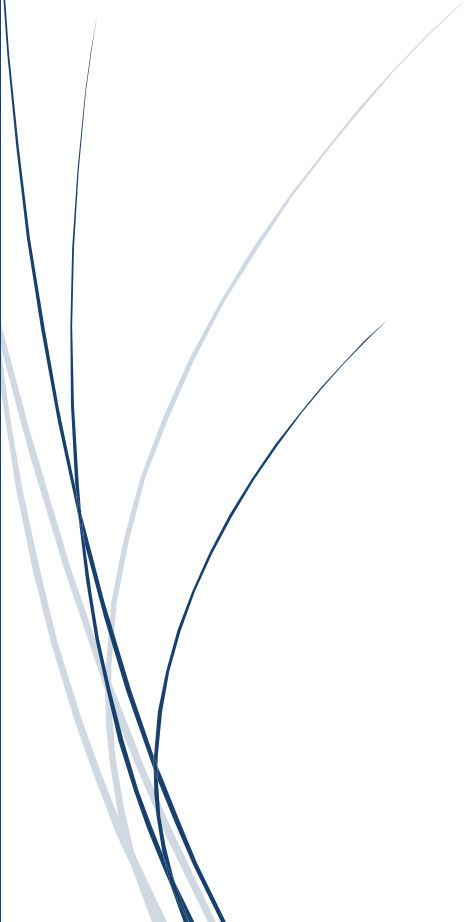




Mentoring West Midlands Evaluation: Executive Summary



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MENTORING WEST MIDLANDS EVALUATION

Summary

This report presents the findings from a review of evidence relating to the one-to-one mentoring service offered by Mentoring West Midlands (MWM) for men identified as intervention-resistant, serial, and high-risk domestic violence perpetrators. Evidence was collected and examined from: police data of offending and reoffending at three time points for 57 mentees (referred from February 2018 to end of March 2021); referral forms and file notes for 64 mentees (also referred for the same time period); outcome data from 124 cases from MWM file notes; 2 case studies (based on in-depth analysis of file notes and interview data); and interview data with 8 service users (mentees), 1 mentor and 8 professionals from the Domestic Violence and Abuse Perpetrator Case Management Forum.

Overview of findings

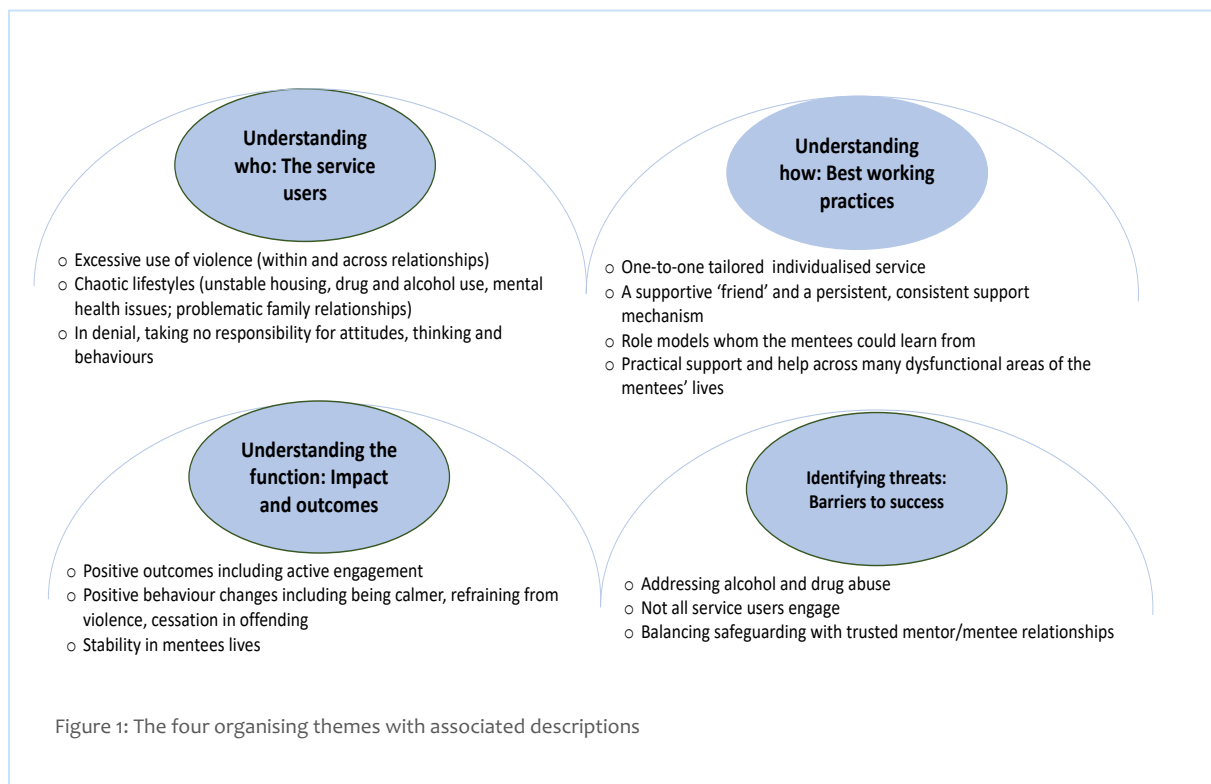
The mentees who engaged with the service were identified as having long histories of engaging in serious and extensive offending, both domestic violence (DV) and non-DV crimes. These individuals have chaotic lifestyles, which is reflected in their offending behaviours, their relationships (both intimate and family), and in relation to drug and alcohol abuse, housing, employment, their day-to-day living and their general 'being'. They all have longstanding criminal and offending histories and experience of contact with the criminal justice system.

Impact: Based on outcome data from 124 mentees: 79% engaged with the service; 59% were classed as desisted, de-escalated or reduced in risk; 19% were found to be in custody, missing or out of area; and 22% were classed as not engaged

Police data (DV, non-DV offending and charges) were analysed for 57 participants. The outcomes recorded from the police data showed a positive trend. The following reductions in offending were observed: all recorded offences **81.7% reduction**; non-DV offences **78.0% reduction**; and DV offences **83.3% reduction**.

Specifically, in relation to individuals actually being charged for offending behaviours the reductions observed were: all offending **80.8% reduction**; non-DV offending **62.5% reduction**; and DV offending **89.5% reduction**.

Interview data (with mentees, a mentor and professionals) and file notes on mentees analysed using thematic analysis revealed numerous themes and subthemes which represented how the mentoring worked, the impact and outcomes from mentoring, and the potential threats to the service. This was captured in four key organising themes, presented in the figure that follows with definitions/descriptions of what the theme comprises.



From the evaluation, there is evidence that the process of mentoring offers an innovative and novel approach to working with and rehabilitating high-risk DV perpetrators. Mentoring can successfully engage high-risk DV perpetrators and facilitate changes in behaviour. The success of the mentoring was due to the relationship and therapeutic alliance that was developed between the mentor and mentee. Mentoring was found to be a valued service by the mentees, professionals and other service providers who work with this group of individuals.

Mentoring West Midlands

Mentoring West Midlands (MWM) are a community interest company (CIC) that help and support individuals both in prison and in the community. These individuals are deemed by services and rehabilitation providers to be difficult to engage with. MWM work with men and women who commit serious crimes as well as engaging with and supporting family members affected by the behaviour of these individuals.

The referral pathway is through multi-agency teamwork. Perpetrators are identified as high risk through Multi-Agency Risk Assessment Conferences (MARACs) and brought to the Domestic Violence and Abuse (DVA) Perpetrator Case Management Forum. The forum identifies potential individuals who they regard as needing intensive one-to-one support and who would benefit from being mentored. The mentoring process is built on a framework that takes both a needs- and strengths-based approach, focusing on helping individuals to change behaviours and build a positive future and ultimately supporting the individuals to stop their offending behaviours.

MWM provides a professional mentoring service for difficult-to-engage, high-risk serial perpetrators of DV. These individuals have been identified as in need of targeted guidance and support due to negative and damaging lifestyle choices.

The aims of MWM are to offer Individualised one-to-one support for these high-risk serial perpetrators, and provide the delivery of high-quality intervention, support, and positive

outcomes. This is achieved through rapport building, relationship management and conflict resolution, behavioural influencing and by taking a strengths-based approach (solution focused not problem focused). Mentors are skilled professionals, accredited in high-risk mediation, care management and conflict mediation.

Evaluation Findings

The mentees

The mentees all have extensive offending histories, both DV and non-DV offending. For many mentees their pattern of DV has been prolific within relationships, across different and numerous relationships and against different family members too. Typically, offending started for many when they were younger, in childhood and through adolescence, including violent (e.g., assault, ABH) and non-violent offending (e.g., drug possession, theft/robbery). In adulthood, this then developed to DV offending (e.g., common assault, ABH, GBH) and continuation of non-violent offending (e.g., drug possession, robbery). The mentees have chaotic lives and lifestyles. This is borne out in relation to their offending histories, alcohol and drug use, relationships, families, employment, housing, and their general day-to-day living.

Outcomes from mentoring

Based on a sample of 124 closed cases held on MWM files, the end outcomes measured and achieved are presented below:

Outcome	Number of mentees
(1) desistance/de-escalation/reduced risk (no reported DV for 3–6 months, had settled accommodation and/or a job, and was engaging positively with family and children; closed cases)	73 (59%)
(2) custody/missing/out of area (engaged with MWM, but the case was closed as the mentee went into custody, [e.g., recalled, non-DV related offence, breach of orders], went missing, or moved out of the area)	24 (19%)
(3) non-engagement (individual never engaged with MWM and did not work with them)	27 (22%)

Offending and reoffending data

The following findings are based on police data for 57 mentees referred between February 2018 and March 2021. Data captured were all police recorded offending across three time points - pre-mentoring (T1), during mentoring (T2) and post-mentoring (T3). A record was made of how many of the 57 mentees committed each crime, and the frequency of the offending (most mentees committed the offences on numerous occasions). The table that follows presents the changes in the number of offences (*n*) and the frequency of offending across all types of offences, and broken down into DV and non-DV offending, over the three time points.

Table 1: Number of offences and frequency of offending by all crimes

		Pre-MWM (T1)	During MWM (T2)	Post-MWM (T3)	% reduction (T1-T3)
All recorded offences	n	312	158	57	81.7
	frequency	574	272	96	83.2
Non-DV offences	n	91	44	20	78.0
	frequency	127	60	34	73.2
DV offences	n	221	114	37	83.3
	frequency	447	212	62	86.1

Overall, across all recorded offences, non-DV and DV offences there was a clear positive trend showing a decrease in the number of offenders (*n*) and in the frequency of offending. This trend is promising and suggests that there are clear improvements in offending behaviours for those who have experienced mentoring.

For non-DV offending there were a total of 28 different offences recorded, and of these 23 offences recorded (82.1%) demonstrated this trend of a decrease in numbers and frequency of offending; for DV offending likewise of 28 different offences recorded, 25 offences recorded (89.3%) followed this positive trend of a decrease.

For police charges against mentees for their offending, there was also a clear positive trend showing decreases in charges against mentees (for all offences and by non-DV and DV offences):

- For charges across all offending, this reduced from 99 charges at T1, to 44 at T2, to 19 at T3: an **80.8% reduction from T1 to T3**.
- For charges for non-DV offending, this reduced from 32 charges at T1, to 14 at T2 to 12 at T3: a **62.5% reduction from T1 to T3**
- For charges for DV offending, this reduced from 67 charges at T1, to 30 at T2, to 7 at T3: a **89.5% reduction from T1 to T3**

When examining the trajectories of DV offending patterns over the three time periods (i.e., the pattern of offending or not offending at T1, T2 and T3) generally the trajectories were positive, with individuals either moving from offending to non-offending patterns or maintaining non-offending patterns across the different DV crimes, across the three time periods.

Thematic Analysis

Analysis of the interview data revealed four organising themes, made up of associated basic themes and subthemes that were highly salient to the mentor, mentees, and professionals. The global themes and their associated themes are presented in the figure that follows.

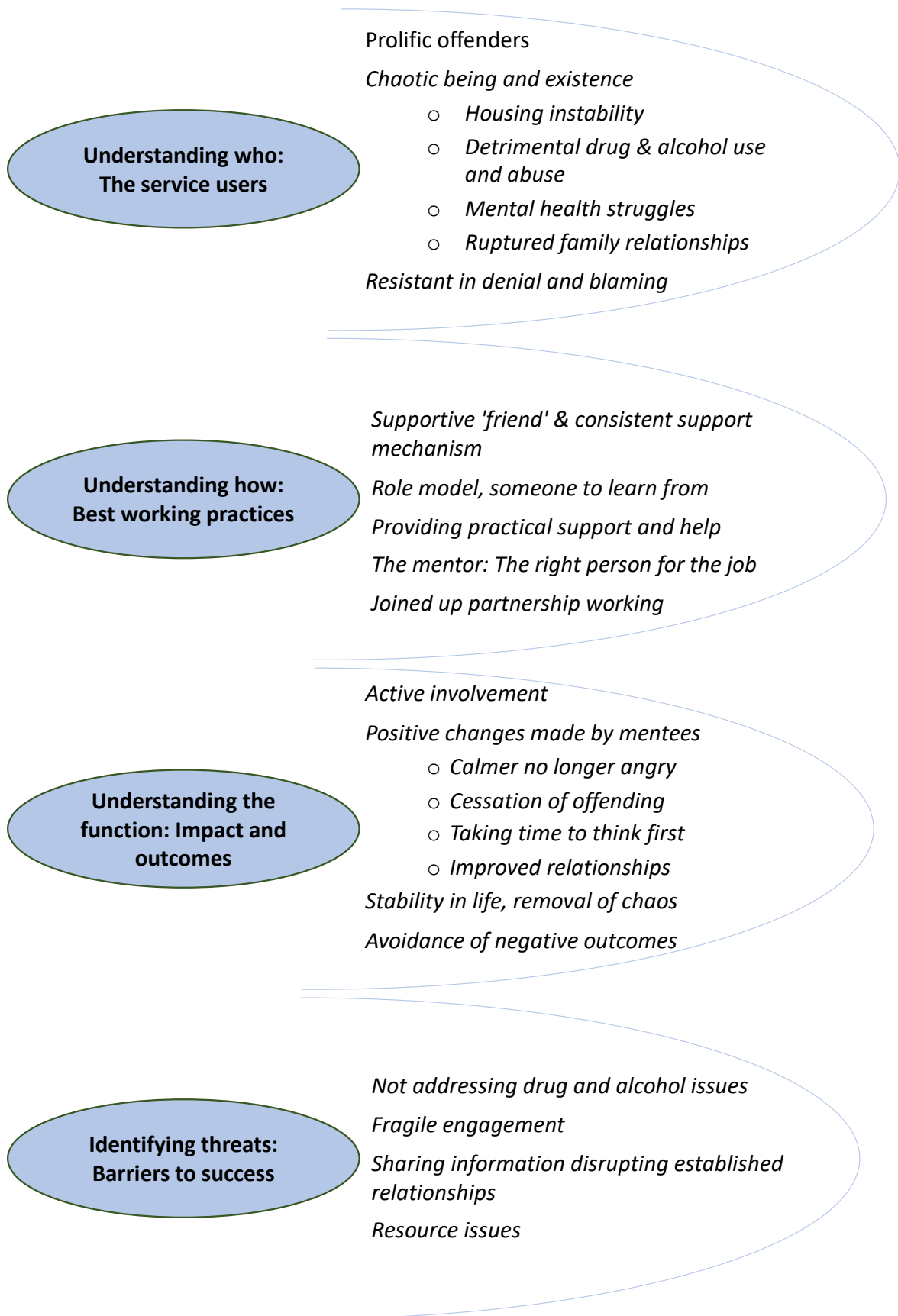


Figure 2: Themes and subthemes from interviews and file notes

Understanding who: The service user

Mentees were identified as being '*Prolific offenders*'. Aligned with the Police data, the interviews and file notes revealed the mentee participants had extensive histories of offending behaviours that included different incidents of DV (e.g., ABH, assault, no-crime domestic violence) as well as non-domestic violence types of offending (e.g., drug possession, burglary). Violence was found to be extensive *within* their intimate relationships and *across* numerous different relationships, against other family members (e.g., parents and siblings) and outside of the family.

Mentees all had what was termed a '*Chaotic being and existence*' used to describe the disorder, disruption, and disorganisation experienced by all mentees across different areas of their lives. This included: (i) housing instability, such as having no accommodation or poor/unsuitable accommodation or 'sofa surfing'; (ii) drug and alcohol misuse and abuse, including excessive use and dependency; (iii) mental health issues (diagnosed and undiagnosed); and (iv) difficult and ruptured family relationships (with parents, siblings, children).

The mentees were also initially resistant to treatment and engagement, presented in denial about their behaviours and looked to blame others. This meant that many mentees prior to mentoring took no responsibility or accountability for their violent and problematic behaviours, looking for any ways to justify it or completely deny it, and so they would look to suggest that they did not need treatment and support.

Understanding how: Best working practices

To facilitate engagement and increase the likelihood of success, the mentor was a '*Supportive friend and consistent support mechanism*'. This evolves through the development of a strong, consistent relationship with mentees built on mutual respect and trust. The mentor becomes a dependable feature in the mentees' lives – a constant prosocial support mechanism.

As well as being perceived as a friend, the mentor was also seen as a '*Role model and someone to learn from*'. This again facilitates engagement and assists the mentees with the process of change and addressing their behaviours. The mentor looks to implement 'pro-social modelling' so that mentees can see how positive interactions can get positive results.

An important feature of best working practices is the '*Practical support and help*' given to the mentees to help remove some of the chaos within their lives. This includes practical support and help in a range of areas of the mentees' lives, such as: sorting out money and finances; helping with and arranging benefits; sourcing and securing accommodation; organising food; payment of and setting up household utilities; and supporting mentees in managing and getting treatment for mental and physical health issues.

Another important element associated with best working practices is '*The mentor: The right person for the job*'. What was clear from the mentees' perspectives and the professionals working alongside MWM is how the success of mentoring was dependent on the mentor himself having the right characteristics, skills and attitudes with the ability to be able to relate to the mentees.

Finally, part of understanding how mentoring works was in relation to '*Joined up partnership working*' and the other agencies who work in collaboration with MWM. The key is that different agencies support each other and provide integrated and focused support for the mentee. This is very much about working together towards common goals and using the strengths of each

agency to get the best outcomes for every mentee, dependent on their needs and their current situation.

Understanding the function: Impact and outcomes

Several observable impacts in relation to engagement and working with the service as well as positive individual outcomes including changes in behaviour, attitude and thinking were identified. Mentees were found to have '*Active involvement and participation*' with the mentoring service. Mentoring is not about being a passive tick-box exercise, but it involves active participation on the mentee's part, and they must be fully involved with the process and the service. This was observed through their '*Proactive engagement with the service*' demonstrated through an active, participatory, interactive relationship with the mentor. This means they work together to address the mentee's problems and facilitate change. Many of the mentees refused to and wouldn't engage with other professional services, yet they did so with their mentor and MWM.

Another element of the active involvement observed was how mentees would '*Willingly talk to their mentor*' and open up to them. The mentees are able to develop a relationship with the mentors by being able to feel they can actually sit down and talk with them and discuss issues. This seems to benefit the mentees and facilitate engagement with the service. What develops through this dialogue and communication between the mentee and mentor is an element of trust and openness that is not found elsewhere. This promotes positive behaviour change.

The interview data and file notes identified numerous positive outcomes or the '*Positive change made by mentees*' associated as being a positive outcome from engaging with mentoring. These observable changes included: (i) '*Calmer, no longer an angry person*' which was the behavioural change observed from being a violent and angry person to a calmer and more settled individual; (ii) '*Cessation of offending*' where mentees stopped offending, both in relation to general offending and more so in relation to violent offending; (iii) '*Taking the time to think*' as mentees would think and reflect, and have more logical thought processes - they would think then react (opposed to their previous default setting to react first then think); and (iv) '*Improvements in interpersonal relationships*' where the changes made by the mentees helped them develop their interpersonal relationships, across different relationships (including intimate partners, parents, other family members such as siblings and cousins, and their own children).

Another impact and outcome identified through the interviews was the '*Stability in life, removal of chaos*'. Through mentoring, there was a removal of some of the chaos previously evidenced in the mentees' lives. This included in relation to work and employment; accommodation and housing; alcohol and drinking; and contact with family and children. The mentees evidenced stability or even normality in areas previously noted as causing a chaotic existence.

The final outcome noted as being a positive impact following mentoring was the '*Avoidance of negative outcomes*'; this is slightly different in that it relates to where potentially negative outcomes are avoided through mentoring. Some mentees suggested that mentoring had saved their lives, while others commented that without their mentor, they would have ended up back in jail, thereby suggesting that they would have carried on with their offending and problematic behaviours.

Identifying threats: Barriers to success

Potential threats to the success of the mentoring service were identified. These are not issues with the mentoring service itself per se or relating to bad practice or ineffective service provision, but are situations that arise which can hinder implementation of the service and therefore the ability of the service to be of value to individuals.

A barrier observed was '*Not addressing drug and alcohol issues*'. Difficulties with drugs and alcohol seem to cause ongoing issues in some of the mentees' lives and represent a real threat to success. Although the mentees experienced a range of different chaotic elements in their lives, drugs and alcohol seemed particularly difficult to address. For a few, drug and alcohol issues was one of the things that interfered most with the mentoring process; it caused a barrier to engagement or if during meetings mentees are under the influence of drugs or alcohol little value is gained from the sessions. For some potential mentees, their drug use means that they are just not ready or able to start with mentoring as a service and benefit from the input and support on offer.

For a small proportion of mentees there was '*fragile engagement*'. By nature, some individuals are reluctant to engage with any professional services and this can extend to mentoring. There were some individuals who simply would not engage with the service from the start. For others engagement was 'passive', where, although the mentees are turning up, they do not get actively involved. This becomes a little like a tick-box exercise, as the mentees just pay 'lip service'.

The threat '*Sharing information and disrupting established relationships*' is about how the mentors have to share information with other professionals (for safeguarding), but that this can impact negatively on the relationship and bond between the mentor and mentee. It should be noted that information sharing is transparent with mentees. However, this can threaten the relationship and the trust that the mentors have established with their mentees, rupture the therapeutic alliance developed and threaten engagement, all which may impact negatively on the outcomes achieved. It is sometimes the case that the mentor is placed in a difficult situation knowing information must be shared but that this will negatively affect the relationship and work done thus far. However, safeguarding and risk takes priority, and these issues tend to be resolved by MWM as they continue working with the mentees and rebuild relationships and ways of working together.

A final threat is '*Resource issues*' in that the process is reliant on having the right resource in the form of the mentor. This means careful consideration is needed when looking to replicate or expand the service. Additionally, time as a resource can be an issue, given the nature of the work and the persistence needed, mentoring can be resource intensive, which can have an impact on how much can be achieved and therefore the outcomes. An ongoing threat is funding and the possibility that the service will no longer continue to be supported financially.

Conclusions

Individuals who are referred to the DVA perpetrator forum and for the mentoring service are high-risk, serial and prolific offenders. They all have engaged in and have long histories of engaging in serious and extensive offending, both DV and non-DV crimes. These individuals have chaotic lifestyles, which is reflected in their offending behaviours, their relationships (both intimate and family), and in relation to drug and alcohol abuse, housing, employment and their

day-to-day living. They all have longstanding criminal histories and experience of contact with the criminal justice system.

Mentoring offers a one-to-one service provision that enables the mentors and mentees to develop a relationship and a bond and build a therapeutic alliance. The mentors seem to apply a strengths-based approach to working with the mentees, focusing on the mentees' strengths and what needs to be in place and implemented to achieve positive, future-focused goals. In addition, the mentors offer practical support including day-to-day support to reduce the chaos within the mentees' lives so they can develop a more stable way of living and being. This includes assisting them with accommodation, employment and finances and supporting them to attend other appointments that would support their rehabilitation. Mentoring therefore offers the mentees both a needs- and strengths-based service.

MWM since starting this work have had 147 referrals, and of these, 129 are now closed; the remaining 18 are currently actively engaging. The engagement rate for MWM has been positive, demonstrating high engagement levels. This is particularly impressive given that the individuals they are working with are resistant and in many cases have failed to engage with any other professional services. A trend in a reduction in offending (DV and non-DV) over time was also observed. All recorded offences reduced significantly as did charges and contact with the criminal justice system from before mentees worked with MWM to when they had been signed off and the case was closed. Reductions in offending behaviours, violence and abuse were also observed in the narratives of the interviews and file notes, with evidence of problematic behaviours being replaced with positive pro-social behaviours. Mentees described themselves as calmer, less angry and less violent. For some of the mentees, there seemed to be a change in the way they viewed themselves or how they thought others did; prior to mentoring, some described themselves as 'violent' or 'angry', but this changed to defining themselves as a 'calm' person. It was seen that the mentees took responsibility for the way that they thought and behaved, which then facilitated positive behavioural changes.

There were some potential threats to the service noted. Some mentees did not engage with the service; some were just not ready at the time or in the right place to take on the help available. Drug and alcohol difficulties also seemed to be particularly challenging for some of the mentees to overcome and manage. This inhibited the mentoring service as they didn't engage, or engagement was poor quality and/or sporadic. Drug and alcohol abuse and addiction is hard to treat and is not actually the remit of the mentoring service per se but needs to be addressed for some as an adjunctive service provision.

Mentoring offers an innovative and novel approach to working with and rehabilitating high-risk DV perpetrators. Mentoring can successfully engage high-risk DV perpetrators and facilitate changes of behaviour. It is clear that the success of mentoring is founded on the relationship and therapeutic alliance that develops between the mentor and mentee. It seems that taking a strengths-based approach with the mentees works: identifying and building on the strengths and capacities of the mentees assists them in working through their own problems and delivering their own solutions. This then results in positive behaviour changes for the mentees, so that they can live their preferred life, have stability within their lives, and enjoy pro-social and positive relationships with others.