The Care Leavers' Association

Calderdale GOAL Project Evaluation

An evaluation of the GOAL project in Calderdale
April 2016- April 2017

In Partnership with

prospects | Calderdale Council

Working together to support young people leaving care

Together for Looked-after Children
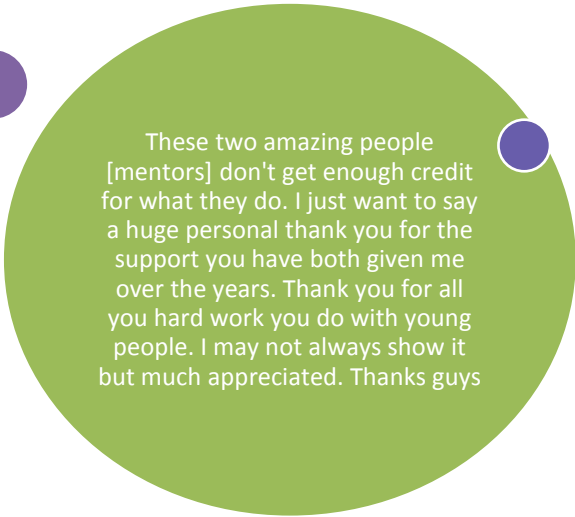TLC

Contents

"It's like a family really isn't it? We all support each other, I love it..it's a safe space for us"

"Going to GOAL helps me get situations off my shoulders because I know I can come in and talk about it with everyone and they will help me the best way they can. I leave feeling in a much better mood about myself and the situations that upset me. I have been able to talk about things like loosing my dad in a safe place, something I don't generally talk to people about because it upsets me, and I don't feel like people understand"

"I understand more about living independently than I did before, it has given me confidence to move towards living independently. The mentors who run the course are nice and give me confidence of myself and my skills

"He's [mentee] a lot more social since he's been attending goal, he seems calmer as well, he doesn't seem to break down as much as he used to. He definitely thinks of things more positively, I've noticed that, he doesn't assume the worst anymore."

These two amazing people [mentors] don't get enough credit for what they do. I just want to say a huge personal thank you for the support you have both given me over the years. Thank you for all you hard work you do with young people. I may not always show it but much appreciated. Thanks guys

Executive Summary

This executive summary provides key outcomes of those who completed the course and the recommendations moving forwards.

The GOAL Project uses the Homelessness Outcome Star with a 10 module training package to track the progress of the young people on the Peer Mentor led Independent Living Course. Over the duration of the course, the young people have attended group sessions, where they carry out activities in a workbook to enhance their skills and confidence, to be able to live successfully in independent living. Once the workbooks were completed, young people received one2one mentor sessions.

Outcomes using the Outcome Star Scores from those who completed the course.

To summarise the outcomes of the project, we have provided the average scores in different areas, in relation to the Outcome Star Scores provided by those who completed the course.

Outcome Star Total Scores

Below shows the total score increase in score in their Outcome Star, of those who completed the GOAL course workbook.

	First score total	End Score total	Change in score total
Mean Average*	48.3	82.3	+ 34
Mode*	59	74	+ 19.5
Median*	51	78.5	+ 39

*The **mean** is the average of the numbers: a calculated "central" value of a set of numbers
* The **mode** is the number which appears most often in a set of numbers.
* The **median** of a set of numbers is the number in the middle.

Outcome Star Scores using outcome areas

Outcome Area	Mean first score	Mode first score	Median first score	Outcome Area	Mean final score	Mode final score	Median final score
Motivation and Living skills	4.3	4	4	Motivation and Living skills	7.2	6	6.5
Self-care and living skills	5.6	6	6	Self-care and living skills	7.6	9	9
Physical health	4	4	4	Physical health	8	7	8
Drug and alcohol misuse	5.6	10	5	Drug and alcohol misuse	9.3	10	10
Managing money and personal admin	3	2	3	Managing money and personal admin	7.8	8.5	8.5
Social networks and relationships	4.6	8	5	Social networks and relationships	8.6	9	9
Emotional and mental health	2.3	3	3	Emotional and mental health	8	9	9
Meaningful use of time	4.3	3	3	Meaningful use of time	8	8	8
Managing tenancy and accommodation	4	5	5	Managing tenancy and accommodation	7.8	7.5	7.5
Offending	9.6	10	10	Offending	9.6	10	10
Total	**48.3**	**59**	**51**	**Total**	**82.3**	**74**	**78.5**

Change in Outcome Star Score over the duration of the GOAL programme

Outcome Area	Mean Average increase	Mode Increase	Median increase
Motivation and Living skills	+2.8	+1	+2.5
Self-care and living skills	+2	+4	+3
Physical health	+4	+3	+3
Drug and alcohol misuse	+5.5	+5	+5.5
Managing money and personal admin	+4.8	+5.5	+5.5
Social networks and relationships	+4	+1	+4
Emotional and mental health	+5.6	+2	+7
Meaningful use of time	+3.6	+1	+3
Managing tenancy and accommodation	+3.8	+1	+5
Offending	0	0	0
Total	**+34**	**+19.5**	**+39**

Sustainability and recommendations for the project moving forwards

To create a robust sustainability plan, the project evaluation has pulled out key areas in which additional work will need to be carried out. Below are key areas of recommendations to be taken into account when moving forwards with the project.

Recommendations for the Mentor Recruitment

- Open up the scope for mentors to include those who may be foster carers or siblings of foster children, but be decided on a case to case situation
- To ensure potential mentors have prior experience of using communication skills
- To ensure they have 'achieved' in life
- To effectively assess that they have started to deal with their childhood experiences, and able to learn or already able to reflect back in a positive way
- To have the time, capacity and understanding of what being a mentor means
- To assess potential triggers or situations which may mean a mentor would not be able to continue
- That the mentor is 'stable' in the different areas of their life
- To use existing networks for recruitment, and have a pool of at least 5 active mentors at a time, if this looks as if it is dropping recruitment should be opened again, and training sessions for them to be ran alongside the existing group for the mentors to merge into the group as it is running.
- To ensure the application form, mentor personal specification, aim of the project and expectations is fully understood by the potential mentors

Recommendations for Mentor Training

- To create training that covers childhood trauma and recovery
- To include more theory and practical based training on communication skills
- To ensure Mentors have access to the online Mentor Qualification from the beginning of the project to gain skills throughout
- Update the mentor application form to reflect the need to capture prior experiences
- To source funding to run an 'away weekend' for the mentors to be trained and allowing for 'group forming'
- To provide ongoing training, throughout the project

Recommendations for Young People Recruitment

- Work with the previous cohort of young people and mentors to develop and provide workers with an information package to learn more about the project that can also be used to inform their young people about the project. Make use of social media, videos, visual aids
- Continue to use an Managers oversight on recruitment on 'who' would potentially gain from the project
- Plan a recruitment 'fun' day with previous young people and mentors

Background and Introduction to the GOAL Project

The GOAL project (Getting on and Living) was originally created using research and information gathered from young people leaving the care system in a number of areas across the UK. The original research questioned and gathered information on the level of confidence and feeling of preparedness of those young people and the issues they felt most affected them as they were leaving the care system. The desired outcome of this scoping exercise was to find out where there were gaps in key skills and confidence for young people leaving the care system to be able move into independent living successfully. The main outcome for the work was to create a meaningful programme with young people that would develop a better level of self-reliance from the service professionals, with the ability to better predict when they may need assistance or support in certain areas when moving into independent living, under pinned with a peer support model.

Scoping for the project included exploration of outcome frameworks for Looked After Children (LAC) as a useful context and comparison, including guidance from the 1989 Children's Act. The project looked closely at the requirements for Care Homes, as those leaving residential care often leave feeling the least prepared for independent living. The project also took into account the outcome requirements for Ofsted, and the national Department for Education minimum standards for Children's Homes.

The project was then developed to be in line with the requirements set out as key outcomes every young people should have as they leave care with the input of the key areas of issues the young people spoke about themselves.

The section of the 1989 Children's Act relating to Children's Homes does not specifically define outcomes for children and young people but the guidance and regulations highlight the following key areas:

- Self-worth, identity, sense of belonging and self-esteem

- Emotional development

- Social development

- Physical health

- Basic needs (e.g. clothing)

- Positive behaviour and risk-taking

- Being and feeling safe

In inspections of Children's Homes from 2012, Ofsted used the following seven outcomes for children and young people within their assessment of the standard of care, which are similar to the seven areas in the Children's Act but draw out the importance of attendance and achievement at school and of making a positive contribution and have less explicit focus on basic needs being met:

- Development of a positive self-view, ability to form and sustain attachments, emotional resilience, knowledge and understanding of their background, and confidence in their skills
- Health (including physical, emotional, and psychological health)
- Attendance at school or other educational provision
- Achievement at school or in other educational provision
- Making a positive contribution to their home and the wider community
- Benefiting from appropriate contact with family, friends and other people who are important to them
- Effective preparation for a successful transition to independence and adult life

The detailed Ofsted criteria for considering a Children's Home to be 'good' provide more detail on these broad areas:

- Children and young people make good progress in developing a positive self-view, are able to make and sustain attachments, are emotionally resilient, and have knowledge and understanding of their background.
- Children and young people understand the importance of healthy lifestyles and take responsibility for their own health.
- Children and young people, including those who do not communicate verbally, are able to actively participate in day to day and more complex decisions about their lives, as appropriate. Independence is maximised and promoted.
- Children and young people have an understanding of key health risks and, as a consequence, risk taking behaviours such as smoking, drug and/or alcohol use and sexual health risks are decreasing.
- The educational achievement of children and young people is good, taking into account both their attainment and progress from their starting point at the time of placement.
- Children and young people are actively and positively involved in activities in the community.
- Children and young people who receive short breaks are making measurable progress in their development and acquiring skills as a consequence of the quality of the short breaks service.
- Children and young people whose behaviour is unsafe, and puts them at risk of offending or reoffending, show a reduction in incidents of anti-social behaviour and offending.
- Disabled children and young people's participation is good and there is access to a full range of stimulating and appropriate opportunities.
- Children and young people are confident, as appropriate to their age and understanding, about their readiness for independence and adult life.
- In short breaks services, children and young people enjoy relationships with their peers and access a wide range of stimulating opportunities to promote their development, which may not otherwise be available to them.

The national Department for Education minimum standards for Children's Homes outline 25 standards across aspects of process, management and outcomes for children. Those focused on children and young people cover:

- Positive identity (within a context of diversity)
- Positive behaviour and relationships
- Safeguarding
- Health and wellbeing
- Leisure activities
- Educational achievement
- Promoting and supporting contact
- Suitable environment
- Preparation for a placement, independence and leaving care

Using the research from this initial work and guidance from the young people's committee, the CLA started to develop the outcome framework and a pilot versions of the workbook. The CLA worked with local young people from the Greater Manchester area to further develop the workbook and model of peer mentoring. It was clear that the project required further development to become a scalable project, so the CLA applied to the Cabinet Office Innovation fund.

Funding from the successful Cabinet Office 2015 Innovation fund bid enabled CLA to turn the research into a training package for young people and to pilot the programme in five Local Authority areas. The programme included the 10 module workbook that is underpinned by the Homelessness outcome star, using SMART Action Plans at the end of each module. The Outcome Star and workbooks SMART Action Plans are able to show positive change in attitude, confidence and ability to move into independent living, showing the ability to deal with situations, and move away from dependence on services. This kind of tracking allows for distance travelled outcomes, which are much better suited to those with care experience, than hard outcomes. This method also takes into consideration the many traumas and barriers the young people deal with and work through to be able to move towards to leaving care and into independent living. Throughout the programme, the peer mentors carry out training to gain a three module, level two qualification for Mentoring through Open Awards. This qualification was developed by CLA through the initial pilot. Mentors are provided with ongoing personal and professional support throughout the project to limit any potential negative impact of the programme on the mentor. The funding for this work ended in February 2016.

The theory behind the GOAL Project.

The GOAL programme can be broken down into three main activity areas:

- **Peer Mentors**

The peer mentors draw upon their personal experiences and knowledge of issues and challenges faced in independent living. Through this the peer mentors develop strong and stable mentoring relationships with the young person that works alongside and beyond the workshops that cover the learning areas. The mentors run the workshops and then offer one2one mentoring sessions.

- **Workshops**

The peer mentors support young people through their workbooks in each workshop, guiding them with knowledge of independent living.

- **Individual workbooks / action plans**

To be completed and support in each session to enable young people to record their activity and progress. The action plans created in the workshops will help to form the mentoring sessions, but will not limit them.

Based on findings, Dubois, Halloway, Valentine and Cooper (2002) reported from their meta-analysis of their mentoring programme, they suggested that youth from backgrounds with greater social and economic risk both have the most to gain and tend to benefit the most from youth mentoring, especially when best practices are employed and strong relationships are built. [1] Anecdotally "resilient" care experience young people have emphasised mentoring and supportive relationships as important to their success as young adults (*Hass and Graydon, 2009).* Supportive mentoring relationships have been theorised to be vital to fostering self-esteem and thereby contributing to resilience in high-risk youth including those with care experience (*Yancey, 1998).* Through a structural model, DuBois, Neville, Parra, and Puge-Lilly (2002) showed that through mentoring, there was a development of a significant bond between the youth and mentors, this bond widened the youth's perceptions of their social support networks, which in turn improves youth resources, including self-esteem. Those in care are more likely to need this change in perception of themselves and how they believe others see them, as key foundations for a positive self-concept. Mentors may be able to meet this need.[2]

The GOAL programme uses 'Group Mentoring' in the workshop sessions and then moves onto individual mentoring sessions alongside and beyond completing their GOAL Workbook.

Gabriel P. Kuperminc and Jessica D. Thomason (2014) theorizes that the model of group mentoring draws on the notion that groups are microcosms involving youth in both vertical and horizontal relationships. They believe that exposure to the varied relationships and interactions has the potential to bring about experiences of group cohesion, feelings of

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[1] Preston A Britner, Kellie G. Randell, and Kym R. Ahrens *Youth In Foster Care - Handbook of Youth Mentoring Edition 2*

[2] Abid

closeness with the mentor, and opportunities for mutual peer support not readily available in traditional adult-youth mentoring relationships.[3]

These processes (connection, cohesion and mutual support at the group level), in turn can mediate the link between participation in group mentoring and its desired outcomes. Kuperminc and Thomason argue that from a theoretical perspective, that group mentoring has the potential to contribute to positive developmental outcomes in youth. The potential mechanisms of change operate on the (vertical) relationship between mentors and mentees (one to one mentoring) as well through (horizontal) processes of group cohesion and mutual help.[4]

The workbook - Outcome Stars and SMART Action Plans.

The GOAL Project currently uses the Homelessness Outcome Star as a backbone.

Outcome Areas:
The Homelessness Star covers ten key areas:

1. Motivation and taking responsibility
2. Self-care and living skills
3. Managing money and personal administration
4. Social networks and relationships
5. Drug and alcohol misuse
6. Physical health
7. Emotional and mental health
8. Meaningful use of time
9. Managing tenancy and accommodation
10. Offending

Journey of Change: The underlying model of change for the Homelessness Star follows the core Outcomes Star™ Journey:

1. Stuck
2. Accepting help
3. Believing
4. Learning
5. Self-reliance

For each of the 10 areas, the workbook includes a number of activities; designed to enhance skills and confidence in the area. The activities are supported with a mentor trainer guide, which provides information and guidance on how to run the sessions and the desired outcomes for the young people. There is also a pack of resources to run the activities, including answer sheets.

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[3] Gabriel P. Kuperminc and Jessica D. Thomason *Group Mentoring - Handbook of Youth Mentoring Edition 2*

[4] Abid

There has been an outcome star developed for Independent Living, this star has 8 areas, which break down differently than the Homelessness outcome star:

1. Where You Live
2. Looking After Yourself
3. Health
4. Being Treated With Dignity
5. Meaningful Activity
6. Social Life
7. Managing Money
8. How You Feel

Due the level of loneliness, low confidence and poor mental health that our research revealed, we decided to use the Homelessness Outcome Star over the Independent Living Outcome star as it includes areas about mental health and social network and relationships. We looked at the outcomes for the different areas, and found that they did not include the detail the original outcome star covered, but used better wording in some parts such as Managing Money. Overall the Independent Outcome star seemed aimed at young people who were already living independently rather, than someone wanting to move into independent living. Changing the Outcome star backbone would also require restructuring and rewriting a large proportion of the workbook. It may be an option in the future with funding to rewrite the workbook, that the Outcome Star could be changed, with the possibility of working to create a new Outcome Start that fits all the areas required.

Mentoring sessions

The mentoring relationships use the GROW model, developed by James Manktelow and Amy Carlson. This model provides a simple but powerful framework for coaching and mentoring and structuring the mentoring sessions.

GROW stands for:

- **G**oal
- Current **R**eality
- **O**ptions (or **O**bstacles)
- **W**ill (or **W**ay Forward)

It is important to note that GROW Mode assumes that the mentor/coach is not an expert in the "client's" situation. This means that the mentor must act as a facilitator, helping the client select the best options, and not offering advice and direction. The model requires a review date to be set to review their progress. This provides accountability, and allows them to change their approach if the original plan is not working. This model works well with the developed programme, as it partners with the SMART action plans, and allows for the mentor to not 'know' the answer, but instead allows the mentor to influence the young person to develop the self-confidence to change behaviour and thought patterns to move forwards, much like the group settings when using the workbook and outcome star.

The GOAL Project and Calderdale

The Care Leaver Strategy, launched in 2013, set out the actions that government departments would take in order to improve the support care leavers receive during their transition to adulthood and independence. The strategy made clear ambitions to give care leavers the same level of care and support that other young people receive from their parents.

Calderdale was one of the five Local Authorities in which this programme was originally piloted and was one of the most successful in its running and outcomes with young people. The leaving care service was keen to rerun the programme, in knowledge that adjustments were required to create a programme that suited the needs of the Local Authority. The Pilot of GOAL outcomes showed that the project relies heavily on the internal support of the project from the Leaving Care Staff as gatekeepers to the young people, requiring that for the project to be successful it needed full backing from the leaving care service. The programme has created positive attitudes and outcomes for the original attendees to the programme and aligned with the same issues that the New Belongings Project survey had bought up. The survey found that Care Leavers believed that the worst things about leaving care were; the lack of support networks, independent living skills and guidance. They were also scared of making the wrong decisions.

Through discussions with the Local Authority and Leaving Care Service, the GOAL project was embedded into the New Belongings Project Plan for Calderdale as a strategy to help deal with preparedness for independent living and the issues around isolation the Calderdale care experienced young people expressed.

Due to the Cabinet Office funding only being a year fund, funding was sourced through Calderdale Council Commissioning team to run the project using CCG Non-Recurring Health Funding Grant funding, aimed at improving health outcomes for young people with care experienced. The funding paid for a Care Leavers Association worker 1 day a week to deliver GOAL: 7hrs a week over 42 weeks. This cost was £32 per hour including staff time, travel and overheads total £9,408, Venue hire, care leavers travel and activities at £450, with a total of £9,858 being paid to CLA.

A local charity TLC (Together for Looked-after Children) also part funded the project as it was in line with their educational outcomes, this funding was £5000 however this funding was kept within the leaving care service. TLC were happy with the agreed outcomes through the CCG contract with CLA.

The funding contract with the evaluation was based on outcome measures and will provide evidence of success in the following areas:

- Self-evaluation of knowledge and progress
- Personal action plans
- Motivation measures
- Mentor evaluations
- Task planning with set targets
- Project progress reports
- Project evaluation report

Agreed Outcomes

The programme uses a comprehensive workbook, the Homelessness Outcome Star and Ladder of Change as a backbone to the learning areas. The Outcome Star measures by tracking the change in confidence and attitude in certain areas. The more confident a young person is in an area, alongside knowledge and willingness to change, the higher the score in each area. Each outcome area comes with a SMART action plan, enabling the young person to future plan in each area to improve their health, skills, knowledge and confidence. These action plans help to form the individual mentoring sessions they will have outside of the workshops.

Time Scale

First workshops would run from March 2016 - September 2016 Second workshops from October 2016 until January 2017. Handover was due to take place during the second workshops stage

Sustainability Agreement

Calderdale had 148 young people aged 15-20 accessing their Care Leaver service, providing a healthy pool of young people and a full capacity working with 30 young people in a group setting. Not all mentors would be able to attend all sessions, and it is advised they work with smaller groups. The pilot GOAL project in Calderdale indicated that some young people may require a dedicated mentor in the group workshops and this will lower the capacity of that mentor. The project aimed to recruit, train and retain 6 care leaver mentors and work with up to 10 young people per group. It was also an aim to transfer over responsibility of the project to Calderdale after the year contract, to create sustainability.

A sustainability plan was agreed with Prospects (the commissioned Leaving Care Service in Calderdale) to ensure training and support for peer mentors through one full and half programs of the workshop sessions and independent mentoring sessions with the young people. Handover of the project was due to take place with the second half of the project.

The first workshops were due to run from February 2016 - August 2016 with the second session running from October 2016 and supported until January 2017. The Care Leavers Association would carry out monitoring and evaluation of the mentoring program to ensure quality assurance, and run additional training if required. Care Leavers Association would support the mentors to ensure they cope with the situations or feelings which may arise in supporting a peer. The sustainability success of the project aims to ensure mentors have the confidence and knowledge to run the project without the input of Care Leavers Association.

Outcomes of the Project

Monitoring Outcomes

Throughout the project, the CLA has completed monitoring and evaluation forms. Below is an overview of the monitoring that was carried out. Although the aimed targets were not completely met in terms of recruitment and retention of mentors and young people. The outcomes for those who stayed the duration of the course were very positive. The project found that the time scale to complete a cohort and a half was unattainable due to some activities taking longer than expected, and the availability of the young people to attend all sessions. Because of this, the CLA agreed to run the programme for an additional time period to ensure the work that was required to embed the project could be carried out.

Measure	Q1 (Apr-Jun 2016)	Q2 July- Sept 2016	Q3 Oct-Dec 2016	Q4 Jan-March 2016
Number of mentors engaged and volunteering Target: 5	6	5	4	4
Number of GOAL sessions delivered	5	16	12	12
Percentage of mentors attending each session *Target: 80%*	80%	60%	50%	80%
Number of mentors undertaking level 2 qualification	6	5	4	4
Number of mentors successfully completing level 2 qualification	n/a	n/a	n/a	n/a
Number of young people leaving care signed up to the course *Target: 10*	4	9	6	3
Number of personal action plans written and agreed	4	9	9	11
Number of delivery hours by Care Leavers Association *Agreed number per Care Leavers Association worker 1 day a week to deliver GOAL: 7hrs over 42 weeks*	13 days	12 days	10 Days	12 Days

Outcome Star Scores

Of the young people who have completed their workbooks, we have been able to establish a reliable score on the outcome star for before the sessions and after completion. Mentees started on different levels in each area of the outcome stars, and some started later than others. At the beginning of the course young people filled out an outcome star with their mentor. Once the young people completed their Workbooks, including writing a SMART Action Plan for each area, they once again filled out Outcome Star. Moving forwards from the workbook and onto their individual mentoring sessions the young people completed a new Outcome Star, and continued to write Action Plans throughout their mentoring relationship to help track their journey. Because Outcome Stars track the confidence and feeling of ability to deal with situations, the scores can vary and potentially change on how the young person is feeling on a certain day. This was shown in the lowering of outcome star scores for one young person, when they had a relationship breakdown and become homeless. When speaking to the Mentor about the process, they explained that they felt it was a positive process, even with the dip in scores, as they felt the young person was really analysing their self-development, skills and confidence in each area. The mentor was able to make solid, meaningful plans with the young person to get them back on track. In a situation like this, it is advised that the young person carry out another Outcome Star within a couple of weeks, once key plans they have made have been carried out.

Outcomes using the Outcome Star Scores from those who completed the course.

Outcome Star Total Scores

Below shows the total score increase in score in their Outcome Star, of those who completed the GOAL course workbook.

	First score total	End Score total	Change in score total
Mean Average*	48.3	82.3	+ **34**
Mode*	59	74	+ **19.5**
Median*	51	78.5	+ **39**

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* The **mode** is the number which appears most often in a set of numbers.
* The **median** of a set of numbers is the number in the middle.

First Outcome Star Scores using outcome areas

Outcome Area	Mean Average first score	Mode first score	Median first score
Motivation and Living skills	4.3	4	4
Self-care and living skills	5.6	6	6
Physical health	4	4	4
Drug and alcohol misuse	5.6	10	5
Managing money and personal admin	3	2	3
Social networks and relationships	4.6	8	5
Emotional and mental health	2.3	3	3
Meaningful use of time	4.3	3	3
Managing tenancy and accommodation	4	5	5
Offending	9.6	10	10
Total	**48.3**	**59**	**51**

Final Outcome Star Score

Outcome Area	Mean Average final score	Mode final score	Median final score
Motivation and Living skills	7.2	6	6.5
Self-care and living skills	7.6	9	9
Physical health	8	7	8
Drug and alcohol misuse	9.3	10	10
Managing money and personal admin	7.8	8.5	8.5
Social networks and relationships	8.6	9	9
Emotional and mental health	8	9	9
Meaningful use of time	8	8	8
Managing tenancy and accommodation	7.8	7.5	7.5
Offending	9.6	10	10
Total	**82.3**	**74**	**78.5**

Change in Outcome Star Score over the duration of the GOAL programme

Outcome Area	Mean Average increase	Mode Increase	Median increase
Motivation and Living skills	+2.8	+1	+2.5
Self-care and living skills	+2	+4	+3
Physical health	+4	+3	+3
Drug and alcohol misuse	+5.5	+5	+5.5
Managing money and personal admin	+4.8	+5.5	+5.5
Social networks and relationships	+4	+1	+4
Emotional and mental health	+5.6	+2	+7
Meaningful use of time	+3.6	+1	+3
Managing tenancy and accommodation	+3.8	+1	+5
Offending	0	0	0
Total	**+34**	**+19.5**	**+39**

Young People Recruitment and Retention

The initial selection process was carried out by first sitting with the Leaving Care Manager to track which young people were firstly in area, around the right age group to be attending and coming up to leaving care. This provided us with a list of around 10-15 young people, who had the potential to attend. Information was passed on to the young people's social workers/pathway workers to let them know about the project, and to encourage them to attend. Not all of the young people attended from this list, and from the initial meeting, we recruited 4 young people onto the project. This was below the target of 10, so we looked at further ways to recruit young people to the project. During this time period, Calderdale took on a number of Unaccompanied Asylum Seeking Children (UASC), who with discussion with the Service manager, we decided to introduce to the project to help them to learn key skills and integrate with life in the UK. In the second quarter we had 5 young UASC's join the GOAL project bringing our participant number to 9.

To support the UASC's and the potential language barriers, a Care Leaver translation worker from the leaving care team joined the programme as a mentor. This was key to helping the UASC's and mentors communicate effectively. The young people enjoyed the workbook as they felt it helped them to learn English and the different culture in Britain. We had a couple of sessions where the Translator mentor was unable to attend, which led to communication not being as clear as it could have been. Quite soon after the UASC's moved to a different town, closer to their schools/colleges. This made attending the group harder, as they required help with transport, and would not finish till late after a long day in education. In addition to this, the translation mentor moved on from the role. This sadly meant the UASC's attendance dropped, moving into the third quarter, and then dropped off completely. This was unfortunate timing, as if one or two of the issues had happened we may have been able to work around it, but all issues together made it difficult for them to attend. Because the sessions were over halfway through, it did not make sense to bring in more young people, as they would not be at the same place at the others, and would create a group divide in terms of work and activities. The Leaving Care Team has since recruited more support for the UASC's so this would provide the support for this cohort to potentially return to the project in the future.

The social worker within the leaving care team, who leads of UASC's provided the following feedback.

"I am a Social Worker for unaccompanied asylum seekers, few of my young people have attended the GOAL project, encouraged both by myself and [lead mentor]. They have informed me of how they have enjoyed attending the sessions and how this has been a positive opportunity for them to get together with others and learn. My young people have been observed to have more of a positive approach in regards to working towards independence and have been able to refer back to things they have learnt through goal sessions. I think this has been a great opportunity for them to get together and develop sociable skills and confidence. The mentors have worked to keep the young people involved, the young people specifically mentioned their positive relationship with the [lead mentor], who they described as 'cool'.

In regards to any changes or adjustments, maybe the sessions can take place in different locations? Closer to where the young people are residing. Unfortunately the young people

gradually stopped attending as the mentor who was responsible to inform and ensure the young people attend, was unable to attend few sessions himself, which led to confusion and miscommunication. The young people contacted the mentor but unfortunately due to not being able to get in touch assumed the sessions were no longer taking place.

In addition to this, the interpreter/ mentor has changed roles and no longer works within the team."

As the cohort was then smaller, we did end up adjusting the method of running the group sessions, which is spoken about below. The adjustment could allow for a rolling recruitment of young people, however it would also rely on high mentor attendance to accommodate the young people, so ensuring mentor recruitment, training and retention was improved and maintained in the future is essential. This would need to be assessed further before implementation.

The project retained three out of nine young people for the full duration. Their scores can be tracked using the graphs below. Names have been removed to respect confidentiality.

Young people 1, 2, and 3 carried out the full course. Young people 4 and 5 attended their first session, and then decided the project was not something they wished to continue with. Young people 6,7,8,9 were Unaccompanied Asylum Seeking Children who dropped out of the project due to reasons provided above.

Young person 1 has experienced high levels of chaotic situations while being on the programme, which did affect their attendance, however is now catching up with the others. Personalised sessions has been very beneficial with this young person, however does require full attention of a mentor.

Young person 2 has attended almost every session, which has been reflected their growing scores in their outcome star. They have found and maintained stability, helped by a healthy and supportive relationship with their partner.

Young person 3 has experienced up and downs with their mental health, and become homeless after a break up with their partner, this affected their mental health and confidence, which has been seen in their scores, however, they have stable accommodation now, and within a few weeks, their score has risen again with their confidence and better mental health management.

Personal Development, Self-Reflection and Action planning.

Each young person has one action plan they should complete after each module. These are SMART outcome Action Plans, and may vary in how long they may take to achieve. After they have completed the workbook, each young person will have individual sessions with their mentor, were they will write up more action plans, depending on their needs and areas they want to improve their skills. There is no limit to how many action plans the young person can carry out with their mentor. While some young people have completed more action plans that others, it does not appear to have had a negative impact on their move up on their Outcome Start Scores. Because they are individual plans, some are more long term, rather than short term, and others more difficult to achieve than others. The Action Plans allow for adjustments, which can be supported by their individual mentoring sessions. Reviewing their Action Plans has had a positive impact on the young people, helping them to see how far they have come, and also sometimes helping to redirect their efforts and motivation. The young people and mentors have fed back that use of the Action Plans has been very positive, especially when the young people achieves their outcome, and reflects on the work they carried out to achieve it.

To enable the young people and mentors to move forwards positively, they should be carrying out self-reflection on their personal development. The young people are given opportunities throughout the project to self-reflect on their progress. The two main ways are through carrying out Outcome Stars at the end of the completing their workbooks, and carrying out a new one when they start their mentoring. At the end of each module in the workbook, and during their mentoring relationship young people carry SMART Action Plans, in line with growing their skills and confidence in the areas of the Outcome Star. The young people are able to reflect through their action plans, as each action plan has space to adjust their behaviour/actions if they are struggling with their original plan. They also are able to reflect on their progress when they achieve these outcomes. For one young person, this self-reflection was very positive, and influenced them to want to carry out more action plans to further development their skills and confidence in the outcome star areas.

At the end of each mentoring session, the mentee and mentor fill out an evaluation form on how they feel the other has contributed/involved/input to the session. Both then will discuss on any adjustments they may need to make to in the future. This has been a positive process, showing the trust between the mentor and mentee.

Part of the qualification and mentor development requires the mentors to reflect on the mentoring session through the Mentoring Session Evaluation Form. This form captures information on the session, the outcome, obstacles, and personal reflection on how the mentor dealt with the session, providing information and best practice they are able to share with the other mentors. This form has the ability to show any patterns in behaviour over time, and can track distance travelled, not only for the mentee, but also the mentor.

Mentor recruitment, training and retention.

Mentor Training

It was important to know why the potential mentors wanted to be part of the project to provide an indication of their retention success. In 2005, MENTOR, The National Mentoring Partnership commissioned a survey of 1000 mentors to determine who mentors and why. (O'Conner 2006) The survey asked participants to provide 3 out of 5 reasons that led them to be a mentor. The top two reasons came out as, 82% of "to help young people succeed", 76% "to make a difference in someone's life. Other reasons were much less motivational; 43% "to give back to the community", 27% "religious and spiritual reasons", 22% "someone helped [me] when [I] was young.[5]

The project requires peer mentors to share experiences in a safe manner, while also facilitating a space in which young people are able to share. To be able to this, mentors need to be able to self-reflect on their lives in a positive way, without traumatising/re-traumatizing themselves or others. This requires having a key set of skills, including communication skills; including listening skills, knowledge of trauma, and facilitation skills; including dealing with difficult situations. Potential mentors are required to fill out an application form that asks questions about why they wish to be a mentor, and the skills they think they have to bring to the project, as well as gathering an understanding of their experience of care.

Once CLA has this information the project lead is able to set up a two day scoping and initial training package. These two days introduce the mentors to the GOAL workbook, and the Outcome Star. The two day training gets the potential mentors to take first steps into really exploring why they wish to be a mentor, their expectations and also building team building and communication skills. They are introduced to the GOAL workbook and the Outcome Star Framework and gain understanding around what they would be expected to share from their own experiences. After this, those who wish to continue, and are seen as those having the ability to gain the required skills, or already have them are able to move forwards.

Once they start working with the young people, the mentors are required to carry out an online training course that covers three modules this includes:

- Interpersonal communication skills (1 credit), 1.Understand the importance of effective interpersonal skills 2. Be able to demonstrate effective interpersonal communication skills
- Mentoring skills (3 credits) 1.Understand the stages of the 'mentoring' relationship 2. Understand a range of techniques to make mentees feel comfortable and at ease 3. Understand the boundaries of a mentoring relationship 4. Understand when and to whom referrals should be made and
- Mentoring Practice (2 credits). 1. Be able to demonstrate good practice in mentoring 2. Be able to review own practice as a mentor.

These modules make up a level 2 Mentor qualification through Open Awards, which has been created by the Care Leavers Association. Mentors have to have carried out some mentoring for the young people to gain the full qualification as the Mentoring Skills module requires the mentor to reflect and evaluate on their own practice.

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[5] Arthur A. Stukas, E. Gil Clary, and Mark Snyder *Mentor Recruitment and Retention - Handbook of Youth Mentoring Second Edition*

Mentor Recruitment

In Calderdale, there is a strong network of older Care Leavers, due to substantial work carried out by the leaving care team and Calderdale council to remove to stigma and negative stereotypes around care leavers. The area has also worked hard to create roles within the council and partners for Care Leavers, meaning that care leavers have been more likely to be in contact with the leaving care team.

The project initially recruited 7 potential mentors to the project. This number included two mentors who had been involved in the first pilot and a young person who had been on the project during the pilot. The four additional potential mentors were; an older care leaver who worked within the council, a young care leaver who was expecting her first child and two other care leavers in their 20s.

The CLA worker set up two days of initial training for the mentors that also worked as a scoping exercise on the appropriateness of the potential mentors. These days were attended by 5 of the 7 potential mentors, two were unable to attend due to prior commitments. Instead we carried out a telephone conversation with the two who were unable to attend, as time constraints meant we were unable to run additional sessions, plus the sessions are designed to work with a minimal of three participations, due to the need for communication, teamwork and group discussion.

Out of the five who attended the initial training day two potential mentors decided they were unable to give the time commitment required of the project due to child and work responsibilities. This is a consideration that will need to be recognised in the future when recruiting Care Leaver mentors. Due to Care Leavers not always having the family support network around them, childcare issues can have a great negative effect on the availability; emotionally and physically to this kind of project. Resolving this issue is not an easy. Providing childcare may be an option for some Care Leaver Mentors who are parents, however, for the two who were not able to commit, this option would not have made a difference. We had an initial conversation with an additional older care leaver about the potential of becoming a mentor, however, it became clear quickly, to us and the care leaver that they were not ready to reflect and share their experiences, as they had not dealt with them themselves.

Moving forwards the project had 5 recruited mentors and the CLA member of staff to support the running of the GOAL group sessions.

It is advised that future recruitment activity should take advantage of existing networks of Care Leavers and also potentially use the Law change that is currently going through government. The change in this law requires local authorities to contact all care leavers up to the age of 25 to let them know they are eligible for continued support. At point of contact and beyond the care leavers could be made aware of the mentoring programme, and be invited to come forward to be scoped for recruitment.

Within the monitoring and evaluation agreement for the Calderdale Commissioning, it was agreed that we would measure the percentage of mentor attendance to ensure that mentors were attending enough to form meaningful relationships with the young people. It was agreed that the project would try to establish 80% attendance from mentors. This was a high expectation, but also seen as a requirement for the young people to form a meaningful bond. The attendance expectation was explained to the mentors before the programme begun, and all agreed that this expectation was reasonable when considering the understanding that their attendance meant they were able to form a bond with the young people.

The project started well with a high attendance percentage from the mentors with 80% attendance in the first quarter, however, due to issues explained in their feedback forms, we had a drop in mentor retention/attendance in the second quarter to 60% attendance. In the third quarter the attendance was still below the required 80%, it was clear that some mentors would not be returning to the project, so we scoped to recruit more mentors.

In the second round of mentor recruitment we opened up our definition of 'Care experienced' to include those who had an alternative experiences of care, for example, respite care, or foster siblings/birth children of foster parents. This method meant we were able to include a young woman who had experience with working with SEN children, and was also a child of a foster parent. We introduced them to the group during a group session, and the young people were more than happy for her to be part of the group as a mentor. This mentor quickly became a valued and trusted mentor with the group people and other mentors. From observation, it would be concluded that her good communication skills, and ability keep the young people on track with the work and discussion, meant the young people did not seem to mind that she had not been in foster care herself. This may be a possible option in the future, to 'open' up the criteria of a mentor, although discussion with the group about this is advised as some may not feel like they would be able to share with a non-care experienced mentor.

Mentor Retention
Sundeen, Raskoff, and Garcia (2007) found that the major barriers to volunteering reported by 48,168 volunteers were Lack of Time (43.4%), Lack of interest (27.1%), and ill health (14%).[6]

When we compare these reasons for those not to 'participate' given by the GOAL mentors, they are in line with this research. In addition to the main reasons; Lack of time or for one mentor ill health (mental health), mentors provided an additional reason for not being able to participate. The reason given was about sharing experiences, and being in the right place to share these experiences in a group setting.

Moving forwards, more in depth scoping will need to be put in place to ensure mentors are in the 'right place' to mentor. Those with care experience however are high risk in this area, and may 'feel' that they are ready and able to share their experiences, but then find later on when they open up on issues, that they are not ready. A method to help with this issue would be to go through intensive group forming with the mentors before they start with the programme to grow trust between mentors on what they are happy to share with, and also introduce the mentors to the areas they may share experiences on. This would include training on safely sharing experiences to not traumatize themselves, or the mentees. To carry out more effective training it is recommended that this is done through an intensive training package. This may require a weekend away to ensure mentors attend all the training and to help create a group mentality between the mentors.

Mentors fed back that the support they received was positive and not a negative to them not being able to participate. This is a very positive point, as research carried out by Boezeman and Ellemers (2007) demonstrated that volunteers perceptions of the emotional and task-related support they received from an organisation was a predictor of their perception that the organisation respected them and their contribution, which subsequently predicted commitment to the organisation (and the project). In the same model, if a volunteer's

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[6] Arthur A. Stukas, E. Gil Clary, and Mark Snyder *Mentor Recruitment and Retention - Handbook of Youth Mentoring Second Edition*

perception of the importance of their work was high, they would me more likely to take pride in their work and continue to stay committed.[7]

To effectively evaluate the mentor retention, we also asked the mentors who stayed on the project to provide feedback on their experiences of the project. The project is taking on board the feedback provided by the mentors, and moving forwards, the project will have more structures in place to ensure all resources are available. This however may have been picked up with better use of the mentor guide, that states mentors should prepare for the work before its due and to ensure they have the resources required, as the resources has been created but had not been included in one of the packs. This was a legacy admin issue, which has now been dealt with. The mentor feedback on what they have gained from the project is in line with research on what makes a mentor stay with a project. This provides us with a basic profile of what can make a good mentor. Both the mentors who provided feedback have experience working with young people, had at least a basic level of understanding and ability to use communication skills, and had the confidence and ability to share their own experiences; while having dealt with issues and their experiences enough to be able to reflect back without it causing distress. Moving forwards, the project aims to create more robust activities to test potential mentors in these areas.

The project will need to recruit more mentors moving forwards, as leaving quarter 4 the project has only two active and reliable mentors, and the CLA worker. CLA will need to develop new and improved training for potential and existing mentors, as well as utilise the care leaver contacts within the Local Authority for recruitment. It may be possible to use the existing funding through TLC to fund a training event for mentors in the interim as the Clinical Commissioning Funding has come to an end, and the CLA is awaiting the outcomes of a number of funding bids to carry on this work.

Workshops/Group Sessions

The programme used group consensus and mentor availability to decide which day to run the GOAL sessions. Due to work commitments, and childcare commitments, and commitment young people could potentially be involved in other groups, the programme was arranged to run on Tuesday evenings 5-7pm. This would not include half term weeks, and or weeks close to Christmas and new year, providing space and time for mentees and mentors to go away and spend time with family/attend programmes such as the National Citizenship Service; a programme that a lot of care youth attend during holidays. When sessions began, they relied on the CLA support staff to help run the sessions. This process helped the mentors to learn best practice of running a session, and helped them to learn facilitating skills. The group sessions has taken longer than predicted to get through the activities in the workbook, so the project over shot its prediction to have completed a cohort and a half by the end of the funding. This was down to a number of reasons; some activities took longer than anticipated, and due to some young people missing sessions, we had to move to a more individual work model for the work books, which meant one on one mentor and mentee work, which took up more time. This type of session worked, as the young people and mentors were still able to socialise, however they could work on the activities at their own pace, and miss out activities if they felt they were not relevant to them. This method, may enable a rolling recruitment to the project, which would mean a young people would not have to have wait until the next running of the project, and instead join when they are ready. This method however would require a high mentor attendance to enable all young people to have someone to work with.

[7] Abid

Mentoring sessions

The Mentees have begun their individual mentoring sessions. At the beginning of this relationship, the young people fill out another Outcome Star to assess their point in life before beginning. Results from these outcome stars have been varied, with one young person, increasing their score from their final outcome start carried out with the group sessions, and another lowering their scores. The outcomes are directly linked to current life situations, while one was stable, and able to move forwards positively, the other became homeless and broke up from their stable relationship; having a negative effect on their confidence, mental health and confidence about living independently, and willingness to deal with the negative situation. Both situations are important to acknowledge when working with those with Care experience. The two main areas of consideration, are mental health, and the potential 'easy' instability if things go wrong, and also housing/home opportunities if things go wrong.

Firstly, Mental health; we have to work on the premise that young people with Care experience have experienced childhood trauma, due to the reasons they came into the care system in the first place. Research shows that there is little knowledge or support for recovery of childhood trauma as a standard for all those entering the care system, so we need to assume that this trauma is often compounded and added to as they go through the care system and beyond. If we use the understanding of the relationship between Adverse Childhood Experiences, and life outcomes as a basis. The original ACES Research asked 18,000 volunteers to help study, the study looked at 10 types of childhood trauma measured in the ACE Study. Five are personal — physical abuse, verbal abuse, sexual abuse, physical neglect, and emotional neglect. Five are related to other family members: a parent who's an alcoholic, a mother who's a victim of domestic violence, a family member in jail, a family member diagnosed with a mental illness, and the disappearance of a parent through divorce, death or abandonment. Each type of trauma counts as one. So a person who's been physically abused, with one alcoholic parent, and a mother who was beaten up has an ACE score of three.[8] An individual exposed to none of these categories had an ACE Score of 0; an individual exposed to any four had an ACE Score of 4, etc. In addition, a prospective arm of the Study is following the cohort for at least 5 years to compare distant childhood experiences against current Emergency Department use, doctor office visits, medication costs, hospitalisation, and death.[9]

When looking at purely emotional outcomes like self-defined current depression or self-reported suicide attempts, the research found equally powerful effects. For instance, they found that an individual with an ACE Score of 4 or more was 460% more likely to be suffering from depression than an individual with an ACE Score of 0. Should one doubt the reliability of this, we found that there was a 1,220% increase in attempted suicide between these two groups. At higher ACE Scores, the prevalence of attempted suicide increases 30-51 fold (3,000- 5,100%).[10]

We asked mentees to carry out a basic ACES questionnaire, and each scored at least 4, showing that their traumatic childhood experiences and the potential lifelong effects should

[8] https://acestoohigh.com/got-your-ace-score/

[9] Vincent J. Felitti *The Relationship of Adverse Childhood Experiences to Adult Health Turning gold into lead* http://www.nacoa.org.uk/media/files/The%20Relationship%20of%20Adverse%20Childhood%20Experiences%20to%20Adult%20Health.pdf

[10] abid

be taken into consideration. The ACES research showed that those with higher ACES scores could deal with instability or negative situation with greater impact on their physical and mental health. With this understanding, we have to acknowledge the importance of consistency and continued support provided by this project as a young person may score highly, then drop dramatically if certain areas are not working out. Those with care experience, often cannot rely on 'family' in these difficult situations, again this is an important aspect we should take into consideration when supporting these young people. Mentoring sessions and the relationship formed between the mentee and mentor should ensure that although the mentor provides support and consistency for the mentee, the mentor shouldn't become a replacement 'parent' figure for the mentee, as this would create additional trauma and negative effects ounces the mentoring relationship comes to an end.

From initial observations of the mentoring sessions, it is clear that the mentors are able to communicate using varied techniques that help engage the young person. In the mentoring sessions, this is one of the most important aspects. Often the young person will want to offload about their week, this shows a good level of trust between the young person and mentor. If the mentor feels like the young person is too distracted, they can use a Mentoring Session Focus form with the young person. So far this form has not needed to be used.

The mentoring relationships need to be observed over a longer period to gain more understanding and evaluation of the best practice and long term effects, however from initial observation and evaluations, the mentors are working well, and have developed positive, trusting relationships with the young people.

Moving forwards the project should try and recruit mentors who already have a good level of understanding of communication skills and the ability to use these skills. The project will also include Trauma Informed Training, so the mentors can recognize the long term symptoms and behaviour of childhood trauma, and how they can still communicate and efficiently work with the young person.

Venue Choice
The first session was held at the Town Hall, which is a central location. We had originally hoped to use the Town Hall Cafe as a venue, so the group were able to practice cooking skills and related areas. However, as we begun the sessions, the cafe was closed. Instead we started sessions in a meeting room at the town hall, however, we found the facilities unsuitable for the cohort, and also had issue with room booking clashes. We spoke with a charity that ran through a cafe about the potential to use their facilities after hours for the group, however this was not followed through due to safeguarding issues. Through working with the Children in Care Council on an art project, we established a relationship with the manager of Phoenix Radio. After conversations about the project, and the need for a suitable venue, Phoenix Radio offered their space for a small donation cost. Sessions are now ran weekly at the local radio station. Phoenix radio have provided a positive space for the programme, staying open late to accommodate the group. They have also offered opportunities to the young people and mentors to expand their skills through the venue. This has included offering free recording sessions for those wishing to partake in music, but also teaching the young people about how the radio system 'works' and letting the young people speak on the radio and set programmes going. They have always provided a safe and open atmosphere which has been a great benefit to the running of the sessions. Moving forwards, the Pathway team has sourced a training flat, which the GOAL group can use to learn home and cooking skills on practical level, rather than theoretically through their work books. The project would benefit from use of both the training flat and also the venue at Phoenix Radio. Phoenix Radio are due to move to a new location, however they are more than happy to continue to host the project at the new location, which is a short distance away.

Recommendations for Sustainability

To create a robust sustainability plan, the project evaluation has pulled out key areas in which additional work will need to be carried out. Below are key areas of recommendations to be taken into account when moving forwards with the project.

Recommendations for the Mentor Recruitment

- Open up the scope for mentors to include those who may be foster carers or siblings of foster children, but be decided on a case to case situation
- To ensure potential mentors have prior experience of using communication skills
- To ensure they have 'achieved' in life
- To effectively assess that they have started to deal with their childhood experiences, and able to learn or already able to reflect back in a positive way
- To have the time, capacity and understanding of what being a mentor means
- To assess potential triggers or situations which may mean a mentor would not be able to continue
- That the mentor is 'stable' in the different areas of their life
- To use existing networks for recruitment, and have a pool of at least 5 active mentors at a time, if this looks as if it is dropping recruitment should be opened again, and training sessions for them to be ran alongside the existing group for the mentors to merge into the group as it is running.
- To ensure the application form, mentor personal specification, aim of the project and expectations is fully understood by the potential mentors

Recommendations for Mentor Training

- To create training that covers childhood trauma and recovery
- To include theory and practical based training on communication skills
- To ensure Mentors have access to the online Mentor Qualification from the beginning of the project to gain skills throughout
- Update the mentor application form to reflect the need to capture prior experiences
- To source funding to run an 'away weekend' for the mentors to be trained and allowing for 'group forming'
- To provide ongoing training, throughout the project

Recommendations for Young People Recruitment

- Work with the previous cohort of young people and mentors to develop and provide workers with an information package to learn more about the project that can also be used to inform their young people about the project. Make use of social media, videos, visual aids
- Continue to use an Managers oversight on recruitment on 'who' would potentially gain from the project
- Plan a recruitment 'fun' day with previous young people and mentors

Appendix

Mentor Retention Feedback Form Questions and Answers
Reasons given for leaving the project.

- *It was a little hard with work [commitments] as I would always miss it. I really wanted to attend, but my work commitments had to come first.*
- *I had a lot on my plate and wasn't in the right mind-set at that time to be a mentor.*
- *Time, after work and study commitments, Location - after long day of work walking large distance to get to. Roughly 3-4 distance of walk to work so would be longest walk of the week. Phoenix is a better space than town hall but more difficult to get to. Mentoring in open group environment, I find it difficult to share views/opinions in open group environment. Also difficult to open up and understanding that some people find it difficult to discuss about self specifically emotional wellbeing and particularly if not given much thought about it.*

Could the project change anything or supported me better

- *NO I got amazing support from other mentors. For me it was struggling with mental health team and them not offering support. The mentors have supported me socially, physically, mentally and emotionally.*
- *No I thought the support that was here was great*
- *Later time, different location, I understand the difficulties around this.*

What did you enjoy in the project?

- *Learning a lot and gained a lot of information about different aspects of independent living. Attempt to make [the project] more personal by asking mentors to think of examples personal to us. For mentees they have workbooks to write down if not comfortable saying openly to the group.*
- *I enjoyed helping others and learning new things and making new mates*
- *I enjoyed meeting young people and helping them with problems they might face when moving on. Also the ongoing support from mentors who have put it all together and put the time and energy. I love the way we did some sessions differently.*

Would you recommend the project to others?

- *Yes, very informative and developing skills as a mentee*
- *I would recommend it to everyone it's a great project*
- *DEFINITELY I wish they had something like this before I left. I think children in care need this [project] to understand it all before moving out and to help them become ready so it's not a daunting.*

Additional comments.

- *Like before mentors were amazing with me. The young people are learning and it's a fun safe place to be. Thank you to those who have supported me and for caring.*
- *I wouldn't change anything as it's not their fault I could hardly come*

Mentor Feedback and Evaluation Form Questions and Answers

Has the GOAL project met your expectations you originally had when you began? Please provide feedback as to how.

- *The GOAL Project has met my expectations in regards to the outcomes for young people.*
- *Yes the GOAL project has met my expectations as I knew I would be supporting young people with various relatable and the team is so supportive and helpful.*

What has helped you remain committed to the project?

- *I have been committed to the GOAL project since the pilot in 2014. I have a passion for working with young people and sharing my experiences.*
- *I personally want to try help and support young people with various areas they may not understand or need guidance with and I feel it is important for their future.*

What have you gained from the project?

- *I feel I have gained more patience and understanding towards young people, especially those who may have additional needs. I have gained more knowledge in areas of the GOAL project that I didn't have before starting.*
- *I have gained friendships and also been able to learn and develop mentoring skills.*

Have you felt supported throughout the project?

- *I do feel I have been supported.*
- *Yes, any questions I have I am able to speak to [the other mentors]. The group we have at the moment is very supportive so together we help each other.*

What skills do you feel have developed by being part of the project?

- *I have gained skills in communication and understanding.*
- *Active listening, effective communication skills (I have learnt the importance of nonverbal communication), organisation (keeping young people on track and focused when completing booklet) and empathy.*

Could we change anything about the project to help the project run better?

- *A better mentor selection process and training for mentors. Encourage those mentors to take responsibility in contacting young people each week to find out if they will be attending or not.*
- *I think the project would run better if we have a complete pack of all the information and activities in order to complete the booklet. Most young people have been actively learning by researching on google.*

Could we improve anything to make you feel better supported in your role?

- *I feel at times that some sessions have lacked certain resources. This has made it difficult to run certain parts of the project.*
- *I feel a termly meeting with the manager of the project would be useful in order to check how the mentor is feeling and check their meeting forms. I already feel comfortable in asking for help but I feel having a set meeting would help as others may suffer in silence if they feel the manager is busy.*

Young People Feedback and evaluation

Has the GOAL project met your expectations you originally had when you began? Please provide feedback as to how.

- *When I first started GOAL, I wasn't very keen on it, but as I attended more, my anxiety calmed down about attending the group and I engaged more, and I now feel like I now I get a lot back from attending*
- *I wanted to gain more independence, which I have*
- *Yes - It has helped me to become more independent, to become more outgoing, It has created a friendship group, and safe social network. I have met nice people, who have helped me.*

What has helped you remain committed to the project?

- *I think just attending more and feeling more comfortable within the group has helped my attendance*
- *Having mentor encouraged me to remain and return to the course, the relaxed environment*
- *My sister, reminding and nudging me to attend. Being able to have a laugh in the group has helped, it's not serious all the time like a course.*

What have you gained from the project?

- *I feel like I have gained more confidence within myself to do life tasks and confidence within myself.*
- *Confidence, Independence, Living skills*
- *Confidence, Better Self-belief, Better at communicating how I am feeling/have issues with*

Have you felt supported throughout the project?

- *Yes.*
- *Yes, Helped me to be who I am today*
- *Yes, DEFFO*

What skills do you feel have developed by being part of the project?

- I feel like I have gained the ability to talk within a small group of people.
- Writing skills, Reading skills, Confidence, Independent living skills

Could we change anything about the project to help the project run better?

- Free food
- More knowledge of the group, use social media so people know about it. Posters/pictures of us. Opportunities to do practical skills e.g. cooking
- No

Could we improve anything to make you feel better supported?

- No, I think the One2One support and just general help from the mentors has been enough support for me.
- No, I feel well supported.
- No, more than happy with the support I have had.