



## **PEER MENTOR HANDBOOK**

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## **The Mentor Role Description**

### **Peer Mentoring for Young Women in Care**

As a participant in the Carmen study, your role involves both acting as a peer mentor and a research participant. Your role as a mentor will involve offering support, advice and guidance to a young woman, organising social activities for the two of you and accompanying her to appointments and interviews where appropriate. In addition, as a research participant in this study, you will assist the research team in assessing the effectiveness of the peer mentoring. Your role as both a peer mentor and research participant is outlined below. It may be helpful for you to retain this information and refer to it during mentoring to ensure you understand the responsibilities of your role.

<b>Mentoring</b>	<b>Research Participant</b>
<ul style="list-style-type: none"> <li>- Being a consistent, approachable and available person for a young woman in care for 12 months.</li> <li>- Providing support, advice &amp; guidance.</li> <li>- Behaving in an appropriate and professional manner.</li> <li>- At least one hour of face to face contact per week.</li> <li>- Engaging in activities by mutual agreement.</li> <li>- Encouraging mentees to seek help as appropriate.</li> <li>- Attending appointments as and when agreed by you and your mentee.</li> <li>- Adhering to safeguarding procedures.</li> <li>- Taking responsibility for appropriate mobile phone usage.</li> <li>- Managing monies for activities with mentee.</li> <li>- Liaising with project coordinator (P.C) about receipt of personal payments and travel expenses.</li> <li>- Contacting P.C about any difficulties in relationship, personal concerns or child protection concerns.</li> <li>- Ending the relationship in a planned, sensitive and safe way.</li> </ul> <p><b>Training and support</b></p> <ul style="list-style-type: none"> <li>- Attending 3.5 days of initial training facilitated by NCB.</li> <li>- Attending initial three-way meeting between P.C, mentee &amp; mentor</li> <li>- Attending monthly group support sessions with P.C.</li> <li>- Attending booster training facilitated by NCB after four months and at the end of mentoring.</li> <li>- Attending three way meeting between mentee, mentee's social worker &amp; mentor at ten months to ensure smooth relationship end.</li> <li>- Completing an ASDAN qualification (optional)</li> </ul>	<ul style="list-style-type: none"> <li>- Attending 3.5 days of training, at which the researchers will outline the nature of research activities.</li> <li>- Completing a short feedback questionnaire and taking part in a focus group about the experience of training.</li> <li>- Answering questions at the beginning and end of the mentoring year about your care history, general health, education, self-esteem, mood and motivations and expectations for becoming a peer mentor.</li> <li>- Completing a weekly diary entry to reflect on the mentoring each week.</li> </ul>



## Role of Project Coordinator - The Carmen Study

**The following is a description of the role of the project coordinator. This is provided to ensure you are aware of their responsibilities to you in supporting the mentoring role and duties on the project as a whole. Your local project coordinator should be your first port of call for any help, questions, queries or concerns regarding your peer mentoring role.**

### ROLE OVERVIEW

To provide clear management support to the project and be responsible for recruiting mentors and mentees. Main tasks include acting as a clear and consistent support contact person for mentors throughout the intervention.

### MAIN TASKS

- To provide clear management support to project
- To commit at least 3 hours per week to the project
- To liaise with members of mentors and mentees' care network
- To attend half a day mentor training facilitated by NCB
- To facilitate and attend the initial three way meeting between mentor and mentee
- To help mentors to identify a member of mentees' care team who will attend a three way meeting (mentor, mentee and social worker) at ten months to identify a meaningful exit strategy
- To support mentors through monthly group supervision sessions and ad hoc support. This is to ensure mentor-mentee relationship is

manageable and appropriate

- Attend PC and mentor training booster session at four months and at end of intervention
- To manage and distribute funds allocated to mentors as payment in recognition of their role and mentor related activities and expenses
- To complete time sheets to record time spent on project and expense claim forms to record any spending on project
- To send all time sheets and invoices to research team
- To work with research team to achieve key targets as required
- To ensure appropriate staff cover is in place in case of absence or leaving post and ensure contact details are passed to researchers and mentors

**This will involve:**

#### **Mentor recruitment and training**

- Identifying, in partnership with other professionals, young women (potential mentors aged 19-25). Provide them with information sheets about the project
- Assisting researchers to arrange mentor training i.e. location etc
- Supporting mentors to attend training
- Supporting young people to complete CRB form 2/3 months before training and obtain identity documents
- Identifying and providing researchers with local sources of support and information to include in mentor training pack

#### **Mentee recruitment and selection**

- Taking the lead in ensuring information about the project is shared with social workers, carers and other professionals linked to potential mentees' (young women aged 14-18) so these professionals can support coordinator to identify potential mentees
- Taking the lead in ensuring potential mentees are given information sheets and have details of the project explained to them

- Ensuring researchers have sufficient information to arrange a meeting with mentee to gain informed consent

### **Mentoring support**

- Supporting mentors to ensure their mentor-mentee relationship is manageable and appropriate through monthly group supervision sessions and ad hoc support
- Supporting mentors to gain ASDAN accreditation
- Supporting mentors to attend a group training booster session facilitated by NCB at four months and a session at end of intervention
- Working to ensure regular communication between all professionals involved with mentors and mentees as appropriate e.g. personal advisors, social workers and the research team
- Supporting mentors with exit strategy to identify a member of mentees' care team who will agree to follow up on mentee's wellbeing

### **Project Coordinator Contact Details**

Cheryl Campbell Tel: [REDACTED] Email: [REDACTED]

Evette Grant Tel: [REDACTED] Email: [REDACTED]

The project coordinator role will be shared between Cheryl and Evette. They will explain to you how they are splitting the role.

## Important Values for Peer Mentors

Your relationship with the mentee needs to be based upon:

- **Respecting her** for who she is
- **Empowering her** to make informed choices
- **Supporting and encouraging her** to develop self-esteem, self-confidence and self-reliance

**Recall how you felt when you were a younger teenager.** Remember that adolescence is a difficult time. One moment, a teenager is striving for separate identity and independence, and the next moment urgently needs an adult's support.

**Remember that mentees want mutually respectful conversations.** Avoid telling them what to do or say or feel. Share your feelings, values, and attitudes *and* listen to and learn about theirs. Remember that you cannot dictate anyone else's feelings, attitudes, or values.

**Don't assume that your mentee is sexually experienced or inexperienced, knowledgeable or naive.** Listen carefully to what your mentee is saying and/or asking. Check out that you truly understand what they are saying or asking. Respond to the mentee's actual or implied questions, not to your own fears or worries.

**Don't underestimate your mentee's ability to weigh the advantages and disadvantages of various options.** Mentees have values, and they are capable of making mature, responsible decisions, especially when they have all the needed facts and the opportunity to discuss options with a supportive adult. If you give your mentee misinformation she may lose trust in you, just as she will trust you if you are a consistent source of clear and accurate information. Of course, a mentee's decisions may be different from ones you would make; but that goes with the territory.



## Ethics & Accountability

Ethics are moral principles that guide a person's behaviour; generally they are about what's right and what's wrong. When we work with people we have to be really thoughtful about whether our actions are ethically and morally right because we don't want to make matters worse for the mentee or cause them harm.

The European Mentoring and Coaching Council (2008) says that mentors are required to

*'act within the law and not encourage, assist or collude [meaning act together] with others engaged in conduct which is dishonest, unlawful, unprofessional or discriminatory'*

This means that in peer mentoring practice, ethics are about:

- Relationships - how people relate to each other
- Responsibility - for yourself, for others, for your decisions and actions
- Respect for others and respect for difference
- Reflecting (using the 3Ps)

As the adult in the relationship you are responsible for what you say and do, so that makes you *accountable*. Two questions to ask yourself if you are faced with an ethical dilemma:

- Is what I'm thinking of doing or being asked to do dishonest, illegal, unprofessional or discriminatory?
- Might it hurt anyone?

If your answer is yes or maybe to any of these questions, talk it over with your project co-ordinator.

## Professional Boundaries – the 3Ps

Your boundaries help you to be professional, to take care of the mentee's emotions and to look after yourself. The professional boundaries of the peer mentor can be described in terms of three dimensions: the professional, the personal, and the private.

**The private peer mentor** sets the boundaries of what is *not* shared with the mentee. The private peer mentor is who you are with those closest to you, and the experiences you have had that may have shaped who you are but which you do not share with the mentee. As a peer mentor you will want to use your own experience of being in care to understand what might be happening for the mentee, but there are some things that you won't want to share. It's really important that you have a good think and make decisions about what you do and don't want to share. For example, you might not want to tell your mentee the details about any abuse that you suffered, but you might decide that it would be in the mentee's best interests to talk about how you coped with it and who you got good support from. When you talk to your project co-ordinator or in your support group you can talk about what is private to you, as this can help you to understand how to have a better relationship with the mentee. The project co-ordinator will keep your private things private, but the mentee doesn't have to.

**The personal peer mentor** is the parts of you and your experiences that you *do* share with the mentee. As a peer mentor you will have some valuable understanding about the mentee's situation because you have probably experienced something similar, and this can be really useful and helpful. You must carefully think about what parts of your own experiences you are happy to share with your mentee. Anything that you do share with her must be in her best interests, not because you want to talk about it, but because talking about your experience will, or could, help her. Remember that although your mentee might understand that you don't want everyone to know what you've told her about yourself, you cannot ask her to keep it secret.

**The professional peer mentor** helps you to understand mentee and their behaviour through theories, laws and policies. The professional peer mentor supports and protects you in having a professional & personal relationship with the child; it helps you make sense of the child's actions and reactions through reflecting on what has happened. For example, if you are worried about your mentee's relationship with her boyfriend you would use the professional peer mentor to apply what you learned on the training course about healthy and unhealthy relationships, keeping safe and minimising risks

and safeguarding children. The professional peer mentor would remind you to talk to the project co-ordinator about your concerns.

## **Confidentiality**

Mutual trust and confidentiality are central to the success of any mentoring relationship. It is essential that mentors respect the confidentiality of what is discussed within the relationship. However there are exceptions and these can normally be put in three categories:

1. the disclosure of information with the explicit agreement of the mentee (this will include the information that you agree with the mentee to pass on to the researchers);
2. where the mentor believes that there is convincing evidence of serious danger to the mentee or others if the information is withheld (e.g. mentee tells you that she or her friends are planning to hurt someone tonight)
3. where disclosure is required by law for example where it concerns child protection issues (e.g. if you find out that the mentee is in a dangerous relationship).

In general, you must only share information about your mentee with people who need to know, and not to anyone else, including your friends and family.

It is very important that you discuss confidentiality with your mentee right at the start of your relationship, and to keep checking that your mentee understands what this means. **If you are ever unsure about whether to keep something confidential or not, talk it over with your project co-ordinator.**

## **Safeguarding Children and Child Protection**

### **The Basic Principles**

- The child's welfare is paramount
- All children whatever their age, gender, racial origin, language, religious belief, disability, class or culture have the right to protection from abuse
- Safeguarding children is the responsibility of everyone
- If somebody believes that a child may be suffering, or is at risk of suffering significant harm, they should always refer the concern to Children's Services or the Police

- All allegations and suspicions of abuse will be taken seriously and responded to swiftly and appropriately.

## **What is Child Abuse**

Child abuse is the term used to describe how children are significantly harmed, often by adults but also by other children and young people. Children with special needs are particularly vulnerable and in need of special care. Children are mainly abused by the people they know and trust. Abuse may happen at home, within the family, with friends, within close relationships or within a public place such as school or a sports centre. The abuse or neglect of children can have major long term effects on all aspects of a child's health, development or wellbeing.

## **Recognising Abuse**

It is not always easy, even for those with specialised training, to recognise child abuse. Not all people working with children are expected to be experts at such recognition. Significant harm includes anything which impairs a child's social or physical development, or well-being. Any concerns about the welfare of a child should be discussed with the project co-ordinator as soon as possible. If they are not available, Children's Services can be contacted for advice or to make a referral (see Contacts section). If there is any concern that a child is in immediate danger, Children's Services or the Police should be contacted without delay.

## **Protecting yourself and your mentee**

Your welfare is important to us. The following is a list of safeguards designed to protect your welfare and the welfare of your mentee. Please read these carefully and make sure you adhere to them.

### **Before beginning mentoring**

- If you consent to take part in the Carmen study, the researchers will ask you if there are any characteristics that a young woman may have, that you feel you would not feel comfortable working with. Mentees will be asked the same. The purpose of doing this is to increase the chances of your relationship being successful and to ensure both you and your mentee are as safe as possible in each other's company.
- The initial contact between you and your mentee will take place in a three-way meeting with the project coordinator. The purpose of this meeting is to provide both you and your mentee with initial support and

define the aims, roles, responsibilities, length and boundaries of the relationship.

### **During mentoring**

- You should use the mobile phone and email address provided by the research team to contact your mentee. You should not use your personal mobile or add your mentee as a friend on social networking sites.
- You can decide on the activities you want to do with your mentee. If on occasion you would like to, you are permitted to save up your money to spend on a special activity. However you should not spend money on presents for your mentee.
- When meeting with your mentee each week, it is important that the project coordinator knows where you are. Once you have arranged a meeting with you mentee, you must inform the project coordinator of the date, time, estimated length, and location of the planned activity (by text is fine). Do not forget to inform the project coordinator after the meeting so they know you are safe.
- During the meeting with your mentee, you should keep your mentor phone on in case the project coordinator needs to contact you.
- If you have an emergency, you can use your mentor phone to call the project coordinator and /or social services emergency duty team or police.

### **Support from your project coordinator**

- You will have a meeting once a month with the project coordinator. The meeting is designed to allow you to reflect on your relationship with your mentee and provide an opportunity to feedback any concerns or issues. The meetings will also allow the project coordinator to support you with any difficulties that you have.
- Outside of the support meetings, you should contact the project coordinator if any difficulties arise in the relationship with your mentee that you would like advice on or feel unable to cope with.
- If you have immediate concerns about the safety of your mentee, contact the project coordinator. If they are unavailable you should contact the mentee's social worker. Outside of working hours, you should contact the social services emergency duty team or the police.

## Contraception and Sexually Transmitted Infections

### 20 facts

1. There is no method of contraception that is 100% effective.
2. A woman who does not use any form of birth control has an 85% chance of getting pregnant within one year.
3. For birth control methods to be effective, they must be used correctly and consistently.
4. Taking medications, such as antibiotics, can reduce the effectiveness of birth control pills.
5. When used correctly, condoms (rubbers) can greatly reduce the risk of pregnancy and STIs, such as Herpes, Gonorrhoea, Syphilis, Chlamydia, Hepatitis B, and AIDS.
6. At least one in two sexually active Americans will contract a sexually transmitted infection/disease (STI) by age twenty-five.
7. Every year, there are at least 19 million new cases of STDs/STIs, some of which are curable.
8. STDs can be passed from one person to another through vaginal, anal or oral intercourse.
9. Some STIs, such as syphilis and herpes, can be passed through kissing.
10. Birth control pills and diaphragms do not protect against STIs.
11. Though the likelihood of getting genital warts can be decreased by condom use, contagious warts may exist elsewhere (such as on buttocks, inner thighs, outer lips).
12. Dental dams or plastic wrap need to be used in oral sex to prevent the transmission of STIs.
13. For additional protection against pregnancy, latex condoms can be used in conjunction with a spermicide. (However, if a person is allergic to spermicide, the resulting irritation can increase the potential for sexually transmitted infection).
14. When using a latex condom it is very important that you DO NOT use an oil-based lubricant (such as massage oil, baby oil or Vaseline). Oil can damage the latex very quickly destroying the condom. (Use water-based lubricants, such K-Y jelly or liquid instead).
15. Many people with STDs, such as Gonorrhoea, HIV+, Chlamydia, and Herpes, show absolutely NO visible symptoms.
16. Medical tests can determine if you or your partner have an STD.
17. Some STDs can be easily treated and cured.
18. Some STDs may stay in the system causing health problems or requiring medications forever.
19. Some STDs, such as Chlamydia and Gonorrhoea, can cause sterility in a man or a woman, meaning they will never conceive a child.
20. The more sexual partners you have the greater your risk of getting an STD.

	<b>Condom</b>	<b>Combined Pill</b>	<b>Mini Pill</b>	<b>Contraceptive Implant</b>	<b>Contraceptive Injection</b>
Other names?	Each brand has different name	Each brand has different name	Each brand has different name	Implanon®	Depo-Provera®
Protection against pregnancy?	✓	✓	✓	✓	✓
Protects against STIs?	✓	✗	✗	✗	✗
Reliability rate	85- 98%	92-98%	92-98%	99%	97%
Affected by vomiting/diarrhoea?	✗	✓	✓	✗	✗
Affected by antibiotics?	✗	✓	✓	✗	✗
Affected by taking St John's Wort?	✗	✓	✓	✓	✗
Stops sperm entering the vagina?	✓	✗	✗	✗	✗
Prevents ovulation?	✗	✓	✓	✓	✓

<p>How to use – key facts</p>	<ul style="list-style-type: none"> <li>!!! Check packet isn't damaged.</li> <li>!!! Check use by date.</li> <li>!!! Check for BSI or CE kitemark.</li> <li>!!! Avoid oil based lubricants.</li> <li>!!! Squeeze the tip before putting on.</li> <li>!!! Remove carefully.</li> </ul>	<ul style="list-style-type: none"> <li>!!! Use condoms for 7 days if you miss a pill, or have vomiting, diarrhoea or are on certain medications.</li> <li>!!! 27 different types, request to change brand if necessary.</li> <li>!!! Follow instructions from Doctor for when to start taking the pill.</li> </ul>	<ul style="list-style-type: none"> <li>!!! Take at the same time every day.</li> <li>!!! Use condoms for 7 days if you take a pill more than 3 hours late, have vomiting, diarrhoea or are on certain medications.</li> <li>!!! Follow instructions from Doctor for when to start taking the pill.</li> </ul>	<ul style="list-style-type: none"> <li>!!! Doctor / health professional will anaesthetise the area and then insert the 40mm implant.</li> <li>!!! Follow Drs instructions – if implant put in after the first 5 days of your cycle you will need to use condoms for 7 days.</li> </ul>	<ul style="list-style-type: none"> <li>!!! Ensure you do not miss your next injection.</li> <li>!!! Follow instructions from Doctor/Pharmacist.</li> <li>!!! Use with caution if under 18, can have effect on bone density and lead to osteoporosis.</li> </ul>
<p>Advantages</p>	<ul style="list-style-type: none"> <li>+ Both partners can take responsibility.</li> <li>+ Easily available, free from some clinics</li> <li>+ Various sizes and designs.</li> </ul>	<ul style="list-style-type: none"> <li>+ Can reduce heavy periods and period pains.</li> <li>+ Highly effective when used properly.</li> </ul>	<ul style="list-style-type: none"> <li>+ Can reduce heavy periods and period pains.</li> <li>+ Highly effective when used properly.</li> </ul>	<ul style="list-style-type: none"> <li>+ Once in you can forget about it for 3 years.</li> <li>+ Not affected by vomiting / diarrhoea</li> <li>+ Fertility returns to normal once</li> </ul>	<ul style="list-style-type: none"> <li>+ Can reduce heavy periods and period pains.</li> <li>+ Don't have to worry about remembering to take a pill each day.</li> </ul>



				removed.	
Disadvantages	<ul style="list-style-type: none"> <li>- Some couples state that condoms affect enjoyment of sex, try different styles to find one that works for you.</li> </ul>	<ul style="list-style-type: none"> <li>- No protection against STIs</li> <li>- May cause side effects.</li> <li>- Affected by medication &amp; illness.</li> </ul>	<ul style="list-style-type: none"> <li>- Must be taken at the same time each day.</li> <li>- No protection against STIs</li> <li>- May cause side effects.</li> <li>- Affected by medication &amp; illness.</li> </ul>	<ul style="list-style-type: none"> <li>- No protection against STIs</li> <li>- May cause continuous or erratic bleeding (or may stop your periods altogether)</li> <li>- May cause side effects.</li> </ul>	<ul style="list-style-type: none"> <li>- No protection against STIs</li> <li>- May cause irregular or continuous bleeding.</li> <li>- Cannot be reversed early.</li> <li>- Fertility can take up to a year to return to normal.</li> </ul>

## Emergency contraceptives

	<b>Emergency Contraceptive Pill (Levonelle) aka “Morning after pill”</b>	<b>Coil or IUD</b>
How do I use it?	2 tablets, the second taken 12 hours after the first. It is essential to then use a barrier (condoms) until your next period.	Small ‘T’ shaped piece of copper and plastic placed through the cervix into the uterus by a trained health professional.
When can I use it?	Up to 72 hours after unprotected sex. (A new emergency contraceptive pill called ellaOne can be taken up to 5 days after unprotected sex, though this is not easily available so do not wait relying on this to cover you.)	Up to 5 days after unprotected sex.
How effective is it?	Taken within the first 24 hours: 95% 25-48 hours: 85% 49-72 hours: 58%	99%
Where can I get it?	Prescribed by GP, walk in NHS clinics, sexual health/GUM clinics, some A&E departments (ring first to check) or directly from pharmacy if aged 16 or over.	GP, sexual health or GUM clinic.
What does it cost?	Free with a prescription from your GP or family planning clinic, or around £25 when obtained directly from a pharmacy	Free

## Teenage Pregnancy and Parenting

Teenage Pregnancy rates in England and Wales are amongst the highest in the western world. The 2010 rate for under 18 conceptions is 38.3/1000 girls. This rate includes conceptions that lead to termination, or miscarriage.<sup>1</sup>

Whilst teenage parenthood can be a positive experience for some, children of teenage parents are more likely to grow up in households where no one works (and therefore living in poverty), and are more likely to be raised by single parents and are more likely to have unsettled childhood factors than children of older parents.<sup>2</sup> Concern is raised for the teenage parents themselves as a pregnancy is cited to increase the likelihood of interruption in life goals, such as career or education goals, and therefore the ability to become financially independent longer term can be reduced. In addition they are three times more likely to suffer from post-natal depression, and have an increased likelihood of suffering from mental health problems in the first three years after giving birth. Pregnant teenagers are more likely to smoke during pregnancy, and 50% less likely to breastfeed, both factors having negative health implications for the child.<sup>3</sup>

### Who becomes a pregnant teenager?

Young people in care are three times more likely to become a young parent than their non LAC peers.<sup>4</sup>

Those with low self esteem.

Poor educational achievement<sup>5</sup>

Low levels of aspiration

Children of teenage parents themselves<sup>6</sup>

Living in Poverty<sup>7</sup>

Dislike of school / poor attendance<sup>8</sup>

Young people previously in trouble with the police (2 times more likely)<sup>9</sup>

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<sup>1</sup> Office for National Statistics, 2010

<sup>2</sup> SEU (1999) *Teenage Pregnancy* London: The Stationary Office

<sup>3</sup> Department of Health, 2006 *Teenage Pregnancy: working towards 2010 Good practice and self-assessment toolkit* London: DoH

<sup>4</sup> **Barn, R; Andrew, L. and Mantovani, N. (2005)** *Life After Care: A study of the experiences of young people from different ethnic groups* York: JRF/The Policy Press.

<sup>5</sup> Kiernan, K.E. (1997). Becoming a young parent: A longitudinal study of associated factors. *British Journal of Sociology* 48(3): 406-428

<sup>6</sup> Botting et al (1998) *Teenage Mothers and the Health of their Children* ONS Population Trends

<sup>7</sup> SEU (1999) *Teenage Pregnancy* London: The Stationary Office

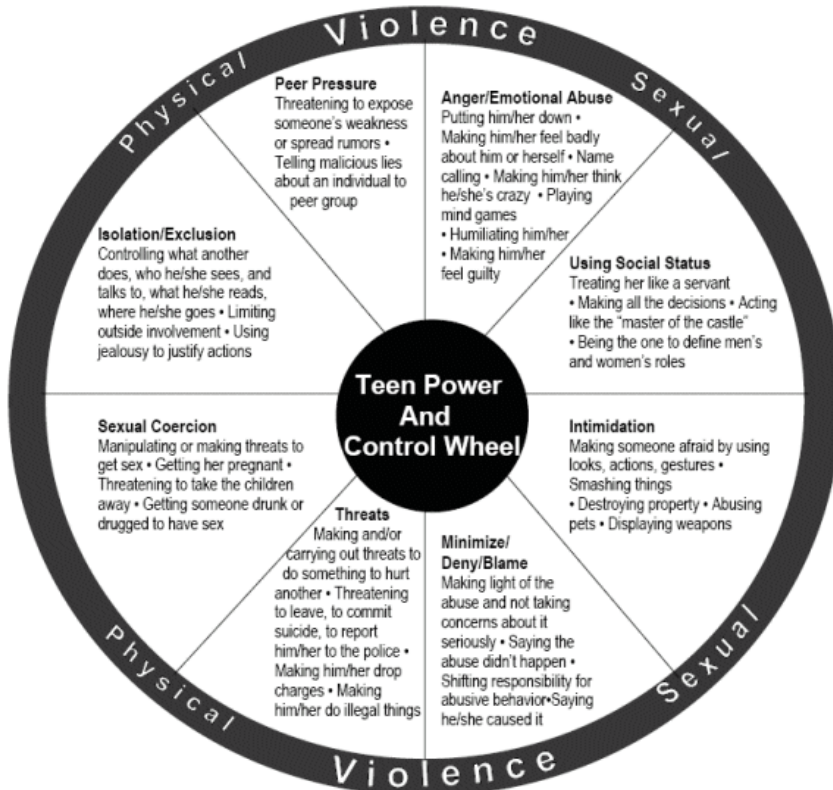
<sup>8</sup> Kiernan, K.E. (1997). Becoming a young parent: A longitudinal study of associated factors. *British Journal of Sociology* 48(3): 406-428

<sup>9</sup> Botting et al (1998) *Teenage Mothers and the Health of their Children* ONS Population Trends

Many teenage parents do a fantastic job as parents, however they are statistically more likely to find parenthood much harder and for the child growing up with a young parent the impacts mean that there is a large amount of focus on trying to reduce the rates of teenage pregnancy and delay parenthood. As a mentor working on increasing your mentees self esteem, aspirations and options on leaving care may reduce the risk factors that can lead to teenage pregnancy.

### **Keeping Safe and Minimising Risks**

Having an understanding about what a healthy and an unhealthy relationship is can help mentees to make good decisions about their partners and minimises the risks of being involved with a person who can harm you.



## **Keeping safer when you're out**

- 👉 Charge your phone and make sure you have credit and some cash
- 👉 Let someone know where you are going & when you expect to be back
- 👉 Take a personal alarm, put it in your pocket while you're walking
- 👉 Plan how you will get home, and take cab numbers
- 👉 Don't advertise your valuable stuff (like phone, MP3 player, jewellery)
- 👉 Make sure that no-one can put anything in your drinks without you noticing

## **Safer use of internet and social networking**

There are lots of sites around that allow you to talk to other people on the web. Chat rooms give you the chance to have a conversation with other people and get instant replies. Online message boards and forums let you post questions or comments and ask other users to give their opinion in their own time.

It can be a great way to chat to other people who share your interests, but you should always be careful not to pass on any of your personal details. You should always keep in mind that internet users can pretend to be anyone they like. They can lie about their age, their interests and whether they're male or female. No matter how long you've been chatting, remember that they're still strangers; you don't really know them at all.

## **Domestic Abuse**

Domestic abuse is defined by the government as “Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality.” It is important to note that domestic abuse may occur without any physical violence, through emotional abusive behaviours such as patterns of control and coercion for example. Both men and women can be the victims of domestic abuse, and it can affect people of any age.

1 in 4 women are affected by domestic abuse at some stage in their lifetime.<sup>10</sup>

2 women every week are killed by their partner<sup>11</sup>

If you have *any* worries that your mentee may be suffering from domestic abuse talk to them about it and also get advice from your project co-ordinator as soon as you can.

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<sup>10</sup> Council of Europe (2002) *Recommendation Rec (2002)5 of the Committee of Ministers to member States on the protection of women against violence and Explanatory Memorandum Adopted on 30 April 2002* Strasbourg, France: Council of Europe

<sup>11</sup> Department of Health (2005) *Responding to Domestic Abuse* London: DoH

## Mental Health

Lots of people have mental health problems at some point in their life – research tells us that’s about one person in every four. About 45% of all young people in care have a diagnosed mental health problem, this rises to 72% of young people in residential care, and the reasons vary from person to person, so it is possible that your mentee may have a mental health problem. These can include things like depression and self harming behaviours, and are described below so that you might be more aware of the signs.

*Depression* Young people who are very depressed can find it hard to concentrate and may lose interest in work and play. Some may refuse to go to school, while others complain of feeling bored or lonely, even when they have friends. Some young people become irritable and find it difficult to control their emotions, others lose confidence. Some young people can talk about feeling unhappy, but others are only able to show how they feel through their behaviour. Many young people blame themselves if things go wrong. A young person who is feeling bad may do things that lead to them being punished, for example, by being disruptive, stealing or not going to school. (see the Young Minds website)

*Self harm* can be direct (e.g. cutting, burning, biting, head banging, hitting, over-dosing, self poisoning) or indirect (e.g. alcohol and/or substance misuse, taking personal risks such as absconding, being aggressive, engaging in abusive or exploitative relationships, risky sexual behaviour, neglecting oneself, eating disorders). Self harm is described as “a powerful, silent language”<sup>12</sup>, and “the expression of, and temporary relief from overwhelming, unbearable and often conflicting emotions, thoughts or memories, through a self-injurious act that [the self harmer] can control and regulate”<sup>13</sup>. Walsh (2006) notes that “self-injury is not about ending life but about reducing psychological distress. Self-injury is often a strangely effective coping behaviour, albeit a self-destructive one”<sup>14</sup>. There is a common understanding amongst practitioners and researchers that self harming behaviours tend not to be about ending life. However, some of the behaviours can lead to accidental death and research by the Samaritans has shown that of those 15-19 year olds who commit suicide, up to 10% have self harmed in the previous

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<sup>12</sup> Motz A Ed. (2009), *Managing Self Harm: psychological perspectives*, Routledge, London

<sup>13</sup> Spandler H and Warner S, Eds (2007), *Beyond fear and control; working with young people who self harm*, PCCS books, Ross-on-Wye

<sup>14</sup> Walsh B (2006), *Treating self-injury a practical guide*, The Guilford press, London & New York



year<sup>15</sup>. Therefore self harm must be taken very seriously, whatever the circumstances. While it is important not to assume that self harm is intended or likely to result in suicide, it is equally important not to assume that somebody who repeatedly self harms will never attempt suicide.

If you have *any* worries about your mentee's mental health talk to them about it and also get advice from your project co-ordinator as soon as you can.

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<sup>15</sup> Samaritans (2004), Young Matters 2000 – A Cry for Help, Slough, Samaritans.

## Building a Trusting Mentoring Relationship

As a mentor you need to be able to show your mentee that you are **competent** (you are able and knowledgeable), you have **integrity** (you are honest, reliable, trustworthy and honourable), and that you are **caring**—all three areas are critical to developing and maintaining trust. No matter how brilliant someone's character is, if they cannot demonstrate competency, trusting them is difficult. Similarly, a competent person who shows no personal interest in your well-being is hard to trust with confidential information. Finally, without integrity, competence and caring would be hollow. Attention must be given to the actions and conversations that support all three of these dimensions of trust in order to build successful mentoring relationships.

### Starting off

Starting your mentoring relationship in a really positive way is likely to have a positive effect on the rest of the time you spend together so think about how you will do this before you meet your new mentee. Important things to talk about in your first meeting are:

- The boundaries of the mentoring relationship
- Confidentiality within the relationship
- Expectations - yours and theirs
- Activities and budget for activity costs
- Record keeping & your communication with research team
- How often, for how long and where will you meet
- What you both might like to talk about over the next year
- How to make contact with each other
- Any issues that concern you or her
- Look in your diaries and create a timetable for the next few meetings

### Helpful hints:

- Acknowledge that her feelings may be mixed, talk about your feelings about starting the relationship (perhaps talk about your own nervousness, to demonstrate that you are prepared to talk about your own difficult feelings,)
- Assure her that you will not launch straight into the difficult stuff

- Think of something to do or a game to play with each other (think of your Personal P),
- Tell her about why you wanted to be a mentor and the stuff you like to do, and a bit about your background
- Tell her about what you know about her from the information shared with you before you started
- Ask her questions about how she would like the relationship to work, what she wants to get out of it, how she would like you to be with her
- Ask her about the things she likes
- Bring a small (low cost) present to give her at the end of the first session (leaving the mentee with something she can look at when you are apart and that will remind her of you)
- Talking about sex and relationships can make people feel uncomfortable so it's a good idea not to go into too much detail at the start but do talk about how and when this could happen. Find out who your mentee is, what they like to do, be interested and curious but not pushy, take it at their pace. At the end of each time you meet talk about what you could or will do and talk about in the next meeting.

### **Reviewing the relationship**

Reviewing how the relationship is going is important so it's recommended that you and the project co-ordinator meet with the mentee after 4-6 months. The review is carried out as a 3 way meeting with you, the mentee and the project co-ordinator and will be used to discuss the following:

- |  |   |
|--|---|
| • How do the mentor and mentee feel that the relationship is progressing?  | • Have any other people in the mentee's life noticed any change?                      |
| • What has been achieved so far?   | • How long does the relationship have left to run? Does that timeframe still feel ok? |
| • What is still to be achieved?  | • How often are they meeting and is that still ok?                                    |
| • Are the initial goals and targets still relevant or can new ones be set? | • Have there been any issues they've needed to resolve as they've gone along?         |
| • What do they both feel they've gained?                                   | • What's been the best thing about the relationship so far?                           |
| • What change has the mentor noticed in the mentee?                        | • What has been not so good?  |
| • What change has the mentee noticed in themselves?                        | • Is there anything they could both do to make the relationship better?               |

The meeting should be recorded by the co-ordinator, who can also provide feedback from their point of view and from other professionals or parents/carers that they may have spoken to. A timeframe for a follow up meeting can be agreed if felt appropriate.

### **Dealing with difficulties**

There are a wide range of difficulties that you may experience, for example, the mentee blanking your calls and texts, there is a clash of personalities, or your mentee is becoming too dependent on you. Any difficulties should be discussed with the project co-ordinator who will help you to identify what you or others can do to help things. Sometimes you will be asked questions by the mentee that are difficult to answer or even not to answer. Remember that it's ok not to know the answer to a question and to say that you don't know. Sometimes you will be able to try to find out an answer or let someone else know that the mentee's question needs an answer. Sometimes it helps to try to find out how the mentee is feeling and try to help her with those feelings if you can.

### **Ending the relationship**

This stage needs to have been identified from the outset with some flexibility being built in depending on the needs of the mentee. Previous research has shown that mentoring that ends too soon can have a detrimental effect for young people, especially those in care so it is very important that you are committed for the 12 months of this study. Some relationships will reach a 'natural' end prior to the original timeframe, whilst others will benefit from more time than originally identified. The more needs driven this is, the more effective for young people. Ending of relationships can potentially generate a range of emotions for both the mentor and the mentee. This stage needs to be carefully managed by mentors and project co-ordinators. It is important that mentors take into consideration that young women from care backgrounds are more likely to have experienced negative 'endings' of relationships and may feel that adults are prone to 'giving up on' or 'rejecting' them. We aim to ensure that mentoring will provide an example of a positive ending to a productive relationship so endings need to be planned for and approached in a structured way – it is recommended that you and your project co-ordinator take the following into account when planning for an ending:

- Could the mentor write something about her mentee that describes the positive sides of the mentee, their learning and what they have achieved over the period of mentoring and praises them in a genuine way?

- How do both parties feel about the relationship coming to an end?
- Would the mentee benefit from a 'wind down' period i.e. with the mentor seeing the mentee less frequently over a defined period of time? The mentor could then follow up with a monthly phone call.
- Do you want to implement a 3 way ending meeting with the mentee's social worker who can facilitate the evaluation of the gains for both parties and help you to think about and identify other networks of support the mentee has developed?
- Can the mentor and mentee do something 'special' to mark the ending – theatre, day trip?
- If the mentor and mentee decide to sustain the relationship, can this take place outside the formal structure of the scheme and what impact would this have on contact?

Mentors will not have an opportunity to continue mentoring through The Carmen Study once the year ends; therefore any possibility of future mentoring opportunities would need to be discussed with your Local Authority.

### **Unplanned endings**

Occasionally, mentees won't contact you or answer your calls and after a while you may feel like giving up. If this happens, talk with the project co-ordinator and agree a course of action. Sometimes, mentees will be testing you to see how much you want to be their mentor, or how long it takes before you give up. Don't rely on one form of communication like phone calls. Use texts, emails and letters/cards too and think about the tone of your message – you want to encourage her to get in touch. Agree with the project co-ordinator how long you will keep trying to contact her and what you will do if the return message received is that she wants to end the relationship.

Also occasionally, mentees or mentors will need or want to end the relationship quickly or without warning. If a mentor needs to do this she must think of the possible impact this may have on the mentee and discuss this with the project co-ordinator and explain the reasons to the mentee. If the mentee needs to end the relationship it may be their decision (e.g. they don't want to do it anymore as there's too much else going on) or someone else's (e.g. they have had to move placement). Make time to write something about the mentee that celebrates the positive sides of the mentee, describes their learning, and praises them in a genuine way. You may either give this to them or post it to them. It is vital that you mark the ending. It is usually best to have a final face to face meeting, although sometimes these can be difficult, especially if the ending is a shock. Try to make sure that they leave this project at least with some positive memories and feelings.

## Empathic Listening

Empathy is the ability to project oneself into the personality of another person in order to better understand that person's emotions or feelings. Through empathic listening the listener lets the speaker know, "I understand your problem and how you feel about it, I am interested in what you are saying and I am not judging you." The listener unmistakably conveys this message through words and non-verbal behaviours, including body language. In so doing, the listener encourages the speaker to fully express herself or himself free of interruption, criticism or being told what to do. It is neither advisable nor necessary to agree with the speaker, even when asked to do so. It is usually sufficient to let the speaker know, "I understand you and I am interested in being a resource to help you resolve this problem." Madelyn Burley-Allen<sup>16</sup> offers these guidelines for empathic listening:

1. Be attentive. Be interested. Be alert and not distracted. Create a positive atmosphere through your non-verbal behaviour.
2. Be a sounding board - allow the mentee to bounce ideas and feelings off you while assuming a non-judgmental, non-critical manner.
3. Don't ask a lot of questions. They can give the impression you are "grilling" the speaker.
4. Act like a mirror - reflect back what you think the speaker is saying and feeling.
5. Don't discount the speaker's feelings by using stock phrases like "It's not that bad," or "You'll feel better tomorrow."
6. Don't let the speaker "hook" you. This can happen if you get angry or upset, allow yourself to get involved in an argument, or pass judgment on the other person.
7. Indicate you are listening by
  - Providing brief, non-committal acknowledging responses, e.g., "Uh-huh", "Yes", "I see."
  - Giving non-verbal acknowledgements, e.g. head nodding, facial expressions matching the mentee, open and relaxed body expression, eye contact.
  - Invitations to say more e.g. "Tell me about it", "I'd like to hear about that", "Can you expand on that"
8. Follow good listening "ground rules:"
  - Don't interrupt.
  - Don't change the subject or move in a new direction.
  - Don't interrogate.

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<sup>16</sup> Burley-Allen, M (1982) *Listening: the Forgotten Skill*, John Wiley & sons

- **Do** reflect back to the mentee what you understand and how you think they feel.

The ability to listen with empathy may be the most important attribute of mentors who succeed in gaining the trust and co-operation of mentees. Among its other advantages, empathic listening has empowering qualities. Providing an opportunity for the mentee to talk through their problems or worries may clarify their thinking as well as provide a necessary emotional release.

### **ASDAN Life Skills Award**

8 credits need to be obtained by completing a combination of the following units:

- Working as part of a group (2 credits)
- Working towards goals (2 credits)
- Dealing with problems in daily life (2 credits)
- Developing self (2 credits)
- Planning and carrying out research (2 credits)
- Group discussion (1 credit)
- Preparing for & giving a presentation (2 credits)

Completion of the qualification involves three main strands:

1. taking responsibility for planning, organising and carrying out a number of activities or challenges and evidencing this work in a portfolio
2. developing and evidencing the skills represented by the chosen assessment units. Some of these units can offer a potential route to additional qualifications through Wider Key Skills and/or Communication (one of the main Key Skills).
3. completing skill-specific evidence records using ASDAN documentation

You will need to:

- Complete a number of activities or challenges to develop the skills
- Achieve the required number of curriculum credits
- Complete the appropriate recording documents for each of the selected assessment units
- Identify additional evidence that meets the requirements of the selected assessment units
- Present an organised portfolio which provides evidence of at least one example of working at the level set for each assessment unit chosen, and of completing sufficient challenges to achieve the required number of curriculum credits





## **Useful Contacts – young people's services**

(this page has been removed to retain anonymity of LAs).

# 1 Research User Guide

As a participant in the Carmen study, your role will involve being both a peer mentor and a research participant. Your role as a peer mentor will be covered throughout the training sessions. It involves offering support, advice and guidance to a young woman, organising social activities for the two of you and managing funds for this, attending supervision sessions with your project coordinator, dealing with any problems that arise, and ending the mentoring relationship in a sensitive and planned way. Further details on peer mentoring are provided in the material included in the training pack. As a research participant in the Carmen study, you will assist the research team in assessing the effectiveness of the peer mentoring. The purpose of this guide is to provide further information on your role as a research participant in the Carmen study. This guide is for you to keep and refer to when needed throughout your time as a peer mentor.



## 2 Aim of the research

The purpose of the Carmen study is to assess whether giving a young person in care extra support from someone who has themselves been through the care system, is helpful. We want to see if providing a young woman with a peer mentor they can trust and receive care and respect from, can help them to increase their confidence and make positive choices, particularly around sex and relationships and delaying pregnancy. Many young women in care become teenage parents and although this may be a positive thing for them, it can also create health and social problems for them and their babies.

Given the available evidence, the research team believe that peer mentoring from a young woman who has been through the care system and whose experience of life post-care has been positive, may be a promising approach to supporting a young person in care. There is evidence to suggest that peer mentoring has the potential to assist young women in care to make positive choices regarding their education, personal and social development and in increasing self-confidence and self-esteem.

A crucial aim of the Carmen study is therefore to explore the peer mentoring experience for both mentors and mentees; including how they feel about it and specific aspects of mentoring and the mentoring relationship that may be particularly helpful to mentees.

### **3 Who are the researchers and what is their role?**

Deborah and Fiona are employed, full time, at St George's University of London as Research Assistants working on the Carmen Study. They have been working at St George's since March 2011. Deborah previously carried out research for Barnardo's Children's Charity. Fiona has worked for Surrey Children's Services.

**Their role in this study is to collect and analyse data on the effectiveness of peer mentoring.**

Part of Deborah and Fiona's role is to observe the mentor training. At the training, their role is also to discuss the research with the mentors and go through the content of this user guide. Following the training, if you would like to become a peer mentor then you will meet with Deborah or Fiona to consent to take part in the study, fill in some questionnaires and be interviewed. If you take part in any further interviews or focus groups, you will meet with the researchers again.

To contact Deborah or Fiona, please email The Carmen Study inbox at [REDACTED] or phone them on: Deborah – [REDACTED] or Fiona – [REDACTED]

Or you can contact Ros Hampton, research administrator on [REDACTED] / [REDACTED]

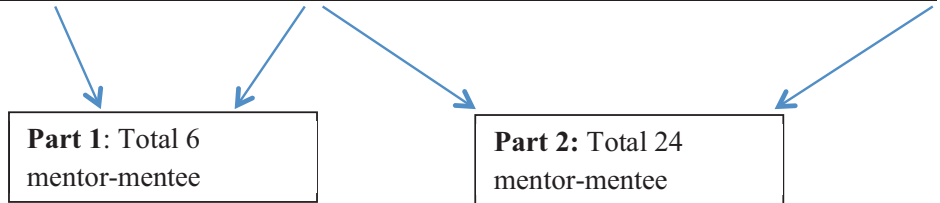
### **4 Who else is involved in the research?**

There are three local authorities involved in this research study; Ealing, Essex and Lambeth. Between the autumn of 2011 and spring 2013, the aim is for a total of 84 young women from the three local authorities to participate in the study. Thirty of these will be peer mentors.

The first part of the study, which commenced in September 2011, will involve six mentors who will be paired with six mentees from Ealing Local Authority. The second part of the study, which will begin in early 2012, will involve 24 peer mentors across the three local authorities, who will be paired with 24 young women in care, aged between 14 and 18 years. A further 24 young women aged between 14 and 18 years who consent to take part in the study will not be allocated a peer mentor, but will continue to receive their normal care. This will allow us to compare the experiences of young women who have mentors with those who don't. Those young women who are not provided with a peer mentor will also be answering questions as part of the research.

Involvement in the study is illustrated in the following table.

Part of intervention	Part 1 (Sept 2011)	Part 2 (Early 2012)		
		Ealing	Essex	Lambeth
Local Authority Name	Ealing	Ealing	Essex	Lambeth
No. Mentors	6 mentors	8 mentors	8 mentors	8 mentors
No. Mentees	6 mentees	16 mentees	16 mentees	16 mentees
Total no. young women (84)	12	24	24	24



## 6 What is the mentor's role in the research?

The mentor's contribution to the research will involve:

- ❖ Attending 3.5 days of training. Full details of the material covered in training are provided in your training pack.
- ❖ Providing feedback about the training experience.
- ❖ Completing questionnaires and interviews at the beginning and the end of the one year peer mentoring.
- ❖ Recording each contact with the mentee in the research diary.
- ❖ Completing a weekly reflective diary about the experience of mentoring.



## 7 A guide to the mentor diary

### 7.1 Introduction

As a peer mentor, you will be expected to meet your mentee for at least one hour, face to face each week. As well as this, you are encouraged to be in contact with your mentee by mobile phone (phone calls or text messages) or email contact if your mentee has access to email. You will be provided with a mentor email address which can be used to contact your mentee.

We would like you to keep a thorough record of your contacts with your mentee throughout the year. This will be in the form of a 'mentor diary', which you will be asked to complete, in private, using Episurveyor Mobile phone technology. This is a mobile phone based application that allows you to complete data forms on a mobile phone and send them directly back to the research team.

Therefore, as part of your role, we will be providing you with a mobile phone. As well as allowing you to complete the mentor diary, this will also enable you to keep in contact with your mentee and arrange appointments with them. The phone will be given to you once you have consented to take part in the study, and you will have it for the duration of your peer mentoring role. The contract includes unlimited text messages and 300 minutes of talk time per month but no internet usage. The phone is on a monthly contract which will be billed to the research team and checked to monitor usage. At the end of the year, you will need to return the phone to us, the St. George's research team.



This user guide explains the purpose and importance of the mentor diary and when and how you should complete it. **Before attempting to use Episurveyor, it is recommended that you familiarise yourself with your mobile phone guide to enable you to understand how to use the device.**

## 7.2 What is the purpose of the mentor diary?

The purpose of the mentor diary is to enable you and the research team to keep a record of all the contacts you have with your mentee throughout the year that you are a peer mentor. The diary will also allow you to reflect on your relationship with the mentee, your feelings towards the mentoring role itself and raise any concerns or worries you or your mentee have.

## 7.3 What information will be recorded in the diary?

The diary (completed after each and every contact, in private) will allow you to record the date, time and length of contact with your mentee, the type of contact you had (e.g. face to face, telephone call), the subjects you discussed and the costs (if face to face).

Most of the questions asked in the diary are multiple choice but some will be 'free text' to enable you to answer in more detail. The more detail you can give the better, as it will allow us to assess the mentoring relationship and help us to make improvements to the programme.

The weekly diary asks questions about your relationship with your mentee and how you are feeling about the mentoring role. **If you have any concerns about your mentee's safety, or anything that you are worried about yourself, you should record it** here, as well as discuss concerns with your project coordinator straight away. By recording concerns in the diary, we will be able to assess any issues raised through mentoring as well as ensure mentors receive the support needed to carry out their role safely and effectively.

It is important for you and your mentee to build a trusting and confidential relationship and you may be concerned about recording details of your contacts. However, part of the role of the researchers is to discover the effects of mentoring as well as ensuring you and your mentee are safe. Mentees will be aware that you are completing a diary of your contacts and that information about their contacts with you will be shared, yet confidential to the project coordinator, researchers and our partners. **On completion of each diary entry the information will be transferred through to our secure, confidential server which is password protected.** We don't necessarily expect you to provide a detailed account of everything you may have discussed with your mentee, just to describe the broad subject area, who initiated the discussion and what you felt about it. **In order to keep your mentee's personal details confidential, we would prefer to you to refer to them as your 'mentee' when completing your diary, rather than by their name.**



#### 7.4 How often should the diary be completed?

The diary should be completed after **every** contact with your mentee, **whether they or you initiated the contact**. In addition, you will complete a reflective diary once a week.

##### **After each contact**

After every contact with your mentee, whether face to face, by telephone call, text or email exchanges, you will need to complete a short form on your phone. The mentor diary has a number of forms. You will only need to complete the form relevant to the type of contact you have had.

**The forms to complete after each contact are labelled in Episurveyor as follows:**

- Email
- Face\_to\_Face
- PhoneCall
- Text\_message

If for some reason you are unable to complete the diary directly after a contact has taken place or you forget, you should try to complete as soon after the contact has taken place as possible and preferably the same day.

##### **Weekly**

In addition to completing the diary after every contact, you will be required to complete a **Weekly\_Reflective\_Diary**. The weekly reflective diary should be completed when the anticipated weekly face to face meeting and / or lengthy phone conversation (30 mins+) has taken place. The weekly diary asks in-depth questions about contact over the whole week and will allow you to reflect on the mentoring relationship and any significant events or issues that have arisen.

**If, during a particular week, you were unable to have face to face contact or a lengthy phone conversation with your mentee, you must complete the Weekly\_NonContact diary.** This will enable you to tell us the reasons for this. It may be that you were unable to get hold of your mentee or your meeting was cancelled for some reason. In these circumstances, instead of the Weekly\_Reflective\_Diary, you should complete the **Weekly\_NonContact** diary.

We shall send a reminder to your mentor phone every Friday for you to complete your **weekly diary**.



### 7.5 What if I forget to complete the diary?

**We hope that you will remember to complete the diary after each contact** you have with your mentee, and also **remember to complete the weekly diary** every Friday. However, if you do forget to complete the diary on an occasion, please complete it as soon as you remember and in as much detail as possible.

**Please make sure the date and time settings on your phone are correct.**

**Try and remember the date and time of your contacts. You will be asked to record this.**

### 7.6 Being professional

As discussed at the training, we encourage you to develop a friendly and trusting relationship with your mentee. However, **you will be working in a professional capacity**. We would therefore suggest that you do not give out your personal mobile or home phone number to your mentee and that you do not add your mentee as a 'friend' on social networking sites such as Facebook. As stated earlier, you will be given an email address and a phone number by researchers for use specifically in your mentoring role, to communicate with your mentee. When you have been given the login details, please change your password, so that your account is confidential. If you forget your password, you can easily reset it. Please see the appendix of this user guide for how to do this.

The mobile phone provided to you should only be used for phoning or texting your mentee, and should not be used to browse the internet or send emails. If you would like to contact your mentee via email, please use a desktop or laptop computer. However, it is not compulsory that you contact your mentee via email so please don't worry if either you or your mentee do not have regular access to the internet. **Please remember to carry your phone around with you where possible. If you do leave it at home, please check your phone regularly in case your mentee has left you a message.**

### 7.7 Completing the diary - two weeks in the life of a mentor

The following is an example scenario in the life of a mentor called Anne. It illustrates the type of mentor diary Anne completed over a two week period.



Anne has been Jane's mentor for four months now. They are getting on well and Jane is just beginning to feel like she wants to talk to Anne about her home life which is getting her down. She has also got a new boyfriend whom she is feeling excited about. Anne and Jane like to pre-arrange the dates of their face to face meetings a month in advance. They have often met in a café or a park on Thursday afternoons, although sometimes they meet on Mondays or Tuesdays. Anne completes her weekly mentor diary on a Friday morning.

**Monday:** Anne texts Jane and they have a short text conversation and confirm that they are going to meet face to face on Thursday as planned. Anne completes **Text\_Message** message diary.

**Thursday:** Anne and Jane meet on Thursday afternoon after school in the park between 4-6pm. Jane is a bit upset because she has rowed with some friends at school about her new boyfriend and she isn't getting on very well with her carers at the moment. Before going home, Anne confirms with Jane that they will meet again next Thursday. Anne asks Jane what she would like to do when they meet next time. Jane said they could meet for a drink and she really wants to see a newly released film at the cinema. Anne gets home and completes the **Face\_to\_Face** diary.

**Friday:** Anne receives a text from the researchers reminding her to complete her weekly diary. Anne completes **Weekly\_Reflective\_Diary**. Anne tries to remember as much as she can about the discussion on Thursday. She remembers to record that she discussed friends and family/carers with Jane. She records that listening to Jane talk about this seemed to help to her calm down.

**Monday:** Anne makes a short telephone call to Jane to ask how her weekend was and to confirm their trip to the cinema on Thursday afternoon. Anne completes **PhoneCall** diary.

**Wednesday:** Jane texts Anne to tell her she has got a really bad cold. Jane is gutted but she is not going to be able to see the film this week. Anne completes **Text\_Message** diary.

**Friday:** As Jane was ill and unable to meet with Anne on Thursday, Anne completes the **Weekly\_NonContact** diary. Within the free text section of the diary she explains that whilst she had called Jane on Monday, Jane had text her on Wednesday to cancel the face to face meeting on Thursday as she has been ill with a cold.

**Monday:** Anne texts Jane to see how she is. Jane is feeling better now. The two of them have a short text conversation and arrange to meet this week on Wednesday. Anne completes **Text\_Message** diary.

## 9 Operating Instructions - completing the diary on your phone

The researchers will hand out the operating instructions for the diary on day 4 of training



### 9.1 FAQ's

Please remember, if you are having problems with your phone or using the research diary, please contact the researchers.

**Q. I have sent the data to the server and it says it has been unsuccessful. What do I do?**

A. Do not worry as the data will be sent automatically to the server the next time you send a form.

**Q. What do I do if I accidentally delete one of the mentor diary forms from the phone?**

A. Contact the researchers.

**Q. What do I do if my phone breaks or gets lost?**

A. Contact the researchers via email ASAP, as we would need to inform the phone company

## 10 Mentor email address

To access your email account, go to [www.gmail.com](http://www.gmail.com). Enter your username and password.

If you cannot remember your password click on

- 'can't access your account?'
- Type your carmenmentor email address into the box. Press submit.

- Enter the letters displayed and press submit.
- Click on 'Get a password reset link at my recovery email' which is



The researchers will then receive an email and will reset your password. They will text you with a reminder of the original password. Once you have logged in again, please change your password and try to remember it.