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University of Cape Town



School of Management Studies

AN OUTCOME EVALUATION OF MAMELANI PROJECTS' YOUTH DEVELOPMENT PROGRAMME

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A dissertation submitted in partial fulfilment of the requirements for the award of the
Degree of Master of Philosophy in Programme Evaluation

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University of Cape Town

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COMPULSORY DECLARATION:

This work has not been previously submitted in whole, or in part, for the award of any degree. It is my own work. Each significant contribution to, and quotation in, this dissertation from the work, or works of other people has been attributed, cited and referenced.

Signature:

Date:

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EXECUTIVE SUMMARY

Youths living in foster care homes within South Africa are required by law to leave these places of care when they reach the age of majority (18). To assist the successful integration of these youths into society, services that include mentorship, daily life skills training, housing support, job training, healthcare, counselling services and educational scholarships can be provided to these youths prior to their aging out of care. All these services fall under the field of youth development, whose main function is to empower youths by fostering self-direction and skills development through encouraging personal responsibility in the health and physical, personal and social, cognitive and creative, vocational and civic arenas (Hudson, 1997).

To assist male foster care youths living at the Homestead Children's Home in Khayelitsha, Mamelani Projects established a youth development programme named Project Lungisela in 2005. The established programme aims to prepare male youths living at the foster care home aged between 16 and 17 to become independent, responsible and contributing members of society after they graduate out of care (Mamelani Projects Annual Report, 2009). The focus of this outcome evaluation was to determine whether the programme had contributed to the successful integration of these at-risk youths into society.

The first phase of the outcome evaluation involved the description of the intervention's activities and the intended outcomes for the youths after programme participation. The programme's medium-term outcomes consisted of the youths gaining work experience through internships and finding suitable accommodation prior to their aging out of care. Long term outcomes consisted of the youths gaining full time employment and living healthy, independent lives after transitioning out of care.

Plausibility of the programme's theory was then assessed through a literature review and appraisal of similar at-risk youth development interventions. The literature review confirmed that the intervention's programme theory was generally sound. The evaluator did however

introduce two suggestions (the introduction and prioritisation of an educational support activity and the disaggregation of programme outcomes into short-, medium-, and long-term outcomes) to strengthen the programme's plausibility.

Revised short-term outcomes consisted of the youths improving their life-skills, career identification-skills, relationship building skills and getting a health check prior to aging out of care. Medium-term outcomes consisted of the youths having access to suitable accommodation, living healthy life styles, gaining work experience via an internship and having contact with support structures six months after graduating out of care. Long-term outcomes included the youths living independently, maintaining a healthy life style, being gainfully employed and being involved in the community in 2010.

The programme's short- and medium-term outcomes were assessed through the review of programme records and discussions with programme staff. For long term outcomes, the evaluator designed a paper-based questionnaire which adopted sections of Bigelow, Gareau & Young's (1991) quality of life questionnaire. The paper based questionnaire was administered to programme beneficiaries for the youths to voluntarily fill in after their weekly mentorship sessions in July, 2010.

The findings of this outcome evaluation suggest that the beneficiaries of Mamelani's Project Lungisela struggle to obtain employment, suitable accommodation and an above minimum wage income after they graduate out of foster care. It appears that the attainment of employment and accommodation outcomes is linked to the educational level that the youths would have attained prior to aging out of care. It is therefore suggested that Mamelani's Project Lungisela intensifies current activities and prioritises the introduction of educational support for future programme beneficiaries.

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CHAPTER ONE: INTRODUCTION

The Children's Act of South Africa requires youths living in children's homes to leave these places of care once they reach eighteen years of age (Mamelani Projects Annual Report, 2009). Research indicates that youths aging out of foster care are more likely to experience homelessness, unemployment, substance abuse and even lack basic healthcare services (Courtney, Dworsky, Ruth, Havlick, & Bost, 2005). Due to a life marked by traumatic experiences and their lengthy stays on the streets, foster care youths often lack the basic skills necessary for independence such as keeping appointments, managing a bank account, finding suitable housing, shopping for groceries, cooking meals, driving a car and taking public transportation (Atkinson, 2008).

The field of youth development attempts to address negative behavioural trends for underserved youths (Walsh, 2007). According to Hudson (1997) youth development interventions aim to empower young adults by fostering self-direction and skills development through encouraging personal responsibility in the health and physical, personal and social, cognitive and creative, vocational and civic arenas.

This outcome evaluation focuses on a youth development programme, Mamelani Projects' (Mamelani) **Project Lungisela**. The programme aims to prepare young men (aged between 16 and 17 years of age) about to age out of Khayelitsha's Homestead Children's Home to become independent, responsible and contributing members of society (Mamelani Projects Annual Report, 2009).

Programme Description

Project Lungisela runs over eighteen months, with the first phase being conducted a year before the youths leave the children's home. The second phase focuses on offering continued

support to the youths after they move out of foster care. The phases, programme activities and outcomes are presented in Table 1.

Table 1

Phases, Programme Activities and Outcomes of Project Lungisela

ACTIVITIES	OUTCOMES
PHASE I	
Activity 1: Life-skills Workshops	
1. Money management course	Youths manage income effectively
2. Time management course	Youths develop and adhere to monthly schedule
3. Communication course	Youths communicate effectively
4. Goal setting	Youths set realistic, achievable life goals
Activity 2: Experiential Outdoor Learning	
1. Camps and Outings	Youths solve problems through teamwork
Activity 3: Health Awareness	
1. Basic nutrition workshop	Youths can prepare 3 fully balanced meals per day
2. Sex education	Youths know about the risks of unprotected sex and sexually transmitted infections (STIs)
3. Mental health education	Youths are able to deal with stress
4. Drug and alcohol abuse education	Youths know about the risks of drug and alcohol abuse
Activity 4: Career Guidance	
1. Career fair visits	Youths have an understanding of career options
2. Job seeking skills development	Youths are able to find employment on their own
3. Curriculum vitae (CV) writing	Youths are able to develop a well written, updated CV
Activity 5: Relationship Building	
1. Establishing family bonds	Youths are assisted to improve family relations
2. Family visits	Youths have a clear understanding of their family situation
3. Community service	Youths participate in community projects at least once a month
PHASE II	
Activity 6: Internships	
1. Placement	Youths leave host company with reference and skills
2. Ongoing support	Youths complete internship period
3. Employment	Youths obtain employment through completed internship
Activity 7: Mentorship	
1. One-on-one counseling	Youths are able to express and process their feelings
2. Ongoing support	Youths use obtained advice to make positive decisions
Activity 8: Accommodation	
1. Placement	Youths are able to access suitable accommodation

In order to understand the programme activities, a detailed description of each activity is supplied on the next page.

Phase 1

Lifeskills Workshops

Lifeskills workshops are conducted by Project Lungisela staff on a weekly basis for the entire duration of the programme (18 months). Aspects covered through these workshops include money management, time management, communication and social skills development, conflict resolution and goal setting exercises. Guest presenters, who consist mostly of former graduates, are also invited to come and share their experiences during the life-skills workshops. The workshops administered by Project Lungisela are conducted in the form of open-ended discussions. Through these workshops the youths are stimulated to think about their future and the life-skills they need to ensure success when they start living independently. A checklist is filled in by each of the youths to self-assess their practical progress on aspects discussed in the workshops. Practical elements include the opening of a bank account, obtaining identification documentation and the development and adherence to time and money management schedules. Practical aspects of the life-skills activities are also assessed on a quarterly basis by programme staff.

Experiential Outdoor Learning

Experiential outdoor learning consists of camps and other outdoor activities which are aimed at increasing self awareness. Project Lungisela programme staff are responsible for the organising of camping activities which take place twice a year during the first 12 months of the programme. The camping exercises are administered by the camping organisation's staff and are conducted to build a sense of teamwork and trust among the programme's youths.

Health Awareness

Health awareness workshops are conducted in conjunction with the life-skills discussions. Similar to the life-skills workshops, the health awareness workshops are offered throughout the entire duration of the programme (18 months). Aspects covered in the health awareness workshops include basic nutrition, sex education, mental health education and drug and alcohol

abuse education. Programme staff conduct the health awareness workshops and monitor practical elements such as the cooking activities. A free health assessment is also offered to each of the youths by a men's clinic which is situated close to the Homestead Children's Home. The weekly discussions therefore serve to inform the youths about issues that include maintaining a healthy lifestyle through a balanced diet, dealing with stress and the dangers of unprotected sex, HIV and AIDS, drugs, smoking and alcohol abuse.

Career Guidance

This component of Project Lungisela is aimed at exposing the youths to various career options and identifying the skills and training they require to be able to secure employment within that field. The career guidance activity is offered during the first 12 months of the 18 month programme. Programme staff assist the youths to identify career paths through group and one-on-one discussions and career fair visits. After identifying a potential career path, the youths are assisted to map out a skills training option for each chosen career path. Through annual fund raising exercises, Project Lungisela assists the youths to develop their skills by funding their career education. Programme staff also offer support and mentorship to the youths to ensure that they complete the courses that they have enrolled for. The project also provides informal training to the youths on how to seek and secure employment and write informative curricula vitae.

Relationship Building

Under the guidance of programme staff, youths are assisted to re-establish family ties through home visits and other family-based outings. Youths are also asked to participate in community exercises at least once a month during the first 12 months of the 18 month programme. These activities are aimed at identifying support structures for the youths that will assist them in their transition from the children's home to independent living.

Phase 2

Internships

The internship activity is offered to the youths during the last six months of the 18 month programme. Prior to the youths leaving the children's home, Project Lungisela identifies suitable host companies that will recruit them to do part time internships. After the youths are recruited by a host company, programme staff monitor the development of the youths in their new roles, by asking them about what they have learnt from the work experience and whether they are capable of doing the job on a full time basis. Ongoing support is also provided to ensure that the youths successfully complete the internship programme and are recruited for contract or permanent employment by the host companies.

Mentorships

The mentorship activity is offered to the youths over the 18 month period of the programme. Programme staff, former graduates and other role models within the community are identified to provide emotional and practical support to the youths before they age out of care, as well as ongoing support after the youths have graduated from the children's home. The role models conduct one-on-one sessions with the youths discussing issues that include dealing with peer pressure, overcoming frustrations of not being able to find employment, uncertainty about their future and low self-esteem. Group meetings are conducted at least once or twice a month during the course of the programme, with one-on-one sessions being conducted on a needs basis.

Accommodation

The accommodation activity is conducted during the last six months of the 18 month programme. Youths unable to return to their families are assisted by Project Lungisela staff to find suitable accommodation prior to aging out of care. Youths are either provided with funds to rent a room or are placed in a hostel where they will stay until they are gainfully employed.

In other instances, the youths are provided with funds to build a house in an informal settlement.

Programme Theory

In order to undertake the evaluation of Project Lungisela’s programme, the client’s programme theory was elicited. A programme’s theory “...consists of assumptions about the change process actuated by the programme and the improved conditions that are expected to result” (Rossi, Lipsey & Freeman, 2004, p.139). Donaldson (2001) defines programme theory as “...the process through which programme components are presumed to affect outcomes and the conditions under which these processes are believed to operate” (p.22). From these definitions, a programme’s theory serves to describe the link between the services provided by the programme and how these services will influence change in the target participants.

Project Lungisela’s programme theory purports that if youths at the Khayelitsha Homestead’s Children’s Home are exposed to the activities of the programme that include life-skills workshops, healthcare awareness workshops, career guidance, experiential outdoor learning exercises, relationship building and mentorship, the youths are better prepared for independent living when they age out of foster care (see Figure 1).

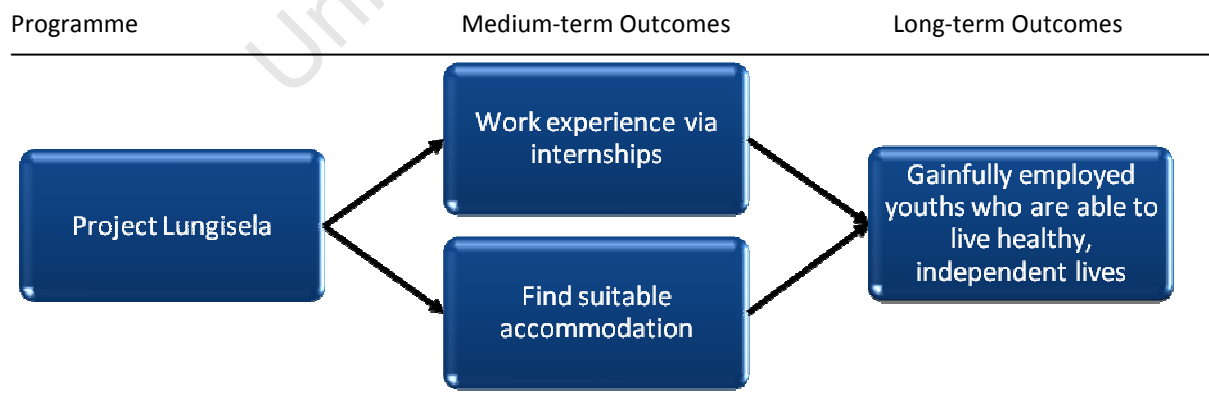


Figure 1. Project Lungisela’s programme theory

Recruitment into the programme therefore serves to equip the youths with the necessary life-skills that allow for their successful integration into society. The youths gain from the programme through being assisted to develop the ability to secure employment, find suitable accommodation, make positive decisions and lead healthy life styles after graduating out of foster care.

Plausibility of Programme Theory

In order to test the plausibility of the programme theory of Mamelani's Project Lungisela, literature focusing on children aging out of foster care and evaluations of other youth development programmes are summarised below.

For former foster care youths, exiting the foster care system is often a distressing time when they find themselves unprepared for the hard realities of adulthood (Atkinson, 2008). According to Avery (2010), youths who age out of foster care to independent living are more likely to experience homelessness, unemployment, unplanned pregnancy, legal system involvement, substance abuse, and lack even basic health care services. To deal with these challenges, a considerable number of these youths need services beyond shelter, basic education and clothing while in foster care and other services after they have graduated out of care to assist their successful integration into society. Enrolling these children in a youth development programme is a strategy that has been adopted by several communities to facilitate their empowerment before and after they graduate out of care.

According to Roth and Brooks-Gunn (2003), youth development programmes help participants develop competencies that will enable them to grow, develop their skills, and become healthy, responsible, and caring youths and adults. The four overarching strategies for preparing youths for self-sufficiency through youth development programmes include systematic skills assessment, independent-living-skills training, involvement of caregivers as teachers, and developing connections with birth families and the community (Massinga & Pecora, 2008).

Lerner, Fisher and Weinberg (2000) highlight the key outcomes of youth development programmes such as competence in academic, social, and vocational areas; confidence or a positive self-identity; connections to community, family, and peers; character or positive values; integrity, and moral commitment and care and compassion.

Homelessness and a Lack of Stable Housing

An expected outcome for Mamelani's Project Lungisela is for youths to find suitable accommodation after graduating out of care. Research studies have documented that finding and maintaining suitable housing remains a major problem for youths transitioning out of foster care (Atkinson, 2008). Without proper support, youths leaving foster care are at an increased risk of homelessness and leading a life on the streets. According to Lenz-Rashid (2006), housing may be the most difficult challenge to providing assistance to youths transitioning out of foster care. Other challenges faced by youths seeking accommodation include high rental costs and the unwillingness of landlords to rent out their accommodation to young tenants (Lenz-Rashid, 2006). Without employment or a credit history, youths find it difficult to find suitable accommodation after aging out of care (Atkinson, 2008). The situation is exacerbated by the youths not having a parent or legal guardian to assist them to secure the accommodation. With the Western Cape Province only having two homes that offer accommodation for youths aged above eighteen, accommodation choices for youths aging out of foster care within the province are severely limited (Mamelani Projects Annual Report, 2009). Positive youth development programmes should therefore assist youths leaving foster care homes to locate suitable accommodation.

Failure to Achieve and Maintain Employment

Assisting the youths to seek and secure employment is an expected outcome of Mamelani's Project Lungisela. Literature suggests that most foster care youths may not have acquired the required skills to find a good job before they age out of care (Atkinson, 2008; Courtney & Dworsky, 2006). Without employment training services, these young people are often forced to search for employment on their own and, consequently, may have difficulty obtaining

employment (Lenz-Rashid, 2006). To avoid unemployment for the youths, an increased emphasis has been placed on training homeless and former foster care young adults to live and function independently in society (Atkinson, 2008; Rashid, 2004). One method is to assist foster care youths in gaining part-time jobs after they reach age sixteen. Thus, when the youths age out, they will already possess work experience, as well as the confidence and maturity that accompany employment (Atkinson, 2008). In addition to providing support to the youths before they age out of care, employment training and support may also be needed after they exit foster care, during their transitional years (Lenz-Rashid, 2006).

Lack of Educational Achievement

An important hindrance to successful independence is the poor educational outcomes of former foster care youths (Atkinson, 2008; Collins, 2004). Literature suggests that youths who age out of foster care are significantly less likely than their peers to graduate from high school and rarely obtain higher education (Atkinson, 2008). Reasons for limited school success for the youths include lack of placement stability leading to frequent change of schools, long periods of absence and effects of emotional trauma and maltreatment (Collins, 2004). Former foster care youths are also twice as likely as their peers to drop out of high school (Gerber & Dicker, 2006). More attention to helping foster youths to attain educational competence while in primary and secondary school is needed to ensure they complete their high school diplomas. Encouraging youths to seek higher education is a means of contributing to their successful independence (Atkinson, 2008).

Lack of Access to Healthcare

According to Atkinson (2008), healthcare, which includes funding for mental health services, should be offered universally to former foster care youths until they reach age twenty-four. Research indicates that children in foster care are more likely than their peers to have a mental health or substance abuse condition, either alone or in combination with a physical condition (Collins, 2004). Trauma, anxiety, depression, social skills deficits, and behavioural and conduct problems are key mental and healthcare problems experienced by former foster care youths

(Lenz-Rashid, 2006). After aging out of care, the youths have low educational levels and little work experience and are thus unable to secure employment that provides them with health benefits (Collins, 2004). Without access to medical aid, literature suggests that a lack of healthcare for youths aging out of care could contribute to their impoverishment (Courtney & Dworsky, 2006; Gerber & Dicker, 2006). Positive youth development programmes should therefore assist the youths to find medical insurance before they age out of care.

Life-skills Training

Research indicates that life-skills training have been the foundation of most development programmes for at-risk youths (Collins, 2004; Massinga & Peccora, 2008). According to Massinga and Peccora (2008), the disruptions and trauma often suffered by children in foster care may delay or interrupt development of life-skills needed for the successful transition to independent living. As a result of these traumatic experiences, foster care youths frequently lack the basic skills necessary for successful independence such as keeping appointments, managing a bank account, finding housing, shopping for groceries, cooking meals, driving a car, and taking public transportation (Atkinson, 2008). Programmes designed to fill these gaps such as Mamelani's Project Lungisela are essential for the successful emancipation and integration of the youths into society.

Mentorship

Research indicates that mentors can be an important resource for youths transitioning from foster care (De Jong, 2004; Jekielek, Kristin, Moore, Hair & Scarupa, 2002; Massinga & Pecora, 2008; Zand, Thomson, Cervantes, Espirituc, Klagholzd, LaBlanc & Taylor, 2009). Mentors can buffer youths from poor outcomes by providing a supportive and trusting relationship, serving as a role model, and assisting youths to acquire independent living skills (Zand et al., 2009; Jekielek et al., 2002). Positive effects that mentors have on at-risk youths include increases in positive self-concept, increases in educational attainment and decreases in drug and alcohol use (Jekielek et al., 2002). Research also suggests that the quality and nature of the mentoring relationship is of particular importance to mentoring outcomes (De Jong, 2004). For more

effective results, literature suggests that the youths are likely to benefit more if mentors maintain frequent contact with them over longer periods of time (Jekielek et al., 2002). Inclusion of mentoring activities in most youth development programmes has therefore contributed to more positive outcomes for target participants.

Evaluations of Youth Development Programmes

The section focuses on reviewing literature of youth development programme evaluations conducted in different countries.

Life-skills training

Life-skills training plays an important part in shaping the youths' progression after they have transitioned out of foster care. An evaluation of a life-skills programme for at-risk rural youths was conducted in Missouri and Tennessee (Thurston, 2002). The programme, Survival Skills for Youth (SSY) is a ten-session training series designed specifically for at-risk youths, aged between fourteen and twenty-one (youths not in school or at risk for school failure or drop out). The programme focuses on functional school-to-work transition skills such as communication skills, money management, dealing with conflict, assertiveness, team building, self-monitoring, study skills, problem-solving, getting and keeping a job, and self-reinforcement (Thurston, 2002). In most cases, the criterion used to recommend the youths for the SSY programme was family income level or the status of the mother as a welfare cash recipient. A total of 114 youths were selected to take part in the programme. The youths were split into ten groups and they all received the intervention. The programme was facilitated by seven trained youth workers.

The programme's key activities included goal setting and developing life plans; leading a healthy lifestyle (health habits, nutrition, dieting, emotional health); employment (finding a job, interviewing, networking, job lifeline, job exploration, self-assessment, keeping a job) and life-skills development (communication with others, managing money, survival skills game, reflection and assessment and group support).

Pretests and posttests were conducted on all programme participants at the beginning and end of each workshop. Improvements were observed for all youths who participated in the programme. Enrolling at-risk youths in life-skills development programmes could therefore contribute to more positive futures for these adolescents. A limitation of the study was the absence of the exploration of long term effects on the target participants.

An evaluation of a life-skills training programme, the Second Chance programme was conducted in Iowa, the United States of America to determine the extent to which the treatment effort resulted in the reduction of official delinquency among already troubled youths (e.g., repeat offenders, poor academic records) (Leiber & Mawhorr, 1995).

The Second Chance programme represents a partnership venture between the First Judicial District Juvenile Court Services (JCS) and a regional job training programme called Area VII Job Training (referred to as JTPA by juvenile court officials) (Leiber & Mawhorr, 1995). JTPA is a federally funded employment and training programme which prepares economically disadvantaged and long-term unemployed individuals to enter the labour force. The Second Chance programme combines competency-based skill development provided by JCS with the services offered by JTPA as a means of meeting the needs of high-risk youths involved in the juvenile court system (Leiber & Mawhorr, 1995).

The skill development component offered by JCS involves sixteen weekly group meetings designed to improve self-esteem and develop a number of important social skills such as values clarification, communication skills, overcoming conflict, and improving relationships (Leiber & Mawhorr, 1995). Each juvenile participant is given a workbook covering sixteen lessons which include the following areas: acceptance of self and others, control over one's life, alcohol and drugs, manners and appearance, career possibilities, budgeting an income, identification of good and bad relationships, intimacy, identification of wants versus needs, identification of privileges versus rights, budgeting time, and overcoming conflict (Leiber & Mawhorr, 1995). The

workbook contains questions on each of these topics, and the topics are discussed at the weekly group meetings. Homework assignments also accompany each lesson.

Pre-employment training is also provided as an additional component of the Second Chance programme by the JCS (Leiber & Mawhorr, 1995). Youths are given instruction in skills necessary to obtain and maintain employment. Specific skills include: how to conduct an independent job search, how to apply for a job, interviewing techniques, and good work habits. Information on community resources and subsidised employment are also provided (Leiber & Mawhorr, 1995). Actual work sites are operated through JTPA. Youths are assisted in finding a job through the Tryout Employment and Work Experience programmes (Leiber & Mawhorr, 1995). JTPA provides the costs for training and the wages of the youth for the first 130 hours of employment. If the youth performs his/her job satisfactorily, the agency is expected to, and most often does, retain the employee after the 130-hour period. During the tryout employment period, the employer is required to submit biweekly reports to the JTPA employment/training specialist (Leiber & Mawhorr, 1995). There is therefore a conscious effort on the part of JCS and JTPA to match the youths' interests with employment opportunities. By being attentive to the interests of the youths, the programme attempts to provide participants positive work experiences that lead to continued employment, a greater sense of accomplishment, and higher levels of self-esteem (Leiber & Mawhorr, 1995).

Youths were referred to the Second Chance programme by juvenile court staff. Five different youth groups participated in the programme beginning in the late fall of 1990 through June 1992. Of those referred to these five sessions, 57 completed the programme and were identified as the "Second Chance Completion" group (Leiber & Mawhorr, 1995). Another 28 youths recruited for the programme did not complete the full sixteen weeks of treatment due to delinquent and/or probation violations or a failure to attend scheduled weekly meetings. It was suggested that certain factors were associated with them not completing the Second Chance programme. This group of programme dropouts was included in the analysis and was identified as the "Second Chance Non-completion" group (Leiber & Mawhorr, 1995). Two other

comparison groups were also used for this evaluation, an equivalent matched sample and those who received traditional juvenile court services (e.g., probation, participation in diversion). The equivalent matched group was selected from a data set collected from a previous study examining juvenile court decision making in the same county during the years 1980-1991 (Leiber & Mawhorr, 1995).

Results of this evaluations indicated that youths who completed the Second Chance programme were not less likely to become re-involved in official court action than youths with similar backgrounds (Leiber & Mawhorr, 1995). Youths completing the Second Chance programme were however more likely to be charged with less serious offenses than youths from other comparison groups. Another reason for optimism regarding the Second Chance program was the number of characteristics it had in common with successful intervention programmes. Characteristics identified through meta-analysis included targeting of medium to high-risk offenders; a multimodal, structured, and focused treatment approach, a cognitive component which focuses on attitudes, values, and beliefs that support antisocial behavior, and community based intervention (Leiber & Mawhorr, 1995). The Second Chance programme was reported to have each of these characteristics. Four characteristics that were reported to underlie successful rehabilitative interventions and were absent from the Second Chance programme were family involvement, treatment integrity, cultural sensitivity, and follow-up care and monitoring (Leiber & Mawhorr, 1995). The absence of these attributes may explain why the treatment effort was not totally effective in reducing recidivism among adolescents.

Setting Goals

An important aspect of life-skills training is teaching adolescents about goal setting. Going for the Goal (GOAL) is a life-skills development programme that is designed to give adolescents a sense of personal control that helps them to develop a positive outlook on their future (Forneris, Danish & Scott, 2007). The intervention is generally taught in schools and involves older high school adolescents teaching life-skills to younger adolescents at a ratio of two older students to ten to twelve younger students. The GOAL program consists of ten one-hour

sessions which are taught once a week for ten weeks. The programme focuses on the development of three skills, goal setting, problem solving and the ability to seek and obtain social support. These skills are important for adolescents to develop, as they have been shown to facilitate physical, mental, and emotional well-being (Forneris et al., 2007).

An evaluation of GOAL was conducted at a Canadian high school. Twenty adolescents (seventeen females and three males) enrolled in grade nine enlisted for the programme.

The adolescents ranged in age from fourteen to sixteen. The adolescents were randomly assigned to either the intervention or the control group. Results of the evaluation indicated that those who completed GOAL understood that set life goals had to be broken down into small steps to maximize the probability of achievement. Intervention group youths also recognized the importance of setting specific, positive and personal goals. Although both groups knew what goals were, only the intervention group programme participants knew how to set a goal and work towards its attainment (Forneris et al. 2007). In terms of problem solving, adolescents from the intervention group believed they had learned a specific problem-solving strategy and found it useful. The focus of their responses was on the value of thinking through their problems and having options for responding. On the other hand, control group participants were not aware of any specific problem-solving strategies. They simply reported that if they had a problem, they would talk to someone about it (Forneris et al., 2007). Intervention group participants also learned about the specific types of support that one can seek if one encounters problems that were beyond one's scope. Results of the evaluation therefore affirmed that youths who participated in the GOAL intervention learned how to set goals, solve problems, seek social support and were better prepared to increase performance and reach their goals in any aspect of life (Forneris et al., 2007).

Substance Abuse Prevention

Adolescent substance use has been linked with unsupervised out-of-school time, especially among youths with low levels of parental monitoring (Tebes, Feinn, Vanderploeg, Chinman,

Shepard, Brabham, Genovese & Connell, 2007). To avoid these risks, structured after-school programmes for youths have been developed.

Tebes et al. (2007) conducted an evaluation of the Positive Youth Development Collaborative (PYDC), which specifically targets substance use attitudes and behaviours among urban minority adolescents, in the USA. The PYDC programme teaches substance use prevention skills along with participation in health education and cultural heritage activities (Tebes et al., 2007). The substance use prevention component of the programme is an eighteen-session curriculum known as Adolescent Decision-Making for the Positive Youth Development Collaborative (ADM-PYDC). The programme involves the implementation of an evidence-based curriculum embedded in a comprehensive after-school programme based on positive youth development that is intended to prevent substance use. Fundamentals covered in the curriculum include the youths developing an understanding of coping with stress through learning about stress-reduction strategies; the youths learning the steps of effective decision-making; the youths learning about tobacco, alcohol, and other drug use and finally, applying the decision-making process to their lives through identifying positive personal attributes, dealing with job and school stressors, setting positive goals for healthy living, and enhancing one's social networks and resources (Tebes et al., 2007). A total of 304 adolescents participated in the programme (149 in the intervention group and 155 in the control group). Adolescents for both the control and intervention group completed pretest interviews shortly after entering the after-school programme but before curriculum delivery. Youths took part in a post-test a month after completing the programme and a year after the pretest interview.

Results of the evaluation indicated that a PYD intervention which included an evidence-based, substance use prevention component adapted for an urban after-school setting was effective in preventing adolescent substance use (Tebes et al., 2007). Adolescents participating in the intervention were significantly more likely to view drugs as harmful at programme exit (about seven months after enrollment), and demonstrated a significantly reduced incidence of past-thirty-day use of alcohol, marijuana, or other drugs, as well as any drug use one year after

programme enrollment (Tebes et al., 2007). Although substance use among the PYD programme participants increased slightly over time, the increases were significantly lower than those observed for the control group (Tebes et al., 2007).

Project DARE (Drug Abuse Resistance Education) was created in 1983 by the Los Angeles Police Department and the Los Angeles Unified School District. Project DARE uses specially trained law enforcement officers to teach a drug use prevention curriculum in elementary, junior and senior high schools (Ennett, Tobler, Ringwalt, & Flewelling, 1994). Project DARE's core curriculum consists of 17 lessons, offered once a week for 45 to 60 minutes. The taught lessons focus on teaching pupils the skills needed to recognise and resist social pressures to use drugs (Ennett et al., 1994). Lessons also focus on providing information about drugs, teaching decision-making skills, building self-esteem, and choosing healthy alternatives to drug use. DARE officers use teaching strategies, such as lectures, group discussions, question and answer sessions, audiovisual material, work exercises, and role-playing (Ennett et al., 1994).

DARE officers are required to undergo 80 training hours in classroom management, teaching strategies, communication skills, adolescent development, drug information and curriculum instruction. Experienced officers with classroom experience also undergo further training to qualify as instructors/mentors. The further trained officers are also responsible for the monitoring of the programme's delivery's integrity and consistency through periodic classroom visits (Ennett et al., 1994).

An evaluation of Project DARE's short-term effectiveness was conducted using meta-analytic techniques to integrate the evaluation findings of several studies. The first phase of the analysis involved the identification of all quantitative evaluations of DARE's core curriculum through a survey of DARE's five Regional Training Centers, computerized searches of the published and unpublished literature, and telephone interviews with individuals known to be involved with

DARE (Ennett et al., 1994). To be selected for this meta-analysis, an evaluation must have met the following criteria:

- Use of a control or comparison group
- Pre-test-post-test design or post-test (only with random assignment); and
- The use of reliably operationalised quantitative outcome measures

The initial search identified 18 evaluations, both published and unpublished, all conducted between 1984 and 1994. The identified evaluations were collected from 12 states in the United States of America and one province in Canada (Ennett et al., 1994).

The second phase of the analysis included the selection of the identified evaluations for further review using specified methodological criteria. To ensure comparability, the meta-analysis focused only on immediate post-test results. Other methodological criteria that were prioritised during the selection process included the correspondence between the unit of assignment and analysis, the use of a panel design, matching of schools in the intervention and control conditions, and attrition rates (Ennett et al., 1994). Eight studies were selected for further review.

Effect sizes were calculated as a method for establishing comparable effectiveness across each of the selected studies. For each evaluation, effect sizes were calculated to quantify the magnitude of Project DARE's effectiveness with respect to each of the programme's six outcomes. The six outcome measures included knowledge about drugs, attitudes about drug use, social skills, self-esteem, attitude toward police, and drug use (Ennett et al., 1994). In addition to calculating one effect size per outcome per study, a weighted mean effect size and 95% confidence interval (CI) for each outcome type across programmes was also determined (Ennett et al., 1994). A comparison of the average magnitude of the project DARE effect sizes with other drug prevention programmes that target young people of a similar age was also conducted.

The results of the meta-analysis suggested that DARE's core curriculum effect on drug use relative to whatever drug education (if any) was offered in the control schools is slight and, except for tobacco use, not statistically significant (Ennett et al., 1994). Across the eight reviewed studies, none of the average drug use effect sizes exceeded 0.11 (Ennett et al., 1994). Comparison of the DARE effect sizes with those of other school-based drug use prevention programmes for same-age adolescents suggested that greater effectiveness is possible with early adolescents. Compared with these other programmes, DARE's effect sizes for alcohol, tobacco, and marijuana use, both collectively and individually, are substantially less (Ennett et al., 1994). Except for tobacco use, they also are less than the drug use effect sizes for more traditional, non-interactive programmes.

Who teaches DARE and how it is taught provided other possible explanations for DARE's limited effectiveness. Results suggested, that despite the extensive DARE training received by law enforcement officers, they may not be as well equipped to lead the curriculum as teachers and other peer educators (Ennett et al., 1994). Regardless of curriculum leader, the more traditional teaching style used by DARE has not been shown to be as effective as an interactive teaching mode. The curriculum was reported to rely heavily on the officer as expert and makes frequent use of lectures and question-and-answer sessions between the officer and pupils.

A major limitation of this meta-analysis was the low number of evaluations chosen for further review (eight) when compared to the vast number of sites where Project DARE has been implemented (Ennett et al., 1994).

Community Service Participation

Literature suggests that youths who participate in community service activities have a stronger self-image and value themselves more highly than adolescents who do not (Lakin & Mahoney, 2006). In Ohio (USA), an evaluation was conducted to analyse the processes and outcomes of a community service programme included as part of the academic curriculum for sixth grade students enrolled at an urban elementary school (Lakin & Mahoney, 2006). Two classes were

randomly assigned to the treatment condition and one class was randomly assigned to the control condition (Lakin & Mahoney, 2006). Programme components for the intervention groups were divided into three phases (skills building, planning and action), with each component being directed towards the goal of conducting community service in the context of promoting empowerment and sense of community (Lakin & Mahoney, 2006). To assess whether the programme succeeded in promoting key aspects of positive development, participants in the intervention and control groups completed pretest and posttest intervention surveys measuring self-efficacy, sense of responsibility, intent to be involved in future community action and empathy (Lakin & Mahoney, 2006).

Results of the evaluation indicated that youth community service programmes had the potential to be an interesting and engaging means to promote positive youth development (Lakin & Mahoney, 2006). According to Lakin and Mahoney (2006), optimizing the effectiveness of youth service programmes requires that programme content and processes be designed to target key variables related to positive youth development. The programme under review met these needs through including activities and structures that promoted adolescent empowerment and sense of community, factors identified as integral to the growth and development of positive attitudes among adolescents (Lakin & Mahoney, 2006).

Securing Employment

Future Cents is a life-skills programme implemented to help at-risk youth secure employment in Canada. An evaluation of the programme was conducted by Matsuba, Elder, Petrucci, and Marleau (2007) to assess its effectiveness. Future Cents recruits youths to take part in the programme through referrals from other youth service providers. Participating youths for the Future Cents programme first send in their resumes and are then interviewed by programme administrators (Matsuba et al., 2007). The Future Cents programme invites participating youths to take part in a part-time paid contract position. According to Matsuba et al. (2007) part-time contracts serve the purpose of transitioning youths from unemployment to full-time paid employment and also minimise programme drop out. The programme's strength lies in its

hiring of ten youths into full-time work from the part-time contract pool to oversee, organise and implement projects such as developing cooking classes, creating a youth housing registry, and developing websites. In addition to working on these projects, youths also receive training on improving their job seeking skills by promoting their life satisfaction, reducing their loneliness and improving self-esteem (Matsuba et. al., 2007). The evaluation of the Future Cents programme focused on investigating changes in the youths' psychological well-being before and after their participation in the programme. Measures of psychological well-being included life satisfaction, loneliness and self-esteem (Matsuba et al., 2007).

Results of the evaluations indicated that youths who participated in the Future Cents programme showed improvements on measures of psychological well-being. Youths who were employed also showed more positive outcomes than the youths who were unemployed. In addition to the improvement in psychological well-being, 88% of the youths who completed the Future Cents programme found employment or were enrolled in educational institutions 12 weeks after the programme (Matsuba et. al. 2007).

Mentorship

According to Munson and McMillen (2009), mentoring relationships, or consistent connections between caring non-parent adults and at-risk youths, can be beneficial to these adolescents. A relationship with a natural mentor can provide a new example of a healthy relationship, a safe place, emotional and instrumental support and ultimately better psychosocial outcomes (Munson & McMillen, 2009). For children and youths with histories of risk, including abuse, these relationships may be even more critical for positive development, as there may be an increased need for secure, safe connections with adults. An evaluation of the relative contribution of the presence of a quality, supportive relationship with a non-kin adult, particularly one that lasted over time for at-risk youths was conducted in Missouri, USA (Munson & McMillen, 2009).

The study used data from a longitudinal survey study of older youths transitioning from the foster care system. The study's data collection process consisted of nine quarterly interviews that were conducted by professional interviewers, every three months for programme participants from their seventeenth to their nineteenth birthdays (Munson & McMillen, 2009). The youths were interviewed on non-kin natural mentoring relationships. Retention analyses were also conducted on major study variables such as race, gender, maltreatment and psychiatric history to examine differences between the youths that were interviewed at eighteen and those that were not interviewed (Munson & McMillen, 2009). Programme participants consisted of 339 youths that had participated in a previous study of natural mentoring who were nearing their eighteenth birthday (Munson & McMillen, 2009). Dimensions of mentoring assessed included the presence of a non-kin natural mentor at eighteen; retrospective duration of the mentorship relationship at eighteen; frequency of contact; relationship quality; and mentoring over time (from age eighteen to nineteen) (Munson & McMillen, 2009).

Results of the evaluation suggested that most of the older youths in foster care could identify non-kin supports in their lives and that these supportive relationships were associated with some positive psychological outcomes (Munson & McMillen, 2009). The evaluation's findings also suggested that mentoring could be an important ancillary intervention that may keep young adults feeling connected to society and other helpful adults (Munson & McMillen, 2009).

In North America, a meta-analysis of at-risk youth mentorship programmes was conducted to assess the overall effects of mentoring programmes on youth and the possible variations in programme impact in association with factors relating to programme design and implementation, youth characteristics, mentor-mentee relationships, and assessment of outcomes (DuBois, Holloway, Valentine & Cooper, 2002).

To be included in the present review, studies needed to involve mentoring as the practice has been defined commonly, that is, a one-on-one relationship between mentor and mentee (Du Bois et al., 2002). Small group and peer tutoring programmes were thus excluded from the review. Also excluded were those programmes in which the adults involved in forming relationships with youth were mental health professionals, such as social workers. The second selection criteria for the mentoring programme outcome evaluations that were included in the meta-analysis were that the studies had to examine empirically the effects of participation in a mentoring programme, either by pre-programme versus post-programme comparison on the same group of youths or a comparison between one group of youth receiving mentoring and another group not receiving mentoring drawn from the same population (Du Bois et al., 2002). This decision was made with the purpose of increasing the number of studies available for review to enhance statistical power in tests of both overall effects of mentoring programmes and possible moderators of their effectiveness (Du Bois et al., 2002). The third selection criterion for these studies required the sample used in the evaluation of the programme to include youths with a mean age of less than 19 (Du Bois et al., 2002). On the basis of these selection criteria, a total of 59 independent studies or reports were retained for further analysis.

Prior to the analysis, each of the reports was coded according to the following characteristics:

- Report information (for example, year of report, published/unpublished)
- Evaluation methodology
- Programme features (mentoring alone vs. mentoring as part of multi-component intervention, programme goal)
- Characteristics of participating youth (gender, race/ethnicity, developmental level)
- Mentor–mentee relationships (actual frequency of contact, average length); and
- Assessment of outcomes (type of outcome, data source, timing of assessment)

A theory-based index of best practices was also developed based on the presence of the following 11 programme features: monitoring of programme implementation, screening of

prospective mentors, matching of mentors and youth on the basis of one or more relevant criteria, both pre-match and ongoing training, supervision, support group for mentors, structured activities for mentors and youth, parent support or involvement component, and expectations for both frequency of contact and length of relationships (Du Bois et al., 2002). Each of these programme features has been included in previous recommendations for establishing effective mentoring programmes (Du Bois et al., 2002).

Results of the meta-analysis suggested that there were no distinctions among effects of the 55 mentoring programmes based on methodology or programme, youth, relationship, or measurement characteristics (Du Bois et al., 2002). The average youth participating in one of the mentoring programmes included in the review scored approximately one eighth of a standard deviation higher in a favorable direction on outcome measures than did the average youth before or without participation in one of these programmes (Du Bois et al., 2002). A stem-and-leaf display of average d-indexes for the 59 independent samples after individual effect sizes had been Winsorized revealed that 51 of the 59 d-indexes were in the direction of positive effects for youth mentoring programmes. Of the remaining eight d-indexes, seven were in a negative direction and one corresponded exactly to 0. In each of the former seven cases the negative findings represented half or more of the findings for independent samples within the evaluation (Du Bois et al., 2002).

Findings of this investigation provided support for the effectiveness of youth mentoring programmes. In accordance with the latter finding, moderator analyses revealed little evidence that the potential for programmes to yield desirable outcomes is dependent on such considerations as whether or not mentoring takes place alone or in conjunction with other services, whether it is provided in accordance with the most widely implemented model or whether programmes reflect relatively general as opposed to more focused goals (Du Bois et al., 2002). Favourable effects of mentoring programmes were similarly apparent across youth varying in demographic and background characteristics such as age, gender, race/ethnicity, and family structure and across differing types of outcomes that were assessed. Although included

in only a minority of studies, follow-up assessments that have been conducted also offer at least a limited basis for inferring benefits of mentoring that extend beyond the end of programme participation (Du Bois et al., 2002). The findings also suggested that cumulatively, youth mentoring programmes do indeed have significant capacity to reproduce through more formal mechanisms the types of benefits that have been indicated to accrue from so-called natural mentoring relationships between youth and adults (Du Bois et al., 2002). Results further indicated, however, that it may be most appropriate to expect the typical youth participating in a mentoring programme to receive benefits that are quite modest in terms of absolute magnitude (Du Bois et al., 2002).

No single feature or characteristic of programmes was indicated to be responsible for the positive trends in outcomes that were associated with greater degrees of utilization of either set of best practices. Several of the practices comprising the theory-based index did, however, emerge as significant individual moderators of effect size (and, hence, by definition also were included in the empirically based index), thus highlighting specific strategies that may be especially important for achieving desired results (Du Bois et al., 2002). These latter programme features included ongoing training for mentors, structured activities for mentors and youth as well as expectations for frequency of contact, mechanisms for support and involvement of parents, and monitoring of overall programme implementation (Du Bois et al., 2002). In multivariate analyses, these practices were further revealed to be represented consistently among the strongest predictors of greater reported positive effects for mentoring programmes. Based on this research, it appears that multiple features of relationships, such as frequency of contact, emotional closeness, and longevity, each may make important and distinctive contributions to positive youth outcomes (Du Bois et al., 2002).

Of further note are the substantial positive effects of mentoring reported for programmes in which youth targeted for participation could be regarded as at-risk from both an individual and environmental perspective (Du Bois et al., 2002). From an applied perspective, findings offer support for continued implementation and dissemination of mentoring programmes for youth.

The strongest empirical basis exists for utilizing mentoring as a preventive intervention with youth whose backgrounds include significant conditions of environmental risk and disadvantage. To facilitate attainment of desired outcomes, however, results indicate a need for programmes to adhere closely to recommended guidelines for effective practice. One possibility suggested by the present findings is the recruitment of mentors whose backgrounds include prior experience and success in helping roles concerns such as the most appropriate setting or goals for mentoring activities seem best to regard as being of secondary importance (Du Bois et al., 2002).

It would seem as if **Project Lungisela's** programme theory is sound. However, the evaluator would like to introduce two suggestions in order to strengthen the plausibility of the project's programme theory.

Firstly, the programme lacks an activity related to educational achievement. With poor school results and without a school leaving certificate, youths do not stand a good chance of gainful employment. It is suggested that a programme activity on academic support be added to Project Lungisela.

Secondly, although the client's programme theory was captured elegantly on p. 16, the evaluator suggests that the outcomes in this programme theory be disaggregated (Kusek & Rist, 2004) in order to monitor progress better. The revised programme theory is presented on the next page.

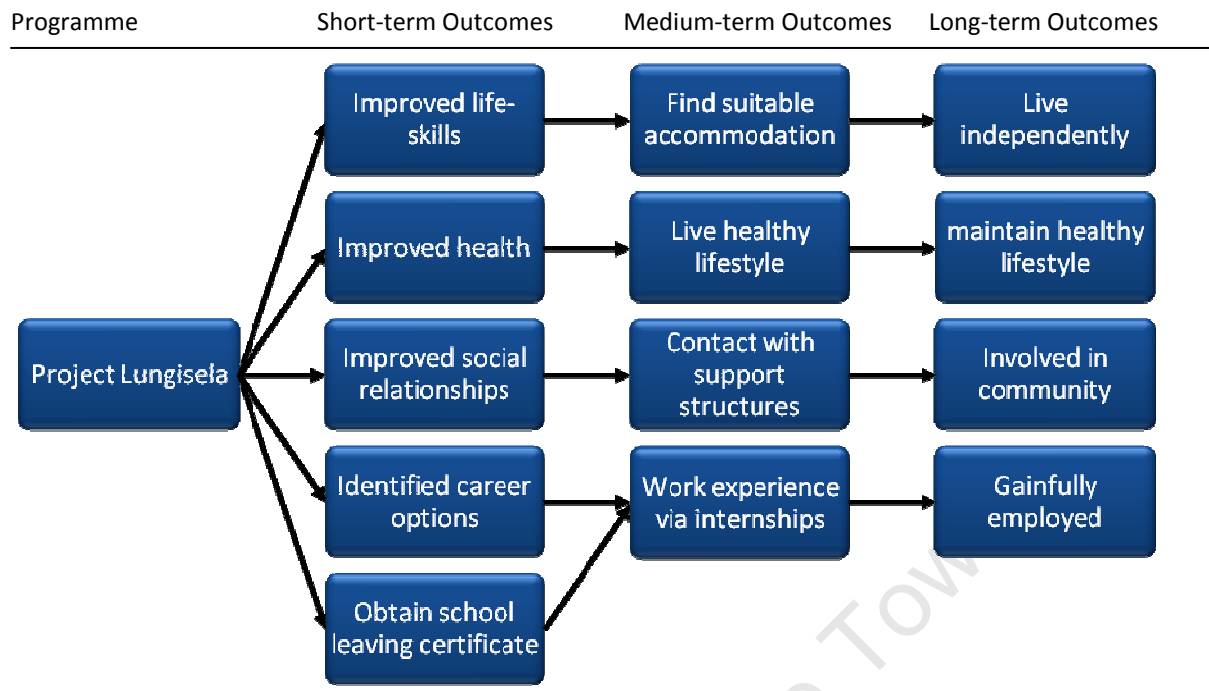


Figure 2. Project Lungisela's revised programme theory

Evaluation Questions

Evaluation questions provide meaningful information about programme performance (Rossi, et al., 2004). In this evaluation, the main focus is to determine whether Mamelani's Project Lungisela works. For that reason, the focus will be on the short, medium and long-term outcomes of the programme. The following evaluation questions will address this focus:

- 1) While still in foster care, did youths on the 2006-2009 Project Lungisela programmes acquire improved:
 - a) life-skills
 - b) health
 - c) career identification skills
 - d) relationship building skills

2) In the first six months after these youths have left foster care, did they:

- a) have access to suitable accommodation - suitable accommodation consists of dwellings or brick structures on separate stands; flats or apartments; town/cluster/semi-detached houses; units in retirement villages; and rooms or flatlets on larger properties (Pendlebury, Lake, & Smith, 2009).
- b) live healthy life styles
- c) gain work experience via an internship
- d) and have contact with support structures

3) In 2010, are these youths:

- a) living independently
- b) maintaining a healthy life style
- c) gainfully employed
- d) involved in the community

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CHAPTER TWO: EVALUATION METHOD

This section focuses on the data providers, materials used for data collection as well as the procedures used by the evaluator to collect data in terms of the evaluation questions formulated on p. 29.

Data Providers

Evaluation question 1: While still in foster care, did youths on the 2006-2009 Project Lungisela programmes acquire improved life-skills, health, career identification skills and relationship building skills?

A total of 30 male programme beneficiaries went through Mamelani's Project Lungisela programme during the 2006-2009 periods. Unfortunately, it was not possible to obtain responses from all of the programme's beneficiaries due to the programme staff having had lost contact with a few of the youths and the process being voluntary. The demographic information of the population who completed the 2006-2009 programmes is presented in Table 2.

Table 2

Race and Age Demographics of the Programme's Beneficiaries

	N
RACE	
Black	26
Coloured	4
TOTAL	30
AGE	
18	3
19	3
20	6
21	4
22	3
23	4
24	4
25	3
TOTAL	30

The following programme records for the 30 beneficiaries who completed the 2006-2009 programmes were used to answer the first evaluation question:

- Mamelani Projects Annual Report, 2006
- Mamelani Projects Annual Report, 2007
- Mamelani Projects Annual Report, 2008
- Mamelani Projects Annual Report, 2009

Obtained information from the annual reports included the number of beneficiaries enrolled for each year, where the beneficiaries had moved to after transitioning out of care, whether the youths were formally employed after transitioning out of care and finally whether they were involved in any community activities after aging out of care. All of the information included in the annual reports was collated by the programme's staff and ratified by the programme's director before being included in the annual report for each programme year. Mamelani's programme director and programme manager assisted with any queries relating to information obtained from these programme records.

Evaluation question 2: In the first six months after these youths have left foster care, did they have access to formal housing, live healthy life styles, gain work experience via an internship and have contact with support structures?

The following programme records for the 30 programme beneficiaries who completed the 2006-2009 programmes were used to answer the second evaluation question:

- Mamelani Projects Annual Report, 2006
- Mamelani Projects Annual Report, 2007
- Mamelani Projects Annual Report, 2008
- Mamelani Projects Annual Report, 2009

Information extracted from these reports included the number of youths who attended life-skills workshops prior to aging out of care, the number of youths who visited a clinic for a free medical check-up prior to aging out, the number of youths who attended a career fair for each programme year and finally the number of youths who visited their families and participated in community activities during their stay at the Homestead's Children's Home. The data for these programme activities were all collected and recorded by the programme manager during the course of the year. The programme's director analysed and approved these collected statistics before their inclusion in each of the annual reports for each respective project year. Similar to the first evaluation question, Mamelani's programme director and programme manager assisted with queries relating to any information that required further interpretation that was included in these annual reports.

Evaluation question 3: In 2010, are these youths living independently, maintaining a healthy life style, gainfully employed and involved in the community?

Table 3 presents the data providers and method of data collection used to answer the third evaluation question.

Table 3

A Summary of the Data Providers and Methods of Data Collection

Stakeholder		Sample of Data Providers	Method of Data Collection
Project Lungisela programme staff		1 X Programme Director	Unstructured interviews
		2 X Programme Staff	Unstructured interviews
2006 programme beneficiaries		7 X Programme Beneficiaries	Questionnaire (Bigelow et al., 1991)
2007 programme beneficiaries		7 X Programme Beneficiaries	Questionnaire (Bigelow et al., 1991)
2008 programme beneficiaries		10 X Programme Beneficiaries	Questionnaire (Bigelow et al., 1991)
2009 programme beneficiaries		6 X Programme Beneficiaries	Questionnaire (Bigelow et al., 1991)

Programme Beneficiaries' Education Levels

Research suggests that the youths' educational levels at the time of their transitioning out of care strongly influence their long term outcomes after they leave the foster care home (Atkinson 2008; Collins, 2004, Gerber & Dicker, 2006). The educational level of the programme's 30 beneficiaries when they left the Khayelitsha's Homestead Children's home are summarised in Table 4

Table 4

Programme Beneficiaries' Educational Levels Prior to Aging Out of Care

Programme Year	2006	2007	2008	2009
N	7	7	10	6
EDUCATION LEVEL AT YEAR OF TRANSITION				
Primary school learning only	5	6	8	6
Primary & High school learning	2	1	2	0
National Senior Certificate (Matriculation)	0	0	0	0

For the 2006-2009 programmes only one youth (2007 programme beneficiary) matriculated after transitioning out of foster care.

Unstructured Interviews with Programme Staff

The evaluator met with the Director of Mamelani's Project Lungisela on three separate occasions. The evaluator also met with two of the programme's staff on four separate occasions.

Project Lungisela Questionnaire Respondents

Of the 30 programme beneficiaries who enrolled for the 2006-2009 programmes, less than half (N = 14) of the programme beneficiaries completed and submitted their questionnaires. The programme director indicated that one beneficiary from the 2006 programme had died in a fatal stabbing and two from the 2009 programme were currently in jail. Four beneficiaries had relocated to the Eastern Cape region and could not be reached to fill in the questionnaire. Another 9 programme beneficiaries could not be contacted to fill in the questionnaire. These 9 programme beneficiaries may not have regularly attended the programme's weekly mentorship sessions for graduates, hence their lack of participation in the evaluation.

The director of the programme stated that it was mandatory for the youths to leave the programme at age 18. The programme beneficiaries were therefore divided into four groups based on their enrollment year of the programme. A summary of the respondents' demographics is displayed in Table 5.

Table 5

Demographics of the Questionnaire's Respondents

Variable	N
RACE	
Black	13
Coloured	1
Total	14
AGE GROUPS	
18 – 19	3
20 – 21	5
22 – 23	2
24 – 25	4
Total	14

As it was mandatory for the youths to leave the children's homes at age 18, the four age groups acted as a proxy for the year youths enrolled for the programme prior to their aging out of care. Youths aged 18–19 would have enrolled for the 2009 programme, 20–21, the 2008 programme; 22–23, the 2007 programme and youths aged 24–25, the 2006 programme. An analysis of outcomes for the four age groups would therefore serve to compare outcomes on the basis of maturity. It could be argued that those beneficiaries from the 2006 and 2007 programmes were more mature and therefore better equipped to deal with risks than younger beneficiaries.

Materials and Procedures

The outcome evaluation for Mamelani's Project Lungisela was approved by the programme director (see attached letter in Appendix A) and by the Commerce Faculty's Ethics Committee (see letter of approval in Appendix B).

Discussions with the director focused on obtaining information on how many youths were part of each annual programme; how old each of the youths were when they left foster care; and the general progress of the youths after they had graduated out of care. Where the Director

was unable to provide adequate information, the evaluator held discussions with the programme staff to fill in these details.

An outcomes map, depicting short, medium and long term outcomes was developed by the evaluator. The map shows outcomes, indicators, measures and where appropriate, standards. This map is based on the assumption that an ideal monitoring system existed for the 2006-2009 programmes and is presented in Table 6.

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Table 6

Outcome map for Mamelani's Project Lungisela

Outcomes	Indicators	Measures	Standards
Short-term Outcomes			
1. Youths have improved life-skills	Youth has developed life-skills that allow him to take care of himself	A completed checklist with assessed practical skills prior to aging out of care	All youths enrolled for programme complete the checklist prior to aging out of care
2. Youths have improved health skills	Visit to the clinic	Health record from the clinic	All youths have a health record
3. Youths identify career options	Career option identified by the youths	Realistic career option(s)	
	Skills map for career option completed by youths	Relevant skills map for career option(s)	
	Youths attend a career fair	Number of career fairs attended by youth	At least one career fair attended
	Youths have written their own CV	Youths write professional looking CVs	All youths have well written, professional looking CVs
4. Youths build relationships outside children's home	Youths visit family homes	Number of visits to family homes	Family visits judged to be positive experiences
	Participation in community activities	Number of community organisations youths are involved in	Participating in at least one community activity prior to aging out of care
Medium-term Outcomes			
1. Youths obtain internships	Youths obtain internship prior to aging out of care	Duration of internship	Youths complete duration of internship
	Youth submits offer letter of internship	Youth's experience of internship	
2. Accommodation	Suitable accommodation	Room (rented)	Youth finds suitable place to stay prior to aging out of care
		Room (family house)	
		Room (hostel)	
		Informal house	
Long-term Outcomes			
1. Youths are gainfully employed	Youth secures permanent employment	Questionnaire (Bigelow et al., 1991)	
	Youths earn a living wage	Questionnaire (Bigelow et al., 1991)	
2. Youths live independently	Youths able to pay for accommodation from wage	Questionnaire (Bigelow et al., 1991)	
3. Youths live healthy lives	Youths are drug free	Questionnaire (Bigelow et al., 1991)	
	Knows HIV/AIDS status	Questionnaire (Bigelow et al., 1991)	
	Moderate alcohol consumption	Questionnaire (Bigelow et al., 1991)	
	Medical aid	Questionnaire (Bigelow et al., 1991)	

Questionnaire

The long-term outcomes on the outcome map were measured by means of a standard questionnaire, the Quality of Life Questionnaire developed by Bigelow, Gareau and Young (1991). The original questionnaire contained 12 subsections. However, for this evaluation, only eight subsections were referenced (subsections that asked questions about their current living conditions; how to handle making decisions; getting along with other people in the community; getting along with family; sharing things with family and friends; handling work; how one spends their leisure time; drinking alcoholic beverages; and the use of drugs). The eight subsections contained 42 items. Nine additional items were added to the questionnaire by the evaluator. The items developed by the evaluator are presented in Table 7.

Table 7

Questions developed by the evaluator for Mamelani's Project Lungisela Questionnaire

Item Number	Question	Answering Options
Independent Living		
1	What kind of housing do you currently live in?	5 Options
Employment		
19	Are you currently employed?	Yes/No
Community Involvement		
28	In the last 6 months have you taken part in any community volunteer work?	Yes/No
Sexual Behaviour		
46	In the last 6 months how many sexual partners have you had?	4 Options
47	How often do you use condoms?	4 Options
Tertiary Education		
49	Are you studying further?	Yes/No
50	Please write down what you are studying?	Degree/Diploma/Certificate
Demographic Information		
48	How old are you?	Age
51	How were you classified under earlier race laws?	4 Options

The altered questionnaire which contained 51 items in total is attached as Appendix C. The items and sub-scales used to measure the long term outcomes of the programme are attached

as Appendix D. For negatively scored questions, the items were reverse scored during the data analysis (that is 1=4 and 4=1) prior to the calculation of the composite sub-scale mean score. A higher mean sub-scale score implied a higher level of satisfaction for the sub-scale. Reverse scored items are marked with an asterisk in Appendix D.

The evaluator contacted the programme manager to assist with the distribution of the questionnaires to youths in July 2010. Programme recipients of the 2006-2009 programmes who were still attending weekly one-on-one mentorship sessions were contacted in person by the programme manager. A week before being asked to answer the questionnaires, the study was explained to the youths by the programme manager after a one-on-one mentorship session. An introductory letter which explained the purpose of the evaluation was read to each youth by the programme manager. The letter also stipulated that the information supplied by the youths would be kept confidential. A week after being told about the questionnaire and after their mentorship session, the programme manager assisted youths who elected to answer the questionnaire. Each questionnaire took 30-35 minutes to complete. Completed questionnaires were collected and placed in a box. The box was sealed to ensure that no one other than the evaluator had access to the completed questionnaires.

The completed questionnaires were collected in August 2010. Data from these questionnaires were then captured in the statistical programme SPSS.

This chapter discussed the data collection methods and tools used to collect data for the evaluation. The following chapter presents the results and discussion of the evaluation.

CHAPTER THREE: EVALUATION RESULTS AND DISCUSSION

The chapter presents the evaluation results and discussion of the outcome evaluation for Mamelani's Project Lungisela. The results of this evaluation will be reported according to the evaluation questions presented in Chapter 1.

Evaluation question 1: While still in foster care, did youths on the 2006-2009 Project Lungisela programmes acquire improved life-skills, health, career identification skills and relationship building skills?

Table 8 presents the programme beneficiaries short term outcomes.

Table 8

Short-term Outcomes of Lungisela Programme for 2006-2009 Beneficiaries

Programme Year	2006	2007	2008	2009
N	7	7	10	6
SHORT TERM OUTCOME				
Completed Life-skills Checklist	-	-	-	-
Health Check-up Record	-	-	-	-
Career Fair Attendance	4	0	0	0
Curriculum Vitae	6	7	5	5
Family Visitation	5	4	5	6
Community Activity Involvement	3	2	5	3

Each of the short term outcomes will be discussed in more detail.

Improved Life-skills

Despite the youths completing the life-skills training, none of them submitted a completed life-skills checklist due to the tool being developed during the second half of 2009. Due to this limitation, the life-skills component of the programme was not evaluable. The developed checklist will be used to monitor the programme's beneficiaries for the 2010 programme and beyond (Annual Report, 2009). Similar to Atkinson (2008), it is suggested that the life-skills

checklist be used regularly to monitor aspects that include keeping appointments, obtaining identification documentation and a passport, opening a bank account, cooking meals and shopping for groceries as they form the basic skills necessary for successful independence. Practical assessment of these aspects on a regular basis to ascertain competence of the enrolled youths could also assist the programme's staff to identify youths that are lagging behind. Implementing such an exercise may assist them to carry out corrective measures for the beneficiaries that are lagging behind prior to their aging out of care. It is also suggested that an exploration of the long term effects of the life-skills training should be conducted by programme staff to assist in their assessment of the relevance of the life-skills curriculum for the at-risk youths. Exploring the long term effects may also assist exercises such as the improvement of the curriculum to ensure more positive outcomes in terms of independent living once the youths have transitioned out of care (Thurston, 2002).

Health Checks

No records were available to indicate whether the youths enrolled for the 2006-2009 programmes had visited a health clinic or doctor prior to their aging out of care. The health check component could not be evaluated as a result of this limitation. With research indicating that children in foster care are more likely than their peers to have a health condition, it is important for each of the programme's youths to obtain a health record prior to aging out of care as this may assist in their treatment if they were to get sick after they have aged out of care. The health check could inform the beneficiary about a condition that he has that could affect his work performance and general livelihood after he has transitioned out of foster care. It is suggested that youths enrolled for future programmes in 2010 and beyond, be required to visit a clinic for a general check-up and submit a copy of the non-confidential portion of their respective health cards prior to their transitioning out of foster care. Through the check-up the programme beneficiaries with serious health conditions will be informed about their ailment before they age out of care. Strategies on how a given disease can be managed and where treatment can be accessed will also be discussed with youths prior to their aging out of care and therefore contribute to an improvement in positive health outcomes for the intervention.

Career Identification Skills

Between 2006 and 2009, 4 of the programme's 30 beneficiaries attended a career fair. The 4 programme beneficiaries who attended a career fair were all enrolled for the 2006 Project Lungisela programme. In 2007, 2008 and 2009, none of the enrolled programme beneficiaries attended a career fair. As a result of this limitation, the career fair visit programme component could not be evaluated. Attending career fairs is an informal way of training the programme's beneficiaries on how to seek and secure a good job, a skill reported to be undeveloped for most at-risk foster care youths prior to their aging out of care (see Courtney & Dworsky, 2006; Atkinson, 2008). In addition to assisting the youths to develop their career identification skills, attending a career fair assists the youths to set realistic employment goals based on their acquired skills and education levels and also develop a network of contacts that may assist them with future internship and employment opportunities. Where the youths need to improve their skills, attending a career fair may also contribute to their motivation to improve their school grades to meet the required standards for a chosen career path. It is therefore suggested that the intervention should ensure that all programme participants attend at least one career fair before they transition out of care as this may contribute to an increase in employment outcomes after they have left the children's home.

Relationship Building Skills

According to available records, 20 of the programme's 30 beneficiaries for the 2006-2009 programmes visited their family homes prior to aging out of care (Annual Report 2006, 2007, 2008 & 2009). Although more than half of the programme's beneficiaries re-established ties with their families, it is suggested that efforts should be made to improve this outcome due to the development of strong relationships with immediate and extended family being identified as one of the most important needs for youths in foster care (Atkinson, 2008). The quality of the family visits should also be assessed for future programme beneficiaries by Project Lungisela's programme staff, as a simple visit of poor quality might do more harm to the youths than good.

In terms of community involvement, 13 beneficiaries out of 30 took part in community activities during the 2006-2009 periods prior to aging out of care. With community involvement activities being found to promote adolescent empowerment and sense of community, factors identified as integral to the growth and development of positive attitudes among adolescents, it is suggested that the number of programme attendees getting involved in community activities in 2010 and beyond should increase to at least more than half of the enrolled participants. Improving this short term outcome may contribute to an improvement in the programme's long term outcomes after the youths have transitioned out of foster care.

In summary, this section of the evaluation needs to assess whether the programme has attained its short term outcomes. It is impossible to make a judgement regarding the life-skills and health checks short term outcomes, as no programme records were available for these activities. Too few beneficiaries attended career fairs, although most beneficiaries had produced well written *curricula vitae*. With regards to family visits, more than half of the beneficiaries engaged in this activity. Less than half of the beneficiaries partook in community activities prior to aging out of care. From this summary, it is clear that only *curricula vitae* and *family visits* were attained by more than half of the programme's beneficiaries. Careful monitoring of short term outcomes could overcome this short coming for future programme years.

Evaluation question 2: In the first six months after these youths have left foster care, did they have access to formal housing, live healthy life styles, gain work experience via an internship and have contact with support structures?

Table 9 on the next page presents the programme beneficiaries' medium-term outcomes.

Table 9

Medium-term Outcomes of Lungisela Programme for 2006-2009 Beneficiaries

Programme Year	2006	2007	2008	2009
N	7	7	10	6
MEDIUM TERM OUTCOME				
Internship Placement	5	0	5	2
Completed Internship	3	0	5	1
Health Records	-	-	-	-
Securing Accommodation	7	7	10	6

The results for evaluation question 2 will be discussed in terms of the relevant medium term outcomes, namely internships, living a healthy lifestyle and accommodation.

Internships

Between 2006 and 2009, 12 of the programme's 30 beneficiaries were assisted to enrol for internships prior to aging out of care. The low internship enrolment number could be attributed to some of the programme's beneficiaries still being at school during their final year of stay at the foster care home. Therefore, these youths' focus will be centered on improving their grades through attending study groups and where possible extra lessons (Mamelani Projects Annual Report, 2007). Attending these lessons leaves the youths with little to no time to enrol for an internship position either during the school term or holiday. The low internship recruitment could also be attributed to some of the youths having dropped out of school and not having the required educational skills to be recruited for a specified internship programme. It is suggested that efforts should be invested in improving the programme beneficiaries' educational outcomes to enhance their chances of obtaining an internship position prior to their aging out of care. In South Africa, youths can leave the formal education system at age 16. Because of this, it is also suggested that the incorporated educational development activities be aimed at keeping programme beneficiaries in some form of schooling until they turn 18, despite them having or not having obtained a National Senior Certificate.

Similar to Matsuba et al. (2007), escalating the beneficiaries' internship recruitment outcome may contribute to an improvement in employment outcomes after the youths have

transitioned out of foster care due to most part-time contracts serving the purpose of transitioning youths from unemployment to full-time paid employment. It is also proposed that programme staff should encourage all youths enrolled for internships to complete their internship duration as this may also contribute to an improvement in employment outcomes for the programme's beneficiaries after the youths have transitioned out of care. Nine of the 12 youths recruited for internships completed their internship duration. Completing the internship duration prior to the beneficiaries aging out of care gains the youths work experience, as well as the confidence and maturity that accompany any future employment opportunities. With more than half of the recruited interns completing their internship duration, the host companies in partnership with Mamelani's Project Lungisela could also be encouraged to recruit more interns in future years and therefore contribute to an increase in the intervention's employment outcomes after the youths have transitioned out of foster care.

Healthy Living

No health records were available for all programme beneficiaries six months after they had graduated out of care. Due to this limitation, the healthy living component could not be evaluated. Like other at-risk youths who have transitioned out of foster care, most of Project Lungisela's beneficiaries have little work experience and are thus unable to secure employment that provides them with health benefits. To improve the health outcomes of the programme's beneficiaries, it is suggested that the programme's staff develop a monitoring framework to track whether the youths are still living a healthy lifestyle six months after they have transitioned out of foster care. With trauma, anxiety, depression, social skills deficits, and behavioural and conduct problems being the key mental and healthcare problems experienced by former foster care youths, the monitoring framework should assess whether the programme's beneficiaries have access to a doctor or clinic within their new communities. The monitoring framework should also include an assessment on whether the beneficiaries have exposed themselves to risks such as alcohol abuse, drug abuse and risky sexual behaviour as these habits have a large impact on the youths' health status and lifestyle.

Access to Accommodation

Table 10 describes the type of accommodation secured by the youths six months after aging out of care.

Table 10

Accommodation Types Secured by Beneficiaries Six Months after Aging Out of Care

Programme Year	2006	2007	2008	2009	Total
Rented Room	0	0	3	2	5
Family House	2	2	3	2	9
Room in Hostel	1	2	2	1	6
Informal House	4	3	2	1	10

Between 2006 and 2009, ten of the programme's recipients were assisted to build informal houses prior to graduating out of care (Annual Report, 2006; 2007; 2008 & 2009). Nine youths returned to their family homes, with the remaining 11 securing accommodation within either a room at a hostel or a rented room in a flat. The building of informal houses for a third of the 2006-2009 programme beneficiaries suggests that finding suitable accommodation for the youths may be the most difficult challenge for Mamelani's Project Lungisela (see Lenz-Rashid (2006), who identified this as an outcome that is difficult to attain). The lack of suitable accommodation for the youths prior to their aging out of care is further implied by the return of 9 youths back to family homes which they had previously run away from as a result of difficulties they had encountered (Mamelani Projects Annual Report, 2009). Similar to Atkinson (2008), sending these youths back to their family homes could expose them to the same risk of returning to lead a life on the streets due to the problems that caused them to leave their homes being unresolved. Returning the youths to their family homes also exposes them to committing to family responsibilities. Family members expect the youths to either have an education and the life skills necessary to access tertiary education or find employment in order for them to contribute to the family's upkeep (Mamelani Projects Annual Report, 2009). The findings therefore suggest that finding suitable accommodation for the youths prior to their aging out of care, particularly a room in a hostel or room in a flat could contribute to an improvement in long term outcomes for the programme's beneficiaries.

A summary of medium term outcomes suggests the following: less than half of the beneficiaries did an *internship*. However, it was encouraging to note that most of the interns that were recruited completed their internship duration. No health records were available for the beneficiaries at this stage of the programme and no assessment could be made about attainment of *healthy living*. Securing *suitable accommodation* remained the biggest challenge for the programme. At this stage in the programme, it can be concluded that successfully completing an *internship* is the most positive medium-term outcome.

Evaluation question 3: In 2010, are these youths living independently, maintaining a healthy life style, gainfully employed and involved in the community?

This section presents and discusses the programme beneficiaries' long-term outcomes.

Accommodation in 2010

Table 11 presents the accommodation types for the 14 respondents who answered the questionnaires in August 2010.

Table 11

Respondents Accommodation Type in 2010

Programme Year	Informal house	Room in hostel	Room in house	Room in flat	Other
2006	3	1	-	-	-
2007	1	-	1	-	-
2008	3	-	2	-	-
2009	2	-	-	-	1
Total	9	1	3	-	1

Except for the 2007 programme, most of the respondents for each of the programme years were living in an informal house in 2010. These findings suggest that similar to other at-risk youth development programmes finding suitable accommodation for participants transitioning out of foster care remains a major challenge (Atkinson, 2008; Lenz-Rashid, 2006). Although it

would be ideal for most of the programme’s beneficiaries to either rent a room in a flat or house, most are unable to do so due to high rental costs. With most of the respondents being unemployed, they are also unable to raise enough money to pay for rental accommodation and therefore opt to live in an informal house.

According to Lenz-Rashid (2006), transitional housing options for homeless young adults, both with and without a history of foster care, are rare. Within the Western Cape there are only two residential homes for youths aged 18-25 and they often are unable to assist due to long waiting lists (Mamelani Projects Annual Report, 2009). Limited housing options and a lack of employment therefore restricts most of the programme’s beneficiaries to either returning to their family homes or building an informal house after they have transitioned out of care.

Accommodation Satisfaction

The Cronbach alpha for the accommodation satisfaction sub-scale was 0.60, indicating adequate internal consistency (Pallant, 2001). Table 12 presents the mean accommodation satisfaction scores and standard deviations of the respondents for each of the programme enrolment years.

Table 12

Mean Scores and Standard Deviations for the Respondents Accommodation Satisfaction Scores

Programme Year	N	Mean	SD
2006	4	2.47	0.50
2007	2	2.44	0.83
2008	5	2.10	0.71
2009	3	2.50	0.50
Total	14	2.41	0.60

Note: For each item, Very Dissatisfied = 1 and Very Satisfied = 4.

Except for the 2008 programme respondents, mean scores on the accommodation satisfaction sub-scale ranged between 2.44 (2007 programme) and 2.50 (2009 programme), indicating that most of the programme’s respondents satisfaction levels with regards to their current living

conditions in terms of state of repair, amount of room, furnishings, warmth, security and lighting were slightly above the mid-point of the accommodation satisfaction scale. Five of the 9 respondents who were living in an informal house in 2010 were satisfied with their current living conditions with the remaining 4 reporting that they were not satisfied with their living conditions. The informal houses that the respondents live in consist of shacks within informal settlements dwellings. These dwellings are classified as being “inhabitable” in terms of providing physical safety, protection from the elements and not being over crowded (Pendlebury et al., 2009). This suggests that although most of the respondents indicated that they were satisfied with their current living conditions, the informal houses that they live in are not suitable for accommodation and that the youths residing in these homes should be relocated to suitable accommodation such as a room to rent, a room in a hostel or a room in a house. Within these types of houses youths are more likely to have on-site services such as electricity and clean tap water and adequate protection from nature’s elements. The youths are also more likely to be closer to facilities such as schools, libraries, clinics and hospitals.

Independent Living

The Cronbach alpha for the independent living sub-scale was 0.53. The mean scores and standard deviations for respondents enrolled during the 2006-2009 period are presented in Table 13.

Table 13

Mean Scores and Standard Deviations for the Respondents Independent Living Sub-scale

Programme Year	N	Mean	SD
2006	4	3.05	0.44
2007	2	2.46	0.75
2008	5	2.21	0.30
2009	3	2.50	0.25
Total	14	2.56	0.55

Note: For each item, Minimum = 1 and Maximum = 4.

Based on the mean scores presented in Table 13, it is evident that respondents enrolled for the 2006 programme were finding it easier to live an independent life when compared to respondents of the other programme years in terms of getting around town, shopping, making medical appointments and making decisions for themselves. Respondents from the 2006 programme also found little to no difficulties in discussing their problems with a family member or member of the community.

Employment

The respondents' employment status in 2010 are presented in Table 14.

Table 14

Respondents' Employment Status in 2010

Programme Year	Unemployed	17-34 hours a week	35+ hours a week
2006	-	2	2
2007	2	-	-
2008	4	-	1
2009	3	-	-
Total	9	2	3

For the 2006-2009 programmes, 9 of the programme's respondents were unemployed. Seven of the 9 unemployed respondents did however point out that they felt comfortable about going out to look for a job by themselves. Similar to prior research (Courtney & Dworsky, 2006; Atkinson, 2008), these findings suggest that the respondents may not have acquired the required skills to find a good job before and immediately after they transition out of care. According to Atkinson, youths who age out of foster care are significantly less likely than their peers to graduate from high school and rarely obtain higher education. The disruption of living on the streets before the youths are taken in by the Homestead's Children's Home results in gaps in their education and school attendance which affects their performance on their final national senior certificate examinations. As a result of several of the programme's beneficiaries transitioning out of care without obtaining a basic educational qualification, the youths'

employment opportunities are limited. According to Courtney and Dworsky (2006), youths who find employment through internships often work for low wages and are often unable to pay rent. In 2010, 3 of the 5 employed respondents were living in an informal house indicating their inability to afford to rent a room in a house or flat on their current wages. This suggests that finding employment through a basic education or internship does not assure employment beyond a poverty level wage. Therefore, it is suggested that improving educational outcomes for the programme’s beneficiaries prior to their aging out of care be prioritised by Project Lungisela. Prioritising the educational achievement could contribute to a sizable improvement in employment and accommodation outcomes for the enrolled programme participants after they have left the children’s home.

Employment Satisfaction

The Cronbach’s Alpha for the employment satisfaction sub-scale could not be calculated as there were too few cases for the analysis. Table 15 presents the employed respondents mean employment satisfaction scores for the different enrolment years.

Table 15

Mean Scores and Standard Deviations for the Employment Satisfaction Sub-scale

Programme Year	N	Mean	SD
2006	4	2.94	0.43
2007	-	---	---
2008	1	3.00	---
2009	-	---	---
Total	5	2.95	0.37

Note: For each item, Minimum = 1 and Maximum = 4.

Based on the mean scores presented in Table 15, there were no differences among the respondents with regards to their employment satisfaction scores. The mean scores for both groups ranked on the higher end of the 4 point scale indicating that respondents were generally satisfied with their current jobs in terms of the work load and interaction with work peers. Although all of the employed respondents were satisfied with their working conditions, 3 of the

5 respondents felt that their current incomes were inadequate to cater for their present needs. This suggests that the respondents were being paid a low wage or salary based on their acquired skills prior to their aging out of care. According to Atkinson (2008), earning a low wage also exposes the respondents to the risk of obtaining extra money through illegal means such as drug dealing. Four of the 5 employed respondents also indicated that they were quite worried about their future incomes. This suggests the absence of employment stability for the respondents based on their low educational outcomes. It is therefore suggested that the youths' confidence can be raised through the programme enhancing its focus on improving their basic educational outcomes prior to aging out of care. If these youths continue with their basic education whilst still in care, those youths that do not have a national senior certificate can also be encouraged to obtain adult basic education after they have transitioned out of care. After obtaining their basic education, these youths can also be encouraged by the programme staff to enroll for further vocational or tertiary studies.

Access to Health Facilities and Medical Aid

Responses on the beneficiaries' access to health facilities and medical aid are presented in Table 16.

Table 16

Beneficiaries Responses to Access to Health Facilities and Medical Aid in 2010

Programme Year	N	Need for Medical Care	Access to Medical Clinic	Medical Aid
2006	4	1	2	-
2007	2	-	1	-
2008	5	-	2	1
2009	3	-	1	-
Total	14	1	6	1

Within their respective communities after graduating out of care, 6 of the beneficiaries had access to either a medical doctor or a clinic in 2010. Only one respondent from the 2008 programme had medical aid in 2010. This implies that most of the respondents are unable to pay for medical aid due to low incomes or being unemployed. With 9 of the respondents

staying in an informal settlement, the youths lived a reasonable distance away from basic health facilities such as clinics and hospitals. Without medical aid these findings are in line with prior research which suggests that medical problems and a lack of healthcare may contribute to the impoverishment of the youths if they were to get sick through paying for medical bills (Atkinson, 2008). With some of the youths' health problems expected to persist or worsen due to increased risk-taking behaviours once the youths have aged out of care, it is suggested that obtaining medical aid for the programme's beneficiaries should also be prioritised prior to their aging out of care. It is also suggested that the programme staff prioritise find suitable accommodation with better access to health facilities after they age out of care.

Alcohol Abuse Problems

Table 17 shows the programme beneficiaries alcohol usage and abuse problems.

Table 17

Programme Beneficiaries' Responses on Alcohol Use and Abuse Problems

Programme Year	N	Alcohol Usage	Alcohol Abuse Problems	Alcohol Health Problems
2006	4	1	-	-
2007	2	2	1	1
2008	5	-	-	-
2009	3	3	1	-
Total	14	6	2	1

All of the respondents from the 2007 and 2009 programmes reported that they drank alcohol, whilst none of the respondents from the 2008 programme reported that they drank alcohol. The results suggest that the intervention's alcohol abuse education contributed to 8 of the programme's 14 respondents viewing alcohol as harmful to their well being in 2010 after transitioning out of foster care. Two of the 6 respondents who reported that they drank alcohol did however indicate that they had severe alcohol problems in 2010. One of these 2 respondents also reported that the alcohol abuse had adversely impacted his health. The same respondent also reported feelings of depression caused by alcohol abuse.

The mean scores and standard deviations of the respondents' alcohol abuse sub-scale are presented in Table 18. The Cronbach's Alpha for the alcohol abuse sub-scale could not be calculated as they were too few cases for the analysis.

Table 18

Mean Scores and Standard Deviations for the Alcohol Abuse Sub-scale

Programme Year	N	Mean	SD
2006	1	4.00	---
2007	2	2.80	1.13
2009	3	3.27	0.46
Total	6	3.23	0.73

Note: For each item, Minimum = 1 and Maximum = 4.

The scores for the respondents who reported that they drank alcohol ranked on the upper end of the 4 point scale, indicating that the programme's beneficiaries had relatively few alcohol abuse problems. Mean scores for the 2007 beneficiaries were slightly lower than those of the other programme years, due to one of the respondents from that programme year having severe alcohol abuse problems which were also adversely impacting his health and also contributing to his depression and guilt.

Drug Abuse Problems

Table 19 presents the beneficiaries' responses to them using and/or abusing drugs in 2010 based on the different years of programme enrolment.

Table 19

Beneficiaries' Responses on Drug Use and Abuse Problems in 2010

Programme Year	N	Drug Use	Drug Control Problems	Drug Health Problems
2006	4	2	-	-
2007	2	-	-	-
2008	5	1	1	1
2009	3	1	1	-
Total	14	4	2	1

Of the 4 respondents who reported that they had taken drugs in 2010, two were from the 2006 programme. The other two beneficiaries who reported that they used drugs were each from the 2008 and 2009 programme enrolment years. The 2008 programme respondent, who reported that he used drugs, also indicated that he had severe problems with controlling his drug use. The same respondent also reported that he had problems with controlling his behaviour and had suffered severe health problems because of drug use. Similar to the alcohol abuse prevention education outcome, the intervention's drug abuse prevention education contributed to 10 of the programme's 14 respondents viewing drug use as harmful to the beneficiary's health. The intervention's weekly mentorship sessions after the youths have transitioned out of care could also have contributed to the prevention and decreases in drug and alcohol use and abuse, with only one of the programme's 14 beneficiaries indicating that he had serious drug use control problems.

Sexual Behaviour

Table 20 presents the beneficiaries' responses to their sexual behaviours in 2010.

Table 20

Beneficiaries' Responses on Their Sexual Behaviours in 2010

Programme Year	N	No Sexual Partners	Multiple Sexual Partners	Unprotected Sex
2006	4	-	-	3
2007	2	-	-	1
2008	5	1	1	1
2009	3	1	2	1
Total	14	2	3	6

Three respondents (2 enrolled for the 2009 programme and 1 from the 2008 programme) had sex with more than one partner in 2010. Two of these 3 respondents had also had unprotected sex with one of each of their sexual partners in 2010. The findings suggest that the intervention's sex education output contributed to a significant decline in risky sexual behaviours with only 2 of the programme's 14 respondents indicating that they had unprotected sex with multiple sexual partners in 2010. It was alarming to note that the same

two respondents who reported that they had had unprotected sex with multiple partners in 2010, were the same respondents who indicated that they had drug and alcohol abuse problems in 2010. These poor health outcomes expose these respondents to health risks that could adversely impact their lives such as the contraction of HIV and AIDS.

Healthy Living in 2010

A composite healthy living score was calculated for each of the respondents using the scores obtained from the drug abuse, alcohol abuse and sexual behaviour sub-scales. The Cronbach's Alpha for the healthy living scale could not be calculated as there were too few cases for the analysis. Table 21 presents the respondents healthy living mean scores and standard deviations.

Table 21

Mean Scores and Standard Deviations for the Respondents' Healthy Living Sub-Scale

Programme Year	N	Mean	SD
2006	4	3.30	0.24
2007	2	3.15	0.92
2008	5	2.83	1.28
2009	3	2.82	0.23
Total	14	3.01	0.80

Note: For each item, Minimum = 1 and Maximum = 4.

Mean scores for respondents enrolled for the 2006 programme were slightly higher than respondents from the 2007, 2008 and 2009 programmes respectively, indicating that the older respondents were better prepared to take care of their health than their younger counterparts. Mean scores for all respondents were however on the upper end of the 4 point scale, signifying that the youths were generally living a healthy lifestyle in 2010, after graduating out of care.

Further Education

Table 22 presents the beneficiaries' responses with regard to furthering their education in 2010.

Table 22

Responses to Whether Beneficiaries Were Furthering Their Education in 2010

Programme Year	N	Furthering Education	Course
2006	4	1	Sous Chef Certificate
2007	2	1	Tour Guide Certificate
2008	5	-	-
2009	3	1	National Senior Certificate (Matric)
Total	14	3	-

Three of the intervention's 14 respondents indicated that they were furthering their studies in 2010. The respondents' low enrolment for further education and training in 2010 is an indication of the respondent's low basic education outcomes prior to their transitioning out of care (see pg. 34). As a result of the poor education outcomes, most of the youths either do not have a national senior certificate or do not enrol in adult basic education programmes. The educational deficit that the respondents accumulated in primary and secondary education as a result of their life on the streets contributes significantly to their hindered educational progress. It is therefore suggested that the programme should enhance its focus on improving the youths' educational outcomes before they transition out of foster care as this could be a key contributor to more of the programme's beneficiaries furthering their education in 2010 and beyond.

Community Involvement

Table 23 shows how many of the respondents were involved in community work in 2010.

Table 23

Community Involvement of Respondents in 2010

Programme Year	N	Community Involvement	1-7 hours a week	20+ hours a week
2006	4	2	-	-
2007	2	-	-	-
2008	5	1	-	1
2009	3	1	1	-
Total	14	4	1	1

Between March and August 2010, more youths from the 2006 programme had been involved in community activities than the other years of programme enrolment. In the week that the questionnaire was distributed to the respondents in August 2010, two respondents from the 2008 and 2009 programmes had participated in community activities. With community involvement activities being found to promote empowerment and sense of community, it is suggested that the intervention should aim to increase the number of participants per annum taking part in community activities prior to aging out of care. Participating in community activities also builds a social support structure for the youths within their respective communities other than their immediate families. The social support given to the youths through informal peer and adult mentorship could prevent the newly resettled youths from engaging in risky and illegal activities, ultimately ensuring their successful transition into society from the foster care home.

With regards to long term outcomes: Approximately a third of the respondents lived in informal housing in 2010 indicating that finding *suitable accommodation* for the programme's beneficiaries after they have transitioned out of care remains problematic. Although most of the respondents reported relative satisfaction with their accommodation, by and large the accommodation type is non-viable (e.g. shacks in other people's backyards). It would seem as if the long term outcome, *independent living*, was attained for most of the respondents. Only five of the respondents were *employed* in 2010. Generally, the five employed respondents were relatively *satisfied with their jobs*. A single respondent had access to *medical aid*. However, it seems as if Mamelani's Project Lungisela succeeded in minimising the respondents' health risks with respect to alcohol *abuse problems*, drug *abuse problems* and *risky sexual behaviour*. This success reduces the amount of money spent by the youths on avoidable health issues. Only three respondents indicated that they were furthering their *education* after aging out of care. Less than half of the respondents reported that they had been involved in *community activities* between March and August 2010. This follows the poor community involvement outcome prior to the youths' aging out of care.

In final summary, it would seem that the programme beneficiaries struggle to attain an education level that would lead to employment, finding suitable accommodation and earning an above minimum wage income. These are difficult outcomes to attain, but if not attained, pose high risk for youths who have aged out of care. It is suggested that careful consideration should be given to all levels of outcome and that programme activities which would lead to these outcomes be developed or intensified so that Project Lungisela can lead to gainfully employed youths who are able to live healthy, independent lives.

Limitations to the Evaluation

This section focuses on the limitations of the evaluation and discusses ways in which the evaluator endeavoured to overcome the effects of such limitations.

Low Response Rate and Sample Size

Only 14 of the programme's 30 respondents answered the quality of life questionnaire. This low response rate and small sample size may have affected the measures' reliability and limited the power to detect the programme's long term outcome effects. As a result of Mamelani's Project Lungisela having a low annual recruitment and a small sample size for the 2006-2009 programme years, the findings of this evaluation should therefore be interpreted with care.

Absence of Programme Documents for Beneficiaries' Short and Medium Term Outcomes

Programme staff had not implemented a monitoring framework to assess the programme's life skills checklist and health records outcomes. Collection of this information during the course of the intervention is therefore important, as it may allow for a more informed outcome evaluation.

Self Report Data

The long term outcome results of this evaluation are based on self report data from the programme's respondents. The accuracy of data obtained from self-reports is limited by the

tendency of respondents giving socially desirable answers (Klein, Sabaratnam, Auerbach, Smith, Kodjo, Lewis, Ryan & Dandinoc, 2006). Due to time constraints, the evaluator could not determine whether the programme's beneficiaries actually behaved in the manner that they reported or if the responses were mostly socially desirable answers. To reduce this bias, questionnaire data was collected by Project Lungisela programme staff. Through weekly mentorship sessions, the programme staff may have established a relationship of trust with the respondents and as a result are able to get them to provide more reliable data.

Assessment of the Intervention's Programme Outputs

As this evaluation was an outcome evaluation, the measures used to assess short, medium and long term outcomes did not examine the adequacy of services provided by the intervention. The quality of the services provided by the intervention could be a key contributor to the programme's outcomes (Shannon, Walker & Blevins, 2009). It is therefore recommended that future evaluations of Mamelani's Project Lungisela incorporate this component in the data collection process.

Effect of the Economy on Employment Outcomes

Due to external factors, the employment market within the Western Cape and the rest of South Africa changes from year to year. For the 2006-2009 periods, national employment rates could have fluctuated in line with the state of the economy. With data on the programme's beneficiaries being collected between 2006 and 2009, prevailing economic conditions could have varied during this period and therefore affected the programme respondents' ability to secure employment for each of the programme years, despite the intervention's positive impacts.

Low Cronbach Alphas

The Cronbach alpha coefficients for all the measured sub-scales were below 0.70 indicating low internal consistency. The lower Cronbach alpha coefficients could be attributed to some of the sub-scales having fewer than 10 items and a few questionnaire respondents. With Cronbach

alpha values being sensitive to the number of items in the scale, a Cronbach alpha coefficient of 0.50 for a short scale is however acceptable (Pallant, 2001).

Evaluation Contribution

Although several evaluations of youth development interventions have been conducted within the developed world, the same cannot be said for South Africa. The outcome evaluation of Mamelani's Project Lungisela is one of the few outcome evaluations to be done for at-risk youths within South Africa. Information obtained from this outcome evaluation could add to the wealth of knowledge that already exists on at-risk youth interventions by providing a South African context to the potential successes or failures of such an intervention. The evaluation's findings may also inform policy makers' decisions on whether at-risk youths' stay in foster care should be extended or not, based on the intervention's long-term outcomes. The evaluation's findings can also be used to further explore linkages between at-risk youths' educational levels, conducting internships before they age out of care and securing employment after they transition out of care.

The evaluator has also developed an outcome map which is shown on page 37 which can be used by the Project Lungisela programme staff as a monitoring tool. As data collection using the outcome map becomes more reliable, the map could be the basis of a predictive theory regarding the programme activity or activities which contribute most to the programme's long-term outcomes. An example is the intervention's ongoing mentorship exercise for former beneficiaries which allowed the evaluator to track down graduates who would have been difficult to locate such as those who lived in informal houses.

Conclusion

In the current era of restricted funding for social services programmes, evaluating outcomes is critical to secure funds for additional services as well as ensuring continued levels of funding (Shannon et al., 2009). The collection of information on outcomes also helps to develop the evidence base on practices for other organisations considering similar programmes or interventions (Shannon et al., 2009).

The findings of this outcome evaluation suggest that the beneficiaries of Mamelani's Project Lungisela struggle to obtain employment, suitable accommodation and an above minimum wage income after they graduate out of foster care. Similar to prior research, it appears that the attainment of employment and accommodation outcomes is linked to the educational level that the youths would have attained prior to aging out of care (Atkinson, 2008; Courtney & Dworsky, 2006; Lenz-Rashid, 2006). It is therefore suggested, that the attainment of better educational levels of the programme's beneficiaries be addressed for future programme years. Consistent positive effects were however observed in the areas of drug abuse prevention, alcohol substance use prevention and avoidance of risky sexual behaviours (healthy living).

Improving Programme Beneficiaries' Educational Levels

As mentioned in Chapter 1, youths who age out of foster care are significantly less likely than their peers to graduate from high school and rarely obtain higher education (Atkinson, 2008; Collins, 2004; Gerber & Dicker, 2006). Based on the findings of previous studies, the major reasons for poor educational success for former foster care youths include long periods of school absence and effects of emotional trauma and maltreatment (Collins, 2004).

With none of the beneficiaries having obtained a national education certificate prior to aging out of care for the 2006-2009 programmes, it is suggested that the programme introduces educational support activities. The introduced educational support should serve the purpose of improving the youths' educational levels prior to their aging out of care. To ensure total

support, it is also suggested that the educational support activities introduced at programme enrolment and continue throughout the entire duration of the programme, so that the youths are well prepared for their final year examinations. For programme beneficiaries that are a few grades behind, the educational support activity should assist them to improve their educational levels so that they are able to sit for the adult basic education examination after they have transitioned out of care.

Improving the Attainment of Employment

With only five respondents reporting that they were employed in 2010, it is suggested that Mamelani's Project Lungisela intensifies its employment outcome activities for future programme years. The programme should ensure that all beneficiaries attend a career fair during the first half of programme enrolment. In addition to attending a career fair, it is also suggested that the programme's staff assist the youths to develop a skills road map that identifies what will be required of them in terms of basic and tertiary education to pursue a chosen career path. This will help the youths to set realistic, achievable employment goals.

Completing an internship has been identified as an effective method for foster care youths to gain work experience. The gained work experience could help them to secure permanent employment after they have transitioned out of care. It is therefore suggested that Mamelani's Project Lungisela also intensify this activity by making sure that all programme beneficiaries do an internship prior to graduating out of care.

Similar to prior research, employment opportunities for the youths after they have transitioned out of care are linked to their educational levels and acquired work experience through internships (Courtney & Dworsky, 2006). Mamelani's programme should therefore prioritise the education and internship activities for its programme beneficiaries in future years.

Improving Access to Suitable Accommodation

As a result of most of the programme's beneficiaries not being employed or earning a minimum wage income, accessing suitable accommodation for the youths after they have transitioned out of care remains problematic. Similar to the employment outcome, it is suggested that the programme invests in improving the youths' educational outcomes as this will contribute to their earning an income that permits them to rent a room in a house or flat.

In addition to intensifying the programme's current activities, it is therefore suggested that Mamelani's Project Lungisela introduces activities that will prioritise the attainment of better educational levels for the youths before they graduate out of care. An attainment of better educational outcomes could ultimately lead to the youths receiving bursaries or scholarships for them to further their education. According to Atkinson (2008), after obtaining a tertiary education the youths may be able to secure employment with benefits such as medical aid. The youths may also earn enough money to access suitable accommodation and live a healthy, independent life.

APPENDICES

APPENDIX A: Letter Sent to Project Lungisela's Programme Director

UNIVERSITY OF CAPE TOWN



School of Management Studies

University of Cape Town, Private Bag,
Rondebosch 7701
Telephone: +27 21 650-5218
Fax: +27 21 689-7570
4 February 2010

TO WHOM IT MAY CONCERN

Thank you very much for your willingness to enable one of our Master's students to work with a programme from your organisation. I appreciate your contribution to the education of our students.

Please note that our students are required to work within the ethical framework of the Faculty of Commerce when collecting information from programme documents or programme recipients. This framework deals with confidentiality, sensitivity when requesting information from people and responsible reporting of results.

We also undertake and ensure you that the student will display professional behaviour at all times while working in your organisation or on your programme. At the end of the process, you will receive a useful report which will enable you to make informed decisions regarding your programme.

In order to comply with the rules of the Faculty of Commerce, we request you to sign below to indicate that the student will have access to programme records and where applicable, to programme recipients.

Thank you very much.

Yours sincerely

A handwritten signature in black ink, appearing to read 'J. Louw-Potgieter'.

PROF J LOUW-POTGIETER
HEAD: SECTION OF ORGANISATIONAL PSYCHOLOGY

AGREEMENT TO ACCESS PROGRAMME RECORDS AND/OR RECIPIENTS:

AUTHORISED PERSON

ORGANISATION

DATE

APPENDIX B: Letter of Approval from Commerce Faculty's Ethics Committee

UNIVERSITY OF CAPE TOWN



Faculty of Commerce Ethics in Research Committee

Courier: Room 2.21 Leslie Commerce Building Upper Campus University of Cape Town
Post: University of Cape Town • Private Bag • Rondebosch 7701
Email: Irwin.brown@uct.ac.za
Telephone: +27 21 650-2311
Fax No.: +27 21 689-7570

22 June 2010

Mr James Funga Maposa
School of Management Studies
University of Cape Town
Rondebosch
james.maposa@uct.ac.za

Dear Mr Maposa

Project title: An Outcome Evaluation of Mamelani Projects' Youth Development Programme

This letter serves to confirm that the project entitled: **"An Outcome Evaluation of Mamelani Projects' Youth Development Programme"**, as described in your final submitted protocol dated 31 May 2010, has been approved subject to final confirmation by the Commerce Faculty Ethics in Research Committee. You may proceed with the research subject to the following condition:

Obtaining written consent (form attached is unsigned by the organization) and inclusion of "prefer not to answer" option for race question.

Please note that if you make any substantial change in your research procedure that could affect the experiences of the participants, you must submit a revised protocol to the Committee for approval.

Best wishes for great success with your research.

Regards,

IRWIN BROWN

A/Prof Irwin Brown
Commerce Faculty Ethics in Research Committee

"OUR MISSION is to be outstanding teaching and research university,
educating for life and addressing the challenges facing our society."

APPENDIX C : Mamelani's Project Lungisela Questionnaire

Instructions: Please mark the answer you have chosen with a cross in the box

1. What kind of housing do you live in?

Room in flat 4	Room in house 3	Room in hostel 2	Informal house 1	Other 0
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2. How satisfied are you with your home –its state of repair, amount of room, furnishing, warmth, and lighting?

Very satisfied 4	Satisfied 3	Dissatisfied 2	Very dissatisfied 1
---------------------	----------------	-------------------	------------------------

3. How satisfied are you with your home, considering the amount of privacy, your neighbours, security?

Very Satisfied 4	Satisfied 3	Dissatisfied 2	Very dissatisfied 1
---------------------	----------------	-------------------	------------------------

4. How adequate is your present income for your present needs?

Very adequate 4	Adequate 3	Inadequate 2	Very inadequate 1
--------------------	---------------	-----------------	----------------------

5. Are you worried about your future income covering the things you must have?

Terribly worried 4	Quite worried 3	Slightly worried 2	Not at all worried 1
-----------------------	--------------------	-----------------------	-------------------------

6. Can you get around town as you need for work, shopping, medical appointments, visiting?

Can't get around at all 4	With much difficulty 3	With little difficulty 2	With no difficulty 1
------------------------------	---------------------------	-----------------------------	-------------------------

7. In the last month, have you needed medical care?

Yes 2	No 1	N/A 0
----------	---------	----------

8. Do you have a regular doctor or a medical clinic nearby?

Yes 2	No 1
----------	---------

9. Do you have medical aid?

Yes 2	No 1
----------	---------

10. Do you know where to get emergency medical help?

Yes 2	No 1
----------	---------

11. In the last week, how did you find shopping, paying bills, preparing meals, and generally looking after your basic necessities?

Very easy 4	Fairly easy 3	Rather difficult 2	Very difficult 1
----------------	------------------	-----------------------	---------------------

12. In the last week, how often did you go out socially?

More than 3 times 4	2 or 3 times 3	Once 2	Never 1
------------------------	-------------------	-----------	------------

13. When you are treated unfairly by someone you know well, a family member or close friend, how difficult is it for you to tell them so?

Can't do it at all 4	Very difficult 3	Slightly difficult 2	Not difficult 1
-------------------------	---------------------	-------------------------	--------------------

14. How confident are you all in the decisions you make for yourself (what to buy, where to live, what to do)?

Quite confident 4	Some confidence 3	Little confidence 2	No confidence 1
----------------------	----------------------	------------------------	--------------------

15. How often do you put off making important decisions until it is too late?

Always 4	Often 3	Occasionally 2	Never 1
-------------	------------	-------------------	------------

16. Last week, how often did you get to places where you could meet new people?

Every day 4	Several times 3	Once 2	Not at all 1
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17. How much would your family be of help and support if you were sick, or moving, or having any other kind of problem?

A great deal 4	A lot 3	A little 2	None 1
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18. How much would anyone in the community, other than family and friends, be of help and support to you if you were sick, or moving, or having any other kind of problem?

A great deal 4	A lot 3	A little 2	None 1
-------------------	------------	---------------	-----------

19. Are you currently employed?

Yes 2	No 1
----------	---------

20. If not employed, how comfortable do you feel going out to look for a job?

Completely 4	Quite 3	Fairly 2	Not at all 1
-----------------	------------	-------------	-----------------

21. If you have a job, what type of employment is it?

Full-time (35+ hours a week) 4	Part time (17-34 hours a week) 3	Irregularly (less than 16 hours a week) 2	Not employed 1
--------------------------------	----------------------------------	---	----------------

22. How hard is it for you to stick to a job when it becomes unpleasant or boring or stressful?

Can't do it at all 4	Very hard 3	A little hard 2	Not at all hard 1
-------------------------	----------------	--------------------	----------------------

23. How much do you like your job?

Really like it 4	Like it 3	Don't like it 2	Hate it 1
---------------------	--------------	--------------------	--------------

24. In the last month, how much difficulty did you have in doing your work?

A great deal 4	Quite a bit 3	An hour or so 2	None 1
-------------------	------------------	--------------------	-----------

25. How much conflict have you had with people while you were working recently?

A great deal 4	Quite a bit 3	A little 2	None 1
-------------------	------------------	---------------	-----------

26. In the last month, how many times did people complain about your work?

More than 3 times 4	2 or 3 times 3	Once 2	Not at all 1
------------------------	-------------------	-----------	-----------------

27. In the last month, how many times did people say good things about your work?

More than 3 times 4	2 or 3 times 3	Once 2	Not at all 1
------------------------	-------------------	-----------	-----------------

28. In the last 6 months have you taken part in any community volunteer work?

Yes 2	No 1
----------	---------

29. In the last week, how much time did you spend on volunteer work?

20+ hours 4	8-20 hours 3	1-7 hours 2	None 1
----------------	-----------------	----------------	-----------

30. In the last month, have you had any alcohol to drink like beer, wine or anything else?

Yes 2	No 1
----------	---------

31. If yes, have you had problems controlling your drinking?

Very severe 4	A lot 3	A few 2	None 1
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32. Problems controlling your behaviour because of drinking?

Very severe 4	A lot 3	A few 2	None 1
------------------	------------	------------	-----------

33. Problems with feelings like guilt, anger or depression because of drinking?

Very severe 4	A lot 3	A few 2	None 1
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34. Problems with your health because of drinking?

Very severe 4	A lot 3	A few 2	None 1
------------------	------------	------------	-----------

35. Problems with your friends because of your drinking?

Very severe 4	A lot 3	A few 2	None 1	N/A 0
------------------	------------	------------	-----------	----------

36. Problems with your job because of drinking?

Very severe 4	A lot 3	A few 2	None 1	N/A 0
------------------	------------	------------	-----------	----------

37. Problems with any other activities because of drinking?

Very severe 4	A lot 3	A few 2	None 1
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38. In the last month, have you used drugs or medications of any kind, including prescription, over-the-counter, or street drugs?

Yes 2	No 1
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39. If yes, have you had problems controlling your use of drugs?

Very severe 4	A lot 3	A few 2	None 1
------------------	------------	------------	-----------

40. Problems controlling your behaviour because of drug use?

Very severe 4	A lot 3	A few 2	None 1
------------------	------------	------------	-----------

41. Problems with feelings like guilt, anger or depression because of drugs?

Very severe 4	A lot 3	A few 2	None 1
------------------	------------	------------	-----------

42. Problems with your health because of drug use?

Very severe 4	A lot 3	A few 2	None 1
------------------	------------	------------	-----------

43. Problems with your friends because of your drug use?

Very severe 4	A lot 3	A few 2	None 1	N/A 0
------------------	------------	------------	-----------	----------

44. Problems with your job because of drug use?

Very severe 4	A lot 3	A few 2	None 1	N/A 0
------------------	------------	------------	-----------	----------

45. Problems with any other activities because of drug use?

Very severe 4	A lot 3	A few 2	None 1
------------------	------------	------------	-----------

46. In the last 6 months how many sexual partners have you had?

None 4	One 3	Two 2	More than two 1
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47. How often do you use condoms?

Always 4	Most of the time 3	Sometimes 2	Never 1
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48. How old are you?

Years Old

49. Are you studying further?

Yes 2	No 1
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50. Please write down what you are studying?

--

51. How were you classified under earlier race laws?

Black	Coloured	Indian	White	Prefer not to answer
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Thank you so much for giving me this information.

University of Cape Town

APPENDIX D

Items and Sub-scales Measured by the Project Lungisela Questionnaire

Sub-scale	Items
Accommodation Type	1
Accommodation Satisfaction	2, 3, 4, *5
Independent Living	*6, 11, 12, *13, 14, *15, 16, 17, 18
Employment Satisfaction	*22, 23, *24, *25, *26, 27
Healthy Living	7, 8, 9, 10, *30, *31, *32, *33, *34, *35, *36, *37, *38, *39, *40,* 41, *42, *43, *44, *45, 46, 47
Sexual Behaviour	46,47
Alcohol Abuse	*30, *31, *32, *33, *34, *35, *36, *37
Drug Abuse	*38, *39, *40, *41, *42, *43, *44, *45

*NB: *5 indicates item that was reverse scored during calculation of sub-scale composite mean score*

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