

Non-judgemental encouragement from mentors facilitated mentee goal setting, particularly when goals related to mentees' personal interests. Mentees enjoyed being set challenges by their mentor, and found it helpful to be encouraged to persevere with their aims.

Activities from the intervention toolkit were helpful for breaking down mentee goals into steps and monitoring weekly progress e.g. whether the mentee had put their hand up in class that week, or received fewer detentions. Practitioners highlighted the importance of a consistent mentee-mentor relationship for monitoring and achieving mentee goals, but felt that this did not always occur due to drop-out or poor attendance.

*"The whole idea of... building the relationship and, then, thinking about what they want to work on, and building goals, and reviewing the goals; you can't do any of that if each time you're just starting the relationship again."*

Practitioner

Mentees did not tend to set goals independently after MtM had finished, nor did they describe having learnt how to set goals. Nonetheless, there were mentees for whom the intervention inspired confidence that goals could be achieved.

*"One of my goals was actually to go and perform to someone or some people, and I did. One of my goals was also calming myself down... I can do that now. It [MtM] helps me know that if I set myself a goal that I can achieve it..."*

Mentee



## Mentors

Practitioners, school staff, and pupils felt that mentors had developed goal-setting skills during MtM, which they used when supporting mentees. In particular, mentors could manage conversations about mentees' goals in a non-judgemental manner. They could help mentees to plan and organise time, and to break down larger aims into smaller, SMART (Specific, Measurable, Achievable, Realistic, and Timely) goals.

Mentor training and use of the MtM toolkit and handbook helped mentors to develop and apply these skills.

*"Usually people would just go for crazy goals like getting 9's at the end of Year 11, that's not a SMART goal... you need goals working up to that, so that's what I felt like I could learn from."*

Mentor

Pupils, school staff and practitioners also explained that mentors could apply their new skills and confidence to personal goals, outside of MtM. Mentors' goals tended to centre on upcoming exams and time-management, and could also reflect vocational aims for the future. There were mentors whose perseverance in pursuing their goals increased during MtM. However, there were also mentors who felt that they struggled to see a goal through when difficulties arise.

Furthermore, the experience of mentoring solidified longer-term career goals in caring professions for mentors. School staff and practitioners felt that mentors had developed vocational skills which could help in these careers.<sup>vi</sup>

*"If you really get on in a mentoring relationship and it goes well for you, that's like a massive career chooser, isn't it? You think right, okay, I really like working with other young people. I want to be a teacher. I want to be a youth worker, a social worker..."*

Practitioner

## Strand 2 – key takeaway messages:

- The mentee-mentor relationship was crucial to the success of the intervention.
- Inconsistent delivery of MtM across groups was identified as a key implementation issue. Mentees felt more settled at school and learned coping skills to help them manage their emotions during the course of MtM.
- Mentors enjoyed the opportunity to be a role model and developed personal, vocational and social skills which improved self-confidence. Mentees learnt strategies from mentors to solve problems and set goals but found it hard to apply these skills once mentoring had stopped.
- Mentors benefitted from the training, bitesize supervision, resources and peer support provided which improved their problem solving and goal setting skills.

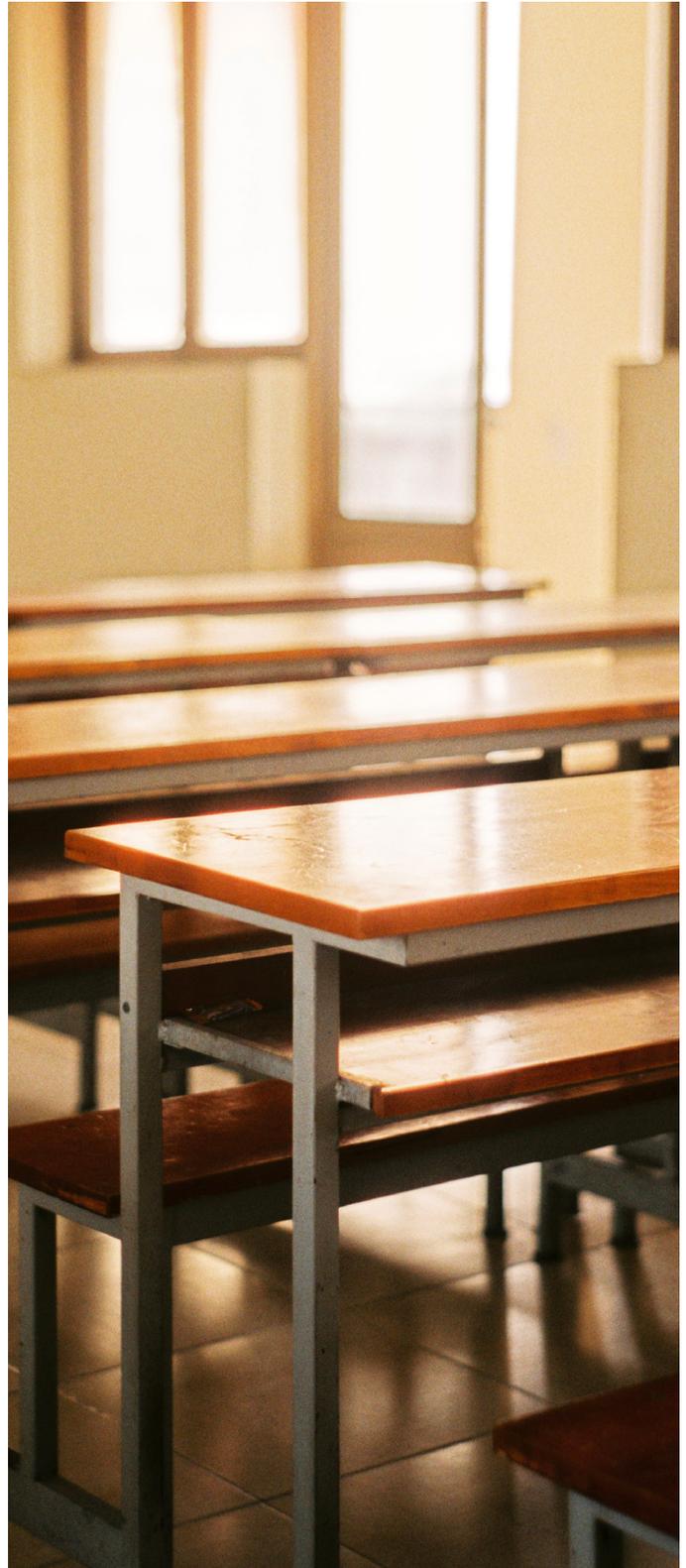


vi) See Appendix A: case study D for an illustration of how MtM supported a mentee with their aspirations and goal setting.

# Conclusion

Strand 1 (quantitative) of the current **pre-post quasi experimental study** found that mentors participating in MtM reported improved wellbeing compared to the control group. Inconsistent with previous work, this was not the case for mentees. This study is among the first, however, to examine the impact of a cross-age peer mentoring intervention on young people's mental health outcomes, such as wellbeing. Additionally, inconsistent with previous quantitative evidence<sup>4,15</sup>, participating in MtM had no impact on young people's problem-solving skills and goals and aspirations. As the findings from strand 2 suggest, this might have been the result of varied implementation and/or unsuccessful recruitment. Still, it is important to note that the positive impact on mentors' wellbeing is a promising finding given that the current study presents a "real world" implementation of a school-based intervention, where everyday challenges might impede proper implementation<sup>17</sup>. The finding is perhaps not surprising, given that mentors learn important skills during their training; furthermore, it is consistent with the 'helper therapy principle', which suggests that those who provide help may benefit just as much as those who receive it. Thus, while MtM may lack the intensity and/or focus to influence mentees' mental health, it can offer a useful boost to mentor's wellbeing.

Degree of attendance was not shown to influence the intervention effects. While few studies have examined the impact of intervention implementation in cross-age peer mentoring, one study<sup>16</sup> found that the more consistently mentors attended mentoring sessions, the greater their mentees' improvements. Results in our study might be explained by the high attendance rates (76%) among both mentors and mentees, which may have made it more challenging to establish an association with intervention outcomes. Our Strand 1 findings align somewhat with a separate evaluation of MtM (delivered in non-



HeadStart schools) carried out by Stapley *et al*<sup>8</sup>. Both studies found no effect of MtM on the problem-solving skills or goals and aspirations of either mentors or mentees. However, while the current study found a positive impact of MtM on mentors' wellbeing, the study carried out by Stapley *et al* did not. Where findings diverge, this may be due to differences in study design (e.g., the Stapley *et al* study did not include a control group, whereas our study did), sample (e.g., the Stapley *et al* study included young people up to the age of 18, compared to age 16 in our study) and/or intervention delivery (for example, MtM included up to 10 sessions in the Stapley *et al* study, compared to 12 in our study).

The **qualitative findings** partly corroborated the Strand 1 findings. Mentors felt positive about being selected for the role and enjoyed the responsibility of being a role model to younger peers. Mentors who had worked consistently with the same mentee felt they had supported their mentee to make positive changes, which made them feel good about their involvement. This reflected the improvements to mentor wellbeing in Strand 1. Additionally, mentors reported that they had developed personal, social and vocational skills through the training, supervision and 1:1 mentoring.

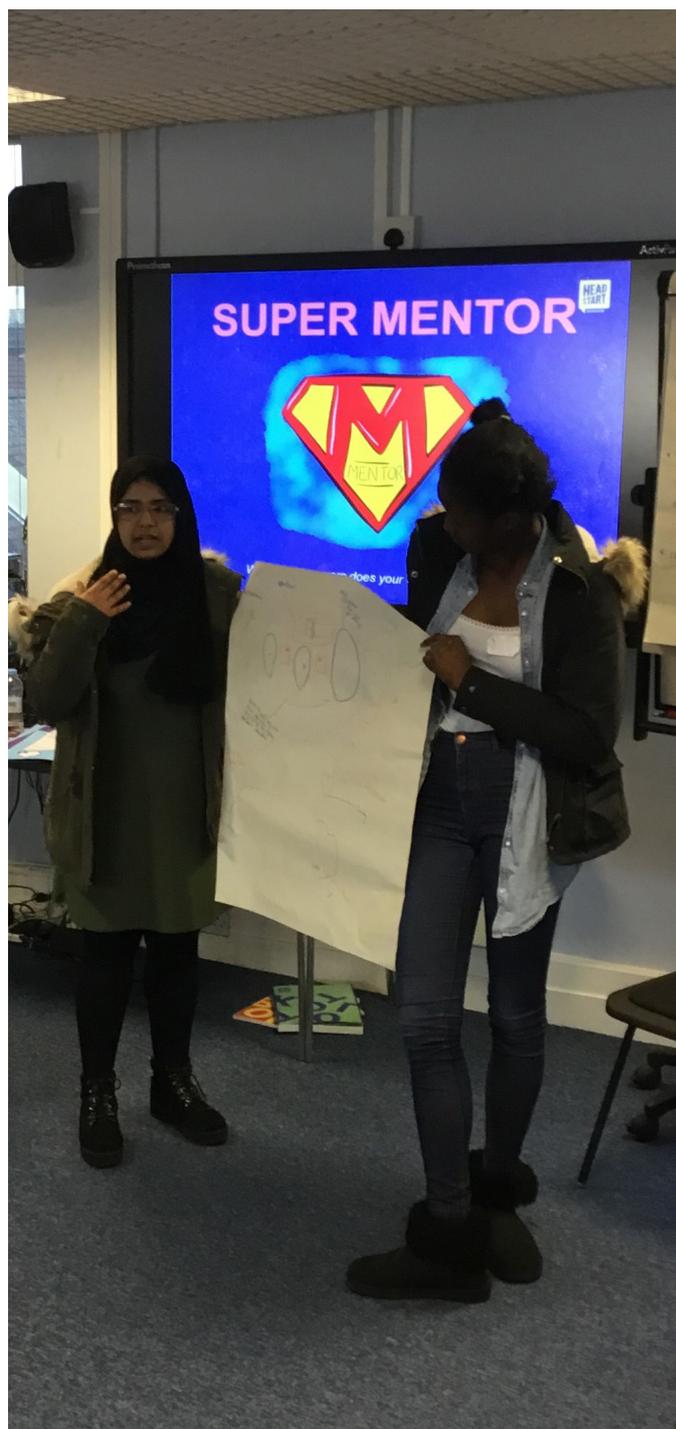
Mentees liked having the opportunity to speak with a peer mentor about difficulties they were experiencing, and had worked through current problems and goals with their mentor. Mentees did not report learning how to problem solve or set goals for themselves as a result of the intervention. Participation could support transition to secondary school among Year 7 mentees; however, mentees did not generally report or attribute changes to their wellbeing to MtM.

Interviews highlighted challenges to intervention implementation. There were gaps in training for delivery staff. There was evidence of inconsistent delivery with practitioners taking different approaches to common challenges, such as pupil absences.

Identification of suitable and committed pupils was challenging. Practitioners indicated that the process for recruiting mentees required review, to ensure young people have difficulties they wish to discuss with a peer mentor.

School staff suggested a need for regular communication about pupil attendance and progress to ensure they could support successful implementation.

Furthermore, practitioners outlined wider service issues, including a lack of senior leadership and quality control mechanisms for the intervention, which affected their enthusiasm and ability to implement the intervention well.



## Implications, key learnings and recommendations

Young people were positive about their intervention experience. However, school and delivery staff highlighted possible areas for improving delivery. Learning from this evaluation could help those running similar programmes to improve delivery for young people.

1. Consistent intervention delivery is important, and can be supported by:
  - appointing a senior lead for the intervention;
  - providing refresher training and review delivery standards for practitioners to:
    - a. be more consistent in approaching mentee/mentor pairings;
    - b. address common challenges such as pupil absences (in particular, how to provide support for individuals whose mentee/mentor is absent on the day);
    - c. introducing a quality assurance mechanism to provide feedback to practitioners about delivery practice.
4. Ensuring the right pupils are selected is also key, through for example:
  - checking that pupils can commit to weekly after school sessions;
  - reviewing and refining the recruitment procedure of mentees in particular; and
  - supporting potential mentees to identify difficulties they would like to discuss with a mentor before starting the intervention.
5. School engagement with interventions could be improved by providing weekly feedback to the school, highlighting pupil attendance, progress and any concerns.
6. The lack of intervention effects observed in the current study might have been the result of inconsistent recruitment procedures and intervention implementation. However, given that this was not assessed in the current study, we are unable to provide firm

conclusions. More work is therefore needed to understand how variation in implementation, particularly in terms of fidelity, may be impacting cross-age peer mentoring interventions<sup>18</sup>.



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# Appendix A: More than Mentors case studies

Case studies are based on the experiences of young people who participated in the research interviews. However, names and other identifiable details have been changed, and the experiences of more than one individual have been amalgamated.

## Case study A (implementation): Rory, Mentor, Year 10

Rory was recommended to MtM by the Head of Year 10, who felt that he had the personal qualities and past experiences needed to make a good mentor. In the past, Rory found it difficult to manage his emotions at school and had poor attendance. While this has not been an issue for over a year, there were still times Rory was disruptive. It was therefore felt that mentoring would be a good opportunity for him. Rory was pleased to have been selected and wanted to show that he could be a positive role model in school.

Rory was paired with Hassan, in Year 8. Hassan was loud and confident and was doing well at school. He seemed disinterested in talking about his day or any topic Rory brought up. Hassan only talked about wanting to be a professional gamer. Rory helped him think about how he could achieve this long-term goal, but felt disheartened as had really wanted to help someone who was struggling.

Rory used the supervisions to feed back that he was finding the mentoring challenging. He explained that he did not feel his mentee needed help. The other mentors and the Practitioner reassured him that he was doing a good job and recommended different resources to open up conversation with the mentee.

By week 4 Hassan stopped attending MtM to go to the Coding Club instead. Rory was then paired with any mentee whose mentor was absent. Rory had some positive conversations with these mentees, but felt frustrated that he couldn't follow up with them as he didn't have regular contact with them. In week 7, Rory dropped out of the intervention too. He felt he had gained some helpful skills but thought it would be a better use of his time to study for upcoming exams.

## Case study B (wellbeing): Amisha, Mentor, Year 9

Amisha is a highly motivated and studious pupil. She was put forward to be a mentor by her science teacher who felt she would be a good role model to younger pupils. She was paired with a Year 7 mentee who needed support around transition to secondary school. She worked with her mentee to identify goals. The mentee wanted to address worries about difficult school work and making new friends.

Amisha immediately related to some of the mentee's issues and felt she was in a good position to support her. She decided the best mentoring approach would be to share advice based on her own experiences. She helped her mentee to develop a homework timetable, and suggested which teachers her mentee might approach they needed help. She reassured her mentee that teachers would never punish pupils for asking for help. She challenged her mentee to put her hand up in class at least once a day. Her mentee didn't always achieve this goal but she felt she was trying. As the intervention progressed, Amisha saw her mentee interacting with other mentees at break times. At the end of the intervention her mentee still felt some worry about school and friends, but Amisha felt she had made good progress.

The experience of mentoring made Amisha feel good. She felt validated by her mentee's willingness to take her advice. During the course of the mentoring, Amisha reflected how she could apply some of her own advice to herself and to her younger siblings.

## Case study C (problem-solving): Aliyah, Mentee, Year 7

At the start of secondary school, Aliyah struggled to get along with her peers and teachers. She was often in trouble during class and quickly became angry when others made comments about her. She felt that she didn't have many people to talk to. At home, her parents were often busy taking care of her grandfather who was unwell, and she didn't like to bother them with her problems.

Aliyah received a letter from the school about MtM and was excited to be chosen. She had never been picked for anything positive before. She wanted the chance to talk to someone about how she had been feeling. At the first session, Aliyah was paired with her mentor, Sadia, in Year 10. Sadia was friendly and seemed kind, and the two pupils quickly developed a strong rapport. Sadia shared details about her family, which helped Aliyah feel comfortable with opening up about her own life.

Over the course of MtM, Aliyah discussed some of the conflict she had been having with her peers. Aliyah really appreciated the chance to talk things through and loved having her mentor's full attention during each session. The chance to be listened to in-depth was something Aliyah felt she hadn't previously had. Sadia reassured Aliyah that problems can always be solved; this struck a chord.

Since MtM, Aliyah has been less prone to losing her temper and is in trouble less often than she used to be. She used what she had discussed with her mentor to bring up friendship difficulties with some of her peers; this went some way toward resolving things. However, she was sad when MtM ended, and now isn't sure who to talk to when problems come up. Aliyah valued the designated time to talk to someone about her feelings, which MtM provided.

## Case study D (goal-setting): Daniel, Mentee, Year 7

Daniel started secondary school in September, and struggled to settle in. Daniel felt overwhelmed by the transition from primary to secondary, and felt anxious about going to school in the mornings. He felt intimidated by the size of the school and wasn't used to having a different teacher for every subject.

The school's Special Educational Needs Co-ordinator asked Daniel if he would like to take part in MtM. Daniel agreed that he needed some help feeling less anxious about school. At the first session he was paired with his mentor, Ibrahim in Year 10. At first he felt nervous about talking to someone bigger and older, but he enjoyed talking to Ibrahim, and came to trust him.

During their mentoring sessions, Ibrahim helped Daniel to identify two goals: 1) to feel less scared of going to school in the mornings, and 2) to put his hand up in class. Together, Daniel and his mentor completed the 'Stairway to Success' activity in the toolkit, in which they planned the steps needed to reach these goals. Ibrahim also suggested some breathing techniques, which Daniel tried and found helpful for staying calm when feeling anxious about school. With some encouragement from his mentor, Daniel challenged himself to put his hand up to ask for help in English class.

After MtM, Daniel still feels overwhelmed about the size of the school sometimes, but feels a sense of achievement for being calmer and putting his hand up in class. Daniel enjoyed being supported by his mentor, but since completing the intervention has not set any new goals on his own. However, he feels confident that he could achieve more goals in the future.



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**Citation for this briefing:**

Panayiotou, M., Ville, E., Poole, L., Gill, V. & Humphrey, N. (2020). Learning from HeadStart: Does cross-age peer mentoring help young people with emerging mental health difficulties? London: EBPU.

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