

MENTORING YOUTH IN CARE

An Update of the Literature

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Prepared for the Children and Youth in Care and Mentoring Subcommittee of the Alberta Mentoring Partnership



Alberta Mentoring Partnership



Background:

In 2014 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 Alberta Centre for Child, Family, and Community Research (now PolicyWise) provided assistance in summarizing the literature on and interviewing contacts with experience in mentoring children and youth in care in the Canadian context, which resulted in the following review:

Vandenberghe, C. (2014). [*Mentoring Youth in Care*](#). Calgary, AB: Alberta Centre for Child, Family and Community Research for the Child and Youth in Care and Mentoring Subcommittee of the Alberta Mentoring Partnership.

Given the growing body of evidence around mentoring youth in care and their continued work in the area the Subcommittee sought to update the previous review resulting in the current document.

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

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EXECUTIVE SUMMARY

In 2014 the Child and Youth in Care and Mentoring Subcommittee of the Alberta Mentoring Partnership consulted the research literature and those with experience in mentoring children and youth in care in the review [Mentoring Youth in Care](#) (Vandenberghe, 2014). Given the growing body of evidence around mentoring youth in care and their continued work in the area the Subcommittee sought to update the previous review.

This review supplements the 2014 review with the most recent practices and evidence on mentoring youth in care. Findings from the 2014 review that were consistent with current leading practices were retained. Sections on the use of natural mentors; closure, transition and graduation; as well as evaluation findings from the Albertan mentoring youth in care programs have been enhanced significantly from the previous review as described below.

NATURAL MENTORS: An important finding in updating the literature was that the majority of recently published mentoring youth in care literature focused on natural, adults that naturally occur in a youth's environment, as opposed to formal mentoring. Studies have reported different percentages (47 to 69%) of youth in care that identify as having a natural mentor. These mentors came from a variety of roles and provided a range of types of support. Advantages of natural mentors are that these relationships may be less pressured in forming, easier to develop trust, and have a greater likelihood of being maintained due to shared social networks. Improved psychosocial, behavioural and academic outcomes have been reported in youth with natural mentors. Mentoring programs can consider providing monitoring and support to these matches.

MENTORING PROGRAM FEATURES: DuBois et al. (2002) identified a set of leading practices of mentoring programs that were the strongest predictors of positive program effects. The review provides a summary of these leading practices with respect to mentoring youth in care.

Establishing a Program: In establishing a program, the program's philosophy, focus and expected outcomes should be clear. Youth in care should be engaged in this planning process. Programs should acknowledge that youth in care are diverse and have different strengths and needs and plan for those needs. Different types of mentoring youth in care models have been identified such as transitional, cultural empowerment, business, young parent, and mentor homes.

One on One and Mixed Group Mentoring: Programs will also need to identify if they follow a one on one (one mentor to one mentee) or mixed group (one on one and group mentoring) mentoring model. Advantages of mixed group mentoring include opportunities for youth to meet with other mentors and mentees.

Recruiting and Screening: Recruiting mentees before they experience major transitions has been recommended to allow time for a relationship to develop to support youth through these difficult times. Referrals can be accepted from

multiple sources (caregiver, case worker, youth). Formal consent to participate should be obtained from both youth and their caregiver, with the consent outlining their rights and responsibilities in the relationship. Interviews can be conducted to get a sense of the youth's personality, commitments, interests, what they are looking for in a mentor and their readiness to participate. For mentors, natural mentors can be identified by youth to possibly be recruited into the program. For formal mentors, the review identifies a number of personal characteristics, including being from helping professions, that have been identified. Screening procedures should be enhanced given the vulnerability of the population, to include personal and professional references, criminal and child intervention record checks. Mentor interviews should be conducted to get a sense of mentors' personality and fit for the program.

Training: Program staff and mentors should receive training in cultural competency, trauma informed care, warning signs of emotional/behavioural problems and abuse/neglect. Training should also be provided about confidentiality, with mentees being informed about the boundaries of confidentiality. Both mentees and mentors should be provided with training before and on an ongoing basis after the match. Mentees should receive an orientation to the program and available supports. Mentees can be educated about the role of a mentor, what they can offer, as well as their boundaries. They can also be educated about their shared responsibility in the relationship and procedures around closure if the relationship is not meeting their needs. Training for mentors can include an orientation to the program, including its procedures and policies (e.g. boundaries), supports available and closure process. Mentors should also receive an orientation to the child intervention system and experiences of youth in care. Mentors should be provided with information on their mentees past history, family background and behavioural issues if any. Opportunities to role play situations should be provided in the training sessions.

Matching: Matches can be made based on the wishes of the mentee, their interests and life experiences. Considerations can also be made based on the mentee and mentor's age, gender and ethnicity.

Relationship Length: Programs should establish expectations for the frequency and duration of mentoring meetings and communicate those expectations to those involved.

Activities: Initial meetings can concentrate on developing the relationship, including levels of trust. Subsequent meetings can focus on developing skills or goal setting.

Guardian/Caregiver/Case Worker Involvement: Programs should as inclusive as possible with those involved in mentees' lives. They should also develop agreements with care agencies about information sharing especially in the event of changes in care placements. Caregivers can be interviewed as part of the mentee recruitment and involved in the pre-match training and meetings.

Monitoring and Support: Mentoring youth in care programs should have enhanced monitoring and support, which requires additional infrastructure and funding. Support workers will need to have reduced caseloads to provide the support needed. Monitoring and support can be provided through check ins, phone calls, meetings and mentor activity logs.

Closure, Transition, Graduation: The updated review features a separate section on closure, transition and graduation. Programs should try to prevent premature closures whenever possible, and when unavoidable effectively hand those closures. In planning for closures, all of those involved in the relationship should know when the match will close. Programs should have guidelines to handle both planned and unplanned closures. When closures occur, all of those involved in the relationship should be encouraged to participate in reflecting on and celebrating the transition. Closures should promote youth's growth by encouraging the development of skills to cope when relationships close. Programs should also have guidelines about re-matching mentors and mentees.

MENTORING OUTCOMES: Mentoring outcomes for youth in care have included changes in socio-emotional and interpersonal outcomes. These included changes in social skills, trust, self-esteem and mental health. Some studies have also shown changes in educational outcomes. In interviews with mentored youth, they identified gaining tangible skills (e.g. independent living skills) from their mentor. Risk has been found as a possible influence on the outcomes gained.

MENTORING YOUTH IN CARE RESEARCH: Mentoring youth in care is an emerging field of research. Many current studies are evaluations that are qualitative in nature with small sample sizes. Future areas for research include using more rigorous designs, focusing on long term outcomes, and following mentees longitudinally. Future studies should examine the characteristics of mentees and their influence on outcomes, as well as the effect of mentoring dosage.

ALBERTAN MENTORING YOUTH IN CARE PROGRAMS: The Children and Youth in Care Mentoring Project consists of youth in care mentoring programs from Calgary, Edmonton and Red Deer. The Project is engaging in a developmental evaluation involving a variety of data collection methods. Information has been provided on the characteristics of mentors, mentees and support staff. Descriptions are also provided about their recruitment, screening, training, matching and monitoring processes. When surveyed mentors indicated the training was useful and that they feel supported in their role. When caregivers were interviewed they shared that they are happy with the program supports and identified areas of improvement for mentors. Child Intervention Workers, when interviewed, expressed wanting to receive an orientation to the program. Overall the programs have been found to be in alignment with leading practices. In terms of mentoring outcomes, caregivers noted positive behavioural changes in youth. Child Intervention Workers and mentors also noticed positive changes in mentees. Mentees themselves shared that they felt supported, less alone and appreciated their mentors as role models and someone they could turn to for help and advice.

1.0 INTRODUCTION

In Alberta child intervention services are delivered through the Ministry of Children’s Services. 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 wellbeing 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 or residential care 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 (Child Intervention Division, 2017)

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, 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 at risk youth, including youth in care. For example, the Report of the Auditor General of Alberta (2016) identified youth mentoring as an early intervention for families when vulnerabilities are first identified. Similarly, children and youth participating in the Office of the Child and Youth

Advocate Alberta's (2016) report into Indigenous involvement in the care system, asked that themselves and their families have access to supports including "psychologists, addictions, mentors, and mental health." Finally, 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). A recent needs assessment conducted in Red Deer also identified the need for more mentors for youth (Mercer, 2017). These calls for support are in line with research findings such as DuBois, Holloway, Valentine, and Cooper's (2002) meta-analysis of mentoring programs, which found that mentoring might 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 might 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 previous and current updated review aims to gather the available evidence on mentoring youth in care. The term "in care" encompasses children and youth in kinship care, foster homes, group or residential care 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. Information on the search strategy for this updated review can be found in Appendix Two.

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, also called informal or unstructured, refers to important adults that naturally occur in a youth's environment (Greeson & Bowen, 2008). Thompson, Greeson and Brunsink (2016) acknowledge the diversity in use of this term and call for the adoption of a standardized term and definition for this form of mentoring.

Greeson, Weiler, Thompson and Taussig (2016) found that older children were more likely to have natural mentors. 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; Greeson et al., 2016). In a study of Albertan children and youth involved in the child intervention system it was found that 93% of children were able to identify a mentor in their life,

most of which were natural mentors (Ryan, 2015). 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%. Munson, Smalling, Spencer, Scott and Tracy's (2010) study indicated that most natural mentors were friends of the family 25% or staff from a former care placement 23%. Greeson et al. (2016) found that the youth in care that they surveyed tended to have natural mentors that were school personnel. Finally, Ryan (2015) found that Albertan youth in care tended to identify foster parents most frequently as natural mentors.

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. In other areas natural supports have been found to be important in housing stability, staying in school and access to training and employment opportunities (Making the Shift, 2017)

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 (Greeson & Bowen, 2008; Spencer, Tugenberg, Ocean, Schwartz & Rhodes, 2016). 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. Similarly, Spencer et al. (2016) in their study of youth-initiated mentoring found that these relationships were enduring and emotionally supportive. For reasons such as these Kovarikova (2017) has advocated for the use of natural as opposed to formal mentors in her report exploring outcomes for youth aging-out of care in Ontario. As a result of these findings researchers are investigating the possibility of providing mentoring program support to natural mentors to youth aging out of foster care through programs such as the Caring Adults 'R' Everywhere program (Greeson, Thompson, Ali & Stern Wenger, 2015; Greeson & Thompson, 2016).

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. Ryan (2015) found that when youth identified foster parents as their natural mentor, this tended to be linked to resiliency outcomes. Conversely those identifying non-parental natural mentors did not show a link to resiliency levels. Thompson et al. (2016) in their systematic review of natural mentoring found support for a range of outcomes associated with natural mentoring including improved psychosocial, behavioural, and academic outcomes.

It is important to note that children and youth from more advantaged families are more likely to report that they have contact with a caring adult (Murphey et al., 2013). The more risk factors a youth has, the less likely they are to have an informal mentor (Bruce & Bridgeland, 2014). 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. In response to needs such as these Thompson et al. (2016) provide recommendations to encourage natural mentoring within the context of child intervention. These include incorporating natural mentoring into existing child intervention services, along with developing programs that provide children and youth opportunities to interact and naturally develop relationships with adults. They identify newly evolving mentoring programs that provide support to youth and their natural mentors.

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. These practices are updated regularly through the National Mentoring Partnerships' [Elements of Effective Practice for Mentoring](#) (MENTOR: The National Mentoring Partnership, 2015). DuBois et al. (2002) found that the benefits of mentoring were greater in programs that followed a greater number of these leading 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.

Since publication of the original review of literature on mentoring youth in care, Vandenberghe (2014), resources on leading practices for mentoring youth in care have been developed. These include the Alberta Mentoring Partnership (2016) Children and youth in care and mentoring [Tool kit](#) in collaboration with the Ontario Mentoring Coalition (2016) and Rennie (2016) which can be referred to supplement this review.

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. Rennie (2016) highlights that children enter into the child intervention system for many reasons and as a result will need different supports. It is also noted that programs must accommodate the needs of all youth who receive child intervention services such as LGBT2SQ youth, ethno-cultural youth, Indigenous and youth with disabilities (Rennie, 2016). 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 the previous 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). An Alberta example of this model is Opokaa'sin's [Youth Mentorship Program](#) where a key focus of the program is for participating youth to have pride in their cultural identity. In addition to receiving cultural support from peer and adult mentors, elders are utilized by the program.

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, which 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. An example of this form of mentoring is the Transition to Independence Program (TIP). Here Wayne State University (WSU) students who have been wards of the court at any point in their lives are eligible. Students are matched with WSU graduates or college graduates from the Detroit community (Ayna, 2016). Students received support in career skills and strategies from their mentors, in addition to opening doors, providing letters of recommendation, resumes and application advice, and information on youth's careers of interest (Ayna, 2016).

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](#). The program provides short term residential services for youth in care along with an adult mentor.

In examining recent developments in mentoring youth in care, some examples of peer mentoring for youth in care emerged. In the TIP program mentioned earlier regarding career mentoring, a separate stream involves peer mentoring (Ayna, 2016). Here students are matched with more senior students depending on their academic interests and availability. These mentors are a resource for their mentees by providing information about available academic, financial and social services. They also assist mentees in navigating and registering for these services. The mentors also provide more general support especially in times of need or crisis (Ayna, 2016). Also, Opokaa'sin's Youth Mentorship Program mentioned earlier also has a peer mentoring aspect.

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.

Another example is the Family and Youth Initiative an innovative mentoring program in Washington, D.C. (Ahmann, 2017). The program holds monthly “Family Events” where youth who are waiting for families and adults who are interested in potential relationships with these youth can meet and interact in an environment which is nonthreatening. These adult and teen events may be educational (e.g. learning how to budget) or social (e.g. playing games). By spending time together in a non-threatening environment, the pairs get a chance to slowly become familiar with each other and decide to whether they want to form and continue a relationship (Ahmann, 2017).

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. It requests the youth's contact information and signature that they consent to be referred. The [form](#) also asks for the youth's social worker's contact information and if possible their signature (Wilson, 2010).

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 and select a natural mentor that they already have contact with (e.g. a staff member) rather than matching them with a new adult (Spencer et al., 2016; 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 and;
- 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 these 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 youths. 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 overbearing
- too quiet
- 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 on their [website](#).

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. For example, Indigenous children make up approximately 10% of the child population (ages 0-19) in Alberta (Statistics Canada, 2011). However as of June 2017, they accounted for 69% of the children In Care in Alberta (Child Intervention Division, 2017). An excellent resource for programs and mentors is the Alberta Mentoring Partnership's (2017) recently published [toolkit](#) on "Considerations for Mentoring Indigenous Children and Youth".

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. Probing youth's preferences is important as Ahmann (2017) notes "these young people have been pushed into relationships with adults in ways that are out of their control and not of their choice (for example, with a new social worker, a new court-appointed special advocate, or a new foster parent)".

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 caseloads (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. 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 and;
- 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, Transition, Graduation

Programs should do their best to prevent premature closures and effectively handle closures when they do occur, as higher risk youth are more vulnerable to possible negative effects of relationships ending. While some youth may be able to cope with these losses, at risk youth may find these separations overwhelming and difficult if not supported (Zilbertstein & Spencer, 2014).

When closures are planned, supported and handled positively they can be transformative for all of those involved (Zilbertstein & Spencer, 2014). Closures such as these can help mentors and mentees retain the connection to the relationship, while ending the regular contact (Zilbertstein & Spencer, 2014). The closure can be viewed as a transition or graduation rather than a loss. Zilbertstein and Spencer (2014) advocate for match endings to be (1) planned, (2) promote growth, be (3) process oriented and (4) clear.

Planned closures mean that all involved know when the relationship will end and have sufficient time to prepare (Zilbertstein & Spencer, 2014). Pairs should be encouraged throughout the relationship to have open discussions around

the possibility of closure. Several of the mentees in Ahrens et al. (2011) study expressed that discussions about the possibility of closure prepared them for what to expect and when the relationship would end with their mentor. Programs can support discussions about the topic of closure at orientation, pre-enrollment training, and during ongoing support and trainings (Spencer, 2015). Zilbertstein and Spencer (2014) note that there are also natural opportunities to rehearse time apart between the mentor and mentee. These can include for example, vacations and periods of sickness.

Agencies can help this process by having clear guidelines around planned and unplanned match closures and ensuring pairs are aware of the proper procedures (LEARNS, 2004; MENTOR/National Mentoring Partnership, 2015). 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). In the event that the relationship is abandoned, programs should also have a procedure to manage closure when a member of the match is unable or unwilling to take part in the closure process (MENTOR/National Mentoring Partnership, 2015).

When possible, it is encouraged that all parties be involved in the closure process including mentors, youth, program staff and the caregiver (Zilbertstein & Spencer, 2014). In the case of a planned closure, mentors and program staff can consult with caregivers about what they anticipate the reaction from the youth will be and how best to engage youth in the closure process (Zilbertstein & Spencer, 2014). Program staff can then guide matches in a discussion about how they would like to formally end the relationship in a celebration or graduation ceremony. There should also be a discussion and plan for the last match meeting which may include:

- taking part in favourite activities a final time;
- doing something they had wanted to do but had not yet got the chance or;
- saying goodbye to friends and family (Zilbertstein & Spencer, 2014; MENTOR/National Mentoring Partnership, 2015).

Zilbertstein and Spencer (2014) note that closures should be growth promoting by focusing on accomplishments and the positive contributions to all of the participants' lives. Positive and supported closures help promote growth by solidify the gains made during the match and assisting youth to acquiring new skills in coping with the feelings of possible stress and loss in closing the relationship (Zilbertstein & Spencer, 2014). Zilbertstein and Spencer (2014) note that experiences such as these may be these youths first non-traumatic experience of a loss, an idea that was reflected by those who were interviewed for this review.

“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

By having a process-oriented closure all participants will be provided with the opportunity to express and work through their feelings in response to the closure (Zilbertstein & Spencer, 2014). Youth may need assistance in verbalizing their feelings as they may not have the necessary knowledge and language (Zilbertstein & Spencer, 2014).

MENTOR/National Mentoring Partnership's (2015) Elements of Effective Practice recommend exit interviews with mentors, mentees and caregiver. 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 are unable or unwilling to meet together, the caseworker can communicate responses to the above questions back to each party.

Clarity in the match ending includes all of those involved being clear when the relationship is ended. Berger et al. (2011) also encouraged 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. Mentoring program staff can coach matches to not provide general statements about future contact such as “we’ll keep in touch”, but instead be specific about if and how often they will continue to communicate (Zilbertstein & Spencer, 2014). Pairs can leave each other with reminders of their relationship, such as pictures, stories or mementos (Zilbertstein & Spencer, 2014).

Finally, programs should have a written policy and procedure for rematching (MENTOR/National Mentoring Partnership, 2015). Programs should also include mentees and caregivers in discussions about if and when the child/youth is rematched.

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). Positive impacts included improved quality of life, less dissociation symptoms, and less use of mental health therapy. 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 a follow-up study they found that children with low to moderate levels of risk, had fewer symptoms (posttraumatic stress, dissociation, coping skills, social-acceptance, global self-worth, social support, and quality of life) after participating in the program. Those with high levels of risk did not differ from the control group. Risk here was defined as exposure to a select set of adverse events, specifically physical abuse, sexual abuse, removal from a single parent household, high level of exposure to community violence, and high numbers of caregiver and school transitions. The authors suggested that these results may suggest that maltreated children exposed to high levels of risk may not experience the same reduction in symptoms after participating as compared to those with low to medium risk (Weiler & Taussig, 2017).

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 the dosage of mentoring for youth in care in order to produce positive outcomes has not yet been established.

As much of the research to date on mentoring youth in care has focused on either natural or formal mentoring programs, it would be interesting to compare the outcomes of these two types of experiences (Britner et al., 2013).

Finally, researchers have suggested that additional efforts should be made in mapping of the social networks of youth in care (Blakeslee, in press). This would enable identification of where there are gaps in a youth’s network in order to provide more targeted mentoring.

In regard to evaluation, programs are encouraged to provide clearer information on the demographics of youth and mentors in their programs, as well as their program philosophy and theory of change (Spencer et al., 2010). This information will enable comparisons across programs.

6.0 ALBERTAN MENTORING YOUTH IN CARE PROGRAMS

The Children and Youth in Care and Mentoring Project has received six years of pilot funding from the Government of Alberta’s Ministry of Human Services to increase the number of children and youth in care who have access to a mentor. The pilot’s foci are (1) to gain a better understanding of the conditions that contribute to lasting and supportive matches and, (2) to document the successes, challenges and learnings. The agencies participating in the project are Big Brothers Big Sisters of Calgary and Area, Boys and Girls Clubs Big Brothers Big Sisters of Edmonton and Area Society, and YouthHQ which was formerly the Red Deer Youth and Volunteer Centre Foundation.

As part of the work within the pilot they are engaging in a developmental evaluation with AndersonDraper Consulting Inc. to embed evaluative thinking and activities into the work. Data collection methods have included: site visits, interviews with staff, mentors and mentees, discussions with child intervention workers as well as mentor, mentee and caregiver surveys.

As of June 2017, there were 154 children and youth in care reported being matched in mentoring relationships as part of the pilot. The majority of mentors and mentees are female (86% and 71%), which highlights the shortage of male volunteers. Most of the mentees are between the ages of 16 and 18 years, while most mentors are between 26 and 45 years (AndersonDraper Consulting Inc., 2017a).

The evaluation findings have shown that mentoring agencies need to have staff with the professional qualifications, personality and understanding for the needs of children and youth in care. These staff require support, ongoing training and compensation in line with their expertise (AndersonDraper Consulting Inc., 2017a). There has also been support for the need to limit staff caseloads and ensure that contact is regularly made with all involved in the mentoring relationship (AndersonDraper Consulting Inc., 2017a). This contact was found to positively impact the quality of the matches (AndersonDraper Consulting Inc., 2017a).

Consistent with the research presented in this review all of the pilot sites strategically recruit mentors using a variety of methods, use enhanced screening (including additional screening questions) and selection procedures and offer additional training to their mentors (AndersonDraper Consulting Inc., 2017a). The sites have also found the need to carefully consider the matching process through a series of one-on-one meetings and/or interactions in a group setting. The agencies work closely with the referral sources, such as Child Intervention Workers, to assess the readiness of children and youth to enter into a mentoring relationship.

Each of the sites have created a minimum five-hour pre-match mentor training. One hour of the pre-match training is provided online. The initial training is supplemented with ongoing training once matched.

The following topics are covered in the training:

- program goals;
- roles and responsibilities;
- characteristics of children and youth in care;
- strategies for supporting mentees;
- trauma and brain development;
- types of abuse;
- attachment;
- cultural awareness;
- boundaries and self-care;
- fostering a strength based relationship;
- supporting youth with mental health;
- transitions and times of stress;
- sexual orientation; and
- community resources.

As part of a mentor survey, mentors were asked if the training they received was useful for their role. The majority of respondents (79%) agreed to strongly agreed (AndersonDraper Consulting Inc., 2017a) that it was useful.

If mentees experience difficulties outside of the scope of the program the sites make referrals for additional supports. Programs have also created a series of tip sheets to support mentors in matches with youth who have mental health issues. These mentors also receive additional training and opportunities to meet with other mentors working in similar situations. Also, these mentoring pairs receive enhanced monitoring (AndersonDraper Consulting Inc., 2017a).

With the infrastructure and support in place, mentors in the programs have reported that they feel supported in their role. They have also commented that they value the mentoring coordinators as someone that they go to for help, ask questions and seek advice (AndersonDraper Consulting Inc., 2017a).

When surveyed, 100% of mentees (n = 40) agreed with the statement, "My mentor has helped me to feel I am better at handling whatever comes my way." Ninety-eight percent of mentees agreed with the statement "As a result of being matched, I know more adults that I can go to when I need help." The same number (98%) agreed with the statement, "My mentor has helped me to feel more hopeful about my future." Note, only two of the three agencies provided data for the 2017 final grant report (Boys & Girls Clubs Big Brothers Big Sisters of Edmonton and Area, 2017).

In interviews with caregivers of youth in the program, all of those interviewed were satisfied with the interaction with the mentoring program staff and had overall positive comments about the program (AndersonDraper Consulting Inc., 2017b). Five of eight Child Intervention Workers with clients in the program spoke positively about the support from the mentoring agency (AndersonDraper Consulting Inc., 2017b). They commented that there is a good level of communication with the agencies if there are issues, the mentors are a good fit for the children and youth, and that they appreciate the mentoring coordinators and find them approachable (AndersonDraper Consulting Inc., 2017b).

Four of the workers identified some challenges with the program (AndersonDraper Consulting Inc., 2017b). These included the skill sets of the mentors and ensuring they have the tools needed to support the children and youth (AndersonDraper Consulting Inc., 2017b). Some also mentioned that some of the mentees did not have the buy in to meet consistently with their mentors, while others highlighted the need for more mentors due to the number of children and youth who want a mentor (AndersonDraper Consulting Inc., 2017b). In response to this finding the initiative is continuing to focus on recruitment efforts to provide additional supports and the number available mentors (AndersonDraper Consulting Inc., 2017b).

In interviews with the eight Child Intervention Workers of youth in the pilot, the majority (n = 7) indicated they had not received an orientation or training on the mentoring youth in care program. Some shared that they would like an

orientation to the program. In response to these findings a strategy to engage Child Intervention Workers is being developed.

In summary the evaluation has found that the pilot programs are operating in alignment with leading practices and frameworks, including the [Child Intervention Practice Framework](#).

In terms of outcomes as a result of participating in the program, half of the caregivers interviewed noticed behavioural changes in the mentored youth which included more respectful behaviour, calmer attitudes, more positivity, increased academic performance, and increased willingness to communicate (AndersonDraper Consulting Inc., 2017b). The other respondents felt that it was too early in the matches to notice changes, that there were ups and downs in the youth's behaviours or that they were matched prior to them having guardianship (AndersonDraper Consulting Inc., 2017b). Similar to caregivers, five of the eight Child Intervention Workers felt that they had noticed changes in the children and youth since becoming involved in the program. Child Intervention Workers shared they observed positive changes in the child or youth since becoming part of a mentoring relationship. Changes noted include improved confidence, life plans and interests, less self-harm, an increase in calm and leveled behavior as well as approachability, talkativeness, and more maturity (AndersonDraper Consulting Inc., 2017b).

Mentors also noticed changes in the youth describing them as being "positive", "more open", and "confident" (AndersonDraper Consulting Inc., 2017a). Program staff felt that the mentees are more accountable and are easier to contact. They also appeared to be comfortable talking about sensitive topics, such as mental health with their mentors.

Seventy percent of mentors surveyed reported their mentee experienced personal challenges or major changes during the course of their match (AndersonDraper Consulting Inc., 2017a). Two of the Child Intervention Workers indicated that the mentor had advocated for their mentee with the foster parent, the school and in other situations (AndersonDraper Consulting Inc., 2017b). Program staff commented that some mentors have been a part of hospital and court visits (AndersonDraper Consulting Inc., 2017a). Just under half of the caregivers interviewed acknowledged that the mentor was a supportive influence during a time of transition for their mentee (AndersonDraper Consulting Inc., 2017b). Similarly, half of the Child Intervention Workers noted that mentors had support their mentee during a transition. Transitions included the death of a family member, transitioning between homes, conflicts with friends, family and at school and processing of learning or social situations (AndersonDraper Consulting Inc., 2017b).

Finally, the youth themselves reported that they felt more supported and less alone as a result of participating in the program. They shared how they valued having someone to go to for help, for advice and see as a role model (AndersonDraper Consulting Inc., 2017a).

Future evaluation activities related to the pilots will examine what additional supports can be provided to those on a wait list as well as during times of transition and continue to assess the extent to which outcomes are being achieved (AndersonDraper Consulting Inc., 2017a).

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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?

9.0 APPENDIX 2: CANADIAN MENTORING YOUTH IN CARE PROGRAMS

Alberta

Big Brothers Big Sisters of Calgary and Area

Youth Engaging Supports (YES)

<http://bbbscalgary.ca/yes/>

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/>

Opokaa'sin Early Intervention Society

Youth Mentorship Program

<http://www.opokaasin.org/programsandservices/familypreservation.html>

Youth HQ

Children and Youth in Care Mentoring

<http://youthhq.ca/programs/children-youth-care-mentoring/>

British Columbia

Plea Community Services

Kinnections Youth Mentorship Program

<http://www.plea.bc.ca/our-services/volunteer-mentoring#Kinnections>

Ontario

The Peer Project

Peer-to-Peer Mentoring

<http://thepeerproject.com/about/#our-programs>

Native Child and Family Services of Toronto

Indigenous Youth Peer Mentoring

<https://www.nativechild.org/>

Saskatchewan

Big Brothers Big Sisters of Saskatoon and Area

Youth in Care

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

10.0 APPENDIX 3: UPDATED LITERATURE SEARCH STRATEGY

Database Searches

Academic literature on mentoring youth in care was identified through database searches of the following databases:

- Education Resources Information Centre (ERIC);
- Google Scholar; and
- PsycInfo.

Databases were searched using the following keywords and limits were used to only identify mentoring literature for children and youth in care since the previous review.

Keywords:

Mentoring	Limits
mentor*	child*
in care	youth*
foster care	2014 - 2017
child welfare	

*indicates exploded terms

For Google Scholar the first five pages of results were searched for relevance.

Webpage Searches

In addition to the database searches a general Google search was conducted to identify grey literature. Also, the Chronicle of Evidence Based Mentoring was searched. In each case the first five pages of results were searched for relevance.