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Mentoring to reduce antisocial behaviour in childhood

Helen Roberts, Kristin Liabo, Patricia Lucas, David DuBois, Trevor A Sheldon

The effects of social interventions need to be examined in real life situations as well as studies

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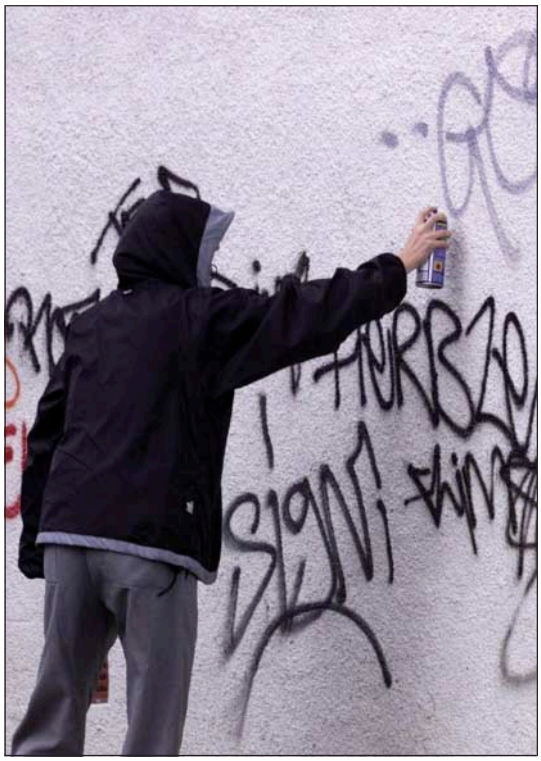
Politicians and policy makers are increasingly interested in evidence based decision making. They are under pressure to look to research for solutions to policy problems and justify programmes by reference to the knowledge base. It is tempting for policy makers to grasp any research on seemingly intractable social problems, however slim, in the hope of finding simple solutions. Rolling out national programmes based on inadequate evidence can, however, do more harm than good. We use the example of mentoring for young people with, or at risk of, antisocial behaviour problems to show the potential dangers of running ahead of the evidence.

Social interventions aimed at children

Public health interventions to improve outcomes for children are an example of policy and research evolving in tandem.[1–3] Interventions such as Highscope, Headstart, parenting education, home visiting, and mentoring have been well designed and robustly evaluated, some of them by randomised controlled trials.[4–10] Nevertheless, parent education, home visiting, and mentoring, as their proponents and evaluators would be the first to agree, largely remain black boxes with a great many unanswered questions about what specific forms of intervention are effective and under which conditions.

Meanwhile, a climate has been created in which it is widely held that these interventions are effective and national programmes are being established. Questions about who delivers the service, the kind of young people who might benefit, and the content of services likely to be effective can be lost in the drive to get the programmes running.[11] These programmes can gain momentum because they have strong face validity: they look like the sort of things that should work, our instincts tell us that they will work, and we want them to work. This can not only result in premature roll out on the basis of insufficient evidence but also make it difficult to stop or change direction.



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Not all mentoring to reduce antisocial behaviour is effective

Mentoring for antisocial behaviour in childhood

Antisocial behaviour in childhood and adolescence is a problem for young people and their families, for health and welfare professionals planning multidisciplinary services, and for general practitioners approached by fraught parents.[12 13] Behaviour problems in childhood can presage more serious problems in later life.[14] Antisocial behaviour in young people is also a problem for the police, communities, and politicians. This makes finding a solution a political as well as a therapeutic imperative—a potent driver for action.

One approach is through mentoring schemes, which a meta-analysis has shown to have benefits.[10] In a typical non-directive mentoring programme, a mentor will be a volunteer who provides support or guidance to someone younger or less experienced. The mentor aims to offer support, understanding, experience, and advice. Mentoring is non-invasive and does not require drug treatment. It is easy to see why it might work, and why it is attractive to politicians and policy makers.

P+ *Further details of the studies are on bmj.com*

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In February 2003, Lord Filkin, then a minister in the Home Office, announced £850 000 ($1.6m; €1.26m) of funding for mentoring schemes in England: "Mentors can make a real difference to … some of the most vulnerable people … and help to make our society more inclusive. There are … excellent examples of schemes which really work."[15]

There is equal enthusiasm in the United States. In his state of the union address in January 2003, President Bush announced plans for a $450m (£238m; €352m) initiative to expand the availability of mentoring programmes for young people. This included $300m for mentoring at risk pupils and $150m to provide mentors to children of prisoners.[16]

What does the research show?

One problem with interventions that become politically attractive, and to which large sums are attached, is that research may be used for support rather than illumination. Robust research does indicate benefits from mentoring for some young people, for some programmes, in some circumstances, in relation to some outcomes.[8–10] But there are also good descriptive evaluations suggesting that those young people who stay on in programmes are inclined to report favourably on the experience.[17 18]

We examined the existing reviews (see bmj.com) and concluded that research on mentoring programmes does not provide evidence of measurable gains in outcomes such as truanting or other antisocial behaviours.[19] When improvements have been reported, such as in reports of the Big Brothers Big Sisters mentoring programme,[8] critical examination suggests flaws that weaken the conclusions.[8] Although this study was well conducted, it failed to report on changes observed from administrative records. A comprehensive meta-analysis on mentoring found no effect in studies using more objective measuring tools than self report and non-blinded reports of behaviour change.[10]

Mentoring programmes for vulnerable young people may have a negative impact, and adverse effects associated with breakdowns of relationships with mentors have been reported.[20] Worryingly, a three year follow up study of one well designed scheme found that a subgroup of mentored young people, some of whom had previously been arrested for minor offences, were more likely to be arrested after the project than those not mentored.[21] On the basis of these findings, we concluded that non-directive mentoring programmes delivered by volunteers cannot be recommended as an effective intervention for young people at risk of or already involved in antisocial behaviour or criminal activities.

We are not suggesting that mentoring cannot work. There are many different kinds of mentoring, and some show better evidence of effect than others.[10] Our current state of knowledge on the effectiveness of mentoring is similar to that of a new drug that shows promise but remains in need of further research and development. There is no equivalent of the National Institute for Clinical Excellence or Food and Drug Administration for mentoring. If there were, no more than a handful of programmes might have realistic hopes of qualifying. And even then, it would have to be acknowledged that we lack full understanding of the safeguards needed to ensure that young people are not harmed by participation. For some of the most vulnerable young people, mentoring programmes as currently implemented may fail to deliver on their promises.

Summary points

- Mentoring of children and young people involved in antisocial behaviour has become a popular intervention
- Research evidence to support the most commonly used programmes is lacking
- Failed mentoring relationships may have a detrimental effect on some young people
- Commitment to research based practice needs to include focus on what works in implementation as well as evidence of effect

How should we respond to the evidence?

Showing that something works (or not) is one thing, and difficult enough. But what happens next in real life settings? We summarised the research findings and presented them to practitioners and planners who were implementing mentoring. Unsurprisingly, their response was not to abandon the projects. Instead, they asked how they could make it work.

They asked for evidence on what seemed to have a more positive effect for the group of children with whom they were working. The research suggests that cognitive behaviour therapeutic approaches are effective in attaining some of the outcomes sought, including when these are delivered through a mentoring-like component.[22 23] The practitioners therefore decided to include a directive element in their approach. They also drew on practices that seem to be associated with stronger benefits for young people, such as ongoing training for volunteer mentors and involvement of parents.[10] Of course, without implementing such innovations in a trial setting, we will never know whether new approaches are better, worse, or much the same.

Conclusion

Social interventions are complex and are capable of doing as much or even more harm than medical ones. They need to be as thoroughly evaluated before and after implementation.

Those of us who have been pushing policy makers and practitioners to adopt evidence based practice need to be careful that we do not sell it as a simple way to solve problems. We need a lot more work on how to help policy makers deal with complex interventions and evidence. Research and development in health and social care needs huge investment if we are to develop adequate social interventions for big problems. At present, practitioners, parents, and children and young people themselves, looking for good research evidence on common problems, will find the evidence cupboard disappointingly bare.

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Young people have the right to evidence based interventions. We know from the past that many well meaning attempts to do good resulted in harm, but we now have the means through systematic review, trials, sound evaluations, and good qualitative work, to do better.

Contributors and sources: HR and TAS are grant holders of the What Works for Children? project. Under their guidance, KL and PL authored the EvidenceNugget on mentoring for young people. Drawing on the EvidenceNugget, HR drafted the original idea for this paper and coordinated comments from KL, PL, DDB, and TAS. Sarah Frost of What Works for Children? facilitated work with practitioners and Mark Anslow, who is a Children's Fund manager, provided a practitioner's views on putting research into practice.

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Competing interests: All the authors are involved in research on evidence based services.

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Where is the evidence that animal research benefits humans?

Pandora Pound, Shah Ebrahim, Peter Sandercock, Michael B Bracken, Ian Roberts on behalf of the Reviewing Animal Trials Systematically (RATS) Group

Much animal research into potential treatments for humans is wasted because it is poorly conducted and not evaluated through systematic reviews

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Clinicians and the public often consider it axiomatic that animal research has contributed to the treatment of human disease, yet little evidence is available to support this view. Few methods exist for evaluating the clinical relevance or importance of basic animal research, and so its clinical (as distinct from scientific) contribution remains uncertain.[1] Anecdotal evidence or unsupported claims are often used as justification—for example, statements that the need for animal research is "self evident"[2] or that "Animal experimentation is a valuable research method which has proved itself over time."[3] Such statements are an inadequate form of evidence for such a controversial area of research. We argue that systematic reviews of existing and future research are needed.

Assessing animal research

Despite the lack of systematic evidence for its effectiveness, basic animal research in the United Kingdom receives much more funding than clinical research.[1 4 5] Given this, and because the public accepts animal research only on the assumption that it benefits humans,[6] the clinical relevance of animal experiments needs urgent clarification.

Several methods are available to evaluate animal research. These include historical analysis,[7] critiques of animal models,[8] investigations into the development of treatments,[5] surveys of clinicians' views,[9] and citation analyses.[10] However, perhaps the best way of producing evidence about the value of animal research is to conduct systematic reviews of animal studies and, where possible, compare the results of these with the results of the corresponding clinical trials. So what do studies that have done this show?

Details of the search strategy and references w1-w18 are on bmj.com