Who and what works in natural mentoring?

*A relational approach to improve the effectiveness of youth care*

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CHAPTER 1
General introduction
INTRODUCTION

The rearing environment of a child does not only consist of his or her parents. The extended family network, friends, neighbors and teachers also play a role or take responsibility for the education, development and well-being of the child (Bowers, Johnson, Warren, Tirrell, & Lerner, 2015; Kesselring, de Winter, van Yperen, & Lecluijze, 2016). This is reflected in the statement ‘it takes a village to raise a child’, which refers to the educational civil society. The importance of the broader social network increases during adolescence, when adolescents are biologically, emotionally, and developmentally wired for engagement beyond their families, and increasingly gain psychological and behavioral autonomy from their parents (Bowers et al., 2014; Fruiti & Wray-Lake, 2013; Patton et al., 2016).

In caring for youngsters with mental health problems, a community approach is preferred above residential care (Souverein, Van der Helm, & Stams, 2013), while out-of-home-placement, as stated in the international Convention on the Rights of the Child (UN, 1990), should be considered as an ‘ultimum remedium’. It is a last resort option, which should be used only when it is the least detrimental alternative, and when necessary therapeutic mental health services cannot be delivered in a less restrictive setting (Dozier et al., 2014; Whittaker et al., 2016).

The impact of out-of-home placement on a family is substantial; it may be experienced as traumatic, and could have a negative influence on, for example, academic performances of youths (Stone, 2007). The positive effect of out-of-home placement on children’s psychological functioning is modest at best (Andrews & Bonta, 2012; De Swart, 2012; Goemans et al., 2015; Strijbosch et al., 2015). Although in the US the number of out-of-family placements reduced between 2005 and 2011 (Chor et al., 2015), the Netherlands show an increase of out-home-placements: in 2015 a total of 40,505 youth between 0-18 were placed out of home (e.g., in foster care or institutional care), 43,790 in 2016 (CBS, 2018), and 46,260 in 2017 (CBS, 2018). The increase particularly takes place in residential care: from 19,335 in 2015 to 24,350 in 2017 (CBS, 2018). At the same time, the total population of youth in the Netherlands has decreased: in 2015, 1 percent of the general population below 20 years of age was placed out of home, in 2016 this was 1.1 percent and in 2017 1.2 percent (CBS, 2018). Therefore, we need innovative new solutions to support vulnerable youth, and if possible, to prevent (recidivism of) out-of-home placement or shorten the duration of out-of-home placements.

Two recent meta-analyses by Weisz et al. (2013; 2017), synthesizing 50 years of research on the effectiveness of youth psychological therapy, showed that the probability that a youth in the treatment condition would fare better than a youth without treatment was 63%, with the largest effect for youth with anxiety symptoms or disorders, and no effect for youth with severe multi-problems. This means that for many youth, particularly those facing the most challenges, psychotherapy as currently practiced is not actually improving outcomes. Therefore, Weisz, Ugueto, Cheron and Herren (2013) advocated research on evidence-based care and treatment under clinically representative conditions in order to examine how care works in the actual youth mental-health ecosystem of youth care.

In the case of out-of-home placement, in particular in residential care, treatment targeting complex needs is not delivered in the daily (natural) environment of the child and his or her family. As a possible viable alternative, we need tailor-made innovations embedded in the daily environment of youth with complex needs facing risk for out-home-placement, especially since out-of-home care lacks continuity, and it is difficult to build trustworthy relationships due to placement instability (Gosterman et al., 2007; Rock, Michelson, Thomson, & Day, 2015; Strijker et al., 2008; Sunseri, 2008; Ungar et al., 2014). However, families with multiple problems prefer informal care over formal care, because of reciprocity and absence of institutionalized power differences (Sousa & Rodrigues, 2009). Asking for help, means the recipient of informal care can give back at another time, if desirable. Alternatively, informal care is instigated by a moral appeal that may further enhance relationship quality and foster social connectedness. With the sole involvement of formal institutions, the family may become dependent on formal care, reciprocity is difficult or impossible to establish, and care could even turn into coerced adaptation or institutional repression (De Valk, Kuiper, Van der Helm, Maas, & Stams, 2016, in press). On the other hand, the support available from informal sources (usually coming from families with similar problems) may be insufficient. Therefore, formal services may be necessary, despite the reluctance of families (Sousa & Rodrigues, 2009).

Current youth and family policy in Western societies is focused on a collaborative perspective (Sousa & Rodrigues, 2012; Weissbourd, 2000) in which (i) family expertise, skills and resources are strengthened through professional support; (ii) the intervention is developed collaboratively, placing the whole intervention system (agencies, families, professionals and the community) at the forefront of change and (iii) the desired outcome focuses on agreeing how to improve the client’s well-being (Sousa & Rodrigues, 2012). However, this approach does not always yield positive effects. For instance, a recent meta-analysis on the use of Family Group Conferences (FGCs) in the field of child protection did not find empirical evidence for the effectiveness of FGCs, and even reported non-anticipated results that may be evaluated as negative from a family preservation perspective, such as an increase in the number and length of out-of-home placements with older children and minority groups (Dijkstra et al., 2016).

Article 16 of the United Nations Convention on the Rights of the Child (UNCRC) proclaims that “no child shall be subjected to arbitrary or unlawful interference with his or her privacy, family, home or correspondence, nor to unlawful attacks on his or her honor and reputation”. Article 12 proclaims that “states shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given weight in accordance with the age and maturity of the child; for this purpose, the child shall
in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law”.

Both articles urge to choose – and if absent develop – the least intrusive interventions that empower the family and its social network, with maximum opportunities to account for the youth’s perspective and needs in a shared decision making approach. This is consistent with the notion that children and adolescents have the need and right to grow up in a family with at least one committed, stable, and loving adult caregiver (Dozier et al., 2014) who may be a dedicated (self-chosen) natural mentor of the child (Schwartz & Rhodes, 2016). Longitudinal research (Ttofi, Farrington, Piquero, & DeLisi, 2016; Werner, 1993, 2005) has shown that youths who formed bonds with supportive non-parental adults became more resilient: the bond buffers against risk factors. This is confirmed by the meta-analysis of Zolkoski and Bullock (2012).

However, research indicates that vulnerable adolescents find it difficult to establish positive natural relationships due to low self-esteem, lack of trust and social skills deficits (Ahrens et al., 2011). Besides, individual characteristics of the adolescent, in particular the internal working model of attachment (Ammaniti, Uzendoorn, Speranza, & Tambelli, 2000; Zimmermann, 2004), and parenting style influence the way youth perceive their social networks: as potential resources, available to them (concerted cultivation) or as something one should not claim for their own benefits (natural growth) (Lareau, 2002).

To help youth establishing supportive relationships, mentoring is focused on facilitating a strong connection between an older or more experienced individual who provides guidance and support to a younger or less experienced mentee or protégé over time (Rhodes, 2001). The roots of mentoring go back to attachment theory, which first of all contends that developing strong affective bonds to particular individuals is a basic characteristic of human nature, and subsequently assumes that a person’s degree of vulnerability to stressors is strongly influenced by the development and current state of his or her intimate relationships (Bowlby, 1988). Nevertheless, formal mentoring reaches roughly only 5% of youth, whereas natural mentoring requires fewer resources and reaches an estimated 75% of youth (Spencer, Tugenberg, Ocean, Schwartz, & Grossman, 2013; Lareau, 2002).

In sum, research shows that for youth with complex needs psychotherapy ('what works'), as currently practiced, is only weakly or not improving outcomes at all (Weisz et al., 2013; 2017). The positive effect of out-of-home placement on children's psychological functioning is modest at best (Andrews & Bonta, 2012; Do Swart et al., 2012; Goemans et al., 2015; Strijbosch et al., 2015) and families with multiple problems often prefer involvement of the informal system rather than the formal system (Sousa & Rodrigues, 2009). Besides, social networks may be beneficial for health (Cohen, 2004) and can function as a buffer against various individual and contextual risks (Walsh, 2003). Moreover, social connectedness was found to be a fundamental component of motivation to (treatment) change (Ryan & Deci, 2002), and, for youth, a supportive relationship with one stable and supportive adult has been found to be a protective factor (Ttofi, Farrington, Piquero, & DeLisi, 2016; Werner, 1993). Altogether, this raises questions as to whether it is feasible to expand the relationship between youth and a supportive adult within his or her social network ('who works'), enrich the treatment with this person’s unique perspective, influence and knowledge, and thus increase resiliency of the youth and his or family, foster positive youth development, and eventually prevent out-of-home placement of youths? These are the central questions of this dissertation.

**Outline of the thesis**

In chapter 2, we explore whether the presence of a natural mentor is positively associated with youth outcomes compared to the outcomes of having no mentor. We also investigated if the quality of the natural mentoring relationship was associated with improved youth outcomes. To answer these questions, we conducted two separate meta-analyses (1) on the association between the mere presence of a natural mentor and youth outcomes, and (2) on the association between the quality of the natural mentoring relationship and developmental outcomes, including thirty studies from 1992 to present.

Chapter 3 describes the program theory of the Youth Initiated Mentoring (YIM) approach. It describes the aim and context of this newly developed approach, its target group, the intended individual and societal outcomes, and how these outcomes may be achieved for different preventive categories. This program theory may provide health care professionals with tools to use the YIM approach and provides guidelines for researchers to test hypotheses about YIM.

Chapter 4 presents a case-file analysis of 200 adolescents (YIM group n = 96, residential comparison group n = 104) to answer the question whether the YIM approach could be a feasible ambulatory alternative to residential care for early and late adolescents with complex needs. It focuses on the questions whether youth can nominate a natural mentor, if out-of-home placement is prevented and if the problems of the YIM population are comparable to those of a residential population.

Chapter 5 presents a mixed methods follow-up study in which we further explore the question if YIM is a sustainable ambulatory alternative for early and late adolescents with complex needs for whom out-of-home placement is indicated. We investigated if problems decline after treatment (n = 42), how participants (n = 7) perceive the treatment three years later, if the results maintained and how they currently used their social network if confronted with new problems.
The study presented in chapter 6 focuses on the social dynamics during the YIM approach from the perspective of the youth, parents and YIM. This qualitative study examined how participants (n = 19) perceived asking someone or being asked to become YIM, what YIM needs to fulfil this position, what his role or tasks are and YIM’s effects on social dynamics and perceived sustainability. Finally, in chapter 8, the main findings of the thesis are summarized and discussed.

Altogether, this dissertation aims to explore whether it is feasible to expand the relationship between youth and a supportive adult within his or her social network (‘who works’), enrich the treatment with this person’s unique perspective, influence and knowledge, and thus increase resiliency of the youth and his or family, foster positive youth development, and eventually prevent out-of-home placement of youths.


