

YouthZone

Pals Mentoring Program Evaluation Report ■ February 2014

Program Evaluation Overview

Positive child-youth development means that a child is maturing on a positive, upward course, growing physically, emotionally, and socially, prepared to meet life challenges and take advantage of opportunities. Most young people in communities served by YouthZone are well on their way toward a successful adolescence and adulthood. Some are not. Mentoring may provide the emotional support, guidance and experiences that will restore young people to a favorable development path. This *Pals Mentoring Program Evaluation Report* analyzed and interpreted changes in challenges and assets that mentoring supervisors and parents observed with young people who had either a teen or an adult mentor over the course of one and two years. The report also made recommendations for informing communities and professionals about the program's evidence-based benefits.

The "Value Added" by Mentoring to Promoting Positive Youth Development

Now, it is more evident than ever before that successful investment in the positive development of economically, socially, or psychologically disadvantaged children and youth must stimulate a strategically sound, outcomes-driven collective effort among families, educators, public and government agencies, and nonprofit youth-serving organizations. Separate efforts, even those well intentioned and offered by people and organizations dedicated to the wellbeing of young people will be insufficient when the challenge is seen from a population perspective. Similarly, efforts without measurable accountability for their resources require close scrutiny given the unmet need among young people in communities everywhere.

Youth mentoring is one potential tool in the intervention kit to lower barriers for positive development. Its potential is unique. Mentoring programs naturally support disadvantaged children and youth in their families, at school, with peers in the neighborhood, with self-sufficiency and identity development, as well connecting them with community sponsored programs. Mentoring is unique also because its costs are modest. Often its influence extends not just for brief periods, as is typical with many health and human services programs, but young people may choose to continue for months and even years. Mentoring's potential for promoting positive child-youth development has the power to alter multiple social determinants of child maladjustment and stimulate in real life settings their existing assets – changes difficult to engineer from a clinic, counseling office, or single purpose program. Assessing this potential was the purpose of this evaluation.

The Evaluation Plan

The evaluation was designed to answer these four questions about mentoring:

1. What changes occurred in *challenges* or barriers to child-youth development?
2. What changes occurred in their *developmental assets* during mentoring?
3. How did parents of mentored children describe their child from the beginning to year's end?
4. Based on the evidence, what roles in the promotion of positive youth development can be recommended for mentoring?

Challenges and assets were assessed by the mentee's mentoring supervisor and parents completed first-year mentoring pre- and post-surveys on their child's development. Supervisors also rated the quality and consistency of provided mentoring. In addition, they rated the quality of maternal and paternal involvement in mentoring. Supervisors assessed their youthful client's background, including whether they had been exposed to prior life events that could be traumatic for their development. (The details of these evaluation methods are presented fully in the 2011 evaluation of the Pals Program.) Data collection was thorough, yielding little missing or compromised information for evaluation analysis.

Children in the Evaluation Study

In 2011, evaluation completed an in-depth study of the *Pals Program* and reported on results in a May 2011 report. That evaluation looked at 107 children, ages 6-14 years who had completed a full year of mentoring. Now, three years later, evaluation repeated its outcomes analysis with a sample that included the original

set of youngsters and new enrollees who had completed one year or two years of mentoring. The resulting evaluation sample included 154 children and youth, 61.7% who were mentored for one year and 38.3% who completed two years in the program.

Teen mentors served 65.6% of children and 34.4% were matched with an adult. Girls and boys were equally likely to continue mentoring into the second year. Girls were more likely than boys to have a teen mentor ($\chi^2 = 13.30, p < .000$). Most youth clients (57.8%) were White American, while 39.6% were Latino, Hispanic. Clients ranged from 5-14 years of age, with half being about nine years or younger. The median was 9.6 years and mentored girls and boys were of about the same age. Younger clients were more likely to have teen mentors (Student's $t = 2.55, p < .012$).

Parent Support of Mentoring, the Quality and Consistency of Mentoring, and Trauma

The extent of mentoring outcomes with children and teens may be influenced by their sex and age, but also by the quality and consistency of the mentor-mentee relationship and by the support for mentoring by mothers and fathers. Accordingly, when evaluation conducted statistical analyses of changes in child-youth challenges and assets, it factored these into its calculations. Pre-mentoring child trauma may have affected mentee progress; therefore, calculations also considered these circumstances in reaching an understanding of mentoring and child-youth development.

Change in Challenges to Mentored Client's Positive Development

Challenge assessments completed by mentoring supervisors captured developmental issues faced by each mentee. Five challenge categories, each with its own checklist of topics, were analyzed to determine changes for clients during year-1 and year-2. Categories and sample topics are shown in Fig. 1. At 30-, 180-, and 365-days following a mentor-mentee match, through the first and into the second year, supervisors checked topics as present or absent for their child-youth clients. Evaluation totaled the number of topics identified for each client and made the following statistical comparisons:

- Change during year by all clients combined
- Change during year by boys vs. girls
- Change for by younger vs. older clients (10+ years)
- Change by clients mentored by adult vs. teen
- Change by early trauma history
- Change by low vs. high mentoring quality
- Change by low vs. high mentoring consistency
- Change by low vs. high maternal involvement
- Change by low vs. high paternal involvement

Fig. 1 Mentoring Supervisor Challenge Assessments: Categories and Topics

- 1. Challenges within the Family** (15 topics)
 - Parents in a conflicted divorce or on-going marital instability
 - Parent has mental health problems
 - Chaotic family lifestyle
- 2. Challenges in Child or Youth's Behavior** (10 topics)
 - They lose their temper too often and too quickly
 - Youth is hyperactive, lacks self-control, deliberately disturbs or disrupts others
 - They are hostile to a parent
- 3. Challenges in Socialization** (13 topics)
 - They have limited social skills
 - Often passive and do not make decisions
 - Are not easily accepted by peers
- 4. Challenge with Sadness and Emotional Sensitivity** (8 topics)
 - They have bouts of low self-esteem
 - Are depressed or sad much of the time
 - Get their feelings hurt easily
- 5. Challenges with School** (7 topics)
 - Not completing schoolwork
 - They are underachieving, given their ability
 - Are not motivated in school

The purpose of these comparisons was to look more deeply into circumstances and understand more completely the influence of mentoring on youthful clients. These comparisons would show the most significant benefits and the circumstances in which these effects will occur. Sample size limitations for statistics limited year-2 analyses to only comparisons of category totals. No subgroup analyses were possible.

Challenges within the Family—Year 1 The total number of challenges in family functioning assessed by supervisors ranged from 0 to 10, with the average mentee's home having 3-4 of the listed family functioning issues. The majority of clients' families had several significant challenges to their capacity for promoting positive child-youth development.

Overall, mentee's family environments improved slightly, but did not change significantly during clients' first year of mentoring ($F = 0.79, p < .377$). Where there was improvement, it seemed to occur during the first six months. Wherever these took place, they occurred equally for boys vs. girls, young vs. older clients, those with no and substantial trauma histories, and for clients with high and low mentoring quality and consistency. It was observed, however, that family conditions actually worsened when paternal involvement in mentoring –

and probably in the family as a whole – declined ($F = 6.58, p < .012$). Mentoring did not strengthen or weaken family functioning; though mentoring supervisors thought family functioning declined when fathers, but not mothers, became less involved with the mentor-mentee relationship.

Challenges within the Family—Year 1-2 Over the course of two mentoring years, from 30-days after their initial year-1 match through the end of year-1 (365-day) and on to the end of year-2 (365-day) ratings, family functioning remained essentially unchanged ($F = 0.038, p < .848$).

Challenges in the Client's Behavior—Year 1 Most mentees (59.7%) did not exhibit any of the child behavior problems supervisors assessed at the time of the initial match. The average number of issues was only one, although about one-in-ten clients exhibited several adjustment difficulties.

Behavioral problems showed a slight but not statistically significant tendency toward improvement during mentoring ($F = 1.184, p < .159$). Change over the year was approximately the same for boys and girls, younger and older clients, and teen vs. adult mentoring. A tendency was seen for clients with histories of trauma to show no change at all in their behavioral adjustment ($F = 3.33, p < .070$). Measured mentoring quality did not have an influence on the small improvements in adjustment. On the other hand, when mentoring consistency was high, clients were assessed as having significantly fewer adjustment problems during the course of the mentoring year ($F = 3.46, p < .033$). Further, when mothers were closely involved with the mentoring process, their children's adjustment improved dramatically ($F = 5.39, p < .005$). No influence of paternal involvement on behavioral adjustment was seen in supervisor assessments.

Challenges in the Client's Behavior—Year 1-2 For all child-youth clients combined who remained enrolled in mentoring for two years, there was a slight improvement in behavioral adjustment, though not a statistically significant change ($F = 1.72, p < .198$).

Challenges in the Client's Socialization Skills—Year 1 Social skill challenges (e.g., problems with making decisions in social situations and difficulties in peer relationships) were common in the Pals program evaluation sample, with 59.1% having one or more issues. One-in-ten clients was assessed with four or more challenges. Evaluation examined changes in the prevalence of social adjustment problems over time during mentoring.

Although deficits in social adjustment declined during mentoring year-1, change was small overall and not sig-

nificant statistically ($F = 0.29, p < .593$). Evaluation next looked at subgroups to determine if change was related to client characteristics, background, or other factors.

Social adjustment during mentoring was similar for boys and girls, for young and older clients, adult and teen-mentored clients, those with and without trauma histories, those with lower and higher quality and consistent mentoring, and was unaffected by the support for mentoring of mothers. When fathers were supportive of mentoring – and perhaps more engaged with the family – analysis found greater improvement in child-youth social adjustment ($F = 4.34, p .039$).

Challenges in the Client's Socialization Skills—Year 1-2 Evaluation combined all clients for one analysis of change in social adjustment from the beginning of mentoring through to the end of a second year in the program. As was observed for year-1, social skills improved across the two years, but the changes were too small to be statistically significant ($F = 0.61, p < .439$).

Challenges with Sadness and Emotional Sensitivity—Year-1 Indications of emotional stress were common among Pals clients. Many (63.0%) were observed with symptoms of depression or anxiety. One-in-ten had four-five or more of these issues when they were assessed by their mentoring supervisor. These emotional reactions were also studied across mentoring year-1.

Marked and significant improvement in emotional health was found when supervisors' assessment were analyzed statistically ($F = 5.38, p < .005$). These changes occurred steadily across the 12-month period of mentoring. Improvement occurred at similar rates for girls and boys, was the same for older and younger mentees, and improved equally for teen and for adult-mentored clients. Those with histories of trauma showed more substantial gains in emotional adjustment ($F = 5.10, p < .010$), although at the time of their match, the mental health of these two groups did not differ. Even though mentoring quality seemed to favor improving emotional adjustment, its influence was not found to be significant statistically. A stronger effect was seen for mentoring consistency on emotional health improvement ($F = 5.05, p < .026$). When mothers were more supportive of their child-youth's mentoring, there was significantly greater improvement in emotional adjustment ($F = 4.89, p < .029$) and a similar though not as substantial effect occurred with paternal involvement ($F = 2.09, p < .126$).

Challenges in the Client's Sadness and Emotional Sensitivity—Year 1-2 While emotional health improved for clients during their first year of mentoring, a similar result was not seen for those who continued their enrollment for a second year ($F = 0.92, p < .343$).

Challenges in the Client's School—Year 1 Some mentored children and youth were having serious adjustment and achievement problems at school, although this was occurring for only about one-in-ten clients. Statistical analysis of change for those with school adjustment difficulties registered no important change during mentoring year-1 ($F = 0.01, p < .939$).

Comparison of client subgroups did show that when improvement in school adjustment occurred, it was more likely to be for girls than boys ($F = 3.27, p < .073$). However, the age of clients, whether they had a teen or adult mentor, a history of childhood trauma, had high or low mentoring quality or consistency had no effect on changes in school adjustment.

Challenges in the Client's School—Year 1-2 When considered as one group, mentored clients were found to greatly improve their school adjustment when they remained in mentoring for a full two years ($F = 5.76, p < .021$). Improvement was small, but positive in year-1, and then accelerated during year-2 so that the number of clients with multiple issues had been reduced by half.

Change in Mentored Client's Developmental Assets

The Pals Program strategy to improve positive youth development is to both reduce challenges to development and to increase assets that are known to promote positive maturation. Research has shown that youth assets are not the opposite of barriers and that the most effective support for positive development includes interventions that reduce challenges wherever possible while concurrently strengthening assets. Asset categories and topics, shown in Fig. 2, were derived empirically for the 2011 evaluation by interviewing supervisors on their observations of strengths exhibited by their clients.

Evaluation followed the same analytical methods with assets as presented above with child-youth challenges.

Self-efficacy Asset—Year-1 Among the Self-Efficacy asset topics, supervisors found 35.7% of youth having none at the time they were matched to their mentor. One-year later, mentees at all asset levels had shown 10-15% growth. Statistical analysis across months found this improvement to be highly significant ($F = 13.53, p < .000$) and to have occurred steadily across this period. Strengthening occurred as often for girls and boys and for all ages. Clients with teen mentors showed more asset growth in this category than did those with adult mentors ($F = 4.08, p < .045$). Early traumatic experiences did not prevent asset gains, nor did less than optimal mentoring quality or consistency interfere. There was a tendency ($F = 2.321, p < .130$) for

Fig. 2 Mentoring Supervisor Asset Assessments: Categories and Topics

- 1. Self-Sufficiency** (10 topics)
 - Has great self-esteem
 - Independent and outspoken
 - Very resilient, considering what they have faced
- 2. Empathy** (11 topics)
 - Kind and compassionate
 - Can be caring
 - Willing to help others
- 3. Social Cooperation** (9 topics)
 - Socially outgoing with adults
 - Good communicator
 - Has lots of friends
- 4. Problem Solving** (8 topics)
 - Are inquisitive
 - Youth is bright, intelligent, smart
 - They are intuitive, talented, and resourceful
- 5. Motivation to Achieve** (10 topics)
 - Does well in school, is a good student
 - Has goals and thinks about their future
 - Active and successful in what she/he does

maternal support to augment the benefits of mentoring for clients' Self-Efficacy. This influence was not seen for paternal involvement in mentoring.

Self-efficacy Asset—Year 1-2 Growth in Self-Efficacy during the second year of mentoring continued, but it was not as significant as had occurred in the first year ($F = 0.46, p < .503$).

Empathy Asset—Year-1 This developmental asset also responded to mentoring relationships. During the first year from the time of their match, clients with no assets in this category acquired them and those with some strengths added new capacity to empathize with other people ($F = 9.17, p < .003$). These developmental assets grew without regard to the client's gender, age, teen or adult mentor, history of childhood trauma, the level of quality or consistency of mentoring, or parenting support.

Empathy Asset—Year 1-2 As was seen with Self-Efficacy in year-1, clients' continued to add Empathy assets during year-2, but not at a significant pace ($F = 1.573, p < .217$).

Social Cooperation Asset—Year-1 Clients' capacity for being socially outgoing and a good communicator strengthened markedly during the course of year-1 ($F = 14.71, p < .000$), perhaps more so than in any other asset category. Asset growth accelerated during the second half of the first mentoring year. Change occurred

equally often for both sexes, all ages, in teen and adult relationships, for those who had and had not experienced earlier traumatic experiences, although, higher mentoring quality facilitated growth ($F = 6.27, p < .014$). The same influence was not seen for mentoring consistency. Growth seemed to occur without regard to the level of maternal or paternal involvement in the mentoring relationship.

Social Cooperation Asset—Year 1-2 For clients who completed an additional year in the program, this asset continued to strengthen, at an even more rapidly than in year-1 ($F = 11.52, p < .002$).

Problem-solving Asset—Year-1 Supervisors initially saw many clients (45.5%) with none of the indicators of this asset. A year later, however, these skills had grown considerably ($F = 13.53, p < .000$). Growth appeared to occur for most clients, regardless of their sex, age, age of mentor, whether they had a problematic childhood history, and was unaffected by the extent of mentoring quality, though a tendency was seen for mentoring consistency to enhance this overall effect ($F = 2.51, p < .116$). There was a very slight tendency for asset growth to be greater if the client’s mother was supportive of mentoring ($F = 2.17, p < .143$) but a more significant influence when fathers were engaged in the mentor-mentee relationship ($F = 5.61, p < .019$).

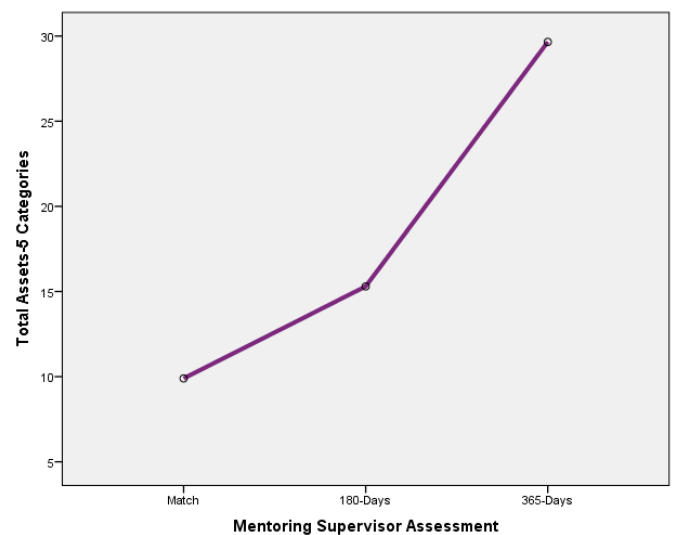
Problem-solving Asset—Year 1-2 A second year of mentoring stimulated an even greater strengthening of this asset for clients who remained in the program (6.22, $p < .017$).

Motivation to Achieve Asset—Year-1 Mentoring supervisors initially found half of all clients with none or only one of the indicators of this asset. Some clients remained at low levels of capacity to work in school and strive toward goals while others strengthened in these abilities, but growth for the group as a whole was small ($F = 2.40, p < .124$) and not statistically significant. When evaluation looked at change for subgroups, there was some indication that girls, but not boys experienced growth ($F = 2.76, p < .099$). Progress in this asset category was the same for older and younger clients, those who were teen or adult mentored, with or without child trauma experience, or less than optimal mentoring quality and consistency. Parental support for mentoring was unrelated to change on this asset.

Motivation to Achieve Asset—Year 1-2 Supervisors saw only modest-to-negligible growth in this asset during the first year, but in the second year of mentoring, children and youth seemed to advance very markedly in the Motivational asset category. Many added several indicators of Motivation in school and elsewhere in their lives ($F = 22.72, p < .000$).

Because data showed improvement in all five asset categories, evaluation determined that it was appropriate to combine each mentee’s assets across categories for a total score for the time of their match and totals for their 180- and 365-day follow-up supervisor assessments. Analysis produced the chart in Fig. 3.

Child-Youth Asset Growth: Match to One Year



Statistics found that assets strengthened significantly from match to 180-days ($t = 3.30, p < .001$) and then change was even more extensive during clients’ second 6-months in year-1 of the program ($t = 5.65, p < .000$).

Parents’ Behavior Ratings of Mentored Children and Youth

Parents, either a father or mother, shortly after the child-youth’s intake used a behavior inventory to rate their child’s behavior in 11 categories, shown in Table 1. Parents rated their child again at the conclusion of year-1 mentoring.

Table 1. Means and Significance of Change in Parents’ Child-Youth Behavior Ratings

Behavior Category	Intake Mean (Lower scores, better behavioral adjustment)	One-Year Mean (Lower scores, better behavioral adjustment)	Statistic & Significance (Significant findings highlighted)
1. Attention Span	16.06	15.26	$t = 1.59, p < .115$

Behavior Category	Intake Mean (Lower scores, better behavioral adjustment)	One-Year Mean (Lower scores, better behavioral adjustment)	Statistic & Significance (Significant findings highlighted)
2. Restlessness	15.60	14.48	$t = 2.64, p < .009$
3. Impulsiveness	15.89	15.39	$t = 1.21, p < .230$
4. Immature Behavior	9.77	8.87	$t = 1.59, p < .115$
5. Argumentative	14.46	13.83	$t = 1.59, p < .115$
6. Domineering	11.18	19.35	$t = 0.94, p < .348$
7. Sadness & Depression	12.16	11.29	$t = 2.20, p < .030$
8. Nervousness	7.62	7.03	$t = 2.12, p < .036$
9. Self-Confidence	13.88	12.71	$t = 2.53, p < .013$
10. Sleep	8.35	7.73	$t = 1.68, p < .095$
11. Social-Confidence	45.10	42.91	$t = 2.85, p < .005$

Evaluation compared pre- and post-tests to determine if changes had occurred that were observable to the responding parent. Statistical results are presented in Table 1. Categories highlighted are those on which parents' ratings were considered statistically significant. Behavioral changes with mentoring were found in several areas:

- Clients showed less of a deficit with Attention Span, so were less distracted and could focus on important tasks before them.
- The scale measuring parents' observations of the child's mood, the Sad and Depressed scale, showed improvement for many clients.
- Significant improvement was seen for clients who had been rated by their parents as suffering from anxiety and worry.
- Parents thought their children were more Self-Confident by the conclusion of mentoring year-1.
- Though not highly significant, clients in general were thought to sleep better by the time of the second behavioral assessment.
- A large gain in behavior indicating Social Self-Confidence was observed by parents.

Program Evaluation Summary and Recommendations

This evaluation of YouthZone's Pals Mentoring Program sought to answer three fundamental questions about program benefits in order to make an evidence-based recommendation about the role mentoring may contribute to the positive development of children and youth.

The Pals Program is a voluntary one-on-one mentoring program that provides children and young adolescents with support, counsel, friendship, reinforcement, positive role modeling, and activities. Mentors are adults or

older teens who care about and want to be a guiding friend to a child. Volunteers in the program are highly screened and trained. Parents and children applying to the program receive a thorough interview to learn about their needs and considerations for making an ideal match. A mentor match is made according to activity interest, personality traits, individual likes and dislikes, location, and life experiences. Because program operations were observed by evaluation to be highly developed and consistent between clients and over time, that substantial effort had been invested in developing an evaluation protocol, and because unusual care in data collection characterized its dedication to accountability during the last three years, evaluation was able to arrive at valid and reliable conclusions to its initial questions.

The Impact of Mentoring on Challenges to Child-Youth Development The average boy or girl beginning their first year of mentoring was about 10-years old (ages ranged from 6-14 years). Some had had very significant adverse events in their life history (parental incarceration, abandonment, mental illness, or prolonged family disruption) and they were probably considered in need of other formal and informal support to supplement mentoring. When their mentoring supervisors assessed barriers to positive development at program entry, half to two-thirds of all clients were facing one or more important obstacles. If mentoring could contribute measurably to reducing or eliminating these barriers, then an evidence-based argument could be made for its inclusion in initiatives to promote positive child-youth development.

Evaluation found that Pals mentoring power to eliminate family instability and dysfunction was very limited. For the two-in-five contending with these barriers, no significant relief was seen during year-1 or year-2.

When a beneficial influence on the family was seen in collected data, it was more often when fathers were present in the home and supportive of the mentoring relationship. Limited impact was also seen with mentoring's effect on child-youth behavior problems across the one-two year periods. When mentoring was assessed as highly consistent, some benefits were observed and there was a positive influence of strong maternal commitment to mentoring. When evaluation studied clients' problems with socialization, no benefit could be found in either year-1 or year-2. Obviously, mentoring – even high quality mentoring – is not an appropriate primary intervention for the treatment of family or behavioral-social problems. At the same time, these results would suggest that mentoring could add value to an effective primary treatment that raised family stability and made parents more available to engage supportively in the mentor-mentee relationship.

For other obstacles to positive youth development, mentoring's effect was much more observable. Indications of emotional distress were common among Pals clients. Marked decline in these conditions occurred during year-1, including for children and youth with earlier traumatic experiences. These benefits appeared to be encouraged by consistent mentoring and when parents supported the mentoring process. Although clients' school adjustment and achievement did not change significantly during year-1, in year-2 they showed considerable improvement. Of special importance was the finding that reduction of these obstacles to positive maturation occurred for boys and girls, older and younger clients, and equally with teen and adult mentors. Mentoring may have its greatest effect on issues that are more directly under the child-youth's control, and less so in family and more complex social environments.

Reinforcing the findings from evaluation's analysis of mentoring supervisors' assessments were results from parents own pre- and post-mentoring observations of their youngsters. Parent surveying showed mentees with less Restlessness, Sadness-Depression, Nervousness, and more Personal Self-Confidence, better Sleep, and Social Confidence. The issues contributing to these survey categories are obviously similar to supervisors' own assessment of emotional well-being. They suggest further that mentoring's influence is more on the child-youth's inner life and their control of circumstances within their reach than it is other people or environments.

The Impact of Mentoring on Developmental Assets To see that many clients had none of the assets that are known to facilitate positive social-psychological development was sobering indeed. Approximately 40-50% of mentees were assessed with low self-esteem, limited

empathy for other people, lacking social skills with adults, reticent about using their talents, and were amotivational in school and with personal goals. This was a seriously troubling picture for their developmental futures.

Remarkably, evaluation found important growth in all five asset categories, although for some, benefits accumulated gradually across two years. Their Self-Efficacy, or sense of power to succeed and overcome obstacles strengthened, more for clients with teen mentors. Again, parental support was seen to contribute to mentoring's influence. Child-youth empathy, or the ability to see the world from another's perspective, developed with mentoring. Social Cooperation was seen more often by supervisors and more often when the mentoring relationship was of very high quality. Child-youth capacity to solve everyday problems makes it possible for them to cope and to take advantage of opportunities presented to them. This ability matured during year-1 and then further during year-2. Again, mentoring consistency and parental support of mentoring contributed to this improvement. Finally, mentee's motivation to achieve and see a future for themselves grew, though this essential quality in development emerged most strongly after two years in a mentoring relationship.

The Evidenced-Based Role of Mentoring in Promoting Child-Youth Development

The most typical Pals Program child was about 10-years old, twice as likely to be a girl as a boy, to have a history of negative prior life events. Her/his family had several indicators of instability or dysfunction. Though frank behavioral problems were not present, limitations in social skills and adjustment were apparent, and she/he had one-two symptoms of depression. Most often, they were getting by in school. They did not express much self-confidence and, though they understood the feelings of others, typically did not seek them out. Neither did they exercise many problem-solving skills nor seem motivated to achieve their potential. Parents also commented on many of these qualities. This is a picture of a child who has probably been overly exposed to stressful environmental circumstances, is perhaps emotionally malnourished, and is uncertain how they can make their way in life. It was children like these who were most responsive to Pals mentoring.

Evaluation found no evidence to support the belief that mentoring would serve as treatment for children-youth who are deeply troubled emotionally or had distinctive behavior problems. For milder adjustment difficulties, mentoring will be effective if it is of high quality and has the active support of parents. Mentoring is not a primary intervention for family instability and dysfunction. Yet, it was easy to imagine mentoring as an adjunct to professional therapy. Mentoring may well be a second

intervention of choice – considering its measured benefits and low cost – for schools, recreation programs, in family social service, public health agencies, or pediatric or primary care practices. With the findings of this evaluation, professionals in all of these settings can be as-

sured that referred clients/families will enjoy the benefits in reduced obstacles to positive youth development and strengthening of assets that will assure young people of a brighter future.