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- UNESCO Chair in
Children, Youth and Civic Engagement
Ireland
- **CHILD AND FAMILY RESEARCH CENTRE**

Big Brothers Big Sisters (BBBS) of Ireland: Evaluation Study

REPORT 3: Summary Report

2011

Undertaken by the Child & Family Research Centre, NUI, Galway, on behalf of Foróige



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REPORT 3 Summary Report

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Child and Family Research Centre,
National University of Ireland, Galway



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Contents

Acknowledgements	v
Glossary of terms	vi
Acronyms used	vi
Introduction	1
What is the Big Brothers Big Sisters (BBBS) Programme?	2
Nature of the intervention.....	2
Target group.....	2
BBBS Service Delivery Manual.....	2
BBBS in the context of the Foróige organisation.....	3
Methodology of study	3
Study participants.....	4
RCT strand: Summary of key findings	5
Other analyses.....	5
Issues arising in the RCT study	7
Key findings – Qualitative data	7
Support.....	7
Emotional well-being.....	8
Education.....	8
Relationships with parents and peers.....	8
Risk behaviour.....	8
Other findings.....	9
Integrated findings	9
Policy implications	11
Practice implications	12
Conclusions	13
References	14

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Glossary of terms

Randomised control trial: In simple terms, a randomised control trial (RCT) randomly allocates participants into two groups, one of which receives the intervention and one of which does not. Any differences between the two groups on the measures used at the end of the study are deemed to be as a result of the intervention.

Statistical significance: When average scores for intervention and control groups are calculated, there is a risk that some of the difference between the groups has occurred by chance. Therefore, statistical significance testing is undertaken to detect the degree to which the difference between the groups is real and how much of it is due to 'statistical noise' (Rossi *et al*, 2004, p. 307). If the difference between the mean outcomes for an intervention and control group is statistically significant, it indicates that the difference between the groups is unlikely to have occurred by chance. Statistical significance is usually set at the 0.05 alpha level, which means that there is a 95% chance that the observed effect is not due to chance. Some of the results in the present study were marginally significant, by which we mean that they fall within the 0.10 alpha level, indicating a 90% chance that the result is not due to chance. In larger samples, there is a greater chance of detecting significant effects.

Effect size (Cohen's *d*): Because the variety of scales used in a study such as this one have different ratings and measures, there is a need to be able to compare or aggregate the results for the scales in a way that makes sense. An effect size statistic expresses the size of the programme effect in a standardised way that makes it possible to compare the effects across different measures. In research of this nature, the difference between the control and intervention groups is commonly expressed as a standardised mean difference, which expresses the mean difference between the groups in standard deviation units (Rossi *et al*, 2004). By convention, the effect size is given a positive value when the outcome is more favourable for the intervention group and a negative value if the control group is favoured. Cohen (1988) gives the following guidelines for the social sciences: small effect size, $r = 0.1-0.23$; medium effect size, $r = 0.24-0.36$; large effect size, $r = 0.37$ or larger.

Acronyms used

BBBS	Big Brothers Big Sisters
BBBSI	Big Brothers Big Sisters Ireland
CFRC	Child and Family Research Centre
FTE	full-time equivalent
FM	Foróige Manager
HSE	Health Service Executive
LB	Little Brother
LS	Little Sister
NUI	National University of Ireland
NYP	Neighbourhood Youth Project
PO	Project Officer
RCT	randomised control trial

Introduction

Foróige is a leading national youth organisation with over 50 years' experience in working with young people in Ireland. Over a decade ago, Foróige and the Health Service Executive (HSE) identified a need for a model of one-to-one work with young people who would benefit from additional support. The internationally recognised Big Brothers Big Sisters (BBBS) programme was chosen to meet the identified need. The programme facilitates a 'match' or friendship between an adult volunteer and a young person, and supports them to meet weekly for a year or more. Since it was established in Ireland almost a decade ago, the BBBS programme has expanded rapidly and has proven very popular with young people, parents and those working with young people.

In 2007, Foróige commissioned the Child and Family Research Centre of the National University of Ireland, Galway, to evaluate the effectiveness of the BBBS programme in providing support for young people in Ireland. This large-scale, mixed methods study, conducted over a period of 2 years, is one of the most comprehensive ever undertaken in relation to service provision for young people in Ireland and includes the first randomised control study of youth in the country. There are three components in the overall study:

- a randomised control trial (RCT) study of the impact of the BBBS mentoring programme on the development of youth in the community over a 2-year period;
- a review of programme implementation;
- a qualitative assessment of match processes and the perspectives of stakeholders.

In this context, a series of three reports has been produced:

- **Report 1** describes the overall study and outlines the findings from the RCT and the review of programme implementation (Dolan *et al*, 2011).
- **Report 2** illustrates the processes underpinning mentoring and the perspectives of stakeholders regarding its outcomes (Dolan *et al*, 2010).
- This **Report 3** summarises the findings of the study and draws out their implications for policy and practice.

Please note that this is a summary report and that readers seeking detailed information regarding findings should refer to Reports 1 and 2. A glossary of some of the terms used is provided on page vi of this report.

What is the Big Brothers Big Sisters (BBBS) Programme?

The core component of the BBBS programme is a 'match' between an adult volunteer and a young person. The programme is based on the idea that a created relationship between an older and younger person will be a support to a young person facing adversity in their lives and will help them to have a positive sense of themselves and their future. Rather than focusing on 'deficits' or what the young person lacks, the programme adopts a positive youth development approach that addresses the young person's full range of needs and the competencies required to help them to become productive and healthy adults. The vision for the programme is encapsulated in the mission statement of BBBS Ireland, which is:

To make a positive difference in the lives of young people through a professionally supported one-to-one relationship with a caring adult volunteer. The volunteers, as Big Brothers or Big Sisters, are friends, mentors and positive role models who assist these young people in achieving their unique potential.

BBBS Ireland (2008) *Service Delivery Manual*

Nature of the intervention

Volunteer mentors are expected to commit for at least one year and to meet with their mentee for 1-2 hours per week. According to the BBBS Ireland *Service Delivery Manual*, the match between the volunteer and young person is the most important ingredient of the intervention. The 'foremost goal' is to establish the relationship itself and this is given priority for the first 6 months of the match. After 6 months, the relationship continues to be the primary focus, but goals may be set to address issues identified through the intake process (such as relationships with other young people or school attendance). Each match is free to choose how to spend time together and popular activities include sport, board games, participating in group activities, eating out, going to movies and going fishing. The programme does not make cross-gender matches (i.e. males are always matched with males and females with females).

Target group

For a young person to participate in the programme, the requirements are that they are between the ages of 10 and 18 years, must want to participate and demonstrate a need for the service. In 2009, the Health Service Executive (HSE) made 35% of all referrals to the programme, from a range of sources including social workers and family support workers. Foróige itself is the next largest referrer, accounting for 25% of all referrals in 2009. The remaining referrals were made by 'other services' (19%), parents (12%) and schools (9%). It is not uncommon for participants of the BBBS programme to be referred on to other services due to disclosures made to the volunteer or to the caseworker. In these cases, the young person continues with their match but receives professional support as required, be it from mental health, social work or family support services.

BBBS Service Delivery Manual

The BBBS *Service Delivery Manual* sets out the procedures governing all aspects of the programme, including assessment of young people and volunteers, training for volunteers, making a match, match supervision, match closure and keeping records. Supervision of matches is an important aspect of the programme and involves Project Officers making contact with the young person, mentor and parent on a monthly basis or

in response to needs as they arise. The files of Project Officers are subject to audit every year to ensure that the programme is being operated with fidelity to the manual. Drop-in facilities are available for young people and mentors to use in larger towns and a number of group outings are organised every year.

BBBS in the context of the Foróige organisation

BBBS Ireland is part of the Foróige organisation and currently employs 21 people, 17 of whom are Project Officers directly delivering the programme throughout Ireland. The organisation works with a range of internal and external partners to extend the reach of the BBBS programme beyond what they provide directly. Internal partners are community-based Foróige youth projects and external partners are community-based projects managed by other youth work organisations or the HSE. Staff in these organisations are trained as caseworkers and manage a number of matches in their project. BBBS Ireland is responsible for training and monitoring standards pertaining to this intervention in these partner organisations.

Methodology of study

The international body of research into youth mentoring indicates that the intervention makes a small, but significant difference to young people in psychological, social and academic areas (DuBois *et al*, 2002; Tierney *et al*, 1995). The aim of this study was to explore the effectiveness of youth mentoring in an Irish context. The logic model for the study was developed based on a review of the literature in relation to mentoring processes and outcomes, and was guided largely by Jean Rhodes' model of mentoring (Rhodes, 2005). The hypothesis for the study was that mentoring would result in improved emotional well-being, improved attitudes to school, reduced risk behaviour, better perceived social support and improved parental and peer relationships. The logic model suggested that these outcomes would only arise if a strong relationship between the young person and mentor had developed and if the programme was operated in accordance with its manual. An international Expert Advisory Group with extensive knowledge of mentoring research and experimental evaluation was used as a resource throughout the study (*see p. ii for members of group*).

A mixed methods approach, involving a combination of qualitative and quantitative methods, was adopted in this study because it combines the advantages of a large-scale quantitative assessment with the benefits of a deeper probing that can be gained through qualitative work (Creswell and Plano Clark, 2007). There were three strands to the overall research study:

- A randomised control trial (RCT) randomly allocated study participants to either a treatment or a control group, and compared their outcomes over the study period. This approach was undertaken to show clearly if the group receiving mentoring showed improved outcomes compared to the group not receiving mentoring (Shadish *et al*, 2002).
- Nine longitudinal qualitative case studies of mentoring pairs were conducted to explore the perspectives of young people, parents, mentors and project workers regarding the outcomes of mentoring relationships and the factors that contribute to the achievement of or absence of these outcomes.
- A review of programme implementation was undertaken to assess if the programme was implemented as planned. This involved staff interviews, collection of monitoring data and review of programme materials.

The RCT study sample consisted of 164 young people who were newly referred to the BBBS programme in the West of Ireland in 2007. Youth in the study sample were randomly assigned to receive either (a) the intervention plus regular youth activities or (b) regular youth activities alone, thereby ensuring that all study participants received a service. Mentoring was thus evaluated as an add-on to regular project activities, which reflects the way the programme is run in Ireland. In addition, youth in the control group were placed on a waiting list and could receive the intervention when the study finished if they still wished to participate. The target age range of young people was reduced to 10-14 years to ensure that those on the waiting list would still have time to be matched before turning 18.

Young people, parents, mentors and teachers were asked to complete surveys at 4 time points, or waves, over a 2-year period (October 2007 to October 2009). An 82% response rate for young people, 79% for parents and 96% for mentors was achieved at Wave 4, the final data collection point. Of the 84 members of the intervention group, 72 were matched with a mentor during the study period. Three-quarters of these matches were still ongoing at the time the final surveys were completed in October 2009.

Analysis of RCT data took a number of forms. The mean scores for intervention and control groups were compared for each measure, the standardised mean difference (Cohen's *d*) between the groups was calculated and a regression analysis was undertaken to test the statistical significance of results. These tests are described in detail in *Report 1: Randomised Control Trial and Implementation Report* (Dolan *et al*, 2011). Regression analysis was also undertaken to explore differences in outcomes for young people matched with a mentor and those not matched (because 12 of the intervention group were not matched). Analysis was also undertaken to look at differences for particular groups of people taking part: for example, the outcomes for children not living with both parents were compared with those living with both parents.

A sample of 9 matches was drawn from the larger RCT sample for qualitative analysis. The sample was purposive, meaning that it was designed to include matches in rural and urban areas and males and females. Each young person, mentor, parent and caseworker involved in each match was interviewed approximately 3 months into the match and one year later. A total of 66 interviews were undertaken, all of which were transcribed in full and the software package NVivo was used to aid with coding and analysis of the data.

Demographic data were collected in relation to youth and mentors, together with monitoring data in relation to the 'dosage' of regular project activities, mentoring hours provided over the study period and the duration of matches in the study. Relevant documents were reviewed and interviews were held with staff members as part of the implementation study.

Study participants

The 164 young people who took part in the study were mostly Irish-born, had an average age of 12 and lived mostly in or near an urban location. The sample was almost equally divided between males and females. Almost half of the youth did not live with both parents. The most common reasons for referral were that the young person was affected by economic disadvantage, had poor social skills or was shy and withdrawn.

The 73 mentors who took part in the study ranged in age from 18 to 55 years, with an average age of 31 years, and 55% were female. Over 80% of mentors had a third-level education and 70% were working full-time at the time of intake to the study.

RCT strand: Summary of key findings

As described above, standardised survey measures were used to assess outcomes at 4 time points, or waves, over a 2-year period for intervention and control groups. The outcomes assessed related to 4 dimensions – emotional and mental well-being, education, risk and problem behaviour, and relationships and social support. Youth in both intervention and control groups showed improvements on all measures over the study period, with the exception of those related to risk behaviour.

The RCT results show that the mentoring intervention was effective in relation to emotional well-being and social support, with statistically significant findings for the intervention *versus* control group analysis and a minimum effect size of 0.13 at Wave 4 (the end of the study, October 2009). Results for the Children's Hope Scale were strongest out of the 14 youth outcome measures assessed, with an effect size of 0.22 at Wave 4. The effect sizes for total perceived social support and support from other adults at Wave 4 were both 0.13. There were positive, but non-significant trends in relation to social acceptance, school liking, plans for school and college completion, and drug and alcohol use. Measures of scholastic efficacy and misconduct were also non-significant.

The results of the parent survey measures showed a significant decline in control group parents' perceptions of their children's pro-social behaviour over Waves 2 to 4, whereas the change over time for members of the intervention group was positive. The parent strand of the RCT did not show significant evidence of impact in relation to parents' perception of their children's academic performance or of an improvement on the strengths and difficulties measure.

In terms of aggregate effect size, control and intervention groups were statistically equivalent in the young people's survey at baseline, with an average Cohen's *d* of 0.01 at Wave 1. According to the criteria developed by Cohen (1988), a small effect is represented by a Cohen's *d* of 0.20. An average Cohen's *d* of 0.15 was recorded for Wave 2, which rose to 0.19 at Wave 3 and decreased to 0.09 at Wave 4. The effects recorded are consistent with other studies of mentoring. For example, the study by Tierney *et al* (1995) of community-based mentoring recorded an average effect size of 0.06 at 18 months post-baseline, at which equivalent time point (Wave 3) an effect size of 0.19 was recorded for the present study. The meta-analysis by DuBois *et al* (2002) of 55 mentoring studies found an average effect size of 0.14. These results therefore suggest that the BBBS Ireland intervention had an impact in a similar range to that found in previous studies.

Other analyses

Twelve of the 84 young people in the intervention group were not matched with a mentor during the study period, but were analysed as part of the intervention group in the RCT analysis due to the 'intent to treat' approach. Therefore, an additional analysis was undertaken to compare the outcomes for those who actually were mentored with those who were not. The measures of child hope and perceived social support, found to be significant in the RCT, were also significant in this analysis. In addition, 2 measures in this analysis showed enhanced outcomes related to education for young people with a mentor: young people matched with a mentor were seen to like school better and to show greater intent to finish school and go to college than those not matched. This finding offers promising evidence that mentoring can impact on young people's attitudes to school, which is important because research shows that higher satisfaction with school is positively related to academic achievement and the student's quality of life at school. This analysis also showed enhanced outcomes in relation to perceived sibling support for young people matched with a mentor.

The study also explored whether a range of factors moderated the effects of the BBBS programme on participants. Like the findings of the meta-analysis of mentoring studies by DuBois *et al* (2002), age and gender were not found to be moderators of programme effects. However, also in keeping with these authors, frequency of meeting, duration and closeness were predictors of enhanced outcomes. This underlines the importance of programme practices in ensuring that mentoring matches are of a good quality, are supported to meet regularly and for a minimum of 12 months. The analysis also suggests that the programme may work particularly well in terms of supporting young people living in one-parent households.

Summary of key findings

- Young people with a mentor were more hopeful and had a greater sense of efficacy in relation to the future than those without a mentor.
- Young people with a mentor felt better supported overall than those without a mentor.
- Parents of mentored youth rated their pro-social behaviour more positively than did parents of non-mentored youth.
- There were positive, but non-significant trends in the core RCT study in relation to social acceptance, school liking, plans for school and college completion, and reduced drug and alcohol use.
- There were also non-significant findings in relation to misconduct and scholastic efficacy.
- There was an average effect size (Cohen's *d*) of 0.09 after 2 years across all the youth measures, which compares favourably to the RCT study by Tierney *et al* (1995) of BBBS in the USA.

Further analyses showed:

- Promising findings in relation to education for young people matched with a mentor.
- Promising findings in relation to perceived sibling support for young people matched with a mentor.
- Matches that meet regularly and last for a minimum of 12 months have stronger outcomes.
- The BBBS programme is particularly effective for young people from one-parent families.

Issues arising in the RCT study

There is a possibility that the effects observed could be stronger had more young people been matched for 12 months or more, which is the minimum match duration desirable in the BBBS programme. As reported in Report 1, 57% of young people matched received 12 months or more mentoring during the study period and 3 in 4 matches were still ongoing at the time the last surveys were undertaken (Wave 4 in October 2009).

The effects of the intervention were much stronger at Waves 2 (12 months) and 3 (18 months) than at Wave 4 (24 months). Indeed, comparing the results of the final wave of the study to other studies on mentoring is not an equivalent comparison on the basis that many other studies made their final assessment of outcomes after 12 or 18 months. The effects reported in the present study would compare even more favourably to most studies of mentoring if the findings at 18 months post-baseline were used. However, it raises the question of why the results were smaller at Wave 4 than at Wave 3. Given that 75% of matches were still ongoing at Wave 4 and that research on mentoring would lead us to predict that the outcomes become stronger the longer the match lasts, this trend is puzzling. One possible explanation is that the dosage of mentoring across the study was much stronger at the time of the Wave 3 assessment than at the time of the Wave 4 assessment. As seen in Report 1, approximately 300 mentoring hours were provided to participants in the study in May 2009, when the Wave 3 assessment was undertaken, whereas the number of hours provided in September 2009 was about half this amount. The reason for the decline in dosage appears to be caused by a tendency for matches to meet less frequently as their match progresses. Analysis of the average number of hours that each match met for each month of their match showed that the average match met for 5 hours per month for the first 6 months of their match, which appeared to decline to 3 hours from 7 months onwards. At Wave 3, 53% of matches were meeting the criterion for frequency of meeting, but just 35% met the criterion at Wave 4. Given that achieving programme criteria for duration and frequency of meeting was found to be a moderator of outcomes in this study, it is likely that the tendency of matches to meet less as the match progresses explains the lessening of effects between Waves 3 and 4.

Key findings – Qualitative data

The qualitative case studies focused on the nature of the support provided by mentors to young people and the outcomes arising from the mentoring relationship. Findings on each of these dimensions is summarised below.

Support

The case study research highlighted the ways in which mentors support young people through the programme. *Practical* support took the form of facilitating young people to do things, go places and meet people they may otherwise not have been able to. By offering this form of support, mentors introduced young people to a broader social network and made connections for them. Mentors were also seen to offer *emotional* support, through listening to and empathising with the young person and acting as a 'sounding board' for daily events and challenges. Some young people talked openly to their mentors and sought support in addressing personal issues, while others did not. This variation illustrates how mentoring relationships could be used as a resource to help young people to cope in whatever way they felt comfortable. Positive feedback from the mentor to the young person in relation to their

achievements and abilities could be seen as a form of *esteem* support. The reciprocity evident in many of the relationships was also likely to have enhanced the young person's belief that they have something positive to offer others. Mentors were also seen as being able to offer *advice* and guidance in a way that would make it accepted by the young person.

The qualitative evidence suggests that the closer the relationship, the more seamlessly these forms of support could be transmitted, thus reflecting the consensus in the mentoring literature regarding the importance of relationship quality (Keller, 2005; Rhodes, 2005).

Emotional well-being

In the qualitative case studies undertaken as part of this study, the 9 young people 'matched' were described as happy and appeared to derive great enjoyment from their match, an emotional state which is associated with well-being. Some young people with behavioural, emotional and relationship issues were reportedly calmer and more in control of their behaviour at home and in social settings. There were also reports by parents and caseworkers of increased confidence in some young people, particularly girls who had previously been shy or withdrawn.

Education

The data indicate that it was common for the mentor to encourage and support the young person with their plans for school and their future education, but young people tended not to accept offers of help with homework. The data also show that some young people appeared to demonstrate outcomes in the area of education while others did not. For example, some young people were doing well at school and planned to go to college, so there was no evidence of mentoring making an impact on these decisions. However, there were a small number of cases where the young person had issues that may have hindered his or her enjoyment of school and it appeared that support with managing these issues may have helped the young person in relation to their education. In one case, a young person discovered and researched his desired career path as a result of activities he and his mentor had undertaken.

Relationships with parents and peers

The qualitative data indicate that the BBBS programme impacted positively on the parent-child relationship because it gave parents a break, helped to alleviate tension and conflict in the relationship where such conflict was present, and showed to young people that they could 'get on' with adults. The qualitative data also show that young people were seen to have more friends and to get on better with their peers since taking part in the programme.

Risk behaviour

Improvements in the well-being and behaviour of boys was a consistent theme in the qualitative data. Respondents believed that these improvements had knock-on effects in areas such as education and relationships with parents and peers for some young people. The strongest outcomes appeared to be for young people, whether boys or girls, who were experiencing family and personal issues (such as bullying, parental break-up and parental conflict) that were having a negative impact on their sense of well-being and behaviour at school.

Apart from behavioural improvements for boys, there were no specific references to outcomes in relation to risk behaviour, although it was an implicit objective in many of the matches. Relationships with parents were reported to be better because the young person was happier and the outlet provided by the mentor appeared to defuse some conflict in the relationship in cases where it was a problem.

Other findings

The qualitative strand of the study also highlighted a range of factors that appear to influence or 'moderate' the effects of the intervention on young people. The closeness of the mentoring relationship was considered a key factor in influencing whether or not outcomes accrued from the intervention. Respondents highlighted how programme practices such as training and regular supervision enabled matches to overcome problems and helped to build the efficacy of mentors. For many of the matches, the frequency of meeting appeared to reduce approximately 6 months into the match. In keeping with Rhodes' (2005) theory, matches lasting for 12 months or more appeared to be the most beneficial. The research also showed that mentors and mentees in rural areas often found it more difficult to find activities to do and to protect their privacy.

Integrated findings

As outlined in the Introduction, this study compared designated outcomes for a group of young people attending Foróige services with designated outcomes for a group of young people attending Foróige services *and* also being matched with a mentor. Table 1 provides an overview of the various domains assessed as part of the study and the key quantitative and qualitative findings from the study.

As Table 1 illustrates, the strongest evidence from the RCT study regarding the 'added-value' of the mentoring intervention is in the area of **emotional well-being**. *Young people with a mentor had consistently higher levels of hope across the study period than young people without a mentor and this finding is reflected in the qualitative data, which found that many mentored young people were described as happier, calmer or more confident.* There is a growing body of evidence demonstrating the importance of 'hope' as a psychological trait in children and adolescents (Valle *et al*, 2006). For example, research has shown a link between higher levels of hope and life satisfaction, while those with higher levels of hope also report less emotional distress than those with average hope (Gilman and Dooley, 2006).

Quantitative and qualitative findings also indicate that the intervention is capable of improving young people's **perceived social support**. There is a strong body of evidence indicating the importance of social support in terms of the well-being of young people. In simple terms, the more support young people have, the better they can cope (Malecki and Demaray, 2003).

This finding is in line with other research on mentoring, which has shown evidence of some impact on **mental health**. The meta-analysis by Dubois *et al* (2002) of over 55 studies of mentoring programmes found that there is a small, but significant positive effect for mentees in the area of enhanced psychological functioning. Students with mentors in the Across Ages programme (an intergenerational mentoring approach to drug prevention) had significantly better attitudes to the future than non-mentored participants or non-participants (LoSciuto *et al*, 1996).

Table 1: Quantitative and qualitative findings for each domain studied

Domain	Key quantitative findings	Key qualitative findings	Conclusion
Emotional well-being	<p>RCT: Significant findings on Children's Hope Scale (Cohen's <i>d</i> 0.22).</p> <p>RCT: Significant findings on perceived social support measure (Cohen's <i>d</i> 0.13).</p> <p>RCT: No significant findings for social acceptance.</p> <p>RCT: Positive trends in parental assessment of pro-social behaviour.</p>	<p>Young people perceived as happier, calmer and more confident.</p> <p>Perceptions of more positive relationships with parents and peers.</p> <p>Reports of practical, emotional, esteem and advice support to young people.</p>	<p>The study shows that mentoring impacts on the emotional well-being of young people.</p>
Education	<p>RCT: No impact on scholastic efficacy, plans for school and college, and school liking.</p> <p>RCT: No impact on parents' perception of their children's academic performance.</p> <p>Other: Marginally significant results on school liking and plans for college completion for matched group.</p>	<p>Mentors give positive messages about education.</p> <p>Impact on educational outcomes evident in some mentoring relationships studied.</p> <p>No impact on educational outcomes evident in some mentoring relationships studied.</p>	<p>The study suggests that mentoring may have some effects on educational outcomes, but the effects are not strong enough to show a significant effect in a study of this size.</p>
Risk behaviour	<p>RCT: No impact on misconduct.</p> <p>RCT: Positive, but non-significant trends in relation to delayed drug and alcohol use.</p>	<p>No evidence of impact on misconduct or delayed drug and alcohol use.</p>	<p>The study has no firm evidence of an impact on risk behaviour.</p>
Other	<p>Indications that young people matched and meeting frequently with a mentor have better outcomes.</p> <p>Young people who perceive their mentor as close and supportive have better outcomes.</p> <p>Mentoring can help to reduce the disparity in outcomes between young people in one-parent and two-parent families.</p> <p>The average effect size across the study declined as the number of hours of mentoring declined.</p>	<p>The strongest impact appears to be for young people experiencing adversity and in matches that are close and long-lasting.</p> <p>Evidence that youth mentoring is a child-centred intervention, working with each young person in the context of his or her own needs and unique circumstances.</p> <p>Evidence that mentors and mentees tend to meet less as their match progresses.</p>	<p>Frequency of meeting and closeness of the relationship are important in ensuring positive outcomes.</p> <p>The programme should be targeted at young people with family and personal issues.</p> <p>Frequency of meeting tends to decline as the match progresses.</p>

In terms of **educational outcomes**, there are some trends indicating that mentoring can improve young people's liking of school and their likelihood of staying at school or going to college, although the effect did not emerge as statistically significant in the RCT study. These effects may be seen as significant in a larger sample. The qualitative data was of value in illustrating how mentors can influence young people in relation to education.

Trends in relation to reduced **drug and alcohol use** were positive but non-significant, while no evidence of an impact in relation to **misconduct** was found in either the quantitative or qualitative data.

Other analyses show the importance of frequent meetings in terms of outcomes from the programme. The quantitative data show that the intervention is particularly effective for young people not living with both parents, while the qualitative data show that it appears most valuable for young people experiencing adversity. Both sets of data confirm the widely held view that close and supportive relationships are a prerequisite for the emergence of positive outcomes from mentoring relationships.

Policy implications

The key policy and legislative developments relating to both child care and youth development in Ireland in recent decades emphasize the need for community-based programmes and flexible supports for children and young people. On the premise that, where possible, youth should be supported in their own community through prevention and early (in the problem) interventions, BBBS represents a positive choice for policy-makers. The Child Care Act 1991 favours such a preventative approach through prioritising child welfare and providing a framework for the provision of services that support families to care for their children.

The policy handbook published by the Office of the Minister for Children (now the Department of Children and Youth Affairs) in 2007, entitled *The Agenda for Children's Services*, identifies 7 national outcomes for children and young people in Ireland and emphasizes the role of support networks beyond the immediate family as key sources of support for children experiencing adversity (OMC, 2007). 'Healthy, both physically and mentally' is one of the desired national outcomes identified in *The Agenda*. The present research has shown that the BBBS youth mentoring programme has demonstrated efficacy in improving the emotional well-being of young people. The programme is effective in improving networks of informal support for children through the introduction of a supportive non-familial adult. The research has also shown promise in relation to educational outcomes.

Irish policy for children and young people also favours a 'whole child' approach, as reflected in the National Children's Strategy (2000) and *The Agenda for Children's Services*. The need for a child-centred policy was reiterated by the Commission to Inquire into Child Abuse (2009, The Ryan Report), which recommended that child care policy should be child-centred and that services should be tailored to the developmental, educational and health needs of the particular child. Policy literature relating to children and young people who are vulnerable has also emphasized the need for services in which children's own agendas can be key and where children are seen as agents of their own lives (Moss and Petrie, 2002, p. 106).

The evidence in the present study suggests that the BBBS programme adopts a 'whole child' approach and creates a space wherein children and young people are facilitated to make a positive contribution to their own welfare (Parton, 2006; Brannen and Moss, 2003). Young people were seen to trust in and open up to their caseworkers and mentors to varying degrees, while the structure of the programme allows time and space for the young person to become comfortable and pursue their own interests, needs and objectives. As highlighted in the case study data, having this space for the stakeholders in the relationship to get to know and understand the young person facilitated lateral thinking in relation to creative ways to address problems in the young person's life.

It is important to note that, unlike other countries where BBBS is currently implemented, the programme in Ireland is provided by Foróige as an 'add-on' to its youth work programme. Because the BBBS programme is provided with a community setting, it can cater for 'many' rather than 'few' young people for the same cost of staff time and, therefore, the costs of the intervention are not high (approximately €1,120 per match). While a cost-benefit analysis was not undertaken in this particular study, such an analysis by Moodie and Fisher (2009) in relation to the programme in Melbourne found that BBBS has the potential to bring about significant savings over many years post-intervention when the costs associated with youth who become criminalised and are retained within the justice system are taken into account.

It is important to note that these conclusions relate to the BBBS programme, which is considered an example of best practice in relation to youth mentoring. They should not be seen to apply to all youth mentoring programmes since the quality of programme practices are of great importance in interventions of this nature.

Practice implications

The review of programme implementation undertaken as part of this study highlights a strong degree of adherence to the BBBS programme model. The programme is very well managed and operated, and there is a high degree of staff commitment at all levels. Its operation is enhanced by the experience of many programme staff as mentors themselves and by almost 10 years of operating the programme in the West of Ireland. Evidence suggests that supervision is undertaken monthly and that matches are given any support they may require. The findings also suggest that there is a strong rationale for the integration of the mentoring service with youth work programmes. Management and staff should continue to provide the service to the excellent standard that has been attained.

Given that the closeness and longevity of a match are associated with stronger outcomes, the programme should continue to invest its efforts in ensuring matches last as long as possible, meet as frequently as possible and are facilitated to become as close as possible. The qualitative data confirm the findings of the quantitative research – that matches meet less frequently after 6 months. Given the association between meeting the programme criteria and positive outcomes, this is something that should be considered by programme staff. It may be useful to monitor the frequency of meeting for each match to enable programme staff to see if it is adhering to recommended standards for frequency of meeting. It may also be helpful to bring the research findings to the attention of mentors so that they are aware of the importance of meeting frequently and building up trust with their mentee.

The study findings suggest that the programme could achieve a stronger impact if targeted more at young people with personal and family issues. The quantitative analysis shows a particular benefit for young people not living with both parents, while the qualitative data show that the intervention appeared to be particularly beneficial in cases where the young person had some needs or issues, such as difficult behaviour or bullying. In a context of scarce resources, it is prudent to prioritise matches for young people who could benefit most from the programme, bearing in mind, as is programme practice, their suitability for matching with a mentor.

There is a risk that young people whose matches end early will be hurt if they perceive rejection by the mentor, as highlighted in *Report 2: Qualitative Evidence* (Dolan *et al*, 2010). This is something the programme is cognisant of and which it endeavours to avoid or manage sensitively if it does occur. Programme staff should make mentors aware of the potential for disappointment for the young person if their match ends. While this is currently programme practice, it may need to be re-emphasized.

The practices of offering facilities for matches to meet and of organising weekend or day trips for matches are perceived as very helpful in terms of energising matches and offering additional social opportunities for young people. Mentors also valued the opportunity to meet informally with each other. These practices should be continued as much as possible.

Conclusions

This research study has shown that the BBBS mentoring programme can impact on young people's emotional well-being and perceptions of the support available to them. The study also showed promising trends in relation to education. It is a popular programme and is implemented to a high standard. It can be seen to fit with the aims of children's policy in Ireland, which emphasize the need for evidence-based, preventative, child-centred approaches to improve the well-being of children and young people.

Finally, it would be remiss of the research team not to acknowledge that, as this RCT study was the first of its kind in an Irish youth work context, the host organisation Foróige took a relative risk in exposing the organisation and its staff to such a high level of scrutiny. Foróige deserves commendation for its leadership in both adding to the body of knowledge on mentoring and for its genuine interest and intention towards seeking to find out how best to serve Irish youth in general and those at risk in particular.

References

- Big Brothers Big Sisters Ireland (2008) *Service Delivery Manual and Pack*. Galway: Foróige.
- Brannen, J. and Moss, P. (eds.) (2003) *Rethinking Children's Care*. Buckingham: Open University Press.
- Cohen, J. (1988) *Statistical Power Analysis for the Behavioral Sciences*. Hillsdale, NJ: Erlbaum.
- Commission to Inquire into Child Abuse (2009) *Report of the Commission to Inquire into Child Abuse*. Dublin: Government Publications.
- Creswell, J. and Plano Clark, V.L. (2007) *Designing and Conducting Mixed Methods Research*. London: Sage.
- Dolan, P., Brady, B., O'Regan, C., Russell, D., Canavan, J. and Forkan, C. (2011) *Big Brothers Big Sisters of Ireland: Evaluation Study. Report 1: Randomised Control Trial and Implementation Report*. Galway: Child and Family Research Centre, National University of Ireland, Galway.
- Dolan, P., Brady, B., O'Regan, C., Russell, D., Canavan, J. and Forkan, C. (2010) *Big Brothers Big Sisters of Ireland: Evaluation Study. Report 2: Qualitative Evidence*. Galway: Child and Family Research Centre, National University of Ireland, Galway.
- DuBois, D.L., Holloway, B.E., Valentine, J.C. and Cooper, H. (2002) 'Effectiveness of mentoring programs for youth: A meta-analytic review', *American Journal of Community Psychology*, Vol. 30, No. 2, pp. 157-97.
- Gilman, R. and Dooley, J. (2006) 'Relative levels of hope and their relationship with academic and psychological indicators among adolescents', *Journal of Social and Clinical Psychology*, Vol. 25, No. 2, pp. 166-78.
- Government of Ireland (1991) *Child Care Act*. Dublin: Government Publications.
- Keller, T.E. (2005) 'A Systemic Model of the Youth Mentoring Intervention', *Journal of Primary Prevention*, Vol. 26, No. 2, pp. 169-88.
- LoSciuto, L., Rajala, A., Townsend, T.N. and Taylor, A.P. (1996) 'An outcome evaluation of Across Ages: An intergenerational mentoring approach to drug prevention', *Journal of Adolescent Research*, Vol. 11, No. 1, pp. 116-29.
- Malecki, C.K. and Demaray, M.K. (2003) 'What type of support do they need? Investigating student adjustment as related to emotional, informational, appraisal and instrumental support', *School Psychology Quarterly*, Vol. 18, No. 3, pp. 231-52.
- Moodie, M. and Fisher, J. (2009) 'Are youth mentoring programs good value-for-money? An evaluation of the Big Brothers Big Sisters Melbourne Program', *BMC Public Health*, Vol. 9, No. 1, pp. 1-11.
- Moss, P. and Petrie, P. (2002) *From Children's Services to Children's Spaces: Public Policy, Children and Childhood*. London: Routledge Falmer.
- OMC (2007) *The Agenda for Children's Services: A Policy Handbook*, Office of the Minister for Children. Dublin: Government Publications.
- Parton, N. (2006) *Safeguarding Childhood: Early intervention and surveillance in a late modern society*. Basingstoke: Palgrave Macmillan.
- Rhodes, J.E. (2005) 'A model of youth mentoring'. In: D.L. Dubois and M.J. Karcher (eds.), *Handbook of Youth Mentoring*. Thousand Oaks, CA: Sage.
- Rossi, P.H., Lipsey, M.W. and Freeman, H.E. (2004) *Evaluation: A Systematic Approach* (7th edition). Thousand Oaks, CA: Sage.
- Shadish, W.R., Cook, T.D. and Campbell, D.T. (2002) *Experimental Design and Quasi-Experimental Designs for Generalised Causal Inferences*. Boston, MA: Houghton Mifflin Company.
- Tierney, J., Grossman, J. and Resch, N. (1995) *Making a Difference: An Impact Study of Big Brothers Big Sisters of America*. Philadelphia: Public/Private Ventures.
- Valle, M.F., Huebner, E.S. and Suldo, S.M. (2006) 'An analysis of hope as a psychological strength', *Journal of School Psychology*, Vol. 44, No. 5, pp. 393-406.



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