PRACTICAL CASE HANDBOOK FOR SOCIAL MENTORING

Developed in the framework of the Project SAPERE AUDE - Improvement of the academic results of young people in care through mentoring

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INTRODUCTION

This Practical Case Handbook is evaluating the impact of mentoring for improving the educational results of young people in residential care - (hereinafter referred as Practical Case Handbook). It has been created in the framework of the Project *SAPERE AUDE - Improvement of the academic results of young people in care through mentoring* (hereinafter referred as: AUDE), funded by the EU Program Erasmus+ Strategic Partnerships in the field of Education.

This Practical Case Handbook has been developed using as a basis the theoretical and practical experiences obtained by AUDE Project partners in the process of defining, implementing and evaluating during a 9-month period, Mentoring Pilots developed in several European countries specifically focusing on improving educational results of youngsters in residential care.

The general objective of creating this Practical Case Handbook is to provide on the one hand theoretical and practical content to the main aspects when implementing a mentoring initiative that specifically focusses on improving the academic results of young people in care and on the other hand, present the scientific research developed in the framework of a 9 months mentoring process implemented through mentoring pilot projects in 5 different countries. Further this pilots are evaluated, to see if there is an impact of mentoring in improving the academic results of youngsters in care.

The AUDE Practical Case Handbook will refer to the mentoring processes developed in the specific framework of the AUDE Project, however the bulk of content should serve as a handbook for any organization interested in implementing such a mentoring initiative for the first time. It shall also show the obstacles and challenges when implementing in practice and can be also a handbook for evaluating such a mentoring experience. Interested organizations will be therefore encouraged to use AUDE Practical Case Handbook as a useful source of information and guidance throughout the whole process of implementation of mentoring activities within their organizations.

In this regard, the Practical Case Handbook is designed to be a guide to which organizations can refer at any time during the mentoring process and its evaluation for more clarity and understanding of all the aspects related to a social mentoring initiative.

The Practical Case Handbook is a result of a collaborative work of AUDE transnational partnership composed of organizations and academic institutions from five European countries: Spain, France, Germany, Austria and Croatia. AUDE partners have joint their knowledge, expertise and experience for developing this

Handbook, in the belief that it will contribute to the successful implementation of any mentoring initiatives developed by interested organizations with a specific interest on improving academic results or youngsters in care.

AUDE Project Partnership

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Part I - KEYS AND CONTENTS OF SAPERE AUDE MENTORING PROCESS

*Developed in a framework of the Project
SAPERE AUDE - Improvement of the academic
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http://www.sapereaude-project.com

1. STRUCTURE OF THIS HANDBOOK

The present Practical Case Handbook is evaluating the impact of mentoring for improving the educational results of young people in residential care - (hereinafter referred as Practical Case Handbook) has been created in the framework of the Project *SAPERE AUDE - Improvement of the academic results of young people in care through mentoring* (hereinafter referred as: AUDE), funded by the EU Program Erasmus+ Strategic Partnerships in the field of Education.

This Practical Case Handbook sums up the theoretical and practical experiences obtained by AUDE Project partners in the process of defining, implementing and evaluating during a 9-month period. The mentoring pilots were specifically developed in 5 European countries focusing on improving educational results of youngsters in residential care.

CONTENTS OF THIS HANDBOOK CAN BE USED AS A GUIDANCE FOR ANY ORGANIZATION INTERESTED IN DESIGNING AND IMPLEMENTING A MENTORING PROCESS FOCUSSING ON IMPROVING EDUCATIONAL RESULTS OF YOUNGSTERS IN CARE

This AUDE Practical Case Handbook will refer to the specific mentoring processes developed by AUDE Project partners in the specific framework of the AUDE Project. However, this document has been envisaged so that the bulk of this content can serve as a reference guidance to any organization interested in implementing such a mentoring initiative for the first time to face the realities related to implementing in practice and evaluating such a mentoring experience. Interested organizations will be therefore encouraged to use AUDE Practical Case Handbook as a useful source of information and guidance throughout the whole process of implementation of mentoring activities within their organizations

It is for this reason that this Practical Case Handbook will include theoretical and practical contents that will be structured as following:

- Summary of key elements of the AUDE Project. This section will help the readers of this document to briefly contextualize and frame the content of this handbook in the framework of the Sapere AUDE Project- *Improvement of the academic results of young people in care through mentoring* funded by the EU Program Erasmus+ Strategic Partnerships in the field of Education.

- The AUDE project framework: the AUDE mentoring model and implementation procedures. In the framework of the AUDE Project, project partners have jointly developed and agreed upon the theoretical model and specific implementation procedures that will set the framework for implementing in practice mentoring pilots in five European countries during a 9-month period focussing on improving educational results of youngsters in care within the partner organizations.

> *The key elements of the Mentoring model will be only briefly reviewed in this section since they have already been widely developed in the document "Training Handbook to train mentors" that is available in the AUDE Website. Some extracts of the Mentoring model from the Training Handbook have been therefore included in this document.*
> *For further information on the Mentoring model, please refer to the "Training Handbook to train mentors" document.*

Additionally, this section will contain an overview of implementation procedures that project partners have used as theoretical framework to set up an implement in practice Mentoring Pilots.

> The model and implementation procedures although refer to the AUDE Project, constitute a useful reference framework as well for any organization interested in setting up and implementing in practice a mentoring initiative.

Practical cases of implementing mentoring pilots

When using the mentoring model and the implementation procedures framework mentioned in the section above, you will see that AUDE project partners provide useful and representative practical experiences that helps to visualize what it means to implement a mentoring process in practice. The implementation of a mentoring process is in each case a unique event, that will depend on the specific context each organization operates..

- Research results and conclusions

The University of Girona, partner of the AUDE Project will evaluate the impact of the mentoring pilots focussing on improving educational results of youngsters in care implemented by AUDE Partners. In this section, the methodology and results of the research will be described in detail.

2. SUMMARY OF KEY ELEMENTS OF THE AUDE PROJECT

Short context and justification of the Project

Recent studies at European level show significant differences in career and academic performance of children and adolescents in care in its various forms (residential care and foster care) in comparison to the general population. Based on this results, it is paradoxical that despite the large investment, provision of resources and professional efforts that usually have been given to youth in care, they do not reach the same level of education/training compared to their peers growing up in family of origin. Given the role that training and education has social progression in general, failure to properly resolve this issue perpetuates the risk of exclusion in the life trajectories of these youngsters.

The project Sapere AUDE AUDEAUDE (herein after referred to as: AUDE) is the result of a joint initiative of relevant stakeholders active in three areas of expertise: Providing residential care services for children/youngsters, ?providing mentoring services and academic research in the field of children/youngsters. The partners are covering five European countries: Spain, France, Germany, Austria and Croatia.

Driven by the results from recent studies, as well as by their own experience in working with children/youngsters in residential care, five civil society organizations (Fundació Plataforma Educativa, Für Soziales, Bundesverband Therapeutische Gemeinschaften, SOS Groupe and Play) and one academic institution (Girona University) have worked together to develop a project with an ultimate goal to contribute to the improvement of educational paths of children/youngsters placed in residential care.

General Objective

The AUDE Project, co-funded by the Erasmus+ Program of the European Union, will have a duration of 2 years, (September 2016 – September 2018) and aims to implement and evaluate a specific social mentoring model and implementation procedures that specifically address the educational pathways of children/youngsters aged 12 -17, who are living in residential care. This will be done through AUDE pilot projects implemented in five European countries participating in the project: Spain, France, Germany, Austria and Croatia.

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Specific objectives

The specific objectives of the AUDE Project are:

1. To promote and enhance the educational paths of children/young people in residential care.

2. To improve the efficiency of services for addressing the issue of education of children/young people, as well as to demonstrate a profitability of such investment

3. To promote a more cohesive and committed society where people do not ignore people and collaborate for the mutual benefits.

Project Beneficiaries

Beneficiaries of the AUDE project are:

- Children/youngsters in residential care.

- Organizations providing residential care services and particularly their staff working directly with children/youngsters.

- Other actors related to children/young people living in residential care, such as: relevant public authorities, schools, teachers, parents and in a wider sense local communities and societies in general.

- Organizations across Europe interested in implementing the innovative services for children/young people living in residential care, by utilizing AUDE project deliverables produced in the framework of the AUDE Project.

Project deliverables

The AUDE project will develop two official deliverables:

1. <u>TRAINING HANDBOOK TO TRAIN MENTORS</u>.

   The AUDE Training Handbook is aimed to be used by trainers/staff to train mentors in providing specific support to young people in residential care to improve their school success.

   The Training Handbook has been translated in the following languages: Spanish, English, German, Croatian and French. The training contents are currently available online, free of costs, at the project website http://www.sapereAUDE-project.com

This Training Handbook has been developed for trainers and staff from AUDE project partners to train mentors in order to implement mentoring pilots envisaged within the AUDE Project.

However, ultimately, this training Handbook is a useful tool to train mentors for any organization interested in implementing a mentoring initiative.

2. PRACTICAL CASE HANDBOOK FOR SOCIAL MENTORING evaluating the impact of mentoring in improving the educational results of young people in residential care

As part of the AUDE Project, partners implemented a mentoring pilot initiative in their organizations with the aim to evaluate if it had a positive impact on improving the educational results of young people in residential care.

The results of the design and implementation of the mentoring process have been presented in this Practical Case Handbook in English language. The document will be available online, free of costs, at the project website www.sapereAUDE-project.com

AUDE Project activities

▪ Mentoring pilots: Partnering organizations from Spain, France, Germany, Austria and Croatia will be responsible for implementing the AUDE Mentoring model in the school years of 2017 – 2018 in their respective countries, with participation of 10 volunteer mentors and 10 children/youngsters living in residential care. The Mentoring pilots will be based on a mentoring model specifically developed by project partners focusing on improving educational results of youngsters in residential care. The mentoring pilots will be also based on specific implementation procedures previously agreed by project partners.

The outcomes of the mentoring pilots will be used as basis to develop the "Practical Case Handbook" and will be used by the University of Girona to conduct a research, - evaluating the impact of mentoring for improving the educational results of young people in residential care.

▪ National trainings for selected mentors. After being trained in the 5 day short term joint staff training event, AUDE partners organized national trainings within their organizations to train selected mentors. The content and duration of these national trainings for mentors were adjusted to the national contexts of each partnering organization.

- Transnational training for trainers/staff of AUDE partnering organizations, In the framework of the Sapere AUDE Project a short term joint staff training event was organized in May 15-19, 2017 in Vienna (Austria). The training was organized by the AUDE partner organization BTG — Federal Association of Therapeutic Communities and used as a theoretical basis the contents developed in the intellectual output "Training handbook to Train Mentors". The training had a duration of five working days, one day for each section covered in AUDE Training Handbook plus one day for reflection.

  Representatives of the Sapere AUDE partner organization participated in these 5 days training event. The contents learnt in the training would serve AUDE partners to train mentors back in their local organizations in the form of national trainings.

- Organization of an International Conference in July 2018. At the end of the AUDE project an International Conference in Zagreb (Croatia) was organized, to present and disseminate the AUDE project results.

- Activities related to the dissemination of the AUDE project results, including:
  - AUDE project's website (http://www.sapereAUDE-project.com/)
  - Development of 4 AUDE newsletters in digital format and in several languages (German, French, Croat, Spanish).
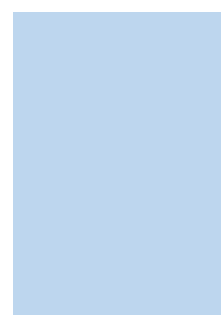
- Management and coordination activities, involving all managerial and administrative work aiming for smooth and successful implementation of the AUDE project.

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AUDE Project partners

The project gathers 6 partners from 5 European countries: France, Spain, Austria, Germany and Croatia.

Those 6 partners organizations fall into three different categories: 1) experts in mentoring, 2) experts in child and youth care and 3) research experts. These organizations have complementary expertise and competences to effectively develop the AUDE project.

Organizations experts In children And youth care

- Fundació Privada Plataforma Educativa (Spain)
- BTG — Federal Association of Therapeutic Communities
- S&S gem. Gesellschaft für Soziales mbH (Germany)

Organizations experts in mentoring of youngsters

- Parrains Par Mille (France)
- Play Association (Croatia)

Research expert

- University of Girona (Spain)

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3. THEORETICAL AND PRACTICAL CONTENTS OF THE AUDE PROJECT

Introduction to the AUDE mentoring model and AUDE implementation procedures: focusing on improving educational results of youngsters in care

In the framework of the AUDE Project, project partners have jointly developed and agreed upon a theoretical mentoring model and specific implementation procedures in order to set the framework for implementing mentoring pilots within their organizations.

> Social mentoring has been the basis to develop this specific mentoring model aiming to improve the overall educational situation of children/youngsters living in residential care.
>
> Definition of mentoring
> According to the Professional Charter for Coaching and Mentoring, mentoring can be described as a developmental process which may involve a transfer of skills or knowledge from a more experienced to a less experienced person through learning dialogue and role modelling and may also be a learning partnership between peers.
>
> Social mentoring
> Mentoring has also become recognized as a useful tool for enhancing people's life opportunities in so called Social Mentoring focusing on improving social integration of marginalized group in societies, including children and youth.

The target subgroup of the AUDE Mentoring model are children/youngsters aged 12-17, for whom the evidences show they quite often, if not even regularly, face diminished opportunities in the field of education and future professional development.

The AUDE Mentoring model has been envisaged and will be implemented in the framework of mentoring pilots that will be developed within the AUDE project during one school year (September 2017 – June 2018) by six AUDE project partners located in Spain, France, Germany, Austria and Croatia. These AUDE mentoring pilots involve the engagement of 10 volunteer mentors who will work with 10 children/youngsters from residential care, to contribute to the improvement of their school performance and in a wider context to open up further opportunities not only in their educational development, but also in their lives in general.

Given the fact that the improvement of educational results is in the focus of the AUDE Mentoring pilots a proper strategy for its conception and implementation responding to this specific objective had to be previously defined. This is the reason why prior to the implementation of the mentoring pilots, a Conceptual Mentoring model specifically focusing on improving educational results of youngsters in residential care has been defined by AUDE project partners.

The key elements of the Mentoring model will be shortly reviewed in **Section 3.1 of this document.**

Please note that the mentoring model has been described in great detail in the deliverable "Training Handbook to train mentors" that is available free of cost in the AUDE website. Please refer to this document to obtain deeper insights in the AUDE Mentoring model.

In this regard, Section 3.1 will include extracts from the "Training Handbook to train mentors" that refers to the most relevant aspects regarding the AUDE mentoring model.

AUDE Project partners have also agreed on defining and agreeing on a specific kit of procedures aimed to set up and implement in practice a mentoring pilot initiative.

A summary of the AUDE Implementation procedures will be presented in **Section 3.2 of this document**. The AUDE Implementation procedures constitute a useful framework of reference, validated by the experience of AUDE partners, for any organization interested in implementing such a mentoring initiative for the first time. The AUDE implementation procedures will be also complemented with reports of practical experiences from AUDE partners

3.1. SHORT REVIEW OF AUDE MENTORING MODEL

The general characteristics of the conceptual AUDE Mentoring model specifically focusing on improving educational results of youngsters in care, as it has been agreed by AUDE project partners are the following:

1. Key criteria agreed by project partners to define the involvement of children/youngsters living in residential care in the mentoring pilots are the following:

   - They should be aged between 12-17 years
   - They must attend compulsory education (and as far as possible "*regular public*" school)
   - They must live in residential care
   - They should be willing to participate in the mentoring process voluntarily
   - They should be aware of the purpose of the AUDE project
   - They should be able to express their expectations regarding the mentoring process

2. Key criteria agreed by project partners to define the profile of the mentors participating in the mentoring process are the following:

   - Mentors should be above 18 years old
   - They must have completed compulsory education
   - They must provide a proof of no convictions and/or ongoing criminal court cases - e.g Criminal record extract (compulsory)
   - They must be interested in undertaking a mentoring process

3. Specific school-oriented activities to be developed by the mentors during the mentoring process may include:

   - support in the organization and planning of school related tasks
   - follow up and support in school activities
   - orientation support in the on available educational pathways
   - support in the vision of work goals
   - educative activities oriented towards promoting/reinforcing educative interests of the youngster (visits to museums, theatres, science parks…)
   - cultural and leisure activities that promote social integration and wellbeing (visits to the cinema, listening to music…)

Improving school performance of children/youngsters living in residential care is the priority in implementing AUDE Mentoring pilot project. However, due to the nature and substance of mentoring relationship as such, it must be bared in mind that the relationship between the mentor and the child/youngster mentee within AUDE Mentoring pilot project will go beyond this objective.

Namely, the mentoring within AUDE should provide other benefits for the mentees, such as enhancement of their social integration and their wellbeing in general.

In this respect, the mentor should not be forced to undertake any sort of shortlisted specific activities with the mentee. The mentor's role will be to encourage all the actions that reinforce the mentees wellbeing and social interaction, whilst remaining focused on improving his/her school performance and educational paths in general.

4. Some of the main responsibilities of the social mentoring process should be:
   ▪ To cherish the **voluntary basis** of the process,
   ▪ To highly respect the **confidentiality** of the process,
   ▪ To remain informal within a clearly defined framework,
   ▪ To combine both – process and goal-oriented approach.
   ▪ To plan and execute development and growth in accordance to the needs and reality of the mentee.
   ▪ To nurture the holistic approach to the mentee and the process of mentoring towards joint objectives.
   ▪ To nurture honest, non-judgemental and supportive relationship as main "*working method*".
   ▪ To secure continuity – the relationship and the process does not end abruptly.
   ▪ To cherish flexibility – process is clearly defined but not rigid – creativity and resourcefulness of the mentor is highly appreciated.
   ▪ To make sure that mentor is approachable and his/ her methods and services are accessible and available.
   ▪ To highly respect individuality of the mentee
   ▪ To make sure that mentor is not lecturing and teaching but empowering and providing guidance.
   ▪ To foster the relationship with the local community.
   ▪ To apply high level of participation of the mentored youngster.

Mentoring is not a substitute methodology for any professional work, service or public policies. It is powerful but not magical and can be combined well with other methodologies.

5. What is the role of a Mentor?

The mentor is:

- a person who provides emotional reliability, honesty, trust, and a nonprofessional relationship to the youngster.
- He/she represents an example for the personal development of the mentee, offering different and new social and cultural perspectives.
- The mentor stays in close communication and interacts with all the relevant social actors in the community and in the life of the mentee
- The mentor always acts with the supervision of a professional.
- The mentor can/should provide a fresh look on the child.
- He/she is an external element with no prejudices/pre-expectations on the child context.
- He is approachable, reliable, flexible and creative in implementation of activities.

The mentor is not:

- a professional neither an authority figure for the youngster. He neither substitutes other figures such as caregivers, parents, professors or social workers.
- The mentor should not take decisions without the consent of the legal custody of the youngster.
- The mentor should not propose activities that are not adequate considering the age or abilities of the youngster.

6. List of expected and suggested activities for mentors:

- Role Modelling
- Showing that you care
- Listening
- Accountability
- Attend mentee activities
- Do things in groups

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- Participate in some voluntary action or activity
- Creativity and mentee's interests are good leading points for planning activities.

7. General stages of a mentoring relationship:

The mentoring relationship is a cycle and a process that requires a certain time to show its effectiveness, like a long-distance race in which each situation and progress in the relationship constitutes an opportunity for learning.

In the literature there are different definitions of developmental stages of mentoring relationship but basically they are constructed of following:

> (1) we recognize ourselves → (2) we create an environment of comfort→ (3) we create trust→ (4) we can confront, be a valid source of resources and a point of reference →(5) ending formal mentoring relationship and planning for the future

8. Rules for communication during a mentoring process:
- Make your communication positive.
- Be clear and specific.
- Recognize that each individual sees things from a different point of view.
- Be open and honest about your feelings.
- Accept your mentee's feelings and try to understand them.
- Be supportive and accepting.
- Do not preach or lecture.
- Learn to listen.
- Maintain eye contact.
- Allow time for your mentee to talk without interruption; show you are interested in what he or she has to say.
- Get feedback to be sure you are understood.
- Listen for a feeling tone as well as for words.
- Ask questions when you do not understand.
- Set examples rather than giving advice.

9. Key points to be defined and discussed before the mentoring relationship begins are the following:

- Clear definition of the mentoring process;
- Objectives of the process (emphasis is on the improvement of educational outcomes of the mentee, significance and justification of this specific mentoring action);
- Expectations from the process, from both – mentor and mentee;
- Boundaries and roles of each within the relationship;
- Communication procedures;
- Values;
- Possible limitations of the process;

10. Key factors related to the mentoring relationship are:

- The duration of the relationship: the longer it lasts the more impact it will have. In the framework of the AUDE Project the minimum duration of the relationship is expected to be of 10 months (from September 2017 to June 2018). The mentorship team will evaluate the possibility to continue the relationship beyond the project if it is a common wish of both the mentor and the mentee
- The frequency of encounters. In the framework of the AUDE project, at least one meeting per week between the mentor and the mentee is encouraged
- The construction of the relationship, which will generate a sense of proximity and trust.

11. Specific school-oriented activities to be developed by the mentors during the mentoring process may include:

- support in the organization and planning of school related tasks,
- follow up and support in school activities
- orientation on available educational pathways
- support in the vision of work goals
- educative activities oriented towards promoting/reinforcing educative interests of the youngster (visits to museums, theatres, science parks…)
- cultural and leisure activities that promote social integration and wellbeing (visits to the cinema, listening to music…)

The objective of improving school performance is a priority in AUDE project, providing meaning and significance to the action. At the same time, it must be remembered that the relationship mentor-mentee goes beyond this objective and therefore provides other benefits in terms of social interaction and wellbeing that, directly or indirectly, can also have an impact in the results related to school success.

In this regard, the mentor should not be forced to undertake any sort of shortlisted specific activities with the youngster, but to encourage those that reinforce their social interactions and wellbeing in general whilst bearing in mind the focus on improving their school performance.

> **IMPORTANT REMINDER:** The contents of Section 3.1 are a just short summary of the key items of the mentoring model developed by AUDE project partners. Please note that the mentoring model has been described in greater detail in the deliverable "Training Handbook to train mentors" that is available free of cost in the AUDE website: http://sapereaude-project.com/ Please refer to this document to obtain deeper insights in this topic.

3.2. AUDE MENTORING IMPLEMENTATION PROCEDURES AND AUDE PARTNER'S PRACTICAL EXPERIENCES

AUDE mentoring implementation procedures

This section aims to propose a working framework, including a proposal of key steps, aiming to guide organizations in the setting up and implementation of a mentoring initiative.

The proposed implementation procedures have been developed collaboratively by AUDE Project partners, thus merging their experience in mentoring with children and youth care. Hence, in the framework of the AUDE project, the proposed implementation procedures are envisaged to guide AUDE Project partners to put in place mentoring pilots within their organizations focusing on improving school results of youngsters in care.

However, the proposed steps have been envisaged as well to serve as guide for any other organization external to the AUDE Project with interest to set up a mentoring pilot with similar characteristics.

The steps to set up and implement a mentoring initiative are listed in the following index and will be described in detail in the following sections below.

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Index of Steps to set up and implement a mentoring initiative

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3. Mentees selection
   a. Search for mentees
   b. Interview
   c. Commitment
   d. Documentation

4. Mentorship set-up

5. Involvement of key actors: teachers, caregivers, public authorities

6. Mentors Training

7. Initial meetings between the mentor and the mentee

8. Monitoring
   a. Exchange with the mentee
   b. Exchange with the mentor

9. Ending or extending the mentorship

AUDE partner's practical experiences

As part of the Sapere AUDE project, project partners from Spain, France, Austria, Germany and Croatia (except University of Girona), have set up and implemented a mentoring pilot project focussing on improving educational results of youngsters in residential care within their organizations with a duration of a school year (September 2017-May 2018). Mentoring pilots would involve a minimum of 10 mentors (volunteers from the civil society) and mentees (youngsters aged 12-17 living in residential centers who wish to improve their educational results). The mentoring pilots also involved actors close to these youngsters such as caregivers and teachers that supported the actions undertaken within the mentoring processes.

Even though a common theoretical basis for implementing a mentoring pilot has been agreed within the AUDE partner organizations, implementation in practice differs among them. This happens because the mentoring pilots are dynamic processes involving a wide arrange of actors and its implementation depends on the specific context in which each organization operates. Each mentoring process is different and unique! Hence, all project partners can report different experience regarding the practical implementation of the mentoring pilots within their organizations.

We believe that reporting practical experiences involving the implementation of the mentoring pilots can be very useful to learn different proceedings and help to get a picture what it means to implement a mentoring process in real practice.
It is for this reason, that to complement the implementation theoretical basis, the reader will find boxes with practical experiences of AUDE project partners on different issues.

We hope these practical experiences will be useful and contribute to provide deeper insights in this issue.

1. Setting up of a Mentorship team

As a first step, organizations have to set up a Mentorship team that will be in charge to undertake all the necessary procedures needed to put in place and implement the mentorship initiative within their organizations with success.

Since setting up a mentoring initiative is a complex process that requires the development of a variety of actions and the involvement of a wide array of stakeholders, having a good mentorship team is of key importance to guarantee that all key aspects needed to implement a mentoring initiative are taken into consideration and developed accordingly.

Organizations interested in setting a mentoring initiative should put in place a mentorship team involving staff with different complementary profiles. For better orientation, AUDE project partners suggest the following profiles:

▪ Mentorship initiative coordinator: Person from the organization in charge of the overall supervision and monitoring of the mentoring project.
Suggested profiles: social worker, social educator, psychologist, psychotherapist…

▪ Mentor selection responsible in charge of the selection of mentors: ideally, a psychologist/psychotherapist or a person experienced in a persons evaluation.

▪ Monitoring responsible (can be the same person or different persons) in charge of the general monitoring and regular communication, especially

with the mentors but also with other related actors (caregivers, teachers…) linked to the mentoring process.

In charge of the selection and overall monitoring of children that will be involved in the mentoring process

Suggested profiles: social worker, social educator, psychologist, psychotherapist…

- Residential caregivers in daily/regular contact with the children. Their comprehensive knowledge on the children is key to aid the monitoring responsible in the children selection process and overall monitoring process from the children's perspective.

Given their proximity to the children, caregivers can undertake a more meticulous monitoring and communication with the children involved in the mentoring initiative. They can also perform regular communication and coordination with the mentors, in order to ensure that the mentoring fits with the care framework provided. They report to the monitoring responsible of the mentorship team.

> **AUDE PARTNER'S EXPERIENCE**: What were the most relevant criteria for the selection of the mentorship team?
>
> AUDE project partners reported that the general criteria to select the mentorship team is that its members are able to understand and manage all the elements required to implement a mentorship initiative successfully, concretely knowledge and understanding of the AUDE project and its mentoring pilot activity:
>
> - Experience in communication and in the elaboration of dissemination materials to ensure that the message of the AUDE Project was correctly disseminated and the search of mentors successful.
> - Ability to select the most adequate mentors to ensure a successful and safe mentoring process.
> - Professional experience in the field of youth welfare with a focus on the characteristics and needs of the specific group of youngsters participating in the mentoring pilots.
> - Experience and knowledge on the work done by their organization to ensure an adequate coordination between its daily work and the mentoring pilot.
> - Sufficient access to children and caregivers to involve them in the project adequately and solve any incidence that might appear. This was also especially relevant in the process of selecting children and involving them adequately in the project.

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2. Mentors selection

a) Search of mentors

The search for mentors will be done by the mentorship team of each AUDE partner organization. The search for mentors will be done in accordance with the specific context and available resources in which each AUDE partner organization operates.

In the specific context of the AUDE Project, the mentorship team should define the profile of the mentors as described in AUDE Mentoring model. Afterwards the mentorship team should develop a communication strategy aimed at publicising their search for mentors.

A proposal of minimum contents to include in key supporting documents to find mentors can be as follows:

a. Key information on the mentoring project (objectives of the project, duration…)

b. A definition of mentor's profile and requirements to participate in the mentoring projects

c. Key procedures to participate in the mentoring project

d. Contact

Proposal of key supporting materials:

- Informative email for online dissemination
- Poster
- Flyers
- Newsletter
- Videos

Proposal of dissemination channels

- Newspaper advertisement
- Radio
- Online
- Organization's website
- Organization's contact list
- Personal contacts
- Dissemination through local organizations: volunteer associations, student associations, cultural organisations, elderly associations…

Interested candidates to be mentors get in touch with the organisation by phone or e-mail

> **AUDE PARTNER'S EXPERIENCE**: What communication tools have been the most successful for you to find candidates to be mentors? Why?
>
> Answers to this question have been very different among AUDE project partners, showing that different dissemination strategies can be successful to achieve the goal of disseminating the project and finding suitable candidates to become mentors. Which strategy to use will depend on the available resources and specific context in which each organization operates. Below we provide the experiences of the AUDE partners separately:
>
> A. Plataforma Educativa Foundation (Spain)
>
> The most successful tools to find candidates have been:
>
> a) Posting ads for mentors' search in specialized volunteering websites that included a section for posting volunteer vacancies.
>
> b) Posting ads for mentors' search in specialized job search websites that included the option to post volunteer vacancies.
>
> Most of the candidatures came from these two channels since a high number of people have access and check regularly these types of webpages. These channels allowed to have a high number of candidates which had to be filtered at a later stage. Additionally, some candidates came through information provided from workers of our organization. Other candidates saw posters distributed in libraries and cultural centers of the city.
>
> B. BTG - Federal Association of Therapeutic Communities (Austria)
>
> The most successful tool to find candidates has been <u>word-of-mouth recommendation</u>, involving direct contact with persons that might be potentially interested to become mentors. This approach provided a good opportunity to explain the mentoring pilot activity. Approaching the right candidates individually increased the chances to get them involved as mentors.
>
> C. Parrains par Mille (France)
>
> The most successful tools to find volunteers have been leaflets distributed locally and <u>word-of-mouth</u> <u>recommendation</u>.
>
> D. S&S gem. Gesellschaft für Soziales mbH (Germany)
>
> The most successful tool to find candidates has been television advertisements in the public transportation system that triggered a high interest among the civil society and led to a lot of inquiries regarding participation in the mentoring pilot project.

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E. Play association (Croatia)

The most successful tools to find volunteers have been presentations at universities and search through specialized volunteering websites. In this regard, the organization believed that candidates interested in finding a volunteer position as mentor are usually proactive and motivated in their approach, so they usually participate in mentoring search activities, organized in the Universities and are search actively in volunteering websites for mentoring positions.

AUDE PARTNER'S EXPERIENCE: What would be your recommendations to make a successful campaign to search for mentors?

AUDE Partners have jointly gathered the following recommendations:

- That the contents of the dissemination tools developed to find mentors should be concise and informative enough for candidates to get a good idea about the project and its requirements. It is important to make an initial good filtering of candidates to find those with good awareness and motivation for participating in a mentoring project.

- It is important to combine searching methods that reach a big number of interested persons with searching methods increasing the likelihood to find candidates with required qualifications. Methods that reach a high number of persons such as ads in specialized volunteer and job search sites generate a high number of interested persons. However, this implies that a good work of filtering need to be done before candidates will go through the interviews to ensure their serious interest in project participation. Methods like word-of-mouth recommendation will gather less interested persons but those of them who apply for being a mentor will have more likely the required qualifications and will be in all probability seriously interested in the project, hence more likely to remain involved during the whole mentoring process.

- It is important to develop good visual dissemination materials such as posters/leaflets that are distributed locally and in public places and that would raise attention of future potential mentors.

- To have a good network and a good communication with i.e. child and youth care authorities, universities, social associations, and other bodies that might be in position to help is a big advantage for the dissemination process. Further this network partners may refer or recommend interested persons to become mentors to the organizing organization.

- It is very useful that the organization in charge of a mentoring project builds a good reputation among the volunteering community. A good reputation will strongly contribute to attract candidates to participate in social projects.

b) Interview

The interview with candidates is a key element to ensure an adequate selection of mentors. Through the interview, it must be guaranteed that the candidate's profile fits the requirements to be a mentor with a focus on ensuring the safety of the mentees.

The interviews must be held face to face. The candidate need to be interviewed orally. The candidate is then evaluated through his/her answers and body language observation.

The interview must be done in a very serious manner, and the given answers to the questions should provide information matching the mentor´s profile: Motivation, expectations, availability, limitations, know-how, competences, social integration, personal and professional background etc.

The general key criteria to select mentors should be:

- Mental balance
- Personal stability
- Well understanding of the mentoring project and its requirements
- Availability to meet with the mentee at least once per week
- Availability to participate in a free of cost training to learn about key contents of the mentoring project
- Understandable explanation of motivation to participate in the monitoring project

Given that the interview aims to evaluate the candidate's mental balance and aptitudes fitting the mentoring project, the ideal profile for the person responsible for undertaking the interviews is a counsellor, psychologist, or psychotherapist or a person experienced in persons' evaluation.

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: Which have been the most relevant criteria to take into consideration to evaluate the candidates to be mentors?

AUDE Partners have jointly gathered the following key criteria:

- Punctuality – if the candidate arrives late he/she should mention it in order to show responsibilities with the mentor.
- Openness to what the interviewer proposes (e.g. agreement on the number of interviews, provision of answers to personal questions… - in case the candidate has difficulties in providing answers to certain questions, he/she should be able to express this in an open and clear manner.
- Cordial attitude, simplicity and honesty
- That the candidate interacts with the interviewer, not only to answer questions, but formulates questions/comments on his/her own
- That the candidate shows interest about the project and specially the youngsters that will be involved as well
- That the candidate provides understandable reasons why he/she wishes to be a mentor.
- That the candidate expresses realistic expectations regarding the mentoring project and the difficulties that may occur during the mentoring process.
- That the candidate is able to express questions, doubts, concerns in an open and concise manner,
- Ability for self-reflection
- Mental stability and a suitable personal background and profile
- Empathy
- Willingness to assume the role of a mentor
- Willingness to engage to and commit with the project guidelines.
- Geographic proximity,
- That those members of the mentorship team who are leading the selection process would be happy to have this candidate in their own mentor-team.

AUDE partners propose that questions for the candidate's interview should be split up in two well-differentiated sections. Depending on the stamina of the candidates, the mentorship team can cover the two sections of questions in one interview session only, or in two separate interview sessions.

Below we provide a proposal of interview questions divided in two sections and done in two interview sessions:

Section 1. The mentoring project and candidate's general context

The topics to be covered in this first interview session should be:

- General presentation of the organization managing the mentoring initiative and the AUDE Project.
- Key elements of the mentoring project. General meaning of mentoring, general profile and context of youngsters, duties of mentors.
- Exchange about the reasons and interest of the candidate to participate in the activity.
- Exchange on the general personal and professional context of the mentor.

A proposal of questions to be asked in the first interview is the following:

- Understanding of the organization:
  - How did the candidate hear about the organization (through media, leaflets, word of mouth…)?
  - Presentation of the organization: structure, activities, values.

- Knowledge on social mentoring and a focus on the AUDE Project:
  - What does the candidate understand about social mentoring?
  - Presentation of the functioning, philosophy and objectives of the mentoring project (e.g AUDE Project).

- Motivations of the candidate:
  - What does social mentoring mean to the candidate?
  - Why does the candidate want to become a mentor?
  - Since when is the candidate considering to be a mentor?
  - How does the candidate imagine his/her future role as a mentor?
  - What does the candidate wish to do and to bring to the mentee?
  - How does the candidate consider mentoring looks like?
  - What are the expectations and limitations of the candidate in terms of mentorship?

- o What kind of relationship will the candidate provide with the different stakeholders he might come in contact during the mentorship (children, caregivers, teachers…)?

- ▪ General personal and professional context of the candidate

Questions about the general personal background need to be asked according to the specific legal and cultural context in which the organization operates.

- o Professional situation: current work, professional plans

- o Personal and familiar situation: in a relationship, with children...

- o Life projects: plans to move, probability of major professional changes (the objective is to check the capacity of the candidate to project himself/herself in the future and to be stable during the duration of the mentoring project).

- o Candidate's hobbies. This information is useful to perform an adequate matching with the mentee.

Section 2. The mentoring project and the candidate's detailed context

The topics to be covered in a second interview session are:

- ▪ the mental balance and personal aptitude of the candidate for the mentoring project
- ▪ the matching with requirements and challenges of the mentoring project

This section can be addressed during the second meeting and should allow to explore with the candidate his emotional life and family environments and to make sure that nothing opposes the candidate's possible involvement in the mentoring project. To the maximum possible extent, focus should be given for ensuring the safety of the future mentored child.

The emphasis should be also put on issues and challenges that the candidate might face during the development of the mentoring activities such as: limitations of involvement and/or the boundaries of the relation with stakeholders related to the mentee (care givers, parents, teachers…) expectations, difficulties in the relation with the mentee…

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A proposal of questions to be asked in the second interview is the following:

- Update on the first interview

  The starting point for the second interview section will be the information obtained during the first interview section. The candidate will reflect on the general information on the project.

  o Are all elements on the mentoring project adequate for the candidate?

  o Does the candidate have questions/doubts about the contents discussed during the first interview?

- Further details regarding the personal background (if needed)

  o Information on family relationships, partner relationships, friendships, wish of having a child, etc.

  Questions regarding the personal background will be asked according to the specific legal and cultural context in which the organization operates.

- Major life events and the candidate's ability of managing them

  o Happy life events, sad ones, type of support received, personal resources, strengths, etc.

- Identification of potential difficulties that may occur during mentorship and possible solutions/strategies to address them

- Personal behaviour in reaction to potential challenges such as difficulties in the relation with the mentee, managing complex situations…

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> ⓘ **AUDE PARTNER'S EXPERIENCE**: Provide examples of aspects leading to select and reject candidates
>
> AUDE Partners have jointly agreed on the following aspects:
>
> Aspects leading to select candidates:
>
> - Emotional and personal stability.
> - Personal maturity.
> - Flexibility to understand the project and its requirements and maintain the motivation for it.
> - Willingness of commitment.
> - Previous experience with children and youth is considered a plus.
> - Previous experiences in mentoring is considered a plus.
> - Showing willingness to organize his/her time in order to be weekly available to the mentee;
> - Understanding the role of the mentor and the goals of the process by carefully reading the searching adds and call for candidates beforehand;
> - Not being intimidated by the difficult aspects of the mentee's life circumstances and behaviour.
>
> Aspects leading to reject candidates:
>
> - Lack of flexibility and openness to the project (e.g. the candidate refuses to go through a second interview although he/she has been informed that this is the standard procedure)
> - Being too self-centerd and show very little interest on the project and/or the children.
> - Insufficient mental stability (depression, general sadness),
> - The prospect of big changes in the candidate's life (baby expectance, change of residence…)
> - When it is detected that the motivation for the mentoring is only based on strategic career interests
> - When it is detected that the motivation for the mentoring is mainly based on unfulfilled wishes to be a parent (e.g. persons who for whatever reason are not able to have kids on their own)
> - Personal criminal record did not fit with the requirements of the project

> **AUDE PARTNER'S EXPERIENCE**: Reasons provided by the candidates for wanting to be mentors and participate in a mentoring project
>
> As part of the selection process, it is important to know the reasons that lead candidates to be mentors. Reasons provided constitute some important criteria to take into consideration in the selection process. Reasons provided by candidates that have been considered valid by the AUDE partners have been the following:
>
> - Interest in using one's time to improve someone else's life. Spend leisure time wisely.
> - Knowing a youngster in care and wanting to help individually in this situation. To give a "better chance to children in care".
> - Labour interest in entering the social working field, gaining experience and establishing contacts.
> - Teachers that want to extend their work beyond the classroom.
> - Social commitment
> - Provision of assistance in changing the perspectives of youngsters regarding their future careers

> **AUDE PARTNER'S EXPERIENCE**: Which have been the profiles of selected candidates
>
> AUDE project partners have had a wide range of candidate's profiles. This demonstrates that most profiles can be suitable to be mentors.
>
> Age range: the age range of candidates varied from 19-70 years old
>
> Overview of the occupations of selected candidates: occupation of selected candidates was very heterogeneous.
>
> - Candidate's professions ranged from student to retiree, psychotherapist, coach for energetics, disability care worker, employee in the security sector, veterinarian, stock trader, accountant, telecommunication technician, architect, chemist, teachers, shopkeeper, security guard, office administrator.
> - Some selected candidates were also jobless persons looking for an occupation.
> - Some selected candidates were students doing their degrees in the social field and who chose the AUDE mentoring pilot activity to fulfil their compulsory practical internship.

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c) Commitment

If the candidate's profile matches the criteria for the mentoring project, the mentorship team validates the candidate's application. The candidate must then commit to:

- Participate in the mentoring project for a minimum period. In case of the AUDE project the period would be of 9 months (from September 2017 to June 2018);
- Participate in a specific mentoring training
- Allow regular monitoring by the mentorship team, including a) the fulfilment of a monthly monitoring report to assess the mentoring activities undertaken and b) the fulfilment of a final questionnaire at the end of the mentoring project.
- Provide key administrative documents (see section below)

d) Administrative documentation

The mentorship team will keep the notes obtained during the interviews within their records.

The mentorship team will inform the candidate about the administrative documents that need to be submitted in order to approve his/her application, concretely:

- Proof of no convictions and/or ongoing criminal court cases -e.g Criminal record extract (compulsory)
- Volunteer mentorship agreement done between the candidate and the organization (compulsory)
- Certificate of insurance (optional)

3. <u>Mentee selection</u>

a) Search of mentees

The mentorship team gets in touch with caregivers from children residential care centers to inform and involve them about the mentoring project. Once caregivers agree on the mentoring project, they should support the mentorship team in the elaboration of a first draft list of pre-selected children and youngsters that in their view would potentially fit and benefit from the AUDE mentoring project as mentees.

This first draft list is made based on the fulfilment of the following basic criteria (as defined in the AUDE mentoring model):

- Children/youngsters must be aged between 12-17 years old.
- They must attend compulsory school.
- They must live in a residential care center during the project
- There is consent by the legal guardian that children participate in the mentoring project

Once this first pre-selection draft is done, a second draft list with a final selection of children/**youngsters** to be mentees is made by the mentorship team based on a) a general evaluation of needs of preselected children (specially focussing on improvement of educational results) communicated by their care givers and b) the fulfilment of the following three additional criteria:

- Children/youngsters participate in the mentoring process voluntarily.
- Children/youngsters are aware about the goals of mentoring and agree with the purpose of the project and are able to express their expectations regarding the mentoring process.
- In the specific framework of the AUDE Project, children/youngsters should commit to fulfil two questionnaires during the mentoring project, one before the beginning of the project (pre-test) and the other at the end of the mentoring project (post-test) in order to make a comparative analysis to assess if in the child's view the mentoring project has improved his/her educational results.

> AUDE PARTNER'S EXPERIENCE: Which have been the profiles of selected mentees
>
> The profile of mentees participating in the mentoring pilots was varied, namely:
>
> Age range: from 12-17 years old
>
> Size of residential care facility in which the selected mentees were living: selected mentees were living in both small residential services (5-15 places) and medium sized residential services (15-30 places).
>
> Type of residential care facility in which the selected mentees were living: mentees came from a wide range of care facilities, namely: CRAE, CREI, small group homes, residential centers for unaccompanied migrants and institutions for education of children and juveniles. These facilities were operated either by the AUDE partner organizations or by external private/ governmental organizations.

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b) Interviews

To support the elaboration of the second draft list with the final selection of mentees, a set of three interviews are strongly stipulated.

1. A first meeting between a representative of the mentorship team and the care giver responsible for the pre-selected child/youngster

2. A second meeting between a representative of the mentorship team, the caregiver responsible for the child/youngster and the pre-selected child/youngster himself.

3. A third meeting between a representative of the mentorship team and a teacher from the school attended by the pre-selected child/youngster

A. First meeting between mentorship team and caregiver responsible for the child/youngster

The first meeting between the responsible of the mentorship team and caregiver responsible for the pre-selected child/youngster can be made face to face or by phone.

During the meeting, key information is exchanged:

▪ Key information on the AUDE Project (purpose, general structure, calendar, key milestones…). The aim is that the caregiver understands the project in which the pre-selected child will be involved as mentee.

▪ Key information on the involvement of caregivers in the project. Caregivers are the ones in daily/regular contact with the children/youngsters. They are the ones holding the most comprehensive knowledge on the children/youngsters and due their proximity to them they are able to undertake a more meticulous monitoring and communication with them. In this regard, caregivers must be clearly aware of their level of involvement expected in the project in terms of:

o Helping the mentorship team in the monitoring and supervision of the child/youngster,

o Helping the mentorship team in the monitoring of activities done by the mentor

o Helping the mentorship team in the communication with other key stakeholders relevant to the project (teachers, parents…)

o In the specific framework of the AUDE Project, caregivers shall commit to do two questionnaires during the mentoring project, one before the beginning of the project (pre-test) and the second (post-test) at the end of the mentoring project in order to make a

comparative analysis, - to assess if in the care giver's point of view the mentoring project has improved the educational results of the child/youngster he/she is in charge of.

▪ Information on the main criteria to select children/youngsters.

▪ A general overview of the specific context of the child/youngster should be given based on the children's available records. In this regard, it is very important to bear in mind that this general information about the children/youngster's context should be shared only if considered relevant for the mentoring project. Information provided should follow the key criteria of "best interest for the child" and must not disclose any specific private data.

Proposal of topics to discuss in the meeting between a member of the mentorship team and the caregiver responsible for the child/youngster:

▪ Knowledge on social mentoring and a focus on the AUDE Project
  o What does the caregiver understand under social mentorship?
  o Has he / she ever referred any child / youngster to social mentorship before?

▪ Family and general background of the child/youngster, including a general overview of possible challenges that can be encountered with respect to the child/youngster's situation
  o General overview of the child/youngster environment/family/ emotional state
  o Relationship with the mother and/or the father? Is parental custody shared?

▪ Overview on the school context of each preselected child/youngster:
  o Level of education/learning difficulties…

▪ Mentoring project procedures
  o Procedures and duties to be followed by the care giver to involve the child in the AUDE Project
  o Relation with other stakeholders related to the project (school, youth authority, parents) and coordination with them
  o Monitoring procedures

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B. Second meeting between a representative of the mentorship team, the caregiver responsible for the child/youngster and the child/youngster himself.

It is important to make sure that the child/youngster is not forced by anyone to participate in the mentoring project. The participation of the child/youngster in the mentoring project must be always voluntarily, never compulsory.

The meeting between a representative of the mentorship team, the care giver responsible for the child/youngster and the child/youngster himself shall take place face to face and shall be held in a location that is adequate to hold such a meeting and where the minor feels comfortable.

Proposal of contents to discuss with the child/youngster:

I. Key general contents on the topic social mentorship

- What does he/she understand about social mentorship?
- What does social mentoring mean to him/her?
- How does he imagine the role of his/her future mentor?
- How does he/she envisage how the mentorship should take place?
- What does he/she wish to do with his mentor?
  (Activities, frequencies…)

II. Presentation of the mentoring project

- Presentation of the content and structure of the AUDE project.
- Clear explanation on the focus of the AUDE Project (e.g. to evaluate the impact of mentoring on the educational results)
- Discussion with the child/youngster about what he/she likes, dislikes, the kind of activities he/she wants to do, school, friends, etc.

During the meeting the child/youngster will be informed on the need to fill out two questionnaires, one before the beginning of the project (pre-test) and the second (post- test) at the end of the mentoring project in order to make a comparative analysis, - to assess if in the child/youngster's view the mentoring project has improved his/her educational results.

The AUDE mentoring project seeks to evaluate if mentoring is improving the educational results of children in residential care. Bearing in mind this specific focus of the mentoring set by the AUDE project, the active involvement of the teachers from the schools attended by the pre-selected children/youngster is also considered a key issue.

It is for this reason that a face to face or telephone meeting between a representative of the mentorship team and the teacher of the pre-selected children should be organized. The contact of the teacher should be facilitated by the caregiver of the pre-selected children.

During the meeting the teacher will be informed about the AUDE project and will be requested to participate in the project in terms of:

- Supporting the mentoring project
- In the specific framework of the AUDE Project, doing two questionnaires, one before the beginning of the project (pre-test) and the second (post-test) at the end of the mentoring project in order to make a comparative analysis, - to assess if in the teacher's view the mentoring project has improved the educational results of the children/youngster. The questionnaires (pre-test and post-test) can be filled out by the same teacher or two different ones (one teacher fills the pre-test and the other teacher fills in the post-test).

a) *Evaluation file*

Once the three interviews are done, an evaluation file of the child/youngster is done by the mentorship team based on the answers given.

The evaluation file must include information on:
- The context of the child and his/her willingness to participate in the mentoring project.
- Description of the child´s school context and the agreement of teachers to participate in the mentoring project
- The agreement of caregivers to participate in the project

If through the review of the evaluation form the mentorship team agrees that all the criteria and conditions for the child /youngster to participate in the mentoring project are met, then the second draft with a final list of selected children/youngsters is made.

b) *Commitment*

After the meetings, both the caregivers and the teachers should sign a letter of commitment between them and the organization in which the mentorship team operates, confirming their understanding of the project and stating their commitment to it.

c) *Documentation*

- Evaluation file of the child
- Letter of commitment signed by teachers
- Letter of commitment signed by care givers

> **AUDE PARTNER'S EXPERIENCE**: Did you encounter in general any difficulty/challenge when involving mentees in the mentoring project?
>
> AUDE Project partners informed that sometimes it was not quite easy to motivate a child/youngster to become a mentee, in this regard it was sometimes difficult for them to commit to a mentoring process lasting 9 month. In addition, some children/youngsters were afraid / had concerns about entering into a new, "unknown" situation such as a mentorship relationship. Some children/youngsters expressed that they would rather spend time with friends than a mentor.
>
> Furthermore, for some mentees it was difficult to comment on their expectations regarding the mentoring process.
>
> In addition, some of them had difficulties to identify activities that they wanted to do with the mentors. For some mentees, the theoretical explanation of the mentoring project was also difficult to understand. In this regard, it was during the mentoring implementation that questions and wishes started to be verbalized by the mentees and the mentoring process was fully understood.

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4. Mentorship's set-up

Once the mentors and mentees have been selected, the following step is to match them.

a) First step: finding a match

The efforts for a good mentor/mentee match mentor-mentee binomial are based on two criteria:

- The geographical criterion: maximum 30 minutes journey between the location of the mentee and his/her mentor
- The «compatibility» between the mentee and the mentor done by a psychologist/psychotherapist or an experienced person from the mentorship team

b) Second step: the «proposal»

It consists on the introduction of the child/youngster's profile to its mentor and vice-versa. It is very important to bear in mind that information about the children/youngster personal context should be shared only if considered relevant for the mentoring project.

Information provided should follow the key criteria of "best interest for the child" and must not disclose any specific private data. Local guidelines and laws regarding to this topic must be followed.

This step also includes the introduction of the mentor's profile to the caregiver responsible for the child.

> **(!) AUDE PARTNER'S EXPERIENCE**: Involvement of mentors and mentees in the matching process
>
> Involvement of mentors and mentees through the matching process varied among AUDE Project partners.
>
> In some cases, it was solely the mentorship team who did the matching.
>
> In other cases, the involvement of mentors and mentees in the matching process was requested. In those cases, both mentees and mentors completed a profile including key features, hobbies…. Mentors got informed about the characteristics of the mentees through the profile sheet and could show their interest for a favorite mentee profile. Likewise the profile of a mentor was sent to the home/ residential care center of the mentee and he/she together with the caregiver discussed the mentor's profile. The mentee could express his/her opinions regarding the mentor's profile. The final matching was then done taking into consideration the inputs from both mentors and mentees.

c) Final step: first contact

The caregiver responsible for the child with the support of the mentorship team, contacts the mentor to plan the first meetings between the mentor and the child.

5. <u>Involvement of key actors: teachers, caregivers, public authorities</u>

To undertake a successful mentoring process, it is key to encourage collaboration and communication between the mentor and other key actors in close contact with the mentees such as their teachers and caregivers. Cooperation and communication between them is important to optimize the mentoring task undertaken by the mentor in order to improve educational results of youngsters in care.

Definition of the term public authorities: They are bodies that exercise functions of a public nature. In the framework of the AUDE Project, we refer to public authorities as those bodies that govern and administrate aspects related to child

care and education at local, regional and/or national level. It is important that Public authorities are aware of mentoring initiatives such as the AUDE project to gain awareness on the impacts of mentoring to children and youth in care, support current projects and eventually promote similar initiatives in the future.

AUDE PARTNER'S EXPERIENCE: Involvement of caregivers in the mentoring project

How did you initiate the contact with the caregivers?

AUDE project partners initiated the contact with caregivers through the mentorship team. Members of the mentorship team got in touch with the caregiver's institution and informed them and their managers about the AUDE mentoring project mostly during staff meetings to involve them in the project. Information could be also transmitted via phone and/or mail.

What information was provided to the caregivers?

General information about the AUDE project (concept of the project, duration, dynamics, expected results), specific information about its mentoring pilot activity and the questionnaires goals. Information about the project was also provided via leaflets, newsletters and continuous updates on the current status of the project.

What was the general reaction of caregivers towards the specifically approach of AUDE mentoring pilot?

Most caregivers understood the complementarity between their role and the mentor's role and were open to the mentoring project. However, some of them expressed concerns weather the mentoring pilot activity would mean more work for them. Some of the caregivers had concerns weather the mentoring pilot activity might disturb the "regular" life of the residential center and were suspicious about the fact that someone else (the mentor) would be engaged in the "everyday life" of the residential center. In this regard, some of them were worried that the mentor could take over their role / responsibilities / tasks and this would affect their relationship with the children/ youngster.

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Did you encounter any difficulty/challenges in involving caregivers in the mentoring pilots?

Some AUDE project partners reported that although most caregivers were initially enthusiastic about the mentoring project some of them did not want to be involved too much to avoid any potential additional burden to their daily tasks. Some of them had also difficulties in engaging with the mentor and to make the mentoring project a priority within their work. In one case the project was mainly supported by the residential care director and caregivers were kind of "obliged" to participate in the mentoring project.

What are the main interests expressed by caregivers to participate in the mentoring pilot?

For most partners, despite the challenges described above, the caregivers expressed awareness that mentoring might provide an added value to their services. In this regard the mentor´s support for children in care in terms of professional/vocational orientation or in gaining new experiences was considered very valuable by caregivers.

AUDE PARTNER'S EXPERIENCE: Involvement of teachers in the mentoring project

How did you initiate the contact with the teachers?

AUDE project partners initiated the contact with teachers through the mentorship team, sometimes with support of caregivers. Members of the mentorship team presented the project to teachers via phone, mail and personal visits.

What information was provided to the teachers?

General information about the AUDE project (concept of the project, duration, dynamics, expected results), specific information about its mentoring pilot activity and the questionnaires goals. Information about the project was also provided via leaflets, newsletters and continuous updates on the current status of the project.

What was the general reaction of teachers towards the project and the mentoring pilot?

The general reaction was positive; however, some teachers began their involvement with a bit of distance

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Did you encounter any difficulty/challenges in involving teachers in the mentoring pilots?

Partners reported that in some cases it was difficult to get in touch with teachers. Some of the teachers changed positions during the mentoring process and did not transfer sufficient information to their colleagues to follow up the AUDE project adequately. Sometimes it was difficult to track teachers when mentees changed school. In few specific cases teachers did not want to fill out the questionnaires.

What were the main interests expressed by teachers to participate in the mentoring pilot?

The teachers were glad to have another person (apart from the caregiver of the mentee) to talk to about the mentee's school performance and behavior. Many of them where curious regarding the outcomes of the mentoring process. Many of them valued the support provided by the mentor in tutoring school tasks and promoting integration in society.

AUDE PARTNER'S EXPERIENCE: Involvement of public authorities in the mentoring project

All AUDE partner organizations have informed public authorities about the AUDE project and its progress, concretely youth welfare and education services. Additionally, some partners have also informed legal guardians and other public bodies where many social service facilitators are interconnected

Communication has taken place mainly via emails and in person but also via newsletters or development reports.

In general, the reaction of public authorities towards the AUDE project has been positive. Some of the public authorities expressed concrete interest in social mentorship for children/youngsters in care. In one specific case, after learning about the AUDE Project, public authorities proposed to develop new mentoring projects focusing on educational results.

6. Mentors training

Selected mentors willing to participate in the AUDE mentoring project were requested to participate in a free of cost training to gain a deeper awareness on the mentoring project and its specificities beyond the information already obtained through the interviews.

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The training were based on the contents of the "*AUDE training handbook to train mentors*" developed in the framework of the AUDE Project (see AUDE website to download the training handbook).

AUDE PARTNER'S EXPERIENCE: How did you use the "AUDE training handbook" contents during the mentor's trainings

All AUDE Partners agreed that the "AUDE training handbook to train mentors" was very useful to use as a basis to elaborate the content of the national trainings. The sections of the AUDE training handbook that were considered especially relevant were:

- What is alternative care for children?
- Key aspects of alternative care
- Basic characteristics of emotional and behavioural development of children in residential care with a focus on children aged 12 – 17. Effects of trauma
- Children in residential care and the framework of their relationships with others (biological family, youth workers, caregivers, teachers)
- Definition of mentoring in general and social mentoring in particular
- Better chances through social mentoring for children/youth to deal with pressures and challenges in everyday life
- Better chances through social mentoring for children in residential care, considering their specific needs
- The Role of a Mentor – what mentors are and what they are not
- What a mentor does - expected and suggested activities for mentors
- Rules of communication in social mentoring process
- Empowering aspect of social mentoring – solving problems versus giving advice
- Good and bad practices - effective and ineffective mentors
- Benefits for parties involved: children, mentors–volunteers, caregivers, teachers, schools and the community
- Addressing difficulties during the mentoring processes

In most cases, the contents of the AUDE training handbook had to be adapted to the country context in which the training was delivered. In all cases the learning contents were complemented with intense debates and exchanges among mentors and trainers participating in the trainings.

Initial meetings between the mentor and mentee to start the mentoring process

Once the matching between mentor and mentee is done of 3 initial mentoring meetings in a row are proposed in order to start the mentoring process:

✓ *1st meeting: the mentor and the care giver meet without the mentee*

During the first meeting, the mentor and the caregiver meet for the first time. It is advised to conduct this meeting face to face but if not possible, a telephone interview is also possible.

The caregiver provides the mentor with additional information related to the child and his/her daily context, and communication paths are discussed and established.

✓ *2nd meeting: the mentor and the care giver meet with the mentee face to face.*

This is the first time that the mentor meets with the mentee. It is important to hold this meeting in a relaxed environment. During this meeting, the mentor and the mentee get to know each other and assess if they are compatible. During the meeting, the main objectives to start the mentoring

process are jointly set. Goals are drafted and should be revised and adjusted regularly through the process.

The 1st and 2nd meeting can be held in separate days or during the same day if needed.

At the end of the second meeting, the first meeting between the mentor and the mentee alone is scheduled.

✓ 3rd meeting: the mentor and the mentee meet alone in a neutral place

Below there is a non-exhaustive list of standard questions that can be used by the mentor to develop the relation between mentee and mentor to build confidence between them. The questions can be selected and used depending on the specific context of each mentee:

- How do you see yourself in 5 years (personally, professionally)?
- Do you know how you will get there?
- What do you want to achieve in the next year – and how? (more short-term goals should be set in following meetings)
- Where would you like to live?
- What do you have learned so far?
- What practical skills do you have?
- What do you want to learn?
- Income? How much money do you need to spend a month to cover your needs?
- Who can you call and ask for a favour and/or help?
- What are you good at?
- How do you spend your free time?
- What job do you want to have as a grown-up? – What do you need to know/ to accomplish to achieve that?

Together with mentor, the mentee may visit an employment agency, high schools or colleges/universities in the neighbourhood, visit employers, craft shops and other places to see how their dream career might look like in practice (to boost their motivation or set them in better condition to get there, if necessary)

> **AUDE PARTNER'S EXPERIENCE**: First meeting between the mentor and the mentee
>
> Below we provide an overview regarding how the first meeting between the mentor and mentee was organized:
>
> Where did the first meeting between the mentor and mentee take place?
>
> In most cases, the first meeting between mentors and mentees took place at the mentee´s residential care home, to provide the mentee with a familiar environment.(Unless the mentee wanted to meet the mentor outside). One project partner organized the first meeting in a restaurant. Mentors and mentees were invited for dinner and seated in pairs to facilitate the contact among them. This setting was reported as very successful.
>
> What were the key opportunities and challenges of the first meeting?
>
> Project partners reported that the first meeting provided a good opportunity to share information about the project and mentoring activity and allow the mentor and mentee to share some time together.
>
> In most cases, it was agreed to meet in the care facility. This provided security and support for the mentee and the chance for the mentor to get a feeling regarding the living space of the mentee. In other cases, it was up to the mentee to decide the meeting place.
>
> In the cases when the first meeting took place in the care facility one challenge was reported regarding the difficulty to generate a casual and informal atmosphere: To avoid that the caregiver acted as a "controlling authority" and took the lead for the mentee during his/her first interaction with the mentor.

7. <u>Monitoring</u>

The mentorship team need to organize regular supervisions activities with the mentor and the mentees to oversee the mentoring process.

Monitoring aims to:

- Consider the degree of comfort and confidence of mentors and mentees as an evaluation index.
- Evaluate if the activities carried out are in accordance with the project's objectives.
- Analyse the fears, insecurities and difficulties of mentors and mentees.

- To assist mentors and mentees: Help them to evolve personally and professionally, resolve mentoring and relationship dilemmas, provide guidance in choosing mentoring methods, etc.

The purpose of monitoring is to promote the autonomy of mentorship relation while giving support.

Monitoring of the mentee

Before and during the mentoring activity, regular opportunities for exchange with the mentee should be undertaken as well to monitor the mentoring process (e.g. discuss expectations, level of satisfaction regarding the mentoring activities, doubts… and provide any needed additional information). This can be done by the caregiver responsible for the child with the help of the mentorship team.

During the exchange, aspects such as the following can be discussed:
- Balance between mentee's expectations i to the mentor and the needs of the mentoring process
- Respect for privacy and individual rights.
- Compliance with mentoring procedures (e.g. giving no gifts)
- Invite the mentee to share with the mentor any other relevant information

Monitoring of the mentor

To monitor the mentoring process with the mentor, he/she should be asked to:
- Give consent to be contacted by the mentorship team and the caregiver in a regular basis and/or whenever considered useful and/or needed.
- Fill in a monthly report recording the mentoring activities undertaken and informing on issues and /or challenges arisen. The main objective of these monthly reports is to gather information, to evaluate and reframe the mentorship process in case it is needed.

In case of difficulties, the mentorship team, should be available to listen and support mentors throughout all the mentorship process. The mentorship team should be able to provide a customized mediation to improve difficult situations to avoid unplanned ending of mentorship.

At the beginning of the mentoring process, the mentor shall regularly discuss and consult with the mentorship team about the planned activities.

This is a very sensitive period during which the mentor and mentee start building their relationship. Usually, mentors are very excited about this period and it can happen that they overload the mentoring meetings with too many activities. This is also a period where mentors, as well as mentees feel unsecure, so the guidance of the mentorship team makes it easier to understand the needs of the mentee and adjust activities to his/her abilities.

The mentorship team should be also available for the mentor in the case of unpredictable, challenging situations, e.g. a conflict with the mentee (when the mentor should get immediately in touch with a caregiver and mentorship team), reluctance of the mentee to work with the mentor, unrealistic expectations of the mentee or problems in communication with teachers, caregivers and other parties involved.

Planning of excursions or going out of the house with the mentee should be always done with consent and prior approval of caregivers.

AUDE PARTNER'S EXPERIENCE: Monitoring of mentors

Regularity of contact and means of communication with the mentors: In most cases, the mentorship team got in touch with the mentors monthly, in some cases every 2 weeks.

Communication was usually done via phone and mail, in most cases to undertake the monthly regular reporting but also to address questions, doubts or urgent matters. Some AUDE partners also organized monthly or trimestral joint meetings between the mentorship team and all mentors together aiming to create a space for reflection and or supervision (Intervision sessions). These joint meetings have been regarded by AUDE partners as very useful to address questions and problems. One of the advantages of this model of supervision observed by AUDE partners was that mentors can share their experiences with their peers, talk about problems they encounter with mentees and exchange ideas on how to resolve them.

All mentors were requested to provide monthly reports to the mentorship team on the progress of their mentorship relationship with the mentee. The reports were shared with caregivers and kept within the records for future reference.

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Main challenges reported by mentors during monitoring: AUDE partners reported the following challenges:

- Some mentors reported challenges in developing a relationship with the mentees. To address this issue, the mentorship team helped mentors to solve this problem through discussions, together with caregivers. Caregivers also contributed to solving relationship issues by talking to the mentees. In some cases, if the relationship between the mentor and mentee could not be improved, the mentorship relation between a given mentor and mentee was terminated.

- Some mentors also reported problems in scheduling meetings with their mentees, e.g. mentees said they do not have time or simply didn't appear at the agreed time for the meeting. This issue was solved through conversations with caregivers who then handled the issue with the mentee

- One case was reported in which the mentee stole money from his mentor. The mentor reported it to the caregiver. To address this issue, the caregiver talked to mentee and the mentee felt sorry for what he did and returned the money to his mentor the same day. It is worth to notice that this incident didn't affect their mentor-mentee relationship.

- Drug abuse of some mentees has also been reported as a challenge by some mentors, for whom being in contact with a person who is using drugs is a new situation in life. These mentors were provided guidance and support by the mentorship team to handle the issue.

- Some mentors got too affected to the difficult personal stories of mentees and sometimes were overwhelmed by them

- Sometimes the mentee did not want to open up about his/her life situation and some mentors found that difficult to accept. This issue was solved through supervision sessions, group conversations and talking about creating healthy boundaries and relationships, as well as healthy attachments.

AUDE PARTNER'S EXPERIENCE: Monitoring of mentees

Regularity of contact and means of communication with the mentees

In most cases, the mentorship team got in touch with mentees through the caregivers with a regularity of once per month. Additionally, mentees had the opportunity to share their impression about their mentorship processes with their caregivers anytime they wanted. The mentee could for example contact the caregiver via phone anytime during the meeting with the mentor in order to share any specific issue that arise during the mentoring session. The caregiver would in turn react to solve the issue and would call/involve the mentorship team if needed.

If the mentee wanted to share something about his mentorship relationship in general and not only during the meeting with his mentor, he/she could do it face to face during his/her regular everyday communication with the caregiver.

Joint meetings and weekly communication within the caregiver's team were also held in internal meetings to follow up the mentoring process.

In some cases the mentorship team met directly with the mentees by visiting the residential care home or organizing a joint meeting with them and their caregivers.

Main challenges with mentees. AUDE partners reported the following challenges:

- Problems with scheduling meetings with their mentors
- one case of stealing from the mentor,

Some mentees would like rather spend their time with their friends than with the mentor.

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8. <u>Ending or extending the mentorship</u>

The mentoring process and the mentoring relationship between each pair of mentor and mentee is unique and complex. In normal conditions - and in the specific framework of the AUDE Project - the mentoring process between a given mentor and mentee required to last a school period consisting of 9 months.

Due to a variety of reasons (sudden lack of availably of the mentor to continue the mentoring process, incompatibilities between the mentor and mentee…) the mentoring process can end ahead of schedule.

In this regard, the early end of mentorship is foreseen when one of the two parties do not feel that anything is obtained through their mentoring relationship.

Through regular monitoring of the mentor and the mentee, the mentorship team should be able to detect at an early stage that the relation between the mentor and the mentee is not developing appropriately. If this is the case, the mentorship team shall provide support to both parts by listening to the situation and giving advice to the mentor and the mentee to improve their relationship.

If this is not possible and there is a breakdown in the mentoring process, then several options are possible:

Mentee:

- If the mentee does not wish to continue participating in the mentoring process, the mentorship will be terminated.
- The mentee will be asked if he/she wants to continue being involved in the mentoring project with another mentor. If the answer is yes, then mentors already participating in the AUDE mentoring project will be asked if they are able to mentor a second child. If the answer is positive, the above-mentioned matching and first meetings procedures will apply.

Mentor:

- If the mentor does not wish to continue mentorship, his/her involvement will be terminated.
- If the mentor wants to continue being involved in a mentoring process but with a different child, it can be possible but then the mentoring process will need to be set up apart from the framework of the AUDE project between the mentor and the organization.

Mentors and mentees that had not been gone in due time through the specific selection, information and training process as written down in the AUDE mentoring project were not able to step in the AUDE Project once it has started. They can however participate in a mentoring initiative beyond the AUDE project if supported by the organization.

If the relation of the mentor and the mentee is solid and both express their interest to keep their mentoring relationship, it is possible to extend the mentorship beyond the 9 months period established within the AUDE Project.

After the 9 months AUDE mentoring process ends. Then thee mentorship team will undertake a revision of the mentorship process and, if there is the willingness from both the mentor and mentee, set a new mentoring framework beyond the AUDE Project in consensus between the mentor, the mentee and the residential care organization.

4. HOW WE MADE THE RESEARCH?

The AUDE Mentoring pilot project will be evaluated based on:

a) A Pre-test to be filled by the child, the care giver and the teacher of the child to assess from the different points of views the initial context of the child with a focus on the school situation. This pre-test will be filled before the start of the mentoring process.

b) Continuous evaluation based on the regular monitoring of the mentors and the mentees. A progress report sheet will be updated monthly to report on the meetings between the mentor and the child. Proposal of topics to be covered by the progress report: dates, duration, covered topics, suggestions, activities, observations on following the planned educational plan/path. The quality of the relationship between the mentor and the mentee and an analysis of any incident that might occur will be taken into account.

c) Post-test. At the end of the mentoring process in the framework of the AUDE Project (after 10 months), the child, the teacher, the care giver and the mentor will fill a post- test to assess the mentoring process and evaluate if it has an impact on improving the educational results of the mentees.

A final report summarizing the entire process, main activities and results will be developed. Each organization will have a Team to coordinate the Pilot project with the following tasks:

- One or more meetings with children, teachers and social educators before starting the pilot to inform them about this and ask for participation.

- Regular contacts with them and the mentor every month.

- A meeting with all the actors in the middle of the project to monitor progress and report it to organization and departments involved (i.e. Education and Social Welfare)

- A meeting at the end of the project to jointly assess the changes and progress detected.

- Be responsible of collecting data for the evaluation process (Questionnaires for pre-test and post-test and the observation form for mentors)

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The evaluation of the results (outcomes) considers the 4 targets: at least 10 adolescents aged 12-17 years old; 10 mentors; 10 teachers; 10 caregivers in each country (5). It means:

> → 40 in each country x 5 countries = 200 questionnaires x 2 waves = 400 questionnaires

An assessment tool (questionnaire) will be administrated before the pilot (pre-test) asking participants (except mentors) about their opinion on the situation regarding education of the child before starting the pilot (mainly closed questions) and a questionnaire after the program (post-test) asking participants (all including mentors) regarding the benefits of their participation in the pilot, the process and the outputs.

The questionnaires will be all in an online form (google drive) translated into 5 languages. A pilot observation form will be used by mentors to monitor and follow up the process.

The fields to explore through the questionnaires before and after the pilot are:

- The education pathways (family and child protection system)
- The learning skills and work habits
- Academic achievement
- School social integration
- Specific educational measures at school
- Support received to education in the residential center
- Attendance
- Relationships between residential center and school regarding the child
- School community partnership
- Leisure activities
- Satisfaction with life and different life domains
- Expectations and aspirations
- Assessment regarding mentoring (only in the post-test)

After obtaining the data, it will be analysed using the SPSS.

The evaluation of the results and conclusions related to the research are on the second part of this practical case.

Part II - EVALUATION OF THE PILOT: RESULTS AND CONCLUSIONS

*Developed in a framework of the Project
SAPERE AUDE - Improvement of the academic
results of young people in care through mentoring*

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1. OBJECTIVES

A pilot program to enhance the school-based learning of youth in residential care through social mentoring was proposed within the framework of the European Sapere Aude Project, conducted in five European countries: Austria, Croatia, France, Germany and Spain. The University of Girona Research Team[1] was the partner responsible for evaluating this pilot program, conducted in the 2017-18 academic year.

A mentoring-based initiative was carried out over a 9-month period (September – May) involving youngsters in residential care (hereafter, youngsters), caregivers, compulsory secondary education teachers and mentors attached to the 5 third-sector organizations taking part in the Project: Fundació Plataforma Educativa(Catalonia, Spain), BTG – Federal Association of Therapeutic Communities(Austria), S&S GEM – Gesellschaft Für Soziales MBH(Germany), PLAY Association (Croatia), and Parrains Par Mille (France).

A pre-test, post-test design was used in this evaluation to establish the results of a pilot program aimed at enhancing the school situation of youngsters in residential care through mentoring, taking into account the perspectives of the main agents. The Project and its development have already been outlined in previous sections, so this second part is focused on reporting the project evaluation results. The final aim is to know if the mentoring initiative has had a positive impact on the youngsters in residential care and whether they have improved their academic outcomes. Based on the results, project partners will draw conclusions and offer a set of recommendations on how to implement a mentoring initiative to improve the academic results of youngsters in residential care.

2. METHOD

A mixed-methods design was used in this evaluation. It combined quantitative data collection – mainly in the pre-test proposal – and qualitative data collection based on mentoring evaluation reports on each mentee submitted monthly by mentors. In the pre-test stage, participants (except mentors) were asked their opinion on the situation regarding the education of the child before starting the pilot program, and at the end (post-test) (all) participants were asked to evaluate the benefits of their participation in the pilot program, the process and outputs. A pilot observation form was used by mentors to monitor and follow up the process.

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[1] The Research Team on Children, Adolescents, Children's Rights and their Quality of Life (ERIDIQV): Dr Carme Montserrat. Marta Garcia-Molsosa (PhD student) and Maria Rosa Sitjes. University of Girona

2.1. Participants

The evaluation took into consideration the opinions of the 4 main agents involved in the education of these young people: the youngsters themselves, and their caregivers, teachers and mentors. The selection criteria for youngsters (around 15 participants per country) was as follows:

- Age: between 12 and 17 years of age
- Currently in compulsory secondary education
- In residential out-of-home placement within the child protection system with an expected stay of at least another year in the residential home from the outset of the Project.
- Willing to participate voluntarily in the mentoring program

Once the youngsters wishing to take part had been established, their caregivers, teachers and mentors were included in the program. The Project finally began with:

→ **75 youngsters and their respective caregivers, teachers and mentors**

However, it should be taken into account that:

- In the course of the Project, some participants withdrew for different reasons *(Table 1)*
- Not all participants answered the evaluation questionnaires. Nor did all the mentors fill in the monthly evaluation report forms *(Table 2)*

Withdrawals were of two types. Some were foreseeable and related to the youngsters' circumstances: personal or family crises, or changes in their situation within the care system, or related to the mentors (changes in their personal, family or work situation). Others were unforeseeable such as the situation that arose in Austria in March 2018, when the competent authorities decided to move all children in care (including those participating in the Project) to other centers for reasons beyond the participating organization's control (see Table 1).

Thus, mentoring was suddenly terminated for these children and could only be continued in three cases. Neither the children nor their caregivers or teachers were able to answer the post-test questionnaire. Only 3 mentors kept in touch with their mentees, as shown in Table 2.

Table 1. Project participants and their evolution

	Begin the Project in the pre-test stage: May 2017	Begin mentoring at the beginning of the school year: September 2017	Mentoring is terminated during the 2017-2018 school year	Reach the end of the Project: May 2018
Austria	15	11	8 (on March)	3
Germany	18	15	4	11
France	12	11	3	8
Croatia	14	14	---	14
Spain	16	15	1	14
Total	75 youngsters	66 youngsters	16 youngsters	50 youngsters

Finally, participating in the mentoring program were: **66 youngsters with their mentors, caregivers and teachers, and 50 reached the end**.

Table 2. Number of Participants taking part in the evaluation

	Evaluation tools	Youngsters N=75; N=54	Caregivers N=75; N=63	Teachers N=69; N=49	Mentors N=59
Austria	Pre-test	15	15	14	--
	Post-test	--	--	--	3
	Number of mentors who reported:				10
	Number of reports received:				107
Croatia	Pre	14	14	12	--
	Post	14	22*	14	15**
	Number of mentors who reported:				13
	Number of reports received:				229
France	Pre	12	12	12	--
	Post	12	12	11	11
	Number of mentors who reported:				11
	Number of reports received:				115
Germany	Pre	18	18	15	--
	Post	13	14	9	15
	Number of mentors who reported:				11
	Number of reports received:				86
Spain	Pre	16	16	16	--
	Post	15	15	15	15
	Number of mentors who reported:				16
	Number of reports received:				316***

In Croatia, two caregivers answered the questionnaire on each youngster in some cases.

*** In Croatia, one youngster had two mentors; one was replaced by the other when first one left.*

*** Some reports were carried out by telephone, so more were collected than in other countries.*

In the pre-test, there were **219 participants**: 75 youngsters, 75 caregivers and 69 teachers.

In the post-test, there were **225 participants**: 54 youngsters, 63 caregivers (2 per mentee in Croatia) , 49 teachers and 59 mentors (Austria is missing):
→ Total nº of questionnaires (pre and post): **444**

62 mentors completed the monthly evaluation form: 10 from Austria, 11 from Germany, 13 from Croatia, 16 from Catalonia (Spain) and 11 from France:
→ Total nº of mentors' reports: **838**

2.2. Procedure and instruments for data collection

An online, self-administered, *ad hoc* questionnaire was used to gather data from each of the participating agents (except mentors) for the pre-test and the post-test (mentors included). All the agents' questionnaires had equivalent questions, so responses could be compared. The questionnaires were translated into each country's language and supervised by the project coordinators. The post-test questionnaires had the same questions as the pre-test, but extra questions were added at the end to evaluate mentoring, and were also the same for all agents.

There were mainly three types of closed-ended questions: dichotomous questions, a Likert scale measuring level of agreement in relation to different aspects (5-point scale), and an 11-point scale measuring agent satisfaction with different aspects. There was only two open-ended question: *what profession would you like to have when you grow up?* A space was left at the end to add any comments.

Residential homes and schools were sent a link to the questionnaires and data was collected online. Questionnaires contained an email address where respondents could send any queries or suggestions. Individual support was given to youngsters with reading comprehension difficulties who had the questions read to them, so no youngster was excluded for this reason.

On the other hand, an observation form was designed, which the mentor had to complete in free text for each meeting with the mentee according to a series of evaluation items. These forms had to be submitted each month so that systematic evaluation could be obtained with qualitative data throughout the entire mentoring process.

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Instruments can be consulted in the annexes. Broadly speaking, we examined the following aspects organized into 4 blocks (A, B and C based on questionnaires, and D on mentors' monthly reports):

A. Characteristics of participants in the pilot project, high schools and residential centers, as well as youngsters' background in the care system and future forecasts.

B. Evaluation and level of agreement regarding different school-related aspects. Results obtained in the pre-test compared with those obtained in the post-test reveal changes that may have taken place during the mentoring process. School-related aspects were as follows:

- Academic results: Evaluation of the different subjects
- Attention to diversity: type of attention, support and student groups
- Relationships: relationships with peers and teachers
- Social participation in school
- Attendance
- Behavior
- Free-time activities
- Access to resources and conditions for studying
- Expectations for further education
- Satisfaction with different aspects of school life and learning
- Satisfaction with different life domains

C. Post-test results on the evaluation of mentoring

- Evaluation of the beginning of the process
- Mentors' motivations
- Level of ease or difficulty in mentoring in different aspects throughout the process
- Impact on the youngster's education
- How the program could be improved
- Satisfaction with mentoring
- Satisfaction with support received by the organization
- Future expectations
- Recommendations

D. Monthly evaluation reports issued by mentors

- Activity date
- Activity location
- Activity description
- General assessment of the activity
- Description of concerns or difficulties encountered
- Next meeting plan

2.3. Data analysis

Contingency tables were constructed for quantitative data analysis and a chi-square test was conducted to study the relationship between the dichotomous and ordinal variables in the responses made by the three agents. The Student's t-test was used for the satisfaction variables.

A content analysis of the qualitative data was conducted in which the unit of analysis was the theme reached after the coding and categorization process.

2.4. Ethical considerations

All information was gathered with the participants' informed consent and the authorization of the child protection authorities from each country. Confidentiality and anonymity were guaranteed in the handling of data in accordance with the current data protection legislation in each country.

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3. RESULTS BASED ON QUESTIONNAIRES

3.1. Characteristics of youngsters, practitioners and mentors, schools and residential homes

As explained in the Methods section, not all the project participants answered the questionnaire. Participants were those who took part in the evaluation using the tools designed for this purpose. Fortunately, not only all the youngsters completed the questionnaire, but also the majority of caregivers, teachers and mentors. On the other hand, partner organizations were given instructions so that even if a youngster or mentor withdrew from mentoring before the end of the school year, both the youngster and his or her careers (mentor, caregiver, or teacher) could still fill in the questionnaire. Thus, not only could project evaluation be made in relation to those who remained until the end, but also regarding those who withdrew before. In this way, all voices and perspectives could be reflected.

CHARACTERISTICS OF PARTICIPANTS IN THE PILOT MENTORING PROJECT

☐ Participants according to each organization's country

Table 3. Questionnaires answered by agents and country (Nº. and %)

	Test	Youngsters	Caregivers	Teachers	Mentors	Total
Austria	Pre	15 (20.0%)	15 (20.0%)	14 (20.3%)	--	44 (20.1%)
	Post	--	--	--	3 (5.1%)	3 (1.3%)
Croatia	Pre	14 (18.7%)	14 (18.7%)	12 (17.4%)	--	40 (18.3%)
	Post	14 (25.9%)	22 (34.9%)*	14 (28.6%)	15 (25.4%)	65 (28.9%)
France	Pre	12 (16.0%)	12 (16.0%)	12 (17.4%)	--	36 (16.4%)
	Post	12 (22.2%)	12 (19.0%)	11 (22.4%)	11 (18.6%)	46 (20.4%)
Germany	Pre	18 (24.0%)	18 (24.0%)	15 (21.7%)	--	51 (23.3%)
	Post	13 (24.1%)	14 (22.2%)	9 (18.4%)	15 (25.4%)	51 (22.7%)
Spain	Pre	16 (21.3%)	16 (21.3%)	16 (23.2%)	--	48 (21.9%)
	Post	15 (27.8%)	15 (23.8%)	15 (30.6%)	15 (25.4%)	60 (26.7%)
Total	Pre	75 (100%)	75 (100%)	69 (100%)	--	219 (100%)
	Post	54 (100%)	63 (100%)	49 (100%)	59 (100%)	225 (100%)
Total questionnaires		129	138	118	59	444

* In Croatia, two caregivers completed the questionnaire for each youngster in some cases.

In the pre-test survey (i.e. the one that was conducted at the end of the 2016-17 school year), the majority of participants completed the questionnaire between May and July (2017). Table 3 shows that initially taking part in the Project following the criteria set out in the Methods section were: 75 youngsters from the 5 participating organizations, ranging from 12 youngsters from France to 18 from Germany. Their respective caregivers (75) also completed the questionnaire as did sixty-nine of their respective teachers, since not all of the latter responded.

In the post-test stage, 54 youngsters completed the questionnaire, since8from Austria were unable to reach the end (as explained in the previous section). One from Spain, 1 from France, 4 from Austria and 3 from Germany failed to begin the mentoring program. Generally speaking, this response tendency was also observed among the other participants, although it should be noted that it was even more difficult to get teachers to respond to the post-test, especially in the case of Germany. More caregivers responded than expected in the case of Croatia as, according to the management of the residential home where some of the youngsters lived, each youngster had two caregivers and so two professionals evaluated the same youngster.

☐ Participants by age and sex

Youngsters were between 12 and 17 years of age when they were selected to take part in the mentoring program. Table 4 shows a mainly equal distribution by age group, the oldest being from Germany and Croatia, and the youngest from the other three countries. The average age at the outset was 15.5 years.

Table 4. Age of youngsters at the beginning of the project

	12	13	14	15	16	17	Total
Austria	0	5	7	2	1	0	15
Croatia	1	1	7	3	2	0	14
France	0	1	2	1	4	4	12
Germany	1	2	2	4	2	7	18
Spain	0	8	6	1	1	0	16
Total Nº. (%)	2(2.7%)	17 (22.7%)	24 (32%)	11 (14.7%)	10 (13.3%)	11(14.7%)	75 (100%)

Average age for adults is shown in Table 5. Caregivers and mentors were younger than teachers (between 24 and 72 years of age). However, the age

range for mentors was wider (the youngest was 20 and the oldest was 74) than for caregivers, who were generally younger (between 18 and 62 years). It is worth noting that after one year, teachers and caregivers were even younger on average, indicating changes in the practitioners working with the youngsters in the course of the Project. It also points to younger people entering the program.

Table 5. Mean age by participants in the pre-test and post-test

	Years Old Pre-test	Years Old Post-test
Caregiver (*N=75; N=61*)	36.1 *(SD 7.714)*	34.4 *(SD 11.192)*
Teacher (*N=68; N=49*)	49 *(SD 11.523)*	46 *(SD 10.783)*
Mentors (*N=58*)	----	34.2 *(SD 13.384)*

Regarding country of origin, 60% of the youngsters were born outside the country where the pilot program was being carried out, with marked differences between countries, ranging from Croatia, where no child was born in another country, to Germany, where almost three-quarters of participating youngsters were foreign-born (Table 6). As for mentors, the majority (89.5%) were born in the country where the program took place.

Table 6. Youngsters' and Mentors' country of birth (Nº. and %)

	Agent	My country	Another country
Austria	Youngster	8 (53.3%)	7 (46.7%)
	Mentor	2 (66.7%)	1 (33.3%)
Croatia	Youngster	14 (100%)	0
	Mentor	14 (93.3%)	1 (6.7%)
France	Youngster	5 (41.7%)	7 (58.3%)
	Mentor	8 (80.0%)	2 (20.0%)
Germany	Youngster	5 (27.8%)	13 (72.2%)
	Mentor	13 (92.9%)	1 (7.1%)
Spain	Youngster	13 (81.2%)	3 (18.8%)
	Mentor	14 (93.3%)	1 (6.7%)
Total	Youngster	45 (60.0%)	30 (40.0%)
	Mentor	51 (89.5%)	6 (10.5%)

As for gender, there were more boys than girls, since only boys were taking part in Austria, Croatia and France. In contrast, the majority of caregivers, teachers and mentors were women *(Table 7).*

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Table 7. Number of participants per country and gender

	Test	Youngsters		Caregivers		Teachers		Mentors	
		Female	Male	Female	Male	Female	Male	Female	Male
Austria	Pre	0	15	12	3	11	3	--	--
	Post	--	--	--	--	--	--	1	2
Croatia	Pre	0	14	12	2	11	1	--	--
	Post	0	14	12	10	11	3	14	1
France	Pre	0	12	6	6	8	4	--	--
	Post	0	12	5	7	5	6	7	4
Germany	Pre	7	11	8	10	13	2	--	--
	Post	7	6	13	1	8	1	14	1
Spain	Pre	9	7	10	6	12	4	--	--
	Post	8	6	15	0	11	4	9	6
	Pre	16	59	48	27	55	14	--	--
	Post	15	38	45	18	35	14	45	14

☐ **Caregivers' professional profile**

The professional profile of staff working in residential homes varied from one country to another, although in most cases caregivers had a Bachelor's degree related to education: Social Pedagogy, Social Education and Pedagogy (*Table 8*). Moreover, 12.2% of staff were social workers and a similar percentage had other profiles.

Table 8. Caregivers' professional profile (data from the pre-test)

Professional profile	Nº. and %
Social educator	25 (33.8%)
Social pedagogue	25 (33.8%)
Social worker	9 (12.2%)
Pedagogue	5 (6.8%)
Others	10 (13.5%)
Total	74 (100%)

Staff was asked how long they had worked in the residential home (Table 9), and also how long they had been working with the youngster who was participating in the Project (Table 10). Great differences existed between countries. While most caregivers in Croatia and France had been working for more than 3 years in the residential center, and between 1 and 3 years with the

youngster, there was greater staff instability in Spain, where a third of caregivers had only been working at the center for between 7 and 11 months, and half the staff had been working for less than 6 months with the participating youngster. The organization from Germany had greater staff stability than Spain, but slightly less than the other two countries. The question was not included in the pre-test, so data for Austria are not available.

Table 9. Caregivers: Time working in this residential center (Nº. and %)

	Croatia	France	Germany	Spain	Total
Between 3 and 6 months	2 (9.1%)	0	1 (7.1%)	0	3 (4.8%)
Between 7 and 11 months	0	0	3 (21.4%)	5 (**33.3%**)	8 (12.7%)
Between 1 and 3 years	1 (4.5%)	3 (25%)	8 (**57.1%**)	8 (**53.3%**)	20 (31.7%)
More than 3 years	19 (**86.4%**)	9 (**75%**)	2 (14.3%)	2 (13.3%)	32 (50.8%)
Total	22 (100%)	12 (100%)	14 (100%)	15 (100%)	63 (100%)

Table 10. Time working with the youngster (Nº. and %)

	Croatia	France	Germany	Spain	Total
Less than 3 months	0	0	0	3 (**23.1%**)	3 (5.1%)
Between 3 and 6 months	2 (9.1%)	0	1 (7.1%)	3 (**23.1%**)	6 (10.2%)
Between 7 and 11 months	2 (9.1%)	1 (10%)	2 (14.3%)	5 (**38.5%**)	10 (16.9%)
Between 1 and 3 years	18 (**81.8%**)	8 (**80%**)	9 (**64.3%**)	2 (15.4%)	37 (62.7%)
More than 3 years	0	1 (10%)	2 (14.3%)	0	3 (5.1%)
Total	22 (100%)	10 (100%)	14 (100%)	13 (100%)	59 (100%)

☐ **Mentor profile**

One third of mentors were living with their partner, followed by those who were living alone (especially in France). In Croatia, a third was living with their partner and had children. The greatest percentage of mentors living with friends could be found in Germany (*Table 11*).

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Table 11. Mentor's household

	Austria	Croatia	France	Germany	Spain	Total
On own	33.3%	20.0%	**63.6%**	13.3%	20.0%	27.1%
With my partner	66.7%	26.7%	36.4%	20.0%	**33.3%**	**30.5%**
With my partner and children	0	**33.3%**	0	0	13.3%	11.9%
With other relatives	0	6.7%	0	26.7%	13.3%	11.9%
With friends	0	13.3%	0	**40.0%**	13.3%	16.9%
Only with my children	0	0	0	0	6.7%	1.7%
Total	3 100%	15 100%	11 100%	15 100%	15 100%	59 100%

All mentors in Austria, Croatia and France had a higher education degree, and although slightly fewer did in the German and Spanish organisations, it was still the most common qualification (*Table 12*).

Table 12. Highest level of education (mentors)

	Austria	Croatia	France	Germany	Spain	Total
Primary Education	0	0	0	0	6.7%	1.7%
Secondary Education	0	0	0	13.3%	0	3.4%
Higher Education	**100%**	**100%**	**100%**	**80%**	**73.3%**	**88.1%**
Vocational training	0	0	0	6.7%	20.0%	6.8%
Total	3 100%	15 100%	11 100%	15 100%	15 100%	59 100%

Two-thirds of the mentors worked full-time. This was the majority situation in the French organization, with slightly fewer in full-time employment in Germany (*Table 13*)

Table 13. Employment (mentors)

	Austria	Croatia	France	Germany	Spain	Total
Without a paid job	0	13.3%	12.5%	6.7%	20.0%	12.5%
I work part-time	0	26.7%	0	**40%**	13.3%	21.4%

I work full-time	100%	60%	87.5%	53.3%	66.7%	66.1%
Total	3 100%	15 100%	8 100%	15 100%	15 100%	56 100%

☐ **Teacher profile**

We wanted to know how much teachers knew about the child protection system, residential homes and, in particular, the youngsters from these homes (*Table 14)*. The majority (about 85%) responded that they were aware of them prior to the beginning of the Project, and had already taught students from the residential center that the youngster was from. It is likely that the school's proximity to the residential home was linked to this.

Table 14. Teachers and their awareness regarding residential care (data from the post-test)

	Nº. and %
Teachers know how the child protection system works	43 (87.8%)
Teachers know residential centers	41 (85.4%)
Teachers have had other pupils in residential care	43 (89.6%)

CHARACTERISTICS OF RESIDENTIAL CENTERS INVOLVED IN THE PROJECT

We were also interested in knowing the size of the residential homes where youngsters participating in the project were living. Table 15 also shows important differences by country, ranging from Austria where all the homes were small (up to 10 places), and Germany (practically all), to Croatia, where all the youngsters lived in homes with more than 30 places.

Table 15. Number of places in each residential home (according to caregivers in the pre-test)

Number of places x center	Austria	Croatia	France	Germany	Spain
6-10	15	0	0	12	4
11-20	0	0	0	5	5

21-30	0	0	11	0	7
31-40	0	11	0	0	0
41-50	0	1	0	0	0
More than 50	0	1	0	0	0

The number of beds per room followed a similar pattern. In other words, in centers with fewer places, youngsters tended to have their own single room (Austria, Germany, and also mainly in France). In contrast, there were two youngsters per room in Croatia (*Table 16*). In Spain, where the size of homes varied greatly, rooms had from 1 to 4 beds.

Table 16. Number of beds per room in the residential homes (according to caregivers in the pre- test)

Number of beds x room	Austria	Croatia	France	Germany	Spain
1	15	0	9	17	5
2	0	14	3	0	4
3	0	0	0	0	5
4	0	0	0	0	2

Table 17 shows whether residential homes were mixed or single sex. They were for boys only in three of the countries, but in Spain and Germany they were mixed sex, which explains the characteristics of youngsters taking part in the program, as we have seen before.

Table 17. Gender of children in the residential homes (according to caregivers in the pre-test)

Gender in the residential homes	Nº. and %
Only boys	41 (54.7%) Austria, Croatia and France
Both girls and boys	34 (45.3%) Germany and Spain

The youngsters attended mainly state schools:

- 95.7% state schools (pre-test)
- 91.8% state schools (post-test)

We also wanted to know how long they had been attending the same school, so they were asked the year they had started going to their current school. The majority (about 60%) had started in the 2016-17 school year, at the end of which they were selected for the Project. Thus, Table 18 shows how one third of youngsters in the post-test had been attending the same school for 3 years, and the rest only 2.

Table 18. First year of the current school according to teachers

First year of the current school	Pre-test *(N=69)*	Post-test *(N=49)*
2007-2014	12.9%	0
2015	23.4%	31.3%
2016	64.1%	68.8%

School enrolment data in the previous table help us to understand the next table (*Table 19*). Most youngsters began the program when they had already been to 2, 3 or 4 different schools. Some (9.3%) had even been to 5 schools or more.

Table 19. How many schools had the youngster attended according to them (pre-test)

1 school	2 schools	3 schools	4 schools	5+ schools
4 (5.3%)	24 (32%)	22 (29.3%)	18 (24%)	7 (9.4%)

Forty-six percent of youngsters had special education needs. No differences were found between the pre- and post-tests for youngsters with special needs from Croatia and Spain, but in France and Germany, the number decreased (*Table 20*).

Table 20. Pupils with Special Education needs according to teachers

Test	Austria	Croatia	France	Germany	Spain	Total
Pre	2	11	7	5	7	32 (46.4%)
Post	--	12	2	2	7	23 (46.9%)

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Thirteen percent of youngsters attended special education schools in the pre-test, but not in the post-test. The rest went to regular schools, except a small percentage who combined both (*Table 21*).

Table 21. Regular or special school (according to teachers)

	Test	Austria	Croatia	France	Germany	Spain	Total
Full time in a regular school	Pre	12	11	10	9	16	58 (84.1%)
	Post	---	13	11	6	15	45 (91.8%)
Full time in a special school	Pre	2	0	2	5	0	9 (13%)
	Post	---	0	0	0	0	0%
On a part-time basis in a special school	Pre	0	1	0	1	0	2 (2.9%)
	Post	---	1	0	3	0	4 (8.2%)
Total	Pre	14	12	12	15	16	69 (100%)
	Post	---	14	11	9	15	49 (100%)

Slightly more than one third of youngsters had repeated a school year in the course of their schooling (*Table 22*).

Table 22. Has the youngster ever repeated a school year according to them?

Have you ever repeated a school year?	Yes
Total pre-test	26 (36.1%)
Total post-test	22 (40.7%)

BACKGROUND IN THE CARE SYSTEM AND FUTURE OUTCOMES

We also tried to obtain information on the youngster's background in the child protection system and future outcomes for them. Table 23 shows that two-thirds of youngsters had been in the residential home for 1 year when the Project (pre-test) began. Consequently, they had been in the system for 2 years when it ended.

Table 23. Year when the youngster came to the residential home according to caregivers

	Total Pre-Test	Total Post-Test
2010-2014	14 (19.5%)	9 (15.3%)
2015	11 (15.3%)	9 (15.3%)
2016	44 (61.1%)	41 (69.4%)
2017	3 (4.1%)	0%

Several options for youngsters' previous living arrangements were available, but we can see that, in general, 42% had already been in another residential home (especially in Spain), and some had even been in kinship foster care (more so in Germany). In contrast, in Croatia youngsters came directly from living with their biological families. More youngsters living in France and Germany had come unaccompanied from another country without their family members (*Table 24*).

Table 24. Previous youngsters' living arrangements according to caregivers (data from the post-test)

	Croatia	France	Germany	Spain	Total
Living with mother or father or both	19	6	9	1	35 (55.6%)
Placed in other residential center	4	1	2	14	21 (42.0%)
Placed with relatives	2	0	7	1	10 (21.7%)
He came alone from other country	0	4	5	1	10 (20.4%)
Placed in foster family	2	1	1	2	6 (12.8%)

* They can tick more than one box

Caregivers could mark more than one option regarding the future plan they envisaged for their youngsters. The Project partners from Germany preferred not to answer this question as it convened German legislation. Looking at the data from the rest of the countries (Table 25), we can see that over half of caregivers predicted that youngsters would remain at the residential home until they were 18 years old, and 42% thought they would leave care with support. Only a quarter believed that the youngsters would be reunited with their birth families before reaching 18 years.

Table 25. The future plan according to caregivers (Data from the pre-test)

The youngster's future plan is…	Austria	Croatia	France	Spain	Total
Remain at the residential home and leave care with support	12	3	8	10	33 (42.3%)
Return to birth family – 18	5	5	3	6	19 (24.4%)
Return to birth family at 18	3	2	0	6	11 (14.1%)
Without a plan (or an unknown plan)	1	4	1	3	9 (11.5%)
Be placed in kinship care	0	0	0	2	2 (2.6%)
Be placed in non-kinship care	0	0	0	2	2 (2.6%)
Be placed in a specialised center	0	0	0	2	2 (2.6%)

* They can tick more than one box

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3.2. Pre – and post – test results: observed changes

In this section, we present the results of evaluations made by the different social agents – youngsters, caregivers, teachers and mentors – on the following aspects of the youngster's school situation and free-time activities before and after the mentoring program:

- Academic outcomes: Evaluation of the different subjects
- Attention to diversity: type of attention, support, and student groups
- Relationships: relationships with peers and teachers
- Social participation in school
- Attendance
- Behavior
- Free-time activities
- Access to resources and conditions for studying
- Expectations for further education

ACADEMIC OUTCOMES: EVALUATION OF THE DIFFERENT SUBJECTS

One of the first points to highlight is that youngsters tended to evaluate their academic results in the different subjects more positively than adults did. Most youngsters felt they had good marks in Sports and Art, and teachers and mentors agreed. Caregivers evaluated their performance in these subjects less positively. Generally speaking, youngsters were less optimistic regarding their other subjects and adults were even less so.

However, if we compare differences before and after the program, the youngsters' positive evaluation of their performance increased dramatically, especially in relation to Mathematics, and Natural and Social Sciences. Yet, this was also true for teachers, who even rated the youngsters' results in Language more positively than the youngsters themselves. Caregivers also recognized their improvement in Language and Natural Sciences (Table 26). In terms of Project evaluation, this was a highly positive result, although we should be cautious when it comes to attributing this improvement exclusively to the mentoring program.

Table 26. Evaluation of how youngsters manage the following subjects, as perceived by the youngsters themselves, their caregivers, teachers and mentors (% of those reporting good marks)

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How do you manage with:	Test	Youngsters N=75; N=54	Caregivers N=75; N=63	Teachers N=69; N=49	Mentors N=59
Sports	Pre	77.3	54.7	78.3	--
	Post	74.1	61.3	66.7	70.5
Arts	Pre	72.0	49.3	58.0	--
	Post	58.3	49.2	53.7	56.1
Natural Sciences	Pre	21.3	23.0	13.0	--
	Post	**35.4**	**26.7**	**22.5**	21.4
Social science	Pre	21.3	26.7	18.8	--
	Post	**30.4**	25.5	**26.2**	22.5
Maths	Pre	18.7	22.7	17.4	--
	Post	**27.8**	22.6	**27.1**	16.7
Language	Pre	33.3	18.7	15.9	--
	Post	27.8	**24.6**	**35.4**	27.7

*(3-point scale of assessment: 1=Bad marks 2=Not good not bad; 3=Good marks. This table only shows scores corresponding to **3= Good marks**)*

ATTENTION TO DIVERSITY: TYPE OF ATTENTION, SUPPORT AND GROUPS OF STUDENTS

Approximately half of the youngsters stayed in the classroom and did the same work as the other pupils. This number increased between the pre- and post-test, indicating that the number of youngsters who were separated from the class and put in another group with fewer pupils decreased. These are also positive results for the mentoring program (*Table 27*)

Table 27.Type of attention to youngsters' educational needs (%)

How often the youngsters…	Test	Youngsters N=75; N=54	Teachers N=69; N=49
Stay in the classroom and do the same work as others	Pre	69.4	79.4
	Post	74.1	81.6
Go to another class group with few pupils	Pre	19	16.9
	Post	18.5	8.2

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Stay in the classroom but usually do different work	Pre	21.6	20.6
	Post	16.7	24.5
Teacher is an assistant teacher supporting him/her	Pre	10.9	7.9
	Post	7.4	0

(4-point scale of frequency: 1=Never 2=Sometimes; 3=Often; 4= Always; only shown here is the addition of two scores; 3= often, and 4=always)

Youngsters' evaluations on who was helping them with school work indicated that at the end of the program they no longer felt that caregivers were helping them so much. This may be related to having had mentoring, but cannot be confirmed. On the other hand, caregivers assigned themselves a greater role in helping with school work than that assigned to them by youngsters or mentors. The latter attached greater importance to peer support from other youngsters (*Table 28*).

Table 28. Who is helping the youngsters with school work (%)?

Who is helping the youngster with school work?	Test	Youngsters N=75; N=54	Caregivers N=75; N=63	Mentors N=59
A caregiver helps all the group	Pre	56	58.1	--
	Post	56.6	60.4	34.6
A caregiver helps him/her	Pre	63.9	54.1	--
	Post	53.7	54	67.3
Somebody helps him/her	Pre	63.5	49.3	--
	Post	48.2	60.4	69.8
Another youngster	Pre	8.2	2.7	--
	Post	11.2	6.3	14.3
A teacher at the center	Pre	2.7	1.4	--
	Post	7.7	4.8	12.5

(4-point-scale of frequency; only shown here is the addition of two scores; 3= often, and 4=always)

Agents were also asked to evaluate how learning skills could be improved. The questions were dichotomous and affirmative answers are shown in the tables. In the pre-test, youngsters selected, in particular, having more support at school and the residential home, and the opportunity to be heard.

In contrast, a year later they gave fewer affirmative answers and these were mainly in relation to having a quiet place to study in the residential home, doing different school work (an increase compared to the pre-test), and having more support from teachers (although less than in the pre-test).

The two aspects that mentors felt would help to improve youngsters' learning skills were the opportunity to be heard and more collaboration between teachers and carers. Teachers and caregivers were more conservative in their proposals and opted for youngsters having more support to study at the residential center, and going to a class group with few pupils (*Table 29*).

Table 29. How to improve learning skills (% Yes)

	Test	Youngsters N=75; N=54	Caregivers N=75; N=63	Teachers N=69; N=49	Mentors N=59
Having a quiet place to study at the residential center	Pre	58.7	65.3	55.1	--
	Post	55.6	59.7	50.0	59.2
Doing different school work	Pre	37.3	50.7	31.9	--
	Post	**48.1**	49.2	31.1	61.2
Having more support from teachers at school	Pre	69.3	61.3	62.3	--
	Post	48.1	68.3	55.8	78.4
Having the opportunity to be heard	Pre	66.7	60.0	52.2	--
	Post	47.2	56.5	44.7	85.4
Having more support to study at the residential center	Pre	62.7	72.0	72.5	--
	Post	42.6	44.3	59.0	70.2
Having more friends	Pre	37.3	45.3	43.5	--
	Post	38.9	40.3	31.0	43.8
More collaboration between teachers and careers	Pre	48.0	53.3	58.0	--
	Post	32.1	33.9	47.6	81.6
Having more support from classmates at school	Pre	44.0	45.9	56.5	--
	Post	31.5	54.0	48.8	73.5
Going to a class group with few pupils at school	Pre	46.7	74.7	63.8	--
	Post	31.5	68.3	61.7	80.4
Changing school	Pre	32.0	14.7	10.1	--
	Post	27.8	19.0	12.2	17.0

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RELATIONSHIPS: RELATIONSHIPS WITH PEERS AND TEACHERS

Table 30. Relationships at school (%)

	Test	Youngsters N=75; N=54	Caregivers N=75; N=63	Teachers N=69; N=49	Mentors N=59
He/she has good relations with mates	Pre	85.3	56.8	76.4	--
	Post	79.6	67.7	73.5	55.8
The classmates are usually nice to him/her	Pre	73.7	58.1	87.0	--
	Post	70.4	66.7	85.7	52.0
Teachers help him/her when he/she has a problem	Pre	74.7	83.8	91.3	--
	Post	58.5	75.8	83.7	44.9
The youngster feels safe at school	Pre	57.5	67.6	87.0	--
	Post	57.4	69.8	87.8	57.1
Some classmates help him/her when he/she has a problem	Pre	68.0	38.4	69.1	--
	Post	55.6	50.8	67.3	46.0
The teachers listen to him/her and take him/her into account	Pre	68.0	70.3	85.5	--
	Post	48.1	66.7	85.7	42.9
Teachers treat him/her fairly	Pre	57.9	75.7	91.3	--
	Post	48.1	79.4	87.8	45.8
The youngster likes going to school	Pre	48.6	45.9	56.5	--
	Post	25.9	49.2	53.1	32.1

5-point-scale of agreement; only shown here is the addition of 2 scores; 4=agree a lot & 5=totally agree

One issue to highlight in Table 30 is that, teachers tended to agree more that classmates were usually nice to the youngsters and that teachers listened to them. In contrast, mentors agreed far less and were far less optimistic – even less than caregivers – regarding these relational aspects. Caregivers rated almost all the items in the post-test more positively than in the pre-test. Youngsters, on the other hand, gave each aspect a lower rating in the post-test. They were most in agreement with having good relations with their classmates, and least, with liking going to school. The latter would not be a good result for the mentoring program.

The evaluation of bullying was similar among agents and from one year to the next. According to the youngsters participating in the Project, prevalence of bullying was low among them (*Table 31*). However, it was reported more frequently by youngsters than adults, especially situations of bullying which they had witnessed, reported by almost 25% of youngsters.

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Table 31. Bullying (%)

	Test	Youngsters *N=75; N=54*	Caregivers *N=75; N=63*	Teachers *N=69; N=49*	Mentors *N=59*
Have you witnessed bullying situations?	Pre	31.9	8.2	1.5	--
	Post	24.5	8.1	8.5	4.5
Have you been bullied at school?	Pre	12.5	6.8	0.0	--
	Post	11.3	1.6	2.1	0.0
Have you bullied other children?	Pre	5.5	6.9	2.9	--
	Post	11.3	4.8	2.0	0.0

(4-point scale of frequency: 1=Never 2=Sometimes; 3=Often; 4= Always. In this table there is only the addition of scores corresponding to 3 and 4)

SOCIAL PARTICIPATION IN SCHOOL

Participating in excursions or school trips and in celebrations or activities organized by the school were two aspects highlighted by all the agents, as 60% of youngsters reported doing them often or very often (*Table 32*). However, in the post-test, they all reported less frequent participation.

Table 32. Participation at school (%)

	Test	Youngsters *N=75; N=54*	Caregivers *N=75; N=63*	Teachers *N=69; N=49*	Mentors *N=59*
I participate in the excursions or school trips organized by the school	Pre	70.3	75.7	75.4	--
	Post	**63.0**	63.5	69.4	63.0
I participate in the celebrations or other activities organized by the school	Pre	63.9	71.6	71.9	--
	Post	**63.0**	63.5	69.4	63.0
Your educators attend the school events	Pre	28.2	37.3	33.3	
	Post	**24.1**	46.0	38.1	41.5
Have you been responsible for a particular task at school	Pre	33.3	13.9	12.1	--
	Post	**17.0**	9.7	31.3	11.6
Have you been given the role of class delegate	Pre	12.5	2.8	3.2	--
	Post	**5.7**	4.8	6.4	0.0

(4-point scale of frequency: 1 = Never 2=Sometimes; 3=Often; 4= Always. Only shown in this table is the addition of scores corresponding to 3 and 4)

The greatest divergence of opinion occurred when only 24.1% of youngsters claimed their caregivers went to see them, often or very often, in school events. In contrast, practitioners claimed they went far more often, especially caregivers (up to 46%). A similar situation occurred between youngsters and teachers. While youngsters rarely reported being responsible for a particular task at school, almost twice the number of teachers attributed responsibilities to them. Yet, the general consensus was that the youngsters were never class delegates. Another issue was the youngsters' general perception in the post-test of having participated slightly less than in the previous school year.

ATTENDANCE

Table 33 shows a more encouraging result compared to the previous year. Both youngsters and teachers felt that, generally speaking, youngsters attended school more regularly a year after the program had begun, and as a result, there was less absenteeism. Caregivers had a less optimistic outlook regarding attendance, maintaining the same answers as the year before.

Table 33. Attendance (%)

	Test	Youngsters N=75; N=54	Caregivers N=75; N=63	Teachers N=69; N=49	Mentors N=59
I come punctual to school	Pre	77.0	74.7	79.7	--
	Post	**88.9**	73.0	**87.8**	72.9
I spend more time out of school instead of going to it	Pre	9.6	13.5	15.9	--
	Post	**7.4**	12.7	**6.3**	6.4

(4-point scale of frequency: 1=Never 2=Sometimes; 3=Often; 4= Always. Only shown in this table is the addition of scores corresponding to 3 and 4)

BEHAVIOUR

Table 34. Behavior (%)

	Test	Youngsters N=75; N=54	Caregivers N=75; N=63	Teachers N=69; N=49	Mentors N=59
Have you received a warning or been penalized?	Pre	12.3	14.9	13.0	--
	Post	**22.6**	11.1	12.2	6.8

	Test				
Have you been expelled from the classroom?	Pre	4.1	4.1	4.3	--
	Post	**9.3**	6.6	8.2	2.4
Have you been expelled from school?	Pre	5.5	1.4	0.0	--
	Post	**5.6**	4.8	0.0	2.1

(4-point scale of frequency: 1=Never 2=Sometimes; 3=Often; 4= Always. Only shown in this table is the addition of scores corresponding to 3 and 4)

Youngsters reported more warnings or punishments than their caregivers and teachers attributed to them, with mentors even fewer, though more than the previous year (*Table 34*). Fortunately, the percentage of youngsters expelled from the classroom or school remained low.

FREE-TIME ACTIVITIES

Youngsters and mentors coincided in highlighting the organized activities that the former took part in after school hours. Sports took center stage, followed at a significant distance by Music. However, caregivers generally perceived that the youngsters did fewer activities than the youngsters claimed to do (*Table 35*).

Table 35. Organized activities where youngsters usually participate after school hours or at weekends (% Yes)

	Test	Youngsters N=75; N=54	Caregivers N=75; N=63	Mentors N=59
Sports	Pre	73.3	66.7	-
	Post	**72.2**	69.8	75.0
Music	Pre	29.3	16.0	-
	Post	**22.6**	23.8	14.9
Dance	Pre	16.0	14.7	-
	Post	**13.7**	9.5	12.8
Foreign languages	Pre	20.0	6.7	-
	Post	**11.3**	9.5	10.9
Drama	Pre	4.0	8.0	-
	Post	**5.8**	3.2	4.3
After-school center	Pre	12.0	5.3	-
	Post	**7.7**	6.3	13.0
Youth movement	Pre	14.7	8.0	-
	Post	**7.7**	9.5	15.2
Others	Pre	37.3	46.7	-
	Post	50.0	32.3	28.3

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In Table 36, hobbies have been ranked in descending order, from the most to least chosen by youngsters in the post-test stage. Thus, hobbies leading the ranking, such as listening to music, watching TV, hanging out with friends, using social network sites and playing video games, increased compared to the previous year. Youngsters also reported going to the gym more than the year before. This tendency could be due to them being a year older and the selected hobbies were more suited to their age, as well as being to the detriment of others that they no longer practiced so much. Caregivers' evaluations coincided closely with the youngsters', but mentors attributed less participation in these activities to their mentees (*Table 36*).

Table 36. Main hobbies, cultural or leisure activities in the youngsters' free time (% Yes)

Free time	Test	Youngsters N=75; N=54	Caregivers N=75; N=63	Mentors N=59
Listening to music	Pre	89.3	93.3	-
	Post	**96.3**	92.1	79.6
Watching TV	Pre	77.3	82.7	-
	Post	**88.7**	88.9	79.6
Hanging out with friends	Pre	84.0	73.3	-
	Post	**87.0**	88.9	84.0
Using social networking sites	Pre	82.7	80	-
	Post	**85.2**	90.3	75.5
Playing videogames	Pre	72.0	72.0	-
	Post	**74.1**	74.2	51.0
Watching series	Pre	80.0	72.0	-
	Post	**69.2**	75.4	41.7
Shopping	Pre	69.3	53.3	-
	Post	**59.6**	39.3	33.3
Riding a bicycle	Pre	76.0	46.7	-
	Post	**49.0**	38.3	16.7
Going to the gym	Pre	36.5	22.7	-
	Post	**48.1**	25.4	32.7
Playing board games	Pre	48.0	40.0	-
	Post	**47.2**	43.5	42.6
Painting or drawing	Pre	53.3	36.0	-
	Post	**46.2**	36.5	25.5
Reading	Pre	48.0	37.3	-
	Post	**41.5**	30.2	38.8
Reading news	Pre	44.0	13.3	-
	Post	**38.5**	18.0	16.7

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	Test			
Running	Pre	58.1	22.7	-
	Post	**32.7**	12.7	21.3
Playing music, singing or dancing	Pre	40.0	29.3	-
	Post	**29.4**	19.4	22.9
Playing Warhammer or similar	Pre	22.2	22.7	-
	Post	**21.6**	3.2	8.3
Writing	Pre	33.3	17.3	-
	Post	**19.6**	12.7	12.5
Skateboarding	Pre	21.9	8.0	-
	Post	**17.6**	6.5	2.2

ACCESS TO RESOURCES AND CONDITIONS FOR STUDYING

Great divergence of opinion was found regarding the youngsters' access to resources and technologies. Everyone agreed they had books and other materials needed for school. However, caregivers felt that youngsters had material to do sport or other activities very often or always, while youngsters and mentors did not. In contrast, both youngsters and mentors thought the youngsters had access to the Internet, a mobile phone and a computer, whereas caregivers did not agree so much (*Table 37*).

Table 37. Access to technologies and resources (%)

	Test	Youngsters N=75; N=54	Caregivers N=75; N=63	Teachers N=69; N=49	Mentors N=59
To have all the books or other material needed	Pre	84.9	78.4	79.1	--
	Post	**71.7**	76.2	93.8	68.1
To have material to do sport or other activities	Pre	60.0	87.5	---	--
	Post	**62.3**	80.6	---	68.0
To have access to internet in the residential center	Pre	50.7	60.0	---	--
	Post	**53.7**	38.1	---	53.7
To have a mobile phone	Pre	57.3	52.0	---	--
	Post	**51.9**	28.6	---	55.6
To have a computer, laptop or tablet	Pre	33.3	33.3	---	--
	Post	**40.7**	25.4	---	32.7

(4-point scale of frequency: 1=Never 2=Sometimes; 3=Often; 4= Always. Only shown in this table is the addition of scores corresponding to 3 and 4)

Youngsters reported that their study place was often shared with other children in the center, and only half of them thought it was often a quiet place. The other half felt it was usually noisy and rarely a place only for them. Caregivers did not agree and thought that, although there were almost always other children, it was a quiet, not usually noisy place. Mentors occupied a mid-way position (*Table 38*).

Table 38. Place to study (% Yes)

The place to study is...	Test	Youngsters N=75; N=54	Caregivers N=75; N=63	Mentors N=59
a place shared with other children	Pre	74.7	86.5	-
	Post	**77.4**	90.5	84.3
a quiet place	Pre	60.8	68.1	-
	Post	**56.6**	71.0	62.7
usually noisy	Pre	43.2	37.5	-
	Post	**50.0**	29.5	34.0
A place only for me	Pre	32.4	36.6	-
	Post	**45.3**	38.7	51.0

EXPECTATIONS FOR FURTHER EDUCATION

Youngsters' expectations of continuing their studies, whether in academic or vocational education (but always in post-compulsory secondary education) increased from one year to the next (*Table 39*), as did their caregivers' and teachers' expectations, despite always being lower. This is a good result, regardless of the contributing factors. Youngsters had the same expectations for academic and vocational education (reaching almost 70% in both cases). In contrast, adults opted clearly for vocational training and had fewer expectations of the youngsters continuing post-compulsory academic education.

In fact, they thought that, before continuing academic education, the youngsters were more likely to do an apprenticeship in non-formal education. On the other hand, in the post-test, youngsters lowered their expectations of leaving their studies and looking for a job. They were more eager to continue studying, and this increased desire to continue their education was also reported by their caregivers.

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Table 39. Expectations for further education (% Yes)

		Test	Vocational education (formal education)	Upper secondary education	Training/apprenticeship (non- formal education)	Stop studying and look for a job
Youngsters	N=75	Pre	58.7	50.8	41.3	38.7
	N=54	Post	**69.6**	**68.9**	**38.6**	**23.3**
Caregivers	N=75	Pre	71.9	31.1	66.1	37.9
	N=63	Post	82.4	41.5	40.0	24.4
Teachers	N=69	Pre	69.5	27.8	65.5	46.0
	N=49	Post	90.3	59.3	54.2	34.8
Mentors	--	Pre	--	--	--	--
	N=59	Post	78.3	61.9	50.0	31.6

3.3. Satisfaction

Both the pre- and post-test questionnaires had questions that measured satisfaction. In most of them youngsters were asked how satisfied they were with different aspects of school life, and with other areas of their lives. Many of these questions were included in the questionnaire for adults, who were asked how satisfied they thought the youngsters were; in other words, attribution questions. These were important for understanding their perception of the youngsters.

SATISFACTION WITH DIFFERENT ASPECTS OF SCHOOL LIFE AND LEARNING

Table 40. Satisfaction with school domains (mean average)

	Test	Youngsters N=75; N=54	Caregivers N=75; N=63	Teachers N=69; N=49	Mentors N=59
Satisfied with other children in your class group	Pre	7.53	6.11	6.38	-
	Post	7.20	6.62	7.24	6.27
Satisfied with things you have learned	Pre	7.19	5.85	5.52	-
	Post	6.74	6.44	6.54	6.02
Satisfied with your school marks	Pre	5.79	5.49	5.34	-
	Post	**6.41**	5.87	6.06	5.37

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Satisfied with your relationship with teachers	Pre	7.21	6.70	6.67	-
	Post	6.20	6.65	6.75	5.80
Satisfied with your life as a pupil	Pre	6.95	5.67	5.61	-
	Post	5.87	5.98	6.73	5.74
Satisfied with your school, in general	Pre	6.93	5.99	6.01	-
	Post	5.50	6.05	6.67	5.75

11-point-scale from 0= Not at all satisfied to 10= Totally satisfied

Table 40 shows youngsters' satisfaction with different school domains as well as the satisfaction attributed to them by adults. Adults were asked: *To what extent do you think the pupil is satisfied with each of these things in his/her school?* The items in Table 40 have been listed in descending order from most to least satisfaction according to the youngsters in the post-test. They reported slightly less satisfaction than the previous year, except with school marks, which increased. In contrast, the satisfaction attributed to them by teachers and caregivers was higher in all aspects compared to the pre-test. Moreover, in the case of teachers, attributed satisfaction was even higher than the youngsters' reported satisfaction. In other words, teachers perceived greater satisfaction than that expressed by the youngsters, and more than the previous year.

In contrast, in Table 41, teachers and caregivers were asked how satisfied they were with the different learning activities the youngsters had done, and their skills. Teacher satisfaction with all aspects was also higher than the previous year. This is relevant, since in most cases the teachers were not the same as the ones in the previous year. In addition, learning skills received a similar rating by mentors to teachers in the post-test.

Table 41. How satisfied are teachers and mentors with the following skills regarding the pupil (mean average)

	Test	Teachers N=69; N=49	Mentors N=59
Satisfied with the inclusion in the class group	Pre	6.58	-
	Post	**7.42**	6.29
Satisfied with reading and writing skills	Pre	5.66	-
	Post	**6.73**	6.04

Satisfied with memory skills	Pre	5.88	-
	Post	**6.48**	6.77
Satisfied with skills and capacities to study without special support	Pre	4.64	-
	Post	**5.90**	5.16
Satisfied with numeracy skills	Pre	5.00	-
	Post	**5.87**	5.98
Satisfied with concentration or attention skills	Pre	5.10	-
	Post	**5.76**	5.88
Satisfied with the motivation to study	Pre	5.26	-
	Post	**5.73**	5.72
Satisfied with organizational skills	Pre	4.49	-
	Post	**5.63**	4.84

11-point-scale from 0= Not at all satisfied to 10= Totally satisfied

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SATISFACTION WITH DIFFERENT LIFE DOMAINS

Youngsters were asked about their satisfaction with different aspects of their lives and adults were asked to attribute satisfaction with the question: To what extent do you think the pupil is satisfied with each of these things in his/her life? Answers have been ranked in descending order of importance according to the satisfaction reported by youngsters in the post-test. They were more satisfied with their health, how they used their time, the things they had, and their relationships compared to the previous year. These domains head the list in Table 42. In contrast, they showed slightly less satisfaction than in the pre-test in the remaining domains.

Especially noteworthy was their low satisfaction with their families, residential home, and the freedom they had, all of which can be found at the bottom of the table. For their part, caregivers, mentors and teachers all attributed youngsters with high levels of satisfaction with health and low satisfaction with their families. Yet, only caregivers attributed high satisfaction with the residential home, something which was not expressed by the youngsters.

Table 42. Youngsters' satisfaction with different life domains and attributions from adults (mean average)

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	Test	Youngsters N=75; N=54	Caregivers N=75; N=63	Teachers N=69; N=49	Mentors N=59	p-value
Satisfied with your health	Pre	8.07	6.78	6.61	--	<.001*
	Post	**8.44**	7.27	6.93	7.53	.003*
Satisfied with how you use your time	Pre	7.37	6.37	5.95	--	<.001*
	Post	**7.88**	6.59	6.63	6.10	.001*
Satisfied with all the things you have	Pre	--	--	--	--	--
	Post	**7.82**	6.15	6.74	5.41	<.001*
Satisfied with your relationships with people	Pre	7.66	6.35	6.30	--	<.001*
	Post	**7.69**	6.81	7.00	6.75	.092
Satisfied with your appearance	Pre	7.42	6.08	6.34	--	.006*
	Post	**7.08**	6.43	6.93	6.98	.424
Satisfied with your life as a whole	Pre	7.30	5.85	5.43	--	<.001*
	Post	**6.98**	6.38	6.29	5.87	.063
Satisfied with your family	Pre	8.15	4.34	3.96	--	<.001*
	Post	**6.16**	4.24	5.84	4.45	.001*
Satisfied with the residential center	Pre	6.70	6.53	6.10	--	.390
	Post	**6.09**	7.00	6.11	6.09	.160
Satisfied with the freedom you have	Pre	6.25	5.51	5.57	--	.206
	Post	**5.47**	5.82	5.92	5.12	.448

11-point-scale from 0= Not at all satisfied to 10= Totally satisfied

Table 43. Satisfaction with different life domains according to youngsters (mean average)

	Test	Youngsters N=75; N=54
Satisfied with what you do in your free time	Pre	7.96
	Post	8.30
Satisfied with your friends outside school	Pre	7.67
	Post	7.72
Satisfied with your self-confidence	Pre	7.72
	Post	7.67

	Pre	7.38
Satisfied about how safe you feel	Post	7.62
Satisfied with opportunities you have in life	Pre	7.51
	Post	7.23
Satisfied with your preparation for the future	Pre	7.16
	Post	6.63
Satisfied with how are listened to by adults	Pre	7.42
	Post	6.58

11-point-scale from 0= Not at all satisfied to 10= Totally satisfied

In addition, only youngsters were asked about their satisfaction with a list of life domains. Table 43 shows how their satisfaction with what they did in their free time, and with their friends increased, while satisfaction with their preparation for the future and how they were listened to by adults decreased considerably. The two latter domains were at the bottom of the list with regard to satisfaction.

Youngsters were also asked how they had felt during the last two weeks and adults were asked to report their perceptions in this regard. Youngsters reported feeling slightly happier than the previous year and less sad, coinciding with the adults' perception of them. In general, Table 44 reflects great consensus among all the social agents involved in the Project.

Table 44. How much youngsters have felt this way during the last two weeks (mean average)

	Test	Youngsters N=75; N=54	Caregivers N=75; N=63	Teachers N=69; N=49	Mentors N=59
Happy	Pre	6.38	6.34	6.02	--
	Post	**7.07**	6.43	6.52	6.04
Calm	Pre	6.22	5.34	5.72	--
	Post	5.85	5.50	5.56	5.36
Stressed	Pre	4.36	4.07	4.00	--
	Post	4.71	4.47	4.69	4.34
Sad	Pre	4.36	4.18	4.28	--
	Post	3.70	3.90	3.33	3.73

11-point-scale from 0= Not at all satisfied to 10= Totally satisfied

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Finally, teachers and caregivers were asked about their job satisfaction. Caregivers reported less satisfaction than teachers in both the pre- and post-tests (Table 45)

Table 45. Satisfaction with work according to caregivers and teachers

	Test	Caregivers N=75; N=63	Teachers N=69; N=49
How satisfied are you with your work?	Pre	7.56	8.56
	Post	7.52	8.80

11-point-scale from 0= Not at all satisfied to 10= Totally satisfied

3.4. Post-Test results on the evaluation of mentoring

In this section, the evaluation of mentoring made by mentors, youngsters, teachers and caregivers is presented. They were asked to answer specific questions in the post-test questionnaire to evaluate the program.

☐ **Mentor motivations for joining the Project and previous experience**
Fifty-seven of the 62 mentors who participated in the Project answered the post-test questionnaire in May 2018. Thirty-five of these had met the mentee in September (or just before); 12 in October; 6 in November, and 1 in December. Three mentors started in January, some as replacements for mentors who had withdrawn. The 2 remaining mentors didn't answer this question.

Twenty-five of the 59 mentors had been involved in other volunteering activities. Half of them had also had experience with children in residential care, but only 16.9%had had previous mentoring experience (*Table 46*).

Table 46. Previous experience as a mentor

	Mentors *N=59*
Experience with children in residential care?	30 (50.8%)
Involved in other volunteering activities	25 (42.4%)
Previous experience as a mentor?	10 (16.9%)

* More than one answer was possible

Almost a third had heard about the call for mentors through websites for employment and volunteering, and almost the same percentage had been told about the Project by someone. In contrast, those who had heard about it through social networks were still in the minority (*Table 47*).

Table 47. How did Mentor know about this mentoring program? (%)

	Mentors *N=59*
Websites for employment and volunteering	30.5
Someone told me about the project	28.8
Others	27.1
Social networks (WhatsApp, Facebook ...)	13.6
Leaflets, billboards, advertisement in a newspaper or magazine or on TV	6.8
Website of the Organization	1.7

* More than one answer was possible

Their reasons for deciding to participate in the Project were related in half of the cases to wanting to be useful and help others (in this case, children in residential care), and to having the free time to do it. They also wanted to meet new people and gain experience in this particular field. The other options listed in Table 48 were minority.

Table 48. The reason why the mentor decided to participate in this mentoring program (%)

	Mentors *N=59*
To be useful, to help others	55.9
The mentor had free time to be involved in volunteering	50.8
The mentor was worried about the situation of children in residential care	45.8
To have new experiences and meet new people	45.8
To gain experience in this working field	40.7
The mentor had positive previous project experiences	22.0
The mentor liked how the Organization worked	18.6
A friend of the mentor was also participating	5.1

* More than one answer was possible

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On average, mentors identified more facilitating elements (about 3 on a scale of 5), but significantly, no item reached a score of 4. More facilitators existed for agreeing on a time and place to meet, and fewer for keeping the youngster engaged and balancing work and home with mentoring (*Table 49*).

Table 49. The main difficulties and facilitators found in mentoring according to mentors

Mentors (N=59)	M*	SD
To agree on a place to meet up	3.83	1.240
After 3 months of relationship	3.65	1.126
After 6 months of relationship	3.40	1.272
To make a decision about what activities to do	3.40	1.223
To find a common time with the youngster	3.16	1.399
In the beginning of the relationship	3.16	1.211
To balance work and home life with mentoring	3.14	1.354
To keep the youngster engaged	3.09	1.418

* Mean average (From 1 = Mainly difficulties to 5 = Mainly facilitators)

From this point on, the different evaluations of the 2017-18 mentoring program made by youngsters, caregivers, teachers and mentors will be presented. In most sections, the teachers' opinions are less represented as they lacked the information needed to answer the questions. In this case, the "I don't have this information "box was marked and it was used by between 50% and 80% of teachers in different questions. Consequently, their data column was removed as it was not considered to be representative; they could not evaluate an issue they did not know about.

Regarding the development of the mentoring program, the group of youngsters expressed the highest level of agreement in all questions, followed by mentors and caregivers. Teachers had the lowest level because they lacked the information to be able to judge, an indicator that they were less involved in the Project.

Despite differences, youngsters, caregivers and mentors coincided in their ratings; that is, in the aspects they agreed with to a greater or lesser extent. Thus, Table 50 shows there was greater consensus with the following statements: the mentor and the youngster have a good time together; the youngster likes the activities during

the meetings, and the youngster feels good when he or she is with the mentor. In contrast, they showed less agreement with: the mentor gives advice and support when the youngster has a problem with classmates or teachers. Similarly, they agreed that youngsters had not learnt much about dealing with their emotions.

Table 50. How much do you agree with each of these sentences regarding the mentoring program? (%)

	Youngsters N=54	Caregivers N=63	Mentors N=59
The mentor and the mentee have a good time together	83.3	73.0	78.6
The mentee likes the activities during the meetings	79.6	73.8	70.6
The mentee feels good when he or she is with the mentor	74.1	68.3	74.5
Having someone focused only on the mentee is good	67.3	69.4	60.4
The mentee's curiosity is aroused towards new interests	66.7	50.8	49.1
The mentee trusts the mentor	63.0	49.2	57.1
The mentor gives advice and support when the mentee has a problem with classmates	60.4	55.6	55.1
The mentee relies more on his/her own capabilities	55.8	46.0	40.4
The mentor gives advice and support when the mentee has a problem with teachers	54.7	49.2	46.9
The mentee learns a new way of dealing with emotions	42.6	38.1	26.4

(5 point scale of agreement; only shown here is the addition of two scores; 4= agree a lot and 5=totally agree)

There was also a lack of consensus regarding the impact of mentoring on schooling. Youngsters were still the most optimistic, although not in all aspects. They felt that mentors helped them with school work (more in agreement with caregivers or mentors), and with organizing their school work (mentors were less optimistic here). They also felt they had been able to talk about what they would study in the future. They mainly agreed that motivation for current and future studies had increased, and they felt more confident as students. They were not so optimistic that their marks were improving. Adults were notably less optimistic about the last two aspects (*see Table 51 for more details*).

![SAPERE AUDE]

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Table 51. In your opinion, what was the impact of mentoring on the youngsters' education? (%)

	Youngsters	Caregivers	Mentors
The mentor helps the mentee with school work	68.5	67.7	54.7
They talk about further education	64.2	48.4	65.4
The mentor helps the mentee with organizing the school work	62.3	53.2	24.5
The mentee is motivated to study in the future	59.3	33.9	32.7
The mentee feels more confident as a student	55.6	40.3	26.9
The mentee is becoming more motivated to study	55.6	38.7	34.0
Marks are improving	44.4	35.5	24.0

(5 point scale of agreement; only shown here is the addition of two scores; 4= agree a lot and 5=totally agree)

Several questions were asked to identify the program's strengths and weaknesses. Youngsters were not asked the first two questions (see Table 52). These referred to the coordination between mentors and teachers, which received a very low rating (the majority had never even met). Coordination between caregivers and mentors was more frequent, although it was also given a low rating by caregivers.

Table 52. The coordination between professionals and mentors (%)

	Caregivers *N=63*	Teachers *N=49*	Mentors *N=59*
There was good coordination between mentors and teachers	14.5	27.9	18.5
There was good coordination between mentors and caregivers	47.6	---	64.9

(5 point scale of agreement; only shown here is the addition of two scores; 4= agree a lot and 5=totally agree)

The following items were rated very highly and greater consensus was shown: the mentor and the youngster got along well; the mentor has understood the youngster's situation, and the youngster participates in decision making about the activities carried out during mentoring (*Table 53*).

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Table 53. In order to improve the program, what is your opinion regarding the following sentences? (%)

	Youngsters N=54	Caregivers N=63	Mentors N=59
The mentor and the mentee got along well	81.1	82.3	85.7
The mentor has understood the mentee's situation	77.4	74.2	91.2
The mentee participates in decision making about the activities carried out	73.6	72.6	91.1
The mentee can explain what a mentoring program is	71.7	--	--
Having a mentor was better than expected	66.0	66.1	50.0
The mentee felt free to participate in the mentoring program	64.2	67.7	73.6
The mentee had a say when the program was starting	58.5	64.5	74.1

(5 point scale of agreement; only shown here is the addition of two scores; 4= agree a lot and 5=totally agree)

SATISFACTION WITH THE MENTORING PROGRAM

By far the most satisfied with the mentoring experience were the youngsters. They were followed by caregivers and mentors (with an average score of 7 out of 10). Teachers showed the least satisfaction, and were less engaged (Table 54).

Table 54. Satisfaction with the mentoring

	Youngsters	Caregivers	Teachers	Mentors
Mean average	8.06	7.29	6.34	7.19
SD	2.692	3.034	2.881	2.713

11-point-scale from 0= Not at all satisfied to 10=Totally satisfied

Mentors in general were highly satisfied with the support received by the organization that implemented the mentoring program in each country (Table 55) in all aspects, including selection, training and follow-up.

Table 55. Satisfaction with the support received from the Organization

	Mentors N=59
Mean average SD	7.76 *2.329*

11-point-scale from 0= Not at all satisfied to 10=Totally satisfied

Most participants would have liked the program to continue until the end of the school year, and when asked whether they would like it to be continued the following year, there were more affirmative than negative answers. The most enthusiastic were the caregivers, followed by the youngsters. Less enthusiastic were the mentors, one fifth of whom wanted to stop the program then. In general, they wanted to continue doing the same activities in the same place, and half of them wanted to meet more often; but the other half did not (*Table 56*)

Table 56. Would you like to continue the mentoring? (Yes %)

	Youngsters *N=54*	Caregivers *N=63*	Mentors *N=59*
Continue till the end of the school year	76.5	86.7	75.0
Continue doing the same activities	66.7	82.0	68.6
Continue with the program the next course	62.7	75.0	57.1
The time spent together is sufficient	56.9	60.7	57.4
The places for the activities are appropriate	56.9	86.9	69.1
Meet more often	55.8	48.3	50.9
The time spent together should be longer	45.1	45.9	27.8
Change the mentor	13.5	10.2	20.0
Stop the program now	11.8	10.3	21.4

Teachers were asked if they would like the mentoring program to continue, without asking for more details. 92.3% of them answered yes, although, based on the results, they had received little information about how the program worked. We believe they simply liked the idea of the youngster having a mentor.

Finally, the majority would recommend the experience of having a mentor to other children in residential care and practically all the youngsters, caregivers, teachers and mentors agreed on this point (*Table 57*).Mentors would also recommend being a mentor to children in residential care to others.

Table 57. Recommendation to have a mentor (% Yes)

	Youngsters	Caregivers	Teachers	Mentors
Would recommend having a mentor to other children in residential care	86.5	92.1	94.9	94.9
Would recommend being a mentor to a child in residential care to someone you know	--	--	--	94.9

4. RESULTS BASED ON MENTOR MONITORING: QUALITATIVE DATA

4.1. Types of activities carried out during mentoring

Eight-hundred and thirty-eight reports were received between July 2017 and May 2018 on mentoring sessions with a total of 61 youngsters. The reports were written by 62 mentors. The majority of mentors (75%) started mentoring in September, and some even started before during the summer once the previous school year had come to an end. The program was scheduled to start not later than the beginning of the school year, but 25% of mentors started after, mainly between October and November.

Major differences between countries could be found regarding the first meeting (see details of activities in Table 58). For example, the first meeting in Catalonia was mainly conducted between the caregiver, youngster and mentor, who introduced themselves to each other. This was followed by the mentor having an informal talk with the mentee, either going for a walk or staying in the center. In France, a welcome party was organized for all mentors and mentees in a place such as a café. The next meeting took place at the residential center. In Croatia, the first meeting consisted of a visit to the residential center by the mentor to meet the mentee and caregiver. In Austria, they either stayed in the center or went for a walk to talk. Similarly, a gradual approach was adopted in Germany, tailored to the preferences of every mentor and youngster. Verbatim extracts from texts written by the mentors can be found below:

- ☐ *Got to know each other, youngster gave me a tour around residential care (Croatia)*

- ☐ *Visited residential care and met the caregiver (France)*

- ☐ *Getting to know the boy, talking about his family, school, friends, free time. Clarifying basic mentoring information (role of the mentor…) (Croatia)*

- ☐ *First meeting. We went for a stroll round the town to get to know each other and start talking about mentoring (Spain)*

Table 58. Activities during the first meeting Mentor-Mentee

	Nº of times reported
Informal talk	42
Meeting (formal meeting with caregiver)	16
Welcome party (with other mentors and mentees)	11
Visit the residential home	9
Go for a walk	5
Eat & drink	3
Academic activity	2

From the second meeting onwards, activities became more diverse. Table 59 shows results based on the categorization applied to the text written by each mentor on the observation form following each meeting with the mentee. The first column shows the set of activities, while the description of specific activities included in each set are shown in the second column. Numbers in brackets indicate the number of times the activity was repeated in the mentors' reports.

Activities have been listed in descending order of importance, from the most to the least reported. Thus, not only can we see what was done during the meetings, but also which activities were the most reported in this mentoring program.

Table 59. Description of activities carried out in mentoring meetings

Activities	Description
SCHOOL WORK / LEARNING ACTIVITIES (375)	Homework (199)
	Preparation for an exam (76)
	Learning activities not directly related to homework or exams (31)
	Guidance (traineeship, CV, applications, motivational letter, courses) (15)
	Reading (12)
	Organization (study planning, tasks, calendar, folder, etc.) (12)
	Searching information for school work (4)
	Maths game (created by the mentor) (2)
	The Mentee teaches Russian to the Mentor (1)

JUST TALKING Conversation between mentor and mentee Main topics (231).	Private life/family/feelings, friends, holidays (93)
	School (conflicts, teachers, future plans, marks, etc.) (53)
	Knowing each other (hobbies, likes/dislikes, movies)(21)
	Planning the mentoring (21)
	Other topics (news, football, society, politics, etc.) (18)
	Residential home complaints (8), changes, caregivers (2)
EAT & DRINK (111)	Share a meal, a drink or ice-cream (and talking) (111)
GAMES & SPORT (106)	Board game (52)
	Sport: table tennis, football, badminton, swimming) Table soccer, bowling, yoga (28)
	Game (not specified) (14)
GO FOR A WALK (78)	A walk by the city, to a park, etc. (and talking) (78)
RELATIONSHIPS WITH OTHER PEOPLE (56)	With other children in the Residential Center (22)
	With Mentee's friends or family (14)
	With Mentor's friends or family (6)
	With some mentees and mentors (4)
CULTURAL ACTIVITIES(49)	Cinema (28)
	Museum or exhibition (14)
	Monument / monumental center / old town (5)
	Show (theatre, circus, dance, concert, etc.) (4)
	Conference / workshop (2)
SHOPPING (35)	Clothes for the mentee (9)
	Presents for mentee's friends or family (6)
	Others (supermarket, music store) (2)
THEME PARK, FESTIVAL, FAIR (32)	Fair (crafts fair, Christmas market, etc.) (15)
	Theme park / amusement park (4)
	Festival (2)
	Playground (2)
FORMAL MEETING (28)	Meeting with the caregiver (28)
	Meeting with the other mentees and mentors (3)
	Meeting with a teacher or the school director (2)
	Meeting with the residential home director (1)

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TO ACCOMPANY THE MENTEE TO SOME ACTIVITY OR SERVICE (27)	Accompany the mentee to extracurricular activity, a meeting, hairdresser, etc. (14)
	Go with mentee to the doctor or therapist (7)
	Attending a mentee's school event, concert, sport training, mentee's research project presentation (6)
	Helping the Mentee move to a new residential home(2)
MEDIA (for fun; not for academic purposes) (19)	Watching a movie (4)
	Watching videos on Youtube (3)
	Social media (2)
	Videogames (2)
	Internet searching (1)
NATURE & ANIMALS Activities which involve nature or animal contact (17)	Going to the beach or natural park (6)
	Hiking (4)
	Animal shelter or barn (dog shelter, horses) (4)
	Walking a dog (3)
	ZOO (2)
	Gardening (1)
GIVING A GIFT (13)	Mentor gives a present to Mentee (11) or vice versa (2)
COOKING (11)	Workshop, cooking a meal, etc. (11)
ARTS & CRAFTS (9)	Drawing, painting, making a present... (9)
CELEBRATION (9)	Mentee's (6) or mentor's birthday(1) Christmas party(2)
MUSIC (6)	Listening to music (4) and Playing the guitar (2)
TAKING PICTURES (3)	Taking pictures of themselves or the landscape (3)
BODY CARE (3)	Activities involving body care: hair, nails, etc. (3)

The sum of all the parts does not correspond to the total for each activity as the type of activity was not always specified.

The first major set of activities was related to **school work and learning activities**. Mentors often helped mentees to do their homework or study for an exam, and they gave them learning support by providing activities that were not directly related to the homework or exams. They also helped them to write a CV or an application, or search for courses.

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Also worth noting is help mentors gave in organizing school work, and original, exceptional activities, such as a mentee teaching her mentor Russian, or the maths game invented by a mentor. Below are some extracts from mentors' reports:

□ *Learning math through the game. Just as last time we joined another guy in the game. Later some children joined us. (Croatia)*

□ *On the way to the library she gave me a letter she'd written saying how much she loved me and how grateful she was for each meeting. She also said she wanted to keep in touch when the project was over and she described me as a big sister or friend. She asked me to write one to her too. Once in the library, we reserved a book to be collected next week and we started Catalan homework. She had to read a book and do some exercises on it. She did it on her own with occasional help from me with spelling and composition. She insisted that before leaving the library I write her a letter too. So I did. (Spain)*

□ *We have planned the next meetings and the preparation for the upcoming exams (Germany)*

□ *We spoke and practiced applications. We talked about job prospects and expectations for refugees (Germany)*

□ *Reading and writing (France)*

The second major activity was **meeting just to talk**; talking about what was closest to the mentees – their family and friends; their feelings; how they spent their free time, as well as complaints about the center. They also devoted time to talking about school, not only conflicts, but also their future plans. They used mentoring to get to know each other and find out each other's likes and dislikes. They also talked about general topics (politics, football, or the news). Conversations took place while they were doing the other activities described in Table 59, but especially when they went to **have something to eat or drink or go for a walk**.

We went to the library to find out what resources were available and to plan activities we can do during the project. (Spain)

I decided to take him for a lengthy walk and enjoy what was left of autumn before winter crept in. Once we finished our stroll, I took him to drink some tea together, spoke about life in general and had a nice, hearty conversation about his dreams and aspirations. (Austria)

As we were walking through the city center we passed the Welfare Department and he told me that was where Child Protection "who had taken him away" was. He explained some personal stuff without me asking him. I felt he needed to talk about it and it did him good to talk to me, a "stranger he could trust". On the way back to the residential center, we talked about where we would have our meetings. He said

he'd prefer to meet outside the center because there are too many people there. (Spain)

Another set of activities was related to **playing or practicing some kind of sport** together on an informal basis. They played board games, football, badminton or ping-pong; they went swimming or practiced yoga, to name just a few.

I adapted myself to her hobbies: soccer and clothes! For soccer I went to see her training and after we had lunch. (France)

They also **met up with other people**, such as other youngsters from the center or the mentee's friends, or even with the mentor's family, but less often than the activities mentioned above. They occasionally met up with other mentors.

We went together with other mentees to the fair (Germany)

Cultural activities were also frequently mentioned. For example, they went to the cinema, museums or exhibitions, or to see a play, or a dance or music show in the theatre, or to the circus. Workshops and conferences were also mentioned.

We went to the cinema, we liked it. Also we went to drink a coffee and hot chocolate, we spoke about different subjects ("everyday life"). (France)

We went to see a free exhibition where we took a tour through the emotions associated with childhood and cinema. We also took the opportunity to stroll through the old quarter so we could both get some new ideas for recreational/educational activities. (Spain)

Shopping was also mentioned, especially to buy clothes for the youngsters, or when the youngsters had to buy a present and asked the mentor to go together.

We visited clothing stores (without buying anything!), we had lunch after the visit. (France)

Sometimes they went to **a fair, Christmas market or crafts fair**. Some even went to a theme park, but this was not so common in this Project.

We have been to a Christmas market. (Austria)

Meetings were also held, especially between the mentor and the caregiver to talk about the mentee, who sometimes took part. We have provided examples in which the youngster took part and, in other cases, joint meetings with all the mentors and mentees attached to the Organization.

There will be a meeting with all mentees and mentors in the main office. (Germany)

Joint meeting with the caregiver, mentee and me first thing this morning. Then, an outing to the library. We wrote an essay in Catalan together. (Spain)

One activity that was quite frequently mentioned was **accompanying the mentee to some activity or service**; to an extracurricular activity, the hairdresser, a meeting, or to see the doctor or therapist. The mentor also went to see the mentee in concerts, sports training, or giving a presentation at school. In special cases, it is worth nothing that the mentor helped the mentee move to a new residential home.

I picked him up and took him to rugby training. (Croatia).

Went to a hairdresser, the mentee wanted to get a new hairstyle. Finally, we went to a train station which is the main meeting point of the Afghan community. The mentee introduced me to a lot of people. (Austria)

It was an awful day. The mentee had to leave his home. I will never forget this day. Everybody was crying. I helped my mentee put all his things into boxes and then we had to say goodbye. A black day in the world for all the people who were there. (Austria)

My mentee wanted help with the doctor's visit. (Germany)

Less frequently, they spent time **using media technologies** to see a film or a Youtube video together or surf the social media.

Watching a movie, playing social games, talking about news. (Croatia)

They also went out **to enjoy nature** – beach or mountains – and have **contact with animals**, especially dogs and horses. Some went to the zoo and, exceptionally, one did gardening.

We took a long walk with my dog (Austria)

My mentee came to see my horse with me. I let him brush and saddle her. He held her by the reins and, in the end, rode her. He was really surprised and got the hang of it straight away. (Spain)

Finally, and less commonly, mentors reported **activities related to celebrations and presents or shared hobbies**, such as drawing, cooking, listening to music, playing the guitar, or taking photos. Exceptionally, activities involving **the mentee's body care** were also mentioned.

We took a stroll in the woods near my home and picked "Bärlauch" leaves that taste of garlic. We then proceeded to process them into a pesto which he took home with him. After practicing English he left for home. (Austria)

We made candles (Germany)

We celebrated the mentee's 13th birthday. The mentee always wants to go out of the residential home. He wants to meet my dog. We have already been twice to the cemetery to visit the grave of a school friend, who died. I always ask if something has to be bought or done in the community (doctor, school things, therapy…). (Austria)

The mentee and I left the center making out we were going for a walk, but we spent the afternoon preparing a surprise for her caregiver, who's leaving the center. We went to a bar that the mentee chose and I got her to write what she felt for the caregiver; what she liked most, what she liked least, why she loved him so much, what she remembered about meeting him for the first time. That list gave her an idea of what she wanted to write and she wrote a really cool text in her own way. Then we went to buy envelopes and card to make a spectacular presentation. (Spain)

Apart from **going to a specific place** (museum, sports center, fair, etc.), mentoring took place in a variety of places, which depended greatly on each organization, the resources available locally, and mentor or mentee preferences. For example, in Catalonia, several meetings took place in libraries or community centers. In contrast, in Croatia meetings were more commonly held in the residential center, and at times, even with other youngsters from the center. Some meetings were held in the mentor's home, especially in France. In some cases, meetings took place at school in Germany.

4.2. Evaluation of activities carried out during mentoring

Table 60. Activity assessments

Assessment	Description:	Quotations
POSITIVE	(Very) good, (very) well, nice time, pleasant, productive, rich, conclusive, useful, fluent, (very) positive, relaxing atmosphere, comfortable, fun and laugh, relaxed, (very) happy, great, excellent, motivating, very interesting, etc.	449 (53.7%)
NEUTRAL	Normal, OK, acceptable, regular, not yet relevant, quite well, short, etc. - Mentor highlights some good and bad aspects - Mentor only reports the activity without any assessments	107 (12.7%)
NEGATIVE	Too short, some difficulties, heavy, bad day, disappointing, frustrating,	56 (6.6%)
Not filled	The mentor has not filled in this section	226 (27%)
TOTAL monthly reports		838 (100%)

Mentors were asked to evaluate the activities carried out in each mentoring session (described in the previous section) in their monthly reports. Table 60 shows that, in general, evaluations were mainly positive. In other words, 53.7% of the activity evaluations recorded in the 853 reports used positive descriptors, such as: *very good;, nice time; made good use of our time; felt comfortable and relaxed; had fun and laughed a lot, or it was interesting or motivating*. In contrast, only 6.6% were negative evaluations, highlighting *difficulties* and *frustrations, having a bad or annoying day*, or not having time to do anything because *it had been too short*.

However, 12.7% of the evaluations could not be clearly classified as either positive or negative. This was because the mentor had simply described the activity without evaluating it, or because the evaluation was ambiguous. The use of words like *acceptable*, *not very relevant, ok, normal or satisfactory* could indicate that the activity had gone well, but also denote a lack of enthusiasm. Besides, 27% of mentors failed to complete this section, so their activity evaluations remained unknown.

Analyzing the evaluations in greater depth, we grouped them into different categories in relation to the main issues. The following were identified in order of the number of times mentioned in the reports (number in brackets in Table 61): mentee's attitude and behavior; mentor-mentee relationship; who decided the activity and outcomes; present and past circumstances influencing the meeting;

learning progress during mentoring; mentee's personality and skills, and finally, project-related issues. It should be highlighted that these themes were not pre-determined. Evaluation was goal-free and, consequently, themes were derived from the content analysis and categorization of mentors' reports.

Table 61 shows the summary of evaluations grouped under the main themes and examples of positive and negative evaluations. The number of times the evaluations were mentioned in the reports is also given in brackets. To avoid burdening the reader, only positive or negative examples have been included.

Table 61: Activity assessment according to the main topics

Mentee's attitude and Behavior during the meeting (190)	Positive (119), Neutral (38) Negative (33)
	POSITIVE SENSE: motivated, involved (20), grateful (19), interested (19), relaxed, happy, good mood (19), open, friendly (14), cooperative, receptive (14), focused (7), talkative (7), hardworking (4), excited, fascinated (4), proud, self-confident (3)
	NEGATIVE SENSE: not interested in learning, demotivated (28), sad, angry, depressed, worried, in a bad mood (15), not focused (12), closed, distant (13), doesn't want to work (9), disappointed, frustrated (5), lazy, passive (6), nervous, anxious (5),
Relationship between Mentor and Mentee (129)	Positive (121), Neutral (6) Negative (2)
	POSITIVE SENSE: trustful (19), close, deep (6), it is improving, getting better (5), friends, the mentee shows acceptance and respect (3), special bond (2), supportive (2), reconciliation, rapprochement (2), good connection, good feedback, good communication, intense, open, etc.
	NEGATIVE SENSE: difficult connection, stagnation, etc.
Activity: who has decided it/ outcomes (62)	Positive (60); Negative (2)
	POSITIVE: exciting activity, useful, funny, interesting, spending good time together, chosen by the mentee, going outside the residential home, etc. (60)
	NEGATIVE: Something about the activity went wrong
Circumstances: Something about the environment or some past events influencing the meeting (60)	Positive (27), Negative (18), Neutral (15)
	POSITIVE SENSE: relationships with other people inside / outside the residential home (16), relaxed place (3), Mentee's good personal/family situation (7), good week at school (1), one-to-one relationship (1), good adaptation to the new residential home (1), the mentor has more time (1)

	NEGATIVE SENSE: Punishment at school or residential home, being expelled (9), Changing the placement or changes in the current placement, uncertainty (5), mentee's difficulties in personal or family situation (3), problems/conflicts at residential home (3), a scheduled fun activity at residential home at the same time (3), mentee feels sick or tired (4), other children's Behavior (2), lack of coordination
	between caregivers (1), mentor's lack of time (1)
Learning: progress and difficulties (56)	Positive (35), Neutral (17), Negative (4)
	POSITIVE SENSE: improving, overcoming difficulties (15), successful (10), finish all tasks (10), increasing motivation (1), good marks (1)
	NEGATIVE SENSE: difficulties (10), bad marks (2), unfinished tasks (1), misunderstanding the tasks (1)
Mentee's personality and skills (52)	Positive (34), Neutral (13) Negative (5),
	POSITIVE SENSE: open, friendly, extrovert (15), talkative (3), cheerful (3), open-minded (2), empathy (2), diligent (2), polite (2), mature, self-reflective (2), positive thinking (2), honest (2), nice (2), docile, good person, playful, modest, generous, patient, self-confident, hardworking, etc. Cognitive skills (21), social skills (3), sportive skills (2), artistic skills (1)
	NEGATIVE SENSE: introvert, shy (15), lack of self-confidence (1)
Project issues: coordination, roles, aims (30)	Positive (19), Negative (8), Neutral (3)
	POSITIVE SENSE: coordination with the caregiver (8), mentoring or working plan agreed (7), good matching, easy to get/keep in contact (1)
	NEGATIVE SENSE: difficulties in getting or keeping in contact with the mentee (6), mentor feels useless (2), confusion related to objectives, confusion related to the mentor role

The most frequently evaluated theme was **the mentee's attitude and behavior**, with more positive than negative evaluations, which is worth pinpointing given the circumstances that many of these youngsters find themselves in. Highlighted attitudes included being motivated, and involved, grateful to the mentor, interested, relaxed, happy, open, cooperative, receptive, focused and talkative. It is satisfying to hear all these adjectives used to describe this population.

Our first meetings in September were very positive. He waits for me, when he knows that I'm coming. He talks a lot to me, about himself and about his story. For me he is very polite, self- reflective, open, positive thinking and reasonable. (Austria)

I leave feeling surprised because I've been told so many times that he's very nervous, over- excited, or having a bad week, because my feeling is totally the opposite. I guess it's an activity he feels like doing, with someone who pays attention to him, something different. And I feel (at least for the time being) that he respects me a lot. (Spain)

On a negative note, some evaluations referred to the mentees being demotivated, sad or angry, worried, in a bad mood, closed, not focused, passive, or very nervous. These are just some examples mentioned by the mentors and should be taken into account, since this was one of the sections with most negative evaluations, albeit fewer than the positive ones.

The boy told me openly that he did not want to do anything, so we spent most of the time sitting in silence. He did not want to talk. Just before the end he started on the theme of music, but he still wasn't engaged. (Croatia).

The second most frequently mentioned subject was the **relationship between the mentor and the mentee**. In particular, we can highlight positive aspects, such as the relationship of trust that was established, improvement as they got to know each other, good communication, acceptance and respect.

From my point of view we already have a good relationship. The Mentee is open with me and he talks to me about his sorrows and fears (school, contact with father and mother, adventures in XXX or in the school) [···] happily he thanked us for this day. (Austria)

They get along really well, the mentor says he's lucky his godchild is so open to all the activities he offers. "I'm singing to have him as my mentee. (France)

We have a special bond. He likes to talk to me and hang out with me. He is happy and proud to have a mentor. (Croatia)

Next were four themes, mentioned more or less the same number of times. One was the fact that the mentee had chosen the activity, which was evaluated positively. Examples of how mentors described this were seen in the previous section.

Very, very positive evaluation. It's an activity that the mentee proposed after talking about landmarks and historic places in the city. As she said she had gone to a similar place as a child, it was very motivating for her. (Spain)

Another area was related to **circumstances surrounding the meetings**. Positively related was the opportunity to establish relationships with others through mentoring, either inside or outside the center, with adults or children, family or friends, indicating, therefore, those meetings were held with other people. If the

mentee had had a good week at school, or conversely, if things had gone badly, it also had an impact on mentoring. For example, if the child had been punished or expelled from school, this was negatively highlighted.

The youngsters punished for bad grades and skipping classes. The time has mostly passed learning history. With conversation and a relaxed atmosphere, I made him cheer up a little ... (Croatia)

Problems at the residential home or in the mentees' personal or family situation also had a negative impact on meetings. Examples included in the reports mentioned a lack of coordination or time constraints on mentors.

I could tell that a lot was on the mentee's mind and that he was coming to terms with what was happening at his place of residence. Although the mentee didn't reveal too much to me considering the predicament at his place of stay, I could tell that a lot was going on in his personal life, including family and school because he was distracted and unwilling to engage in conversation. He informed me that he would be moving in with his friend in a different place in Vienna and that he would not be seeing the other asylum-seekers he has been living with. (Austria)

It's not easy for me to talk to him about the importance of studying in the light of his family situation. (Spain)

Another issue was the evaluation of the **mentee's learning progress**. Positive evaluations indicated that the mentee was improving, overcoming difficulties, being successful, and finishing all the tasks. On a less positive note, difficulties to work and finish school work were highlighted.

It was a productive meeting because she hadn't quite understood basic first-degree equations and after our session she had no problem doing all the exercises [···] The youngster was proud of herself in this session because she's just grasped how to solve equations. (Spain)

Independently of attitude and behavior, the **mentee's personality and skills** was another area to highlight. Mentors evaluated positively that the mentee was extroverted and friendly, open and talkative, and they employed adjectives such as cheerful, empathetic, mature, self-reflective, optimistic, honest, generous, self-confident, to name but a few. In contrast, if mentees were shy or introverted, this was rated negatively by mentors, because communications and mutual understanding were greatly hampered. As for skills, above all, mentors highlighted not only cognitive, but social, artistic, or sports skills in their mentees, and these aspects were positively valued and encouraged by them.

The repetition has gone awesome. The youngster is smart, quick to understand the material and probably if he wasn't lazy (which is the consequence of the environment in which he lives), he would have great grades at school (Croatia)

Finally, a block of comments relating to **project-related issues** were identified. In particular, good coordination with the caregiver and, when possible, agreement on a mentoring plan, were both positively rated.

Very good. This meeting was useful to redirect the project's objectives and start working with the mentee on the academic area. Talking to the teacher was really helpful. (Spain)

Rated negatively were **difficulties in getting in touch with the mentee**, feeling unable to help, and confusion about the mentor's role and objectives, which, although minority, should be taken into account in the future.

4.3. Main difficulties encountered by mentors during the mentoring process

Mentors were also asked to report the main difficulties they encountered during the mentoring process. These are shown in brief in Table 62.

The main set of difficulties were related to **school learning**, especially when mentees were reluctant to learn. Their lack of interest, learning difficulties, lack of focus on learning activities and reluctance to talk about school were all highlighted. Mentors also mentioned the difficulties they had finding activities to motivate mentees. These results were expected given that this mentoring program stemmed from our knowledge of the difficulties encountered in this area.

Table 62: Difficulties and concerns reported by mentors

Difficulties and concerns	Description
Related to learning process and activities (86)	Mentee is reluctant to engage in school learning (27)
	Mentee shows no interest in learning (12)
	Mentee has learning difficulties (12)
	Mentee is not focused when learning (12)
	Mentor finds it difficult to focus on learning activities (8)
	Lack of school material (5)
	Mentee feels frustrated (5)
	Mentee doesn't feel comfortable talking about school (5)
Difficulties related to residential homes (43)	Changes in the residential homes, new caregivers, the mentee has no a key career in the residential home, difficulties in relationship between mentee and caregiver, conflicts with other children, lack of coordination inside the residential homes, etc. (19)

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	The mentor has problems to contact with the caregivers, etc. or does not feel supported by them (16)
	Mentor feels that he/she does not have enough information, or true information, about the mentee's situation (at school, residential home, family, etc.) (8)
Getting/keeping in touch (42)	Mentor and/or mentee are busy and it is difficult to set a date; mentee cancels the meetings or arrives late; mentor has no news about the mentee, mentor cancels the meeting, etc. (31)
	The meeting is shorter for some reason or happens in a timeline that is not very convenient (11)
Mentee's Behavior, attitude or personal/ family problems (24)	Mentee's aggressive Behavior, demanding attitude, lying, feels tired, has relevant family or personal problems, etc. (24)
The presence of other children interferes (18)	Conflicts, jealousy, interruptions, etc. (18)
Mentor feels insecure about his/her role (17)	Related to what activities can or cannot be done, who pays for the cost of the activity, how to respond appropriately to the disclosure of personal information by mentee (17)
Distractions (15)	Some distractions, such as: social media, computer, mobile phone, TV, other activities at the same time, friends at the library, etc. (15)
Mentee lose interest about the project (6)	Mentee doesn't want to continue, wants to have fewer meetings, has other priorities (friends, extracurricular activities)(6)
Total 275 quotations	

The second, less frequently mentioned block were difficulties related to the mentee's **residential home**. These included frequent changes in caregivers or a lack of clearly-defined key person for the mentee, the lack of coordination in the homes, difficulties in the mentee-caregiver relationship, or conflicts with other children. Also mentioned here were coordination problems between mentors and caregivers. In some cases, mentors felt a lack of support from caregivers. In this respect, some mentors reported having no (or not enough) information about the mentee's family, school or personal situation, making them feel insecure about mentoring.

If there is something to improve, I would say that it is in the residential care. It would be necessary for caregivers to be more sensitive. Their cooperation in the progress of the project has an enormous importance and I did not feel accompanied through this experience. The mentee's caregiver was exceptional, but further to his departure we didn't have a lot of contact. I perceived some changes which didn't

seem very adequate to me, especially for people that need stability. Indeed, it does not seem sensible to change caregivers so often. (France)

Mentioned almost the same number of times were **problems derived from setting a date for meetings**. Either one of them was very busy or the meeting was cancelled, or the mentee was late. Sometimes, the mentor did not hear from the mentee at all. Moreover, meetings were sometimes too short to do anything or happened in a timeline that was not convenient for mentoring.

Like the evaluations in the previous section, some difficulties were related to the **mentee's behavior**, which was at times aggressive or provocative. Conversely, the mentee could be too passive, or feeling tired. Family and personal problems also played an important role here.

The **presence of other children** occasionally resulted in unsuccessful mentoring. Either the mentee was jealous because the mentor focused on other children, or there were conflicts and continuous interruptions.

Some mentioned **feeling insecure about the role of the mentor**. They were unsure what activities they could or could not do, or who had to pay for the activity. Another issue was how to respond appropriately to the disclosure of personal information by mentees.

Distractions also posed a problem. On the one hand, mobile phones, access to social media, TV, and so on, and on the other, activities programed at the same time and place, or when mentees met their friends at the library, for example.

Finally, in some cases, mentors reported that **mentees had lost interest in the Project**. Either they had other priorities or they no longer wanted to continue

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5. SUMMARY OF THE MAIN FINDINGS

The pilot program is about the improvement of school learnings of teenagers that live in residential centers through social mentoring. It has been in development for 9 months (from September 2017 until May 2018). This initiative based on mentoring has involved youngsters, caregivers, teachers and mentors from 5 Organizations that participated in the project. These Organizations are Fundació Plataforma Educativa (Catalonia, Spain), Research Team ERIDIQV (University of Girona), BTG – Federal Association of Therapeutic Communities (Austria), S&S GEM – Gesellschaft Für Soziales MBH (Germany), PLAY Association (Croatia), and Parrains Par Mille (France).

The effort, dedication and persistence of these Organizations have been integral in enabling the project's development and completion. It is important to highlight that professionals have a busy day-to-day routine, so finding time and space for participating in the evaluation of the pilot project has been greatly appreciated.

The evaluation made by the research team ERIDIQV from the Universitat de Girona had two parallel phases. With one phase, there was a pre and post-test designed to evaluate the changes produced after participation in the mentoring process. The aim here was to explore the situation of youngsters before and after the program, asking the mentees (youngsters), their caregivers, their teachers and their mentors. With the other phase, the mentors had been registering monthly evaluations of the mentee's development. The objective of the evaluation was to explore if the mentoring initiative had a positive impact on the education of youngsters in residential care.

The program started at the end of the school year 2016-17 with 75 youngsters and their respective caregivers and teachers. After that, their mentors were selected. In September, 66 youngsters and their mentors started the mentoring. Some youngsters stopped participating because of different reasons, so by the end of May there were 50 youngsters involved in the project. However, the ones who stopped before May were also invited to fill the evaluation questionnaire. Therefore, in total 219 pre-test and 225 post-test questionnaires were collected. Also, 62 mentors completed the monthly evaluations of 61 youngsters; there are 838 reports in total. Below, the summary of the main findings obtained after the analysis of the quantitative and the qualitative data are displayed.

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5.1. How are the participants of the project?

- The participants' mean age is 15 years old, and the age rank is between 12 and 17, the German and the Croatian youngsters being the oldest ones.

- The caregivers' and mentors' mean age is 34 years old, and they are younger than the teachers (their mean age is 46 years old).

- Sixty per cent of the youngsters were born abroad away from the country where the pilot project takes place. There are big differences between countries: in Croatia there are no participants born abroad, while in Germany the percentage is nearly 75%.

- In the sample, there are more boys than girls. This is because in Austria, Croatia and France the participants were only boys. However, the caregivers, teachers and mentors are mostly women.

- A third of the mentors are living with their partner, followed by the ones who live alone (mostly from France). The percentage of mentors who live with friends is the highest in Germany, compared with the other countries. The majority of the mentors completed higher education and two thirds are working in a full time job.

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5.2. About the residential care environment

- The profiles of the professionals who work at the residential centers differ between countries, but the majority of them are social pedagogues and social educators.

- The job stability of the caregivers is higher in Croatia and France, where the caregivers have been working at the same residential center for more than 3 years and they have been the caregiver of the youngster for up to 3 years. This job is quite stable in Germany, and not particularly stable in Spain (where a third of the caregivers have been at the residential center less than a year, and half of them have been the career of the youngster less than 6 months).

- The size of the residential centers depend on the Organization from each country: in Austria all youngsters are living in residential centers with less than 10 places, in Germany the situation is similar to Austria, in France the centers are for 20-30 people, and in Croatia the centers are for more than 30 people. In Spain there are all types of residential centers.

- In Austria, Germany and in the majority of French situations, rooms are individual. However, in Croatia rooms are for 2 people and in Spain rooms could have from 1 to 4 beds. In Spain and Germany, the residential centers are mixed gender, while in the other countries they are boys only residential centers.

- Two thirds of the youngsters have lived for approximately 1 year at the residential center when the project started. Before entering the center, 42% of them had already been in another residential center (especially in Spain). In France and Germany they had more youngsters that came from other countries without their families.

- The forecast is that half of those youngsters will stay at the residential center until being over 18 years old and they will do a transition to adulthood with support. However, only 25% of the youngsters are expected to be able to return to their family.

5.3. About the school environment

- The schools where the participants attend are mainly state-subsidized schools.

- The majority of the teachers said that they know the residential centers and that at their school there are other students in care.

- When finalizing the project, a third of the participants had been at the same school for the last 3 years, and the rest of them only for the last 2 years. Almost all students who participated in the project had attended between 2 and 4 schools, and even 5 or more schools in some cases.

- Almost all participants attend regular schools, there being only a few who attend schools for children with special needs. Over a third of the youngsters repeated a grade in the past.

  46% of the participants present specific educational needs, but the percentage decreases in France and Germany by the end of the program.

5.4. Pre- and post- results: observed changes

- Youngsters evaluated their school marks more positively than adults. They said they had good marks in sports and arts. While teachers and mentors agreed with them, the caregivers did not. In general, youngsters are less optimistic concerning the other subjects, and adults are even less optimistic than them.

- After participating on the program, youngsters explained they were achieving better results in maths, natural sciences and social sciences. Teachers affirmed the same, adding also better results in language. The caregivers said some improvements in language and natural sciences had been made.

- Before the mentoring program, only half of the youngsters were attending lessons with the rest of the classmates. After the project, this percentage is higher, therefore there are less students attending classes in a separate group according to teachers and youngsters.

- The question of how to improve learning skills is the paradigm of the diversity of perspectives:

  o Before the program, youngsters said that having more support at school and at the residential center and being listened to were needed. One year afterwards, they asked for having a quiet place at the residential center to study, having the school work adapted and having more support from teachers.

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- o Mentors commented that there are 2 aspects that could contribute towards the improvement of learning skills: being listened to more and increasing collaboration between the school and the residential center.
- o Teachers and caregivers had a more traditional stance and they asked for more help at the residential center and classes with fewer students.

- Before the program, two thirds of the youngsters thought they were helped by the caregivers with homework. After the program, this amount is lower, and we could think that maybe now the mentors are the ones who are doing this task.

- Youngsters claimed that they are used to sharing a place to study with other housemates from the center. Only half of them think that the center is often a quiet place, while the other half thinks that it is noisy. The caregivers do not have the same opinion, and mentors take a central position between both.

5.5. Attendance and Behavior at school

- Youngsters and teachers think that the students arrive on time at school, and this situation is even better by the end of the program, resulting in lower school absenteeism.

- By the end of the mentoring process, youngsters felt less sanctioned or warned (22.6%) than the year before. This percentage is lower when concerning caregivers, teachers and mentors, but the percentages of the expelled students is still low.

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5.6. Interpersonal relationships and social participation

- Youngsters very often think that their relationships with other classmates are good, but they are more critical regarding the help received from their teachers. Students do not enjoy going to school, and adults agree with them.

- On the contrary, teachers often think that they are listened to, and teachers positively evaluate their relationships with the students. Teachers' evaluations are a lot higher than the opinions from caregivers and mentors about this topic. The relationship between students and teachers seems not to vary after the program. The bullying situations remain infrequent.

- More than 60% of the youngsters participated in trips and parties organised by the school, the results being a little bit lower after the program. However, only 24% of the youngsters claim that their caregivers go to visit them often or very often, while 46% of the caregivers think they do.

- Youngsters rarely see themselves as responsible for tasks at school, while teachers see them as having twice as much responsibility. The perception of the youngsters about how much they do to participate is slightly lower than before the program.

5.7. About leisure time and access to resources

- Sports are the first preference concerning the organised leisure activities. In general, caregivers claim that youngsters do fewer activities than they say.

- The most popular hobbies from youngsters are listening to music, watching TV, going out with friends, using social networks and playing video games. Compared to the results before the program, they say going to the gym more often. The caregivers' opinions are quite similar to the youngsters' ones.

- Results from youngsters and caregivers are the same concerning having books and other school materials. However, regarding the sports materials, caregivers think youngsters often or always have them, while youngsters and mentors disagree.

- In regards to the internet, mobile phones and computers, youngsters and mentors claim that they have access to these devices only 50% of the time, and this is more than what the caregivers think they do.

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5.8. Future expectations

- The youngsters' expectations about post-compulsory education have increased after the mentoring program, both for academic and vocational training (being almost 70% for both). The expectations of dropping out and starting to work are less.

- The caregivers' and teachers' expectations towards further education of the youngsters are also higher, even though they clearly state that youngsters will follow the vocational path instead the academic one. In fact, they think that youngsters would work and learn how to do a job in a non-formal way, instead of following academic training.

5.9. Satisfaction

- For youngsters, the most satisfying aspect about school is their relationships with their classmates. All aspects of school that have been evaluated by the youngsters are lower after the program, with the exception of the satisfaction with the marks obtained that increased. On the contrary, teachers and caregivers think the youngsters are more satisfied than they express, and also more than what they thought before the program.

- Moreover, teachers are more satisfied than a year ago with the knowledge that youngsters have obtained and the improvements of their skills, while mentors score similar to them. The mean scores are usually around 5 and 6 (on a 0 to 10 points scale).

- Regarding satisfaction with life, youngsters said they were more satisfied (compared with the post-test questionnaire) with their health, how they used their time, things that they have, and the relationships with others. The scores that decreased during the last year are satisfaction with their family, with the residential center and with their freedom. Caregivers, mentors and teachers agree with their high satisfaction with health and low satisfaction with their family. However, the youngsters disagree with adults, who claimed that youngsters are highly satisfied with the residential center.

- The satisfaction with life as a whole mean score is 7.

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- The satisfaction with what they do during their free time and with their friends from school increased, but the satisfaction with how they are preparing for their future and with how the adults listen to them has decreased a lot.

- The questionnaire asked the youngsters how they have been feeling during the last two weeks, and also asked the adults how they perceived this. Youngsters say they feel a little bit happier and less sad compared to the year before, and teachers and caregivers agree with them.

- The teachers' satisfaction with their job is higher (around 8.5) than the caregivers' one (7.5).

5.10. Mentors' motivations

- Twenty-five of the 59 mentors had been involved in other volunteering activities. Half of them also had experience with children in residential care. However, the majority of them have never been mentors.

- Regarding how the mentors found out about the mentoring project, over 30% of them found out about it through job offers online, while over a third of them received the information from other people.

- Half of the mentors had the motivation to be useful and help children living in a residential center, and they had the free time to do it also. They also explained that they wanted to meet new people and gain experience in this area.

5.11. About the mentoring program

- Mentors' assessment is about more facilitators (although no score reaches 4 out of 5) than difficulties. They say that with time is getting easier to find the place and time to meet.

- Teachers had difficulties evaluating the program, more than half of them stated that they hadn't the information to do it. That is to say, they were the agents who remained further away from the program.

- In general, the youngsters are the ones who expressed more agreement with all questions asked about the mentoring programs, followed by the mentors and caregivers.

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- Youngsters, caregivers and mentors agree with the statements mentors and youngsters had a good time together, they liked the activities that they did, and the youngster feels good with his or her mentor. However, they think that the program did not have influence on learning new ways on how to deal with youngster's emotions.

- The caregivers stated that the mentees liked having a person for him or she, and the youngsters agree.

- More than half of the participants strongly agree with the mentoring program helping to find new interests, they trusted the mentor, and the mentor gave them some pieces of advice when they had problems at school, and he or she made them to trust more in their own capacities. The caregivers and the mentors also think that, but with a lower agreement level.

- They all strongly agree that the mentor and the youngster had a good relationship, they understood each other, the mentor understood the situation and the youngster has decided about the activities that he or she could develop during the mentoring.

- Also two thirds of the youngsters and caregivers think that having a mentor has been better than expected. Mentors highlighted that youngsters had freedom of choice about participating in the program and they gave their opinions, more than they normally would.

5.12. About the impact of the mentoring program on education

- More than half of the youngsters strongly agree that the mentors helped them with homework and organizing school stuff. Also, they point out that they've been talking about further education. They agree a little that they are more motivated to study at the moment and in the future, and they feel more confident as students. They are less optimistic about their final marks.

- Caregivers and mentors are quite optimistic in general.

- On the whole, adults think that the coordination between mentors and teachers had not been good enough (some of them had not ever even spoken). The organization between caregivers and mentors has been more frequent but only half of the caregivers think it has been good

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5.13. Satisfaction with the mentoring program

- Youngsters are more satisfied with the mentoring experience (mean score is 8). The next ones are the caregivers and the mentors (mean scores over 7). The least satisfied ones are teachers, who have been less involved.

- Mentors are in general quite satisfied (7.7) with the support received from the Organizations.

- The majority of participants would like to continue with the program until the end of the school year, and also the year afterwards. The happiest ones are the caregivers followed by the youngsters. The least excited ones are the mentors, and a fifth of them would like the program to be finished now.

- In general, they would like to keep doing the same activities at the same places, and half of them stated that they would like to meet more often.

- Mostly all of the youngsters would recommend to other young people from residential centers to have a mentor. Mentors would also recommend other people to do this task.

5.14. Different activities that they did

- The majority of the mentors (75%) started in September (some did so before) and 25% of them started when the school year had already started, between October and November.

- Regarding the first meeting, some of the mentors had a formal meeting with the caregiver and the youngster, other ones did so more informally, and others joined some mentors and some youngsters together at the same residential center. Lots of them used this first meeting to show the residential center to the mentor.

- Activities took place at the residential center, some at the library or the social center, other ones outdoors, and also some others at different commercial or cultural spaces.

- The activities done from more to less frequent are listed below:

  o To do homework and help the learning process.
  o To meet and talk about friends, family, feelings, school, hobbies, future plans, sports, politics, news, complains about the residential center and caregivers changes, etc

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- To have something to eat or drink.
- To play or practice sport.
- To walk.
- To meet other people: other mentors and youngsters, friends and family.
- To do cultural activities and tours.
- To go shopping.
- To go to a theme park, a festival or a fair.
- To do a formal meeting with other professionals such as the caregiver.
- To accompany the youngster to a leisure time activity or to the doctor.
- To surf the Internet, use social networks or play video games.
- To have contact with nature and some animals (horses and dogs).
- To give a present.
- To cook.
- To do some artistic activities.
- To celebrate birthdays.
- To listen to music.
- To take photos.
- To do something related to beauty.

5.15. Assessment of the mentoring activities

- Half of the assessments were related to the opinion that the activity was really good, had nice time, we used all the time, we were comfortable and relaxed, we have a good time and we laugh, it was motivating and interesting, as the mentors stated.

- Less than 10% of the assessments are negatives that highlight the difficulties and frustrations, stating that it was a really bad day or it was no time to do things.

- 12% were neutral, and 27% of the mentors did not fill this section.

- The areas more commonly assessed were the following:
  - The behavior and attitude of the youngster.
  - The relationship between both of them.
  - The choice of the activity and the result
  - The circumstances of the meeting.
  - The learnings from the mentoring.
  - The skills and personality of the youngster.
  - Different aspects related to the characteristics of the project itself.

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5.16. Main difficulties with the mentoring process

Main difficulties detected by the mentors are the following:

- The ones related with the learning process and doing homework.

- Difficulties from the residential center: frequent changes of caregivers, the lack of a key person for the youngster, the lack of coordination in the center or with the mentor, problems with the relationship between the youngster and the caregiver, or with other children from the residential center.

- The contact between mentor and youngster and the maintenance of that.

- The youngsters' behaviour and attitudes, and his/her personal and family problems.

- The presence or interference of other children during the mentoring.

- The insecurity perceived by the mentor about his or her role, a lack of information about the youngster, not knowing how to answer specific demands, a lack of support from the residential center.

- Distractions and activities planned at the same time as the mentoring.

- The youngster's loss of interest on the project.

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6. CONCLUSIONS AND RECOMMENDATIONS

To evaluate a pilot project developed in the protection and education systems, in different countries and with different Organizations, using different languages and with the involvement of different social agents is a huge challenge. We should say that it was an enriching but also difficult process.

Firstly, working with the protection systems, and youngsters and professionals from there, is usually something unstable. This is sometimes because of the complex personal and family situations of these youngsters, or other times because of the changes brought about by the caregivers changing regularly in some centers or even by programs being suddenly interrupted, which happened with one of the Organizations.

Secondly, not everyone has been involved in the same way, and in this case, some teachers have felt less involved. A teachers' task from day to day is not centered on the protection system, and the majority of their students are not children in care, so in many ways they were detached from the program.

Thirdly, the differences between residential centers from different countries have been really significant from the beginning: some of them were mixed gender centers while others had only boys; in some there were no foreign children and in others they was the majority; some were small and others huge; some had stable caregivers while others had no stability.

Therefore, at no point was the aim to compare the results obtained between countries, but to analyze the data as a whole, assuming the diversity of these centers. That is the reason why, in the previous chapters, we only presented data differentiating the participant social agents: youngsters, caregivers, teachers and mentors.

What has been explained before is a result in itself: the huge complexity when conducting evaluative research of the protection system, the low involvement of schools regarding this topic and the big differences between the residential care units in Europe. All together they present the difficulty of carrying out a rigorous evaluation of these types of programs.

Finally, it is important to highlight a methodologic point: the design of the pre and post-tests has a clear limitation, and this is the difficulty to assign the results obtained only to the program development. It is important to take into account that during this year other factors could have been involved in those mentioned changes and that could have gone unnoticed by the evaluator. So, we assume this bias, but the limitations of using control groups are very controversial on an ethical level in this social area.

After all, the mentoring program and its evaluation allowed us to identify strengths and weaknesses of the project, and also other factors that should be taken into account for the next time, if there is a next time.

We would like to highlight that the majority of the mentees liked to have a mentor, that they would continue next year and that they would recommend this experience. It is the same case for the mentors. Youngsters, caregivers and mentors agree that the mentors and mentees had a good time together, they understood each other, and they liked the activities done and the youngster felt good with the mentor. Youngsters stated that they liked having a person for his or her own, with whom they trust in, to gain self-confidence, to speak about a lot of things and to ask for some advice. Therefore, we could say that the result is really positive and it would be interesting to think about repeating the program.

So, has the mentoring program improved the school learnings of those youngsters? The answer to this question is particularly nuanced. On one hand, all the participants agreed with having better results in all the subjects in general and youngsters, teachers and caregivers think that mentees' future expectations with continuing studying have increased. Satisfaction with their marks has increased too. On the other hand, the mentees' satisfaction with overall school aspects is lower than the year before, and they stated that they do not like going to school. Actually, what they like about school the most is their relationships with their classmates.

Mentees believe that mentors helped them with homework and with organization, and they could talk about their future as students with them. We could understand that this is what improved their learning process and their future expectations. Actually, the fact of having somebody who cares about you and tries to help you, taking into account how you are and your circumstances is a treasure for these youngsters. Perhaps that has been the key point, and that is why then the mentoring processes that have been conducted in groups between mentees and mentors has not been as satisfactory. The aspect of personalization has been the most important thing for these youngsters.

We can also highlight lots of difficulties; some of them were pointed out at the beginning of this section. Another important one is the coordination problems between the schools and the residential centers, and also between the school and the mentors. That problem brings about a lack of trust between the services, some rivalry and also difficulties with sharing information and promoting the others' work. All of them should be involved in this task. It is difficult to work with youngsters if the professionals do not trust each other, and even more difficult when the caregivers are changing constantly. It would be important to address the instability, the fragmentation and the uncoordinated relationships that exist when working with vulnerable children.

Parallel to that, the role that Organizations had when supporting the mentors was

greatly valued by them. It is important to distinct the relationship between the mentor and the Organization, who did, the selection, training and follow-up; and the relationship between the mentor and the residential center, that could have been better in some occasions.

The main worry from the mentor has been to motivate the youngster and to focus on his or her education. That was the focus of the program because it was known that this was a problem. Some mentors and youngsters improved a lot on this topic through their personal relationship, the mutual trust and the personalized support; but others had difficulties and reluctances. For all of them, the time spent together was too short, and it is too early to see results in the medium and long term. The results obtained motivated the participants to continue, if it is possible, with the same mentors. This stability could reinforce the emotional support and school assistance mentees require.

The reader could conclude and recommend more aspects after reading the results presented in more detail. However, in general if the mentoring programs with this population and with the same aim would continue, we should take into account the following aspects:

- To involve the school, or at least the teacher.
- To improve the coordination between the caregiver, the teacher and the mentor.
- To trust in the mentors when it comes to their role and the information that they should have to understand the mentee.
- To enhance the personal relationship, the mutual trust and the personalized support between mentor-mentee.
- To lengthen the program if the mentee and the mentor agree.
- To make sure that the activities and the timetables are flexible and adapted to the mentor and the mentee, not only to the residential center. Moreover, the activities outside the center should be evaluated better.
- To alternate the activities focused on the school learnings with cultural, social and supportive activities.
- To look for stable mentors that could continue with the youngster even when they change center. The Organization's role in the selection, training and follow-up should continue being relevant.

These are some first recommendations from the evaluation. However, now they should be completed with the proposals from the participant entities at the Final Conference from the Sapere Aude Project, on the 5th of July 2018 in Zagreb.

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Thanks to all the Organizations, young people, caregivers, teachers and mentors who have participated.

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SAPERE AUDE

Co-funded by the
Erasmus+ Programme
of the European Union
K2 Strategic Partnership

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