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## The Significance of Natural Mentoring during Adolescence on Foster Care Youth Adult Life Outcomes

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The failing Independent Living Program (ILP) has been ineffective at preparing foster care youth aging out of the system for success as an early adult (Naccarato, Brophy, & Courtney, 2010). Mentoring relationships have become one solution to this problem (Courtney & Dworsky, 2006). But due to the lack of consistency and premature termination, formal mentoring programs may not be the best option for foster care youth; research supports that relationships with natural mentors are more effective because they are part of the youth's social network (Ahrens, DuBois, Richardson, Fan, & Lozano, 2008). This literature review will examine the critical timing in which natural mentoring relationships should form. Using data collected from structured face-to-face interviews, this study would support the greater positive adjustments that foster care youth have into adulthood when they report having a natural mentor during early adolescence rather than during the aging out process.

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Mentoring relationships for youth are becoming increasingly popular and research supports its effectiveness with measures of life outcomes (Daining & DePanfilis, 2007). In the United States today, there are more than 5,000 formal mentoring programs that serve an estimated three million youth (MENTOR/ National Mentoring Partnership, 2006). A typical relationship is one-on-one where a youth is paired with an older and more experienced member of the community who focuses on encouraging personal and professional growth. Most mentoring programs focus on youth who are deemed at-risk as a consequence of poverty.

Emphasis has been placed on mentoring specific groups within the at-risk community such as juvenile offenders, youth with incarcerated parents, or foster care

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youth. According to the U.S Department of Health and Human Services (2009), 40% of all children were low income. Nearly a third of these children do not earn high school diplomas compared to 10% from the middle class; just 10% of low-income youth will graduate from a four year college compared to 28% from the middle class. A staggering 20% of low income youth are charged with a crime by age 24; and 44% will remain consistently connected to school or work compared to 67% of the middle class. These numbers are alarming and reveal that policy makers should create more resources to support children faced with poverty. Mentoring for this subgroup of the population has shown positive results on adult life outcomes (Schwartz, Lowe, & Rhodes, 2012). For the purpose of this study, mentoring processes with foster youth will be examined.

According to recent federal data from the U.S. Department of Health and Human Services Children's Bureau (2009), there is an estimated 463,000 children in the foster care system. Children may be placed in care for

numerous reasons; physical or mental illness of the caregiver, incarceration, abuse, neglect, or drug use (McDonald, Allen, Westerfield, & Pivalin, 1996). These types of trauma before entering the system are heightened with removal from the home and the disruption of placements (Daining & DePanfilis, 2007; Ward, 2009). The abruptness and frequency of placement disruptions make the youth feel out of control; most will exhibit a here-and-now perspective on life because they do not know how to plan for an uncertain future (Bruster & Coccoma, 2013). This perspective outlines that since foster care youth go through many abrupt displacements, this causes them to only focus on the present because the future is unknown and uncontrollable.

Disruptions in living arrangements can also lead to dysfunction in other areas of life for children in care. Courtney and Dworsky (2006) reported that foster youth are ending up far worse off in life across many domains compared to their same age cohort. Evidence supports that poor adult outcomes include lower rates of educational attainment and employment (Naccarato, Brophy, & Courtney, 2010), higher rates of homelessness (Courtney & Dworsky, 2006), mental and physical health issues (Ahrens, DuBois, Richardson, Fan & Lozano 2008), dependence on public assistance (Courtney & Dworsky, 2006), drug and alcohol abuse (Jones, 2011), and delinquent behaviors compared to their same age cohort (Ahrens, DuBois, Richardson, Fan & Lozano, 2008). These problems are a result of the lack of support and guidance given to foster care youth.

The Independent Living Program was federally funded in 1999 as a solution to the above problem outcomes. It has recently changed to provide independent living services to foster youth up to age 21 instead of age 18. Case workers and out-of-home care providers are responsible for preparing the youth to make the transition to adulthood. Most youth receive educational and employment support, money management services, health and hygiene services, and assistance finding housing (Courtney & Dworsky, 2006).

Naccarato, Brophy, and Courtney (2010) support that United States child welfare policies are not meeting their goals to secure economic self-sufficiency in foster youth aging out of the system. The Independent Living Program has been ineffective at preparing youth exiting the system with necessary skills to smooth the transition to independence (Bruster & Coccoma, 2013; Geenen & Powers, 2007; Jones, 2011; Naccarato et al., 2010). The limited numbers and time available for case workers and

out-of-home care providers to prepare fosters exiting can best be aided with the support of a mentor.

One possible solution to these problems was suggested by Allen and Vacca (2011) who based on their study advocate for the return of orphanages in the United States. Researchers supported their hypothesis with data from four institutional homes designed like boarding schools that have shown positive results in the life outcomes of their youth. Some schools provide mentors who offer various forms of support to the children.

Mentoring is an alternate solution that can happen in various forms; some develop naturally, while others are systematically formed through school or community-based programs. Natural mentors are defined as those within the youth's social networks and are ongoing compared to formal relationships that end (Schwartz, Lowe, & Rhodes, 2012). Furthermore, these relationships happen spontaneously where an older adult in the youth's life volunteers to mentor them; there are no interviews, applications, or matching processes which makes the youth feel less pressured to form a trusting relationship (Greeson, Usher, & Grinstein-Weiss, 2010).

According to Munson, Smalling, Spencer, Scott Jr. and Tracy (2010), the two main types of natural mentors are staff at a former placement or a friend of the family. Researchers used the categories of professional or community member to differentiate between the two. Professionals could be teachers, case workers, former foster parents or counselors; whereas community members could be church members, neighbors, relatives, older friends, or coworkers. These relationships are highly effective when strong emotional bonds are formed (DuBois & Silverthorn, 2005).

Mentoring programs based in the community are formalized where program personnel match volunteers or program associates with an at-risk youth. Mentors generally go through a training process so they learn how to best communicate with youth, providing skills that will maximize the potential relationship. Guidelines vary with program, but most will set up weekly meetings to converse, with the option of when and where in the hands of the mentee. These organizations like Big Brother Big Sisters (BBBS) are funded by local businesses or community donors.

Rhodes (2002) developed a model for youth mentoring relationships with emphasis on mutuality, trust, and empathy as qualities that positively promote social-emotional, cognitive, and identity development (Rhodes, Spencer, Keller, Liang, & Noam, 2006). Other researchers have noted that the most important characteristics for their

mentors are the roles that they play, frequency of contact, closeness, and duration of the relationship (Dubois & Silverthorn, 2005). Schwartz et al., (2012) argued more strongly to support that the most successful relationships should maintain self-esteem in the youth, intensity, duration, and quality.

Although many researchers support the positive outcomes of formalized mentoring programs, Dubois, Portillo, Rhodes, Silverthorn, and Valentine (2011) reveal that the relationship can have negative effects when relationships terminate early or when it lacks consistency. These effects can have a detrimental impact on the youth's self-esteem, especially those who are already lacking trust due to past histories of neglect.

Additionally, mentoring programs tend to be competitive because youth have to meet certain qualifications (i.e. financial or academic) followed by an interview process (Summer Search, 2013). This process excludes other youth who can benefit from the relationship; this can consequently skew results of the effectiveness of the program because generally youth are chosen if they already identify coping strategies, and thus resilient in some way (Rhodes & Lowe, 2008). To reach the youth that are not given the opportunity to enter school and community based mentoring programs due to screening processes, natural mentors are vital. Greeson and Bowen (2008) suggest that natural mentoring relationships are more beneficial than programmatic mentoring relationships and are also cost effective (DuBois & Silverthorn, 2005).

One theory used to frame the argument for mentoring during adolescence is the life course perspective, which highlights the move to adulthood as a shift from dependence to independence (Elder, 1980). Foster care youth are forced to become independent at a much earlier age than their same age cohort (Jones, 2011). Due to this premature adoption of adult roles, mentoring would be more effective for the foster care population during adolescence.

The compensatory model of resiliency supports the need for mentors in the lives of adolescents who can serve to counteract the consequences of adversity (Zimmerman & Bingenheimer, 2002). Researchers suggest that involvement in extracurricular activities can lessen the effects of risk factors for youth. Connecting youth to extracurricular activities allows them to create strong relationships within their cohort (Foster-Bey, Dietz, & Grimm, 2006). These activities provide for socialization and recreational experiences with adults and provide a place to escape, especially for underprivileged youth. This

socialization is imperative for the adolescence to later discover the various identities that they can take on.

The transition to adulthood is a critical developmental period because opportunities to explore identities and take risks become available (Berzin, 2008). For foster care youth, these opportunities are rare if they have not had exposure to them during adolescence by a mentor. Emerging adulthood is the time between 18 and 29; this is not an ideal time to start mentoring foster youth because by this time, their well-being usually decreases due to the lack of supports and trust with others (Greeson, 2013). If the structure of self-discipline and goal setting is not evident early on, a critical window closes for mentors to aid youth in developing planning skills. Planning is a significant skill for adults and failure to learn it can have devastating outcomes, as seen with the negative outcome of the Independent Living Program (Bruster & Cocomma, 2013). If urged to develop such skills during adolescence with a mentor, less adolescents would face the here- and-now perspective that Bruster and Cocomma (2013) report.

Rhodes et al. (2006) suggest that mentoring relationships during adolescence enhance social and emotional development, improve cognitive function, and promote positive identity development. These years are crucial because mentoring can serve as a way to prevent negative life outcomes and promote positive decision-making (DuBois & Silverthorn, 2005). For example, in a study with 770 adolescents from a Midwestern city, Zimmerman and Bingenheimer (2002) report that youth with natural mentors were less likely to engage in problem behaviors and gained a more positive attitude towards school. Natural mentors help to build self-esteem by reassuring adolescents of their potential regardless of their histories (Schwartz et al., 2012).

Additionally, mentoring relationships during early teenage years can help facilitate the educational and living arrangements for youth (Ahrens, DuBois, & Lozano, 2011). This suggests that the relationships aid the youth in the development of self-sufficiency. Older youth exiting care utilized their mentors for tangible, informational, and emotional support (Munson, Smalling, Spencer, Scott Jr., & Tracy, 2010). Furthermore, Diehl, Howse, and Trivette (2011) suggest that youth assets and perception of control were directly related to how positively they viewed their mentor. If these youth were reached earlier, they may have had a greater ability to stand on their own by knowing how and where to find a job, and how to become an advocate for themselves in the community. Moreover, foster youth would have access to social supports which can ease their transition to adulthood (Jones, 2013).

Several studies have examined the effect of natural mentors on the foster care youth adult outcomes. Using data from Add Health to explore whether youth with natural mentors during adolescence had better early adult outcomes (n=310), Ahrens et al. (2008) found that of the 160 mentored participants, most were more likely to report higher levels of perceived general health and participation in higher education; furthermore, participants were less likely to report having suicidal ideation, having received a sexually transmitted disease, and having hurt someone in a fight in the last year. Ahrens et al. (2008) attribute these successes to the influence of consistency that natural mentoring produces.

While previous research suggests the positive outcomes of natural mentoring on foster care youth adult life outcomes, no studies have focused on the critical timing for the onset of mentoring relationships. Taking into account the perspectives of both the foster care youth and their mentors, this study will examine adult life outcomes for youth who formed a relationship during adolescence and for youth who formed a relationship during the aging out process. The effects of the type of mentoring, natural or programmatic, will also be compared.

## PROPOSED METHOD

### *Participants*

This will be a correlational longitudinal study using qualitative interview data from foster care youth and their mentors. Purposive sampling will be used to recruit a total of 500 youth through the Department of Human Services Foster Care and Independent Living Program of New York City. Case workers will be notified of the research through flyers and if interested will give out survey questions to youth (see Appendix A). Incentives for participation will be provided through food, drinks, and movie tickets.

I will aim to recruit 200 participants who acquired a mentor at or after the age of 13 up to age 16 – half who were assigned a programmatic mentor, and half who report having had a natural mentor. I will also aim to recruit 200 participants who did not have a mentor until age 18 up to age 21 – half who were assigned a programmatic mentor and half who report having a natural mentor. A final recruited group of 100 will have reported never having a mentor at all between the ages of 13 and 21. This last group will serve as a control group to compare the effects of mentoring across the other groups.

To make sure that the groups are equivalent, students will be matched across type of mentoring based on their gender, duration of time spent in the care system, the number of reported placements, and any reported mental health conditions. This matching will also provide for better comparisons between the groups. Youth who drop out from research or are reunited with their families will still be included in the study; further data will be collected from their mentors to account for the reasons behind why they terminated the mentor relationship.

### *Materials*

Survey questions about foster care and mentoring will be adapted from Wave III of the National Longitudinal Study of Adolescent Health. The 11-item Relational Health Indices-Mentor (Liang et al., 2002) is another measure that will be utilized to examine mentoring relationship quality; youth can describe their relationships based on a 5-point Likert scale (see Appendix B).

### *Procedure*

After the initial screening, face-to-face structured in-home interviews will take place every two years or until the youth reach the age 25 to record progress across life domains. Accounts of the mentors will also occur during the same period through structured interviews to report on any progress they see the youth making, quality of the relationship, and on the specific roles that they play (see Appendix C).

The early adult life outcomes of education, employment, physical health, and unhealthy or delinquent behaviors will be examined and processed with multivariate analysis. Education will be operationally defined by participation in higher education; a yes or no answer for enrollment in a two or four year program, attainment of a degree, or previous or current registration in a vocational program for at least four months. Employment will be operationally defined as having been employed during and after high school for at least 10 hours a week for more than three months. Physical health will be measured with adolescent's perceived health, level of daily physical activity, BMI, and reports of having ever gotten a sexually transmitted disease (STD) in the past year. Participation in unhealthy behaviors will be measured with student reports of alcohol, drug, cigarette, and marijuana use over the past six months. Lastly, delinquent behaviors will be measured by involvement in a gang, hurting

someone in a physical fight in the last school year and being arrested before or after age 18.

After data collection and coding of transcripts, multivariate analysis will be done to compare life outcomes for the onset age of mentoring and the type of mentoring. Supportive results will find that the youth who reported having received mentoring will have greater life outcomes than the group who reported never having a mentor; specifically, those with natural mentors will have greater relationship quality. Lastly, for those who reported having a mentor beginning at or after age 13 up to age 16 will have greater life outcomes than the entire sample because they will have had a longer time to cultivate a relationship and to be positively influenced by a mentor.

### CONCLUDING REMARKS

This study will be the first to examine the critical timing period that natural mentoring relationships should form for foster care youth. Adults with histories in foster care fare worse across multiple early life domains than their same age cohort (Courtney & Dworsky, 2006). With a failing Independent Living Program to provide services for youth, mentoring programs and informal natural relationships have become a solution and preventative measure to provide better life outcomes (Schwartz et al., 2012). However, natural mentor relationships are suggested to be best for foster care youth because they are in the youth's social network and trust is already present (Ahrens et al, 2008). This data suggest that time should be taken to cultivate these relationships. Adolescence is a critical time for these relationships to form because mentors will have more time to assist youth in ways to build assets as an adult (Diehl et al., 2011).

#### Limitations

There are several limitations to this study. First, this data will be correlational and should be reviewed with caution. Second, it will be difficult to keep track of the foster youth for longitudinal research because many placement changes are abrupt making it easy to lose contact or drop out of research. Third, participants may report dishonestly on questions they feel uncomfortable answering truthfully. Fourth, it is possible that foster care youth would attribute their improved life outcomes to other more consistent relationships in their lives. Lastly, this study would have a small sample size; a larger sample would make the collected data more generalizable to youth

in other cities of the country to allow for geographic diversity.

#### Significance

Youth in foster care with natural adult mentors during adolescence will have greater self-sufficiency as an adult than those in care who received a mentor during their aging out process. If the results support my hypothesis, policy makers should support the development of more relationships within the foster youth's social networks. This would save money and time that the Independent Living Program now uses. Future research efforts should address the ways to cultivate natural relationships that can maximize the potential of the child, and the various roles that mentors can take on. Additionally, a focus should be made on how life outcomes change when youth are reunified with their birth families instead of aging out the system.

With the growing number of programmatic mentoring, efforts should be taken to ensure rapport and trust building through the training of mentors. Additionally, matching youth with mentors of similar backgrounds can make the relationships easier to cultivate with a stranger. In a world where no child should be left behind, it is time to pay more attention to foster care youth during adolescence so that they have the same opportunities and skills that their same age cohort are equipped with.

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**APPENDIX A**

Intake Survey

1. Gender
2. Age
3. Race/ Ethnicity
4. Why were you placed in foster care?
5. How old were you when you entered foster care?
6. What kind of foster home do you live in?
7. How many times did you move?
8. How often did you move?
9. How many schools have you attended?
10. Are you still in contact with you birth parents?
11. Is there an adult 25 years or older who you consider to be a mentor?
12. How did you meet this mentor?
13. How long have you known your mentor?
14. Is this someone who you can go to for support and guidance, and who encourages you to do your best?

**APPENDIX B**

Interview Questions for Foster Care Youth

*Mentor relationship*

1. How is your mentor related to you?
2. What role(s) does your mentor play?
3. How frequently are you in contact?
4. How close do you feel to your mentor?
5. What do you speak about when you are in contact?
6. How much better or worse has life been for you with the presence of this mentor?
7. In terms of adult responsibilities, would you say you grew up fast?
8. How old do you feel compared to others your age?

*Mentor (RHI-M)*

Next to each statement below, please indicate the number that best applies to your relationship with your most important mentor.

1=Never; 2=Seldom; 3=Sometimes; 4=Often; 5=Always

1. I can be genuinely myself with my mentor.
2. I believe my mentor values me as a whole person (e.g., professionally/academically and personally).
3. My mentor's commitment to and involvement in our relationship exceeds that required by his/her social/ professional role.
4. My mentor shares stories about his/her own experiences with me in a way that enhances my life.
5. I feel as though I know myself better because of my mentor.
6. My mentor gives me emotional support and encouragement.
7. I try to emulate the values of my mentor (such as social, academic, religious, physical/athletic).
8. I feel uplifted and energized by interactions with my mentor.
9. My mentor tries hard to understand my feelings and goals (academic, personal, or whatever is relevant).
10. My relationship with my mentor inspires me to seek other relationships like this one.
11. I feel comfortable expressing my deepest concerns to my mentor.

*Household History*

1. With whom do you live with now?
2. How long have you been at this location?
3. How many people do you live with?
4. Who do you share a room with?
5. Have you ever run away?
6. Have you ever been homeless or lived in a shelter?
7. Are you still in contact with both of your birth parents?
8. How close do you feel to them?
9. How often do you speak?
10. How often do you see each other?
11. Do your parents still provide things for you?
12. Do you have siblings?
13. How often are you in contact?
14. Do your siblings live with you?
15. How often do you fight with your sibling(s)?
16. Is your foster family religious?
17. What holidays do you celebrate?
18. What are birthdays like for you?

*Education*

1. Are you currently attending school regularly?
2. How often do you miss school?
3. What are your absences attributed to?
4. What is the highest grade or year of regular school you completed?
5. Do you turn in homework on time?
6. How often do you ask for help when it is necessary?
7. Is it easy for you to make friends?
8. How do you communicate with your friends?
9. Do you intend on going to college?
10. What college did you go to?
11. What training program did you attend?
12. What was your area of study?
13. What degrees or diplomas have you received?
14. In what month and year did you receive these degrees or diplomas?

*Employment*

1. Have you ever had a job?
2. Do you have any physical or mental conditions that keep you from working?
3. How old were you when you began your first job?
4. Have you been at a job for at least three months working at least 10 hours a week?
5. Have you had a paying job?
6. What kind of job did you have?
7. How much were you being paid?
8. How much did you make every month?
9. What did you spend your money on?

*General Health and access to services*

1. In general, how is your health?
2. Where do you think you fall in terms of weight?
3. Do you have medical insurance?
4. Have you ever not gone to see a health professional for a problem?
  - a. What kept you from going?
 When was the last time you went for a physical?  
 Do you have dental insurance?  
 When was the last time you went to see a dentist?  
 Are you on medications for any conditions?  
 How often do you exercise?  
 What are your hobbies and interests?  
 What sports do you play?  
 Have you ever had an eating disorder?  
 How did you get help fixing this disorder?

*Personal Future*

1. Where do you see yourself in a year; five years; ten years?
2. What goals have you set for yourself?
3. What is your dream job?
4. Do you feel in control of your future?
5. How confident are you that you will meet your goals?
6. Do you plan on marrying?
7. Do you plan on having children?
8. Where will you live as an adult?

*Intimate Relationships*

1. Are you in a romantic relationship?
2. How long have you been with this partner?
3. How committed are you?
4. How do you communicate?
5. How often do you communicate?
6. What attracted you to this individual?
7. What values do you share with your partner?
8. What activities do you partake in?
9. Are you in love?
10. Do you sometimes get jealous?

*Sexual Experience*

1. Have you ever had vaginal intercourse?
2. How old were you during this first intercourse?
3. How many partners have you had intercourse with?
4. Do you practice protection during intercourse?
5. What contraceptives do you use?
6. How often are you tested for sexually transmitted diseases (STD) and HIV?
7. Have you gotten a pap smear?
8. Have you had a sexually transmitted disease (STD) in the past year?
9. Have you ever been attracted to a female?
10. Have you ever been attracted to a male?
11. What sexual orientation would you consider yourself?
12. Have you ever felt pressured to have sex?
13. Have you ever had sex with someone who paid you to do so?
14. Have you ever paid someone for sex?
15. Have you ever been or gotten someone pregnant?
16. Do you have any children?

*Drug and Alcohol use*

1. How often do you smoke cigarettes?
2. In the past six months, have you used an illegal drug?
3. What drug did you consume?
4. Where did you consume the drug?
5. With whom did you consume the drug?
6. How often have you consumed alcohol in the past six months?
7. Do you binge drink?
8. Where did you drink?
9. With whom did you consume alcohol with?



*Delinquency and Violence*

1. Have you been in a physical fight in the last year?
2. Have you damaged property that did not belong to you in the past year?
3. Have you stolen something in the past year?
4. Have you ever sold drugs?
5. Have you used a weapon in the past year?
6. Do you belong to a gang?
7. Have you been arrested before?
8. How many times were you arrested by age 18?
9. How many times were you arrested after age 18?
10. How many times have you been incarcerated?
11. How long have you spent incarcerated?
12. What were you charged with?

**Appendix C**

Interview Questions for Mentors

1. Are you a natural or programmatic mentor?
2. How long has the relationship lasted?
3. How frequent is your contact?
4. How did you become a mentor to \_\_\_\_\_?
5. What role(s) do you play in \_\_\_\_\_ life?
6. Are there any specific goals you are working on with \_\_\_\_\_?
7. Have you seen progress? If so in what domains?
8. What has \_\_\_\_\_ expressed as a major issue they struggle with?
9. How is \_\_\_\_\_ doing in school?
10. What are you most concerned about?