

# SYSTEMATIC REVIEW OF THE IMPACT OF MENTORING AND BEFRIENDING PRACTICE AND INTERVENTIONS FOR CHILDREN AND YOUNG PEOPLE

## Systematic review protocol

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## Summary

Mentoring and befriending interventions are widely used across the UK and international evidence has found these programmes to be effective across a range of outcomes and relatively diverse programme samples. However, there are wide variations in UK practice on how befriending and mentoring are conceptualised and delivered, and programmes vary significantly in delivery, intended outcomes and social benefits. Despite support for mentoring and befriending approaches in UK policy, there remains uncertainty about the applicability and transferability of findings from the predominantly US-based literature to a UK context.

The purpose of the review is to explore and understand the different types of befriending and mentoring models which exist for children and young people aged up to 25 years old who are care experienced, considered at risk of being placed in care, or at risk of poor developmental outcomes. Based on the Continuum of Need used by local authorities and with reference to the PROGRESS-Plus framework, we have distinguished four broad sets of criteria we will use to identify relevant study populations: (i) children and young people who meet the threshold for risk factors that indicate emerging needs or the need for early help; (ii) children and young people who meet the threshold for risk factors that indicate complex needs within the family; (iii) children and young people who have experience of the care system; and (iv) children and young people who may face inequalities in engagement with the care system along relevant dimensions of identity defined by the PROGRESS-Plus framework (place of residence, race/ethnicity/culture/language, occupation, gender/sex, religion, social capital, socioeconomic position, age, disability, sexual orientation, other vulnerable groups).

We will consider how effective mentoring and befriending interventions are for different groups, identify practice and intervention components that lead to successful mentoring/befriending relationships, and identify barriers and facilitators to implementation. The review will inform the development of a Practice Guide that will present the best-known evidence on mentoring and befriending interventions for children and young people.

The research questions for this review are:

- **RQ1:** How effective are mentoring and befriending interventions on promoting good outcomes for “at risk” children and young people and/or those with care-experience?
- **RQ2:** What are the different types of mentoring or befriending interventions/models, how are they defined, and which models are more or less effective for different populations of children and young people?
- **RQ3:** What practice elements and intervention components are associated with successful befriending and mentoring relationships for children and young people?
- **RQ4:** What are the enablers and barriers to successful implementation of effective mentoring and befriending interventions for children and young people?
- **RQ5:** What are the views of children and young people (and parents/carers) about the acceptability and usefulness of different mentoring and befriending interventions?

The review adopts a combined meta-analytical and qualitative approach applied across two stages, consistent with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) standards. We will also incorporate a focus on equity by adhering to the equity extension for PRISMA. We will firstly map the literature for interventions and models, and review



intervention components and theory to build an understanding of mentoring and befriending interventions/models and their impacts on outcomes. Risk of bias will be assessed using RoB 2, ROBINS-I and the MMAT as required. We will examine the quantitative evidence on mentoring and befriending interventions for care-experienced and “at risk” children and young people using meta-analysis, to understand what works (direction and effect size) for whom, how and why (moderating factors of intervention effectiveness). We will review process evaluations of implementing befriending and mentoring evaluations to understand the factors which impact upon implementation, and the views of young people, parents/carers and mentees/befrienders on their acceptability and usefulness in the UK context.



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# Part 1: Background, rationale and question formulation

## Background and overview

### What is mentoring and befriending?

Mentoring and befriending programmes, interventions and practices cover a broad range of approaches but there is currently no agreed definition or classification available within the literature. In the UK, mentoring and befriending describes a broad range of practices and interventions which use reciprocal, purposeful and non-judgemental relationships to guide and support individuals (befriending) to improve their wellbeing, develop skills, and achieve personal outcomes and goals (mentoring). For the purposes of this protocol, we will use the term ‘mentoring and befriending’ throughout to recognise the overlapping definitions of the two approaches. However, it is important to note that within the literature the term ‘mentoring’ is more commonly used alone to describe the programmes under study.

In practice there is wide variation in how befriending and mentoring are conceptualised and delivered (Phillip & Spratt, 2007). The Befriending Network Scotland places these approaches on a Befriending/Mentoring Spectrum with befriending interventions being most appropriate in providing friendship and informal support to those in crisis or acute isolation, a middle ground of mentoring/befriending approaches which build trusting social relationships with those requiring support in achieving stability and allowing them to set objectives, and mentoring where mentor and mentee agree and work towards objectives which take priority over the social elements of the relationship (Phillip & Spratt, 2007; Befriending Network Scotland).

Mentoring and befriending programmes, interventions and practices vary significantly in delivery (for example in duration, mentor characteristics and selection processes), intended outcomes (for example skills attainment, educational and employment outcomes, familial relationships, mental and physical health) and social benefits (increased social capital, practical support, improved familial relationships) (Armitage et al., 2020). A scoping review of interventions for young people transitioning from care suggested five delivery model types including: (i) naturalistic mentoring, where young people select a mentor from their existing community networks; (ii) formal mentoring, where the mentor is assigned to the young person; (iii) mentoring focused on life skills development; (iv) mentoring to re-establish family networks for young people who have lost familial connections; and (v) self-help groups, where experiences are shared with peers (Okland & Oterholm, 2022).

Meta-analyses conducted by DuBois et al. (2002; 2011) and Raposa et al. (2019) provide comprehensive assessments of the effectiveness of mentoring and befriending programmes. Programmes have been found to be effective across a range of outcomes and across relatively diverse types of programme samples and the two meta-analyses by DuBois et al. (2002; 2011) found evidence that at-risk young people (for example those from lower socioeconomic backgrounds) may benefit more from mentoring and befriending approaches. The overall effects of mentoring and befriending programmes have been found to be modest with an observed level of



significance falling within the medium/moderate range (Raposa et al., 2019). Taken together, research on mentoring and befriending shows that particular programme factors are important to their success, such as the longevity and closeness of the mentor and mentee relationship, having clear expectations, a focus on instrumental goals, and ongoing support to volunteer mentors (Rhodes and Lowe, 2008).

Mentoring and befriending programmes in the UK have increased in popularity since the mid-2000s following the publication of evidence from the US of large-scale mentoring programmes (such as the Big Brothers/Big Sisters programme (Grossman and Tierney, 1998)). The UK government at the time was strongly supportive of mentoring as a way to meet the aims of the 'Every Child Matters' agenda. Young people's health policy in all four devolved nations remains focused on embedding and integrating wellbeing support across the health, social care, education, and voluntary sectors (NHS England, 2019) through evidence based and tailored interventions which allow children at risk of poorer health outcomes (Northern Ireland Executive, 2020) to have support for their additional needs, overcome barriers and fulfil their potential (Welsh Government, 2022). For example, the Scottish Government's Getting it Right for Every Child policy document emphasises the importance of safe, supportive relationships with trusted adults to help children and young people to address and overcome adversity and trauma to reach their full potential (Scottish Government, 2022), and the Northern Ireland Executive's A Life Deserved strategy for children and young people in care, commits to providing access to trusted and experienced individuals who can act as an independent mentor for all children and young people in care (Department of Health, 2021). The UK government have recently announced that they are investing £15 million into the Building a New Future Programme which will provide mentoring and career coaching to 5,000 young people at risk of falling out of education, employment, or training to improve their outcomes and reduce the risk of offending and violent crime (UK Government, 2023).

## **Rationale and question formulation**

The purpose of the review is to explore and understand the different types of befriending and mentoring models which exist for 'at-risk' and care-experienced children and young people, to consider how effective these models are for different groups, identify practice and intervention components that lead to successful mentoring/befriending relationships, and identify barriers and facilitators to implementation. The review will inform the development of a Practice Guide that will present the best-known evidence on mentoring and befriending interventions for children and young people.

Our review approach adopts a combined meta-analytical and qualitative approach (Petticrew et al., 2013) applied across two stages, consistent with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) standards and equity extension for PRISMA (PRISMA-E 2012; Welch et al., 2015). We will first map the literature for interventions and models and review intervention components and theory to build an understanding of mentoring and befriending interventions/models and their impacts on outcomes. Following appraisal, we will then synthesise the empirical evidence.



## Research questions

The research questions for this review are:

- **RQ1:** How effective are mentoring and befriending interventions on promoting good outcomes for ‘at-risk’ children and young people and/or those with care experience?
- **RQ2:** What are the different types of mentoring or befriending interventions/models, how are they defined, and which models are more or less effective for different populations of children and young people?
- **RQ3:** What practice elements and intervention components are associated with successful befriending and mentoring relationships for children and young people?
- **RQ4:** What are the enablers and barriers to successful implementation of effective mentoring and befriending interventions for children and young people?
- **RQ5:** What are the views of children and young people (and parents/carers) about the acceptability and usefulness of different mentoring and befriending interventions?

### PICO for research questions

***Population: children and young people who are care experienced, considered at risk of being placed in care, or at risk of poor developmental outcomes***

We will include studies where most participants, or the target for the programme/intervention/practice, are children and young people aged up to 25 years old who are care experienced, considered at risk of being placed in care, or at risk of poor developmental outcomes. We will use the Continuum of Need and response frameworks used by local authorities in multi-agency safeguarding approaches as a framework for identifying appropriate populations. The continuum recommends thresholds for preventative responses that alleviate long-term suffering, monitor progress, and provide tools to transform lives for children and young people at level 2 (early help; receiving targeted and or universal provision outside of child services) and level 3 (children and young people with complex multiple needs who require specialist services) of the continuum. However, there are variations between local areas in how the thresholds for accessing support are applied (All Party Parliamentary Group for Children, 2018).

***Phenomena of interest: mentoring and befriending programmes, interventions and approaches***

We will include studies that examine any intervention, programme, or practice with a form of mentoring or befriending. Studies of multicomponent interventions will be considered for inclusion based on the influence that the mentoring or befriending component has on the overall outcomes. This will be established through the review of intervention components and theory. We will include studies that compare a mentoring or befriending practice or intervention to no practice/intervention or a comparable intervention. For RQ1, studies will need to include a concurrent control or comparison group which did not receive the mentoring or befriending practice or intervention.



## ***Context***

Mentoring programmes are a common strategy in developed countries, but the evaluation literature is predominantly based on studies conducted in the US. For RQ1 –RQ3, we will include studies done in any developed/high-income country. For RQ4 and RQ5, we will include studies and reports of process evaluations done in or across any of the four countries of the UK.

## ***Outcomes of interest***

Within the included studies, outcome measures will be eligible if they draw on (i) dichotomous or continuous variables; and/or (ii) self report or observational data. Studies reporting a range of relevant outcomes will be eligible and we will include studies that address any of the following outcomes:

- Transition from care (i.e., movement from care living into semi-independent/independent living or reunification)
- Placement stability
- Reunification
- Emotional and social behaviours (including –but not limited to– resilience, loneliness, social connectedness, building networks and relationships, identity and belonging)
- Emotional and mental health
- Wellbeing (emotional, mental and physical)
- Employment and training
- Academic outcomes (achieved via community-based interventions).





## Part 2: Identifying relevant work

### Search strategy and search terms

We will carry out systematic searches of academic/bibliographic databases, grey literature sources, and existing UK and international reviews. Preliminary searches will be piloted to inform the development of a final comprehensive search strategy that we will use to search the following databases:

- Medline via Ovid
- APA PsycINFO via ProQuest
- CINAHL via EBSCOhost
- ProQuest Central via ProQuest
- British Education Index via EBSCOhost
- Education Resources Information Center (ERIC) via EBSCOhost.

We will also search grey literature sources including the NSPCC Library catalogue, Community Care Inform Children and OpenGrey. We will also carry out targeted searches of Google Scholar for reports and publications, selected UK Higher Education repositories, and websites of selected organisations.

### Example search strategy

A sensitive search strategy using both indexed (e.g., Medical Subject Headings in Medline) and free-text terms will be developed based on the example search strategy shown below.

	<b>Search terms</b>
1	exp Child/ or exp Child Behavior/ or Child Health/ or Child Development/
2	Adolescent/ or Adolescent Behavior/ or Adolescent Health/ or Adolescent Development/
3	Young Adult/
4	(child or children or kid or kids or "young person*" or "young people" or "young adult*" or youth or youths or youngster* or minor or minors or underage* or under-age* or "under age" or adolescen* or pre-adolescenc* or preadolescenc* or pre-teen* or preteen or teen or teens teenage* or juvenile* or girl or girls or girlhood or boy or boys or boyhood).ti,ab.
5	1 or 2 or 3 or 4
6	Child, Foster/ or Foster Home Care/ or Child Welfare/
7	("care experience*" or "care-experience*" or "care leaver*" or "foster child" or "foster care" or "leaving care" or "looked after" or "looked-after" or "welfare-involved" or "welfare involved").ti,ab.
8	((children or "young people" or youth) adj ("in care")).ti,ab.
9	((("local authority" or foster or "foster home" or "kinship" or "out of home" or "out-of-home" or state or statutory or substitute) adj (care or placement*)).ti,ab.
10	6 or 7 or 8 or 9
11	("at risk" or at-risk or "high risk" or high-risk or vulnerable or vulnerability or disadvantage* or "adverse childhood experience*" or neglect* or abuse* or maltreat* or exploitat* or marginali*).ti,ab.
12	(complex* adj1 (life or lives or lived or living)).ti,ab.



13	11 or 12
14	exp Ethnic Groups/ or exp Minority Groups/
15	(traveller* or roma or romani or gyps* or gips* or nomad* or pavee or minceir or race or ethnic* or minorit* or cultur* or religio*).ti,ab.
16	exp "Transients and Migrants"/ or exp "Emigrants and Immigrants"/ or exp Refugees/
17	(migra* or immigra* or refugee* or asylum or undocumented or unaccompanied).ti,ab.
18	exp Socioeconomic Factors/ or Social Deprivation/
19	(income* or socio-economic or socioeconomic or SES or class or poverty or depriv* or disadvantage* or poor or disab*).ti,ab.
20	14 or 15 or 16 or 17 or 18 or 19
21	Mentoring/ or Mentors/
22	(mentor* or mentee* or befriend* or buddy* or buddies or companion* or "role model*").ti,ab.
23	*Social Support/
24	("informal social support" or "emotional support" or "natural* support" or "supported socialisation" or "supported socialization" or "supported friendship*" or "supported* relationship*" or "intentional socialisation" or "intentional socialization" or "intentional friend*" or "intentional relationship*").ti,ab.
25	((trust* or support* or positive or nurtur* or caring or helping or helpful or intentional) adj3 relationship* adj3 (adult* or non?parent* or non-parent* or non-kin or "non kin" or peer)).ti,ab.
26	21 or 22 or 23 or 24 or 25
27	((transit* or leav*) adj3 care).ti,ab.
28	((reunif* or re-unif* or reunion or restor* or reintegration or preservation or "return home") adj3 (famil* or parent*).ti,ab.
29	((re-entry or reentry or reintroduction or recidivism) adj3 care).ti,ab.
30	((permanency or stability or security or continuity) adj3 (care or placement)).ti,ab.
31	27 or 28 or 29 or 30
32	((social or emotional or social-emotional or socio or socio-emotional or pro-social or prosocial) adj3 (wellbeing or well-being or wellness or learn* or competenc* or skills or behavior* or behaviour*).ti,ab.
33	(resilien* or coping).ti,ab.
34	Adaptation, Psychological/ or Resilience, Psychological/
35	(self-control or "emotional regulation" or self-aware* or self-efficacy or self-regulat* or selfconfiden* or self-management or self-esteem or self-concept).ti,ab.
36	exp Self Concept/
37	Emotional Adjustment/ or Social Adjustment/
38	((social or interpersonal or communication or relationship*) adj2 (skill* or competence* or attribute*).ti,ab.
39	(friendship* or friends).ti,ab.
40	((social or peer or peers) adj2 (group* or network*).ti,ab.
41	(lonel* or "social* isolat*").ti,ab.
42	Social Isolation/ or Loneliness/
43	("social awareness" or socialisation or socialization or "social interaction*" or "social inclusion" or "social connectedness").ti,ab.
44	Social Skills/ or Social Behavior/



45	(delinquen* or anti-social or "anti social" or antisocial or "conduct disorder*" or "risky behavio*" or "problem behavio*" or (behavio* adj problem*)).ti,ab.
46	Problem Behavior/
47	32 or 33 or 34 or 35 or 36 or 37 or 38 or 39 or 40 or 41 or 42 or 43 or 44 or 45 or 46
48	Mental Health/
49	((mental or emotional) adj2 (health or wellbeing or well-being or "well being" or wellness)).ti,ab.
50	((psychological or "psycho social" or psycho-social or psychosocial) adj2 (wellbeing or "well being" or well-being)).ti,ab.
51	(anxiety or anxious or depression or depressed or depressive or stress).ti,ab.
52	48 or 49 or 50 or 51
53	(employ* or unemploy* or workless* or career* or apprenticeship* or traineeship* or qualification* or "skill* training" or "skill* development" or "work experience" or salary or salaries or wage* or income* or earning*).ti,ab.
54	exp Employment/
55	53 or 54
56	((exclusion or exclude* or expulsion or expel* or absent* or truant* or truancy or conflict or violent or violence or disengage*) adj4 school*).ti,ab.
57	((school* or academic) adj2 (achieve* or attain* or engage* or progress* or success or motivat* or connectedness or belonging)).ti,ab.
58	exp Academic Performance/ or Educational Status/
59	56 or 57 or 58
60	47 or 52 or 55 or 59
61	5 and 10 and 26 and 31
62	5 and 10 and 26 and 60
63	5 and 13 and 26 and 60
64	5 and 20 and 26 and 60
65	61 or 62 or 63 or 64
66	limit 65 to (humans and yr="1999 -Current")

## Study selection criteria

### Mapping and refining the scope of the review

The review will initially consider a broad field of research to identify what evidence is available about mentoring and befriending interventions for children and young people. The scope of the review population will be further refined following the identification of the available evidence. Initially, studies which are identified as potentially relevant will be coded for their relevance and usefulness for addressing the review questions as shown below:



Review component	Eligibility criteria
Review of intervention components and theory	Studies that describe the design, development, implementation or evaluation of mentoring and befriending practices, interventions, or models.
RQ1, RQ2 & RQ3	Studies that evaluate the effectiveness of mentoring and befriending interventions.
RQ4 & RQ5	Studies that empirically report on context, implementation and/or acceptability of mentoring and befriending interventions.

## Inclusion criteria

### Population

Children and young people aged up to 25 years old who are care experienced, considered at risk of being placed in care, or at risk of poor developmental outcomes.

The review will initially include a broader field of research so that we can build a clearer idea of the body of research available on mentoring and befriending interventions and how they are targeted towards children and young people identified to be vulnerable to engagement with the care system and/or at risk of poor outcomes. Study inclusion will be refined following discussions with Foundations and their Advisory Group.

**Experience and/or engagement with the care system:** Based on the Continuum of Need used by local authorities we have distinguished three broad sets of criteria for inclusion based on engagement or experience with the care system as follows:

1. The study population of children and young people meet the threshold for risk factors that indicate emerging needs or the need for early help, including (but not limited to) children and young people who would benefit from additional help to: improve education and attainment; meet their specific health and emotional needs; respond to short term temporary crisis within the family.
2. The study population of children and young people meet the threshold for risk factors that indicate complex needs within the family, including (but not limited to): children and young people whose families are impacted by crime (e.g. parental incarceration); neglect; past or current experience of intimate partner violence; substance abuse; child exploitation; poor early years development; severe child socio-emotional and conduct problems; or indicators of poor family relationships.
3. The study population of children and young people is described as having experience of the care system, including children and young people who have been or are currently in care or from a looked-after background (e.g. including adopted children who were previously looked-after). Care may have been provided in any setting, including residential care, foster care, kinship care, out-of-home care or through being looked-after at home with a



supervision requirement. Studies that only include children and young people described as being on ‘the edge/s of care’ or those who are identified as needing support to avoid becoming care experienced will be categorised under criteria 2.

**PROGRESS-Plus populations:** We will include studies undertaken with children and young people who may face inequalities in engagement with the care system along the dimensions of identity defined by the PROGRESS-Plus framework: place of residence, race/ethnicity/culture/language, occupation, gender/sex, religion, social capital, socioeconomic position, age, disability, sexual orientation, other vulnerable groups. (O’Neill et al., 2014; Oliver et al., 2008). Our review will draw upon the social model for protecting children and recognise the social determinants of harm (Featherstone et al., 2018). The model acknowledges that specific groups of children and young people may be at an increased risk of becoming engaged with the care system because of structural and systemic inequalities in society (Bywaters et al., 2016; Bywaters and the Child Welfare Inequalities Project Team, 2020), rather than individualised risk factors. Relevant groups include, for example, children and young people from gypsy, Roma, and traveller communities (Allen & Hamnett, 2022) and refugee, asylum seeking or undocumented migrant status children and young people (Children’s Commissioner, 2023).

### ***Intervention/Comparator***

Mentoring and befriending interventions compared to no practice/intervention or a comparable intervention.

### ***Outcomes***

For studies of children and young people with experience of the care system, the following are outcomes of interest:

- **Transition from care:** Care leavers are defined as a young people aged over 16 leaving local authority care. Outcomes related to the transition out of care into independent living, and that are not otherwise covered below, including measures relating to housing/accommodation and financial needs (and including adverse outcomes, e.g. homelessness).
- **Placement stability:** Any measure of placement stability including (but not limited to) the number of placement moves.
- **Reunification:** Any measure relating to the practice of returning a child to live with their family following a period of local authority care.

**Emotional and social behaviours; emotional and mental health; and wellbeing:** Any validated measure of mental, social, emotional or psychological health or wellbeing, categorised as:

- Emotional distress (e.g. anxiety and depression; loneliness)
- Behavioural outcomes (e.g. positive social behaviour; conduct problems).

**Employment and training:** Employment and/or training status.

**Academic outcomes:** Academic progression and attainment.



## ***Study design***

**Review of intervention components and theory:** Qualitative, quantitative, or mixed method studies.

**RQ1-RQ3:** Randomised, non-randomised or partially randomised or non-randomised pre/post-controlled intervention studies.

**RQ4-RQ5:** Qualitative, quantitative, or mixed method process evaluations.

## ***Context***

High-income countries (as per World Bank classification).

## ***Language***

We will include studies published in the English language.

## **Study records**

Title and abstracts will be screened independently by two reviewers to identify potentially relevant studies. Covidence will be used to manage the review screening processes. Disagreements will be resolved through discussion and a third reviewer will be used to resolve any uncertainties that remain. Following title and abstract screening, a coding framework will be developed to guide the categorisation of the literature. Full-text articles of potentially relevant studies will be obtained and an initial 10% of studies will be screened independently by two reviewers. The remaining studies will be screened by one reviewer. Two reviewers will independently pilot the extraction form and coding framework on a sample of five included studies. Following refinement of the extraction form and coding framework, data from the remaining studies will be extracted and coded by one reviewer. At the full text screening stage, we will use a coding framework to categorise the studies according to the following categories:

- Population focus (universal vs. targeted; care experienced; other ‘at-risk’ population as defined under the study selection criteria)
- Type of evaluation research design (process, impact or outcome evaluation; quantitative, qualitative, or mixed methods approach)
- Other key characteristics related to the review topic including intervention theory (see below) and outcomes under the categories described under the study selection criteria.

Interventions are often developed based on a theoretical context or an assumption that helps to explain why an intervention works or not. We will extract data and attempt to summarise the theory (or theories) of change for mentoring and befriending interventions and the theoretical causal chains that lead from the intervention input to its intended final outcomes (via activities, outputs and intermediate outcomes). We will extract descriptions of theory from relevant studies that detail the design, development, implementation or evaluation of mentoring and befriending interventions or models based on either: (i) the development of a theory of change for a mentoring and befriending practice, intervention or model; (ii) the use of a theory of change in the development of a mentoring and befriending practice, intervention or model; or (iii) the use of a



theory of change or other method of theory-driven evaluation in the evaluation of a mentoring and befriending practice, intervention or model.

For studies that do not provide an explicit description of theory, if feasible, we will infer a theory of change. Using the coding template, we will extract detailed intervention descriptions and information about the intended recipients, key theoretical constructs, mechanisms of change and outcomes from the methods and other descriptions of the study intervention, practice, or model. We will draw on the Template for Intervention Description and Replication (TIDieR) checklist to support development of the template (Hoffman et al., 2014).





## Part 3: Risk of bias assessment

### Review of intervention components and theory

We will adapt existing criteria (Bonell et al., 2013) to form a judgement about the quality of any included theories.

### Quantitative evidence (RQ1–RQ3)

Risk of bias (RoB) assessment will involve the assessment of the internal validity of the individual studies that answer review questions RQ1–RQ3, and assessing the risk that the results may be skewed by bias in study design or execution. We will avoid making assumptions about the trustworthiness of the evidence based on the type of study design. Studies will be assessed with the Cochrane RoB 2 tool for randomised trials (Sterne et al., 2019) and the ROBINS-I tool for non-randomised studies of interventions (Sterne et al., 2016). The RoB 2 tool is structured into five domains of bias, focussing on bias: (i) arising from the randomisation process; (ii) due to deviations from intended interventions; (iii) due to missing outcome data; (iv) in measurement of the outcome; and (v) in selection of the reported result. The ROBINS-I tool evaluates the RoB in the results of non-randomised studies of the effects of interventions. The tool covers seven domains, including bias: (i) due to confounding; (ii) in the selection of participants into the study; (iii) in the classification of interventions; (iv) due to deviations from intended interventions; (v) due to missing data; (vi) in measurement of outcomes; and (vii) in selection of the reported result. RoB assessment will be done independently by two reviewers on a sample of studies (10%) and judgements discussed to ensure consistency and accuracy in how the criteria are applied and to explore and resolve disagreements. Following this process, the remaining assessments will be done independently by one reviewer. We will use the signalling questions/tool algorithms to reach domain-level judgements and an overall judgement on RoB. The RoB assessment will be used to inform the synthesis of the studies' findings and integrated into the overall assessment of the certainty of the body of evidence.

### Process evaluations (RQ4 and RQ5)

The EPPI-Centre<sup>1</sup> identifies three broad issues that need to be considered when appraising a process evaluation: (i) does the study tell you how the intervention was set up and monitored; (ii) does it tell you what resources are necessary for an intervention; and (iii) does it tell you whether the intervention was acceptable to everyone involved. We will use the EPPI-Centre guidance to consider these issues systematically and the Mixed Methods Appraisal Tool (MMAT) (Hong et al., 2018), which can be used to appraise the methodological quality across different study categories (including qualitative research, randomised controlled trials, non-randomised studies, quantitative descriptive studies and mixed methods studies). Assessments using the EPPI-Centre guidance and

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<sup>1</sup> <http://eppi.ioe.ac.uk/cms/default.aspx?tabid=2370&language=en-US>





MMAT will be done independently by two reviewers on a sample of studies (10%) and judgements discussed to ensure consistency and accuracy in how the criteria are applied and to explore and resolve disagreements. Following this process, the remaining assessments will be done independently by one reviewer. The quality assessment will be used to inform the synthesis of the studies' findings across the body of evidence identified within the process evaluations.



## Part 4: Summarising the evidence

We will produce a full systematic review report with an executive summary which summarises the rationale of the project, the methodology, results, and discussion. We will draw out key messages for commissioners and practitioners to support translation, implementation, and action on the evidence for befriending and mentoring interventions. This will include a list of interventions and effective practices summarised in evidence profiles, which detail the intervention/practice's model, target population, eligibility requirements, format, duration, and delivery requirements. We will draw on our experience of developing NICE evidence statements and use other methods – e.g., SUPPORT summaries (Rosenbaum et al., 2011)– and the TRANSFER Approach (Munthe-Kaas et al., 2020) to develop clear direction and priorities based on the evidence that can inform the Practice Guide.

### Review of intervention components and theory

We will use adapted qualitative synthesis methods to guide within-study coding and analysis and map out the intended theory of change for the different models of mentoring and befriending interventions identified in the literature. Common features and differences in practice and programme elements will be assessed and mapped across the included interventions and models.

### Quantitative evidence (RQ1–RQ3)

To address RQ1 *what works*, we will examine the quantitative evidence available in relation to the direction and size of effects reported for mentoring and befriending interventions on the outcomes of interest. Although we are aware that previous meta-analyses have been carried out with respect to mentoring interventions, including by Dubois et al. (2011) and Raposa et al. (2019), we consider that this 'lumping' of interventions may mask important differences across intervention types and models. We will consider the use of standard meta-analytical methods (based on random effects) to address whether an overall effect exists across the body of evidence identified, and to explore the effects of different intervention types and models (see RQ2). If meta-analysis is not feasible, a narrative synthesis will be provided, informed by 'Guidance on the Conduct of Narrative Synthesis in Systematic Reviews' (Popay et al., 2006) and the Synthesis Without Meta-analysis (SWiM) in systematic reviews reporting guideline (Campbell et al., 2020).

To address RQ2 *for whom*, with respect to which models are more or less effective for different populations of children and young people, and RQ3 *how and why*, we will examine moderating factors of intervention effectiveness through moderator analyses. For RQ2, this may involve different approaches and will follow on from the synthesis of evidence for RQ1. For example, we may carry out subgroup analyses or meta-regression analyses (if meta-analysis has been feasible) to examine effect sizes across different populations. Both these methods can suffer from poor statistical power and imprecision if the number of included studies is small. Thus, these analyses will be carefully pre-specified following the mapping review stage to reduce the likelihood of spurious findings. To address RQ3, we will explore if and how different practice elements and intervention components are related to effectiveness. These analyses will be pre-specified following the review of intervention components and theory. If subgroup or meta-regression analyses are not



feasible, we will follow a structured narrative moderator analysis approach. This would involve the systematic and structured tabulation of study level data on effect sizes and direction against practice elements and intervention components. As the delivery of mentoring and befriending programmes occurs within a complex context, we will carefully assess the applicability and transferability of the findings to a UK mentoring context (Phillip, 2003; Busse et al., 2018) and clearly outline the contextual influences on mentoring and befriending programmes.

## Process evaluations (RQ4 and RQ5)

To address RQ4 about *implementation*, we will examine factors that influence implementation through a review of process evaluations that report contextual characteristics impacting on implementation of befriending and mentoring interventions. We will use framework synthesis methods to guide within study coding and analysis of the factors influencing implementation. A coding framework will be developed based on the Context and Implementation of Complex Interventions (CICI) framework (Pfadenhauer et al., 2017). We will also extract user perspectives reflecting the views of children and young people (and parents/carers/mentees/befrienders) about the acceptability, appropriateness, and usefulness of mentoring and befriending interventions. This data will be used to address RQ5 about *users' perspectives and needs* and analysed in parallel with the data about enablers and barriers.

## Equality, diversity, inclusion and equity

As noted under Part 2, our review will adopt a framework consistent with the social model for protecting children (Featherstone et al., 2018). We will map and describe the equality, diversity, inclusion, and equity (EDIE) characteristics of the included studies using PROGRESS-Plus, an acronym that can be used to identify characteristics that stratify health opportunities and outcomes (O'Neill et al., 2014; Oliver et al., 2008).

PROGRESS refers to place of residence, race/ethnicity/culture/language, occupation, gender/sex, religion, education, socioeconomic status, and social capital. Plus refers to (i) personal characteristics associated with discrimination; (ii) features of relationships; and (iii) time-dependent relationships.

We will apply an EDIE lens to our included studies and systematically examine how the individual PROGRESS-Plus characteristics have been considered in the research design, methods, analysis, and interpretation of the findings. We will also explore how studies have engaged or involved disadvantaged, marginalised or vulnerable individuals, groups, and communities. We will extend our review of intervention components and theory to examine and understand how factors associated with the PROGRESS-Plus characteristics might interact with the mechanisms through which the intervention(s) might bring about its effects. We will work with Foundations and their Advisory group to aid our judgements about the applicability of the evidence from an EDIE perspective.



## Registration

This review will be registered with the Open Science Framework (OSF).

## Personnel

**Lisa Jones**, Reader in Public Health, Faculty of Health, LJMU – will be the project Principal Investigator and overall project lead.

**Dr Jane Harris**, Research Fellow, School of Public and Allied Health, Faculty of Health, LJMU – will be a project Co-Investigator and provide day to day project oversight and technical expertise in review design and synthesis.

**Ellie McCoy**, Senior Research Fellow, Applied Health and Wellbeing Team, School of Nursing and Advanced Practice, Faculty of Health, LJMU – will be a project Co-Investigator and provide day-to-day project input to the review of theory, study selection, data extraction and reporting for RQ4 and RQ5 and lead on the involvement and engagement of children and young people in the review activities.

**Nadia Butler**, Research Fellow, School of Public and Allied Health, Faculty of Health, LJMU – will be a project Co-Investigator and provide day-to-day project input to study selection, data extraction and reporting for RQ1, RQ2 and RQ3.

**Dr Emma Ashworth**, Senior Lecturer in Psychology, School of Psychology, Faculty of Health, LJMU – will be a project Co-Investigator and involved as a subject expert in risk and resilience among children and young people.

**Dr Lorna Brookes**, Reader in Parental Imprisonment, School of Education, Faculty of Arts, Professional and Social Studies, LJMU – will be a project Co-Investigator and involved as a subject expert in children's experience of parental imprisonment and delivery of mentoring programmes.

**Professor Zara Quigg**, Professor in Behavioural Epidemiology, School of Public and Allied Health, Faculty of Health, LJMU – will be a project Co-Investigator and involved as a subject expert in system wide approaches to preventing ACEs/trauma.



# Timeline

<b>Dates</b>	<b>Activity</b>	<b>Staff responsible/ Leading</b>
<b>February– March–April 2024</b>	Finalisation of protocol	Lisa Jones, Jane Harris
<b>March–April 2024</b>	Searches and screening	Lisa Jones, Jane Harris, RA
<b>March–May 2024</b>	Mapping and coding	Lisa Jones, Jane Harris, Ellie McCoy, Nadia Butler, RA
<b>April–May 2024</b>	Review of intervention theory and components	Lisa Jones, Jane Harris, Ellie McCoy, RA
<b>May–August 2024</b>	Synthesis of empirical evidence	Lisa Jones, Nadia Butler, RA
<b>14 August 2024</b>	Early findings for Advisory Group	Lisa Jones, Jane Harris
<b>August– September 2024</b>	Report writing	All
<b>w/b 16 September 2024</b>	First draft sent out for peer review	Lisa Jones
<b>October 2024</b>	Draft report finalised	Lisa Jones, Jane Harris
<b>November 2024</b>	Systematic review published	



## References

- All Party Parliamentary Group for Children. (2018). *Storing up trouble: a postcode lottery of children's social care*. London: National Children's Bureau.
- Allen, D., & Hamnett, V. (2022). Gypsy, Roma and Traveller children in child welfare services in England. *British Journal of Social Work*, 52(7), 3904-3922.
- Armitage, H., Heyes, K., O'Leary, C., Tarrega, M., & Taylor-Collins, E. (2020). *What makes for effective youth mentoring programmes: A rapid evidence summary*. London, UK: Nesta.
- Axford, N., Bjornstad, G., Matthews, J. Whybra, L., Berry, V., Obioha, C. et al. (2021). The effectiveness of a community-based mentoring program for children aged 5–11 years: results from a randomized controlled trial. *Prevention Science*, 22, 100–112.
- Bonell, C.P., Jamal, F., Harden, A., Wells, H., Parry, W., Fletcher, A., et al. (2013). Systematic review of the effects of schools and school environment interventions on health: evidence mapping and synthesis. *Public Health Research*, 1(1).
- Busse, H., Campbell, R., & Kipping, R. (2018). Examining the wider context of formal youth mentoring programme development, delivery and maintenance: a qualitative study with mentoring managers and experts in the United Kingdom. *Child and Youth Services Review*, 95, 95-108.
- Bywaters, P., Brady, G., Sparks, T., & Bos, E. (2016). Inequalities in child welfare intervention rates: The intersection of deprivation and identity. *Child & Family Social Work*, 21(4), 452-463.
- Bywaters, P., & the Child Welfare Inequalities Project Team. (2020). *The Child Welfare Inequalities Project: Final report*. London: Nuffield Foundation.
- Campbell, M., McKenzie, J.E., Sowden, A., Katikireddi, S.V., Brennan, S.E., Ellis, S., et al. (2020) Synthesis without meta-analysis (SWiM) in systematic reviews: reporting guideline. *BMJ*, 16, 368.
- Children's Commissioner. (2018). *Forging futures through mentoring. A risk worth pursuing?* London: Children's Commissioner for England.
- Children's Commissioner. (2023). *Unaccompanied children in need of care*. London: Children's Commissioner for England.
- Department of Health and Department of Education. (2021). *A Life Deserved: "Caring" for children and young people in Northern Ireland*. Department of Health: Belfast.
- DuBois, D.L., Holloway, B.E., Valentine, J.C., & Cooper, H. (2002). Effectiveness of mentoring programs: A meta-analytical review. *American Journal of Community Psychology*, 30, 157–197.
- DuBois, D.L., Portillo, N., Rhodes, J.E., Silverthorn, N., & Valentine, J.C. (2011). How effective are mentoring programs for youth? A systematic assessment of the evidence. *Psychological Science in the Public Interest*, 12(2), 57-91.
- Featherstone, B., Gupta, A., Morris, K. M., & Warner, J. (2018). Let's stop feeding the risk monster: Towards a social model of 'child protection'. *Families, Relationships and Societies*, 7(1), 7–22.



- Grossman, J. B., & Tierney, J. P. (1998). Does Mentoring Work?: An Impact Study of the Big Brothers Big Sisters Program. *Evaluation Review*, 22(3), 403-426.
- Hoffmann, T.C., Glasziou, P.P., Boutron, I., Milne, R., Perera, R., Moher, D., et al. (2014). Better reporting of interventions: template for intervention description and replication (TIDieR) checklist and guide *BMJ*, 348, g1687.
- Hong, Q.N., Fàbregues, S., Bartlett, G., Boardman, F., Cargo, M., Dagenais, P., et al. (2018). The Mixed Methods Appraisal Tool (MMAT) version 2018 for information professionals and researchers. *Education for Information*, 34(4), 285-91.
- Munthe-Kaas, H., Nøkleby, H., Lewin, S., & Glenton, C. (2020). The TRANSFER Approach for assessing the transferability of systematic review findings. *BMC Medical Research Methodology*. 2020, 20(1), 1-22.
- NHS England. (2019). *The NHS Long Term Plan*. HM Government: London
- Northern Ireland Executive. (2020). *Children and Young People's Strategy. 2020-2030*. Northern Ireland Executive: Belfast.
- Okland, I., & Oterholm, I. (2022). Strengthening supportive networks for care leavers: A scoping review of social support interventions in child welfare services. *Children and Youth Services Review*, 138, 106502.
- Oliver, S., Kavanagh, J., Caird, J., Lorenc, T., Oliver, K., & Harden, A. (2008). *Health promotion, inequalities and young people's health. A systematic review of research*. London: EPPI Centre, Social Science Research Unit, Institute of Education, University of London.
- O'Neill, J., Tabish, H., Welch, V., Petticrew, M., Pottie, K., Clarke, M. et al. (2014). Applying an equity lens to interventions: using PROGRESS ensures consideration of socially stratifying factors to illuminate inequities in health. *Journal of Clinical Epidemiology*. 2014; 67: 56-64
- Petticrew, M., Rehfuess, E., Noyes, J., Higgins, J.P., Mayhew, A., Pantoja, T., et al. (2013). Synthesizing evidence on complex interventions: how meta-analytical, qualitative, and mixed-method approaches can contribute. *Journal of Clinical Epidemiology*, 66(11), 1230-43.
- Pfadenhauer, L.M., Gerhardus, A., Mozygemba, K., Lysdahl, K.B., Booth, A., Hofmann, B. et al. (2017). Making sense of complexity in context and implementation: the Context and Implementation of Complex Interventions (CICI) framework. *Implementation Science*, 12(1), 1-7.
- Phillip, K. (2010). Youth mentoring: the American Dream comes to the UK? *British Journal of Guidance and Counselling*, 21,101-112.
- Phillip, K., & Spratt, J. (2007). *A synthesis of published research on mentoring and befriending*. Aberdeen, UK: The Rowan Group, University of Aberdeen.
- Popay, J., Roberts, H., Sowden, A., Petticrew, M., Arai, L., Rodgers, M., et al. (2006). Guidance on the conduct of narrative synthesis in systematic reviews. A product from the ESRC methods programme 1(1):b92.



Raposa, E.B., Rhodes, J., Stams, G.J., Card, N., Burton, S., Schwartz, S., et al. (2019). The effects of youth mentoring programs: A meta-analysis of outcome studies. *Journal of Youth and Adolescence*, 48, 423-43.

Rhodes, J., & Lowe, S.R. (2008). Youth mentoring and resilience: implications for practice. *Child Care in Practice*, 14, 9-17.

Rosenbaum, S.E., Glenton, C., Wiysonge, C.S., Abalos, E., Mignini, L., Young, T., et al. (2011). Evidence summaries tailored to health policy-makers in low-and middle-income countries. *Bulletin of the World Health Organization*, 89, 54-61.

Scottish Government. (2022). Getting it right for every child policy statement. Scottish Government: Edinburgh

Sterne, J.A.C., Hernan, M.A., Reeves, B.C., Savovic, J., Berkman, N.D., Viswanathan, M. et al. (2016). ROBINS-I: a tool for assessing risk of bias in non-randomised studies of interventions *BMJ*, 355, i4919.

Sterne, J.A.C., Savovic, J., Page, M.J., Elbers, R.G., Blencowe, N.S., Boutron, I. et al. (2019). RoB 2: a revised tool for assessing risk of bias in randomised trials *BMJ*, 366, l4898.

UK Government. (2023). Government to invest further in mentoring and employment opportunities to help reduce offending and violent crime 29/09/2023 Available at: <https://www.gov.uk/government/news/government-to-invest-further-in-mentoring-and-employment-opportunities-to-help-reduce-offending-and-violent-crime>

Webb, C., Bywaters, P., Scourfield, J., Davidson, G., & Bunting, L. (2020). Cuts both ways: Ethnicity, poverty and the social gradient in child welfare interventions. *Children and Youth Services Review*, 117, 105299.

Welch, V., Petticrew, M., Petkovic, J., Moher, D., Waters, E., White, H. et al. (2015). Extending the PRISMA statement to equity-focused systematic reviews (PRISMA-E 2012): explanation and elaboration. *International Journal for Equity in Health*, 92.

Welsh Government. (2022). Children and Young People's Plan. Welsh Government: Cardiff