Mentoring adolescent foster youth: promoting resilience during developmental transitions

Kathy Lemon Osterling* and Alice M. Hines†

*School of Social Welfare, University of California at Berkeley, Berkeley, and †College of Social Work, San Jose State University, San Jose, CA, USA

ABSTRACT

The current exploratory study used quantitative and qualitative data from an evaluation of the 'Advocates to Successful Transition to Independence' programme, a mentoring programme designed to train mentors to assist older adolescent foster youth in acquiring skills and resources needed for successful transition out of foster care and into adulthood. The study was conducted in two phases over 2 years. Quantitative methods were used to describe characteristics of the older adolescent foster youth and advocates, and qualitative methods were used to describe the experiences of youth and advocates in the programme. Results suggest that the use of a mentoring programme for older adolescent foster youth represents a particularly beneficial prevention strategy that may help prevent negative outcomes as youth emancipate from the foster care system and transition into young adulthood. Implications and recommendations for developing mentoring programmes for transition-aged youth are presented.

INTRODUCTION

Adolescent foster youth are at risk for a number of poor developmental outcomes. Many foster youth must transition into young adulthood while simultaneously transitioning out of foster care. Moreover, because adolescent foster youth have been removed from their parents for maltreatment, most will have experienced some form of trauma and will not have ongoing parental support or guidance during their transition into young adulthood. Mentoring programmes are a potentially useful prevention strategy with these youth. The use of mentoring programmes to improve outcomes for at-risk youth has grown steadily in recent years (Rhodes & Roffman 2003). This renewed interest in mentoring is partly fuelled by research on the process of resilience. Resilience research has consistently identified the presence of a supportive and caring nonparental adult in the lives of children and youth who succeed despite adversity and hardship (Masten & Garmezy 1985; Werner 1992). A variety of at-risk youth have been targeted for mentoring programmes, including foster youth (Mech et al. 1995).

Although research suggests that youth who have emancipated from the foster care system often experience a variety of challenges, less is known about the characteristics of older adolescent youth currently in the system, or how mentoring programmes might help buffer these youth from poor outcomes once they leave the system. The current exploratory study addresses these issues using quantitative and qualitative data from an evaluation of the 'Advocates to Successful Transition to Independence' (ASTI) programme, developed and implemented by a county-based, non-profit agency that trains and supervises community volunteers to provide one-to-one advocacy and mentoring services to children in the Juvenile Court's dependency system. The overall purpose of the ASTI programme is to train mentors so that they can assist older adolescent foster youth in acquiring skills and resources needed for successful transition to adulthood.

The quantitative portion of this study includes descriptive information on a sample of youth participants ($n = 52$). Quantitative data on advocate characteristics ($n = 18$) are also described. In addition, focus

group and interview data provide qualitative information on youth and advocate experiences in the programme. Implications and recommendations for developing mentoring programmes for transition-aged youth are presented.

OLDER ADOLESCENT FOSTER YOUTH, RESILIENCE AND THE ROLE OF MENTORS

Foster youth who have 'aged out' of the child welfare system are at risk for low educational attainment, homelessness, employment and financial difficulties, as well as mental and physical health problems (Festinger 1983; Barth 1990; Cook 1994; Blome 1997; McMillen & Tucker 1999; Courtney et al. 2001). Despite these challenges, some foster youth do successfully transition out of foster care and into young adulthood (Hines et al. 2005; Merdinger et al. 2005). Resilience research has identified a number of different protective factors that are considered to help buffer at-risk youth from poor outcomes. A consistent finding in the literature is that many resilient children have some type of caring and supportive non-parental adult or adults in their lives. Such findings have prompted more research into the role of these 'natural mentors' in promoting resilience (Masten & Garmezy 1985).

Because not all adolescent foster youth have natural mentors, the use of more structured mentoring relationships with volunteer mentors has been proposed as a way to replicate the benefits associated with a strong relationship with a non-parental adult (Rhodes 1994). Several models of mentoring exist, including one-on-one mentoring, peer mentoring, group mentoring and teams of mentors; this study focused on one-on-one mentoring. Both natural mentors and volunteer mentors can buffer youth from poor outcomes by (1) providing a supportive and trusting relationship, (2) serving as a role model, and (3) assisting youth in acquiring independent living skills (Mech et al. 1995; Rhodes 2002).

IMPACT OF MENTORING

Overall, studies suggest that mentoring can have positive effects for at-risk youth, including increases in positive self-concept (Turner & Scherman 1996), increases in educational attainment (Zippay 1995; Thompson & Kelly Vance 2001; Shiner et al. 2004), decreases in drug and alcohol use, decreases in the use of violence, and improvements in parent–child and peer relationships (Grossman & Tierney 1998). In addition, recent reports from the UK indicate that

mentoring may be a useful strategy with young people leaving care (Clayden & Stein 2005). However, some studies have not found unwavering support for the effectiveness of mentoring programmes. DuBois et al. (2002) conducted a meta-analysis of 55 evaluations of youth mentoring programmes and found that the magnitude of the effects of mentoring programmes was small, suggesting perhaps only modest benefits. Moreover, some studies have reported no benefits from participation in mentoring programmes, or benefits only in certain areas (Abbott et al. 1997; Shiner et al. 2004).

Research also suggests that the quality and nature of the mentoring relationship is of particular importance to mentoring outcomes. The level of trust between mentor and youth, mentor–youth activities, and the overall intensity and duration of the mentoring relationship may play important parts in the success of mentoring (DuBois et al. 2002; Grossman & Rhodes 2002). In addition, qualitative research on the experiences of youth in mentoring relationships suggests that mentors provide both emotional and concrete support to youth (Zippay 1995; de Anda 2001).

Mentoring programme elements, such as volunteer mentor orientation, training and supervision, may also influence mentoring outcomes. Most mentoring programmes have an initial orientation for new mentors in which programme requirements are described (McGill 1997); however, after the initial orientation, there appears to be great variability in the level of ongoing training and support for mentors. However, certain programme elements, including ongoing training for mentors, structured activities for mentors and youth, expectations for frequency of contact, mechanisms for support and involvement of parents, and monitoring of overall programme implementation, have been found to be strong predictors of positive effects (DuBois et al. 2002).

There is also some evidence that older adolescent foster youth may have special needs that should be addressed if mentoring is to be successful. Grossman & Rhodes (2002) reported that youth who had experienced abuse were more likely to have shorter relationships with their mentors than those youth who had not been maltreated. The authors speculate that maltreated youth may be less trusting of their mentor and, thus, it may be more difficult to establish close and supportive mentor–youth relationships.

However, there is evidence to suggest that when the mentoring relationship does persist, youth in foster care may be particularly likely to benefit from these relationships. Rhodes et al. (1999) found that after

12 months of participation in a mentoring programme, foster youth exhibited improved social skills, improved ability to trust adults, improvements in pro-social support and self-esteem enhancement compared with non-foster youth. These findings lend support to the notion that mentoring helps to buffer foster youth from negative outcomes and also suggest that foster youth may benefit above and beyond perhaps less 'at-risk' youth. These encouraging results appear to be corroborated by DuBois *et al.*'s (2002) meta-analysis of mentoring programmes in which programmes for youth who were considered to be the most 'at-risk' yielded the largest effect sizes.

The ASTI programme described in this study provides mentoring and advocacy services to youth in the child welfare system between the ages of 14 and 21 years. The purpose of the ASTI Programme is to assist older adolescent foster youth to acquire necessary independent living skills in preparation for their emancipation from the Juvenile Court's dependency system. After emancipation from the dependency system (usually at age 18 or 19 years), ASTI services are available to youth for another 3 years. Specific tasks ASTI advocates are to carry out with their assigned youth include: filling out a medical application, opening a bank account, reviewing topics covered in the county's Independent Living Program (ILP), assisting youth in obtaining important personal documents and submitting court reports specifically designed to measure progress towards emancipation. ASTI advocates also facilitate collaboration between the youth's social worker, caretaker and ILP provider through regular contact with these parties. Overall, ASTI advocates are to provide youth who are expected to emancipate from the child welfare system with assistance and guidance in the transition out of the system and into young adulthood.

METHODS

Research design

The current exploratory study describes characteristics of older adolescent youth currently participating in the ASTI programme, characteristics of advocates serving the youth and experiences of both youth and advocates in the programme. The study was conducted in two phases over 2 years. Quantitative methods were used to describe characteristics of the older adolescent foster youth and advocates, and qualitative methods were used to describe the experiences of youth and advocates in the programme. In both the

quantitative and qualitative portion of this study, advocates and youth were provided with a consent form to participate in the research and were informed of the confidentiality of their responses, as well as their anonymity.

Quantitative methods

Data collection

A self-administered questionnaire (SAQ) was used to gather information on foster youth aged 15 years and older in the ASTI programme. The survey took approximately 20–30 minutes to complete. A $15 gift certificate was provided as an incentive for completing the survey. In year one, the survey was distributed to advocates, who then distributed the survey to their assigned youth and mailed the completed survey back to the agency. In year two, surveys were mailed directly to youth. Respondents were provided with a self-addressed return stamped envelope to submit their completed SAQs.

Advocates who participated in the qualitative portion of the study were also asked to complete an advocate survey. The survey took approximately 10 minutes to complete.

Sampling

All older adolescent foster youth enrolled in the ASTI programme were targeted for inclusion in the study. Youth were identified through the agency's administrative database. Agency staff telephoned advocates of the youth to inform them of the study and enlist their assistance in encouraging their assigned youth to complete and return the SAQ. In year one, 21 surveys were distributed and nine surveys were completed, for a response rate of 42.9%. In year one, completed surveys were collected by the youths' advocates, who then mailed them to the agency. In year two, 107 surveys were mailed to youth and 43 surveys were completed, for a response rate of 40.2%. In both years, 3 weeks after the initial survey and invitation to participate were mailed, a second round of mailings was sent out to non-respondents. Over the 2 years, a total of 128 surveys were distributed, resulting in 52 responses for a response rate of 40.6%. No respondents from year one were included in the sample from year two, and as such, individual comparisons between the 2 years is not possible.

All advocates who participated in the qualitative portion of the study completed an advocate survey. A

total of 18 advocate surveys were distributed to these participants and all 18 were completed.

Instrumentation

The SAQ is a specially designed assessment tool that was developed and test-piloted for this study. It includes items that have been used in other studies on older adolescent foster youth and emancipated foster youth. Items included in the survey covered areas such as demographics, experiences in out-of-home care, current educational experiences and future educational plans, knowledge of independent living skills, personal adjustment, psychological functioning, problems with alcohol or drugs, problems with the law, health status, social support, and aspects of relationship with the advocate.

The advocate survey was also specially designed for this study. Areas covered included demographics, length of time as an advocate, number of training sessions attended, number of youth currently working with, overall satisfaction with the ASTI programme, types of services provided to youth and aspects of relationship with youth.

Analysis

Quantitative data from the surveys were analysed with the Statistical Package for the Social Sciences software. Descriptive statistics were used to provide information on youth and advocates.

Qualitative methods

Data collection

Focus groups and interviews were used to collect qualitative data on youth and advocate experiences in the ASTI programme and their recommendations for the programme. In year one, youth were telephoned and invited to participate in an individual interview. In year two, youth were telephoned and invited to participate in a focus group. Similarly, in year one, advocates were telephoned and invited to participate in an individual interview, while in year two, they were invited to participate in a focus group. A semi-structured focus group interview guide was used. Focus groups and interviews lasted approximately 45–60 minutes. Focus groups and interviews were audio-taped and reviewed to identify common themes. The lead researcher on the study conducted all interviews and focus groups. Interviews and focus groups took place at the agency site.

Sampling

In year one, all 17 advocates were telephoned and invited to participate in an interview and seven agreed to participate. In year two, 20 advocates were invited to participate in a focus group and 11 participated in two separate focus groups.

In both years one and two, advocates were also asked if their assigned youth might be interested in participating in an interview or focus group. Youth identified by advocates as being potentially interested in participating in the qualitative portion of the study were telephoned and invited to participate in an interview or focus group. In year one, nine youth were invited to participate in an interview and four agreed to participate. In year two, five youth were invited to participate in a focus group and three participated in two separate focus groups.

Instrumentation

Separate semi-structured interview and focus group guides were used for youth and advocates. Across both years, the youth guide covered areas related to the nature of the youths' relationship with their advocate, the types of changes they have experienced since working with their advocate, their preparation for independent living and their recommendations for the programme. The advocate guide included questions related to the nature of their relationship with their youth, the types of challenges they have experienced as an advocate, the types of changes they have seen their youth make since beginning work with them, their youths' level of independent living skills and recommendations for the programme.

Analysis

Interview and focus group data were analysed using content analysis. Main themes relating to the domains listed above were identified by analysing transcripts of the audio-taped interviews and focus groups. Results were independently reviewed.

RESULTS

Quantitative results

Table 1 provides information on youth demographics and experiences in out-of-home care. The sample was 58.8% female and had an average age of 16.3 years (SD = 1.1 years). The majority of youth were either

Table 1 Youth demographics and experiences in out-of-home care ($n = 52$)

Gender	
Female	30 (58.8%)
Male	21 (41.2%)
Age (years)	16.3 (1.1)
Ethnicity	
African American	5 (10.0%)
Asian/Pacific Islander	4 (8.0%)
Mexican American/Other Latino	18 (36.0%)
White	19 (38.0%)
Other	4 (8.0%)
Age when first entered out-of-home care (years)	10.7 (4.2)
Number of out-of-home placements	5.1 (3.8)
Current living situation	
Non-kin foster parents	11 (21.6%)
Group home	10 (19.6%)
Kinship care	10 (19.6%)
One or both birth/adoptive parents	6 (11.8%)
On your own	5 (9.8%)
Residential treatment	3 (5.9%)
Other	6 (11.8%)
Length of time in current living situation (years)	1.7 (2.7)

Table 2 Youth educational status and educational plans ($n = 52$)

Grade in school	
9th	5 (9.8%)
10th	14 (27.5%)
11th	11 (21.6%)
12th	13 (25.5%)
Already graduated/received GED	6 (11.8%)
Not in school	2 (3.9%)
See self finishing high school	45 (86.5%)
If yes, how will you finish high school	
High-school diploma	40 (80.0%)
GED	4 (8.0%)
High-school proficiency	2 (3.8%)
Plan on getting education or training past high school	49 (94.2%)
If yes, what training and education would you like to do?	
Four-year college	25 (53.2%)
Two-year college	10 (21.3%)
Vocational training	7 (14.9%)
Military	5 (10.6%)

GED, general educational development.

Table 3 Youth social support ($n = 52$)

Have someone to borrow $50 from	45 (88.2%)
That person's relationship to you	
Family member	36 (70.6%)
Friend	30 (58.8%)
Social worker	14 (27.5%)
Member of foster family	11 (21.6%)
Mentor	10 (19.6%)
Coach or counsellor	5 (9.8%)
Neighbour	4 (7.8%)
Teacher or other school staff	4 (7.8%)
Other relationship	8 (15.7%)
Have someone to ask for help or advice	44 (86.3%)
That person's relationship to you	
Family member	27 (52.9%)
Friend	35 (68.6%)
Social worker	13 (25.5%)
Member of foster family	12 (23.5%)
Mentor	21 (41.2%)
Coach or counsellor	13 (25.5%)
Neighbour	8 (15.7%)
Teacher or other school staff	9 (17.6%)
Other relationship	12 (23.5%)
Number of people you feel close to	7.3 (5.4)

white ($n = 19$, 38.0%) or Mexican American/Other Latino ($n = 18$, 36.0%). Youth entered out-of-home care at an average age of 10.7 years (SD = 4.2 years) and had an average of 5.1 out-of-home placements (SD = 3.8).

Table 2 describes youth educational status and education plans. Approximately 25% of youth were currently in the 12th grade. Most ($n = 45$, 86.5%) reported that they saw themselves as finishing high school by receiving their high school diploma ($n = 40$, 80.0%). Most youth also reported that they plan on obtaining education or training past high school ($n = 49$, 94.2%), with the majority reporting that they would like to attend a 4-year college ($n = 25$, 53.2%).

Social support characteristics are described in Table 3. The majority of youth reported that they do have someone to borrow $50 from ($n = 45$, 88.2%), with most reporting that they would borrow money from a family member ($n = 36$, 70.6%). Most youth also reported that they do have someone to ask for help or advice ($n = 44$, 86.3%), with most reporting that they would ask for help from a friend ($n = 35$, 68.6%).

Table 4 presents data on youths' knowledge of independent living skills. Eighty two per cent reported that they knew about the ILP, while 53.1% ($n = 26$) were currently or previously enrolled in the ILP. Types of independent living skills that youth currently have were divided into concrete skills and psycho-emotional/social skills. The most frequently reported concrete skills included being able to shop ($n = 43$, 82.7%), and do housekeeping ($n = 40$, 76.9%). The most frequently occurring psycho-emotional/social skills included being able to make friends ($n = 46$, 88.5%) and express one's opinion ($n = 46$, 88.5%). Information on job skills and items needed to obtain

Table 4 Independent living skills (n = 52)

Know about the Independent Living Program (ILP)?	41 (82.0%)
Currently or ever been enrolled in the ILP	26 (53.1%)
Concrete skills	
Shop	43 (82.7%)
Do housekeeping	40 (76.9%)
Find a job	39 (75.0%)
Prepare meals	38 (73.1%)
Choose nutritious foods	37 (71.2%)
Open a bank account	31 (59.6%)
Budget money	25 (48.1%)
Find a place to live	23 (44.2%)
Balance a checkbook	19 (36.5%)
Access medical records	17 (32.7%)
Obtain legal assistance	17 (32.7%)
Get health care	15 (28.8%)
Obtain a credit card	13 (25.0%)
Obtain car insurance	13 (25.0%)
Obtain health insurance	13 (25.0%)
Buy a car	10 (19.2%)
Psycho-emotional/social skills	
Make friends	46 (88.5%)
Express own opinion	46 (88.5%)
Make decisions	41 (78.8%)
Set and achieve goals	40 (76.9%)
Ask people for help	37 (71.2%)
Tell other people how you feel	36 (69.2%)
Locate community resources	36 (69.2%)
Find opportunities for training and education	35 (67.3%)
Make decisions about birth control	33 (63.5%)
Find out ways to pay for college	26 (50.0%)
Job skills/items needed to obtain a job	
Belief in ability to obtain a job	44 (89.8%)
Social security card	42 (82.4%)
Clothes for an interview	42 (82.4%)
Birth certificate	41 (80.4%)
Transportation	30 (63.8%)
Identification	25 (53.2%)
Training for job interview	24 (53.3%)
Résumé	18 (40.9%)
Currently have a job	19 (36.5%)
Independent living skills were learned mainly from	
Learned on my own	24 (55.8%)
Attending ILP	7 (16.3%)
Foster or group home parents	5 (11.6%)
Some other place or person	7 (16.3%)

Table 5 Health, mental health, substance use and delinquency (n = 52)

Compared with others, health is	
Excellent	17 (33.3%)
Very good	26 (51.0%)
Fair	8 (15.7%)
Self-esteem subscale	32.2 (5.2)
Locus of control subscale	26.5 (3.9)
CES-D subscale	31.0 (9.3)
Ever had a problem with alcohol	10 (19.2%)
Ever had a problem with illegal drugs	15 (29.4%)
Ever had a problem with the law	17 (33.3%)
Overall level of happiness	
Very happy	22 (42.3%)
Somewhat happy	25 (48.1%)
Not very happy	4 (7.7%)

and the Center for Epidemiologic Studies-Depression (CES-D) subscale 31 (SD = 9.3). Among youth, 19.2% (n = 10) reported that they had ever had a problem with alcohol, 29.4% (n = 15) had ever had a problem with illegal drugs and 33.3% (n = 17) had ever had a problem with the law. Overall, 42.3% (n = 22) of youth reported being very happy and 48.1% (n = 25) reported being somewhat happy.

Information on the youths' relationship with their advocate is presented in Table 6. Most youth reported that their relationship with their advocate is like a friend (n = 34, 66.7%). Most youth also reported positive feelings towards their advocate.

Information on advocate demographics and preparation for being an advocate is provided in Table 7. Most advocates were female (n = 15, 83.3%) and white (n = 15, 88.2%). The average age of advocates was 47.1 years (SD = 9.9 years), and the average length of time as an advocate was 2.9 years (SD = 2.9 years). Advocates had served an average of 2.5 youth (SD = 1.8) and were currently serving an average of 1.4 youth (SD = 0.9). Advocates had attended an average of 6.1 training sessions (SD = 3.1) before becoming an advocate and 100% had also attended special training for working with older adolescent foster youth. Most advocates were very satisfied (n = 8, 47.1%) or somewhat satisfied (n = 7, 41.2%) with the training they received and most were also very satisfied with being an advocate (n = 11, 64.7%).

Table 8 provides information on the services advocates provided to youth. Most advocates (n = 13, 81.3%) reported seeing their youth at least every other week in person. The most commonly reported life skills training advocates provided to youth involved grocery shopping (n = 6, 37.5%) and creating a

a job indicated that 89.8% (n = 44) of youth reported believing in their ability to obtain a job and nearly 37% (n = 19) of youth currently had a job. The majority of youth (n = 24, 55.8%) reported that they had learned independent living skills mainly on their own.

Table 5 provides information on the health, mental health, substance use and delinquency of youth. Most youth felt that compared with others their age, their health was very good (n = 26, 51.0%). The average score on the self-esteem subscale was 32.2 (SD = 5.2), the locus of control scale 26.5 (SD = 3.9)

Table 6 Youth relationship with advocate ($n = 52$)

Relationship with advocate is like	
Friend	34 (66.7%)
Mentor	19 (37.3%)
Parent	17 (33.3%)
Big brother/Big sister	10 (19.6%)
Teacher	8 (15.7%)
Other	5 (9.8%)
Confident that advocate can help me	
Very true	43 (82.7%)
Somewhat true	8 (15.7%)
We are working towards agreed upon goals	
Very true	38 (77.6%)
Somewhat true	9 (18.4%)
Not at all true	2 (4.1%)
We agree on what is important to work on together	
Very true	41 (83.7%)
Somewhat true	7 (14.3%)
Not at all true	1 (2.0%)
We trust each other	
Very true	48 (96.0%)
Somewhat true	2 (4.0%)
Relationship is very important to me	
Very true	46 (90.2%)
Somewhat true	5 (9.8%)
Good understanding of the kinds of changes that would be good for me to make	
Very true	44 (88.0%)
Somewhat true	6 (12.0%)
We have a good connection	
Very true	47 (92.2%)
Somewhat true	4 (7.8%)

Table 7 Advocate demographics and preparation for being an advocate ($n = 18$)

Gender	
Female	15 (83.3%)
Male	3 (16.7%)
Ethnicity	
African American	2 (11.8%)
White	15 (88.2%)
Age (in years)	47.1 (9.9)
Length of time as an advocate (in years)	2.9 (2.9)
Total number of youth advocate has served	2.5 (1.8)
Number of youth currently working with	1.4 (0.9)
Number of training sessions attended before becoming an advocate	6.1 (3.1)
Attend special training for working with older adolescent youth	18 (100.0%)
Satisfaction with training	
Very satisfied	8 (47.1%)
Somewhat satisfied	7 (41.2%)
Neutral	1 (5.9%)
Somewhat dissatisfied	1 (5.9%)
Overall satisfaction with being an advocate	
Very satisfied	11 (64.7%)
Somewhat satisfied	3 (17.6%)
Neutral	1 (5.9%)
Somewhat dissatisfied	2 (11.8%)

Table 8 Services provided to youth ($n = 18$)

Contact with youth	
At least every other week in person	13 (81.3%)
At least every other week by phone	9 (56.3%)
Life skill training with youth	
Grocery shopping	6 (37.5%)
Creating a resume	5 (31.3%)
Budgeting	3 (18.8%)
Cooking	2 (12.5%)
Social support for youth	
Contacting significant adults from youth's past	8 (50.0%)
Working with ILP to assist youth to participate	7 (43.8%)
Participation in family conferencing	6 (37.5%)
Working with other community resources	1 (6.3%)
Finding and accessing resources for youth	
Taking youth to open a bank account	7 (43.8%)
Filling out job application	6 (37.5%)
Using resource books and guides with youth	6 (37.5%)
Reading want advertisements	4 (25.0%)
Filling out financial aid applications	2 (12.5%)
Helping to complete medical forms	1 (6.3%)
Accessing other public resources	2 (12.5%)

resume ($n = 5$, 31.3%). Commonly reported social support services provided to youth included contacting significant adults from the youth's past ($n = 8$, 50.0%) and working with ILP to assist youth to participate ($n = 7$, 43.8%). Commonly reported services related to finding and accessing resources for youth included taking youth to open a bank account ($n = 7$, 43.8%), filling out a job application ($n = 6$, 37.5%) and using resource books and guides with youth ($n = 6$, 37.5%).

Information on the advocate's relationship with youth is provided in Table 9. Advocates reported that their relationship with their youth is most like a mentor ($n = 6$, 37.5%) or a friend ($n = 5$, 31.3%). Most advocates reported positive feelings towards their youth.

Qualitative results

No substantive differences between results from the interview data from year one and results from the focus group data from year two were noted in the qualitative analysis; thus, interview and focus group data from both years were combined.

Youth

Themes that emerged from the youth focus groups and interviews were centred around four main domains: (1) nature of relationship with advocate; (2)

Table 9 Advocate relationship with youth ($n = 18$)

Relationship with youth is like	
Mentor	6 (37.5%)
Friend	5 (31.3%)
Big brother/Big sister	3 (18.8%)
Parent	1 (6.3%)
Other	1 (6.3%)
Confident in ability to help youth	
Very true	15 (88.2%)
Somewhat true	2 (11.8%)
We are working on agreed upon goals	
Very true	13 (81.3%)
Somewhat true	2 (12.5%)
Not at all true	1 (6.3%)
We agree on what is important to work on together	
Very true	13 (81.3%)
Somewhat true	2 (12.5%)
Not at all true	1 (6.3%)
We trust each other	
Very true	14 (87.5%)
Somewhat true	2 (12.5%)
Relationship is very important to me	
Very true	15 (93.8%)
Somewhat true	1 (6.3%)
Established a good understanding of the kinds of changes that would be good for youth to make	
Very true	16 (87.5%)
Somewhat true	2 (12.5%)
We have a good connection	
Very true	14 (82.4%)
Somewhat true	3 (17.6%)

types of changes youth has experienced since working with advocate; (3) preparation for independent living; and (4) recommendations for the programme.

Nature of relationship with advocate. Overall, youth described their relationship with their advocates as helpful and supportive and reported that the best aspects of having an advocate were related to the support and encouragement advocates provided, as well as their dependency and consistency. One youth commented, 'She's kind of like a mentor and a teacher. She works more than my social worker to help me. She's now helping me with my education. She pushes me hard, but it is for the best.' Another youth stated, 'She listens to me and gives me advice. She always makes it work out.' Another youth commented, 'She's like a therapist, but better because she doesn't put me on the spot and she understands me.' All youth were happy with their advocate and the services they received. Youth described a number of different activities that they do with their advocate. The most frequently occurring responses centred on both recreational activities such as going out to eat, shopping, or going to the movies, as well as task-

orientated activities, such as helping youth with homework, or assisting youth with accessing other services.

Types of changes experienced since working with advocate. All youth felt that their lives had improved since working with their advocate. Youth described changes related to interpersonal gains, such as being more open with feelings, understanding their own emotions better and being less angry. One youth commented, 'She's helped me to trust people more and I've learned to be more open with my feelings.' Another youth stated, 'I'm not as angry as I was before. I don't lose my temper as easily.' Youth also described changes related to completing tasks, being more involved in court proceedings and getting into less trouble. One youth stated, 'My life has changed because before the things that needed to get done, didn't get done.' Another youth commented, 'She's there if I need something done. Like I'd never been to court until I got an advocate, because I couldn't get a ride. And she's also there to speak on my behalf in court.'

Preparation for independent living. All youth reported an increase in their independent living skills since seeing their advocate. The types of assistance provided by advocates included assisting youth in obtaining a job, opening a bank account, saving money, completing tax forms and completing their education. One youth stated, 'She's helped me a lot with my education, she reminds me to do my homework, and encourages and motives me to keep going to school. Without her help, I don't think I would have graduated from high school.' Another youth stated, 'We plan out the steps I need to take and she makes calls to help me. She also talks with me about how to pay for college.' And another youth stated, 'She helped me get job applications and helped me fill them out.'

Recommendations for the programme. Overall, youth were very satisfied with the programme and mentioned that although they sometimes learn similar things as in their ILP, experiences with their advocates are generally more experiential and hands-on. One youth commented, 'My Advocate teaches me things – but not like a teacher in a class, it's more emotional and spiritual.' Another youth felt that in addition to foster youth, advocates might also benefit non-foster youth: 'Advocates shouldn't be just for kids in the system, it should be open to everybody, people in the system got lucky because someone found out what was going on; lots of kids need an advocate.'

Advocates

Themes that emerged from the advocate focus groups centred around five main areas: (1) nature of relationship with youth, (2) challenges experienced while working with youth, (3) types of changes the youth has experienced since working with advocate, (4) youths' preparation for independent living, and (5) recommendations for the programme.

Nature of relationship with youth. Advocates described a process of establishing rapport and trust with their youth after which they were able to focus on completing independent living skill tasks. Overall, the quality of the relationship between advocate and youth was described as one of the most important aspects of keeping youth engaged in the programme. Advocates also felt that the relationship between advocate and youth needed to begin before the age of 18 years so that advocates had enough time to establish a trusting relationship. One advocate commented, 'You can't start the relationship at 18 and expect anything to happen, you must start earlier, at least 16, and plan to stay with them through the emancipation process.' Advocates described themselves as like a parent, teacher, friend or mentor to their youth. In general, advocates felt that they helped their youth learn independent living skills by modelling these skills and behaviours and by verbalizing the steps one takes to complete certain tasks. One advocate commented, 'I started working with my youth when he was 15, and I'm kind of like a teacher and a parent. I had to establish trust with him. I help him learn living skills by modelling behaviour with him.' Advocates also described a range of activities that they do with their youth, including recreational activities such as eating out, going to church and shopping, as well as more concrete tasks such as ensuring their youth is making educational progress, helping their youth obtain a driver's license or assisting with completing job or college applications.

Challenges. Advocates described challenges related to working with the child welfare system and trying to find resources and services for their youth. In particular, advocates described difficulties in finding transitional housing for their youth after they turned 18, dissatisfaction with the variability in the quality of ILP services, and not knowing the steps to complete specific tasks, such as helping their youth obtain a green card or ensuring their youth had enough credits to graduate from high school. One advocate stated, 'I had to learn the educational system, my kid went to five different high schools and so it was really difficult to know how many credits he had and what he needed to do to graduate and go to college.' Another advocate commented, 'The ILP services are very different depending on the program and where it is located, some offer good services and some don't, so if your kid lives somewhere where they don't have good ILP services, it's difficult.' Advocates also described mistakes or regrets they felt they had made with their youth, including providing incorrect information, feeling as if they should have done more and not feeling confident in their understanding of the advocate's role. One advocate stated, 'I told her everything we talked about was confidential and then I had to go back and tell her that I describe our activities and conversations in a monthly report.' And another advocate stated, 'My biggest area of discomfort is that I don't really feel like I know what I am supposed to be doing.'

Changes since working with youth. Overall, advocates reported that their youths were functioning and feeling better since they began the programme. Advocates described their biggest successes and changes for their youth as related to graduation from high school or making educational progress, obtaining safe housing, securing funding for college, obtaining a green card and receiving proper health care. One advocate stated, 'When we met she had four impacted wisdom teeth and no medical insurance, now she's had the teeth pulled and she has medical insurance. We're in the last steps of getting her INS requirements done, so she's looking forward to her work permit and social security card.' Other advocates described more psycho-social changes related to the establishment of a trusting relationship, 'He used to have major anger problems, and now he's learned that he can share those experiences with me.' Another advocate commented, 'She told me I am the only adult who she can trust and who would stand up for her.'

Preparation for independent living. In helping their youth prepare for independent living, advocates described a process of learning what their youth do and do not know and then exposing them to independent living skills through hands-on experiences with adult tasks and also introducing them to new experiences. Advocates also mentioned a checklist they receive from the court which lists the various items their youth should have upon turning 18 (e.g. birth certificate, social security card, résumé). One

advocate stated, 'The advocate exposes the kid to people and things that are healthy and help them see there are options and possibilities for the future.' Other advocates described frustrations with trying to access community resources: 'I tried to get her into ILP and it took several months for the application to go through.' In addition, some advocates felt that the programme is not adequately preparing youth for independent living: 'I'm not sure we're doing a really good job of preparing them for independent living.' Another advocate commented, 'What we are told to work on is essential: a driver's license, health insurance, etc., but their maturity level isn't always there and I'm not sure we are doing much.'

Recommendations. Advocates felt that they would be better able to serve their youth with increased access to resources and knowledge of the procedures required to link their youth with resources. One advocate commented, 'We need a resources coordinator who knows all of the scholarship opportunities, housing, and a checklist of everything they'll need when the kid reaches 16.' Another advocate felt that mechanisms for advocates to share information with one another would be helpful: 'It would be good to have a website or a chat room where advocates can share information, share the knowledge base, this would allow more time with the kid, rather than trying to learn all of these things.' Another advocate felt it would be beneficial to have a resource directory: 'We need a solid set of information at the program office for advocates to make use of, including direction on how to get a social security card, who to contact about ILP, what scholarships are available, it's silly for all of us to be finding out these things on our own.' Advocates also reported that the programme's services should start well before youth emancipate from the system, that more trainings on how to relate to teenagers are needed, that the programme should be marketed directly to youth, and that advocates should be clearly informed about the time commitment required to be an advocate.

DISCUSSION

This exploratory study provided descriptive quantitative information on older adolescent foster youth and advocate mentors participating in a mentoring programme designed to increase the independent living skills of youth who are expected to emancipate from the foster care system. Qualitative data provided information on the experiences of youth and advocates in

the programme. Overall, the youth in the programme entered out-of-home care at an average age of 10.7 years and were an average of 16.3 years old at the time of the survey, most were either Mexican/ American/Other Latino or white, had an average of 5.1 different out-of-home placements and were currently living with non-kin foster parents, a group home, or kinship care. Nearly all youth respondents reported that they saw themselves finishing high school and obtaining education or training past high school.

Most advocates were female and white. Their average age was 47.1 years. They had been an advocate for an average of 2.9 years and had served an average of 2.5 youth. Advocates had attended an average of 6.1 training sessions before becoming an advocate and all had attended special training to work with older adolescent youth. Most advocates were very satisfied or somewhat satisfied with the training they received and with their overall experience as an advocate.

The majority of youth were aware of the ILP; however, just 53.1% of youth were currently or had ever been enrolled in ILP. With respect to specific independent living skills, most youth appeared to have acquired psycho-emotional/social skills (e.g. making friends, expressing opinions, making decisions) to a greater degree than concrete skills (e.g. shopping, housekeeping, finding a job). The majority of youth reported that they learned these skills on their own. Correspondingly, most advocate survey respondents reported that they did not participate in specific independent living skills with their youth. These results suggest that stronger linkages between the ASTI programme and ILP may be necessary in order to increase youth participation in ILP, as well as their acquisition of key independent living skills.

Most youth reported that their health was excellent or very good and that they were very happy or somewhat happy with their lives. In addition, 19.2% reported ever having a problem with alcohol, 29.4% a problem with illegal drugs and 33.3% a problem with the law.

Both youth and advocate survey respondents reported that their relationship with one another was most like a friend or a mentor and that the relationship was very important to them and was characterized by a high degree of trust and understanding. These sentiments were echoed in the focus groups and interviews as well. Youth tended to report that the best aspects of having an advocate were related to the support and encouragement provided, as well as the advocates' consistency and dependability. Similarly, advocates

reported that establishing a strong relationship with their youth served as an important foundation for working on independent living skills. Advocates also reported that it is important for the relationship to begin as early as possible, and that once youth reached the age of 18 years, they were often not interested in establishing a relationship with an advocate. These results mirror DuBois *et al.*'s (2002) findings suggesting that strong mentor–youth relationships result in more positive mentoring outcomes.

Qualitative results also revealed that both youth and advocates tended to report positive changes as being related to both emotional gains and the accomplishment of concrete tasks. Youth felt that since working with their advocates, they have tended to be more open with their feelings, have understood their own emotions better and have been less angry. Advocates also reported that a strong and trusting relationship allowed the youth to express their emotions to their advocate. Youth also reported that advocates provided concrete assistance with independent living skills, including assisting youth in obtaining a job, opening a bank account, saving money, completing tax forms and completing their education. Both youth and advocates reported that independent living skills are taught in an experiential 'hands-on' fashion. These findings mirror other qualitative research on mentoring programmes (Zippay 1995; de Anda 2001).

Qualitative results from advocate focus groups also revealed certain challenges and areas for programme improvement. Advocates reported having difficulty finding resources and services for their youth and confusion over how to complete certain tasks such as helping their youth obtain a green card or ensuring their youth had enough educational credits to graduate from high school. Advocates reported that more programme coordination and support would assist them in better serving their youth, including the use of a resources coordinator, a resource directory and specific instructions on how to complete certain common tasks that foster youth must complete (e.g. obtaining birth certificate, social security card). Other research suggests that ongoing mentor support and assistance is related to more positive mentoring outcomes (DuBois *et al.* 2002).

Certain limitations to this study should be noted. First, advocates in this study actively recruited youth to participate in the quantitative and qualitative aspects of the study. This sampling method was chosen in order to encourage youth to participate in the study, and it is possible that these sampling procedures may have influenced sample selection and, thus,

the findings. Second, interviews and focus groups took place at the agency site, and it is possible that youth and advocates may not have felt comfortable discussing all aspects of the mentoring experience in such a setting. Unfamiliarity with the lead researcher conducting the interviews and focus groups may also have affected findings. Last, the exploratory nature of this study precludes examination of all programme elements. For instance, an initial programme component included advocate efforts to locate significant adults from the youth's past and re-establish connections for the youth prior to emancipation. This study did not address this programme component and focused instead on a general description of programme participants and their experiences. In addition, because the samples were unique in years one and two, evaluation of participant changes over time was not possible.

RECOMMENDATIONS AND CONCLUSION

Findings from this study point to three key recommendations for mentoring programmes targeted at older adolescent foster youth: (1) the establishment of a strong, supportive and caring relationship between mentor and youth (beginning well before the youth reach the age of 18) appears to be necessary before mentors can work with youth on acquiring independent living skills; (2) stronger linkages between mentoring programmes and ILPs may improve youths' participation in ILP; and (3) mentoring programmes may benefit from more programme coordination and support for mentors.

Research has established that older adolescent foster youth transitioning out of foster care and into young adulthood are at risk for a number of poor outcomes. The presence of a supportive and caring non-parental adult may help buffer at-risk youth from poor outcomes (Masten & Garmezy 1985; Werner 1992). As such, the use of mentoring programmes for older adolescent foster youth represents a particularly beneficial prevention strategy that may help prevent negative outcomes as youth emancipate from the foster care system and make the transition into young adulthood. This exploratory study suggests that older adolescent foster youth may experience numerous benefits from participation in a mentoring programme.

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