Who and what works in natural mentoring?
*A relational approach to improve the effectiveness of youth care*
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Youth Initiated Mentoring: A Mixed Methods Follow-Up Study among Youth At-Risk for Out-of-Home Placement
INTRODUCTION

Residential health care should be considered as an ‘ultimum remedium’, that is, a last-resort option. Residential group care should be used only when it is the least detrimental alternative, when necessary therapeutic mental health services cannot be delivered in a less restrictive setting, because 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).

Although residential care is sometimes necessary, research shows that out-of-home placement is often a traumatic event for children and adolescents (Stone, 2007). Moreover, it appears to have a negative influence on academic skills and performances (Stone, 2007). In addition, out-of-home placements are often characterized by a lack of continuity and trust in relationships due to placement instability in foster care (Strijker, Knorth, & Knot-Dickscheit, 2008), residential care (Sunseri, 2008) and in youth care for youth with complex needs in general (Ungar et al., 2014). Research shows that this instability has a significant negative impact on the behavioral well-being of youth (Rock, Michelson, Thomson, & Day, 2015; Rubin, O’Reilly, Luan, & Russell Localio, 2007). These negative effects come on top of the behavioral problems that are by definition seen in youth at-risk for out-of-home placement; prior to out-of-home care, children and youth frequently present high levels of maladaptive behaviors (Trout, Hagaman, Casey, Reid, & Epstein, 2008; Trout, Hagaman, Chmelka et al., 2008). This maladaptive behavior mainly involves externalizing behavior, such as rule-breaking behavior (Trout, Hagaman, Chmelka et al., 2008). Furthermore, these youths show elevated levels of school drop-out (Trout, Hagaman, Casey et al., 2008). During out-of-home care, the majority of children and adolescents continue to demonstrate severe behavioral problems (Leloux-Opmeer, Kuiper, Swaab, & Scholte, 2016).

Research has demonstrated that the positive effects of residential care on youth outcomes are modest at best, and, in general, smaller than the effects of ambulatory care (Andrews & Bonta, 2010; De Swart et al., 2012; Goemans, Van Geel, & Vedder, 2015; Strijbosch et al., 2015), with the smallest effects for judicial interventions that rate high on coercion (Parhar, Wormith, Derkzen, & Beauregard, 2008). The effectiveness of the treatment provided by residential youth care institutions is often undermined by the non-therapeutic characteristics of those institutions (De Valk, Kuiper, Van der Helm, Maas, & Stams, 2016). For example, the institutional power held by staff members over youth may be misused (Souverein, Van der Helm, & Stams, 2013), or inappropriate punishment may be used by staff members as a behavioral consequence (De Valk et al., 2015). This could threaten the youths’ basic needs of competence, relatedness, and autonomy (De Valk et al., 2016). When these negative consequences are taken into account, it is questionable whether residential treatment can be considered a sufficiently effective and justified intervention for youth with complex needs who often have a history of adverse care (e.g., Asscher, Van der Put, & Stams, 2015).

ABSTRACT

Youth initiated mentoring (YIM) is a new approach in which youth nominate a natural mentor from their existing social network. The current study draws on quantitative and qualitative data of 42 youth who were referred to YIM as an alternative for out-of-home placement. Additionally, three years after referral, 7 qualitative interviews were conducted with parents (4), mentors (2) and youth (1). Quantitative data collected during treatment by professionals, indicated that 79% of the adolescents had nominated a mentor and 81% received solely ambulatory treatment. Outcome data indicated that youth with a natural mentor showed a significantly greater decline in risk for rule-breaking behavior than those without a mentor, but not in risk for school drop-out or indicated out-of-home placement. Qualitative analysis of interview data collected three years after referral suggest that the YIM-youth relationship is sustainable, and that there is an increase in social resourcefulness and resilience within youth. However, participants also reported problematic social network interactions. Therefore, YIM may be considered a promising approach, but further research and development are necessary.
A recently developed approach that has the potential of being a promising alternative to out-of-home placement is Youth Initiated Mentoring (YIM). The idea behind the YIM-approach is that youth choose an adult from their existing social network, who works together with family members and the professional team that is involved in the youth’s case. As a result, the mentor builds a bridge in the partnership between the family and the professional team. In this way, the mentor acts as a confidant and advocate for the youth, while also functioning as a cooperative partner for the family and the professionals (Schwartz et al., 2013; Spencer et al., 2016; Van Dam et al., 2017).

YIM is a new approach to natural mentoring, trying to cultivate the positive youth outcomes associated with natural mentoring (Van Dam et al., 2018). Natural mentoring has been applied in a wide range of settings, for example in school, afterschool, and in postsecondary education (Schwartz, Kanchewa, Rhodes, Cutler, & Cunningham, 2016; Schwartz, Kanchewa, Rhodes, Gowdy, Stark, Horn, Parnes, & Spencer, 2018) and for system-involved youth including those in the foster care system or the juvenile justice system (Greeson & Thompson, 2017; Spencer, Gowdy, Drew, & Rhodes, 2018).

Natural mentoring has also been utilized as a strategy to counteract the erosion of effects from short-term intensive residential programs for adolescents who are not in school or the workforce (Schwartz, Rhodes, Spencer, & Grossman, 2013; Spencer, Tugenberg, Ocean, Schwartz, & Rhodes, 2016). The YIM program theory states that through collaboration with natural resources embedded within the youth’s social environment, YIM can improve the resilient functioning of youth and – if applicable – the indicated treatment (Van Dam & Schwartz, submitted).

Preliminary results of this new approach for youth referred to residential care showed that in 90% YIM was associated with a prevention for out-of-home placement of youth with complex problems (Van Dam et al., 2017). Research on this approach with high-risk youth in a voluntary 5 months’ residential program, indicated that working with a YIM in addition to the residential treatment may result in longer-lasting and more influential mentoring relationships than adding a traditional formal mentor, with a more positive impact on academic, vocational, and behavioral outcomes, including higher educational levels, more time employed and higher earnings, and fewer arrests (Schwartz et al., 2013; Spencer et al., 2016). The first study on YIM as an alternative for youth referred to residential care highlighted the importance of the sustainability of relationships build between youth and YIM, the increase of skills from youth to require social support and the growth of family resilience (Van Dam et al., 2017). In the next section we describe these components more in detail and articulate our research questions.

Sustainability, social resourcefulness and family resilience

YIM has the potential to lead to sustainable relationships (Schwartz et al., 2013; Spencer et al., 2016), which is promising, especially if compared to formal mentoring relationships. Some studies have shown that more than half of the relationships in formal mentoring programs do not last for a full year (Grossman & Rhodes, 2002). Youth tend to show the greatest benefits from long-term relationships, and those who are in relationships that have terminated prematurely show no benefit or even negative impacts as a result of their participation in the mentoring relationship (Grossman & Rhodes, 2002; Grossman, Chan, Schwartz, & Rhodes, 2012).

Longer-lasting relationships are thought to create opportunities for the mentor and youth to become closer and more involved (Whitney, Hendricker, & Offutt, 2011), which makes it easier for youth to take advice from their mentors, because they feel supported or experience a close emotional bond (Hurd & Sellers, 2013). Sustainability of the relationship may be essential for positive changes (Spencer et al., 2016). However, in the study conducted by Schwartz and colleagues (2013), in which the potential of more sustainable relationships was highlighted, YIM was used as a supplement to a voluntary residential program. Since YIM in the Netherlands was developed as an alternative to traditional residential care, the question arises how sustainable the mentoring relationships are, when YIM is considered as a possible protective factor against residential placement instead of as an additional aspect of residential care.

One of the core components of the YIM approach is addressing the challenges youth face in reaching out for support (Van Dam et al., 2017). Help seeking is difficult, especially for adolescents. Seeking help requires the ‘threat to self’. That is, in order to seek help an individual must acknowledge his or her vulnerability. Acknowledging this vulnerability poses a threat to a sense of self (Raviv, Sills, Raviv, & Wilansky, 2000). Parents and family members can help youth overcome this threat through their supportive relationships (Rickwood, Mazzer, & Telford, 2015), and by teaching them skills to become more socially resourceful. Such skills are the covert and overt behaviors employed by a person to request, direct and maintain helpful behavior from another person, which is used to establish and maintain supportive relationships (Rapp, Shumaker, Schmidt, Naughton, & Anderson, 1998). Social resourcefulness is positively associated with social support, and individuals who are socially resourceful report more social support, along with better perceived health and a higher quality of life (Rapp et al., 1998).

Research indicates that youth at-risk find it difficult to establish positive natural relationships due to low self-esteem, lack of trust and deficits in their social skills (Ahrens et al., 2011). Further, parents’ childrearing practices also contribute to this, either facilitating or deterring relationships with non-parental adults (Lareau, 2002). YIM cultivates supportive natural mentoring relationships and aims to improve the youth’s social resourcefulness (Van Dam et al., 2017). To date, however, it is not clear if the experience of identifying a natural mentor can generalize to youth’s willingness and capacity to seek support more broadly.

Another important aspect of the YIM-approach is to increase family resilience (Van Dam & Schwartz, submitted). Resilience is the ability to withstand and rebound from adversity (Walsh,
2002). Life challenges and crises affect not just a single family member, but the family as a whole. Therefore, family resilience is the ability of families to withstand and rebound from disruptive life challenges, strengthened and more resourceful (Sixbey, 2005; Walsh, 2002, 2003).

Risks and vulnerabilities can be reduced by interventions that focus on building family strengths (Walsh, 2002, 2003). As such, it seems counterproductive to pull families apart through the use of out-of-home placement. A focus on building family strengths has a potential preventive effect, because the family’s ability to meet future challenges is increased as the family becomes more resilient and resources are compiled (Walsh, 2002, 2003). Key family processes that mediate recovery and resilience include, for example, using social networks that offer practical and emotional support, and collaborative problem-solving (Walsh, 2003).

In addition to the potential that YIM entails to develop sustainable relationships and increase social resourcefulness and family resilience, the YIM approach faces several challenges. For example, the mentoring relationship could be negatively influenced by changes in relationships between others within the social system (either as a consequence of applying the YIM approach or not), such as between the mentee’s parents and the mentor (Schwartz et al., 2013). When the family, social network and/or professionals do not accept the relational positioning of the mentor, the mentor’s input can backfire on the results obtained by the team (Harre, Moghaddam, Cairnie, Rothart, & Sabat, 2009). In addition, in order to create sustainable relationships, it is crucial that parents approve of the involvement of other adults in childrearing practices. However, parents tend to prefer being assisted in handling parenting tasks in general or having opportunities to exchange experiences instead of involvement that focuses explicitly on childrearing (Kesselring, De Winter, Van Yperen, & Lecluijze, 2016). This could further complicate the dynamics within families working with a YIM.

In sum, sustainability, social resourcefulness and family resilience seem interwoven. YIM has the potential to increase and strengthen these components, but there are several challenges. To date, there is no follow-up research available in which YIM is used as an alternative for residential care. The first evaluation study of YIM as an alternative for residential care showed promising results. However, it did not examine whether YIM was effective in reducing problems and increasing resilience and if, for example, it resulted in stability and continuity of the relationship between youth and YIM (Van Dam et al., 2017). Therefore, the current study draws on both quantitative and qualitative data, including an exploratory in-depth follow-up analysis three years later to explore these questions.

In our quantitative study, we will examine (i) whether youths are able to nominate an informal mentor at the start of treatment, (ii) whether they receive solely ambulatory treatment, (iii) whether the risk for indicated out-of-home placement decreased after the YIM trajectory, and (iv) whether the YIM treatment results in lower risks for rule-breaking behavior and school drop-out. The qualitative part of the current study will examine (v) effects (concerning sustainability, social resourcefulness and family resilience) of YIM reported three years later.
Participants

Participants of the quantitative study included 42 youth between 13 and 21 years of age (M = 17.5, SD = 2.0) who received the YIM treatment. Of the 42 youth, 18 (43%) were referred to residential care by the court system and 24 (57%) voluntary through community partners. As an alternative to (involuntary or voluntary) residential care, the youngsters were offered the YIM-treatment. Two thirds (67%) of the youth were male.

A subsample of n = 7 participated in the qualitative study, which was conducted three years after referral. The sample consisted of one youth, four parents and two YIMs and was distributed across four family systems. The first family system consisted of the youth (female, aged 17 years) and her mother (aged 47 years). The second system consisted of a father (aged 60 years) and a mother (aged 58 years). The third system was represented by a YIM (aged 41 years), and the fourth family system consisted of a mother (aged 44 years) and a YIM (aged 62 years). In total, 86% (n = 6) of all triad members were Dutch and one person was Iraqi.

Procedure

For the quantitative study, all participants were informed about the new YIM-approach at the referral, and were asked whether data (e.g., age, risk of out-of-home placement, process of nominating a YIM etc.) could be collected for research purposes. The participants gave informed consent, and the original data were anonymized. The ethical committee of the youth institution Youké approved the study. Forty-two participants of the YIM group completed treatment between October 2013 and October 2015.

Three years after the enrollment, all 42 youth and their parents and YIMs received a letter in which they were asked to participate in follow-up interviews. They were informed about their privacy and the scientific purpose of this study. Because of EU privacy regulations, after receiving the letter, researchers could not reach out to the families (by phone or through home-visits) with more detailed information about the study and ask for their participation. If the families wanted to participate, they had to send an email to the researchers. A total of 4 families responded to the letter with a positive reaction to the question to participate in the follow-up study. The interviews were conducted between April and July 2017. A research assistant conducted them by telephone with each participant individually to prevent influences from other triad members. The total duration of each interview was around 30-45 minutes. The interview was recorded and transcribed, the transcription was sent to each participant to make adjustments if necessary. All participants confirmed the accuracy of the transcriptions.

Descriptives. Professionals working with the YIM-approach registered whether youths were able to nominate a YIM from their social network, and how many days it took from the start of treatment to nominate a YIM. When the YIM had been installed, professionals registered the nature of the relationship between the youth and the selected mentor (family member, friend of youth, friend of parents, other) and what kind of support this person offered to the adolescent (social emotional support, practical support, or guidance and advice). During the first month the case manager – based on his contact with the family and case-file analysis – rated, on a scale from 0-10, the level of risk for an out-of-home placement (perceived risk for out-of-home placement; not an actual out-of-home placement), the level of risk for school drop-out and the level of rule-breaking behavior. At the weekly treatment consultation, this rating was reviewed by colleagues from his professional team, consisting of five members, to reach consensus. They also registered whether they offered solely ambulatory treatment; if out-of-home placement was offered and which type of residential treatment. This was rated and registered again through the same procedure at the end of the treatment process, on average six months later.

Follow-up interview. Demographics (e.g., age, gender, nationality, etc.) were collected through a short questionnaire after the interview. Based on a literature study, a topic guide was developed (see Appendix), resulting in a semi-structured interview which focused on the following three theoretical principles.

Sustainability. Participants were interviewed about the nature and characteristics of the YIM-contact during and after the trajectory. The frequency and type of contact (mobile phone, face-to-face, etc.) and the personal meaning of being in contact with the YIM were investigated. Participants were asked if they thought it was important for the youth and YIM to keep seeing each other. In addition, youth were asked if they had the feeling that the YIM would always be there for them.

Social resourcefulness. Participants were interviewed about their experiences – in hindsight – with asking someone from their social network to help them. Additionally, they were questioned about possible changes in the contact with other people around them and if something had changed in the way they currently (dare to) ask for help. It was also investigated if they could identify other possible resources if necessary, and if they knew people they could ask for help.

Family resilience. To identify changes in family resilience, participants were asked to describe the situation of the youth/family right after completion of the trajectory compared to the situation at the start of the treatment. Participants were also asked to compare the situation at the time of the interview with the situation right after completion of the trajectory. In addition, participants were asked if they thought the involvement of the YIM had any influence on possible changes and what the current situation looked like.
Quantitative analyses

First, we conducted descriptive analyses to provide an overview of the percentage of adolescents who were able to nominate an informal mentor from their social network, the affiliation of the mentor, the type of support provided by the mentor, and the percentage of adolescents for whom eventually out-of-home placement was considered necessary. Second, we conducted both parametric and non-parametric tests (because of the small group of adolescents without a YIM) to examine the effect of YIM on the risk for school drop-out and rule-breaking behavior over a six-month period, providing effect sizes for both changes from pre-test to post-test and differences between adolescents with and without a YIM at pre- and post-test. Third, a Chi-Square analysis was conducted in order to test group differences in percentages of necessary out-of-home placement between adolescents with and without a YIM, after having established initial differences in risk for out-of-home placement between both groups.

Qualitative analyses

The author and first supervisor conducted in-depth readings of the complete interview transcripts. An initial codebook was established based on six thematic areas that emerged from the interviews: (a) outcomes of working with a YIM, (b) development of the YIM-contact during and after the trajectory, (c) challenges that occurred during and after the trajectory, (d) the meaning of working with a YIM, (e) mechanisms that could explain how and why this approach could work, and (f) changes in perspectives for youth and families.

The transcripts were coded based on the initial codebook, new sub-categories were identified in order to categorize participants. Initial themes were identified by the author and verified by the first supervisor, using the iterative thematic approach from Boeije (2016). The second supervisor served as master coder, reviewing the work of and providing feedback to the other coders to ensure consistency in coding across cases. Coders met regularly to discuss questions and clarify definitions related to coding categories. Transcription and data analysis were in Dutch, with key quotes translated into English.

RESULTS

Quantitative study

Thirty-three of the forty-two youths (79%) were able to nominate an informal mentor from their social network. Seventeen youths (52%) nominated a family member, twelve youths (36%) a neighbor or friend of the family, and four youths (12%) selected another person (e.g., volunteer or teacher). As described in the method section professionals from the care teams indicated the type of support the YIMs offered to the youth as follows: in 55% of the cases, social emotional support; in 27% of the cases, guidance and advice; and in 18% of the cases, practical support.

A total of thirty-four families (81%) received solely ambulatory care as an alternative to indicated out-of-home placement. The care was individualized and consisted of collaboration with a YIM and the professional care provision team, which included the use of appropriate care and treatment, such as diagnostics, systemic therapy, cognitive therapy, instrumental support, and psycho-education. During the YIM-treatment, an out-of-home placement was considered necessary for eight adolescents (19%), including placement in a psychiatric crisis residential facility or a kinship or non-kinship foster-care family.

Table 1 shows that adolescents with and without a YIM showed significant and (large) positive changes from pre-test to post-test on risk for school drop-out, but with larger differences in effect sizes in adolescents with a YIM than without a YIM. At post-test, adolescents with a YIM rated significant lower on rule breaking behavior than adolescents without a YIM: \( t(40) = 2.83, p < .01 \) – with a large difference of \( d = 1.06 \), whereas initial differences in rule breaking behavior between both groups were not significant – \( t(40) = 0.696, p = .49 \) – and small (\( d = 0.27 \)). Parametric and non-parametric statistics showed similar results. A final time x condition (with or without YIM) repeated measure ANOVA confirmed that adolescents with a YIM showed a larger reduction in rule breaking behavior than adolescents without a YIM: \( F(1, 40) = 12.45, p < .001 \).

No initial differences were found between adolescents with and without a YIM on indication for out-of-home placement, \( t(40) = 0.118, p = .91 \) (\( d = 0.04 \)). At post-test, no significant difference in percentages of necessary out-of-home placement was found between adolescents with and without a YIM: \( \chi^2(1, N = 42) = 0.075, p = .78 \) (\( d = 0.08 \)). Out-of-home placement in the YIM group was 18.2%, and in the group without a YIM 22.2%.
The interview participants consisted of a father (aged 60 years) and a mother (aged 58 years). The adolescent was 16 years old when the treatment started. He found his YIM after 18 days (a friend of parents). The team of professionals rated a 10 on the actual threat for out-of-home placement at the beginning. During treatment, no out-of-home placement took place. The team rated an 8 for perceived risk for school drop-out at the start and a 2 at the end, a 6 for rule-breaking behavior at the start and 2 at the end. The treatment was a combination of psychiatric and youth care.

At the follow-up assessment, the adolescent lived at home with his father (parents were divorced), was attending school and had a part-time job. Mother advised the YIM approach to others with a 9: ‘the idea is good, it’s so natural, this should be the normal situation. However, in our case, my son asked my sister to become YIM, but she refused because she feared conflicts of loyalty between me and her. Understandable from her perspective, but a disappointment for my son. After that, our choice for a YIM became too strained and it didn’t really work.’ Father recommended this approach to others in similar situations with a 7.

The Family Hartings was represented by a YIM (aged 41 years). The adolescent was 17 when the treatment started. She immediately found her YIM, who was the mother of a girlfriend. The team of professionals rated a 10 on the actual threat for out-of-home placement at the beginning. No out-of-home placement took place during treatment. The team rated a 10 for perceived risk for school drop-out at the start and a 9 at the end, an 8 for rule breaking behavior at the start and a 6 at the end. During treatment, there was one incident in which the police was involved. The treatment was a combination of psychiatric treatment and youth care.

At the follow-up assessment, the adolescent lived abroad to combine work and learning another language. Before that, she lived independently. The YIM advised other people in a similar situation to work with this approach with a 10+: ‘I believe in this. I really think a YIM can mean a lot for the child and her parents’.

Within the Family De Ruig the interviewed participants were a mother (aged 44 years) and a YIM (aged 62 years). The adolescent was 14 years old when the treatment started. He immediately found a YIM, who was a friend of his parents. The team of professionals rated an 8 on the actual threat for out-of-home placement at the beginning. During treatment, no out-of-home placement took place. The team rated a 9 for perceived risk for school drop-out at the start and a 0 at the end, a 9 for rule breaking behavior at the start and a 4 at the end. During treatment, there was one incident in which the police was involved. The treatment was a combination of mental disability support and youth care.

### Table 1. Pre-Test and Post-Test Differences in Rule Breaking Behavior and School Drop-Out between Adolescents With and Without a YIM

<table>
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<th>pre-test</th>
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<th>post-test</th>
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<td><strong>With a YIM</strong></td>
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<tr>
<td>Rule breaking</td>
<td>7.73</td>
<td>1.61</td>
<td>33</td>
<td>3.70</td>
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<td>School drop-out</td>
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<td>1.50</td>
<td>33</td>
<td>3.70</td>
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<tr>
<td><strong>Without a YIM</strong></td>
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<tr>
<td>Rule breaking</td>
<td>7.33</td>
<td>1.00</td>
<td>9</td>
<td>5.78</td>
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<tr>
<td>School drop-out</td>
<td>8.67</td>
<td>1.58</td>
<td>9</td>
<td>5.44</td>
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</tbody>
</table>

Note 1: * p < .05, ** p < .01, *** p < .001
Note 2: All pre- post-test changes remained significant after non-parametric Wilcoxon tests
Note 3: Pre-test differences between adolescents with and without a YIM were not significant after conducting both regular t-tests and Mann-Whitney U-tests
Note 4: Rule breaking was significantly lower at post-test in adolescents with a YIM (t = 2.63, p < .01 d = 1.06), which effect remained significant after conducting a Mann-Whitney U-test (p < .05)
Note 5: Adolescents with and without a YIM did not significantly differ on school drop-out at post-test (t = 175, p > .10 d = 0.66), which was confirmed with a Mann-Whitney U-test (p > .10)

Qualitative study

The four interviewed family systems are described – with pseudonyms for their family name – in order to put their reflections in the appropriate context, including the situation at home at the time of the follow-up interview. After that, their reflections on the topics of sustainability, social resourcefulness and family resilience are described, along with several challenges they articulated.

Within the Family Alblas the interviewed participants were youth (female, aged 17 years) and her mother (aged 47 years). The adolescent was 14 when the treatment started. At the start, she immediately found her YIM, who was a friend of her parents. The team of professionals rated an 8 on the actual threat for out-of-home placement at the start of treatment. No out-of-home placement took place during treatment. The team rated an 8 for perceived risk for school drop-out at the start and a 2 at the end, a 9 for rule breaking behavior at the start and 2 at the end. During treatment, there was one incident in which the police was involved. The treatment delivered was a combination of psychiatric treatment and youth care.

At the follow-up assessment, the adolescent still lived at home, was attending school and had a part-time job, and visited a psychologist. The adolescent advised this approach to others in similar situations with a 7, although she stated: ‘every situation is unique. If you believe 100% in YIM, this enriches you, but if you can’t find one, don’t do it. We talked about a lot of stuff the YIM didn’t knew before hand, and in the end, this does put a burden on the other person. Our situation was really complex, so a professional might have been better, but in less complicated situations, this works really good’.

Within the Family Bombosch the interviewed participants consisted of a father (aged 60 years) and a mother (aged 58 years). The adolescent was 16 years old when the treatment started. He found his YIM after 18 days (a friend of parents). The team of professionals rated a 10 on the actual threat for out-of-home placement at the beginning. During treatment, no out-of-home placement took place. The team rated an 8 for perceived risk for school drop-out at the start and a 2 at the end, a 6 for rule-breaking behavior at the start and 2 at the end. The treatment was a combination of psychiatric and youth care.

At the follow-up assessment, the adolescent advised this approach to others in similar situations with a 7.

Within the Family De Ruig the interviewed participants were a mother (aged 44 years) and a YIM (aged 62 years). The adolescent was 14 years old when the treatment started. He immediately found a YIM, who was a friend of his parents. The team of professionals rated an 8 on the actual threat for out-of-home placement at the beginning. During treatment, no out-of-home placement took place. The team rated a 9 for perceived risk for school drop-out at the start and a 0 at the end, a 9 for rule breaking behavior at the start and a 4 at the end. During treatment, there was one incident in which the police was involved. The treatment was a combination of psychiatric treatment and youth care.
At the follow-up, the adolescent lived at home and attended school. The mother would advise other parents in a similar situation to work with a YIM: ‘I’d give it a 10, but, I have to say, not everyone has such close friendships as we do. We talk about everything with each other and you have to be willing to do so, I don’t think everyone likes that’. The YIM advised others to work with this approach with an 8.

Sustainability. Three of the four family systems reported the development of a sustainable bond between the youth and the mentor. Even though the contact had diminished, mostly because the involvement of the YIM was less needed, the youth and mentor were still in contact after three years. The youth could still go to the mentor if needed, the YIM (62) of the family De Ruig said she thought this would always remain the case: ‘The contact is good and if he may be in trouble or something, he can always come to me. He knows that. He knows now, he can always come here, to talk. And I think it’ll always stay that way’. The adolescent (17) of the family Alblas explained she had the feeling her mentor would always be there for her: ‘At the moment I don’t speak to her that much anymore, because I’m doing a lot better right now. … I do feel like: when something is wrong, I can always call her.’ The Hartings’ YIM (41) mentioned explicitly the character of the bond between her and her mentee, referring to the difference she saw compared to the bond between a professional and a juvenile: ‘And a YIM, that’s something different, because you have more contact, more feeling and more trust. You build up a different relationship with the youth or the child.’

In contrast, the family Bombosch indicated no sustainability of the bond between their son and his mentor. As a result of an incident, the contact deteriorated and eventually stopped. His mother (58), however, assumed sustainability to be part of working with a YIM: ‘I would think so, I mean, once you are concerned and involved with us as a family … I would think that remains, even if it no longer has the official framework, then you would expect that to remain the same and that you would stay involved. Even if you are no longer officially in that ‘function’. In our situation, I find this very disappointing.’

Social resourcefulness. In three of the four family systems, statements supported the hypothesized increase in social resourcefulness of the youth. Parents and mentors, as well as the interviewed youth, mentioned that the youth could identify (multiple) other people to ask for support and that they were now better able to actually do so. The Hartings’ YIM (41) stated: ‘Yes, she dares to ask. She used to find it easier to ask me, but I also see that she asks other people now.’ Besides, the results of the qualitative analyses indicated that the contact with the social network had improved, as the family Alblas youth (17) explained for example: ‘I find it very difficult to get in touch with someone and, back then, I really had to keep in touch with someone. Otherwise she (her mentor) would call you and everything. So that has put me on the right track, to really keep in touch with someone.’

The family Bombosch reported no increase in social resourcefulness. The parents mentioned that their son would still not ask for help, and his mother said that this was the case because he was unable to do so. However, his father (60) mentioned that his son did have other important people around him (at the time of the interview): ‘The mother of a friend where he lived, that is an important person to him. Recently, my father died and then she went to the cremation with him. He liked that. That friend is now studying somewhere else, so the contact has stopped a bit, but he is still in contact with that mother every now and then. That is a good person for him. And furthermore, he is in contact with my brother. And he does have a number of friends. It is not that he is lonely, there are a few people.’

Family resilience. An increase in family resilience was seen in three of the four family systems. Family contacts improved, with the result that families were better able to solve problems independently, as the mother (47) of the family Alblas said: ‘The bond between me and my daughter has strengthened enough for us to be able to work it out on our own.’ Besides, there was less arguing and family situations as a whole had become better. When asked about the situation of her daughter and within the family after the trajectory, compared to before, the same mother (47) explained: ‘They are worlds apart. At the beginning at Youké (youth care organisation) I was very desperate and I wanted my daughter to leave the house. Through the trajectory at Youké we could understand her better. There is less arguing now in the family. She lived at home. Then it was questioned if she should live somewhere else, but she stayed at home and could stay with us.’

Within the Bombosch family, the situation had deteriorated with the result that family resilience did not improve. The mother (58) explained what happened and how they, as a family, were not able to handle the situation: ‘The situation has deteriorated. That is to say, from my perspective, I don’t know what he (son) would say about that himself, of course. Towards the end of the trajectory there has been an escalation and that is not, how do I say that, we didn’t succeed in turning that around and that means right now I haven’t been in contact with my son for two and a half years. You could also say: there is peace now. Because there’s no contact, so there are no fights anymore as well. But yeah, that wasn’t the goal of course. Not the starting point, no.’ In hindsight, this mother thought there was a lack of professional assistance to help and guide them (discussed more below).

Challenges. Participants reported several challenges regarding working with the YIM-approach, for example the lack of professional guidance in the trajectory. The mother (58) of the family Bombosch said the professionals involved did not adequately fulfill their role, and they acted too cautiously. She (58) said: ‘I think that in advance it wasn’t sufficiently researched if the person who we had in mind as a YIM, if he was the right one to take that role. I also think that the professionals failed. They should’ve fulfilled a stronger role in our case. […] The professionals who were involved should’ve intervened at some point in my opinion. When it became clear that things really weren’t going well, I think they should’ve taken a professional role, in my opinion they stayed on the sidelines too much.

In addition, it was not always clear how a YIM and the parents should relate to each other, which had led to various incidents. The mother (47) of family Alblas explained how this jeopardized
her daughter’s trust in the mentor. ‘She has had two YIMs during the trajectory. She completely trusted the first YIM she had, but he was in a difficult position, because he did not know what he could and could not tell. At one time the YIM told us, as parents, about her marijuana abuse, and because of that my daughter completely lost her trust in him. Then we started looking for another YIM. That YIM was a different person of course and had a different approach. I noticed that my daughter was less looking for contact, probably because of that previous experience.’

Further, this also led to ambiguities regarding the different roles that the people involved should fulfill. The mother (58) of the Bombosch family described: ‘(...) and I think that the YIM, he did not want me to interfere too much with it. At one point I did see it happen, but it was not meant for me to keep making adjustments in the background all the time, that is exactly how it’s not meant to be. So, I tried to distance myself from what happened. I think that in our case the professionals did not sufficiently understand what kind of dynamics or lack of dynamics they had to deal with in our situation, that they did not see what the weak spots in the construction were.’ Additionally, within the Bombosch family system there appeared to be another person involved. This person, the mother of the friend with whom their son lived for a period of time, became what appeared to be an informal, unpositioned mentor. The mother (58) explained how this also had led to problems regarding the role this person took during the process: ‘The mother of my son’s friend had taken on the mother role too much and she started to interfere with things she should not have been involved with at all. She only should have given shelter and listen when my son wanted to talk to her, but she went much further. That is why she came too much into my territory.’

Lastly, several participants mentioned a difference between the potential of YIM and the actual practical outcomes. As the father (60) of the Bombosch family explained: ‘The idea and the intention is good, although in reality the whole idea can be a little bit more complex. In our case, the situation improved, my son is more at ease, but that does not have anything to do with the involved YIM’.

DISCUSSION

This prospective study with two measurements is the first to provide an in-depth analysis of the YIM-approach as an alternative for out-of-home placement. It was examined whether youths were able to nominate an informal mentor at the start of treatment, whether they received solely ambulatory treatment, whether the risk for indicated out-of-home placement decreased, if the treatment resulted in a decrease of the risk for rule-breaking behavior and leaving school, and what results (concerning sustainability, social resourcefulness and family resilience) were reported three years later.

The majority of youth identified a YIM (79%) and received solely ambulatory treatment (81%) during the YIM trajectory. Youths with a YIM showed a significantly greater decline in risk for rule-breaking behavior than those without a mentor, but not in perceived risk for school drop-out or indicated out-of-home placement. Based on the qualitative data, the relationship between YIMs and youth appeared to be sustainable, and an increase of social resourcefulness and resilience was described in most interviewed family systems. However, not all participants reported positive outcomes, and several challenges were reported as well.

The fact that the decrease of rule-breaking behavior was larger in adolescents with a YIM than without a YIM, and that the majority of the youth were able to nominate a YIM, while in most cases ambulatory treatment was sufficient, is in accordance with previous research into the YIM-approach, where a total of 83% of the youths could select a mentor after a period of 33 days (Van Dam et al., 2017). However, the finding that adolescents with and without a YIM did not differ in percentages of necessary out-of-home placement is not in line with the positive results from this previous study (Van Dam et al., 2017), which suggested that YIM might prevent out-of-home placement of youth with complex needs, given that the rate of out-of-home placement was only 10% at the end of the treatment (in contrast to 18% in the current study), while their problems were largely comparable with juveniles in Dutch semi-secure residential care. The current discrepancy and lack of positive effects on the perceived risk for school drop-out indicates that the YIM-approach might need further development, and additional prospective (quasi-)experimental research is imperative to confirm the positive results of the YIM approach, ruling out alternative explanations for its effects.

The qualitative data of the present study warrant several challenges. For instance, the relationship between YIMs and parents might come under pressure with possible negative consequences. This might be due to the positioning of the mentor and the role that is fulfilled (Harre et al., 2009). For example, a natural mentor may become too much of a parent. Without agreement from parents on their influence, parents can feel threatened in their parenting role. As discussed earlier, previous research has shown that parents tend to prefer being assisted in handling parenting tasks instead of involvement that focuses explicitly on childrearing (Kesselring et al., 2016). It could
be that parent’s dissatisfaction with the role a YIM takes stands in the way of the development of a sustainable relationship.

A possible way to prevent a YIM from taking on the role of the parent, or even being perceived as displacing the parent(s), is to ensure that parents remain involved during the selection process of a YIM, by offering them a choice during the selection process and a veto in the decision regarding the YIM. This empowers parents to suggest mentors, and to speak up when they feel a possible mentor is not a good fit (Spencer, Gowdy, Drew, & Rhodes, 2018). In addition, it is important to explicitly discuss all involved parties’ expectations and ensure that everybody agrees on the different roles. This is critical at the start of new trajectories. Mentors especially need to set guidelines for their new role and need to be prepared for the expectations that come with this new type of explicit relationship with a youth, which may represent a shift from their previous relationship with the youth (Spencer et al., 2018).

Another finding that provides suggestions for improvement of the YIM approach was that in some cases families were dissatisfied with the professional support received. In previous research on this approach the importance of professional involvement already emerged with regard to mentors (Razenberg & Blom, 2014). Given the fact that if a mentoring relationship ends poorly, youth experience feelings of loss, disappointment and rejection, diminished well-being and less willingness to engage in new mentoring opportunities (Hiles, Moss, Wright, & Dallos, 2013; Spencer & Basualdo-Delmonico, 2014), we need more research on how professionals can positively cultivate this type of relationships in a concerted way.

Participants’ narratives showed the development of sustainable relationships between mentors and youths in the majority of the cases, with most youths still being in contact with their mentor at the three-year follow up. This is in line with previous quantitative research on the YIM-approach, in which up to 38 months after the start of the treatment, the majority of participants reported continued contact with their mentor (Schwartz et al., 2013; Spencer et al., 2016). Despite the fact that there was less frequent contact now, most youth could still go to the YIM if necessary. It therefore seems that in most cases a sustainable relationship is built between the mentor and his or her mentee, in which the frequency of the contact is not important for the continuity of their relationship. This is consistent with previous research on the YIM-approach (Schwartz, Rhodes, Spencer, & Grossman, 2013).

As such, findings from our study support the potential of the YIM-approach to establish sustainable relationships between youth and natural mentors. However, building sustainable relationships can be difficult for vulnerable youth with complex needs (Ahrens et al., 2011). Moreover, prematurely ending relationships can even have negative impacts (Grossman & Rhodes, 2002; Grossman et al., 2012). Sustainability of the natural mentor-mentee relationship thus may be essential for generating positive changes, sustaining long-term positive effects, and preventing negative outcomes (Spencer et al., 2016).

Qualitative results that provide suggestions for ways to improve the YIM approach came from one family system that reported no sustainability, because their child and mentor were no longer in contact. The relationship in this case could be described as rather weak, and previous research has shown that weak youth mentoring relationships are likely to end due to dissatisfaction or to simply dissolve (Spencer, Basualdo-Delmonico, Walsh, & Drew, 2017). As mentioned by the parents within this family system, more professional support was needed in identifying, developing, and maintaining supportive relationships. This is especially required for youth with more complex needs (Fonagy, Luyten, Allison, & Campbell, 2017). However, the mentoring relationship could also have been negatively influenced due to changes in the relationship between the mentor and the mentee’s parents (Schwartz et al., 2013), especially since both parents reported several negative experiences in their contact with the mentor.

Another qualitative result that is illustrative of the positive aspects of the YIM approach was that an increase in social resourcefulness was observed in most narratives, and that participants conveyed that other relationships within the social networks of the youths were strengthened as well. This is important, since social resourcefulness has been shown to be positively associated with social support and better perceived health (Rapp et al., 1998). In this way, the YIM-approach is in line with the international movement to use the strengths of families and work with their social networks (Burford, 2005). These findings are concordant with results from previous research, in which sustainable natural mentoring relationships were found to be associated with increased stability in youths’ social networks (Keller & Blakeslee, 2013) and improved interactions with other adults (Keller, 2005; Rhodes, Spencer, Keller, Liag, & Noam, 2006).

Most narratives indicated an increase in family resilience. That is, families’ utterances suggested that they appeared to be able handling problems on their own or with the use of their social network. These findings suggest that with the YIM approach families are able to reduce risks and vulnerabilities, and the approach may have a preventive effect at the same time. Families seem to have become more resilient and resources are built, which may increase their ability to meet future challenges (Walsh, 2002, 2003).

The present study is the first to provide insight into the use of the YIM-approach as an alternative for out-of-home placement, and thus provides an important contribution to the current literature on YIM and natural mentoring in general. Because a combination of quantitative and qualitative data was used to examine the trajectories, including a three-year follow-up assessment, a broad range of various experiences could be outlined, where both positive experiences and bottlenecks were presented.
The results of this study must be seen in the light of a number of limitations. Only the perspectives of youths, parents and YIMs were examined during the three-year follow-up assessment, and thus no insights into the professionals’ perspectives were obtained. Further, none of the interviewed family systems were complete. This leads to an incomplete picture of the experiences within each triad. Future research should make sure that complete triads are interviewed and that professionals are involved in the study in order to be able to examine the role of professionals and identify effective practices in supporting the mentor and family. This could also provide more insight into the division of roles within triads, combined with the possible influences the positioning of a YIM has on such divisions. Furthermore, we used single items that were scored by a team of professionals instead of validated questionnaires filled in by several reporters to measure rule-breaking behavior, the thread for out-of-home placement and the risk for school drop-out. In addition, the qualitative sample was rather small, although it is possible that saturation occurs with approximately six participants (Guest, Bunce, & Johnson, 2006). We recommend further follow-up studies to investigate this.

Caution is required regarding the interpretation and generalization of the results of this study, because of the small sample size and because self-selection and therefore positive bias is likely in all participants at the follow-up study. It is recommended that future (experimental or quasi-experimental) research on effectiveness of the YIM-approach uses a design that rules out most alternative explanations for the effects of this intervention on positive youth outcomes, including the prevention of out-of-home placement. Families see the potential of the YIM-approach, and the outcomes are promising, but it remains unclear if YIM is a superior alternative for other kinds of interventions that aim to involve the youth’s social network, promote shared decision making, foster (family and youth) resiliency, promote positive youth outcomes, and/or eventually prevent out-of-home placement, and for whom and under which circumstances it specifically works.

Despite these limitations, the results of this study indicate that the YIM approach is a promising alternative treatment option to out-of-home placement, in particular residential care, with a strategy that draws on existing systems of support. This is in line with the notion that residential care should be considered a last-resort option. If everyone’s expectations are taken seriously and all partners agree on each position, YIMs seem to be able to provide a natural resource, one that enhances youth through both informal and professional support.

APPENDIX – TOPIC GUIDE INTERVIEWS

Topic guide – youth
Sustainability.
• How was your contact with the YIM during the trajectory?
• How often and in what way did you have contact with the YIM?
• What did the YIM do for you?
• What did the contact with the YIM mean to you during the trajectory?
• How is your contact with the YIM now (three years after the start of the trajectory)?
• How often and in what way do you have contact with the YIM?
• Do you feel you can always contact the YIM if necessary?
• Do you find it important to keep seeing each other? Why (not)?
• On a scale of 0-10: would you recommend youth who are in a similar situation as you were three years ago to work together with a YIM? Could you explain this grade?

Social resourcefulness.
• How did it feel like to ask someone around you for help?
• How would you describe the contact with other people around you? Has this contact been improved or worsened by the experience with your YIM?
• Were there, in the period between the end of the trajectory and now, any moments in which you needed help?
  • If so, did you ask someone around you to help you? Why (not)?
  • If not, would you ask someone around you to help you if you needed help? Why (not)?
• Are there, besides the YIM, other people around you who offer you help?

Family resilience.
• How was your situation at home right after the trajectory compared to before?
• In what way has the trajectory changed your situation?
  • Family: How would you describe the family contacts, are there still fights, conflicts, etc.?
  • Living situation: At home or somewhere else? If somewhere else: own choice or out-of-home placement?
• How is your situation right now compared to when the trajectory had just ended?
• Do you receive professional assistance at the moment and if so, what kind of assistance?
Chapter 5

Who and what works in natural mentoring?

Topic guide – YIM

Sustainability.

• How was the contact with the youth during the trajectory?
• How often did you see the youth?
• What did you do?
• How is the contact with the YIM now (three years after the start of the trajectory)?
• How often do you see the YIM now?
• Do you feel it is important that your son or daughter keeps seeing the YIM? Why (not)?
• What did the contacts with the YIM mean for you?
• What did the moments of contact with the YIM mean to your son or daughter?
• On a scale of 0-10: would you recommend families who are in a similar situation as the family you were involved with three years ago to work together with a YIM? Could you explain this grade?

Social resourcefulness.

• How is the contact between your son or daughter and other people around him or her?
• Has something changed in the way your son or daughter dares to ask for support?
• Were there, in the period between the end of the trajectory and now, any moments in which your son or daughter needed help?
  • If so, did he or she ask someone around them to help? Why (not)?
  • If not, would he or she ask someone around them to help if they needed help? Why (not)?
• Would you ask help from someone in your surroundings, if you need help? Why (not)?

Family resilience.

• How was your son’s or daughter’s situation at home right after the trajectory compared to before?
• In what way has the trajectory with the YIM changed your son’s or daughter’s situation?
  • Family: How are the family contacts, are there still fights, conflicts, etc.?
  • Living situation: At home or somewhere else? If somewhere else: own choice or out-of-home placement?
• How is your son’s or daughter’s situation right now compared to when the trajectory had just ended?
• Do you receive professional assistance at the moment and if so, what kind of assistance?

Topic guide – parents

Sustainability.

• How was the contact with the YIM during the trajectory?
• How often did you / your son or daughter see the YIM?
• What did the YIM do?
• How is the contact with the YIM now (three years after the start of the trajectory)?
• How often do you / does your son or daughter see the YIM right now?
• Do you feel it is important that your son or daughter keeps seeing the YIM? Why (not)?
• What did the moments of contact with the YIM mean to your son or daughter?
• What did the moments of contact with the YIM mean for you?
• On a scale of 0-10: would you recommend parents who are in a similar situation as you were three years ago to work together with a YIM? Could you explain this grade?

Social resourcefulness.

• How is the contact between your son or daughter and other people around him or her?
• Has something changed in the way your son or daughter dares to ask for support?
• Were there, in the period between the end of the trajectory and now, any moments in which your son or daughter needed help?
  • If so, did the youth ask someone around them to help? Why (not)?
  • If not, would the youth ask someone around them to help if they needed help? Why (not)?
• Would you ask help from someone in your surroundings, if you need help? Why (not)?

Family resilience.

• How was your son’s or daughter’s situation at home right after the trajectory compared to before?
• In what way has the trajectory with the YIM changed your son’s or daughter’s situation?
  • Family: How are the family contacts, are there still fights, conflicts, etc.?
  • Living situation: At home or somewhere else? If somewhere else: own choice or out-of-home placement?
• How is your son’s or daughter’s situation right now compared to when the trajectory had just ended?
• Do you receive professional assistance at the moment and if so, what kind of assistance?

Topic guide – YIM

Sustainability.

• How was the contact with the youth during the trajectory?
• How often did you see the youth?
• What did you do for the youth?
• How is the contact with the youth now, three years after the trajectory?
• How often do you see the youth now?
• Do you find it important to keep seeing the youth? Why (not)?
• What did the contacts with the youth mean to him or her?
• What did the contacts with the youth mean to you?
• On a scale of 0-10: would you recommend families who are in a similar situation as the family you were involved with three years ago to work together with a YIM? Could you explain this grade?

Social resourcefulness.

• How is the contact between the youth and other people in the surroundings?
• Has something changed in the way that the youth dares to ask for support?
• Were there, in the period between the end of the trajectory and now, any moments in which the youth needed help?
  • If so, did the youth ask someone around them to help? Why (not)?
  • If not, would the youth ask someone around them to help if they needed help? Why (not)?
• How did you experience the support from the professionals during the trajectory?
• Are you in contact with other YIMs?
• Do you feel a need to that, to be in contact with other YIMs?
• What could be done about this?

Family resilience.

• How was the youth’s situation at home right after the trajectory compared to before?
• In what way has the trajectory with the YIM changed the youth’s situation?
  • Family: How are the family contacts, are there still fights, conflicts, etc.?
  • Living situation: At home or somewhere else? If somewhere else: own choice or out-of-home placement?
• How is the youth’s situation right now, compared to when the trajectory had just ended?
Chapter 5


