

MENTORING YOUTH IN CARE

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Mentoring Partnership

by

The Alberta Centre for Child, Family, and Community Research



Alberta Mentoring Partnership



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RESEARCH

Background:

The Alberta Centre for Child, Family and Community Research (the Centre) was established to support and disseminate research knowledge and evidence on policy issues related to improving the well-being and health of children and youth. The Centre is seen as an innovative leader in the development and dissemination of policy relevant evidence.

The Child and Youth in Care and Mentoring Subcommittee of the Alberta Mentoring Partnership wanted to consult research literature regarding mentoring children and youth in care. The Centre provided assistance in summarizing the literature on and interviewing contacts with experience in mentoring children and youth in care in the Canadian context.

For a more general review on mentoring please see:

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Additional thanks to interviewees:

Ada Nanning, Hull Family Services

Brian Zelt, Hull Family Services

Viki Panos, Boys and Girls Clubs Big Brothers Big Sisters of Edmonton and Area

Eric Storey, Mentor

Joelle Lewis, Big Brothers Big Sisters Canada

Melissa Gee, Alberta Foster Parent Association

Ellie Boyenko, Big Brothers Big Sisters Saskatoon and Area

And focus group participants (facilitated by Michelle Anderson-Draper and Amber Moos):

Mentors and Mentees of the Youth in Care Program at Boys and Girls Clubs Big Brothers Big Sisters of Edmonton and Area

who were interviewed about mentoring youth in care within the Canadian context.

Keywords:

mentor, Alberta, children, youth, care, child intervention, foster care

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1.0 INTRODUCTION

In Alberta child intervention services are delivered through the Ministry of Human Services (Government of Alberta, n.d.). When parents or guardians are unable to provide a home for children (0 to 17 years), the government is mandated to intervene under the Child, Youth and Family Enhancement Act. In cases where guardians are unable to ensure the well being of a child, Child Intervention Services will conduct an assessment or investigation. When maltreatment of a child has been reported, the police will open an investigation. The primary reasons for involvement in the child intervention system in Alberta are neglect and exposure to family violence (Government of Alberta, 2014).

Children can be removed from the home for either a temporary period (1 day to 18 months) or permanently in the case of private guardianship or adoptions (Alberta Centre for Child, Family and Community Research, 2014). They may be placed either with extended family members or people with whom the child has a relationship (kinship care), a foster home, group care, a residential treatment centre or through supported independent living (Government of Alberta, 2014). In care is defined as Child Intervention Services having “care and custody of the child or youth either through a custody agreement with the parents or guardians or through a court order” (Government of Alberta, n.d., p. 2).

As you can see in Figure 1, only a portion of children involved with Child Intervention Services are in care.

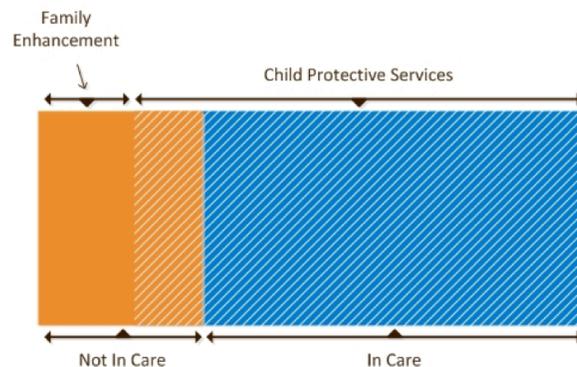


Figure 1. Range of child intervention services in Alberta (originally from Alberta Centre for Child, Family and Community Research, 2014).

Youth in care are at increased risk for poor outcomes. Over half of children (52%) had a concern with their physical, emotional or cognitive health or behavior when entering the

intervention system (MacLaurin et al., 2013). Youth exiting care are less likely to graduate from high school and to enroll in post secondary education (The Conference Board of Canada, 2014). Additionally, they may have difficulty finding employment, become involved in the justice system or have mental health and substance use problems (United Way of Calgary and Area, 2011). Experiences of youth in care such as removal from the home, placement moves and adults entering and exiting their lives contribute to a sense of ambiguous loss, which is a loss that occurs without closure.

Research has shown that a caring adult, such as a mentor, in a child's life can help foster resilience (Masten & Garmezy, 1985). As such mentoring has been suggested as an intervention for increasingly at risk youth, including youth in care. For example the Alberta Crime Reduction and Safe Communities Task Force (2007) recommended, "Schools, communities and the provincial government should work together to expand mentoring programs for at risk children and youth" (p. 58). This call has been supported in part by preliminary research findings such as DuBois, Holloway, Valentine, and Cooper's (2002) meta-analysis of mentoring programs, which found that mentoring may provide the most benefit to youth at risk.

Researchers have argued that participating in healthy new relationships, such as with a mentor, can provide a corrective experience for past negative relationships (Sparks, 2004; Olds, Kitzman, Cole & Robinson, 1997). Similarly Rhodes, Haight and Briggs (1999) suggested that as much of the harm youth in care have experienced was through relationships, a relationship based intervention may be best suited to their needs. Diehl, Howse and Trivette (2011) found that regardless of a youth's risk level, they had positive attitudes towards mentoring and expressed an interest in having a mentor themselves.

The current review aims to gather the available evidence on mentoring youth in care. The term "in care" here encompasses children and youth in kinship care, foster homes, group care, residential treatment centres or in supported independent living. Literature on programs that focus on mentoring youth in care were sought out, as opposed to programs that serve a range of youth including those in care. Initially academic studies of mentoring youth in care were examined. When unavailable for specific topics, grey literature was referenced. As much of the literature on this topic originates from the United States, interviews were conducted with individuals with expertise in mentoring youth in care in the Canadian context. The academic, grey literature and interview responses were then critically reviewed and summarized according

thematic categories.

2.0 NATURAL MENTORS

Natural mentorship refers to important adults that naturally occur in a youth's environment (Greeson & Bowen, 2008). The percentage of youth in care that report having a natural mentor ranges from 47% to 69% (Ahrens, DuBois, Richardson, Fan & Lozano, 2008; Collins, Spencer & Ward, 2010). However, Munson and McMillen (2009) found that only one third of their sample reported that they had been involved with their mentor on a long term basis. Additionally, Rutman, Hubberstey and Feduniw (2007) found that youth in care tended to have only one or two people in their lives as a source of emotional, tangible and financial support.

Most of the natural mentors in Ahrens et al.'s (2008) study were family members (e.g. grandparents, uncles) 36%, followed by those informal roles (e.g. parent's friend, coaches) 31%, professionals (e.g. teachers, ministers) 21%, and other roles 11%. Similarly, in Munson, Smalling, Spencer, Scott and Tracy's (2010) study most natural mentors were friends of the family 25% or staff from a former care placement 23%.

Greeson and Bowen (2008) identified characteristics of natural mentoring relationships that were key to youth. These included a sense of trust, love and caring and a parent and child like relationship. Natural mentors in Ahrens et al.'s (2008) study provided advice 56%, emotional 51% and tangible support 24% and served as a role model 11% or a parental figure 10%. Similarly, mentees of natural mentors in Greeson and Bowen's (2008) study shared that their mentors provided them with emotional, informational, instrumental (e.g. helping move), and appraisal (e.g. advice) support.

Greeson and Bowen (2008) suggest that relationships with natural mentors may be less pressured and have less difficulty trusting than those with a volunteer mentor, as relationships with a natural mentor develop gradually over time. Also, ensuring continued contact during placement moves is easier in natural mentoring situations as the mentor and mentee often share social networks. For example youth interviewed in Ahrens et al.'s (2011) study routinely had contact with their adult mentor for other reasons, such as at their job site or as part of an independent living program.

A study of long term outcomes of youth in care who had natural mentors found that these youth

were more likely to report positive overall health and less likely to have suicidal ideation, received a diagnosis of a sexually transmitted infection or had hurt someone in a fight in the last year (Ahrens et al., 2008). Collins et al. (2010) found that youth with natural mentors had a higher level of academic achievement and were less likely to experience homelessness. Similarly, Munson and McMillen (2009) found positive outcomes for youth in care that had a natural mentor for longer than a year. These included less depressive symptoms, stress, number of arrests and greater life satisfaction. However, they did not find a relationship between natural mentoring and preventing alcohol and drug use or a youth's current employment status.

Some youth in care can face difficulties in finding a natural mentor. For example, mentees in the Youth in Care Program at Boys and Girls Clubs Big Brothers Big Sisters of Edmonton and Area were asked in a focus group about barriers they experience in trying to find a mentor. Youth cited logistical difficulties such as transportation and time issues. They also noted difficulties in finding someone whose personality fits with theirs, someone who is non-judgmental, who understands the life of someone in care, as well as someone who has similar interests as them.

When youth do not have access to a natural mentor, formal mentoring programs with volunteer mentors have been suggested as a means to bridge this gap. The remainder of this review will focus on leading practices related to formal mentoring programs with volunteer mentors.

3.0 MENTORING PROGRAM FEATURES

DuBois et al. (2002) in their systematic review of the mentoring literature identified a set of features, or leading practices, of mentoring programs that were the strongest predictors of positive program effects. The benefits of mentoring were greater in programs that followed a greater number of these best practices. They also found that programs that followed fewer of these practices had negative effects on youth. They recommend that mentoring programs follow those features that have empirically demonstrated their effectiveness. These include: ongoing training for mentors, structured activities for pairs, clear expectations around the frequency of mentoring meetings, program support mechanisms, and caregiver involvement in the program. Following is a description of these leading practices in relation to mentoring programs for youth in care.

3.1 Establishing a Program

Rutman, Hubberstey and Hume (2009) noted that full implementation of a mentoring program may take up to three years. First, a mentoring program's philosophy and focus must be decided upon and clearly articulated. Those establishing a mentoring program need to think about the types of outcomes they would like to encourage for youth in care through their program as well as their theory of change (Garringer, 2011). It is important to engage youth in care themselves in the mentor program planning process. This information will help in guiding the program's elements, practices and administration (Spencer, Collins, Ward & Smashnaya, 2010).

As Berger, Collins and Spencer (2011) note, youth in care are a heterogeneous group possessing different strengths and needs. Additionally their needs will vary greatly across time and life events. The mentoring needs of a young child in care will be distinctly different from a youth who will soon be exiting the care system. This theme emerged in interviews for this review with those involved in mentoring youth in care in Canada. When asked how mentoring a child in care was different from working with any other child many respondents noted that at younger ages there are less differences, but as children age differences begin to emerge. Different kinds of mentoring will benefit youth as their needs change across time. For example participants in Hudson (2013) study shared that they needed different mentors (e.g. adult mentor, peer mentor, career mentor) at different times to meet their needs.

In a review of 29 mentoring programs for youth in care Mech, Pryde, and Rycraft (1995) found that five models emerged. The models identified were: transitional, cultural empowerment, business, and young parent mentors, as well as mentor homes.

Transitional mentors assist youth in making the shift from a care setting to independent living, by teaching mentees independent living skills. Of the sites surveyed by Mech et al. (1995), 80% of programs followed the transitional mentoring model. An example of this type of program is the My Life Program in which mentors assist transitioning youth in achieving goals that they set for themselves (Garringer, 2011). As these mentoring relationships are only active during transition times the length of these relationships are shorter and therefore may result in different outcomes for youth.

Cultural empowerment mentorship on the other hand involves matching an adult of a cultural group with a mentee from the same group, thereby providing a positive role model (Mech et al.,

1995).

The business mentor model matches youth in care with mentors from the private sector. Businesses participating in the program facilitate job placement and career development opportunities for the mentees (Mech et al., 1995). Youth interviewed in Hudson's (2013) study expressed interest in having a career mentor. Those interviewed felt a career mentor could be a short term relationship, for example a few weeks, that could expose them to real world examples of professions in which they were interested. They also felt that career mentors could assist them in selecting the academic classes needed to enter into those careers.

The mentoring young parents model matched older mothers who share their parenting experience with younger pregnant or parenting teens in care (Mech et al., 1995). Finally in the mentor homes model several, four to six, youth in care are placed with an adult mentor in a residential setting. Mentors then model positive behaviours and independent living skills in the home. A Canadian example of this model is British Columbia's Interior Community Services Residential Youth Mentorship program (<http://www.interiorcommunityservices.bc.ca/programs/youth>). The program provides short term residential services for youth in care along with an adult mentor.

3.2 One on One and Mixed Group Mentoring

As Britner and Kraimer-Rickaby (2005) note, most mentoring youth in care programs use the one on one mentoring model. One on one mentoring involves one mentor focusing their efforts on a single mentee (Ferronato, 2001). However the Technical Assistance and Training Program for Mentoring System-Involved Youth (n.d., b) suggest a mixed group mentoring approach for working with children in care. Mixed group mentoring includes both one on one and group mentoring aspects. Here group mentoring refers to when mentor and mentee pairs meet with other pairs to participate in activities together.

Mixed group mentoring opportunities provide a chance for mentors to meet with other mentors of youth in care. Similarly, mentees have a chance to network with other youth from similar life experiences. Technical Assistance and Training Program for Mentoring System-Involved Youth (n.d., b) share that an advantage of mixed group mentoring is that "mentor pairs can work together with a particularly challenging youth" (p. 3). Additionally, those youth or mentors who are waiting to be matched or re-matched can participate in the group while an appropriate

mentor or mentee is identified. Potential matches could also meet in this venue to see if they are interested in pursuing a match. In an innovative program by Bruster and Coccoma (2013) mentors and mentees meet regularly for a family style dinner as a group followed by structured activities in an effort to encourage discussion and unity among the group.

3.3 Recruiting and Screening

3.31 Mentees

Mentoring has emerged as a resource for youth in care, particularly to assist with the transition to adulthood (Mech et al., 1995). Participants of the Youth in Care Program at Boys and Girls Clubs Big Brothers Big Sisters of Edmonton and Area identified other transition times such as graduation, moving to their first foster home, or living on their own as key times they would like to have a mentor. Youth in Ahrens et al.'s (2011) study stated that they would be amenable to an adult mentor during periods of vulnerability brought on by these transitions. Researchers have noted that mentees should be identified and matched before these transition periods. This would provide an opportunity for the mentoring relationship to be established and allow enough time to develop a trusting relationship (Osterling & Hines, 2006; Ahrens et al., 2011).

Many of the existing mentoring youth in care programs accept referrals from multiple sources including social workers, foster parents and youth themselves. For mentees that are referred to a program by an agency or themselves, it is important to obtain the consent of the legal guardian (Berger et al., 2011). Also for youth that are referred by others, programs should ensure that their participation is voluntarily and that they are interested in taking part (Berger et al., 2011). The Kinnections program also requires guardians and youth sign an activity permission form, which allows youth to participate in activities with their mentor. The form also contains rights and responsibilities for youth participation in the program as well a waiver of liability to be signed (Wilson, 2010).

Figure 2 is an example of a referral form from the Urban Native Youth Association's Kinnections Program, which requests the youth's contact information and signature that they consent to be referred. The form also requests the youth's social worker's contact information and if possible their signature (<http://www.unya.bc.ca/downloads/unya-kinnections-referral-form.pdf>).



The image shows a referral form for the Urban Native Youth Association's Kinnections Program. At the top left is a circular logo featuring a Native American figure. To the right of the logo, the text reads "Urban Native Youth Association Kinnections Program". Below this, the section "Who Can Participate?" specifies "Aboriginal youth ages 15-19 who are in care of MCFD or VACFSS, or on a Youth Agreement". The "Referral Form" section includes a note: "If you want a mentor, all you have to do is fill out this form". It contains several fields for personal information: Name, Birth date (with Day/Month/Year sub-fields), Address, Phone #, Email, and Youth Signature. Below these are fields for Social Worker information: Social Worker, Phone #, and Social Worker's Signature. A note at the bottom of the form states: "(If you can't get their signature before sending in the form, don't worry we'll get it for you)". At the very bottom, contact information is provided: "Fax completed form to: 604-254-7811 or drop off at 1618 East Hastings Street, Vancouver, BC".

Figure 2. Urban Native Youth Association's Kinnections program referral form.

Program staff should hold a face-to-face interview with the potential mentee, in an effort to get a sense of the youth's personality, as well as their commitment and readiness for the program (New York City Administration for Children's Services, 2005; The Technical Assistance and Training Program for Mentoring System-Involved Youth, n.d., a). For example, mentees should be asked if they feel that they are able to maintain regular contact with a mentor given their current commitments (e.g. school, work). It is important to also ask potential mentees about their interests, goals and qualities that they would like in a mentor. As Hudson (2013) notes "few studies have engaged youths in care as partners in the mentoring process a priori or have focused on the mentor characteristics that foster youths would like before the mentoring relationship begins" (p. 133).

Mentees behaviour in the interview could provide a clue as to the ease with which they will bond with a mentor. For example mentees in Ahrens et al.'s (2011) study who were confident and secure reported easily forming and long lasting relationships with their mentors. Conversely, mentees who expressed mistrust through their body language and speech tended to have more difficulty forming and maintaining a mentoring relationship. As such these youth may need more

support in their relationships with their mentor.

3.32 Mentors

Some programs recruit mentors by asking that youth identify a natural mentor that they already have contact with (e.g. a staff member) rather than matching them with a new adult (Technical Assistance and Training Program for Mentoring System-Involved Youth, n.d., b). Hirsch, Mickus and Boerger (2002) suggest this could assist mentoring programs that may have difficulties in recruiting sufficient mentors for youth. An example of youth self identifying a possible mentor is British Columbia's Kinnections mentoring program for youth in care. The program provides youth with a choice of identifying and approaching a natural mentor in their life to join the program, provided they pass the program's screening process, or being matched with volunteer mentor.

Programs recruiting volunteer mentors can consult research studies that have examined the personal characteristics important for youth in care to see in their mentor. Laursen and Birmingham (2003) in their interviews with youth in care identified trust, attention, empathy, availability, affirmation, respect and virtue as important characteristics. Spencer's (2006) work with at-risk youth identified four themes of mentor characteristics namely authenticity, empathy, collaboration and companionship. Youth of Collins et al.'s (2010) research requested mentors who are encouraging, reliable and able to provide help as needed. Participants of Hudson's (2013) study defined a mentor as someone who guides, understands and listens to them. They also shared that they would like a mentor who is successful and at least five years older than them, while also noting that it was not important that their mentor had experienced the care system themselves. However youth in Kirk and Day's (2011) study stated that role models who had been in care had the most impact on themselves.

Other mentor characteristics identified by Berger et al. (2011) and interviewees for this review:

- committed
- stable lifestyle
- self awareness
- flexible
- can manage expectations
- not attempting to fulfill an unmet need
- youth centered
- able to weather rejection/challenge
- patient
- resilient
- approachable
- openness to feedback
- verbal and nonverbal communication skills

Mentees of the Youth in Care Program at Boys and Girls Clubs Big Brothers Big Sisters of Edmonton and Area identified personal qualities that would make a good mentor. These included someone who is trustworthy, empathetic, honest, committed, able to compromise, non-judgmental, sincere, stable, and open minded. They also added that it is helpful to have a mentor with similar interests, someone with previous mentoring experience as well as someone who gently pushes their mentee to achieve.

Ahrens et al. (2011) recommend recruiting mentors for youth in care that are trained in helping professions (e.g. social workers). Consistent with this mentoring programs such as the Fostering Healthy Futures and Mentoring for Educational Success Project for youth in care have chosen to use students from helping professions as their mentors (Taussig, Culhane, Garrido & Knudtson, 2012; Bruster & Coccoma, 2013).

Experienced mentors from traditional mentoring programs could be recruited to work with youth in care. Their past mentoring experience would be an excellent foundation to work with these higher risk youth. As one respondent from those interviewed for this review noted "*Having previous experience in mentoring may be helpful in moving onto working with youth in care.*"

As children in care are an especially vulnerable group, it is important that programs enhance their screening procedures for mentors who are interested in working with this group. For example, mentors should be asked to provide several personal and professional references (New York City Administration for Children's Services, 2005). Mentors should also be screened via a criminal record and child intervention record check (New York City Administration for Children's Services, 2005).

Similar to the recruitment of mentees, program staff should hold a face-to-face interview with the potential mentor to get a sense of their personality and whether they would be a good fit for the program. Below are some potential red flags staff can watch for when interviewing possible mentors from Clayden and Stein (2005).

- **desire to “social work” or “save” the mentee**
- **too quiet**
- **too overbearing**
- **non-participative**

3.4 Training

A key aspect of successful mentoring programs is the training provided to both mentors and mentees about the relationship upon which they are about to embark. Training can take two forms pre-match and ongoing. Pre-match training can help give mentors and mentees an orientation to the organization and what to expect once a match is made. Ongoing training support can educate mentors on how to address difficulties as they arise in the mentor relationship, ideas for activities and information on the organization's policies and procedures.

Given that many youth in care have abuse or neglect histories, it is recommended that mentoring program staff and mentors be trained in trauma informed care. Yeager, Cutler, Svendsen and Silis (2013, p. 595) define trauma informed care as:

Care that is organized around a contemporary, comprehensive understanding of the impact of trauma that emphasizes strengths and safety and focuses on skill development for individuals to rebuild a sense of personal control over their life.

One aspect of providing trauma informed care is to ensure that program staff and mentors are

made aware of trauma related issues. One possible resource for programs is the Trauma-Informed Practice Guide developed by the British Columbia Provincial Mental Health and Substance Use Planning Council (2013) available at http://bccewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf.

Finally, confidentiality will need to be discussed with the mentor and mentee in terms of what information can be shared, and with whom. New York City Administration for Children's Services (2005) recommends that mentors of youth in care sign a confidentiality agreement. Mentees should also be made aware the conditions under which confidentiality will be broken (e.g. being a danger to themselves or others).

3.41 Mentees

Most of the literature around training within mentoring programs focuses on training for mentors as opposed to mentees. However, mentees can also benefit from training, including both pre-match and ongoing training. Youth should receive an orientation to the mentoring agency as well as the supports that are available to them.

Mentees bring expectations to the mentoring relationship. Programs can help shape these expectations by providing pre-match training on the role of a mentor (LEARNS, 2004). Karcher (2007) noted that mentees could also benefit from an orientation on the benefits of having a mentor and on how to use their mentors for support. Additionally, mentees should be made aware of the limitations and constraints of the mentoring role.

Mentees and mentors of the Youth in Care Program at Boys and Girls Clubs Big Brothers Big Sisters of Edmonton and Area were asked about topics that should be covered in training with mentees. Several participants noted the need to discuss healthy communication skills with mentees, as well as coping strategies and personal safety in relationships.

Many youth in care have experienced the loss of significant relationships in their lives; as a result, it can be difficult to develop trusting relationships with new adults. Researchers suggest that training for mentees should include attachment assessments, modules and discussions on how their previous experiences can have an influence on relationships with mentors and others in their lives (Britner, Randall & Ahrens, 2013; Ahrens et al., 2011). As Ahrens et al. (2011) states, "such training has the potential to prove especially valuable for those who show

maladaptive or counterproductive tendencies in their interactions with adult support figures as well as those who may be actively avoiding such relationships altogether” (p. 13).

Mentees should also be made aware of their shared responsibility for maintaining the relationship by honoring mentor meetings and communicating with their mentor (Rhodes, 2007). Finally, Spencer et al. (2010) emphasize that mentees should know the agency’s procedures for closing a match if a relationship is not meeting their needs.

3.42 Mentors

Training for mentors working with children in care should be more comprehensive than traditional mentoring programs. This should include an initial orientation to the program, dedicated pre-match training sessions, as well as ongoing training. For example, mentors in the System of Care mentoring program for youth in care receive a two to three hour orientation with their supervisor, followed by 10 hours of training within their first six months, and ongoing training throughout their time at the program (Johnson, Pryce & Martinovich, 2011). More intense programs such as Fostering Healthy Futures provide mentors with 40 hours of training before working with youth in addition to ongoing training.

The program orientation should introduce mentors to the program’s policies and procedures; special emphasis should be given to the supports available to mentor pairs, as well as closure procedures in the case of an unsuccessful match. Mentors should also receive an orientation to the provincial child intervention system and how the mentoring agency works in relation to this system (New York City Administration for Children’s Services, 2005). Information should also be provided on the Alberta Child, Youth and Family Enhancement Act, care policies and how to navigate the care system.

Where possible mentors should be provided with information on their mentee’s case history to better understand their specific experiences (Britner et al., 2013). For example a program for youth in care interviewed for this review shared that they provide their mentors, after signing a confidentiality agreement, with an information package on their mentee that includes information on their family background and any behavioural issues.

A mentor’s lack of understanding of the experiences of those in care has been cited by youth as a barrier to forming a relationship with their mentor (Ahrens et al., 2011). As a result, training

about the experiences of youth in care is recommended (Ahrens et al., 2011). Mentors also need to understand the emotional, physical, and developmental needs that are unique to youth in care (LEARNS, 2004).

Education should be provided on how trauma can affect different forms of development. As an example mentors should be made aware of possible challenges, such as initial mistrust or distancing by youth, in bonding with a child who is in care as well as relationship building strategies to combat these challenges (Technical Assistance and Training Program for Mentoring System-Involved Youth, n.d., b; LEARNS, 2004; Mennen & O’Keefe, 2005; Price & Glad, 2003). For example, Ahrens et al. (2011) suggest that mentors regularly check in with their mentee to ask them about their experiences and expectations for the mentoring relationship as a possible strategy. Mentors that are prepared for these experiences will be better able to keep them in perspective and respond to them effectively (Technical Assistance and Training Program for Mentoring System-Involved Youth, n.d., b). Preparation for challenges should also be balanced with information on the benefits and impact mentoring can have for youth in care (Britner et al., 2013). This will help mentors to persist in difficult times throughout the relationship (Britner et al., 2013).

There are testing behaviors, “How is my mentor going to react if I do this, are they committed?” – Interview Respondent

Boundaries that are acceptable to both parties are a critical part of a successful mentoring relationship. To ensure these boundaries are understood, it is important for the mentoring program to clearly define the role of the mentor in relation to the mentee; this will help support the development of realistic expectations for the relationship (Spencer et al., 2010). Training should include information on the boundaries of the relationship, how to set limits with youth, and how to respond to inappropriate requests (LEARNS, 2004; Britner et al., 2013; Johnson, 2009). For example the Just Ask Youth peer mentoring program makes it explicit in their manual that mentors are not permitted to: complete ministry standard visits, drives, medical appointments, renew medications, access visits, approve placements, lend money, and serve as prom dates.

Mentors also need to know how their role relates to the program’s coordinator, the mentee’s caseworker, and the group home staff/foster parents/guardians and biological parents (Spencer

et al., 2010; New York City Administration for Children's Services, 2005). Mentors will be interacting with these other adults in their mentee's life and they will need to be educated on how to communicate effectively with these individuals.

An important training subject for mentors will be cultural competency, as many mentors will find themselves in matches with children of a different background. From 1999 to 2012, 58% of children (0 to 17 years) in care were Aboriginal (Alberta Centre for Child, Family and Community Research, 2014). Also many mentees come from low-income households while most volunteer mentors are Caucasian from middle to upper income levels (Freedman, 1993; Spencer et al., 2010; MENTOR/National Mentoring Partnership, 2006). As such, mentor training regarding ethnicity and class could be beneficial (Spencer, 2006). Training can help mentors identify their own cultural values and beliefs as these may influence their interactions with their mentee (Spencer, 2007b).

Mentors should receive pre-match training on warning signs of emotional or behavioural problems (New York City Administration for Children's Services, 2005; Berger et al., 2011). The Conference Board of Canada (2014) reported that 80% of youth in care had a special needs diagnosis and 50% required medication for a mental illness. Trocmé et al. (2008) found that 19% of youth in care were believed to be suffering from depression or anxiety. Training on how to talk about difficult topics such as mental illness with youth would be beneficial as well (LEARNS, 2004). Similarly, mentors should be educated on the warning signs of abuse and neglect, and be aware of the appropriate procedures should they notice these signs, or encounter any other crisis situation (New York City Administration for Children's Services, 2005; Technical Assistance and Training Program for Mentoring System-Involved Youth, n.d., b).

Following the pre-match training mentors should be provided with a comprehensive training manual that includes information provided in training sessions, the agency's policies and procedures, along with additional information on youth in care and links for future reading.

As the Technical Assistance and Training Program for Mentoring System-Involved Youth (n.d., b) suggests, topics for ongoing training sessions can be gleaned from issues that mentors frequently raise during check ins with program staff. Some suggestions for ongoing training topics include training mentors in skills to pass on and model for their mentee. These can include life skills, anger management, conflict resolution, decision-making skills, and goal setting

(Technical Assistance and Training Program for Mentoring System-Involved Youth, n.d., b; LEARNS, 2004; Britner et al., 2013).

Other possible topics:

- Fetal Alcohol Spectrum Disorder
- Post Traumatic Stress Disorder
- behavioural/emotional issues
- developmental delay
- teen pregnancy
- substance abuse
- sexually transmitted infections
- suicide prevention
- adapting to youth's changing needs
- crisis intervention techniques
- physical and emotional development
- attachment
- grief
- problem solving
- decision making skills
- relationship building
- first aid
- communication skills
- strengths based approaches
- listening skills

Training is just as important as content; it is recommended that training sessions provide an opportunity for mentors to role-play their responses to realistic scenarios in a supportive environment (Berger et al., 2011; The Technical Assistance and Training Program for Mentoring System-Involved Youth, n.d., b). Those interviewed for this review agreed that training should be more scenario based rather than lecture style.

Talk about scenarios and get a good understanding of how they would react. For example, "You call the mentees home and their foster parent says they're not here and won't give any information, what do you do?" – Interview Respondent

Finally, as mentoring programs become more established, experienced mentors to youth in care can participate in trainings to share their experiences and mentor new mentors.

3.5 Matching

Some of the youth interviewed by Munson et al. (2010) shared that similarity between themselves and their mentors in terms of age or interest in activities, helped the relationship. Consistent with this finding, youth in care reported that they were more likely to maintain a relationship with those adults who participated in activities with them that matched their interests (Ahrens et al., 2011). This piece of research also found that youth were interested in being matched with those they feel had similar life experiences. Finally mentees in Hudson's (2013) study shared that, while the gender of their mentor did not matter to them, having a mentor of a similar ethnicity was a priority. However, mentees should be asked about their individual preferences prior to matching.

3.6 Relationship Length

In their examination of mentoring relationships with youth in care, Ahrens et al. (2011) found that the duration, frequency and type of contact varied on a case-by-case basis. However, consistent contact between mentors and mentees was associated with greater longevity of the match and better outcomes for youth (Britner & Kraimer-Rickaby, 2005). Johnson et al. (2011) note from their study that mentoring should be of sufficient duration and frequency when mentoring youth in care. They found that youth who received limited amounts of therapeutic mentoring demonstrated no improvement over six months compared those who received the consistent mentoring or the control group. They concluded that providing limited access to mentoring was worse than no mentoring. For reference, most of the programs in Mech et al.'s (1995) survey expected their mentors to spend an average of 10 hours a month with their mentees. Additionally youth in Hudson's (2013) study expressed a desire to meet with a mentor at least once per week. However, every relationship is different and individual circumstances should be considered in terms of frequency of mentoring meetings.

3.7 Activities

Osterling and Hines (2006) recommended that initial visits between the pair concentrate on developing a strong relationship foundation before working on goal setting or developing other skills. For example, youth in Ahrens et al.'s (2011) study shared their initial experiences of participating in everyday activities with their mentor such as going camping. Greeson and Bowen's (2008) interviews with mentored youth illustrated a "ladder of development" of the mentoring relationship, starting with establishing trust, which in turn leads to the development of loving and caring feelings. One of respondents interviewed for this review shared that after the

initial match, there is a *“need to take time with the match at the front end. Possibly have pre-visits before setting the match off on their own, there is a need to proceed “slow and steady” for these matches.”*

In Johnson et al.’s (2011) therapeutic mentoring program mentors and mentees came to an agreement about the activities in which they would participate. Pairs could also consult with program support staff for assistance in planning activities. Rutman et al. (2009) also noted that youth should be actively engaged in setting the goals for the mentoring relationship. Involving youth in decisions such as these empowers mentees to express their views and desires (Johnson, 2009).

3.8 Guardian/Caregiver/Caseworker Involvement

As noted earlier, care systems vary in their ability and willingness to collaborate with external agencies. Those interviewed for this review agreed that programs providing mentoring for youth in care should be as inclusive as possible to those involved in a mentee’s life. As one respondent noted *“There is a need to educate all of those involved in the life of the youth in care (e.g. caseworker, youth worker, foster parents) about mentoring and the role of the mentor.”*

If possible, mentoring programs for youth in care should reach agreements with care agencies on what type and how information can be shared. Caseworkers and caregivers should be made aware of any critical incidents or reportable circumstances that occur during the mentoring relationship (Wilson, 2010). Also some mentoring youth in care programs encourage mentors to participate in case management conferences when invited and, provided the mentor is comfortable, assist their mentee in communicating their needs.

One program arranged pre-match meetings with pairs in mentee’s homes; this provided caregivers an opportunity to meet the mentor while program staff reviewed the program’s guidelines and goals as a group (Johnson et al., 2011). A mentoring youth in care program interviewed for this review shared that after a child is referred to their program they do a caregiver interview with whomever the child is currently living (e.g. guardian, foster parent) to collect current information on the child.

3.9 Monitoring and Support

Grossman and Rhodes (2002) found that youth with abuse or neglect histories were more likely to have their mentoring relationship end early. Research has demonstrated the negative effects that can result from early match endings with youth in care (Spencer, 2007a). As an example, Grossman and Rhodes (2002) showed that youth whose matches ended within the first three months had diminished self-reported educational, psychosocial, and risk-behavior outcomes at one year follow up. Similarly, youth whose mentoring relationships ended within the first six months had increases in externalizing behaviors in Britner and Kraimer-Rickaby's (2005) study.

Due to the negative consequences of mentoring relationships ending prematurely, it is important that mentoring programs for these vulnerable youth have a solid monitoring and support structure to assist their mentoring pairs (Britner et al., 2013). It is also important to ensure the infrastructure needed for these programs is developed; established mentoring programs for youth in care in Canada that were interviewed for this review noted the funding requirements for this infrastructure. The additional caseworker support needed to run these programs has budgetary implications. Additionally, many of the youth in care programs also run a group mentoring component for mentors and mentees which brings with it additional costs (e.g. transportation, food).

Some program models, such as the My Life Program, pay their mentors and/or reimburse expenses, including mileage for related travel, vehicle insurance coverage, and activity expenses (guidelines for amounts and allowable expenses vary greatly by programs). Smith (2004) argues that paid mentors for high-risk youth ensures that mentors will make a long term commitment to their mentees. However, some have argued that youth in care need caring adults in their lives that are not paid for the time spent with them (Bruster & Coccoma, 2013). Other programs have chosen to use undergraduate or graduate students as their mentors, who receive practical experience or course credit in exchange for their time. In their meta analysis, DuBois et al. (2002) found no significant relation to effect size for mentoring outcomes whether the mentor was paid or a volunteer.

Infrastructure also includes appropriate resources and well-trained staff that are supported and have reasonable case loads (Spencer et al., 2010). A respondent interviewed for this review shared that caseworkers for their program carry half the case load of regular workers. Program monitoring and support can help in preventing premature terminations of matches. The

Technical Assistance and Training Program for Mentoring System-Involved Youth (n.d., a) also notes that matches involving older youth in care require more support as they may face even more complex problems.

Program guidelines should be established regarding (Rutman et al., 2009, p. iv):

- screening
- orientation and training for mentors and mentees
- ongoing training for mentors and mentees
- activities for pairs
- frequency of pair contact
- program monitoring and implementation

Pairs should be informed that they will be monitored and supported through regular check ins; common monitoring and support activities include phone calls from the program coordinator to the mentor and mentee, in person meetings, and mentor activity logs (Mech et al., 1995).

Coordinators from the British Columbia's Kinnections program, keep in regular contact with mentors and mentees each time probing (Rutman et al., 2009):

- how often matches were meeting
- what activities they were participating in
- comfort level
- current or upcoming barriers

Support staff should maintain more frequent contact with pairs in the early stages of the match in case there are any concerns (The Technical Assistance and Training Program for Mentoring System-Involved Youth, n.d., b). Mentors and mentees should be provided with the program coordinator's contact information and office hours, a 24-hour support number to call should issues arise, and crisis hotline numbers (Wilson, 2010).

Mentors in Osterling and Hines (2006) study noted that a lack of information resources was a challenge, and that accessing community resources for their mentees was frustrating. They suggested a resource coordinator or directory would be helpful to their work. An example of this is Just For Youth's resource guide for youth available at

<http://www.justaskyouth.com/Resources.html>. One of the respondents interviewed for this

review commented that mentors should also be prepared to go beyond simply providing referrals to services. For example, when referring a youth to a resource, such as the Office of the Child and Youth Advocate, the mentor should bring the youth to the office, introduce them to staff and if needed, support them through the meeting. As illustrated by this example, several of those interviewed for this review noted that mentors for youth in care often must take on an advocacy role for the youth. Programs should discuss this with mentors and how an advocacy role fits with the boundaries of the mentor role for their specific program.

One barrier to mentoring relationships frequently mentioned by mentors and mentees is care placement changes or other types of moves (Ahrens et al., 2011). These moves can make it difficult for pairs to meet and mentees may lose contact with their mentors and program supports.

Spencer et al. (2010) noted that participation in a mentoring program should not be tied to a care placement; this means that as children move/are adopted, they should not lose their mentor. Agencies should develop policies to ensure the mentor remains with the child (New York City Administration for Children's Services, 2005).

“When there are placement changes you have to roll with it, be resilient, try to stay upbeat, positive and make the best of it.”
– Interview Respondent

LEARNS (2004) recommends that programs plan as best as they can for moves and transitions should they occur. An example is determining how pairs will reach one another in the event of a move (Spencer et al., 2010). Programs should also encourage pairs to be creative and flexible in connecting with one another, such as calling or texting when they are unable to meet in person (Spencer et al., 2010).

Mentor peer support groups, or group mentoring including both mentors and mentees, are another means of supporting mentors of youth in care (The Technical Assistance and Training Program for Mentoring System-Involved Youth, n.d., a). These groups provide a common venue where mentors share difficulties and problem solve with the assistance of program staff. Group settings such as these also provide an opportunity for program staff to observe how pairs interact with others, as well as how mentors and mentees relate individually.

The Kinnections program maintains a volunteer log for their mentors with the following information (Wilson, 2010, p. 38):

- name
- contact information
- orientation date
- forms completion date
- date of training sessions attended
- phone check-in dates and notes
- key notes

Additionally, some of the mentoring youth in care programs ask that mentors submit case notes for each visit with their mentee.

3.10 Closure

Sometimes the endings of mentoring relationships are unavoidable, due to events in the lives of mentors or mentees. Pairs should be encouraged to have open discussions around the possibility of closure of the relationship. Several of the mentees in Ahrens et al. (2011) study expressed that these discussions prepared them for what to expect and when the relationship would end with their mentor. Agencies can help this process by having clear guidelines around match closures and ensuring pairs are aware of the proper procedures (LEARNNS, 2004). This will ensure that mentors and mentees do not abandon the mentoring relationship if they do not want to continue the relationship (Spencer et al., 2010).

“Closure needs to be celebrated rather than seen as a negative thing, because in the past many of these children have unresolved closures with adults in their lives.” – Interview Respondent

When match closures occur, Berger et al. (2011) encourage agencies to help mentors and their mentees celebrate and reflect on the successes of the relationship and move forward by setting realistic expectations for the future. Mentors and mentees can be asked: What did you learn about yourself? and How can you apply this to other relationships? One of the programs interviewed for this review shared that they try to get feedback from all parties (e.g. mentor, mentee, caseworker, foster parent) about the closing relationship, asking:

- What success factors occurred?
- What did we learn?
- What will you take forward?
- How will we get better?

If some parties unable or unwilling to meet together, the caseworker can communicate responses to the above questions back to each party.

4.0 MENTORING OUTCOMES

Research regarding the outcomes of mentoring youth in care is limited. Most of what has been reported is changes in socio-emotional or interpersonal outcomes. For example, foster parents in Rhodes et al. (1999) study reported that mentored youth showed improved social skills as well as comfort and trust when interacting with others at an 18 month follow up. The youth themselves reported improvements in their peer prosocial supports and self esteem. Mentees in Osterling and Hines' (2006) study felt that they were understood, more open with their feelings, and less angry following mentoring. They also noted improvements in interpersonal and independent living skills.

The Fostering Healthy Futures program resulted in positive impacts on youth mental health functioning in a Randomized Control Trial (Taussig & Culhane, 2010). These included an improved quality of life, fewer dissociation symptoms, and requiring fewer mental health services at six months. Taussig et al. (2012) found that youth, particularly those in non-kin care, that participated in a mentoring program and skills group had greater permanence and stability in their care placements.

In interviews with mentored youth in care, mentees reported more tangible outcomes had been achieved (Ahrens et al.'s, 2011). For example mentees discussed how their mentors helped them to learn problem solving and independent living skills. They also reported that their mentors assisted them by connecting them with useful personal contacts as well as informational resources. Mentors aided youth in teaching them about healthy relationships, including conflict resolution, anger management, and setting boundaries with peers. Additionally, mentors provided emotional support and acted as role models to youth.

Collins et al. (2010) showed changes in youth's educational outcomes as a result of mentoring. Youth with a mentor were more likely to complete high school or a High School Equivalency

Diploma than those without a mentor.

Finally, Johnson (2009) noted changes among mentees in a number of areas as a result of therapeutic mentoring. In the first six months of participation in the program, mentored youth showed improvement in the areas of family and social functioning, school behavior, and recreational activities. Those in a mentoring relationship for up to 18 months exhibited fewer traumatic stress symptoms.

5.0 MENTORING YOUTH IN CARE RESEARCH

Britner et al. (2013) note that “existing handbooks and guidelines tend not to have references to any rigorous research or evaluations of such tailored mentoring practices for the population of youth in foster care” (p. 350). While there are a number of mentoring programs serving youth in care, many have not been subjected to evaluations (Rhodes, Bogat, Roffman, Edelman & Galasso, 2002). Collins (2004) acknowledges research regarding the use of mentoring programs with youth in care is at an early stage.

The research that does exist is primarily qualitative studies with small samples, descriptions of programs, and individual evaluations of programs (Britner et al., 2013; Spencer et al., 2010). While the research conducted to date on mentoring youth in care has been commendable, Spencer et al. (2010) encourage the use of “progressively rigorous designs for constructing the knowledge base” (p. 232) for this intervention.

Researchers have noted that studies conducted on formal mentoring programs for youth in care have focused on short-term as opposed to long term outcomes (Ahrens et al., 2008; Avery, 2011). To address this deficit, Britner et al. (2013) propose longitudinal research studies of formerly mentored youth in care.

“Looking back, did mentoring make a difference to you?”

Mentee: “When I got older I started to realize how they helped me, but I didn’t see it at the time.”

(Clayden & Stein, 2005, p. 65)

Johnson et al. (2011) also recommend that future research examine mentee characteristics, including time spent in care and the types of adverse experiences, to see how these characteristics may influence the outcomes of the mentoring relationship. They also note that

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7.0 Appendix 1: Interview Guide

Mentoring Youth in Care Interview Guide

Preamble

The Alberta Centre for Child, Family, and Community Research is currently assisting the Child and Youth in Care and Mentoring Subcommittee of the Alberta Mentoring Partnership in developing guidelines for mentoring children in care. In addition to summarizing the literature on this topic, we are asking those with experience in mentoring children in care in the Canadian context about what should be included in the guidelines.

1. How is mentoring a child in care different from working with any other child?
2. What personal qualities of a mentor are especially important when mentoring a child who is in care?
3. How do events that are unique to a youth in care influence the mentoring relationship (e.g. aging out of care, moving to a new placement, being adopted)?
4. What training topics should be covered with new mentors to children in care?
5. What resources have assisted you in your/your program's mentoring work with children in care (e.g. literature, people? Probe: monitoring and support
6. Is there anyone else you recommend that we should speak to on this topic?
7. Is there anything else you'd like to add that hasn't been covered by the questions I've already posed?

8.0 Appendix 2: Canadian Mentoring Youth in Care Programs

Alberta

Big Brothers Big Sisters of Calgary and Area

Youth Engaging Supports (YES)

http://www.bbbscalgary.com/bins/content_page.asp?cid=2287-2290-2350

Boys and Girls Clubs Big Brothers Big Sisters of Edmonton and Area

Youth in Care Support Group and Mentoring Program

<http://bgcbigs.ca/youth-in-care/>

British Columbia

Government of British Columbia, Ministry of Childen and Family Development

Kinnections Youth Mentorship Program

<http://www.mcf.gov.bc.ca/foster/kinnections.htm>

Ontario

Government of Ontario, Family and Children Services of the Waterloo Region

Just Ask Youth Peer Mentoring Program

<http://www.justaskyouth.com/welcome.html>

Saskatchewan

Big Brothers Big Sisters of Saskatoon and Area

Youth in Care

<http://www.bbbssaskatoon.org/en/Home/mentoringprograms/youthincare.aspx>