The image features two daisies with their roots exposed, set against a soft yellow background. The daisies are positioned on the left side of the frame, with one taller than the other. The roots are dark and fibrous, extending downwards. The overall aesthetic is clean and natural.

Who and what works in natural mentoring?


A Relational Approach to Improve the Effectiveness of Youth Care

deepening

your roots

to flourish





Hulpbehoevende hulpverlener

In zijn proefschrift schrijft Levi van Dam dat niet alleen kwetsbare kinderen maar elk kind, vooral tijdens de adolescentie, recht heeft op een vertrouwelijke adviseur.

Van Dam had me in 2016 gemaild met de vraag of ik interesse had in het mede door hem ontwikkelde JIMaanpak, waarbij jongeren die uit huis geplaatst dreigden te worden begeleid werden door een door hen zelf uitgekozen mentor, de JIM.

In het voorjaar van 2018 volgde ik een meisje dat door een JIM werd begeleid, ook sprak ik met een andere JIM, wat resulteerde in een reportage voor NRC. Het mooiste was een uitspraak van een jongen, Kamran, een JIM, die zei: 'Ik woon met mijn depressie samen.' Waaruit eens te meer bleek dat hulpbehoevende en hulpverlener veel met elkaar gemeen hebben. Misschien is dat beseft de basis van empathische, intieme en daarom veelal geslaagde hulpverlening: de hulpverlener zoekt op eigen wijze hulp.

ARNON GRUNBERG

Who and what works in natural mentoring?

A Relational Approach to Improve
the Effectiveness of Youth Care

LEVI VAN DAM

*If one could possess, grasp, and know
the other, it would not be the other.*

Emmanuel Levinas (1906 – 1995)

Who and what works in natural mentoring?

ACADEMISCH PROEFSCHRIFT

ter verkrijging van de graad van doctor
aan de Universiteit van Amsterdam
op gezag van de Rector Magnificus
prof. dr. ir. K.I.J. Maex

ten overstaan van een door het College voor Promoties ingestelde commissie,
in het openbaar te verdedigen in de Aula der Universiteit
op vrijdag 14 december 2018, te 13:00 uur

door Levi van Dam
geboren te Woerden.

PROMOTIECOMMISSIE

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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; Fruith & 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 (Oosterman 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, IJzendoorn, 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, 2002). 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 (Erickson, McDonald, & Elder, 2009; Raposa, Dietz, & Rhodes, 2017). A natural mentor may be a non-parent relative, neighbor, teacher, friend or someone from a religious community, who is a confidant and advocate for the youth (Schwartz, Rhodes, Spencer, & Grossman, 2013; Spencer, Tugenberg, Ocean, Schwartz, & Rhodes, 2016).

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; De 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.

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CHAPTER

2

Does Natural Mentoring Matter? A Multilevel Meta-analysis on the Association Between Natural Mentoring and Youth Outcomes.

Chapter accepted for publication:

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ABSTRACT

In this meta-analytic review, we examined the relation between natural mentoring and youth outcomes in four domains: academic and vocational functioning, social-emotional development, physical health, and psychosocial problems. Natural mentoring relationships are thought to foster positive youth development and buffer against the risks associated with the tumultuous years of adolescence. Two separate meta-analyses were conducted on the presence of a natural mentor and the quality of the natural mentoring relationship, including thirty studies from 1992 to present. The findings indicated that the presence of a natural mentor was significantly associated with positive youth outcomes ($r = .106$). A larger effect size was found for the quality of the natural mentoring relationship in terms of relatedness, social support and autonomy support ($r = .208$). The largest effect sizes were found for social-emotional development and academic and vocational functioning. Risk-status (e.g. teenage mothers, homeless youth, youth in foster care and youth of alcoholic parents) did not moderate the relation between presence and quality of natural mentoring relationships and youth outcomes, which may indicate that natural mentors are generally beneficial for all youth regardless of risk-status. Implications for theory and practice concerning the quality of the natural mentoring relationship are discussed.

INTRODUCTION

In addition to parents, caring adults can play a vital role in the educational, behavioral, and emotional development of children and adolescents (Bowers, Johnson, Warren, Tirrell, & Lerner, 2015; Kesselring, De Winter, Van Yperen, & Lecluijze, 2016). Relationships with extended family members, teachers, coaches, and other adults increase in importance during adolescence, as 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; Fruith & Wray-Lake, 2013; Patton et al., 2016). Connections between youth and caring nonparent adults can develop into natural mentoring relationships that foster positive youth development and buffer against the risks associated with the tumultuous years of adolescence (Bowers et al., 2015).

Despite their ubiquity and the considerable progress in research on natural mentoring relationships, meta-analytic studies of youth mentoring have focused almost exclusively on the impact of formal mentoring relationships. Meta-analyses only found small overall positive effects of formal mentors on the psychological, emotional, behavioural and educational functioning of participating youth (DuBois, Portillo, Rhodes, Silverthorn, & Valentine, 2011; Jolliffe & Farrington, 2007; Tolan et al., 2013; Wheeler, Dubois, & Keller, 2010). Particularly since research on the effects of natural mentoring during adolescence is steadily growing, and results have not been consistent across outcomes or in some instances were even equivocal (DuBois & Silverthorn, 2005a; Rhodes, Contreras, & Mangelsdorf, 1994; Zimmerman, Bingenheimer, & Notaro, 2002), a meta-analysis seems timely to integrate the current knowledge on natural mentoring and explain differences within and between studies. Two separate meta-analyses were conducted, first on the presence of a natural mentor and subsequently on the quality of the natural mentoring relationship, to examine associations between mentoring and academic and vocational functioning, social-emotional development, physical health, and psychosocial problems.

A mentoring relationship is generally characterized by 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, 2002). This conceptualization of youth mentoring encompasses approaches that vary in structure and context, ranging from formal relationships – in which mentees and mentors are matched and monitored through a program that outlines specific expectations about the parameters of the relationship (e.g., frequency and duration of contact) – and informal or natural mentoring relationships that form organically between youth and older individuals within their existing social networks. Natural mentoring requires fewer resources, and is far more accessible to a broader range of youth than formal youth mentoring (an estimated 75% of youth have natural mentors versus 7% with formal mentors (Erickson, McDonald, & Elder, 2009; Raposa, Dietz, & Rhodes, 2017)).

A natural mentor may be a relative, neighbor, teacher, friend or someone from a religious community other than the parents or step-parents, who is a confidant and advocate for the youth (Hurd & Zimmerman, 2015b; Schwartz, Rhodes, Spencer, & Grossman, 2013; Spencer, Tugenberg, Ocean, Schwartz, & Rhodes, 2016; Van Dam et al., 2017). Natural mentors may provide support that enhances youth's sense of belonging and mattering with significant others (Bowers et al., 2012; Erikson, 1968; Lerner, Von Eye, Lerner, & Lewin-Bazin, 2009). This support can range from informational, such as giving advice about work or education, and emotional, such as providing comfort and support, to instrumental, such as help applying for jobs or coping with day-to-day stressors (Erikson et al., 2009; Van Dam et al., 2017). By being a companion to youth and providing reliable support, natural mentors may help to foster a range of positive developmental outcomes and resilience (Southwick, Morgan, Vythilingam, & Charney, 2007). Through social interactions with natural mentors, adolescents acquire and refine new cognitive skills, and become more receptive to adult instruction and perspectives (Radziszewska & Rogoff, 1991). During adolescence, when identity development becomes central, mentor guidance may help shift youths' conceptions of both their current and future identities and help them develop ideas of what they might become or would like to become in the future (Darling, Hamilton, Toyokawa, & Matsuda, 2002; Erikson, 1968; Markus & Nurius, 1986).

Further, natural mentors can provide a protective role for youth who have had a history of difficult or unsatisfactory relationships (Southwick et al., 2007). By modeling, caring, and providing emotional support, natural mentors can challenge negative views that some youth may hold of themselves and others, and let them experience that positive relationships with adults are possible. The natural mentoring relationship may become a 'corrective' experience for youth who have a history of unsatisfactory relationships with parents or other caregivers (Rhodes, 2005). For these youth, natural mentors may function as secondary attachment figures who satisfy their emotional and social needs (Bowlby, 1988; Erdem, DuBois, Larose, De Wit, & Lipman, 2016; Rhodes, Spencer, Keller, Liang, & Noam, 2006). In this way, natural mentors may counteract or neutralize the relational risk that youths face (Zimmerman et al., 2002).

Of course, not all mentoring relationships are the same, and their influence can vary as a function of relationship quality, mentor, and mentee characteristics (Goldner & Mayseless, 2009; Grossman & Rhodes, 2002; Grossman, Chan, Schwartz, & Rhodes, 2012; Hurd & Sellers, 2013; Parra, DuBois, Neville, Pugh-Lilly, & Povinelli, 2002; Rhodes et al., 2006). Whereas formal mentoring relationships share certain key features and constraints, the range and quality of natural mentoring relationships can vary widely. Key features of relationship quality are emotional closeness, frequency of contact, support, and relationship duration (Rhodes, 2002). Youth may take advice more easily from their natural mentor when they feel more supported or experience a close emotional bond (Hurd & Sellers, 2013). Also, greater frequency of contact and longer lasting relationships are thought to

create opportunities for more involvement and closeness between the mentor and youth (Whitney, Hendricker, & Offutt, 2011). The frequency of contact and length of the relationship may be essential for positive changes (Hurd & Zimmerman, 2015b; Karcher, Nakkula & Harris, 2005; Spencer et al., 2016). The amount of support natural mentors offer may foster trust, empathy and respect (Eby et al., 2013). Positive changes in the lives of youth are often the result of a supportive bond between the youth and his or her natural mentor (Higley, Walker, Bishop, & Fritz, 2016; Spencer & Rhodes, 2005).

Mentor characteristics have also been shown to contribute to the quality of the natural mentoring relationship. When natural mentors are more familiar with the youth's cultural and personal background (e.g., same ethnicity, same gender), natural mentors may have a better understanding of the support needed, and may provide more appropriate guidance (Whitney et al., 2011). The mentors' kinship status can be influential in this regard. Family (kin) members serve as mentors more often for younger adolescents, whereas mentoring relationships with non-familial (non-kin) mentors and mentors with a helping profession background (e.g., teacher, guidance counselor, therapist) often develop during the middle and secondary school years (Fruith & Wray-Lake, 2013). Although kin relationship ties tend to be more intensive, they may be less able to serve as 'bridging' social capital that can link youth to a wider range of educational and occupational opportunities (Raposa, Erikson, Hagler, & Rhodes, 2018). This is consistent with the developmental stage of adolescence, when youths build identities outside the family and autonomy from parents increases considerably (Bowers et al., 2014; Hurd, Stoddard, Bauermeister, & Zimmerman, 2014).

Finally, youth characteristics may influence both the quality of the natural mentoring relationship and its overall effects (Zimmerman, Bingenheimer, & Behrendt, 2005). High levels of individual, family, or neighborhood risk can be disruptive to the relationships, contributing to greater mentor or youth dissatisfaction within their relationship (Raposa, Rhodes, & Herrera, 2016). This, in turn, may attenuate the positive effects of the natural mentor. Moreover, because many risk factors are relatively stable across time and context, they may impede the development of close ties and other protective factors over time (Vanderbilt-Adriance & Shaw, 2008). Nevertheless, a particularly caring and consistent adult has the potential to play a significant role in the life of a youth who is experiencing high levels of stress (Greeson & Bowen, 2008). In this way, natural mentors could modify the relation between risk and outcomes by lessening the effect of risk factors and enhancing the effects of existing protective factors.

Finally, although typically unexamined in the mentoring literature, major factors that have consistently shown to affect meta-analytic results in other fields of research are study characteristics, such as the year and quality of the study (Cheung & Slavin, 2016). It is expected that the quality of older studies is lower than the quality of more recent studies, as statistical methods and methodological knowledge have increased in social science research over the last decades (Saha, Saint, & Christakis, 2003). Additionally, published studies in higher rated journals may report

larger effects than unpublished reports due to biases in publishing only the stronger associations and significant results (Cheung & Slavin, 2016).

The present study examined the relation between natural mentoring and youth outcomes in various domains of adolescent functioning, accounting for both within and between study differences in effect sizes. Variables that have been shown to be significant moderators in previous studies on informal mentoring as well as potential moderating variables that were neglected in past studies were examined to test which relational, individual and study factors moderate the association between natural mentoring relationships and youth outcomes. Particular attention is given to the role of mentoring relationship quality in shaping youth outcomes.

We first hypothesized that the presence of a natural mentor, compared to no mentor, would be positively associated with youth outcomes. Second, we hypothesized that the quality of the natural mentoring relationship would be positively associated with favorable youth outcomes. Third, based on previous research, we hypothesized that the involvement of non-familial mentors, particularly natural mentors with a helping profession background, would result in stronger associations with positive youth outcomes than involvement of kin mentors. Finally, we explored the extent to which mentoring may be moderated by youth risk status.

METHOD

Sample of Studies

In the current meta-analytic review, studies addressing the relation between natural mentoring relationships and youth outcomes published before October 2017 were included. To find articles published in scientific journals, books, and unpublished reports, we used the following databases: ERIC, PsychINFO, PubMed, Wiley Online Library, and Google Scholar. The search string included two elements: a mentor element and an outcome element. For the mentor element, the following terms were used: 'natural mentor', 'informal mentor', 'youth mentor', 'important non-parental adult', 'naturally acquired mentoring relationship', 'mentoring adolescent', 'VIP', or 'YIM'. Similar to previous meta-analyses of youth mentoring (DuBois & Silverthorn, 2005b; DuBois et al., 2011; Eby, Allen, Evans, Ng, & DuBois, 2008; Eby et al., 2013), the following keywords were used among others for the outcome element: 'youth outcom', 'behavior outcom', 'academic outcom', 'foster care', 'youth care', 'delinquency', 'internalizing problem', 'externalizing problem', 'psychopathology', 'social-emotional', and 'work-related outcom'. Additionally, reference lists of the usable articles were inspected to find additional relevant studies. Authors were contacted to retrieve relevant studies and missing study information as much as possible. Not all studies that came across could be included, as some could not be traced in any digital library and not all authors responded ($N = 4$).

Multiple inclusion criteria were formulated to select the studies for this meta-analysis. First, youth outcomes had to be operationalized as academic and vocational functioning, social-emotional development, physical health, or psychosocial problems. Second, the mean age of the sample had to be between age 13 and 24. Third, the natural mentor had to be a different person than the youth's parents or step-parents and fulfill the role of an important person in the life of the youth. Fourth, the connection between the mentor and youth had to be an already existing relationship. Studies measuring effects of mentoring programs with natural mentors were excluded.

A common problem in performing a meta-analysis is that studies may not have been published because of nonsignificant or unfavorable findings, the so called 'publication or file drawer bias' (Rosenthal, 1995). Therefore, it is possible that the studies included in the meta-analysis are not an adequate representation of all previously conducted studies on this topic. To reduce the problem of publication bias in our results, unpublished studies were screened by searching the ResearchGate database and several authors were contacted and asked for unpublished studies. Finally, the full publication lists of well-known authors in the field of natural mentoring (i.e., DuBois, Hurd, Rhodes, Zimmerman) were screened for additional studies that could not be found in the databases.

The three first authors conducted the screening and selection process. When in doubt, the last authors were consulted. Appendix 1 presents a flow chart of the search. The initial

search resulted in 281 articles, which also contained reviews and qualitative studies. This was narrowed down to 33 articles by inspection of the title and abstract. By using the ancestry method on these 33 articles, 39 new articles were included. By thoroughly examining full texts of the 72 studies, 42 studies were excluded because they did not fit the inclusion criteria. A total of 30 studies (with 222 effect sizes) met the inclusion criteria. Table 1 provides an overview of the included studies and their characteristics. Included studies in the present review are marked with an asterisk in the reference list.

Coding studies and potential moderators

Two separate meta-analyses were conducted to assess the overall relation between the role of a natural mentor and youth outcomes. The first meta-analysis focused on the presence or absence of a natural mentor, in which most studies could be included. Since some studies focused on the quality and availability of a natural mentor (e.g., Likert-scale of availability, less or more connected mentor), instead of the presence or absence, the second meta-analysis was conducted to assess the relation between the quality of the natural mentoring relationship and youth outcomes.

The three first authors of this article coded the included studies according to the suggestions of Lipsey and Wilson (2001). The outcome variable in the meta-analytic review was youth outcomes in several life domains. The predictor variable for the first meta-analysis was the presence of a natural mentor, where the quality of the natural mentoring relationship was the predictor variable for the second meta-analysis. Relationship quality was considered to consist of three dimensions: relatedness (e.g., closeness and trust between youngster and mentor), social support (e.g., degree of emotional, instrumental and cognitive support) and autonomy support (e.g., helping the youth to believe in his ability to achieve intended results through listening, modelling and building confidence in the capabilities and efforts of the mentee). Five studies (#ES = 36) were double coded by two of the first authors. It is common to calculate the inter-rater agreement, which proved to be good with 94% agreement between the two coders on all outcome domains and moderator variables.

Each study was coded on multiple characteristics. The characteristics could be divided into five major categories: assessment of outcomes (type of domain); relationship characteristics (length of relationship, type of support, frequency of contact); mentor characteristics (type of mentor, ethnicity matched, gender matched); participant characteristics (ethnic minority, percentage male sample, age, risk status); study characteristics (publication year, impact factor, published/unpublished, study design, type of reporter, type of measure, reliability, uni-/multivariate).

Similar to other published meta-analyses and studies on youth mentoring, outcome variables that were conceptually similar were combined (DuBois & Silverthorn, 2005b; DuBois et al., 2011; Eby et al., 2008; Eby et al., 2013). This was necessary to draw general conclusions about the relation

between natural mentoring and youth outcomes. Table 2 lists the four broad categories of outcomes. For each category, the specific outcomes were examined and operationalized.

Several relationship characteristics were coded: length of the relationship in years (continuous variable), the percentage of informational, instrumental and/or emotional support youths receive from their natural mentor (continuous variables), and the frequency of contact (daily or weekly). Mentor characteristics, such as type of mentor, were coded into three categories: kin (e.g., grandmother, grandfather, aunt, uncle, older sibling), non-kin (e.g., sport coach, employer, sport coach, co-worker, neighbor, friend, friend's parents), and mentors with a helping profession background (e.g., teacher, guidance counselor, minister/priest/rabbi, religious leader, doctor/therapist). Also, the percentage of youth and mentors with the same gender and/or ethnicity was coded (continuous variable).

The following participant characteristics were coded: proportion of youth with a minority background (non-white) in the sample (continuous variable), proportion of males (continuous variable), and the mean age. The capacity and willingness of youths to forge close connections with natural mentors may vary as a function of their age. At-risk status was coded, as effects of natural mentors may differ for at-risk youths and normally developing youths (DuBois & Silverthorn 2005a; Werner, 1993). Youths were coded at-risk when it was (explicitly) stated that the used sample was an at-risk population. Examples of at risk populations were: American adolescent mothers, young Latino mothers, homeless youth, youth in foster care, youth of alcoholic parents, and pregnant and parenting teenagers.

At last, the following study characteristics were examined as moderators in the meta-analysis. First, the year of publication (continuous variable) was coded. Second, the impact factor of the journal in which the study was published (continuous variable) was coded, because the impact factor is a first indication of study quality (Saha et al., 2003). Study design was coded (cross-sectional vs. longitudinal design), as cross-sectional studies measure the relation between natural mentoring and youth outcomes at one point in time, and longitudinal studies can take the developmental aspect of the relation between natural mentoring and youth outcomes into account.

Calculation of effect sizes and analyses

Effect sizes were transformed into the correlation coefficient r . A positive correlation indicated that the presence of a natural mentor or a higher quality of the natural mentoring relationship is associated with positive youth outcomes, whereas a negative correlation means that the presence of a natural mentor or a lower quality of the natural mentoring relationship is negatively associated with youth outcomes.

Effect sizes were calculated using the calculator of Wilson (2013) and formulas from Lipsey and Wilson (2001). If an article only mentioned that the relation was not significant, an effect size was

coded as zero (Lipsey & Wilson, 2001). Continuous variables were centered around the mean, and categorical variables were recoded into dummy variables. Correlation coefficients r were recoded into Fisher z -values (Lipsey & Wilson, 2001). After the analyses, the Fisher z -values were transformed back into correlation coefficients for interpretation and reporting purposes. Standard errors and sampling variances of the effect sizes were estimated using formulas by Lipsey and Wilson (2001).

By including multiple effect sizes per study, the assumption of independent effect sizes that underlie classical meta-analytic strategies was violated (Hox, Moerbeek, & Van De Schoot, 2010; Lipsey & Wilson, 2001). To deal with this interdependency of effect sizes, we applied a multilevel random effects model (Houben, Van Den Noortgate, & Kuppens, 2015; Van Den Bussche, Van Den Noortgate, & Reynvoet, 2009; Viechtbauer, 2010). This model is often used for multilevel meta-analyses, and is generally considered superior to the fixed-effects approaches used in traditional meta-analyses (Van Den Noortgate & Onghena, 2003). A multilevel approach has the advantage of accounting for the hierarchical structure of the data by nesting effect sizes within studies. In this way, multiple effect sizes can be extracted from each included primary study, so that all information in the studies can be preserved and maximum statistical power is achieved (Assink & Wibbelink, 2016). A three-level random effects model was used to account for three levels of variance, including the sampling variance of each effect size (level 1), the variance between effect sizes extracted from the same study (level 2), and the variance between the studies (level 3). The meta-analyses were conducted in R (version 3.4.0) with the *metafor*-package, using the syntax from Assink & Wibbelink (2016).

To estimate the model parameters, the restricted maximum likelihood estimate (REML) was applied (Van Den Noortgate & Onghena, 2003). The t -distribution was used for testing individual regression coefficients of the meta-analytic models and for calculating the corresponding confidence intervals (Knapp & Hartung, 2003). The Knapp and Hartung method (2003) has the advantage that it reduces Type I-errors (Assink & Wibbelink, 2016). When models were extended with categorical moderators consisting of three or more categories, the omnibus test of the null hypothesis that all group mean effect sizes are equal followed an F -distribution. Likelihood ratio tests were used to compare the deviance scores of the full model to the deviance of models excluding level 2 or level 3 variance parameters, making it possible to determine whether significant variance is present at the two levels (Assink & Wibbelink, 2016). In case there was significant variance on either of these two levels, the distribution of effect sizes was considered to be heterogeneous. This indicates that the effect sizes could not be treated as estimates of a common effect size, and moderator analyses were performed.

Although several efforts were made to reduce publication bias in the search strategy, this could not guarantee the absence of publication bias or other forms of bias in the results. To assess the influence of publication bias, a funnel plot asymmetry according to Egger's method was tested

first (Egger, Smith, Schneider, & Minder, 1997). A funnel plot is a scatter plot of the effect sizes against the effect sizes' precision (the inverse of the standard error). In case of publication bias, a gap in the effect size distribution would be present, showing an asymmetrical funnel plot and a significant Egger's test. Second, a trim and fill procedure was performed, by drawing a trim and fill plot in MIX 2.0 (Bax, 2011; Duval & Tweedie, 2000). The trim and fill procedure corrects for funnel plot asymmetry by imputing estimated missing effect sizes that are calculated on the basis of existing effect sizes. If the trim and fill plot showed missing effect sizes, estimated effect sizes of missing studies were imputed, and the multilevel meta-analyses were rerun in R, as this shows the influence of the estimated missing data on the overall effect of the meta-analyses. Finally, the skewness of the effect size distribution was calculated in SPSS, because if publication bias is present, a skew distribution of the effect sizes would be expected (Begg & Mazumdar, 1994).

RESULTS

Overall relation between the presence of a natural mentor and youth outcomes

The meta-analysis on the relation between the presence of a natural mentor and youth outcomes contains 24 independent studies (k), reporting on 166 effect sizes ($\#ES$), and a total sample of $N = 63,327$ participants. A small, significant relation was found between the presence of a natural mentor and youth outcomes ($r = .106$; see Table 3). This indicates that the presence of a natural mentor was modestly, but significantly associated with more positive youth outcomes.

When checking for publication bias, Egger's test was not significant ($t = -0.288, p < .774$), indicating that there was no funnel plot asymmetry (Egger et al., 1997). Next, a trim and fill procedure was conducted. Appendix 2 shows 20 missing effect sizes on the right side of the funnel plot. When taking these 20 missing effect sizes into consideration, the overall effect was $r = .148$ instead of $r = .106$. These results suggest a small underestimation of the true effect.

The results of the likelihood-ratio tests showed that there was significant variance between effect sizes from the same study (i.e., level 2 variance) and that there was significant variance between studies (i.e., level 3 variance). Since the variances at level two and three were significant, it was concluded that there was heterogeneity among the effect sizes that may be explained by characteristics of studies, samples, and natural mentoring relationships. Therefore, moderator analyses were conducted.

Moderator analyses on the relation between the presence of a natural mentor and youth outcomes

Table 4 presents the results of the moderator analyses on the relation between the presence of a natural mentor and youth outcomes. Relationship characteristics did not have a moderating effect. For type of mentor, only the percentage of mentors with a helping profession background significantly moderated the relation between the presence of a natural mentor and youth outcomes. The risk-status (general or at-risk population) did not moderate the relation between the presence of a natural mentor and youth outcomes, indicating that the effect of the presence of a natural mentor did not differ for risk-status. Last, none of the participant- or study characteristics moderated the relation between the presence of a natural mentor and youth outcomes.

Overall relation between the quality of the natural mentoring relationship and youth outcomes

The meta-analysis on the relation between the quality of the natural mentoring relationship and youth outcomes contains 8 independent studies (k), reporting on 56 effect sizes ($\#ES$), and a total sample

of $N = 7363$ participants. A small-to-medium, significant relation was found between the quality of the natural mentoring relationship and youth outcomes ($r = .208$; see Table 5). This indicates that the quality of the natural mentoring relationship was significantly associated with more positive youth outcomes.

When checking for publication bias, Egger's test was not significant ($t = 1.010, p = .317$), indicating that there was no funnel plot asymmetry (Egger et al., 1997). Next, a trim and fill procedure was conducted. This procedure yielded no missing effect sizes, this is shown in Appendix 2.

The results of the likelihood-ratio tests showed that there was significant variance between effect sizes from the same study (i.e., level 2 variance) and that there was significant variance between studies (i.e., level 3 variance). Since the variances at level two and three were significant, it was concluded that there was heterogeneity among the effect sizes that may be explained by characteristics of studies, samples, and natural mentoring relationships. Therefore, moderator analyses were conducted.

Moderator analyses on the relation between the quality of the natural mentoring relationship and youth outcomes

Table 6 presents results of the moderator analyses on the relation between the quality of the natural mentoring relationship and youth outcomes. Type of outcome domain (social-emotional, academic and vocational, and psychosocial problems) significantly moderated the association between the quality of the natural mentoring relationship and youth outcomes. Positive social-emotional development showed a significantly larger (i.e., medium) effect size than psychosocial problems (i.e., small effect), while academic/vocational outcomes showed a small-to-medium effect. Relationship quality aspects and length of the mentoring relationship did not have a moderating effect. Also, type of mentor and risk-status did not have moderating effects. Unexpectedly, higher reliability of instruments assessing youth outcomes was associated with smaller effect sizes.

DISCUSSION

The current meta-analytic study examined the relation between the presence of a natural mentor, quality of the natural mentoring relationship and positive youth outcomes in four domains: academic and vocational functioning, social-emotional development, physical health, and psychosocial problems. Based on a review of 30 studies (with 222 effect sizes) from 1992 to present, we found small effect sizes for the presence of a natural mentor and quality of the natural mentoring relationship. Larger effect sizes were found for the presence of a mentor with a helping profession background. Small-to-medium effect sizes were found for the association between quality of the natural mentoring relationship and social-emotional development, academic and vocational functioning, and psychosocial problems. Finally, risk-status did not moderate the relation between the presence of a natural mentor or the quality of the natural mentoring relationship and youth outcomes.

The results highlight the importance of natural mentoring relationships in the lives of youth, indicating that the presence of a natural mentor is related to positive outcomes and that the quality of the natural mentoring relationship can increase those positive outcomes. The finding that the presence of a natural mentor is related to positive youth outcomes is in line with the conclusions from a systematic review of natural mentoring in foster care (Thompson, Greeson, & Brunsink, 2016). Since the current meta-analysis included nationally representative samples as well as specific risk and minority samples, the findings are applicable to youth in general. Furthermore, the positive finding for the quality of the natural mentoring relationship is consistent with a meta-analysis on mentoring relationships in general (i.e., where no distinction was made between formal and natural relationships), which showed that high-quality relationships were associated with more support and improved youth outcomes (Eby et al., 2013). Developing high quality relationships requires spending time and getting to know each other. The more frequently the mentor and the youth interact, and the more satisfying the relationship is, the greater the opportunity for the mentor to provide the youth with experiences of social support (Hurd & Zimmerman, 2015b).

The meta-analysis on the presence of a natural mentor and youth outcomes yielded somewhat larger effect sizes for mentors with a helping profession background (e.g., teacher, guidance counselor, minister/priest/rabbi, religious leader, doctor/ therapist), which may reflect the particular salience of caring teachers or guidance counselors in educational and community settings (DuBois, Holloway, Valentine, & Cooper, 2002; 2011; Erickson, Karcher, Davis, & Powell, 2002). The findings are in line with a study on natural mentoring characteristics (DuBois & Silverthorn, 2005b), showing the benefits of relationships with natural mentors outside the family by building new (bridging) forms of social capital (McDonald & Lambert, 2014; Raposa et al., 2017).

Risk-status did not prove to be a significant moderator. The absence of a significant moderating effect may indicate that natural mentors are generally beneficial for all youth regardless of risk-status. On the one hand, natural mentors may serve as complementary resources and promote resilience when youth have good familial relationships. On the other hand, natural mentors may serve as compensatory resources for youth from backgrounds of risk or for whom parents may not be fully engaged in their lives (Britner, Balcazar, Blechman, Blinn-Pike, & Larose, 2006; DuBois et al., 2002; Erickson et al., 2009). Although, youth with a history of unavailable or inconsistent care may be less likely to turn to others in times of stress (Belsky & Cassidy, 1994), natural mentors who are trustworthy and consistent may help youth feel more confident and open to emotional support when facing stressful events or chronic adversity (Rhodes et al., 2006; Rutter, 1987).

The overall small to moderate effect sizes for the relation between presence ($r = .106$) and quality ($r = .208$) of natural mentoring and positive youth outcomes are on the higher range if compared to formal mentoring effect sizes that have been reported over the past 30 years. These effect sizes range between $r = .03$ for the association between formal mentoring and psychological stress and $r = .15$ for the association between formal mentoring and aggression (Dubois et al., 2011; Eby et al., 2008; Jolliffe & Farington, 2007; Tolan et al., 2013; Wheeler et al., 2010).

Given that natural mentoring relationships show small to moderate associations with positive youth outcomes and are far more common and require less infrastructure and investment than formal mentoring relationships, it seems important to strengthen the “relational capacity” of the everyday settings of youth and foster opportunities for natural mentoring relationships to develop. This can be done by improving the ratios and training of adults in schools and other developmental settings. For example, efforts to strengthen teacher-student relationships in schools have been shown to have a substantial and positive impact on students’ academic achievement (Cornelius-White, 2007; Roorda, Koomen, Spilt, & Oort, 2011), behavior problems (Lei, Cui, & Ming, 2016; Cornelius-White, 2007), and social-emotional development (Ahnert, Harwardt-Heinecke, Kappler, Eckstein-Madry, & Milatz, 2012; Cornelius-White, 2007; Jennings & Greenberg, 2009; McGrath & Van Bergen, 2015). Efforts to improve adult-youth relational opportunities in extracurricular informal learning activities are recommended (Clarijs, 2008; European Commission, 2015), as are efforts that enhance natural mentoring relationships in health, juvenile justice, and other settings where youth and adults routinely interact (Spencer et al., 2016; Van Dam et al., 2017), where adults have the potential to facilitate a range of benefits. Unfortunately, such settings are often structured in ways that diminish the potential benefits for caring adult-youth relationships. They are unevenly funded and lack training, standards, or incentives for forging close adult-youth relationships.

The results of this meta-analytic study must be viewed within the context of the limitations associated with the empirical studies on which these meta-analyses were based and the meta-analyses there self. First, as noted, a clear and well-validated definition of what constitutes natural

mentoring relationships is absent in the field of natural mentoring, which makes it difficult to include all available quantitative studies (Thompson et al., 2016). For example, in some studies natural mentors had to be at least twenty years; five years older than the youth; or known to the youth for at least two years (Ahrens, DuBois, Lozano, & Richardson, 2010; Hurd & Zimmerman, 2010b; Rhodes, Ebert, & Fischer, 1992). In this way, peers could not be included as natural mentors. In a study by Whitney et al. (2011), the effects of peer mentoring on self-esteem were even larger when compared to adult mentors. Second, risk-status could not unambiguously be defined, particularly since some studies sampled subgroups of the general youth population (e.g., pregnant and parenting teenagers, homeless youth, children of alcoholics). This limits the generalizability of the findings, and the possibility to further examine the effects of risk-status in terms of environmental or individual risk. Consequently, the results regarding the relation between natural mentoring and risk-status deserve careful interpretation. Third, the hypothesis regarding the type of mentor could not be fully tested, since there was only one study in the field of natural mentoring that tested the effects of various types of mentors (e.g., kin-mentor versus non-kin mentor) on youth outcomes (DuBois & Silverthorn, 2005b), and only four studies that tested a specific type of mentor compared to no mentor. Overall, results should be interpreted in light of self-selection bias: those youth who recruit natural mentors may be higher functioning.

There are also some methodological limitations of the current study that deserve consideration. First, for the meta-analysis on the presence of a natural mentor, 20 effect sizes were estimated to be missing on the right side of the funnel plot when examining possible publication bias (see Appendix 2). The missing effect sizes resulted in an underestimation of the true effect size, and therefore should be interpreted as selection bias given that missing studies that result in a smaller overall mean effect size would indicate publication bias. Selection bias may be due to an overrepresentation of certain samples or groups (e.g., data from the Adolescent Health Study). Second, there are limitations with respect to the generalizability of the study findings. The total sample consisted of 24 studies for the meta-analysis on presence of a natural mentor, and only eight studies for the meta-analysis on the quality of the natural mentoring relationship, which should lead to careful interpretation of the overall findings. Notably, some moderator analyses were based on a small number of effect sizes (i.e., less than three effect sizes or studies), which reduces statistical power to detect a moderator effect and restricted generalizability of research findings. Last, all studies were conducted in the United States, potentially limiting generalizability to other countries or continents.

Despite these limitations, this study yielded promising findings with implications for future research. First, research on natural mentoring outside the US will facilitate comparisons between countries. Future research should more thoroughly examine the effects of natural mentoring on youth outcomes against levels of individual and environment risk and protective factors, in order to be able

to examine the type of influence natural mentors may have, ranging from promotive to protective, depending on the level of adversity and number of risk and protective factors youths have (Hurd & Sellers, 2013). For example, with normally developing youth, natural mentors may play a significant role in helping youths cope with difficulties, achieve goals, and navigate their identity. For youths at-risk, the natural mentoring relationship has the potential to offset individual and contextual risks, with adolescents often attributing their capacity to thrive despite adversity to the support of a caring adult (Greeson & Bowen, 2008).

This meta-analysis showed that relationship quality is an important predictor of youth outcomes, as it increases the benefits from the natural mentoring relationship. Nevertheless, a shared (agreed upon) definition of mentor-mentee relationship quality is still missing and would strengthen our understanding of its role. The operationalization of relationship quality in natural mentoring studies comes down to three dimensions (i.e., social support, autonomy support and relatedness) that may have a link with self-determination theory (Ryan & Deci, 2000) and/or attachment theory (Bowlby, 1969/1982). Self-determination theory – with its focus on competence, autonomy and relatedness as basic needs to achieve positive (youth) development (Ryan & Deci, 2000) – may provide a theoretical base to understand the development of relationship quality in natural mentoring and the working mechanisms through which mentor-mentee relationship quality can exert a positive impact on various youth outcomes. Moreover, as supportive presence of the mentor (as a secure base) and relatedness (as a secure haven) appear to be important relationship dimensions affecting positive youth development, the mentor-mentee relationship may also be studied from the perspective of attachment theory. It can be hypothesized from recent developments in attachment theory that a mentor who is both sensitive to the emotional needs of the mentee and mind minded – which is the ability to treat other individuals with a mind of their own (Meins, 1997) – may foster a secure internal working model of attachment in his or her mentee, that is, a positive view of oneself as lovable and worthwhile and others as available and caring (Zeegers, Colonesi, Stams, & Meins, 2017). Subsequently, these secure working models of attachment may result in positive youth outcomes in several domains of functioning (e.g., Groh et al., 2014) or buffer against psychosocial problems (Colonesi et al., 2011; Fearon, Bakermans-Kranenburg, Van IJzendoorn, Lapsly, & Roisman, 2010; Hoeve et al., 2012).

Likewise, additional mentor characteristics (e.g., psychological well-being, deviant behavior, having a job employment, school completion) should be studied more systematically to determine which characteristics of the natural mentor could result in their relative contribution to successful (i.e., supportive or protective) relationships. Notably, when natural mentors are engaged in problem behavior (i.e., substance use, delinquency), youth are more likely to be negatively affected by such deviant behaviors, which may be ascribed to negative role-modelling (Chen, Greenberger, Farruggia, Bush, & Dong, 2003; Sterrett, Jones, McKee, & Kincaid, 2011).

In sum, these meta-analyses advance our understanding of the important role of natural mentoring in the lives of youth and the conditions under which they are more impactful. The effects of natural mentoring on youth outcomes were relatively modest, but when relationship quality was taken into account, the effects of mentoring were considerably larger, particularly for positive social-emotional development. In some cases the effects of high quality mentoring relationships exceeded many that have been reported in meta-analyses and reviews on the association between formal mentoring relationships and youth outcomes. Taken together, these findings highlight the importance of ensuring that all youth, not just those who have access to networks with high social capital, have access to caring teachers, employers, and other adults who can serve as role models and have the relationship skills to provide developmental opportunities. Along these lines, efforts that encourage and teach youth how to recruit natural mentors, and mobilize adults in more freely sharing their social resources, represent promising directions for community mental health intervention (Schwartz et al., 2013; Van Dam et al., 2017). Taken together, these initial findings challenge to further understand the working mechanisms of natural mentoring and provide hope about the capacity of natural mentors to improve and even transform young lives.

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Table 1 Characteristics of Included Studies

Author (year)	N	Peer review	IF	Design	Informant	Continent	Type of outcome	Sex	Ethnic minority	Mean age	Sample type
<i>Presence natural mentor</i>											
DuBois & Silverthorn (2005a)	3187	Yes	4.14	Long	Self	USA	Mixed	B/G	32.60	21.40	General population
Hurd & Sellers (2013)	259	Yes	1.56	Cross	Self/Teacher	USA	Mixed	B/G	100	13.56	General population
Zimmerman, Bingenheimer, & Notaro (2002)	770	Yes	2.07	Cross	Self	USA	Mixed	B/G	82.80	17.50	General population
Ahrens, DuBois, Lozano, & Richardson (2010)	1714	Yes	1.22	Cross	Self	USA	Mixed	B/G	25	16.00	General population
Ahrens, DuBois, Richardson, Fan, & Lozano (2008)	310	Yes	5.47	Cross	Self	USA	Mixed	B/G	35	16.00	At risk population
Rhodes, Ebert, & Fischer (1992)	129	Yes	2.15	Cross	Self	USA	Psychosocial problems	Girls	100	18.07	At risk population
Rhodes, Contreras, Mangelsdorf, (1994)	54	Yes	2.15	Cross	Self	USA	Mixed	Girls	100	18.10	At risk population
Collins, Spencer, & Ward (2010)	96	Yes	0.38	Cross	Interviewer	USA	Mixed	B/G	47	19.00	At risk population
Dang, Conger, Breslau, & Miller (2014)	197	Yes	1.28	Cross	Self	USA	Mixed	B/G	75.6	18.00	At risk population
Erickson, McDonald, & Elder (2009)	12621	Yes	2.86	Long	Official registration	USA	Academic	B/G	35	21.72	General population
Hurd & Zimmerman (2010a)	615	Yes	2.15	Cross/Long	Self	USA	Psychosocial problems	B/G	100	17.51	General population
Hurd & Zimmerman (2010b)	93	Yes	2.48	Cross/Long	Self	USA	Psychosocial problems	Girls	100	17.66	At risk population
Hurd, Stoddard, Bauermeister, & Zimmerman (2014)	3334	Yes	2.05	Cross	Self	USA	Mixed	B/G	24.6	20.80	General population

Author (year)	N	Peer review	IF	Design	Informant	Continent	Type of outcome	Sex	Ethnic minority	Mean age	Sample type
Hurd, Varner, & Rowley (2013)	259	Yes	3.56	Cross	Self	USA	Socio-emotional	B/G	100	13.56	General population
Sánchez, Esparza, & Cólón (2008)	140	Yes	0.80	Cross	Self/Official registration	USA	Academic	B/G	100	17.88	General population
Cavelli, Meehan, Heffer, & Holladay (2002)	95	Yes	1.33	Cross	Self	USA	Psychosocial problems	B/G	17	18.70	At risk population
Kogan, Brody, & Chen (2011)	375	Yes	2.15	Long	Self/Composite	USA	Mixed	B/G	100	17.00	General population
Greeson, Usher, & Grinstein-Weiss (2010)	7977	Yes	0.97	Long	Self	USA	Vocational	B/G	20	21.28	General population
Hagler, Raposa, & Rhodes (2017)	193	-	-	Long	Self	USA	Mixed	B/G	43.5	11.20	General population
McDonald & Lambert (2014)	16386	Yes	2.15	Long	Self	USA	Vocational	B/G	-	22.50	General population
Limohan (2003)	47	Yes	2.76	Long	Self	USA	Mixed	B/G	79	17.45	General population
McDonald, Erickson, Johnson, & Elder (2007)	5740	Yes	1.77	Long	Self	USA	Vocational	B/G	35	-	General population
Erickson & Phillips (2012)	8379	Yes	1.23	Long	Self	USA	Academic	B/G	47	15.36	General population
Munson & McMillen (2009)	339	Yes	0.97	Long	Self	USA	Mixed	B/G	55	19.04	At risk population
<i>Relationship quality</i>											
Hurd, Varner, & Rowley (2013)	259	Yes	3.56	Cross	Self	USA	Socio-emotional	B/G	100	13.56	General population
Chang, Greenberger, Chen, Heckhausen, & Farruggia (2010)	754	Yes	2.48	Long	Self	USA	Mixed	B/G	77	17.50	General population
Schwartz, Chan, Rhodes, & Scales (2013)	1860	Yes	1.97	Cross	Self	USA	Socio-emotional	B/G	44.4	15.00	General population

Author (year)	N	Peer review	IF	Design	Informant	Continent	Type of outcome	Sex	Ethnic minority	Mean age	Sample type
Sánchez, Esparza, & Cólón (2008)	140	Yes	0.80	Cross	Self/Official registration	USA	Academic	B/G	100	17.88	At risk population
Kogan, Brody, & Chen (2011)	116	Yes	1.79	Cross	Self/Official registration	USA	Mixed	B/G	100	19.50	At risk population
Bowers et al. (2012)	710	Yes	1.97	Long	Self	USA	Socio-emotional	Boys	21.1	15.77	General population
Black, Grenard, Sussman, & Rohrbach (2010)	3320	Yes	1.67	Long	Self	USA	Psychosocial problems	B/G	59	15.30	General population
Klaw & Rhodes (1995)	204	Yes	2.40	Cross	Self	USA	Mixed	Girls	100	15.90	At risk population

Note. N = number of participants; peer review = published in peer reviewed article (Yes/No); IF = impact factor of journal; design = cross-sectional (Cross) or longitudinal (Long); informant = self-report (Self), interviewer-report (Interviewer) or teacher-report (Teacher); type of outcome = internalizing, conduct problems, overall psychopathology, substance use (Psychosocial problems), social confidence and/or confidence (Social-emotional), Academic, Vocational or two or more different outcome domains (Mixed); sex = only girls (Girls), only boys (Boys) or boys and girls (B/G); Ethnic minority = proportion of non-Caucasian.

Table 2 Operationalizing of Outcome Domains, including Examples of Assessed Variables in Each Domain

Domain	Assessed Variables
Academic and vocational	High school completion, school attendance, academic engagement, higher grades, absences, school importance, school belonging, economic benefits, fulltime employment, discontinuous employment
Social-emotional	Social skills, prosocial behavior, negative life events, self-regulation, perceived social support, care, character, connection, life satisfaction, well-being, self-esteem
Physical health	General health, physical activity, birth control, condom use, Body Mass Index above 25, Sexually Transmitted Disease Diagnosis
Psychosocial problems	Depression, anxiety, suicidal ideation, psychosomatic symptoms, mental health, Sexual risk behavior, delinquency, problem behavior, aggression, rule breaking, Global severity, SCL-90-R, substance use

Table 3 Overall Relation between the Presence of a Natural Mentor on Youth Outcomes

Outcome	k	#ES	Mean r	95% CI	p	$\sigma^2_{level 2}$	$\sigma^2_{level 3}$	% Var. Level 1	% Var. Level 2	% Var. Level 3
Youth-outcomes	24	166	.106	.076; .137	<.001***	0.008***	0.003***	2.94	69.33	27.73

Note. Youth outcomes = academic and vocational, social-emotional, physical health, psychosocial problems; k = number of studies; #ES = number of effect sizes; mean r = mean effect size (r); CI = confidence interval; $\sigma^2_{level 2}$ = variance between effect sizes extracted from the same study; $\sigma^2_{level 3}$ = variance between studies; % Var = percentage of variance distributed. ***p ≤ .001.

Table 4 Moderators of the Relation between the Presence of a Natural Mentor and Youth Outcomes

Moderator variable	k	#ES	B0/ mean r	t0	B1	t1	F(df1, df2)
Assessment of outcomes							
Domain							F(3, 162) = 2.642*
Academic and vocational (RC)	15	52	.122		6.800***		
Social-emotional	13	32	.126		5.424***	.004	0.157
Physical health	4	14	.118		3.773***	-.004	-0.115
Psychosocial problems	14	68	.069		3.552***	-.053	-2.446*
Relationship characteristics							
Length relationship	8	78	.090		3.371**	.007	0.881 F(1, 76) = 0.776
Informational support	8	53	.106		3.510***	.003	1.695+ F(1, 51) = 2.874+
Instrumental support	6	48	.096		2.403*	-.000	-0.313 F(1, 46) = 0.098
Emotional support	8	55	.100		3.177**	-.000	-0.103 F(1, 53) = 0.0105
Amount of contact							F(1, 60) = 2.151
Predominantly daily (RC)	3	10	.135		3.219**		
Predominantly weekly	6	52	.065		2.544*	-.069	-1.467

Moderator variable	k	#ES	B0/ mean r	t0	B1	t1	F(df1, df2)
Mentor characteristics							
Percentage kin	17	122	.096	6.141***	-.000	-0.292	F(1, 120) = 0.085
Percentage non-kin	14	102	.092	5.225***	-.000	0.014	F(1, 100) = 0.000
Percentage professional	14	101	.107	5.780***	.002		F(1, 99) = 13.462***
						3.669***	
Ethnicity matched	5	21	.060	1.033	.009	1.478	F(1, 19) = 2.184
Gender matched	5	30	.047	1.228	-.006	-1.231	F(1, 28) = 1.516
Participant characteristics							
% ethnic minority	22	159	.110	6.842***	.000	0.637	F(1, 157) = 0.405
% male sample	22	159	.110	7.184***	-.001	-1.200	F(1, 157) = 1.439
Age	22	165	.106	6.651***	-.003	-0.556	F(1, 163) = 0.309
Sample type							F(1, 164) = 2.637
General population (RC)	16	120	.091	5.323***			
At risk population	8	46	.144	5.212***	.053	1.624	
Study characteristics							
Publication year	22	163	.109	6.751***	-.000	-0.270	F(1, 161) = 0.073
Impact factor	22	163	.109	6.732***	.006	0.448	F(1, 161) = 0.201
Study design							F(1, 164) = 0.411
Cross-sectional (RC)	13	99	.096	4.646***			
Longitudinal	11	67	.117	5.148***	.019	0.641	
Type of reporter							F(2, 163) = 0.418
Self-report (RC)	21	149	.103	6.440***			
Other report/ Teacher-report	3	6	.110	1.822 ⁺	.001	0.011	
Official registration	2	11	.140	3.101**	.054	0.914	
Type of measure							F(3, 148) = 0.451
Single item (RC)	13	58	.097	4.523***			
Multiple items	5	16	.075	1.682	-.022	-0.657	
Scale	18	74	.111	5.675***	.013	0.574	
Index	2	4	.093	1.648	-.005	-0.080	
Reliability	16	68	.102	6.557***	-.067	-0.496	F(1, 66) = 0.246
Uni-/ multivariate							F(1, 164) = 0.031
Univariate (RC)	17	133	.105	6.028***			
Multivariate	7	33	.110	4.211***	.005	0.175	

Note. *IV and DV characteristics* = independent variable (IV) and/ or dependent variable (DV); *k* = number of independent studies; *#ES* = number of effect sizes; *B₀/ mean r* = intercept/ mean effect size (*r*); *t₀* = difference in mean *r* with zero; *B₁* = estimated regression coefficient; *t₁* = difference in mean *r* with reference category; *F*(*df₁*, *df₂*) = omnibus test; (RC) = reference category.

⁺*p* ≤ .10.

^{*}*p* ≤ .05.

^{**}*p* ≤ .01.

^{***}*p* ≤ .001.

Table 5 Overall Relation between the Quality of the Natural Mentoring Relationship on Youth Outcomes

Outcome	k	#ES	Mean r	95% CI	p	σ ² level 2	σ ² level 3	% Var. Level 1	% Var. Level 2	% Var. Level 3
Youth-outcomes	8	56	.208	.144; .272	<.001***	0.006***	0.006***	5.48	47.12	47.40

Note. Youth outcomes = academic and vocational, social-emotional, physical health, psychosocial problems; *k* = number of studies; *#ES* = number of effect sizes; mean *r* = mean effect size (*r*); CI = confidence interval; σ²_{level 2} = variance between effect sizes extracted from the same study; σ²_{level 3} = variance between studies; % Var = percentage of variance distributed.

****p* ≤ .001.

Table 6 Moderating Variables of Relation between the Quality of the Natural Mentoring Relationships and Youth Outcomes

Moderator variable	k	#ES	B0/ mean r	t0	B1	t1	F(df1, df2)
Assessment of outcomes							
Domain							F(2, 53) = 5.098**
Social emotional (RC)	5	25	.264	7.685***			
Academic and vocational	5	12	.196	4.852***	-.068	-1.329	
Psychosocial problems	3	19	.101	2.466*	-.162	-3.111**	
Relationship quality							
Relatedness	3	11	.205	3.219**			F(2, 53) = 0.036
Social support	3	26	.204	3.324**	-.000	-0.004	
Autonomy support	2	19	.228	2.943**	.024	0.236	
Relationship characteristics							
Length relationship	2	9	.170	2.8544	-.010	-0.937	F(1, 7) = 0.878
Mentor characteristics							
Percentage kin	5	20	.216	3.584**	-.001	-0.389	F(1, 18) = 0.152
Percentage non-kin	3	11	.213	1.848*	-.005	-0.547	F(1, 9) = 0.300
Percentage professional	4	28	.187	1.914 ⁺	-.001	-0.371	F(1, 26) = 0.137
Participant characteristics							
% ethnic minority	8	56	.209	5.846***	-.000	-0.001	F(1, 54) = 0.001
% male sample	7	54	.208	5.954***	-.001	-0.124	F(1, 54) = 0.015
Age	8	56	.204	6.057***	-.031	-1.787 ⁺	F(1, 54) = 3.192 ⁺
Sample type							F(1, 54) = 0.326
General population (RC)	5	42	.195	4.696***			
At risk population	3	14	.237	4.024***	.041	0.572	
Study characteristics							
Publication year	8	56	.206	6.058***	-.004	-0.635	F(1, 54) = 0.403

Moderator variable	k	#ES	B0/ mean r	t0	B1	t1	F(df1, df2)
Impact factor	8	56	.208	5.833***	.005	0.115	F(1, 54) = 0.013
Study design							F(1, 54) = 3.798*
Cross-sectional (RC)	5	21	.256	6.849***			
Longitudinal	3	35	.149	3.701***	-.107	-1.949 ⁺	
Type of reporter							F(1, 54) = 0.559
Self-report (RC)	8	53	.262	3.328**			
Official registration	2	3	.205	6.264***	.057	0.747	
Type of measure							F(2, 50) = 1.943
Single item (RC)	4	16	.153	3.902***			
Multiple items	2	2	.271	3.270**	.118	1.321	
Scale	8	35	.213	6.870***	.061	1.802 ⁺	
Reliability	8	35	.202	6.647***	-.549	-2.378*	F(1, 33) = 5.655*
Uni/ multivariate							F(1, 54) = 0.548
Univariate (RC)	7	46	.218	6.103***			
Multivariate	1	7	.144	1.545	-.074	-0.740	

Note. *IV and DV Characteristics* = independent variable (IV) and/or dependent variable (DV); *k* = number of independent studies; *#ES* = number of effect sizes; *B₀/ mean r* = intercept/ mean effect size (*r*); *t₀* = difference in mean *r* with zero; *B₁* = estimated regression coefficient; *t₁* = difference in mean *r* with reference category; *F*(*df₁*, *df₂*) = omnibus test; (RC) = reference category.

**p* ≤ .10.

**p* ≤ .05.

***p* ≤ .01.

****p* ≤ .001.

APPENDIX A

281 titles screened and abstracts read in ERIC, PsychINFO, PubMed, Wiley Online Library, Google Scholar, and ResearchGate.

Reasons for exclusion:

- Adult mentoring (mean age >24 year): 59
- Mentoring program: 56
- School mentors: 49
- Career mentors: 26
- E-mentoring: 5
- No youth outcomes: 49
- Double articles: 3
- Parent mentoring: 1

Total excluded: 248

Ancestry method on 33 articles

Included, based on following subjects:

- Youth mentoring and youth outcomes: 19
- VIP and youth outcomes: 4
- Important nonparental adult and youth outcomes: 8
- Natural mentoring and youth outcomes: 7
-

Included, by contacting authors:

- Rhodes: 1

Total included: 39

72 full texts thoroughly examined and methods briefly screened

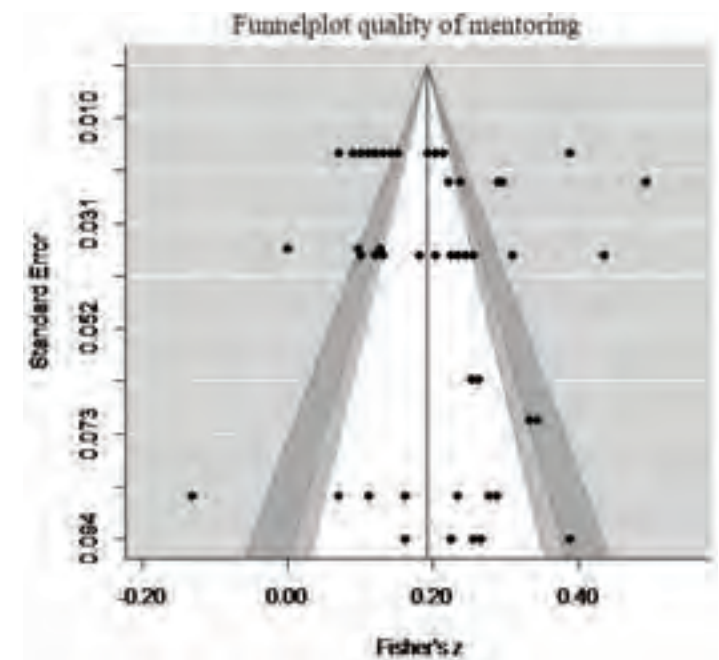
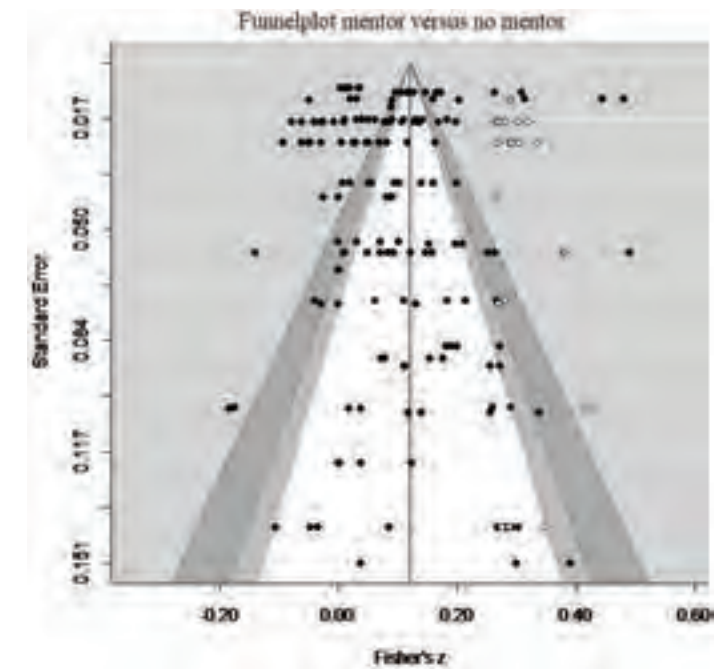
Reasons for exclusion:

- Systematic review: 2
- Qualitative studies: 20
- Adult mentoring: 2
- Mentorship characteristics: 7
- Mentoring program with informal mentors: 3
- Meta-analysis on formal mentoring: 2
- Mentor perspective studies: 1
- Formal mentoring: 1
- Not suitable for analysis: 4

Total excluded: 42

30 studies included in meta-analysis

APPENDIX B





CHAPTER

3

Cultivation of Natural Mentors to Strengthen Resiliency in Youth: A Program Theory of Youth Initiated Mentoring (YIM)

Chapter submitted for publication in *Prevention Science*
Van Dam, L., and Schwartz, S. E. O. (2018). Cultivation of Natural Mentors to Strengthen Resiliency
in Youth: A Program Theory of Youth Initiated Mentoring (YIM)

ABSTRACT

Natural mentoring relationships are organically formed supportive relationships between youth and important non-parental adults (e.g., friends, teachers, athletic coaches, extended family members) from within their existing social networks. These relationships are thought to foster positive youth development and buffer against risks, particularly those associated with the transitions that characterize adolescence. Providing youth with the opportunity to identify and engage a non-parental adult from their social network in a mentoring relationship constitutes the Youth Initiated Mentoring (YIM) approach. The current article describes the aim and context of this new approach, its target population, the intended individual and societal outcomes, and how these outcomes may be achieved. We also describe various YIM program models adapted for various target populations, specifically addressing universal, selective, and indicated preventative approaches, as well as discussing a more general user process for YIM programs. Our goal is to provide practitioners with the tools to carry out their work and to provide guidelines for researchers to test hypotheses about YIM.

INTRODUCTION

A natural mentor may be a non-parental relative, neighbor, teacher, friend, or someone from a religious community who is a confidant and advocate for a young person (Hurd & Zimmerman, 2010; Schwartz, Rhodes, Spencer, & Grossman, 2013; Spencer, Tugenberg, Ocean, Schwartz, & Rhodes, 2016; Van Dam et al., 2017). Natural mentoring relationships form organically between youth and older or more experienced individuals within their existing social networks. Natural mentors may enhance youth's sense of belonging and mattering to significant others (Bowers et al., 2012; Erikson, 1968; Lerner, Von Eye, Lerner, & Lewin-Bizan, 2009). Natural mentors can also provide a range of different types of support, such as informational support, i.e., giving advice about work or education, emotional support, i.e., providing comfort and encouragement, to instrumental support, i.e., and help applying for jobs or coping with day-to-day stressors (Erickson, McDonald, & Elder, 2009; Van Dam et al., 2017).

A recent meta-analytic study on natural mentoring relationships showed that the mere presence of a natural mentor was associated with positive youth outcomes, with a small overall average effect size, $r = .106$ (Van Dam et al., 2018). The association between the quality of the natural mentoring relationship (relatedness, social support and autonomy support) and positive youth outcomes yielded a medium overall average effect size ($r = .208$). Notably, at-risk status (for instance, teenage mothers, homeless youth, youth in foster care and children of alcoholic parents) did not moderate the relation between either presence or quality of natural mentoring relationships and youth outcomes. These results suggest that natural mentors can play a significant role in the lives of youth across a range of contexts and situations.

Although the benefits of natural mentoring relationships are generally acknowledged, interventions rarely focus on such relationships due to the fact that they are, by definition, naturally forming, and therefore viewed as outside the scope of active and formal intervention. Instead, mentoring programs have focused primarily on formal mentoring, which involves assigning a volunteer mentor who was previously not a part of the youth's social network. Although this formal approach can be beneficial, too many of these relationships fail to 'gel' and develop meaningful ties, or they dissolve shortly after they began (e.g., Grossman & Rhodes, 2002; Spencer, Basualdo-Delmonico, Walsh, & Drew, 2014).

In contrast, a new and innovative approach, Youth Initiated Mentoring (YIM), supports youth in the process of identifying, recruiting, and maintaining relationships with potential natural mentors. YIM aims to empower youth to benefit from and optimize supportive relationships within their communities. Moreover, the addition of a YIM component alongside professional involvement for high-risk youth may improve outcomes and reduce erosion of impacts when professional involvement ends (Schwartz et al., 2013; Van Dam et al., 2017).

In this article, we describe a program theory including the aim and context of the YIM-approach, the intervention, its target group, the intended individual and societal outcomes, and processes through which these outcomes may be achieved. We differentiate between mediators and mediated moderators (Fairchild & McKinnon, 2009). Mediators are factors that are directly responsible for the desired (exclusive and unmitigated) effects of the positioning of a natural mentor on positive youth outcomes. For example, relationship quality between a mentor and mentee might increase the resilience of the adolescent. Mediated moderators are factors that moderate the effects of additional care and treatment on the desired outcomes, which are affected by a mediator that explains the effects of YIM on these moderators. For example, if the adolescent experiences the relationship with his mentor as positive, this might motivate him to benefit from professional treatment: higher relationship quality between a mentor and mentee (mediator) might improve treatment motivation of an adolescent (moderator of treatment effectiveness), which in turn influences the effect of delivered treatment on the youth's resilience.

We also describe various models of YIM within different contexts targeting different youth populations. Specifically, we discuss how YIM may be implemented in the context of universal, selective, and indicated prevention approaches, and we provide examples of programs implementing YIM at each level. Finally, we describe a more general user process, specifically addressing the unique aspect of YIM in which youth recruit a mentor from their existing social network, including how the identified mentor may respond to the request. All these lines of information together provide an initial program theory of YIM that can be used both to provide the practitioners with effective approaches and key considerations in implementing YIM and to provide researchers with directions for future research on YIM.

Context of the YIM approach

Internationally, there has been a movement towards community mental health care, along with a move away from residential care (Souverein, Van der Helm, & Stams, 2013). Current recommendations recognize residential care as an 'ultimum remedium', that is, a last resort option, noting that 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. 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 most research has focused on the role of parents, this may also include natural mentors within the youth's network, including those identified or chosen by the youth themselves.

The focus on care and treatment delivered in the community corresponds with the international tendency in child and family social work to make use of the strengths of families and their own social networks and to stimulate client participation (Burford, 2005). It also fits with the

introduction of the educative civil society, in which the joint activities of citizens in the upbringing of children and adolescents are emphasized (Kesselring et al., 2012). Identifying the least intrusive interventions for families and maximizing opportunities to empower youth and their families are also consistent with Articles 16 and 12 of the United Nations *Convention on the Rights of the Child* (UNCRC). Article 16 proclaims that "no child shall be subjected to arbitrary or unlawful interference with his or her privacy, family, home or correspondence". Article 12 proclaims that "states parties 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 due weight in accordance with the age and maturity of the child". This speaks to the importance of emphasizing the voice and choice of youth and their families in interventions that are influencing their lives.

Additionally, 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 in the control condition was 63%, with the largest effect for youth solely experiencing anxiety and, importantly, no effect for youth experiencing multiple problems. This means that for youth facing the greatest challenges, psychotherapy as currently practiced is failing to significantly improve outcomes. This may be in part due to the fact that psychotherapy is often implemented as an individual intervention that does not sufficiently address the broader ecosystem influencing youth development, in particular the clinically representative conditions under which treatment is carried out.

Too often the research on evidence-based psychotherapy interventions does not sufficiently represent more complicated cases or marginalized populations, and does not examine how treatment works under clinically representative conditions (e.g., Wandersman, 2003). Therefore, Weisz, Ugueto, Cheron and Herren (2013) advocated research on evidence-based care and treatment under more clinically representative conditions in order to better examine how care works in the actual youth (mental health) ecosystem. In particular, there is a need for interventions that not only acknowledge, but actually incorporate youth's social ecosystem into the intervention. In the current article, we present a model that aims to improve the functioning of the preventive mental health care system through collaboration with natural resources embedded within the youth's social environment. Figure 1 provides a schematic overview of our program theory, the mediators, mediated moderators and desired outcomes, which we will further describe in the next section. Before this, we describe the intervention and target populations.

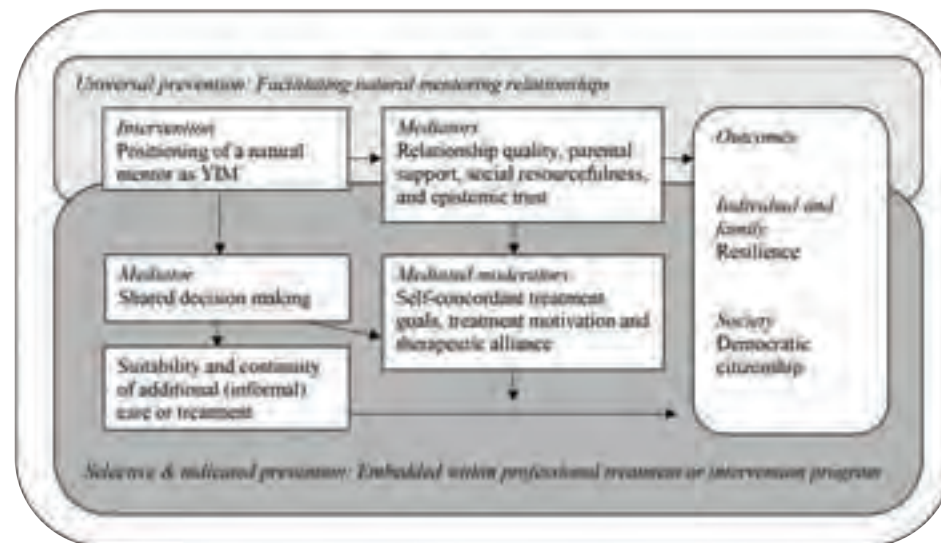


Figure 1: Program theory YIM approach

Intervention. A mentoring relationship is generally characterized as 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, 2002). Natural mentoring relationships develop organically between youth and older individuals within their existing social networks. They can exist without any involvement of professional service providers (e.g., teachers and care professionals) or can be embedded within the context of a broader intervention to improve general well-being and/or mental health. Positioning a natural mentor as Youth Initiated Mentor (YIM) creates new social dynamics between all participants; the position – a place or status – of individuals in a group represents cognition, emotion, action, and perception (Harre et al., 2009).

Population. Relationships with natural mentors serve as a promotive factor for youth in the general population, fostering positive youth development, and as a protective factor, which buffers against individual and environmental risks for negative youth outcomes (Thompson, Greeson, & Brunsink, 2016). The potential influence that natural mentors may have, ranging from promotive to protective, depends on the risk and protective factors youth bring with them (Hurd & Sellers, 2013). For low-risk youth, facilitating natural mentoring relationships may serve as a universal preventative strategy that can help them achieve goals, cope with challenges, and navigate their identity (Schwartz et al., 2016; Schwartz et al., 2017; Van Dam et al., 2018). For youth with greater risk factors, YIM may serve as a selective preventive strategy with the positioning of a YIM in their lives potentially offsetting individual and/or contextual risks; for example, adolescents often attribute their capacity to thrive despite adversity to the support of a caring adult (Greeson & Bowen, 2008). These close personal

relationships may promote feelings of predictability and stability, and enhance well-being (Cohen & Wills, 1985). In these circumstances, YIM may also supplement additional interventions and protect against erosion of effects after shorter-term interventions have ended (Schwartz et al., 2013; Spencer et al., 2016). Finally, for those facing the greatest challenges, YIM may serve as an indicated preventative strategy in which the addition of YIM to professional treatment can increase treatment motivation and effectiveness, including addressing erosion of treatment effects (Van Dam et al., 2017).

Mediators. Mediators are factors that are responsible for the desired effects of positioning a natural mentoring on youth and family resilience and democratic citizenship, in all three categories of prevention. We distinguish four potential mediators: relationship quality, parental support, social resourcefulness, and epistemic trust.

Substantial research on traditional mentoring approaches has highlighted the importance of relationship quality between the mentor and mentee, as has the more limited research on YIM approaches (e.g., Schwartz et al., 2013; Spencer et al., 2016). In relationship quality, we include (a) mentoring relationship quality, including emotional closeness between the mentor and mentee (b) frequency of contact, (c) type of support provided, and (d) duration of the mentoring relationship (Rhodes, 2002). Research suggests that YIM approaches result in closer and longer-lasting relationships than traditional assigned formal mentoring (Schwartz et al., 2013; Spencer et al., 2016; Spencer et al., 2018).

Additionally, parents can support or discourage their children from developing relationships with extended family and community members. Research on formal mentoring programs as well as on YIM approaches indicates the importance of parental support of the youth-mentor relationship as well as the relationship between the parent and the mentor in determining the success of the mentoring relationship (Basualdo-Delmonico & Spencer, 2016; Keller, 2005; Van Dam et al., submitted).

Social resourcefulness includes the skills and behaviors allowing youth and family members to request and maintain support from others (Rapp et al., 2010). Preliminary research indicates that YIM skills workshops for youth can increase network orientation and help-seeking skills of youth (Schwartz et al., 2016; 2017). Similarly, youth in formal mentoring programs indicate that improvements in their relationships with other important adults (e.g., teachers, parents) mediate the effects of mentoring on academic, behavioral, and social-emotional outcomes (e.g., Chan et al., 2013; Rhodes, Reddy, & Grossman, 2005). We expect that experiencing a supportive relationship with a YIM functions as a promotive experience for all family members, allowing them to benefit more from the social support within their social networks (social resourcefulness), which in turn is thought to optimize the capacity of them to respond adaptively to future stressful life events.

Social learning between the mentor and mentee takes place spontaneously and can lead to positive youth outcomes (Rhodes, 2005). Epistemic trust is key to this social learning process, referring to the trust in the authenticity and personal relevance of interpersonally transmitted knowledge, which enables social learning in an ever-changing social and cultural context, allows individuals to benefit from their (social) environment (Fonagy & Allison, 2014). Research suggests that the YIM selection process contributes to the youth's rapid development of feelings of closeness and trust in the relationship with the mentor (Spencer et al., 2018). Other research indicates that the YIM process yields mentors with more similar backgrounds to their mentees than in traditional formal mentoring approaches, and that youth report this similarity as contributing to feelings of trust and to long-standing relationships (Schwartz et al., 2013).

Mediated moderators. Mediated moderators are factors that are hypothesized to be influenced by the positioning of YIM, and which moderate the effects of additional care and treatment on the desired outcomes. These are only active within selective and indicative intervention, but are also influenced by mechanisms that work in universal prevention. For example, if a mentor encourages a mentee to trust a professional, such as a therapist, the epistemic trust between a mentor and mentee (mediator) can improve the therapeutic alliance between the adolescent and therapist (moderator of treatment effectiveness), which in turn may influence the effect of delivered treatment on the youth's resilience. Together, they might explain how YIM increases the effectiveness of (informal and formal) care and treatment. We distinguish three potential mediated moderators: self-concordant goals, treatment motivation, and therapeutic alliance.

Natural mentors positioned as YIM might improve self-concordant goals: goals created with and embedded in the family's social network (e.g., family dynamics, culture, values, as well as social support and community resources). Self-concordant personal goals are selected for autonomous reasons, which increases goal-directed effort and successful implementation of intentions associated with greater treatment progress (Koestner et al., 2002), facilitating development in adolescents (Vasalampi et al., 2009), and thus increasing treatment effectiveness.

Treatment motivation also moderates the effectiveness of youth care interventions (Van der Stouwe, Asscher, Hovee, Van der Laan, & Stams, 2018). Motivation for treatment and behavioral change in general requires that the fulfillment of the basic self-determination needs for relatedness, autonomy and competence be satisfied (Ryan & Deci, 2002). Choosing one's own mentor is to a certain extent an autonomous choice from the adolescent, which implicates he or she has the competence to choose the 'right adult', which appeals to his relatedness with the people he is connected with. Research indicates that youth choosing their mentor – instead of parents or program staff – predicts durability of the YIM relationship, which in turn predicts treatment outcomes (Schwartz et al., 2013; Spencer et al., 2016). Additionally, qualitative research suggests

that mentors can play an important role in encouraging youth to engage in and complete more challenging intervention programs and treatments (Schwartz et al., 2014; Spencer et al., 2016; Van Dam et al., submitted).

Finally, therapeutic alliance moderates the effectiveness of youth professional care interventions (McLeod, 2011; Murphy & Hutton, 2018). Therapeutic alliance consists of three interdependent aspects: the personal bond between client and therapist, the agreement on therapy goals, and the agreement on tasks of therapy (Bordin, 1979; 1994), also known as the affective aspect (i.e., the personal bond) and the collaborative aspect (i.e., agreement on goals and tasks) (Elvins & Green, 2008). Qualitative research on the YIM approach suggests that therapeutic alliance related to additional treatment or intervention (mediated moderator) may benefit from a close relationship between a mentor and mentee. For example, in one study youth reported that mentors monitored the progress towards their goals and motivated them to achieve these goals (Spencer et al., 2016), and in another study youth described experiencing their mentor as an ally during decision-making processes related to professional treatment (Van Dam et al., submitted)

If additional diagnostics, care and/or treatment are necessary, shared decision making, and the suitability and continuity of (formal and informal) care should profit from this mediated moderator effects. Shared decision making with the social network means that the learning goals are created with and embedded in the family's social network, which is thought to result in personal goals that are selected for autonomous reasons (Koestner et al., 2002). The involvement of a YIM should enrich the shared decision making process that treatment goals are created with, because youth, parents, the youth initiated mentor and professionals together analyze the individual and family problems and describe productive solutions that respect the family members' autonomy (Van Dam et al., 2017). The type of diagnostics, care and/or interventions depend on the context of natural mentoring.

Outcomes. As a relatively new approach, there is limited existing research on YIM outcomes. Current research and evaluations of various models of YIM have focused primarily on individual outcomes rather than family or societal outcomes. Although outcomes vary based on the specific model and target population (described below in YIM Models across Different Contexts), there is an increasing, albeit small, body of evidence for the capacity of YIM to improve youth outcomes. In one study, youth who identified and maintained relationships with a YIM demonstrated better academic, vocational, and behavioral outcomes, including higher educational levels, more time employed and higher earnings, and fewer arrests (Schwartz et al., 2013). Another study indicated that the involvement of important non-parental adults may help prevent out-of-home placement of adolescents with complex needs (Van Dam et al., 2017). Finally, research indicates that YIM workshops teaching

students to recruit mentors and other supportive adults can increase willingness to seek support and improve relationships with instructors as well as academic outcomes, such as grade point average (Schwartz et al., 2017).

Future research should attempt to examine effects beyond the individual level, such as family resilience and democratic citizenship. Resilience refers to the ability to recover from adversity more effectively and resourcefully, and it implies both exposure to threat or adversity and the realization of positive adaptation despite having suffered significant setbacks (Sixbey, 2005; Walsh 2003; 2002; Luthar, Cicchetti & Becker, 2000). Family resilience focuses on the family belief systems (e.g., making meaning of adversity, positive outlook, transcendence and spirituality), their organizational patterns (flexibility, connectedness, and social support) and their communication/problem solving (clarity of communication, open emotional expression, and collaborative problem solving) (Walsh, 1998). Ultimately, the overall goal is to create adaptive (informal) collaborations with enough family resilience to cope with new stressful situations, and to work on productive solutions that respect the family members' autonomy. By drawing on and strengthening existing family and community support, it is hypothesized that the YIM approach may increase family resilience.

At a societal level, the YIM approach resonates with the idea of a democratic society: in such a society involvement is central, all people have the right to develop their talents and the duty to use those talents in the service of society, and those involved have a responsibility and must take an active attitude (Delsen, 2016). Democratic citizenship is about the inclusion of everyone (the whole demos) into the ruling (kratein) of society (Biesta, 2009a). Democratic decision-making is described as "the degree to which those affected by it have been included in the decision-making processes and have had the opportunity to influence the outcomes" (Young, 2000, p. 5-6). In a way, YIM is 'learning-by-doing': youth development is considered to be a transactional process in which the adolescent and community members are actively involved in a shared decision making process, which is a first step towards democratic citizenship. In particular, youth are invited to raise their voice and are considered to be reflective actors who contribute to society, and adults are invited to engage with and support youth in their community (Biesta, 2009b; Dewey, 1916). In the next section, we will describe the application of YIM for three different types of prevention.

YIM Models across Different Contexts

The YIM-approach is suitable across a range of contexts resulting in different models indicated for different populations. Specifically, youth with more complex needs require greater professional expertise and support in identifying, developing, and maintaining a supportive relationship with a YIM (Fonagy, Luyten, Allison, & Campbell, 2017). Generally, three categories of prevention are identified for people with different levels of risk factors: universal, selective and indicated (Mrazek

& Haggerty, 1994). Figure 2 shows a continuum from low-risk to high-risk adolescents and how this relates to the type of prevention and the required professional support needed when delivering the YIM intervention.

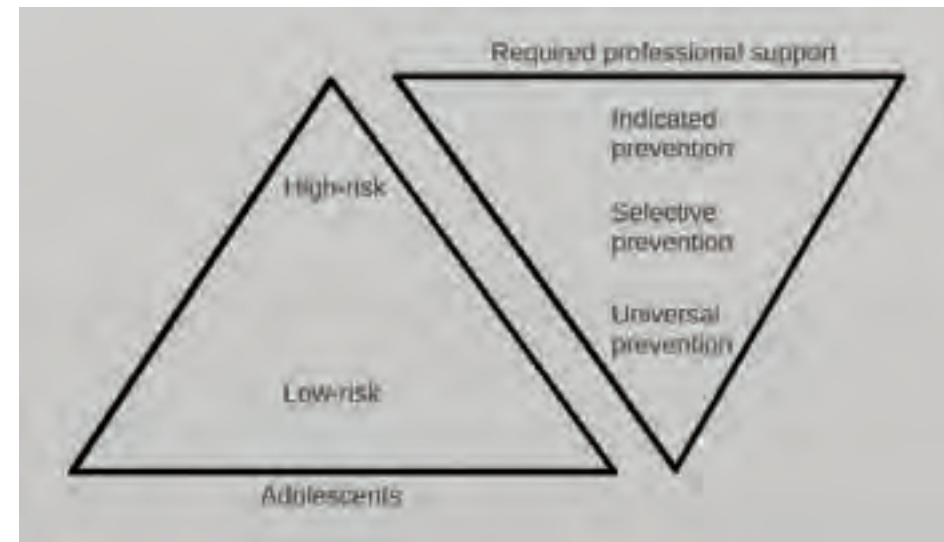


Figure 2: Adolescents risk-level, prevention type and required professional support

We use the different prevention categories as intervention contexts in which natural mentoring can be embedded; each is described and illustrated with examples and related research.

Universal prevention:

At this level, youth are provided with knowledge and opportunities for skill development related to recruiting mentors, typically in a group context and directed at a general population. They are encouraged to reach out to natural mentors within their social network and cultivate circles of support. Adults who typically have contact with youth (in school, afterschool, or community settings) may also be encouraged to provide informal support to youth in their communities and/or be provided with tips and strategies for connecting with youth. Within this model, mentoring relationships are not formalized or monitored by a professional or outside agency.

Examples: Connected Scholars is a workshop or course designed to develop the skills and attitudes necessary to allow adolescents and emerging adults to recruit mentors and cultivate supportive relationships throughout their lives, with a focus on those who can help them develop and move towards their academic and career goals (Schwartz et al., 2016). This approach is typically used in non-clinical settings, such as school, afterschool, and postsecondary settings. Research suggests that the intervention can increase network orientation and willingness to seek support, decrease

help-seeking avoidance, as well as improving academic outcomes, including relationships with instructors and grade point average (Schwartz et al., 2017). Project DREAM is another intervention targeting a younger population (middle school students) which consists of an 8-week after school program. Students choose a non-parental adult to accompany them to the workshops, which focus on content and activities including identifying role models and communicating with adults, thus encouraging the development of natural mentoring relationships (Hurd & Deutsch, 2015). Since these interventions are delivered in a group setting and do not involve a formal mentoring relationship, they may eliminate some of the infrastructure and potential liability required in other models, but may not provide sufficient support for youth with more complex needs and challenges.

Selective prevention:

In selective prevention models, youth are encouraged to identify and reach out to a potential natural mentor, typically in the context of a program that can support the relationship. This may include a professional counselor, coach, or a case worker who works individually with an adolescent to explore the adults within their network and what types of support are needed. Depending on the program structure as well as the adolescents' needs and the natural mentors' needs, the professional may have direct contact with the natural mentor to provide support for the development of the relationship. Programs also may provide varied levels of screening, training, and monitoring of the mentoring relationship. This level of intervention would typically be directed at populations that may be identified as above-average risk (e.g., youth in the foster care system).

Examples: One example of YIM as selective prevention is the National Guard Youth Challenge Program (NGYCP), which targets youth aged 16-18 who are not in school and not in the workforce. NGYCP includes both a 5-month residential phase and a subsequent year-long post-residential phase. At the start of the program, the youth recruits a mentor who both provides some support throughout the residential phase, and then works closely with the youth throughout the post-residential phase to support the process of reintegrating into the community and maintaining positive changes made within the residential program (Millenky et al., 2013). Research indicates that youth who maintained YIM relationships demonstrated better academic, vocational, and behavioral outcomes, including higher educational levels, more time employed and higher earnings, and fewer arrests (Schwartz et al., 2014).

Another example of the application of YIM as selective prevention is with youth who were first-time offenders in the juvenile justice system and youth involved in the child welfare system who were transitioning to independent living. Spencer et al. (2018) conducted a 360°-degree qualitative approach, investigating the perspective of mentors, youth and parent/guardians. The findings indicate that the YIM selection process contributed positively to mentor, youth, and parent/guardian investment in the mentoring relationship and to the youth's rapid development of feelings

of closeness and trust in the mentor. Knowing that mentors would be nonjudgmental, trustworthy, and dedicated appeared to facilitate positive relationship development, which is important given the difficulty of engaging and serving system-involved youth in mentoring programs.

In a similar context, the C.A.R.E. model (Caring Adults 'R' Everywhere) for youth aging out of foster care is designed to help older youth in foster care identify caring, non-parental adults in their lives and then facilitate and nurture those relationships over a course of 12 weeks (Greeson & Thompson, 2017). In their feasibility study, Greeson and Thompson (2017) found that two thirds of the intervention youth were able to identify caring adults in their lives whom they felt could be their natural mentors. This figure is notable when put in the context of two national studies of natural mentoring among older youth in foster care in which roughly half of the foster youth in the general population could identify caring adults (Ahrens, DuBois, Richardson, Fan, & Lozano, 2008; Greeson, Usher, & Grinstein-Weiss, 2010).

Indicated prevention:

Within this context, YIM is introduced alongside professional care for youth and families facing significant challenges. A professional works closely with the youth and family to identify possible mentors and explore all party's feelings about various candidates, with an emphasis on the youth's preferences. Once a potential mentor is identified, the professional discusses how the youth can reach out to this person. After the initial invitation from youth to the natural mentor, the professional has contact with the natural mentor to explain more about the nature of this request and the therapeutic treatment the adolescent receives. By means of shared decision making with parents, youth and a potential natural mentor, the professional discusses the treatment plan and each participant's unique contribution of during this process. The professional offers weekly guidance and support (face-to-face, telephone, online, etc.) to the natural mentor throughout the whole treatment period.

Example: In the Netherlands, a YIM approach has been developed as alternative for residential care (Van Dam et al., 2017). The approach is characterized by four phases occurring between approximately six and nine months. Phase 1 is focused on 'who': which member of the social network can become the YIM? Professionals collaborate with youth and families to identify and nominate a person in their environment they trust (eliciting). After nomination, the potential mentor is informed about the YIM position, and agreements are made about privacy, termination, and the type of support he or she would provide as YIM. Phase 2 is focused on 'what': what is everyone's perspective on the current and desired situation? By means of shared decision making, youth, parents, the YIM, and professionals analyze the individual and family problems and describe productive solutions that respect the family members' autonomy. Phase 3 is focused on 'how' each participant can contribute to the desired situation. All participants provide advice about how

to collaborate, and a plan is made in which the learning goals and efforts to reach those goals are described and acted upon. The plan serves as a monitoring tool during enactment of the plan. Phase 4 is focused on 'adaptivity': the degree to which the current informal pedagogical alliance can meet new challenges. When all involved parties agree that the family and social environment secures the safety of the adolescent and promotes his or her development, professional care may be discontinued. It is expected, however, that the natural mentoring relationship will continue even after there is no longer professional involvement.

A preliminary study on this application showed that a total of 83% of youth in the YIM group were able to nominate a mentor after an average of thirty-three days. Ninety percent of youth in the YIM group received ambulatory treatment as an alternative for indicated out-of-home- placement, while their outcomes were largely comparable with those of the youth in the comparison group who were placed in Dutch semi-secure residential care. Results suggest that the involvement of important non-parental adults may help to prevent out-of-home placement of adolescents with complex needs (Van Dam et al., 2017). A 360°-degree qualitative study with this population indicated that attitudes towards asking someone or being asked to become YIM varied from enthusiastic to cautious (Van Dam et al., *submitted*). Most participants reported increased contact intensity and relationship quality, however, two parents did not experience YIM as beneficial. During treatment, youth experienced YIM as an ally and most of the participants thought the YIM-relationship would last after ending professional care. However, results indicated that this approach also has the potential to elicit relational conflicts between family and social network members.

User process

The user process focuses on a unique aspect of the YIM-approach: youth identifying and selecting someone they already know to become their mentor. Typically, youth's motivation to select a YIM is because they want to maintain or restart a relationship with an important adult with whom they felt accepted. It is important to note that youth and families often need substantial support in this process, and the role program staff can play in providing scaffolding to identify potential adults is key to the success of the process (Spencer et al., 2018). One useful tool in the process is eco-mapping (sometimes called social capital mapping) in which youth and families create a graphical representation of the people from different contexts in their lives (e.g., family, neighborhood, school, extracurricular activities, faith community etc.) (Schwartz et al., 2016).

In addition to providing more autonomy to youth, research also indicates that being chosen by youth is highly valued by mentors and can motivate them to participate, and that parents also can feel greater empowerment by being included in the selection process (Spencer et al., 2018). At the same time, youth, parents and mentors may also experience conflict or tension when attempting to identify potential mentors who are acceptable to all parties or when asked to become a mentor,

again speaking to the need for guidance from a professional (Van Dam et al., *submitted*). Based on the philosophy of Levinas on helping others (Keij, 2012), five steps are identified that a nominated mentor may go through before agreeing to take on the role of YIM (Van Dam & Verhulst, 2016). This process is called *ethical reflection*. After the initial 1) appeal from the youth, the nominated mentor engages in 2) reflection, 3) hesitation and 4) consideration, finally arriving at 5) a decision in which the nominated mentor either agrees or refuses to become a YIM.

It is important for a professional or program staff to be involved in reaching out to potential mentors to support mentors in this reflective process, and to ensure they fully understand what is being asked of them, as well as to buffer the effects of refusal if the potential mentor does not agree to become a YIM. Little is currently known about the effects of this refusal, although research does show 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 et al. 2013; Schwartz et al., 2013; Spencer et al. 2014). Thus, most programs encourage youth to nominate multiple potential mentors and to prepare them for the possibility that any given nominee may not be able to fulfil the role for a range of reasons that do not reflect on their feelings towards the youth. Other strategies include finding ways to strengthen the relationship between the youth and the nominated mentor even if they cannot be a formal YIM. Finally, some programs include a pool of volunteer mentors which they can draw upon in cases when youth and families are unable to identify a mentor from their existing social network. Again, little is known about how the process of being unable to identify a YIM may affect youth and their subsequent relationship with an assigned mentor.

Future directions

Although this paper describes the current landscape of YIM, since it is a relatively new approach, there is a clear need for additional research. Future research should examine the proposed overall model and different models and contexts, including potential differences in processes and outcomes, as well as the possibility of the development and study of additional models and adaptations. There is also a need for more rigorous evaluations, including randomized controlled trials. As discussed earlier, it will also be important to investigate outcomes at the family and community or societal level in addition to evaluating individual youth outcomes.

At the same time, more research on relationship processes is also needed. From the perspective of the youth, it would be interesting to learn more about their experiences, particularly with respect to duration and ending or transitioning of the natural mentoring relationship: how long should the relationship last, and how does one end or transition out of the YIM relationship with someone who stays within your community? More research is also needed on potential negative impacts of conflicts within the relationship, particularly those that result in early termination of the relationship. Additionally, there is a need for research on the experiences of those who are not able

to identify or recruit a natural mentor, including better understanding of the barriers they face and how these barriers may be overcome, as well as the experience of nominating a potential mentor who declines the role.

From the perspective of the parents, it would be beneficial to learn more about communication and collaboration with the mentor. In particular, how might differences in approaches to childrearing or conflicts with the mentor influence the relationship (including the parent-mentor relationship and youth-mentor relationship). Similarly, cultural differences and values may influence the extent to which families are open to the role of natural mentors within their family system. Further research on the perspectives of mentors and how they navigate the transitions in their role within different YIM models would also be beneficial, as well as learning from those who are nominated to be mentors, but do not agree to do so. Additionally, little is known about whether some types of mentors are more effective in the YIM role than others, for example, those with or without backgrounds in a helping profession, or extended family members versus those outside the family. Finally, the perspectives of the professionals supporting the relationships will be valuable for better understanding effective implementation: how do they experience this new approach, what does it mean for their professional role and how do they offer guidance and support? Such research could contribute to the development of best practices for various YIM models.

CONCLUSION

YIM is a new approach that cultivates natural resources from within a youth's community in an intentional manner. Research indicating an overall decrease in number and stability of social ties surrounding adolescents highlights the need to identify new ways to strengthen and optimize these vital natural resources (Putnam, 2015; Small, 2013). This may be especially true for adolescents with complex needs and those receiving professional care.

With the recent insights into the modest effectiveness of youth psychological therapy, and lack of effects among the most complex cases (Weisz et al, 2013; 2017), there is a need for ecological approaches that strengthen the social networks of youth, increase shared decision making processes and support the use of tailor made (i.e., personalized) interventions (Ng & Weisz, 2016). Although more research is needed, YIM provides an innovative approach to supporting youth, families, and communities. As John Dewey (1859-1952) stated: "Democracy is more than a form of government, it is a way of living together, of jointly shared experiences." Let us provide youth with positive and hopeful relational experiences, allowing them to become engaged and connected participants in society.

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CHAPTER

4

Youth initiated mentors: Do they offer an alternative for out-of-home placement in youth care?

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ABSTRACT

The present study evaluates the Youth Initiated Mentoring (YIM) approach in which families and youth care professionals collaborate with an informal mentor, who is someone adolescents (12-23) nominate from their own social network. The informal mentor can be a relative, neighbour or friend, who is a confidant and spokesman for the youth and a cooperation partner for parents and professionals. This approach fits with the international tendency in social work to make use of the strengths of families social networks and to stimulate client participation. The current study examined through case-file analysis of 200 adolescents (YIM group n = 96, residential comparison group n = 104) whether the YIM approach would be a promising alternative for out-of-home placement of youth with complex needs. A total of 83% of the juveniles in the YIM group were able to nominate a mentor after on average 33 days. Ninety percent of the adolescents in the YIM group received ambulatory treatment as an alternative for indicated out-of-home-placement, while their problems were largely comparable with those of juveniles in Dutch semi-secure residential care. Results suggest that the involvement of important non-parental adults may help to prevent out-of-home placement of adolescents with complex needs.

INTRODUCTION

Professional care for juveniles with complex needs, who may be at risk for out-of-home placement, often lacks continuity (Ungar et al., 2014). Research suggests that at least one person should provide continuity for these juveniles and help them to express their needs (Pehlivan & Brummelman, 2015). Given the instability that youth with complex needs experience in their own family – due to disturbed relationships – the search for ‘arenas of comfort’ is urgent, particularly during adolescence (Mortimer & Call, 2001). An arena of comfort is a soothing and accepting context or a supportive relationship that gives the juvenile the chance to relax and rejuvenate, so that potentially stressful experiences and changes in another arena can be endured or mastered.

Although many youth services try to establish continuity and client participation through organisational solutions (e.g., working with a case manager, a treatment trajectory coach), we focus on strengthening the juvenile’s network through collaboration with an informal mentor, a Youth Initiated Mentor (YIM). This informal mentor is a person (e.g., relative, neighbour, or friend) adolescents nominate from their own network, and who functions as a confidant and spokesman for the adolescent and a cooperation partner for parents and professionals (Schwartz et al., 2013; Spencer et al., 2016; Van Dam & Verhulst, 2016). This fits with the international tendency in child and family social work to make use of the strengths of families and their own networks and to stimulate client participation (Burford, 2005; De Winter, 2008). The goal is to reduce psychological and behavioural problems of youth and family and to increase their resilience through collaboration with the family and its social network.

Social networks are defined by the connections among the network members and contagion, that is, what is distributed through the existing connections (Christakis & Fowler, 2012). Professional involvement expands the existing network by adding new connections, and influences the contagion by distributing new information. However, this expansion is temporary and its influence is often limited (Euser et al., 2015; 2014; Weisz et al., 2013), which is especially the case during out-of-home placement: there is a lack of continuity and trustworthy relationships due to placement instability (Strijker et al., 2008). Also, the negative consequences of instability of foster care placements have been highlighted in a vast body of research (Rock et al., 2015). The impact of out-of-home placement on a family is substantial, it is traumatic and has 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 (Goemans et al., 2015; Strijbosch et al., 2015). Therefore, and as also stated in the international Convention on the Rights of the Child (United Nations [UN], 1990), out-of-home-placement should be a last resort option.

As the expansion of the social network through involvement of professionals is temporary and the influence is limited, especially during out-of-home placement, alternatives to out-of-

home placement are needed. Collaborating with the social network of the family may offer more sustainable solutions. In particular, we assume that collaborating with an informal mentor can offer a new way to make use of existing connections and expand their contagion, resulting in more continuity and better client participation during treatment. This paper describes the theoretical background of a newly developed approach that makes use of collaboration with a youth initiated mentor (i.e. the so-called 'YIM approach') and the results from a first evaluation study of this approach.

THEORETICAL BACKGROUND OF THE YIM APPROACH

Adolescence, complex needs and the need for supportive relationships

Supportive social relationships, particularly perceived social support and social integration, are generally recognized as beneficial for individuals' health (Cohen, 2004). Social support concerns a social network's provision of psychological and material resources intended to benefit an individual's ability to cope with stress (House & Kahn, 1985). Social support eliminates or reduces the effects of stressful experiences by promoting effective coping strategies, such as less threatening interpretations of adverse events (Kawachi & Berkman, 2001). Social integration reflects participation in a broad range of social relationships and promotes positive psychological states, such as self-worth and positive affect, which induce health-promoting physiological responses (Brisesette et al., 2000). Social integration is thought to provide information and to be a source of motivation and social stimulation to care for oneself (Cohen, 2004). Negative social interactions, on the other hand, may elicit psychological stress and physiological concomitants that increase risks for disease (Cacioppo et al., 2002).

During adolescence youths re-examine the way in which they express experiences and feelings to their parents (Keijsers et al., 2010) in order to develop their autonomy and independence and a more equal relationship with their parents (Branje et al., 2013). This developmental task is related to another task, namely, to create and maintain supportive relationships with other adolescents (Goede et al., 2009) and non-parental adults. Non-parental adults can be supportive individuals with informal or formal status who are a natural part of the family's social environment (Kesselring et al., 2016). Longitudinal research (Werner, 2005; 1993) has shown that youths who formed bonds with supportive non-parental adults are more resilient: the bond buffers against risk factors. This is confirmed by a meta-analysis (Zolkoski & Bullock, 2012). Research indicates that vulnerable juveniles find it difficult to establish positive natural relationships due to low self-esteem, lack of trust and social skills deficits (Ahrens et al., 2011).

Effective collaboration with social networks

Integrating professional involvement with informal mentoring is thought to stimulate shared decision making between families, their social network and professionals, and it enhances client participation. This idea of shared decision making and participation is in line with the concept of the educative civil society, in which the joint activities of citizens in the upbringing of children and adolescents are emphasized (De Winter, 2008). The effectiveness of activities aimed to realise an educative civil society with a focus on meeting, dialogue, enhancing neighbourhood climate and network formation, are promising (Kesselring et al., 2015). Shared decision making with the social network means that the learning goals are created with and embedded in the family's social network, which is thought

to result in personal goals that are selected for autonomous reasons (Koestner et al., 2002). These self-concordant goals increase goal-directed effort, and thereby facilitate development in juveniles (Vasalampi et al., 2009). However, shared decision making with the social network may not always yield positive effects. For instance, a recent meta-analysis did not find robust empirical evidence for the effectiveness of family group conferences – a process led by family members to plan and make decisions for a child who is at risk for maltreatment – and even reported non-anticipated results that may even be evaluated as negative from a family preservation perspective, such as increase in the number and length of out-of-home placements with older children and minority groups (Dijkstra et al., 2016). Such lack of positive effects may be explained by the collaboration of too many persons (i.e., all relevant social network members), because research shows that teams with more than five individuals perform worse than smaller teams (Mueller, 2012).

A more effective way of collaborating with multi-problem families and their social network might be to start with asking the juvenile in need to nominate a Youth Initiated Mentor (Van Dam & Verhulst, 2016). Working with a YIM requires a functional position of the YIM. From a social psychology perspective, this reduces the possibility of social loafing: the presence of others results in less effort (Liden et al., 2004). Although, if the positioning of this person is not accepted by the family, social network and professionals, his or her input can backfire on the results of the team (Harre et al., 2009). This process of positioning is a so-called top-down process, which includes setting a group structure, norms and routines that regulate collective behaviour in ways that enhance the quality of coordination and collaboration (Woolley et al., 2015). Top down processes facilitate collective intelligence, or the general ability of a group to perform well across a wide range of different tasks (Woolley et al., 2010). The YIM approach translates those insights into a methodology, to create lasting and functional pedagogical alliances between the family and its social network.

The YIM approach in social work

Relationships with non-parental adults might serve as informal and natural mentoring relationships, and are a predictor of adolescent health (DuBois & Silverthorn, 2005). Taking advantage of and strengthening these existing supportive relationships in working with vulnerable youth recently received attention in America as an intervention strategy, designated as Youth Initiated Mentoring (YIM) (Schwartz et al., 2013; Spencer et al., 2016). The YIM approach is a systemic treatment approach in which access, mobilisation and consultation of informal mentors is a central aspect (Van Dam & Verhulst, 2016).

The YIM approach is characterized by four phases. The total duration of the treatment is between six and nine months. The overall duration and the duration of each separate phase depends on the complexity of the problems, the willingness and the possibilities of the family members, the social network and the professionals to collaborate with each other. Phase 1 is focused on 'who':

which member of the social network can become the YIM? The professionals seek collaboration with an informal mentor by stimulating youth to nominate a person in their environment they trust (*eliciting*). After nomination, the YIM is *informed* about the YIM-position and *agreements* are made about privacy, termination and the type of support he or she provides when *installed* as 'the YIM'. Phase 2 is focused on 'what': what is everyone's perspective on the current and desired situation? By means of shared decision making, youth, parents, YIM, and professionals *analyse* the individual and family problems and describe productive solutions that respect the family members' autonomy. Phase 3 is focused on 'how': each participant can contribute to the desired situation. All participants provide advice about how to collaborate, and a plan is made in which the *learning goals* and *efforts* to reach those goals are described and acted upon. The plan serves as a *monitoring* tool during enactment of the plan. Phase 4 is focused on 'adaptivity', that is, the degree to which the current informal pedagogical alliance can meet new challenges? When all involved parties agree the *social environment* or family members' *self-regulation* secures safety of the adolescent and promotes his or her development (Saxe, Ellis, & Brown, 2015), which could make professional care unnecessary.

During the final meeting the parties discuss the system's adaptivity - how will the family and YIM deal with new challenges, and can the informal pedagogical alliance do its work if necessary - and they make agreements about the professional's availability. Usually the family is allowed to reach out to the professionals during the next months if necessary. A good working alliance and a continuous process of shared decision making between all involved parties is crucial in all four phases. The phases, described from the perspectives of the formal involvement (professionals), family and natural mentor, are illustrated in Figure 1, in which the direction is emphasized to the extent that formal involvement decreases with increasing informal problem ownership.

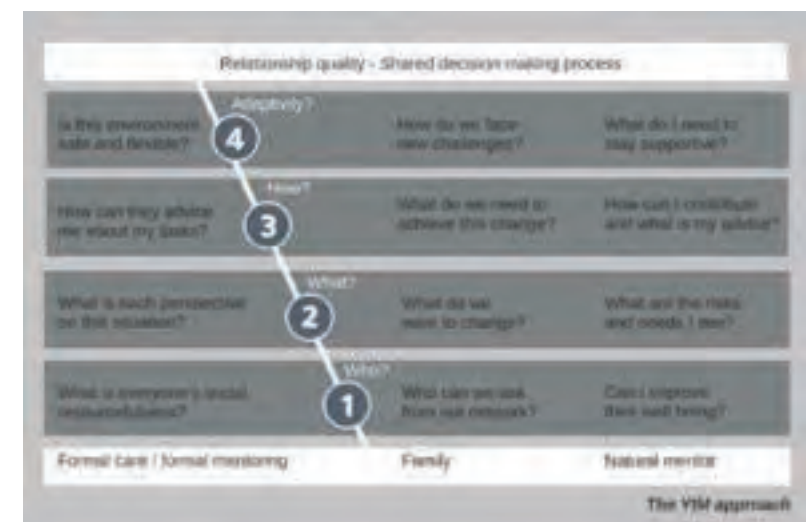


Figure 1: The four phases of the YIM approach

The YIM approach focuses on reducing psychological and behavioural problems of youth and family and is meant to increase their resilience. The overall goal is to create adaptive informal pedagogical alliances with enough collective intelligence to cope with new stressful situations and work on productive solutions that respect the family members' autonomy.

The YIM-approach has implications for the total process of professional care, including diagnostics and treatment. Creating sustainable decision-making partnerships between family and the social network becomes an integral and continuous part of treatment (Walker et al., 2015). The professional uses knowledge and techniques from position theory to realize a positioning of the youth initiated mentor that is viable for all participants (Harre et al., 2009), and from systemic theory to create lasting and healthy informal partnerships (Bronfenbrenner & Morris, 2007). The professional stimulates the family members' social resourcefulness, that is, family members' covert and overt behaviour to request and maintain support from others (Rapp et al., 2010). Enhancing social resourcefulness is meant to optimize capacity of the involved adolescents to cope with stressful life events.

Due to differences in quality, intensity and nature of the relationship between the informal mentor and juvenile, professionals need to be flexible and responsive to each unique relationship. The kind of support the YIM offers depends on the capacities, needs and interests of both the mentor and the juvenile, the individual and family problems and type of support the juvenile needs, and the fit between the two persons. In general, the type of support consists of five basic elements: social emotional support (e.g., providing a listening ear), practical support (e.g., support with writing an application letter), guidance and advice (e.g., regarding work or education), role modelling (including normative guidance) and social capital (providing access to a supportive social network) (Spencer et al., 2016).

In this study, we use data from the six organisations which originally developed the YIM-approach, and examine whether or not YIM is a feasible ambulant alternative for early and late adolescents with complex needs for whom out-of-home placement is indicated. We will examine if 1) youths are able to nominate an informal mentor at the start of treatment, 2) if they receive solely ambulatory treatment and 3) if the population of the YIM group is comparable with two residential populations of Dutch youths.

METHODS

Participants

Case-file analyses were conducted on a total of 200 youths to compare the nature of problems between youths who received ambulant treatment (YIM group, $n = 96$) and those who received residential treatment (control group, $n = 104$). All participants were informed about the new YIM approach, and that data was collected for research purposes. They gave informed consent, and the original data were anonymised. Seventy-eight participants of the YIM group completed treatment between September 2013 and December 2014, 18 YIM participants still received care when the data collection of this study ended. Therefore, outcome data were not available for the latter group, and participants of this group were excluded from the analyses of outcomes (e.g., being able to nominate an informal mentor and receiving outpatient or inpatient treatment). However, data for the whole YIM sample ($n=96$) were used in the analyses of indicated youth problems (i.e., research question 3: the comparability of the YIM group with two residential populations of Dutch youths). The majority of participants were boys ($n = 61$; 63.5%) and 35 participants were girls. Ages ranged from 11 to 19, with an average of $M = 15.40$ ($SD = 1.81$).

In preparation on working with the YIM-approach, child psychologists from the Dutch youth care organisation Youké randomly selected a sample of case files ($n = 104$) of youths who received residential care between January 2012 and December 2012 to describe the nature of the problems of youths receiving residential care. These youths formed the comparison group. The comparison group was separated in two subgroups based on age and the focus of residential care: early adolescents with the focus on 'returning to their family' (parents or foster care) and late adolescents with the focus on 'becoming independent' (e.g., getting a room, learning to cook, finding a job, etc.). The group 'return to family' contained 19 participants, 8 boys (42.1%) and 11 girls. Ages ranged from 14 to 17, with an average of $M = 15.51$ ($SD = .81$). The group 'become independent' contained 85 participants, including 48 boys (56.5%) and 37 girls. Ages ranged from 16 to 24, with an average of $M = 18.43$ ($SD = 1.76$).

Measures

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 did take from the start of treatment to nominate the YIM. If a YIM was installed, professionals registered the nature of the relationship between the youth and the selected YIM (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). They also registered whether they offered solely ambulant treatment; if out-of-home placement was needed, they registered the type of residential treatment.

Youth problems The Dutch classification instrument *CAP-J* (Netherlands Youth Institute, 2009) was used to identify the nature and severity of the youths' problems. This instrument assesses problems on five axes: a) adolescent psychosocial functioning, such as emotional, behavioural and (psycho)social problems, b) physical health and physical related functioning, such as physical injury or physical health problems, c) competences and cognitive development, d) family and child-rearing, such as problematic parent-child relationships and problems of parent and/or social network, and e) the social environment, such as problems at work or with relationships. Intercoder agreement of the *CAP-J* has been shown to be satisfactory (Konijn et al., 2009). Based on anonymised case files, including treatment indications, referrals, and family plan and evaluations, the child psychologists scored in retrospective a maximum of five core problems on the *CAP-J* for each of the included youngsters.

Professionals using the YIM-approach scored a maximum of five core problems on the *CAP-J* for each client at the beginning of treatment (during the first six weeks). The scores were based on treatment indications and referrals, the family plan, case files, social network analysis and their first impression of the family.

Strategy of analysis

Chi-Square analysis was used to examine differences in youth problems between the YIM group and the two residential comparison groups, with Cramers V effect sizes to evaluate the magnitude of the difference between the YIM and the comparison group: $V > .10$ small difference, $V > .30$ moderate difference and $V > .50$ large difference (Gravetter & Wallnau, 2009).

Results

Sixty-five of the seventy-eight youths (83%) were able to nominate an informal mentor from their social network, on average within 33 days. Twenty-eight youths (43%) nominated a family member as a YIM, eleven youths (17%) selected a friend of their own, eight (12%) a friend of the parents, seven (11%) an acquaintance, three (5%) a neighbour and eight youths (12%) selected another person (e.g., teacher, sports coach). Professionals indicated the type of support the YIMs offered to the youth as follows: in 61% of the cases social emotional support, in 21% of the cases practical support and in 18% of the cases guidance and advice.

A total of 70 families (90%) received ambulatory care as an alternative for indicated out-of-home placement. The care was individualised and consisted of collaboration with a YIM and the needed treatment, such as diagnostics, systemic therapy, cognitive therapy, instrumental support and psycho-education. An out-of-home placement was considered necessary for eight adolescents (10%), including placement in a psychiatric crisis residential facility or a kinship or non-kinship foster care family.

Residential care compared with the non-residential YIM-approach

To examine the nature of problems of youth receiving ambulant treatment with the YIM-approach, we compared them with two residential care groups. Pearson Chi Square tests showed no differences between the YIM group ($n = 96$) and the residential 'become independent' group ($n = 85$) on axes B (physical health and physical related functioning) and C (competences and cognitive development of youth) of the *CAP-J* (Table 1). On axis A the 'become independent' group reported a significantly higher prevalence of psychosocial problems, $\chi^2(1, n = 181) = 16.33, p < .01$, with a moderate effect size of $V = .30$. On axis E this group reported a significantly higher prevalence of youth and social environment problems, $\chi^2(1, n = 181) = 26.19, p < .01$, with a moderate effect size of $V = .38$. On axis D the YIM-group reported a significantly higher prevalence of family and child-rearing problems, $\chi^2(1, n = 181) = 56.26, p < .01$, with a large effect size of $V = .56$.

Pearson Chi Square tests showed no differences between the YIM ($n = 96$) and the residential 'return home' ($n = 19$) group on 4 of the 5 axes (axes B, C, D, and E). The only difference between the groups was found on axis A, on which the 'return home' group reported a significantly higher prevalence of problems in psychosocial functioning than the YIM group, $\chi^2(1, n = 115) = 4.20, p = .04$, with a small effect of $V = .19$.

Table 1. Classified problems of youths in residential treatment (focus on independency; n = 85 or returning home; n = 19) and youths treated with the non-residential YIM-approach (n = 96)

	Residential treatment		YIM-approach				
<i>Axis A</i>	<i>Problems in psychosocial functioning of youth</i>						
	Yes	No	Yes	No	χ^2	Df	V
Independency	81 (95.3%)	4 (4.7%)	70 (72.9%)	26 (27.1%)	16.32*	1	.30
Return home	18 (94.7%)	1 (5.3%)		4.20*	.19		
				1			
<i>Axis B</i>	<i>Problems in physical health and physical related functioning</i>						
	Yes	No	Yes	No	χ^2	df	V
Independency	10 (11.8%) ^y	75 (88.2%)	9 (9.4%)	87 (90.6%)	.27	1	-
Return home	0 (0.0%)	19 (100%)		1.93	-		
				1			
<i>Axis C</i>	<i>Problems in competences and cognitive development of youth</i>						
	Yes	No	Yes	No	χ^2	df	V
Independency	16 (18.8%)	69 (81.2%)	25 (26.0%)	71 (74.0%)	1.34	1	-
Return home	3 (15.8%)	16 (84.2%)		.91	-		
				1			
<i>Axis D</i>	<i>Problems in family and child-rearing</i>						
	Yes	No	Yes	No	χ^2	df	V
Independency	39 (45.9%)	46 (54.1%)	92 (95.8%)	4 (4.2%)	56.26*	1	.56
Return home	18 (94.7%)	1 (5.3%)			0.5	1	-
<i>Axis E</i>	<i>Problems with social environment</i>						
	Yes	No	Yes	No	χ^2	df	V
Independency	73 (85.9%)	12 (14.1%)	48 (50.0%)	48 (50.0%)	26.19*	1	.38
Return home	9 (47.4%)	10 (52.6%)			.04	1	-

Note: * $p < .05$. Problems were coded using the CAP-J (Netherlands Youth Institute, 2009)

The results indicate that the ambulant YIM-group is quite comparable with a sample of residential youth with a focus on returning home. Only the prevalence of problems with psychosocial functioning was somewhat higher in the latter group (small effect size), but no significant differences were found in the prevalence of physical health and physical related functioning, competences and cognitive development, family and child-rearing and problems in the social environment.

Adolescents in the residential group with a focus on becoming independent mainly had problems with psychosocial functioning and their social environment, whereas problems in the group receiving the YIM-approach were more often found in family problems and inadequate child-rearing.

DISCUSSION AND IMPLICATIONS FOR SOCIAL WORK

The main research questions were whether juveniles with complex needs at risk for out-of-home placement could nominate an informal mentor and how much time it took, whether they received solely ambulant treatment, and if the problems of the YIM group were similar to the problems of two different age groups of Dutch youth receiving residential care with a separate treatment focus. Our study showed that a total of 83% of the juveniles with complex needs appointed a YIM within 33 days, while in 90% of the cases ambulatory treatment was sufficient. The YIM group was comparable with the younger residential population with treatment focus 'return home', but not with the older group with the treatment focus 'become independent'.

The fact that in total 83% of the juveniles was able to nominate a YIM is in accordance with previous studies on the availability of spontaneous supportive non-parental adults, indicating that 35% to 83% of youth are able to find a supportive person (DuBois & Silverthorn, 2005; Hurd & Zimmerman, 2010). The average five weeks for youth to find an informal mentor may be considered a relatively fast way to realise formalised collaboration with the informal network compared to family group conferences where certain time consuming and complex procedures have to be followed, which takes on average 18 weeks from the beginning of treatment to start the actual family group conference (Dijkstra et al., 2016). This may be explained by the difference between the two approaches: whereas family group conferences work with several social network members, the YIM approach works with one social network member and involves other social network members during (mostly ambulant) treatment if necessary. Thus, the organisational part of the YIM-approach is more simple and flexible, making it easier to realise social network participation in complex family systems in which risks penetrate the family social support system as a whole (Vanderbilt-Ardriance & Shaw, 2008).

The type of informal mentors selected by the youths in our study (mainly family members) is also comparable with other studies (Dang et al., 2014; DuBois & Silverthorn, 2005). The finding that YIMs mainly offer social emotional support is also found in previous studies on informal mentoring (Schwartz et al., 2013).

The ambulant YIM-group is comparable with a sample of residential youth with a focus on returning home. The differences reported between the ambulant and residential groups may reflect differences in professional perspective because of the different ages of youth and the focus of each approach. For example, residential care professionals working with older youth with a focus on becoming independent are likely to report more problems in psychosocial functioning and the social environment. Professionals working with younger youth with a focus on 'staying at home', working with the family-system, may be prone to report more family and child-rearing problems. The age difference might also explain the different nature of reported problems. Therefore, using

independent coders and two groups of peers, would give a better indication of the comparability between the groups.

The present study provides preliminary evidence that the YIM-approach is promising, because it might offer a viable alternative for out-of-home placement, which is in line with the notion in the international Convention on the Rights of the Child that residential care is a 'last resort option'. It is also in line with other studies showing that participatory network approaches might contribute to effective formal and informal care and lasting 'informal alliances' (Seikkula et al., 2003). The main focus is on building a supportive relationship between vulnerable juveniles and someone they trust from their social network. This focus should not overlook parents in their need of social support, because parents may also benefit from supporting social networks (Kesseling et al., 2016). The results also indicate residential treatment is sometimes indicated, therefore residential treatment should be in an integral part (as an intervention) of the ambulant treatment.

This study has limitations. First, the time-span of this study is short (compared to the duration of the care process for most youths), and the focus was on results during the treatment phase, while the aim is to create lasting informal pedagogical alliances. Although there is empirical evidence showing that informal mentoring relationships last longer than formal mentoring relationships (Schwartz et al., 2013), future (qualitative and quantitative) studies should investigate the duration of the collaboration between YIM, parents and youth after having ended treatment. This research should include follow-up measurements to examine the long-term effects of the YIM-approach. Second, the nature of youth problems was recorded by professionals with an instrument only investigated for interrater reliability and not for validity (the CAP-J). We recommend future studies to use repeated measurements with both self-reports and observational data to get a better understanding of the specific characteristics of the YIM group. Third, the research design should include a comparison group in order to prove effectiveness of the YIM approach, program fidelity should be established, and intervening variables should be examined that may account for the effect of mentoring, such as parent-child interaction, social competence, program practices and the community context (Rhodes & DuBois, 2008). Because of the small sample size, caution should be exercised in generalising the results to other populations.

A previous small qualitative evaluation study with parents ($n = 8$), juveniles ($n = 10$), informal mentors ($n = 10$) and professionals ($n = 10$) during the first year of the YIM approach concluded that 'this approach is a promising alternative for out-of-home placement of youth' (Razenberg & Blom, 2014). The evaluation gave insight in the needs of the new partner for professionals: the informal mentor. YIMs expressed the need for support from parents and professionals in their positioning as a YIM. They wanted good accessibility of professionals for support and advice, and they experienced a need for training in, for example, behaviour management and interviewing skills. Still, as we know

too little about their perspective (Smith et al., 2015), future studies need to investigate this and incorporate it in training and education of social work professionals.

The results of this evaluation study of Youth Initiated Mentoring are promising, and offer a glimpse of how we might prevent out-of-home placement of vulnerable youth. It suggests that continuity and adolescent and family participation can be achieved by acknowledging the limitations of professional involvement (formal) and increasing the involvement of important non-parental adults (informal). Because of the limitations of the current study, the YIM approach should be examined with a more robust research design. Future studies should examine whether the YIM approach is effective in reducing problems and increasing resilience as an alternative intervention, and which factors (e.g., ethnicity, age, gender, effective collaboration in the triad YIM-youth-parents, stability and continuity of the relationship and the distribution of tasks and responsibilities) create sustainable informal pedagogical alliances with enough collective intelligence to cope with new stressful situations. Currently the YIM approach has been implemented by 22 mental health care organisations in the Netherlands. If the results continue to be positive, we recommend further research in different populations (e.g., foster care, incarcerated youth, school drop-outs, refugees), to create lasting arenas of comfort for all youths (Putnam, 2015).

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CHAPTER

5

Youth Initiated Mentoring: A Mixed Methods Follow-Up Study among Youth At-Risk for Out-of-Home Placement

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for Out-of-Home Placement

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.

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).

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.

METHODS

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 care 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.

Measures

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 rule breaking behavior and 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 – $t = 2.83, p < .01$ – 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%.

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

	pre-test			post-test			t	d
	M	SD	n	M	SD	n		
<i>With YIM</i>								
Rule breaking	7.73	1.61	33	3.70	1.99	33	12.55***	2.61
School drop-out	8.42	1.50	33	3.70	2.74	33	10.79***	2.02
<i>Without YIM</i>								
Rule breaking	7.33	1.00	9	5.78	1.79	9	2.40*	1.06
School drop-out	8.67	1.58	9	5.44	2.70	9	4.87**	1.30

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 ($t = 2.83, p < .01, d = 1.06$), 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 a 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 other adolescents in her situation three years ago, with a 6 or 7, but: *'only if they can find a good person, someone that can really help. If such a person is not available, I don't advice this approach'*. The mother 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 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.

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, which 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 threat 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?

*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 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 – 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 the situation 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?

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CHAPTER

6

Natural Mentoring in The Context of a Therapeutic Intervention: A Delicate Balance Between Improving Relationship Quality and Keeping It Natural.

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ABSTRACT

The present qualitative study provides an in-depth analysis of the Youth Initiated Mentoring (YIM) approach for youth at-risk for out-of-home placement. In this approach, a youth nominates a natural mentor from within their social network, and positions this person as a YIM who can then function as an ally for the youngster and as a partner for parents and professional caregivers. Through interviews with six youth, six YIMs and seven parents, forming six triads ($N = 19$), we examined the social dynamics and their perceived sustainability. The results indicated that attitudes from participants towards asking someone or being asked to become YIM varied from enthusiastic to cautious. The majority of participants reported benefits in terms of increased contact intensity and relationship quality. Two parents did not experience the YIM as beneficial. Most participants thought the YIM-mentee relationship would last after ending professional care. The results reveal that youth experience YIM as an ally, however, the approach also has the potential to elicit an increase of relational conflicts between family and social network members.

INTRODUCTION

Although much research has focused on the role of parents in the development of children and adolescents, the role of other community adults, including family friends, neighbors, and teachers, has only recently been recognized as playing a vital role in the well-being of young people (Bowers, Johnson, Warren, Tirrell, & Lerner, 2015; Kesselring, De Winter, Van Yperen, & Lecluijze, 2016). Studies suggest that approximately three-quarters of adolescents have natural mentors within their social networks (Erickson, McDonald, & Elder, 2009; Raposa, Dietz, & Rhodes, 2017). A natural mentor is the result of an organically developing relationship between an adolescent and an older or more experienced individual who provides guidance and support over time. In contrast, formal mentoring programs, in which a volunteer is matched with a young person, reach an estimated 7% of youth (Erickson, McDonald, & Elder, 2009; Raposa, Dietz, & Rhodes, 2017).

A recent meta-analysis of the effect of formal mentoring programs on positive youth outcomes showed a small overall average effect size of $d = .19$ (Raposa et al., 2018). Similarly, a recent meta-analytic study on natural mentoring relationships showed that the mere *presence* of a natural mentor was associated with positive youth outcomes, with a small overall average effect size of Cohen's $d = .21$ (Van Dam, et al., in press). The association between the *quality* of the natural mentoring relationship (relatedness, social support and autonomy support) and positive youth outcomes yielded a medium overall average effect size ($d = .43$), with the largest effect sizes for social-emotional development ($d = .55$), and academic and vocational functioning ($d = .40$), and a small effect size ($d = .20$) for psychosocial problems. Notably, at-risk status (for instance, teenage mothers, homeless youth, youth in foster care and children of alcoholic parents) did not moderate the relation between presence and quality of natural mentoring relationships on the one hand and youth outcomes on the other hand, which is a positive finding for adolescents with complex needs.

At-risk youth can benefit from natural mentoring relationships, but individual and contextual risk factors, such as high levels of family or neighborhood risk, can lead to generalized relationship dissatisfaction and negative expectations of the availability and social support of significant others (e.g., Shumaker, Deutsch, & Brennkmeyer, 2009), which may negatively influence the mentoring relationship (Raposa, Rhodes, & Herrera, 2016). The lack of individual capacities, such as insufficient skills to develop and maintain reciprocal social relationships, make it harder for at-risk youth to organically develop natural mentoring relationship (Greeson, Thompson, Ali, & Wenger, 2015). Social workers are mainly focused on delivering care, and less on promoting social inclusion (McConkey, & Collins, 2010) and increasing social capital (Hawkins & Maurer, 2012). Therefore, and based on the insights derived from studies on the effects of both formal mentoring programs and informal mentoring relationships (Raposa et al., 2018; Van Dam, et al., in press), the new hybrid YIM-approach

(Youth Initiated Mentor: YIM) was developed to support youth with complex needs to use the natural resources available in their extended family networks (Schwartz et al., 2013; Van Dam et al., 2017).

Although preliminary research on YIM showed promising results, important challenges related to combining natural and formal approaches to mentoring arose in practice. For example, if professionals intervene to deliberately take advantage of the expected positive effects of a relationship with an existing *natural* mentor, one may question how natural such a relationship remains, and whether its assumed intrinsic positive influence may be reduced or even lost by formalizing it. Professionals refer to this dilemma as the *natural paradox*. The current study examines the social dynamics within triads of youth, parents, and YIM, and how these dynamics may be influenced by the transition from natural mentor to YIM.

NATURAL MENTORING INTEGRATED IN YOUTH MENTAL HEALTH CARE

A hybrid approach for youth with complex needs

The YIM-approach can be considered as a hybrid approach integrating formal and informal care, in which the focus is on empowering the adolescent's network through the positioning of and collaboration with an informal mentor, designated as a YIM. This informal mentor is a person (e.g., relative, neighbour, or friend) adolescents nominate from their own social network, who functions as a confidant and spokesman for the adolescent, and as a cooperation partner for parents and professionals (Schwartz et al., 2013; Spencer et al., 2016; Van Dam et al., 2017). In the context of youth with complex needs, the mentor (or: YIM) works with family members and the professional team to increase or take advantage of the already existing resiliency of the youth and family, and thereby improves their functioning (Van Dam & Verhulst, 2016). This fits with the international movement in child and family social work to make use of the strengths of families and their own social networks, and to stimulate client participation (Burford, 2005), and shared decision making between the client system and professionals (Bartelink, Van Yperen, & Ten Berge, 2015). It is also in line with the involvement of the educative civil society, in which the joint activities of citizens in the upbringing of children and adolescents are emphasized (Burford, 2005; Van Dijken, Stams, & De Winter, 2016; 2017).

The YIM approach starts with a focus on 'who', in which the youth and family identify a member of the social network who could become the YIM (first phase). After identification of the YIM, the focus is on 'what,' i.e., investigating each person's perspective on the current and desired situation (second phase). The third phase is focused on establishing 'how', exploring how each participant can contribute to the desired situation. The final fourth phase is focused on 'adaptivity', i.e., the degree to which the current informal pedagogical alliance can meet new challenges. During the first phase, professionals (e.g., therapist, social worker, etc.) stimulate youth to nominate a person they trust in their environment (*eliciting*). After nomination, the YIM is *informed* about the YIM-position and *appointments* are made about privacy, termination and the type of support he or she provides when *installed* as 'the YIM'. During this first phase, professionals actively help youth to identify an adult whom the youth trusts.

Previous research on the effectiveness of another hybrid approach combining formal and informal care, designated as family group conferences (a process led by family members to plan and make decisions for a child who is at risk for maltreatment), did not find robust empirical evidence for its effectiveness (Dijkstra et al., 2016). It 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 for older children and minority groups. Therefore, it is important to know

more about the social dynamics of integrating formal and informal care through the positioning of a social network member as YIM, and how people experience this positioning process.

Social dynamics and sustainability

Social dynamics concern the interplay between individuals and the groups in which they participate; the position – a place or status – of individuals in a group represents cognition, emotion, action, and perception (Harre et al., 2009). Position theory states that *actions* of people (verbal and non-verbal) create *rights and duties* between people and result in personal *narratives*, which in itself are *meaningful*. The combination of actions, rights, duties, narratives and meaning creates the social dynamics in which the family members, natural mentor and the professional navigate.

Position theory identifies three positions: the first-order status refers to being the candidate status for a position; the second-order status is to have an acknowledged position, implicit or explicit; and the third-order status is “having a footing” or actually being valued and listened to. A natural mentor with “footing” should increase epistemic trust in youth, that is, the receptiveness to the social knowledge from their social environment (Gergely, Egyed, & Kiraly, 2007), enabling the youngster to benefit from the knowledge available in the social network (Bronfenbrenner & Morris, 2007; Fonagy, Luyten, Allison, & Campbell, 2017).

Collaborating with a YIM with footing – the third order status – is collaborating with a YIM in which the youngster has trust. But this does not necessarily mean the parents share this trust. They may not agree with the YIM selected by the youngster, because of his or her background (e.g., school drop-out or drug abuse) or because of earlier negative experiences between parent(s) and this person. These differential narratives are crucial, because they result in different interaction patterns that create exchanges between youth and parent or youth and mentor, which may either support or undermine the success of the intervention (Keller, 2005).

Sustainability is an important benefit of natural mentoring (Hurd & Zimmerman, 2010; Keller, 2005). Formalizing a relationship with someone already known to the youngster may improve relationship quality and consequently increase its durability, because these mentors start with a high level of investment in their protégés and are less vulnerable to the disappointments and dashed expectations that may be experienced in formal mentoring relationships (Spencer et al., 2016).

Sustainable natural mentoring relationships are particularly valuable for youth with mental health needs, because they tend to prefer informal support rather than professional care; generally, seeking informal help is a first step that precedes professional service use (Rickwood, Mazzer, & Telford, 2015). To create sustainable relationships, the approval of parents on the involvement of others in childrearing practices is crucial, but parents may feel ambivalent about this. Research suggests that parents tend to prefer involvement of others in activities that do not focus explicitly on childrearing, but assist them in handling parenting tasks or give them the opportunity to exchange

experiences (Kesselring et al., 2012). Taken together: the YIM process might start with ‘high hopes’ from all parties involved, but it is unclear how these expectations become sustainable realities in the context of an ongoing relationship.

In sum, natural mentors are embedded within the social networks of youth with complex needs, but these adolescents could use support to develop such a relationship. Therefore, YIM represents a hybrid approach in which professionals stimulate and facilitate youth to collaborate with their natural mentors. The positioning of these informal mentors by professionals results in new social interactions and dynamics between youth, parents, and mentors. The purpose of this qualitative study is to gain insight into participants’ perspectives on the shift in position to YIM (e.g., what participants experience when they are asked or ask someone to become YIM, what a YIM needs to fulfil his position, what his role or tasks are) and its effects on social dynamics and perceived sustainability. Qualitative in-depth interviews with all three triad members from six relationship triangles ($N = 19$ subjects) create a 360° perspective – the youth, his or her parent(s) and the YIM – and shed light on the positioning process and each perspective on sustainability.

METHODS

Participants

Six relationship triads included six youths between 15 and 18 years of age ($M = 16.3$, $SD = 1.21$), their parents, between 42 and 62 years of age ($n = 7$, $M = 51.3$, $SD = 6.0$), and the YIMs who varied in age from 28 till 55 ($n = 6$, $M = 41.8$, $SD = 9.3$). In total, 84% ($n = 16$) of all triad members were Dutch, one person was Antillean and two were Guianese. All youths ($n = 6$) attended school, one attended a special education school. All parents and YIMs ($n = 13$) had completed formal education, varying between vocational training schools and university. Two YIMs were friends of the mother of the mentee, one was an ex-mother-in-law, one was a former cop, one a former school mentor and another one was a friend of the youngster.

Procedures

All participating families collaborated with a positioned YIM, they completed the approximately six months standard period of treatment. In total 21 families received a letter in which the research question was explained, and they were informed about their privacy and the scientific purpose of this study. After receiving the letter, all families received a phone call with more detailed information about the study, in which they were asked to participate. All three parties (parent(s), youngster and YIM) needed to consent to be able to participate. In total 10 different family members agreed to participate, but within six families the complete triad agreed, and therefore were included in the study. Participants filled out an informed consent statement and received five euros for compensation.

The interviews were conducted with each participant individually to prevent influences from other triad members. Fourteen interviews were conducted face to face and five by telephone. The interview contained 22 open questions for parents, 21 for youngsters and 19 for YIMs. 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 agreed with the transcription.

Measures

Demographics (e.g., age, gender, nationality, etc.) were collected through a short questionnaire after the interview. Based on literature study we developed a topic guide (see Appendix 1) resulting in a semi-structured interview, which focused on the following two theoretical principles.

Social dynamics: Participants were interviewed about their action/response when they asked someone or were asked to become YIM (*actions*), about their ideas regarding what a YIM needs to fulfil his position and what his role or tasks are (*rights and duties*) and the impact of being positioned as YIM (*narratives and meaning*).

Sustainability. Since sustainability is an important benefit of natural mentoring, participants were asked if they thought the YIM-youth relationship would last when professional care would be ended.

Analysis

The first and second author conducted in-depth readings of the complete interview transcripts. An initial codebook was established based on the six areas we theoretically explored: (a) initial response to the invitation to become YIM, (b) requirements to fulfill the role of YIM, (c) vision on the role or task of a YIM, (d) changes because of formalizing the involvement as YIM, (e) a sense of purpose and meaning and (f) perspective on the sustainability of the involvement of a YIM.

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 second author and verified by the first author, using the iterative thematic approach from Boeije (2005). The last author served as master coder, reviewing the work of and providing feedback to the other coders to ensure consistency in coding across cases. Coders met biweekly to discuss questions and clarify definitions related to coding categories. Transcription and data analysis were in Dutch, key quotes were translated into English.

RESULTS

Summary

Four triads reported some tensions in their relationships: three because of ongoing arguments between parent and child (not YIM-related), one because the parent did not support the chosen YIM. The other two triads reported positive contact between all parties involved. The attitudes from youth, parents and YIMs towards asking someone to become YIM varied from enthusiastic to cautious. All parties agreed that when someone becomes a YIM, they gain certain rights, such as getting information from the family and professionals about the problem situation and its development, as well as intensified contact with mentor and mentee and appointments with all participants. Several responsibilities of a YIM were also identified, such as offering personal care and guidance for youth, giving advice (to the family and professionals) and offering practical support to youth. Parents and youth stated that YIMs did not need extra support to fulfill their role, but some parents suggested YIMs could benefit from professional support. All six youths said it was valuable that the person was positioned as YIM. Two parents did not experience the YIM as beneficial, the other 5 parents did value the positioning of a YIM. The positioning as YIM did not change most YIMs' experiences of the relationship. Most participants thought the YIM-mentee relationship would last after ending professional care.

Social dynamics in the triad

Regarding social dynamics the results of our analyses signified that in one triad the mother did not support the decision to work with a YIM and did not support the choice her son made, mother (53): *'My son may choose her, but that doesn't mean I can talk to her. I agreed, because if he (her son) wants this, go ahead, I can't say he must choose someone else. But she was involved with my son too strongly, which I understand from her (the YIM) perspective, but to me it meant we couldn't relate anymore.'* In hindsight, this parent thought the YIM-process had needed more professional guidance. The results showed indications of experienced tension between parent(s) and youth for three other triads as well, however, in these cases the contact between parent and YIM and YIM and youth was positive: *'The current situation at home is sometimes unbearable, at those moments I call her (YIM)',* (girl, aged 17). In the last two triads, all parties involved agreed with the positioning of the selected YIM. Mother (50) said: *'If this approach works I think it is wonderful to solve these issues with people you know instead of with unknown professionals.'*

Perspectives of youths.

Actions. In the answers of youths on the question 'What did you experience when you asked this person to become YIM?', two types of reactions were identified: *pro-active* ($n = 3$) and *cautious* ($n =$

3). Pro-active youth said it felt good and natural to ask this person and that they did not experience any stress. One girl (aged 15) said: *'Actually, I didn't really need to ask her, she (the YIM) already mentioned she wanted to help, that's why it was the obvious thing to ask her'*. Cautious youth were more hesitant: one youth was found to have liked to have someone offering a listening ear, but he did not want this person to be involved in his home situation, and another one thought it was a scary thing to ask. Two adolescents said their parents suggested someone: *'My mom suggested him. Initially the idea scared me, I didn't know how he would react. In the end it went well, we just asked him to support us.'* (girl, aged 17)

Four youths recalled that the YIMs were happy and glad to support them, although two noted their YIM wanted to learn more about what being a YIM entailed: *'He reacted positively, saying he wanted to help, but he also wanted to know more about what was actually asked'* (girl, aged 17). Five youths described the experience as positive: they thought the reactions of their mentors were kind, and it made them happy and gave them a *'safe feeling'*. One youngster did not feel anything in response to the reaction of the YIM.

Rights. Regarding the rights the results showed that three youths thought the person who became their YIM ought to have (more) contact with their parents and themselves. Two youths mentioned that appointments were necessary between the youngster, YIM, and parents, in order to collaborate with each other: *'It was obvious that between my mother and the YIM a clear line needs to be drawn, indicating my mom is and stays the parent. This was necessary because it was difficult for my mom that I was about to express my feelings to another adult. It felt like stepping into her territory'* (boy, aged 18). The results also demonstrated that three youths thought the person positioned as YIM needed nothing extra because they were 'good by nature'. None of the youths remembered the YIMs discussing their rights with the family and involved professionals.

Duties. Three duties of the YIM were identified in the adolescents' reactions: 1) offering personal care and support ($n = 5$), such as communicating with each other, offering a safe-haven, being understanding and not being 'pushy'. *'She definitely needs to understand me, especially because a new person (the social worker) becomes involved. She understands me and can help me to understand things and can explain things to me in a language I understand.'* (girl, aged 15). Aspects such as 'translating my needs to adult language' and being more objective were identified as offering 2) guidance and advice ($n = 2$). Offering 3) practical support ($n = 4$) was the third duty, indicating youths wanted support from their YIM when needed (at home or by telephone), and two youngsters mentioned that the YIM should offer accommodation if needed.

Narrative. Five youths said their relationship with the YIM intensified, they had contact more frequently, talked a lot, were involved in the process and felt the urge to open up. *'For example, when something happens with my mom, I immediately want to talk to K. (YIM). I really felt the urge to open up, because I finally had someone in my own environment I trust.'* (boy, aged 18).

Two youths could not answer the question if the relationship between parent and YIM changed. Three youths said the relationship quality between the YIM and the parent improved, because of an increase in contact and because the YIM got to know the parent. One youth mentioned the YIM sometimes confronted his mother with her behavior: *'Once, my mom had an argument with him, she had an appointment at her work and E. (YIM) said she needed to be there for me. I felt supported, but my mom was a bit intimidated.'* (boy, aged 16).

Meaning. All six youths said it was meaningful that the person was positioned as YIM, they experienced feelings of joy, reported good conversations, someone 'you can tell your story to' and a spokesman: *'You don't constantly have a new counsellor you have to go to, but just one person who is always there for you when you feel sad. I felt better represented'* (boy, aged 18).

Perspectives of parents.

Action. Parents' reactions to the idea of asking a social network member to become YIM can also be divided in *pro-active* ($n = 4$) and *cautious* ($n = 3$). The pro-active parents said bringing in a YIM gave them trust in the future of their child. One mother stated she was happy that her daughter found another mother-figure, the others felt less demoralized by the challenges their children were experiencing and thought it was nice that their child had asked someone to become YIM: *'Knowing he is at a safe place where he is being loved and gets attention, gives me less sorrow. I think it is brave he followed his own feelings and made this choice.'* (mother, 50). The three cautious parents experienced the YIM-concept as a *'preliminary theoretical concept from professionals'*, had mixed feelings about asking someone or about the person being asked, or were afraid to ask someone: *'Actually, I didn't want this and I didn't dare to ask someone. In the end, our social worker asked the one we had in mind. To me this was ok, otherwise it wouldn't have happened at all. But it also illustrates that this approach is really personal, it's about the way you live, what you share with the people surrounding you, and how you value personal relationships. That's also why I think the whole concept has a lot of risks.'* (mother, 42).

Rights. Two parents thought the person who became YIM needed (practical) information about appointments, treatment plan and sometimes family history. Four parents stated the YIM needed nothing extra to fulfill his new position, the YIM could *'stay the same'* although he had taken a more parental role: *'Normally you would say that a new person needs to know a lot about our*

personal situation, now this wasn't necessary, therefore it was a good choice.' (father, 62). One parent suggested that the YIM needed professional support to function optimally: *'During the program I also saw she (YIM) sometimes needed support from professionals to make a statement against my daughter.'* (father, 53). None of the parents remembered the YIMs discussing their rights with the family and involved professionals.

Duties. All parents mentioned personal care and support ($n = 7$), such as offering someone to talk to, being a spokesperson and someone to empathize with: *'To me it felt like a relief from the burden I experienced. I just didn't know how to cope with the stressful situations anymore, and being in this together felt like a positive distraction.'* (mother, 42). All parents mentioned guidance and advice ($n = 7$), regarding how to deal with arguments at school and at home, and functioning as a bridge between parents and youngster. Offering practical support ($n = 6$) was also appreciated by parents, e.g., a home to go to and attending meetings. Two parents stated that the YIM should stay neutral: *'I think a YIM functions at his best when he listens and tries to tell professionals and, if necessary, parents, what's on a kid's mind. I don't think a YIM should just represent a youngster or even think he can help the youngster.'* (mother, 53).

Narrative. Four parents said their relationship with the YIM intensified, they described it as closer, more intimate, special and more open. One parent told it stimulated their friendship: *'Our friendship stayed and even got more stimulated. Through him (YIM) I better understood my own son. He didn't say: 'You must do it like this', he'd rather say: 'You can also perceive it from this angle'. From that moment on I perceived my son differently, and started talking more openly with him.'* (mother, 51). One parent had no contact with the YIM, and told her relationship with the YIM worsened after the positioning of the YIM: *'I don't have contact with her. During our first meeting she made some statements that went down the wrong way. After this meeting, I really didn't feel like having any contact with her at all.'* (mother, 53).

Four parents said the role of this person after becoming a YIM changed, he became more of a coach, the contact became more open, they received more advice and saw this person felt more responsibility for their child. Five parents said the relationship between the youngster and YIM improved, it made them feel like 'this is my person to go to': *'She really saw him more as a family member, more than before.'* (mother, 42). One parent said nothing changed and another one did not know if anything changed after the positioning of a YIM.

Meaning. For two parents the YIM was not valuable, he helped in a crisis situation, but the contact went wrong: *'I've seen her twice, but I just didn't like her. It's OK that my son perceives her as a second mom, but for me contact with her just required too much'* (mother, 53). Five parents valued the

positioning of a YIM, they experienced less stress and thought it was a relief that their child always had this place and person to go to. Two parents said they also could always reach out to the YIM, one perceived it as his personal support and guidance, and another one felt understood. One parent was positive, but also warned about the risks: *'When they started asking 'who can be the YIM' I felt misunderstood. In my case, you really need a special person, a wrong person could have escalated the situation even further.'* (mother, 42).

Perspectives of the YIMs

Action. Two type of reactions were identified: *pro-active* ($n = 3$) and *cautious* ($n = 3$). The pro-active YIMs thought becoming a YIM was the logical thing to do, two of them felt honored and one was thankful to be able to help: *'I thought 'Yes, of course. Immediately!', I didn't need a moment to think about it, actually I was honored to be asked.'* (woman, 43). Another said: *'I had goosebumps when she asked me. This was so cool and of course I want to help!'* (male YIM, 28). The cautious YIMs were happy with the trust the youngster had in them, but they also experienced some kind of discomfort: *'I was happy with the trust he expressed in me, but also a little cautious because I didn't know him that well (she is a mother in law). I experienced tension about how to help him, because I knew so little about him or his family and friends.'* (woman, 46). Those YIMs also did not regard themselves as YIM: *'I don't know what a YIM is and I don't perceive myself as one. These people are good friends of mine and I just want to help them.'* (male YIM, 44).

Rights. To suit their new position, YIMs thought they needed information ($n = 2$) about the well-being of the youngster and the treatment plan. Four YIMs also wanted contact with professionals involved in treatment. One missed this: *'I really missed it that the professional care organization didn't offer some kind of education or support in which it became clear what they expect from a YIM. Or at least support that YIMs meet one another, so they can support each other.'* (male YIM, 35). Regarding their newly acquired role, four persons also wanted appointments about their role as YIM, for example, about how much time they could be available. All YIMs mentioned they discussed their vision on their rights with the family and involved professionals.

Duties. Three duties were identified: 1) personal care and support ($n = 6$): *'I think it is relevant that they know someone always will be there for them. It doesn't matter when and how. That's a nice and safe feeling.'* (woman, 43). Activities, such as mediation, advise and supervising were identified as 2) guidance and advice ($n = 4$): *'I look after her, recognize change and discuss this with her.'* (woman, 55). Offering 3) practical support ($n = 3$) was the third duty, YIMs mentioned they offered daily rhythm and structure and two also offered accommodation if needed: *'I felt like a helpdesk and maybe more importantly, I offered him a home.'* (woman, 46).

Narrative. Four YIMs noticed some overall change after becoming YIM, they had more contact with parents ($n = 2$), experienced more responsibility ($n = 2$) and one perceived it as 'having an extra son'. Two YIMs thought becoming YIM was a formalization of their already existing role: *'Actually, I already was the YIM. That didn't change, it is only appointed, but what I do now, I already did before becoming YIM.'* (woman, 43).

Three YIMs said nothing changed in their relationship with the youngster, one mentioned that the youngster now took the initiative to reach out and one stated the relationship quality between them improved. Four YIMs thought the parent-child relationship improved, one thought it still was the same, and one said it was not stable.

Meaning. Two YIMs said the process of being positioned mattered to them, it gave them 'a good feeling', 'excitement' and 'more responsibility'. The other four YIMs mentioned less or no effect because they would have taken this role anyway: *'It was explained with cards and pictures, but to be honest, I'm involved with the family, but not in the way these professionals put it.'* (male YIM, 44).

Sustainability

All participants were asked if they thought the YIM-mentee relationship would last when professional care would be ended. Five youths thought the YIM would stay meaningful, two thought they still would have a place to go to when in need, one youth mentioned he and the YIM would still discuss everything, and another one said they still would see each other. A male adolescent (15) explained: *'If professionals leave, I know I can still count on M. I can still go to her place when in need or when I have trouble with my mom. She will listen to my story, give me advice and maybe call my mom. She will help me restore stuff when I messed up.'* One youth had no positive expectations about the relationship with the YIM when professional care would end, because his romantic relationship with her daughter ended (the YIM in this case was the mother of his ex-girlfriend).

Six out of seven parents expected an active bond to remain between their child and the YIM after the ending of professional care. Their expectations varied from keeping in contact, functioning as a safe haven, trusting the person and keeping a guiding and supporting role. They also hoped the relationship would last, as a father (62) stated: *'I hope the YIM stays, so we as parents and our daughter can still rely on him.'* One parent had no expectations whatsoever, they were unsure about it.

All YIMs thought they would still be involved, a female YIM (55) said: *'When I became YIM I immediately told N. (youth) this wouldn't change our bond and if professional care leaves, I'd stay.'* Three YIMs described it as an active bond, one mentioned weekly contact and two described

their bond as unconditional, and thought they would never leave this adolescent behind. The other three YIMs described it as a supportive function, meaning that they would be a role model and help the youngster when he/she was in need.

CONCLUSION AND DISCUSSION

This study focused on the social dynamics and sustainability when a social network member is positioned as YIM. Our main research questions were: what do participants experience when they are asked or ask someone to become YIM, what does a YIM need to fulfil his position and what are his role or tasks, what is the impact of being positioned as YIM and is this relationship identified as sustainable?

Two triads reported positive social interactions, but most triads reported some tensions in their relationships because of ongoing (not YIM-related) arguments between parent and child, one triad reported tensions because the parent did not support the chosen YIM. The latter underscores the notion that parents are important during the mentor selection process. Previous research has shown that collaborating with parents during the selection process is appreciated and empowers them to suggest mentors or vetoing mentors they felt were not a good fit (Spencer, Gowdy, Drew, & Rhodes, 2018). From all three different perspectives (adolescent, parents and YIM) asking someone to become YIM was perceived either positive (pro-active) or with some hesitation (cautious), which indicates that asking someone formally to become a YIM sounds natural, but can elevate stress.

The insight that the position of the social network member changes after becoming YIM is supported by the fact that all parties agreed that the positioning is accompanied with rights, such as getting information, intensified contact, agreements, and duties, such as offering personal care, guidance, advice and practical support. Although some parents and youths also stated that YIMs did not need anything extra – and parents thought YIMs needed professional support and should not take sides – the fact that they all agreed on these rights and duties indicates a position as YIM differs from a position as an extended family network member in general.

Although the relationship between YIM and youth may not be totally natural anymore, all six youths said it was valuable that the person was positioned as YIM. They experienced feelings of joy, and perceived the YIM as someone 'you can tell your story to' and a spokesman. Two parents did not experience the YIM as meaningful, he helped in a crisis situation, but the contact between them deteriorated. The other parents positively valued the positioning of a YIM, they experienced less stress and thought it was a relief that their child always had this place and person to go to. The positioning as YIM did not change anything for most YIMs, because they would have taken this role anyway. Two YIMs reported positive feelings about the positioning process. The findings gave more insight in the reticence of parents about involving others in childrearing practices (Kesselring et al., 2012). Nevertheless, they did not confirm previous findings that the social network may actively discourage youth and his or her parents from seeking help (Dozier et al., 2009).

Most participants thought the YIM-mentee relationship would last when professional care would be ended. Youngsters perceived the relationship as meaningful and the YIM to be a person

to go to when in need. Parents expected and hoped for an active bond, while their expectations varied between keeping in contact, functioning as a safe haven, trusting the person and keeping a guiding and supporting role. All YIMs thought they would still be involved, actively and supportively. Previous research has considered sustainability as an important benefit of natural mentoring (Hurd & Zimmerman, 2013; Keller, 2005), the relationship increases stability in the social networks of youth (Keller & Blakeslee, 2013) and improves interactions with other adults (Keller, 2005; Rhodes, Spencer, Keller, Liag, & Noam, 2006). Our findings indicate that the bond between a youngster and his mentor is influenced by parents (Keller, 2005), but is also unique, that is, a distinct process.

This study has several limitations. First, the number of participants was small, although in qualitative research saturation could occur with approximately six participants (Guest, Bunce, & Johnson, 2006), which depends on the richness of the data and the degree of heterogeneity of the sample (Bryman, 2012; Fusch & Ness, 2015). None of the YIMs was a family member, which does not allow generalizing our study findings to YIMs as family members. This is why the external validity of this study is limited (Bryman, 2012). Future studies should take this into account and include family members who became YIM. Our study did not include parents and youths who were not willing to cooperate with a natural mentor, which was roughly 20% of the participants in a previous study (Van Dam et al., 2017). Self-selection is another important limitation: those who agreed to be interviewed may have had more positive experiences or may have differed in other ways from those who refused. Prospective studies following the development of these relationships over time and beyond the therapeutic intervention are needed to more fully assess the social dynamics and sustainability.

This is the first study examining the hybrid approach of natural mentoring in which youth, parents and YIM are involved. Interviewing all participants on the same topics increased the internal validity (Everaert & van Peet, 2006), and by using a combination of structured and open questions participants could express all relevant experiences (Galletta, 2013). Nevertheless, future studies should include professional caregivers, to get a complete picture.

An advantage of the YIM-approach is that it makes use of already existing relationships in the context of a therapeutic intervention, which is in line with research showing that strong emotional connections between youth and mentor are important relationship features related to better youth outcomes (DuBois & Neville, 1997; Van Dam et al., 2017). Also, YIM-relationships appear to be long-lasting (Schwartz, Rhodes, Spencer, & Grossman, 2013), and are an alternative to formal mentoring where long waiting lists exist due to difficulties with the recruitment of volunteer mentors (Rhodes, 2002; Spencer, Tugenberg, Ocean, Schwartz, & Rhodes, 2016).

The majority of participants reported positive experiences, nevertheless, some participants were cautious regarding asking someone or being asked to become a YIM, and not all parents experienced the YIM as beneficial. Therefore, this approach can also elicit an increase of relational conflicts between family and social network members. Future studies should examine professional

practices that may effectively facilitate the revenue of natural mentoring relationships without jeopardizing the existing organically developed relationships. This provides caregivers with tools to prevent possible further damage to the vulnerable social networks of at-risk youth when professional involvement aims to use natural mentoring relationships within a therapeutic intervention.

APPENDIX 1 – TOPIC LIST INTERVIEWS*Topic list – YIM**Social dynamics*

- Can you describe how you responded to the invitation to become YIM? (*Actions*)
- What did you need to fulfill your role as a YIM? (*Rights*)
- What do you see as your role or task as a YIM? (*Duties*)
- Did anything change after becoming YIM? (*Narratives*)
- What does being a YIM mean to you? (*Meaning*)

Sustainability

- What will happen with your involvement as YIM, when professional care leaves?

*Topic list – parents and youth**Social dynamics*

- Can you describe how the YIM responded to the invitation to become YIM? (*Actions*)
- What do you think the YIM needs to fulfill his role as YIM? (*Rights*)
- What do you see as the role or task for a YIM? (*Duties*)
- Did anything change after he/she became YIM? (*Narratives*)
- What does it mean to you that he/she became a YIM? (*Meaning*)

Sustainability

- What will happen with the involvement of YIM, when professional care leaves?

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CHAPTER

7

Summary and discussion

SUMMARY

The central question of this dissertation was whether it is feasible to expand the relationship between youth and a supportive adult within their social network, to enrich the treatment with this person's perspective, influence and knowledge and hereby increase youth and family resilience, foster positive youth development, and prevent out-of-home placement?

Our meta-analysis showed that the presence of a natural mentor was weakly associated with positive youth outcomes. A somewhat larger and moderate impact was found for natural mentoring relationships of high quality on social-emotional, academic and vocational youth outcomes. Notably, risk-status did not moderate the relation between natural mentoring relationships and youth outcomes.

In chapter 3, a program theory of the Youth Initiated Mentoring approach was described. Natural mentoring relationships are organically formed supportive relationships between youth and important non-parental adults (e.g., friends, teachers, athletic coaches, extended family members) within their existing social networks. These relationships are thought to foster positive youth development and buffer against risks, such as those associated with the tumultuous years of adolescence. Providing youth the opportunity to engage a non-parental adult from their social network in a mentoring relationship constitutes the Youth Initiated Mentoring (YIM) approach. If additional diagnostics, care and/or treatment is necessary, the natural mentor takes part in the continuous process of shared decision making, which causes treatment goals to be created with and embedded within the family's social network. This is thought to result in personal self-concordant goals that are selected for autonomous reasons, which have an indirect (positive) effect on treatment outcomes.

In chapter 4, we investigated if YIM is a feasible ambulatory alternative for adolescents for whom out-of-home placement is indicated. The study focused on the questions if youth can nominate a natural mentor, if the out-of-home placement could be prevented and if the problems of the YIM population were comparable to the problems experienced by a residential population of youth with complex needs. A total of 83% of the juveniles in the YIM group ($n = 96$) were able to nominate a mentor after on average 33 days. Ninety percent of the adolescents in the YIM group received ambulatory treatment as an alternative for indicated out-of-home-placement, while their problems were largely comparable with those of juveniles in Dutch semi-secure residential care. Results therefore suggest that the involvement of important non-parental adults may help to prevent out-of-home placement of adolescents with complex needs.

In a mixed methods follow-up study we further explored the question if YIM could be a sustainable ambulatory alternative for early and late adolescents with complex needs for whom out-of-home placement is indicated. The results showed that a total of 79% of the youth ($n = 42$)

succeeded in nominating a natural mentor, and 81% received solely ambulatory treatment. Youth with a natural mentor showed significantly greater declines in rule-breaking behavior than those without a mentor, but not in leaving school or indicated out-of-home placement. Qualitative data ($n = 7$) suggested that the relationship between YIM and youth is sustainable, and that YIM might contribute to an increase of social resourcefulness and resilience. However, participants also shed light on the complex social dynamics involved when cultivating these relationships.

Chapter 6 focused on the social dynamics during the YIM approach from the perspectives 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 or her role or tasks are, his effects on social dynamics and the perceived sustainability of the relationship with YIM. The attitudes from participants towards asking someone or being asked to become YIM varied from enthusiastic to cautious. The majority of participants reported benefits in terms of increased contact intensity and relationship quality. Two parents did not experience the YIM to be beneficial. Most participants thought the YIM-mentee relationship would last after ending professional care. The results reveal that youth experience YIM as an ally during the process of receiving professional care. Nevertheless, this approach also has the potential to elicit an increase of relational conflicts between the family and social network members.

DISCUSSION

Development of YIM

The development of the YIM concept started in 2012 with a hunch (Perez-Breva & Fuhrer, 2017): an intuitively formed idea about improving youth care, especially residential care, based on the combination of my personal and professional experiences and scientific education. During the first year, together with colleagues, we have further developed the idea and in June 2013 I found the first study on this approach in the US (Schwartz et al., 2013). Based on this study, and after conducting field experiments and small-scale research, the concept of YIM was described as an approach (Van Dam & Verhulst, 2016). The Dutch version of the YIM approach was developed through the steps of agile science (Hekler et al., 2016): short iterations, fast publications and adjustment based on feedback. Currently, we can speak of an efficacious intervention in the making (Flay et al., 2005).

The results of two new institutions in which YIM has been implemented to prevent out-of-home placement show some critical findings. The percentage of youth who were able to nominate a natural mentor who was successfully installed as a YIM was relatively stable across two different health care organizations, ranging from 77% to 69%. However, the percentage of youth being placed out-of-home despite engaging in the YIM approach varied considerably between the organizations, ranging from 24% to 68% (Van Kerkhof, 2017; Wildschut, Roes, & Konijn, 2018). The participating professionals claim that this could partly be explained by differences in the complexity of the population. However, case-file analyses were not conducted, and population characteristics were not available to support this explanation.

These results shed new light on our initial findings: in our first two studies based on results from the first two years of YIM – the developmental phase – the percentage of youth being placed out-of-home despite engaging in the YIM approach ranged from 10% to 19% (Van Dam et al., 2017; Van Dam et al., 2018). In retrospective, one could ask if it was legitimate in all cases to avert the indicated out-of-home placement, or if professionals were too much focused on achieving this goal, and therefore forgetting the potential benefit of an out-home-placement (De Swart et al., 2012; Strijbosch et al., 2015; Souverein, Van der Helm & Stams, 2013)? Moreover, recently the YIM approach has also been applied in a residential setting to decrease the length of stay and prevent future (residential) out-of-home placement (Ter Beek, van Baarle, de Valk, & van Veluw, 2018). In addition, one could argue that promoting resilience, instead of preventing out-of-home placement, should be the ultimate goal of care and treatment. Future research should incorporate these issues.

Those insights – and the notion that the YIM approach did not result in a decrease of out-of-home placement in some regions – underscore that YIM is not ‘the final answer’ and that the development and application of the YIM approach is an ongoing process. Therefore, the results encourage us to describe the YIM approach more in detail and undertake studies to determine

the effects and working mechanisms of YIM (Hoffman et al., 2014). The question is whether the time is there to conduct rigorous experimental research to investigate the effectiveness of YIM. Should we ‘close the protocol and conduct rigorous trials’, or should we focus on value-based treatment: repetitively co-developing the therapy itself, integrating the latest scientific insights, values and normative orientations that constitute social practices (Biesta, 2007) and continuously asking feedback from clients on the YIM approach? The latter, continuous feedback, is known to modestly improve psychotherapy outcomes at the individual level (Gondek, et al., 2016; Lambert & Shikokowa, 2011; Reese, Norsworthy, & Rowlands, 2009). In our opinion, the YIM-approach should be co-developed further, based on the principles of agile science (Hekler et al., 2016, before conducting (quasi)experimental trials). We describe our proposed next steps hereafter.

Should every child choose a natural mentor?

Because of the potential positive benefits of a natural mentor, one could say that not only vulnerable youth, but every child – and especially during adolescence – should have the right to have at least one confidential adviser he or she chooses, besides parents: an informal mentor. This is particularly important, because the rights of the child, collaborating with his or her social network, do not seem to be sufficiently secured by civil law, which was also one of the conclusions of the recent evaluation of the Dutch Youth Law (Friele et al., 2018). The UNCHR stated that each child has the right to good child rearing.

However, one could also question whether each child should have the right to choose his own mentor, besides his parents. Some parents experienced problems with the YIM chosen by their child. Therefore, future research should answer the question if YIM can be effective in these cases, or if parental obstruction constitutes a problem. After all, children cannot choose their parents, but they can choose their mentor (Van Dam, Stams, & Hofte, 2018). Fostering the skills to choose such a person and maintaining such a relationship is crucial for a child’s competence, autonomy, and relatedness (Baumeister & Leary, 1995), which are the basic needs of self-determination (Deci & Ryan, 1985, 2002) and subsequently, arguably, fruitful participation in a democratic society.

Choosing your own mentor is based on the notion that people – children and youth especially – are embedded in and depend on their social networks. With the YIM approach we urge adolescents to use these social networks for their own health, and in order to deal with their problems. The impact of social networks is large, for example, happiness and depression are recognized as collective phenomena that spread through networks, similar to obesity and smoking behavior (Fowler, & Christakis, 2008; Rosenquist, Fowler, & Christakis, 2011). This emphasizes the notion that social networks are contagious, potentially both in a positive and in a ‘negative’ manner. However, is it not the freedom of choice of an individual to choose the extent to which he or she uses his network? For example, in the Netherlands, parents are allowed to reject vaccination – a medical advice – of

their child based on their personal convictions. Why not reject the health advice to use the social support from within your social network? Nevertheless, we should be aware of the adolescent's needs and support him or her to strike the balance between needs for social connectedness and needs for solitude (Killeen, 1998). Especially, since one cannot easily escape his or her social network (McKnight, 2015), youth occasionally might choose wisely rejecting support from their contagious social network. Is it not smart and justified sometimes to compose a new team instead of trying to fix what is already broken?

Professional collaborations with YIM

Our research shows that YIM is a delicate intervention; without caution, professional caregivers could further damage the vulnerable social networks of already vulnerable youth, which violates the 'primum non nocere' or 'first do no harm' principle of professional intervention. Therefore, systemic knowledge is needed when one intervenes, especially since the burden on one person (the YIM) might be too heavy, indicating that long term formal care should not be seen as superfluous. Although YIM starts with the nomination of one YIM, practitioners sometimes collaborate with several YIMs at the same time or during the treatment process. Therefore, we should be careful by focusing on only one mentor, and learn youth the skills to form 'circles of support' and become resilient (Schwartz & Rhodes, 2016).

Another interesting topic that needs more exploration is the background of the natural mentors. The meta-analysis on the association between the presence of a natural mentor and youth outcomes showed a positive association for mentors with a professional background, whereas the meta-analysis on the quality of natural mentoring relationships revealed that in case of natural mentors with a helping professional background, somewhat smaller associations were found between quality of the mentoring relationship and positive youth outcomes compared to natural mentors without such background. Although studies have shown that natural mentors with a professional background positively moderate the effect size of impacts of programmatic mentoring relationships (DuBois, Holloway, Valentine, & Cooper, 2002; Raposa et al., 2018), because these mentors are equipped with the patience and emotional security necessary to bond effectively with youth (Ahrens et al., 2011), their professionalism may also limit them to form intimate mentoring relationships, such as kin and non-kin types of mentoring relationships. Further research on this topic is needed.

Generally, the presence of a natural mentoring relationship has a stronger association with youth outcomes when relationship quality is optimal (Van Dam et al., 2018), which might lead to the professional reflex of learning natural mentor's skills to optimize their relationship quality with youth. However, our in-depth case studies illustrate that some YIMs do want to be involved, but do not want to be approached in a formal way. They want to stay neighbor, uncle or friend of the

family. On the other hand, some YIMs say that the more formal title as a YIM or natural mentor helps them to shift position: 'as mentor, I feel legitimated to be more direct in my advice than when I'm grandfather' (Van Dam et al., 2018).

Regarding relationship quality, as mentioned in our meta-analyses (Van Dam et al., 2018), it might be fruitful to explore mentor-mentee relationship quality from the perspective of mind-mindedness: the ability to treat others as individuals with a mind of their own (Meins, 1997). A mind-minded person fosters a secure internal working model of attachment (Zeegers Colonessi, Stams, & Meins, 2017), which may result in positive youth outcomes in several domains of functioning (Groh et al., 2014) and may buffer against youths' psychosocial problems (Colonnaesi et al., 2011; Hoeve et al., 2012). Because a natural mentor is invited to become YIM based on previous positive experiences between the youngster and the mentor, it is plausible to suggest that youth naturally select a sensitive and mind-minded mentor. This suggests that the options of professionals to optimize mentor-mentee relationship quality are limited.

Current findings suggest what we call the *natural paradox*: how can professionals intervene to optimize relationship quality of the natural mentoring relationship without professionalizing this relationship too much? In other words: what is the right balance between supporting natural mentors to improve their relationship quality with youth, and at the same time respectfully appreciate the natural working mechanisms of this intuitively developed relationship? Sensitivity and systemic knowledge is needed to find a perfect balance in this delicate situation, and to prevent professionals and formal mentors from causing damage to the vulnerable social networks of youth.

Given the intrusiveness and complexities of out-of-home placement, in particular residential youth care, as well as the moral and ethical issues that are associated with out-of-home placement, shared decision making might be considered imperative. From this perspective, it may be considered 'natural' or perhaps even of major importance to consult the self-selected natural mentor of a child or adolescent for advice. Research indicates that the decision-making process of professionals for out-of-home-placement may be biased, because professionals with more positive attitudes towards out-of-home placement are more likely to place a child in foster care or institutional care (Bartelink et al., submitted). It is also known that youth care in general is experienced as a zero-error sector: mistakes are not allowed and may have major negative consequences for both clients and professionals. Therefore, professionals may tend to prefer the elimination of any possible risk (Clarijs, 2013), which might unduly increase out-of-home placement. The YIM may challenge a risk-oriented focus and promote a strength-based orientation, which emphasizes continuity and stability of supportive human relationships and shared decision making. Moreover, the YIM may serve as a natural advocate of the best interests of the child, in agreement with the United Nations convention on the rights of the child. Nevertheless, these assumptions require further research.

Future research

The answer to our central question is tentatively positive. The current results provide preliminary evidence for the positive impact of a natural mentor, the transitioning process in asking, becoming and being YIM is valued by most participants and the YIM relationship seems to be sustainable. Nevertheless, future research should gain more insight in the different working mechanisms – described in the program theory – of the YIM approach.

The effectiveness of the YIM approach has not been established yet, and some negative side effects were found as well. Therefore, it should be investigated for which families and under which circumstances the YIM approach ‘works’ and for which families and circumstances it does not work. As in general most youth interventions only work for a small subset of clients, it is necessary to also conduct research on families in which the YIM approach failed to yield positive effects. Results from such research can be used to further improve the program theory of YIM, increase its effectiveness, and prevent negative effects of the YIM approach.

At last, the effectiveness of the YIM approach for a specified target group using a more robust (quasi)experimental research design is needed. This should contain assessment of the treatment integrity of this approach, and subsequently effectiveness of the YIM approach with a research design that rules out alternative explanations for the positive effects of positioning a YIM on youth outcomes. In doing so, special attention is needed for the distinction between the effect of the natural mentor and the provided evidence-based interventions in order to be able to exclude alternative explanations that additional care, apart from the natural mentor, is responsible for the putative effectiveness of YIM. Apart from the question which unique effects YIM might create itself, without any additional informal or formal care, it is particularly interesting to study whether the presence of a YIM could increase the effectiveness of additional (informal and formal) care and evidence-based treatment.

Limitations

This dissertation has several limitations. First, the meta-analysis on the ‘effects of’ natural mentoring reported positive outcomes, but it is solely based on correlational research. Therefore, we cannot distinguish between the skills required to find a natural mentor and maintain the relationships and the favorable outcomes. Is the natural mentor responsible for the positive youth outcomes or can the outcomes mainly be attributed to the skills youth need to find and profit from this natural mentor? Future studies need to examine this causal question. Second, all our studies were based on small populations of participants without control groups. Therefore, the generalizability of our results is limited. Third, we developed the YIM approach and conducted research with the developing team, although supervised by independent researchers. In order to mitigate our potential bias, we monthly published our progress online during the first year (Sozio, 2014) and requested feedback.

We invited an independent research agency to evaluate us at the start and one year later (Razenberg & Blom, 2014), and we were transparent about the results we found. However, replication and more rigorous studies are necessary. Fourth, an important person in delivering the YIM approach is the professional. Nevertheless, in our studies we did not take his or her perspective into account. It is important to do so, because in addition to the parents, the professional is thought to have an effect on the bond between the youngster and the YIM.

Conclusion

It seems feasible to cultivate the relationship between youth and someone they trust from within their community: a natural mentor. This relational approach (‘who works principle’) might improve ‘what works’ in youth care. Future research should focus more on the different applications and the circumstances under which youth benefit the most from natural mentoring: what works for whom under which circumstances? Nevertheless, supportive relationships with the people surrounding a person generally improve health and function as a risk barrier. We therefore should provide youth with positive and hopeful relational experiences, so they are wired to recruit and become mentors themselves during lifetime.

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SUMMARY

Parenting is not a task for parents alone, they share this commitment with family, acquaintances, friends, teachers and for example sports coaches. Everyone contributes in his or her way. That is no different amongst young people with psychological problems. In Western society, there is a growing tendency to provide assistance to vulnerable young people together with the extended family, friends, acquaintances and professionals. This is in line with art. 12 and art. 16 of the Rights of the Child, which relate to supporting young people in expressing their opinion and the right to prevent unlawful interference by third parties (privacy). It is also in line with recent research into the effectiveness of ambulatory psychological treatment, which has no, or at best, small effect on young people with complex problems. The effects of residential treatment are smaller than those of ambulatory treatment, while the costs are many times greater.

In order to be able to successfully treat young people with complex problems, the natural environment must be the starting point, therefore professionals should work side-by-side with the social network. Out-of-home placement of the child is preferably prevented because in that case, by definition, help is not offered in the child's natural environment. In the social network, adults are also present who are experienced by young people as supportive, who are not their parents or step-parents, and who have a role as natural mentors. These informal mentors make them more resilient and stimulate contact with other adults. Therefore, tailored outpatient treatment methods are needed that provide continuity, so that sustainable support relationships are built around the young person.

This raises the question of whether it is feasible to extend the relationship between young people and an informal mentor in his or her social network ('who works'), to enrich the treatment ('what works') with the unique perspective and the influence and knowledge of this person, so that the resilience of the young person and the family increases and ultimately prevent the out-of-home placement of young people? That is the central question of this thesis.

Chapter 2 is a meta-analytical overview study in which the relationship between natural mentoring and positive youth development outcomes has been studied in four areas: academic and vocational functioning, social-emotional development, physical health and psychosocial problems. Two separate meta-analyses were performed on the presence of a natural mentor and the quality of the informal mentoring relationship, including thirty studies from 1992 to the present. The findings indicated that the presence of a natural mentor was significantly related to positive development outcomes ($r = .106$), with a medium effect on the quality of mentoring in terms of solidarity, social support and autonomy ($r = .208$). The greatest effects were found for socio-emotional development and academic and vocational functioning. Risk status (e.g. teenage mothers, homeless youth, youth in foster families and young people of parents with alcohol addiction) did not influence the outcomes,

which may indicate that natural mentors are generally beneficial for all youth, regardless of the presence of risk factors.

Chapter 3 offers a program theory for working with a Youth Initiated Mentor (YIM). Natural mentoring relationships are organically formed support relationships between young people and important non-parental adults (e.g. friends, teachers, sport coaches and relatives) within their existing social networks. These relationships can promote the positive development of young people and provide a buffer against the various risks that characterize the period of adolescence. Offering young people the opportunity to identify other adults in their social network alongside (step-by-step) parents and to build up an informal mentor relationship with them, is the basis of the YIM approach. This chapter describes the purpose, the context of this new approach, the target group, the intended outcomes and the way in which they are achieved. For the latter, various applications of YIM are described, adapted for different target groups, specifically aimed at universal, selective and indicated preventive approaches. The program theory provides professionals with the tools to successfully implement the YIM approach and offers the opportunity to empirically test the hypotheses about this new approach in research.

Chapter 4 evaluates the YIM approach as the intended alternative for out-of-home placement of young people (12-23). In the study, an analysis of 200 adolescents (YIM group $n = 96$, residential reference group $n = 104$) examined whether the YIM approach could be an alternative to out-of-home placement of young people with complex problems. A total of 83% of the young people in the YIM group were able to choose a mentor in an average of 33 days. Ninety percent of adolescents in the YIM group received outpatient treatment as an alternative to the requested out-of-home placement, while their problems were largely similar to those of young people in residential care. The results suggest that the involvement of informal mentors can help to prevent out-of-home placement of adolescents with complex needs.

Chapter 5 combines quantitative and qualitative research. Data were used of 42 young people who were referred to YIM as an alternative to out-of-home placement. In addition, there have been three qualitative interviews with parents (4), mentors (2) and youth (1) three years after referral. The quantitative data were collected during treatment by professionals, showing that 79% of adolescents had appointed a mentor and that 81% received outpatient treatment only. Analyses indicated that in adolescents with an informal mentor there was a significantly greater reduction in the risk of rule-breaking behavior towards young people without a mentor, but not in respect of the risk of school drop-out or threatened out-of-home placement. Qualitative analysis of interview data suggested that the YIM-youth relationship is sustainable, along with an increase in social resourcefulness and resilience in the youngster. However, some families also reported problematic interactions between social network members, possibly as a result of working with a YIM. YIM can therefore be regarded as a promising approach, but further research and development are necessary.

Chapter 6 is a qualitative study that offers an in-depth analysis of the YIM approach among young people with a threatened out-of-home placement. In interviews with six triads of young people, YIMs and parents, we examined the mutual social dynamics and expected sustainability in the relationships. The results indicated that participant's attitude to asking someone to become or being invited to become YIM vary from enthusiastic to cautious. The majority of participants mentioned benefits in terms of increased contact intensity and relationship quality. Two parents did not experience the YIM as useful. Most participants thought that the YIM mentoring relationship would continue after terminating professional care. The results show that young people experience YIM as an ally, but the approach can also cause an increase in relational conflicts between family members and social network members.

The YIM concept started with a hunch (Chapter 7): can we prevent out-of-home placement by working closely together with support figures from the young person's environment? Together with colleagues, the idea was further developed in a combination of practice and science. In June 2013, the first study was conducted on a similar method in the United States. Based on this study and our first experiences, was described in the book 'The YIM approach'. Despite hopeful first results in various publications, recent research results point to differences in the effects of the approach between institutions. Further research is needed into 'what works for whom under what circumstances'. The question is how exactly this research should be carried out? Probably the ongoing iterative development process of the method, in which constant feedback is requested from stakeholders and not only the young people themselves, is the most appropriate for the time being. A mix of methods seems obvious here, with both qualitative and quantitative research.

Given the research results that support the positive effect of informal mentoring relationships, as well as the right of young people to be heard, every child and every young person should have at least one support figure who is a natural mentor for him or her, especially when extra (formal or informal) help or care is needed. In the case of threatening out-of-home placements, we suggest that this cannot be carried out without first consulting the mentor who is brought in by the youngster.

Finally, working with the YIM approach constitutes a natural paradox: how do you use a spontaneously developed relationship between the youngster and his natural mentor in youth care, without damaging this relationship by cultivating it? Supportive relationships with the people around you primarily give meaning to life, provide greater well-being and better health and also are a barrier for risk factors. That is why our society, and youth care, must be designed to allow all children and young people to enter into positive and hopeful relationships with important others, so that they can develop well and later become the natural mentors of the children and young people around them, who need help and support: 'It takes a natural mentor to raise a child'.

SAMENVATTING (DUTCH SUMMARY)

Opvoeden is een taak waar ouders niet alleen voor staan, zij delen deze verbintenis met familie, kennissen, vrienden, leerkrachten en bijvoorbeeld sportcoaches. Ieder draagt op zijn of haar manier een steentje bij. Dat is niet anders – of juist niet anders – bij jongeren met psychische problemen. In de westerse samenleving is er dan ook een groeiende tendens om hulpverlening te bieden aan kwetsbare jongeren, waarin samengewerkt wordt met het gezin, de familie, vrienden en professionals. Dit sluit aan bij art. 12 en art. 16 van de Rechten van het Kind, die betrekking hebben op het ondersteunen van jongeren bij het verwoorden van hun mening en het recht op het voorkomen van onrechtmatige inmenging door derden (privacy). Het sluit tevens aan bij recent onderzoek naar de effectiviteit van ambulante psychologische behandeling, die voor jongeren met complexe problematiek geen, of in het beste geval, een klein effect heeft. De effecten van residentiele behandeling zijn kleiner dan die van ambulante behandeling, terwijl de kosten vele malen groter zijn.

Om jongeren met complexe problematiek met succes te kunnen behandelen, dient de natuurlijke leefomgeving het uitgangspunt te zijn en samenwerkt te worden met het sociaal netwerk. Uithuisplaatsingen worden bij voorkeur voorkomen, omdat de hulp dan per definitie niet wordt geboden in de natuurlijke leefomgeving van jongeren. In het sociaal netwerk zijn bovendien volwassenen aanwezig die jongeren als ondersteunend ervaren, die niet hun ouders of stiefouders zijn, en een rol hebben als natuurlijke mentor. Deze informele mentoren maken hen veerkrachtiger en stimuleren het contact met andere volwassenen. Er zijn daarom op maat gesneden ambulante behandelwijzen nodig die voorzien in continuïteit, zodat duurzame steunrelaties rondom de jongere worden opgebouwd.

Al met al roept dit de vraag op of het haalbaar is om de relatie tussen jeugdigen en een informele mentor in zijn of haar sociaal netwerk ('wie werkt') uit te breiden, de behandeling ('wat werkt') te verrijken met het unieke perspectief en de invloed en kennis van deze persoon, zodat de veerkracht van de jeugdige en het gezin toeneemt en uiteindelijk de uithuisplaatsing van jongeren wordt voorkomen? Dit is de centrale vraag van dit proefschrift.

Hoofdstuk 2 is een meta-analytische overzichtsstudie waarin de relatie tussen natuurlijk mentorschap en positieve ontwikkeluitkomsten is onderzocht op vier domeinen: academisch en beroepsmatig functioneren, sociaal-emotionele ontwikkeling, lichamelijke gezondheid en psychosociale problemen. Twee afzonderlijke meta-analyses zijn uitgevoerd op de aanwezigheid van een natuurlijke mentor en de kwaliteit van de informele mentorrelatie, waaronder dertig studies uit 1992 tot heden. De bevindingen wezen erop dat de aanwezigheid van een natuurlijke mentor significant samenhangt met positieve ontwikkelingsuitkomsten ($r = .106$), met een middelgroot effect voor de kwaliteit van mentorrelatie in termen van verbondenheid, sociale steun en autonomie ($r = .208$). De grootste effecten werden gevonden voor sociaal-emotionele ontwikkeling en academisch

en beroepsmatig functioneren. Risicostatus (bijv. Tienermoeders, dakloze jongeren, jeugd in pleeggezinnen en jongeren van ouders met alcoholverslaving) had geen invloed op de uitkomsten, wat erop kan wijzen dat natuurlijke mentoren over het algemeen gunstig zijn voor alle jeugd, ongeacht de aanwezigheid van risicofactoren.

Hoofdstuk 3 biedt een programmatheorie voor het werken met een door de Jongere Ingebrachte Mentor (JIM). Natuurlijke mentorrelaties zijn organisch gevormde ondersteunende relaties tussen jongeren en belangrijke niet-ouderlijke volwassenen (bijv. vrienden, leraren, sportcoaches en familieleden) binnen hun bestaande sociale netwerken. Deze relaties kunnen de positieve ontwikkeling van jongeren bevorderen en een buffer vormen tegen de diverse risico's die de adolescentieperiode kenmerken. Jongeren de mogelijkheid bieden om naast (stief)ouders andere volwassenen in hun sociaal netwerk te identificeren en hier een informele mentorrelatie mee op te bouwen, is de basis van de JIM-aanpak. Dit hoofdstuk beschrijft het doel, de context van deze nieuwe aanpak, de doelgroep, de beoogde uitkomsten en de wijze waarop deze bereikt worden. Voor dit laatste worden verschillende toepassingen van JIM beschreven, aangepast voor verschillende doelgroepen, specifiek gericht op universele, selectieve en geïndiceerde preventieve benaderingen. De programmatheorie voorziet professionals van de tools om de JIM-aanpak met succes uit te kunnen voeren en biedt de kans om de gestelde hypothesen over deze nieuwe benadering in onderzoek empirisch te toetsen.

Hoofdstuk 4 evalueert de JIM-aanpak als beoogd alternatief voor uithuisplaatsing van jongeren (12-23). In het onderzoek is aan de hand van dossieranalyse van 200 adolescenten (YIM-groep $n = 96$, residentiele vergelijkingsgroep $n = 104$) onderzocht of de JIM-aanpak een alternatief kan zijn voor uithuisplaatsing van jongeren met complexe problematiek. In totaal kon 83% van de jongeren in de JIM-groep een mentor kiezen in gemiddeld 33 dagen. Negentig procent van de adolescenten in de JIM-groep ontving ambulante behandeling als een alternatief voor de gevraagde uithuisplaatsing, terwijl hun problemen grotendeels vergelijkbaar waren met die van jongeren in residentiele zorg. De resultaten suggereren dat de betrokkenheid van informele mentoren kan helpen om uithuisplaatsing te voorkomen van adolescenten met complexe behoeften.

Hoofdstuk 5 combineert kwantitatief en kwalitatief onderzoek. Er zijn gegevens benut van 42 jongeren die naar JIM werden verwezen als alternatief voor uithuisplaatsing. Daarnaast zijn er drie jaar na verwijzing 7 kwalitatieve interviews met ouders geweest (4), mentoren (2) en jeugd (1). De kwantitatieve gegevens zijn verzameld tijdens de behandeling door professionals, waaruit blijkt dat 79% van de adolescenten een mentor had benoemd en dat 81% alleen ambulante behandeling ontving. Analyses duiden erop dat bij jongeren met een informele mentor er een beduidend grotere afname was van het risico op regelovertredend gedrag ten opzichte van jongeren zonder een mentor, maar niet ten aanzien van gevaar voor schooluitval of dreigende uithuisplaatsing. Kwalitatieve analyse van interviewgegevens suggereerde dat de JIM-jongere relatie duurzaam is, waarnaast

ook een toename in sociale vindbaarheid en veerkracht bij de jongere wordt waargenomen. Enkele gezinnen meldden echter ook problematische interacties tussen sociaal netwerkleden, mogelijk als gevolg van het werken met een JIM. Daarom kan JIM als een veelbelovende aanpak worden beschouwd, maar verder onderzoek en ontwikkeling zijn noodzakelijk.

Hoofdstuk 6 is een kwalitatieve studie die een diepgaande analyse biedt van de JIM benadering bij jongeren met een dreigende uithuisplaatsing. In interviews met zes triaden van jongeren, JIM's en ouders onderzochten we de onderlinge sociale dynamiek en te verwachten duurzaamheid in de relaties. De resultaten gaven aan dat attitudes van deelnemers om iemand te vragen of gevraagd te worden als JIM variëren van enthousiast tot behoedzaam. De meerderheid van deelnemers benoemden voordelen in termen van verhoogde contactintensiteit en relatiekwaliteit. Twee ouders ervoeren de JIM niet als nuttig. De meeste deelnemers dachten dat de JIM-mentorrelatie zou blijven bestaan na het beëindigen van professionele zorg. De resultaten laten zien dat jongeren JIM ervaren als een bondgenoot, maar de aanpak kan ook een toename veroorzaken van relationele conflicten tussen familieleden en sociale netwerkleden.

Het JIM-concept begon met een ingeving (Hoofdstuk 7): kunnen we uithuisplaatsing voorkomen door intensief samen te werken met steunfiguren uit de omgeving van de jongere? Samen met collega's werd het idee verder ontwikkeld in een combinatie van praktijk en wetenschap. In juni 2013 werd de eerste studie verricht over een soortgelijke methode in de Verenigde Staten. Gebaseerd op deze studie en onze eerste ervaringen werd de JIM-benadering beschreven in het boek 'De JIM-aanpak'. Ondanks hoopvolle eerste resultaten in verschillende publicaties, wijzen recente onderzoeksresultaten op verschillen in de effecten van de aanpak tussen instellingen. Er is verder onderzoek nodig naar 'wat werkt voor wie onder welke omstandigheden'. De vraag is wel hoe dit onderzoek precies moet worden uitgevoerd? Waarschijnlijk is een voortgaand iteratief ontwikkelproces van de methode, waarbij voortdurend feedback wordt gevraagd aan belanghebbenden en niet in de laatste plaats de jongeren zelf, voorlopig het meest passend. Een mix van methoden lijkt hierbij voor de hand te liggen, met zowel kwalitatief als kwantitatief onderzoek.

Gezien de onderzoeksresultaten die het positieve effect van informele mentorrelaties ondersteunen, alsmede het recht van jongeren om gehoord te worden, zou elk kind en iedere jongere moeten kunnen beschikken over minimaal één steunfiguur die voor hem of haar een natuurlijke mentor is, zowel in het gewone dagelijkse leven als wanneer extra (formele of informele) hulp of zorg nodig is. In het geval van dreigende uithuisplaatsingen stellen we voor dat dit niet uitgevoerd kan worden zonder dat eerst de door Jongere Ingebrachte Mentor hierover wordt geraadpleegd.

Tenslotte kent het werken met de JIM-aanpak een natuurlijke paradox: hoe maak je gebruik van een spontaan ontstane relatie tussen de jongere en zijn natuurlijke mentor in de jeugdhulp, zonder deze relatie te beschadigen door het cultiveren ervan? Ondersteunende relaties met de mensen om je heen geven in de eerste plaats betekenis aan het leven, zorgen voor een groter

welbevinden en een betere gezondheid en vormen bovendien een risicobarrière. Daarom moet onze samenleving, en de jeugdhulp, zo zijn ingericht alle kinderen en jongeren positieve en hoopgevende relaties aan kunnen gaan met belangrijke anderen, zodat zij zich goed kunnen ontwikkelen en later mogelijk zelf de natuurlijke mentoren kunnen zijn van de kinderen en jongeren om hen heen die hulp en steun behoeven: 'It takes a natural mentor to raise a child'.

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Het heeft mij vijf jaar gekost en die zijn begonnen bij Zandbergen. Rob Hartings was daar toen directeur/bestuurder, en hij moedige mijn ambities om te promoveren aan. Eerst als persoonlijke hobby, maar al snel door mij toestemming te geven om hier 1 dag in de week aan te werken. Dit kon omdat de voorzitter van de raad van toezicht, John Elffers, hier ook wel heil in zag. Het begin was moeilijk. De idee JIM was ruw, zat nog vol haken en ogen en we waren aan het pionieren in het innovatieprogramma 'De Ontwikkelingsprong'. Rob, dank voor je aanmoediging om wel vol te houden, te blijven proberen en zelfs je voorstel om eens een stuk tegen te lezen. Het ging mee in je tas voor het weekend, maar tegenlezen kwam er nooit van, toch waardeerde ik je betrokkenheid enorm. Toen Zandbergen Youke werd en ik de overstap naar Spirit maakte, hadden we bonje. Dat was ingewikkeld, voor ons beide op onze eigen manier, gelukkig is dit inmiddels besproken en achter ons.

Inmiddels was ik op een boot – jawell! – Arielle de Ruijter tegengekomen, toen directeur van het Kenniscentrum Kinder- en Jeugdpsychiatrie. Ze hoorde van mijn onderzoek en begon direct met alle argumenten dat dit niet kon, samenwerken met familie en burens allemaal prima, maar natuurlijk niet ter vervanging van complexe zorgvragen. Dat bestaat niet. Die avond belande ik naast haar tijdens het diner. Ik baalde, want had absoluut geen zin in een ellenlange discussie, maar toch, we waren tot elkaar veroordeeld en gaandeweg de avond ontstond er na discussie iets van een gesprek. Nuances werden besproken, maar ook mogelijkheden. De volgende ochtend vroeg Arielle hoe het zat met de financiering van mijn promotieonderzoek. Ik vertelde dat ik net weg was bij Youke, waar ik onderzoeksgeld had opgehaald bij ZONMW voor vier jaar, maar dat ik dit nu kwijt was omdat ik ging werken bij Spirit. Ze vroeg of ik geholpen zou zijn met de mogelijkheid om vanuit het Kenniscentrum mijn onderzoek voort te zetten? Ik was perplex. En verheugd. Ontzettend veel dank Arielle en collega's van het Kenniscentrum voor deze kans!

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om van JIM een stichting te maken. In goede samenwerking met Fawzia Nasrullah van Youke lukte het zo om in november 2016 de stichting JIM op te richten. Een mijlpaal!

During this period, I also visited Jean Rhodes in Boston, professor on mentoring for decades and an inspiring woman. She welcomed me in the Evidence Based Mentoring lab and we had relevant discussions on the impact and effects of natural mentoring. And thank you Sarah Schwartz, we had lovely discussions and it is great to collaborate and share knowledge from both sides of the ocean!

Mijn proefschrift is tot stand gekomen in nauwe samenwerking met studenten, waaronder Dafne Smit en Bo Wildschut, zonder jullie was er geen meta-analyse geweest! Elise Bakhuizen, de interviews zijn echt inzicht gevend op het microniveau van JIM. Renee Klein Schaarsberg, super stoer dat je YIM hebt gepresenteerd op de SRA-conferentie in Chicago en we samen er een artikel van hebben kunnen maken! En in het allereerste begin natuurlijk Sara Neels, zonder jouw inzet en analyses was de eerste studie er niet geweest!

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dat ik de trein uitstapte en zei 'zo mooi, zo mooi, die alinea die je vanmorgen hebt opgestuurd. Echt precies de kern van het verhaal. Dat wilde ik even zeggen. Doe!' Zonder mijn reactie af te wachten hing je op. Mijn oor tintelde en ik glunderde. Dat had ik nog niet eerder gehoord. Dank voor dit soort positieve injecties die het mogelijk maakten om al de eindeloze revisies die heen en weer gingen iedere keer toch weer met frisse moed – en absoluut ook met tegenzin – te lijf te gaan. Zonder jouw geloof in mij had ik hier niet gestaan.

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***The very relationship with the other is
the relationship with the future.***

Emmanuel Levinas (1906 - 1995)

Support seeking
counselor

In his dissertation, Levi van Dam writes that not only vulnerable children but every child, especially during adolescence, is entitled to a confidential adviser.

Van Dam emailed me in 2016 with the question whether I was interested in the YIM approach he co-developed, in which young people who were threatened to be placed out of home were guided by a mentor, chosen by them, the YIM.

In the spring of 2018 I followed a girl who was accompanied by a YIM, I also spoke with another YIM, which resulted in a report for the Dutch daily newspaper NRC. The most memorable was a statement from a boy, Kamran, a YIM, who said: "I cohabit with my depression." From which it appeared once again that care recipient and care provider have a lot in common. Perhaps that awareness is the basis for empathic, intimate and therefore often successful professional care: the counselor seeks help in his own way.

ARNON GRUNBERG

