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Nonkin Natural Mentors in the Lives of Older Youths in Foster Care

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Abstract

This study explored the nonkin natural mentoring relationships among older youths in foster care. Three hundred thirty-nine youths nearing their exit from one state's alternative care system were interviewed. Those that reported the presence of a natural mentor, 62% (n=211), were subsequently asked about how they met their mentor, how long they have known their mentor, how frequently they have contact with their mentor, and the quality of the relationship. Seventy percent of the youth with mentors reported having known their mentors for over 1 year. Youth reported high levels of contact and relationship quality. Ethnic group membership, gender, where youth were living, and clinical characteristics were associated with individual mentoring characteristics. Child and adult service delivery systems might benefit from considering ways to support the continuation of these relationships during the transition period.

Introduction

Mentoring, in its many forms, has been revived as one of today's chosen interventions to prevent social ills among youths. Numerous definitions of mentoring exist in the literature; however, a recent theoretical review¹ suggests there is consensus on three core dimensions of mentoring. In particular, the mentor has more experience, offers some type of guidance, and together the mentor and mentee have developed an emotional connection. Natural mentoring relationships or supportive relationships that develop naturally in the community, and are not arranged and supported by formal programs, have long been considered critical to the behavioral health and well-being of developing youths.² Historically, the idea of providing "big brother" relationships to maltreated and orphaned children emerged out of a belief in civic responsibility.³ Scholars have articulated that natural mentors are less common today because of shifts in society;⁴ however, youths continue to mention supportive adults as critical to their success. The past decade has seen increased research on the nature of mentoring relationships^{5–8} and the association between these relationships and outcomes among teenage mothers^{9,10} and urban adolescents.^{11,12} Research reports and federal legislation continue to recommend mentoring or lifelong connections with caring adults for older youths in foster care (OYFC);^{13–15} however, there has been no systematic research published in this area. Natural mentoring may be particularly important for youths living without much familial support, such as youths in foster care.¹⁶ The present study provides a first look at the nonkin natural mentoring relationships among older youths nearing their exit from the foster care system.

The transition to adulthood is a distinct developmental period of heightened stress and uncertainty,^{17,18} which includes critical decision making about social roles with respect to

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relationships and career. This period is probably more difficult for OYFC because of histories that commonly include traumatic events, such as events leading to the need for foster care (e.g., death of a parent, abuse, and/or neglect), the emotional upheaval of removal from their home, and injuries endured while in the child welfare system. Making it even more difficult, OYFC are often expected to make the transition with compromised family support^{16,19,20} and decreased support from public systems.²¹ Not surprisingly, research has shown that these youths live with high rates of psychiatric disorders²² and experience abysmal early adult outcomes, such as low graduation rates,²³ low earning potential,²⁴ and homelessness,¹⁹ to name a few. Independent living programs (ILP), first authorized by Congress in 1985 and further amended under the Foster Care Independence Act of 1999, provide some transition services (e.g., vocational training, counseling, and outreach) designed to improve early adult outcomes. However, some have argued that to manage the transition to adulthood, youths may need more than ILP, they may also need connections with adults.²⁵ Mentoring scholarship on foster care youths is limited to descriptive studies of mentoring programs,²⁶ case studies,^{27,28} and a study examining the influence of the Big Brothers Big Sisters program on peer relationships.²⁹ A mentoring intervention study is underway among younger children in foster care;³⁰ however, published research examining natural mentoring among OYFC is sparse.

For years, research has pointed to natural mentors as protective influences in the lives of youths.^{31,32} Less research has examined the prevalence of and nature of individual mentoring relationships. Two small studies of high school youths examined the prevalence of natural mentoring relationships among adolescents. One of these studies found that approximately 76% of a sample of 201 11th graders reported they had a relationship with a very important adult, with extended relatives accounting for more than half of these relationships.⁵ Another study found that 44% of 122 adolescents from a public high school identified a significant relationship with an adult man other than their father.³³ In addition, a study utilizing a nationally representative sample of adolescents reported that 72.9% of the sample identified a natural mentor.³⁴

More recently, studies have begun to examine the nature (i.e., structure and quality) of supportive relationships. Some studies focus on the structural features of the relationship, such as duration and frequency of contact. For example, one study of 959 assigned mentoring pairs in the Big Brothers Big Sisters Impact Study found that youths in mentoring matches that lasted over 1 year had better outcomes than those youths in matches that lasted less than 1 year.³⁵

Studies have also begun to examine the quality of mentoring relationships. These studies have predominately been grounded in Relational–Cultural Theory (RCT).³⁶ RCT posits that mature psychological development occurs through involvement in “growth-fostering relationships” that provide authenticity, engagement, and empowerment.³⁶ This research adds specificity to our understanding of how, or through what processes, mentoring relationships provide protection. For example, in a study of formal mentoring dyads among troubled teens, Spencer³⁷ found that the teens valued mutual engagement, authenticity, and “being there.” In another study, Spencer and colleagues⁷ found that youths value respect, mutuality, and authenticity in their relationships with the important adults in their lives. Similarly, Liang et al.³⁸ developed and validated a measure, the Relational Health Indices–Mentor (RHI-M), which measures authenticity, empowerment, and engagement in mentoring relationships. In a study of natural mentoring among college-age girls, Liang et al.⁸ utilized the RHI-M and found relationships that were high in quality (mean item score = 4.06, range 1–5). Thirty-five percent of the adults nominated in this study were identified as faculty and staff.⁸ Together, these studies provide evidence that the relational dimensions explicated in RCT and the RHI-M extend to younger populations and more specifically, to mentoring relationships. More recent research provides evidence that RCT extends to the relational lives of boys and other marginalized populations.^{39,40}

In addition to descriptive research, previous research has provided some guidance on the relationship between youth characteristics and individual mentoring features. For example, one study found that girls were significantly more likely to report the presence of a very important nonparental adult in their lives than boys.⁵ Another study reported that black female youths had the strongest ties to nonparental adults.³³ These data suggest that black, female foster care youths may be more likely to have natural mentor relationships than their male and white counterparts.

Whereas previous research has begun to examine individual mentoring features, as evidenced above, few studies have honed in on these features, and even fewer have looked at what is associated with individual mentoring features. The purpose of the present study was to describe and examine nonkin natural mentoring relationships among a group of OYFC. The individual mentoring features assessed were the presence of a mentor, the pathway to meeting the mentor, duration of the relationship, frequency of contact, and the quality of the relationship. The research questions that guided this study were: (1) Do OYFC have nonkin natural mentors, defined as an adult who is not related to you, that is older than you, and is willing to listen, share his or her experiences, and guide you through some part or area of your life?;^{4,8} (2) What do the specific features (e.g., duration, quality, or frequency of contact) of these relationships look like?; and (3) Do specific features of these relationships differ by demographic and clinical characteristics?

Method

Introduction

The present study utilized a cross-sectional survey design. It is part of a larger longitudinal study,²² which included 406 youths from eight Missouri counties who met the following inclusion criteria: (1) turned 17 years of age in the recruitment period and (2) were in the care and custody of the Missouri Children's Division (MCD). The aim of the larger study is to examine the mental health and mental health service use of OYFC as they transition into adulthood. The present study utilized demographic and clinical history variables collected during the first face-to-face interview of the larger study, which took place when the youths were 17 years of age (details of these measures are found in the measures section). The remaining data utilized in the present study was collected during one of the follow-up interviews, 1 year later, when the youths were nearing their 18th birthday. At 18, we interviewed all of the OYFC that interviewers were able to contact. Sixty-seven of the youths were not interviewed at 18, as we were unable to contact them. Attrition analyses were conducted on major study variables such as race, gender, maltreatment, and psychiatric history to examine differences between the youths that were interviewed at 18 and those that were not interviewed. Of all of the variables examined, only gender was related to attrition. More specifically, male youths were less likely to still be in the study at 18 than female youths (OR = 0.55, 95% confidence interval [CI] = 0.309–0.990).

Procedures

Recruitment for the larger study began in 2001 and continued until 2003. The MCD provided the research team with monthly lists of names of youths that were in their legal custody and who would turn 17 in the subsequent 90 days. They also provided contact information for the caseworkers of the identified youths. Caseworkers were contacted for informed consent and were asked to exclude youths who did not meet study criteria. Youths were excluded from the study if they (1) had a documented full-scale IQ below 70; (2) lived more than 100 miles from the border of any of the eight counties; (3) remained on runaway up to 45 days past their 17th birthday; and/or (4) had medical conditions that hindered verbal communication. If youths were not excluded and caseworkers provided consent, youths were contacted for informed

assent. Of the 451 youths eligible to participate in the larger study, 406 (90%) youths were interviewed. Of those eligible that did not participate at 17 years old, 39 (9%) chose not to participate. Consent was not granted from a case manager for four youths (1%) and we were unable to locate one youth.

Retention efforts included a detailed contact list provided by the youths at each interview, a newsletter, a lottery for prizes for youths who stayed in monthly contact, the provision of articles (e.g., T-shirts) that included the project's toll-free number, a calendar of due interviews, continued contact with case managers, the use of database tracking, and extensive field work to locate lost youths. After the baseline interview at 17 years of age, interviewers contacted youths every 3 months for a quarterly phone interview. The interviewers attempted to find the youths for each quarterly interview for 45 days past the desired age at that interview (i.e., first quarterly interview desired age is 17 years, 3 months). If the youth was not found within 45 days after they turned 17 years, 3 months then they did not do that quarterly interview. For the present study, which interviewed the youths at 18 years of age, quarterly interview number 4, 67 (17%) of the youths from the larger study were not interviewed, as we were unable to contact them. Full-time professional interviewers, trained on the diagnostic interview schedule for DSM-IV⁴¹ and all other study measures, conducted the interviews. Interviewers obtained written consent and assent before the first interview and verbal consent before phone interviews. Informed written consent was reobtained when custody status changed. Of note, 22% ($n = 74$) of the participants were no longer in the care and custody of the MCD at the 18-year-old interview.

Participants

Participants in the present study were 339 youths nearing their 18th birthday (mean age = 18.04, SD = 0.09) that were engaged in the larger study. Of the 339 youths, 211 (62%) identified a nonkin natural mentor and thus were eligible for analyses on individual mentoring features.

Measures

Mentoring—Five dimensions of mentoring were assessed: (1) presence of a nonkin natural mentor; (2) pathway to meeting this mentor; (3) duration of the relationship; (4) frequency of contact; and (5) relationship quality. *Presence of a mentor* was measured with a screening question that asked youths whether they had an unrelated adult in their lives that met the aforementioned definition of a natural mentor. Youths were also asked to report how they met their natural mentors. Two independent coders examined the qualitative data, independently coded the data, and created a codebook. The two coders then went back and independently coded the data, compared codes, and had 93.3% interrater agreement among coded responses. This led to an inductively derived variable entitled *pathway*, which differentiates whether youths reported that they met their mentor through a formal (e.g., child welfare, school, or mental health system) or informal (e.g., family or friends) pathway. Two variables measuring contact between the youths and their mentors were summed to examine *frequency of contact*. Participants reported the number of days they spoke on the phone and the number of days they had personal contact with their mentor in the past 30 days. These two numbers were summed to create the frequency of contact variable, which ranged from 0 to 60. *Duration* was assessed by asking each youth “how long have you known your mentor?” In this study, duration was collapsed into two categories: greater than or less than 1 year.

The 11-item RHI-M,³⁸ one of the only measures expressly designed to examine mentoring *relationship quality*, was utilized in this study. Youths indicated the extent to which they felt statements such as, “I can genuinely be myself with my mentor” described their relationship on a 5-point Likert scale ranging from 1 (*never*) to 5 (*always*). Liang et al.³⁸ piloted the RHI-M on a population of college girls and found good overall internal consistency ($\alpha = 0.85$) and

good convergent validity with other measures of relationship quality. In a subsequent study, Liang et al.⁸ utilized the RHI-M as a one-dimensional scale because of high correlation among factors. The present study followed this example, utilizing the RHI-M as a one-dimensional scale of relationship quality. The Cronbach alpha was 0.82 in this study.

Demographic characteristics

Youths were asked to identify their *race/ethnic group membership*, whereas *gender* was recorded as perceived by the interviewer. Race/ethnic group membership was dichotomized in this study (i.e., white and nonwhite youths) as beyond black/African American, which constituted over 90% of the nonwhite youths, other ethnic groups were too small in number to be considered separately in multivariate analyses. The ethnic breakdown among the study sample was as follows: White, Caucasian, not of Latino Origin ($n = 151$, 45%); Black, African American, ($n = 175$, 52%); American Indian ($n = 2$, 0.59%); Middle Eastern ($n = 1$, 0.29%); Pacific Islander ($n = 1$, 0.29%); and, Biracial or Multiracial ($n = 9$, 3%).

The interviewers coded *living situation* during phone interviews. Living situation at 18 years of age was utilized in this study. Living situation was broken down into five categories: (1) living with relatives (adoptive and biological parents and extended relatives); (2) living in family foster care; (3) living in congregate care (operationalized as residential treatment program, group home, shelter, detention facility, or inpatient psychiatric unit); (4) living in semiindependent situations (Job Corps dorms) or in supervised or unsupervised apartments; and (5) living on one's own.

Clinical characteristics

Psychiatric history—Psychiatric history was utilized as an independent variable in this study. Information from the diagnostic interview schedule for DSM-IV⁴¹ was utilized to create categories of lifetime history of depression, mania, and disruptive behavioral disorders.

Maltreatment history

Physical abuse and physical neglect were assessed with the Child Trauma Questionnaire (CTQ).⁴² The CTQ has demonstrated adequate reliability in a community sample⁴³ and in a previous study of OYFC.⁴⁴ The CTQ uses five items, ranging from 1 (*never true*) to 5 (*very often true*), to assess each type of maltreatment. Youths indicated the extent to which they had been victims of physical abuse and neglect. For clarity of results, a previously established cut-off score of 10 or above was utilized to identify cases of moderate or severe abuse and neglect.⁴² To assess sexual abuse, three items adapted from a previous study⁴⁵ and utilized in a prior study of OYFC⁴⁴ were used. Youths were asked to indicate (1) if they were ever made to touch someone's private parts against their wishes, (2) if anyone had ever touched their private parts (breasts or genitals) against their wishes, and (3) if anyone ever had vaginal, oral, or anal sex with them against their wishes. Youths responding "yes" to any of the questions were identified as having a history of sexual abuse and youths responding "no" to all three questions were identified as having no history of sexual abuse.

Analyses

Descriptive statistics were obtained to provide a picture of the natural mentors in the lives of OYFC. Frequencies and percentages were examined for categorical variables. Measures of central tendency and distributions were examined for numeric measures. Chi-square tests, *t*-tests, and analyses of variance were conducted to examine between-group differences in mentoring relationships by gender, race/ethnic group membership, where youths were living, psychiatric history, and maltreatment history. Simultaneous ordinary least squares and logistic

regression analyses were conducted to further examine relationships among study variables. The “Results” and “Discussion” sections focus on findings significant at the $p < 0.05$ level.

Results

Nonkin natural mentoring relationships among OYFC: a first look

Sixty-two percent ($n = 211$) of the youths reported the *presence* of a nonkin natural mentor. Qualitative data from the open-ended question “How did you meet your mentor?” revealed that 46% ($n = 96$) of the youths reported meeting their natural mentors through informal pathways (e.g., family, friends, and the neighborhood), whereas 51% ($n = 107$) reported meeting their mentors through formal pathways (e.g., child welfare, school, and mental health systems). Another 1% ($n = 3$) reported knowing the adults their whole lives or not remembering how they met their natural mentor and 2% ($n = 5$) were coded as “other” pathways. These eight youths, or 3%, were excluded from the pathway analyses. Of the 51% who reported that they met their mentor through a formal pathway, 79% ($n = 85$) reported meeting these adults through the child welfare system and 16% ($n = 17$) through school. Of those that reported an informal pathway, 66% ($n = 61$) reported meeting their mentor through family and friends.

Whereas some responses only provided enough information to detect whether youths met their mentors through formal or informal paths, many responses revealed who was in the relationship with the youths. For example, some informal pathways were “*my older sister’s friend*,” “*godmother*,” “*family friend*,” and “*staff at nursing home that I volunteered at*.” Some formal pathways were “*at school, it’s a teacher*,” “*DFS worker*,” and “*she is my high school counselor*.” More specifically, some of the examples of the mentors that youths met through the child welfare system were: “*through DFS, it’s a support staff at the DFS office*,” “*the Director of _____ Residential Treatment Center*,” and “*one of my ILP counselors*.”

Descriptive statistics also provide a picture of the duration, frequency of contact, and relationship quality among these relationships. Seventy percent ($n = 148$) of the youths that identified a nonkin natural mentor reported that they had known their mentor for more than 1 year; 56% ($n = 118$) reported having known their identified mentor for more than 2 years. Among the 211 youths who identified a mentor, the average amount of phone and personal contact in the past 30 days (range 0–60) was 28.90 ($SD = 22.65$). The distribution of this variable was symmetric and bimodal with peaks at 8–10 days and again at 30 to 40 days of total contact. The average score for relationship quality was 48 ($SD = 6.5$, Range 11–55). The mean item score was 4.3 out of 5, indicating high levels of perceived quality.

Association between youth characteristics and mentoring features

Bivariate analyses revealed that a number of the youth characteristics were related to individual mentoring features (see Tables 1 and 2). The following variables were bivariately significant to at least one mentoring feature: gender, race/ethnic group membership, living situation, physical abuse, physical neglect, lifetime history of mania, and lifetime history of disruptive behavior disorders (DBD). Of these variables, however, only gender, race/ethnic group membership, living situation, and a lifetime history of mania remained significant in multivariate models (see Tables 3 and 4).

Results indicated race/ethnic group membership and living in a semiindependent living situation were significantly related to the presence of a nonkin natural mentor (see Table 3). Compared to white youths, nonwhite youths were less likely ($OR = 0.53$, 95% $CI = 0.320$ – 0.868) to nominate a nonkin natural mentor. Also, the odds that youths living in independent living situations would report the presence of a nonkin natural mentor were almost three times greater ($OR = 2.91$, 95% $CI = 1.320$ – 6.398) than the odds that youths living with relatives

would report the presence of a nonkin natural mentor. Whereas gender approached significance ($p = 0.06$) in the hypothesized direction, results do not support our hypothesis that a higher proportion of female youths would report a nonkin natural mentor than male youths. In a simultaneous logistic regression, which included variables such as gender, race/ethnic group membership, and where youths were living, clinical characteristics that had been significant in bivariate analyses, as mentioned above, were no longer significant in explaining mentoring features.

Results indicated that where youths were living was significantly related to whether youths met their mentor through a formal service system (see Table 3). Youths living in congregate care placements were more likely ($OR = 8.06$, 95% $CI = 2.797-23.197$) to have nominated a nonkin mentor that they met through a formal pathway than youths living with relatives.

Results indicated that where youths were living was also significantly related to the duration of the mentoring relationship (see Table 3). Compared to youths living with relatives, youths living in semiindependent living situations were less likely ($OR = 0.15$, 95% $CI = 0.053-0.433$) to be in a mentoring relationship that had lasted for longer than 1 year. Similarly, compared to youths living with relatives, youths in congregate care settings were also less likely ($OR = 0.11$, 95% $CI = 0.041-0.319$) to be in a relationship that had lasted for longer than 1 year.

No youth characteristics were associated with frequency of contact (see Table 4). Frequency of contact was explored dichotomously and as a three-category variable. Because none of the resulting models were significant, the simplest model is presented.

Of the demographic characteristics, gender was significantly related to relationship quality (see Table 4). Compared to girls, male youths reported lower levels of relationship quality after controlling for other covariates. Of the clinical characteristics, youths with histories of mania reported higher quality relationships than youths without a history of mania. Frequency of contact was positively related to relationship quality.

Discussion

The present study provides a first look at the nonkin natural mentoring relationships among an understudied subpopulation of youths nearing their exit from foster care. It drew on previously utilized measurement strategies while incorporating a new measure of relationship quality. The study also examined the correlates of individual mentoring features, an area that needs to be better understood to inform the design of mentoring programs.³⁴

In this study, 62% of the sample reported the *presence of* an unrelated natural mentor. Sixty-two is a high percentage rate when compared to similar studies among youths in the general population. Whereas the two studies reviewed earlier reported higher rates, both more than 70%, these studies reported that more than half of the nominations were extended relatives. Furthermore, one study inquired about the presence of a mentor at any time since age 14, which is easier to endorse. The present study specifically inquired about current and unrelated natural mentors. These studies provide some comparison for the findings in the present study.

Our data suggest that many OYFC have supportive unrelated adults in their lives. One might argue that this is good news, as many of these youths have an increased need for support as they transition to adulthood. However, it is also possible that social desirability may be a concern with these data if youths felt compelled to report that they had a natural mentor when in fact they did not. In future studies, interviewing the nominated mentor could provide additional validity. However, others have argued that it is the perception of support, as opposed to the actual support provided, that really matters.^{46,47}

Furthermore, our data suggest that many of the youths met their natural mentors through formal systems of care. Many of the mentors are adults that work for the child welfare, education, and mental health systems. These results provide evidence that service providers are, in many cases, beyond kin, among the most valued adults in the lives of OYFC. Whereas research on aftercare among emancipated youths has revealed that family and nonagency supports are instrumental in helping youths with independent living skills,⁴⁸ we hypothesize that the agency professionals nominated in this study may provide other kinds of support, such as emotional support. Furthermore, the majority of youths in the present study had not yet emancipated, which may explain why many of them nominated professionals as supportive mentors. These results suggest that the experience of aging out of the foster care system and into adult systems of care may produce strong feelings of grief and loss, as making the transition can lead to the abrupt end of relationships with valued professionals. Experts elucidate that aftercare “depends on replacing agency services with a ‘natural system’.”⁴⁸ We do not disagree with this; however, this study reveals that for many OYFC, this means needing to replace trusted and supportive adults, which in some cases may be extremely difficult.

Descriptive results regarding the *structure* and *quality* features of these relationships suggest that many OYFC engage in long-lasting relationships that provide extensive *contact* with supportive adult mentors. Given the often unstable life histories of OYFC, we hypothesized that mentoring relationships would be difficult for these youths to sustain. These data, however, suggest that many of the nominated adults are actively involved in the lives of the youths that nominated them. Furthermore, the examination of the relationship quality revealed that the youths perceived their mentoring relationships to be high in quality. The high mean item score for quality was similar to the only other natural mentor study that has utilized the RHI-M.⁸ Furthermore, results revealed that having a history of maltreatment and/or a psychiatric disorder was not associated with poorer mentoring outcomes; in fact, meeting lifetime criteria for mania was associated with higher scores of relationship quality. Together these data lend support to mentoring as a promising intervention strategy for vulnerable populations of youths, including those with histories of maltreatment and/or psychiatric disorders. However encouraging, more research is needed in this area.

Gender, race/ethnic group membership, and where youths were living were important correlates of individual mentoring features. We hypothesized that female youths would be more likely to report significant adults in their lives. This hypothesis was not supported; however, results revealed that the hypothesized relationship was nearing significance. It is possible that while in the general population girls may have a stronger need for supportive relationships than boys, in this population most youths are in high need of supportive adults in their lives. This may help explain the nonsignificance of this finding. Gender was related to relationship quality. Female youths reported relationships significantly higher in quality than boys. One explanation for this finding comes out of gender-based relational literature that asserts that girls are more interested in intimacy and close, confiding relationships than boys.⁴⁹ Another explanation is that the RHI-M was influenced by RCT, which was developed out of clinical work with women. Thus, the significance might also be a reflection of the construction of the measure. Boys may consider qualities other than authenticity, engagement, and empowerment, the qualities focused on in the RHI-M, as key components of a high quality mentoring relationship. This needs further investigation.

Race/ethnic group membership was related to the presence of a nonkin natural mentoring relationship. Nonwhite youths in the foster care system were less likely to report the presence of a mentor than their white counterparts. Because of the scant literature in this area, this is the first mentoring study to report this finding. It is important to note that more than 90% of the nonwhite youths in this study self-identified as black or African American, thus, literature on black youths is cited in discussing this finding. Literature contends that black youths often have

close contact with members of their kin networks^{50,51} and therefore, it is possible that some of the black youths in this study received significant support from kin and may not have had as much of a need for a relationship with a nonkin natural mentor, which was the subject of this study.

The examination of where youths live in relation to mentoring is an unexplored area of research. There are many possible explanations for the finding that youths in semi-independent living placements (ILP) were more likely to identify a nonkin natural mentor than youths living with relatives. One explanation is that youths living in ILP may be more in need of nonkin support than those living with relatives, as those living with relatives may receive the support they need from adult relatives. However, another equally feasible explanation could be that youths in ILP settings are more independent and thus, they are more able to initiate supportive relationships with valued adults. More research is needed to further understand this finding.

Compared to living with relatives, living in a congregate care setting was related to youths having met their identified mentor through a formal pathway. This may be easily explained because of the reality that many youths living in congregate care facilities live far from family and may not have as much contact with them in comparison to youths living with relatives. Also, by nature of living in a congregate care placement, youths may develop significant relationships with professionals that care for them in these settings. In these settings, youths are surrounded by adults that are available and employed with the purpose of being in caring and supportive relationships with them. Where youths were living was also related to the duration of the relationship. More specifically, youths living in congregate care placements and ILP were less likely to have been in their identified mentoring relationships for more than a year, compared to youths living with relatives. One explanation for this finding is that youths living in congregate care settings may be more transient than youths living with relatives. These relationships may be more tenuous as youths leave the foster care system. Again, more research is needed to examine the relationship between where youths live and the duration of the relationships.

Limitations

Although this study offers a first step in the examination of nonkin natural mentoring among OYFC, it has important limitations to consider. The following limitations suggest implications for future research. First, mentoring research could benefit from further discussion regarding the definition of a natural mentor. Varying conceptualizations of natural mentors creates difficulties when comparing results between studies. For example, the highly specific focus on “nonkin natural mentors” in this study provides only a part of the story regarding natural mentoring among OYFC. Future studies would benefit from examining both relative and nonrelative natural mentors. Many OYFC receive support from kin and it would deepen our understanding to have a more complete picture of their natural support networks. In addition, future studies may benefit from exploring if and how different cultures may interpret the concept of a natural mentor, including those steeped in the foster care culture. Second, in asking “how did you meet your mentor?” our data did not provide, in some cases, information on who was nominated. Future studies should explicitly ask, “Who is this adult?” and probe until there is a clear understanding of who is in the relationship with the youths. Third, living situation was collected at 18 and it is used as an independent variable to examine what may have been a retrospective natural mentoring relationship. That is, the relationship may have developed when the youth was living in a different setting. Also, it is important to note that these data do not suggest directionality between independent and dependent variables, but rather focus on illuminating the association between where youths live and mentoring characteristics. These limitations should be considered when interpreting results. Fourth, data from the adult mentors would enhance the results of this study. Fifth, generalizability is a limitation, as the present

study sampled older youths in one state's foster care system. Finally, the measurement issues discussed above are limitations that need to be considered in future studies of natural mentors among OYFC.

Implications for Behavioral Health

These data point to important service delivery and policy implications regarding the behavioral health of OYFC, many of whom live with serious emotional disturbances²² and utilize high rates of mental health services.⁵² First, these data raise important questions regarding agency policy on the professional role of child welfare caseworkers and staff involved in providing independent living classes and other child welfare staff in the lives of OYFC, especially as they transition from, or age out, of the system. Data from this study suggest that many of the most important nonkin adults in the lives of OYFC, particularly youths living in congregate care settings, are human service professionals. Although this may not be surprising, both professionals and the youths with whom they form relationships with may benefit from discussions and written policy explicating how to support, or not support, the continuation of these relationships. If key staffs are playing important roles in the transition to adulthood among OYFC, perhaps our formal policy and services can provide additional mechanisms to support these relationships. For example, within therapeutic programs (e.g., ILP) it may be beneficial to integrate a core relational focus to complement the instrumental supports these programs provide. It may be possible to recruit and train adults to be present during independent living classes with the purpose of being in and developing supportive relationships with youths. Furthermore, RCT provides a framework from which to further explore what it is about supportive relationships that matter to OYFC. This kind of qualitative inquiry can provide critical insights into what relational qualities OYFC find helpful when they make the challenging transition to independence. Providers can utilize this information, from the youths themselves, to integrate relational components into already existing programs. Second, recently legislation was introduced in congress to support mentoring programs for foster care youths. This study provides some initial insights into which OYFC may need these services most. For example, program developers may want to consider mentoring for youths transitioning from congregate care settings, as these youths were less likely to report long-lasting relationships with natural mentors.

Youths living in congregate care settings were more likely to nominate mentors that they met in formal child serving systems. This also raises critical questions. For example, how can child welfare professionals strategically help OYFC transition into new healthy relationships as they leave congregate care settings? Or, does the child welfare system want to consider the continuation of these relationships through the development of specialized psychosocial and support services (e.g., Transition Youth Groups)? Also, when the relationships do terminate, how can professionals help OYFC understand why the relationships end and how can they help prepare the youths for the transition to adulthood without these relationships? Finally, do child welfare professionals need additional training to better address the ending of what are important relationships for their clients?

Finally, 38% ($n = 128$) of the youths in this study reported the absence of a nonkin natural mentor. Furthermore, youths that reported a mentor may have overstated the presence and quality of these relationships simply because facing the future, the transition to adulthood, can create excessive anxiety. If this is the case, youths may be disappointed and vulnerable when they leave care, as this is a period that requires a great deal of concrete and emotional support. Whereas these important questions remain unanswered, the present study clearly shows that the majority of OYFC perceive that they are engaged in long-lasting, high quality relationships with nonkin natural mentors.

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Table 1
Associations among demographic characteristics and features of natural mentoring relationships

	Presence (<i>n</i> = 339)	Pathway (<i>n</i> = 203)	Duration (<i>n</i> = 211)	Frequency of contact (<i>n</i> = 211)	Relationship quality (<i>n</i> = 211)
Ethnicity					
1 = Nonwhite youths (<i>n</i> = 188)	56%	56%	70%	27.88 (22.48)	48.02 (7.2)
0 = White (<i>n</i> = 151)	70%	49%	70%	29.93 (22.88)	48.19 (5.9)
Differences	7.3**	1.11	0.01	<i>t</i> = 0.66	<i>t</i> = 0.19
Gender					
0 = Female (<i>n</i> = 198)	67%	60%	68%	28.23 (22.38)	48.8 (6.4)
1 = Male (<i>n</i> = 141)	55%	48%	74%	30.06 (23.20)	46.9 (6.6)
Differences	4.9*	2.54	1.05	<i>t</i> = -0.56	<i>t</i> = 1.98*
Living situations					
Relatives					
1 = Yes (<i>n</i> = 121)	55%	41%	87%	26.57 (22.98)	48.0 (6.5)
Foster care					
1 = Yes (<i>n</i> = 63)	67%	60%	74%	30.74 (24.32)	48.5 (5.6)
Congregate care					
1 = Yes (<i>n</i> = 68)	53%	83%	47%	27.67 (21.38)	49.0 (5.3)
Semiindependent (ILP/TLP)					
1 = Yes (<i>n</i> = 52)	77%	57%	55%	29.10 (21.34)	47.1 (8.9)
On their own					
1 = Yes (<i>n</i> = 35)	74%	24%	77%	33.38 (23.47)	48.0 (5.5)
Difference	12.4*	25.80***	23.0***	<i>f</i> = 0.52	<i>f</i> = 0.40

ILP = independent living program, TLP = transitional living program

*
p < 0.05

**
p < 0.01

p < 0.001

Table 2
Associations among clinical characteristics and features of natural mentoring relationships

	Presence (<i>n</i> = 339)	Pathway (<i>n</i> = 203)	Duration (<i>n</i> = 211)	Frequency of contact (<i>n</i> = 211)	Relationship quality (<i>n</i> = 211)
Physical abuse					
1 = Yes (<i>n</i> = 160)	67%	54%	66%	30.36 (22.40)	48.2 (6.9)
0 = No (<i>n</i> = 179)	58%	52%	74%	27.40 (22.92)	48.0 (6.3)
Differences	2.8*	0.04	1.49	<i>t</i> = -0.95	<i>t</i> = -0.12
Physical neglect					
1 = Yes (<i>n</i> = 156)	69%	7%	68%	27.68 (21.94)	48.7 (6.1)
0 = No (<i>n</i> = 183)	57%	48%	73%	30.19 (23.41)	47.5 (7.0)
Differences	6.0*	1.38	0.69	<i>t</i> = 0.81	<i>t</i> = -1.27
Sexual abuse					
1 = Yes (<i>n</i> = 120)	66%	52%	67%	29.29 (22.18)	48.3 (6.8)
0 = No (<i>n</i> = 219)	60%	53%	72%	28.67 (23.01)	48.0 (6.5)
Differences	1.02	0.02	0.56	<i>t</i> = -0.19	<i>t</i> = -0.36
History of depression					
1 = Yes (<i>n</i> = 96)	71%	56%	62%	26.11 (22.34)	47.9 (6.9)
0 = No (<i>n</i> = 243)	58%	51%	74%	30.26 (22.80)	48.2 (6.4)
Differences	5.29	0.44	3.0	<i>t</i> = 1.26	<i>t</i> = 0.33
History of mania					
1 = Yes (<i>n</i> = 21)	57%	73%	50%	27.25 (22.46)	52.0 (5.2)
0 = No (<i>n</i> = 318)	63%	52%	71%	29.01 (22.71)	47.9 (6.6)
Differences	0.25	1.87	2.46	<i>t</i> = 0.26	<i>t</i> = -2.63*
History of DBD					
1 = Yes (<i>n</i> = 154)	68%	51%	63%	30.5 (22.83)	48.0 (6.9)
0 = No (<i>n</i> = 185)	58%	54%	77%	27.36 (22.47)	48.2 (6.3)
Differences	3.36	0.23	4.37*	<i>t</i> = -1.01	<i>t</i> = 0.39

*
p < 0.05

Table 3
Association between youth characteristics and features of natural mentoring relationships

Variable	Presence of a mentor		Pathway to mentor		Duration	
	OR	95% CI	OR	95% CI	OR	95% CI
Nonwhite	0.53 ^{**}	0.320–0.868	1.08	0.564–2.080	1.42	0.707–2.869
Male	0.62 [*]	0.369–1.031	1.57	0.785–3.127	1.68	0.787–3.568
Living situation						
Semiindependent (ILP/TLP)	2.91 ^{***}	1.320–6.398	1.87	0.758–4.359	0.15 ^{****}	0.053–0.433
Foster home	1.24	0.632–2.441	2.19	0.936–5.116	0.44	0.155–1.251
On own	1.63	0.673–3.966	0.52	0.174–1.529	0.48	0.142–1.584
Congregate care	0.92	0.492–1.728	8.01 ^{****}	2.797–23.197	0.11 ^{****}	0.041–0.319
Maltreatment history						
Physical abuse	1.06	0.619–1.796	0.82	0.405–1.650	1.25	0.595–2.605
Physical neglect	1.50	0.896–2.504	1.45	0.746–2.834	0.79	0.394–1.593
Sexual abuse	0.78	0.445–1.349	1.09	0.534–2.210	1.14	0.546–2.372
Psychiatric disorder						
History of depression	1.52	0.848–2.711	1.12	0.548–2.298	1.01	0.480–2.123
History of mania	0.55	0.206–1.479	3.36	0.736–15.353	0.43	0.107–1.695
History of DBD	1.24	0.753–2.047	0.65	0.335–1.243	0.54	0.264–1.090
Chi-square, C-statistic	32.04 ^{***}	0.68	34.70 ^{****}	0.73	32.18 ^{***}	0.74

Several variables are represented by dummy codes: gender (0 = female), ethnic group membership (0 = white), and living situation (0 = living with relatives). Odds ratios presented are from the final models.

ILP = independent living program, TLP = transitional living program

*
p < 0.10
**
p < 0.05

p < 0.01

p < 0.001

Table 4
Association between youth characteristics and features of natural mentoring relationships

	Frequency of contact			Relationship quality		
	β	SE	t	β	SE	t
Nonwhite	-1.37	3.36	-0.41	-0.24	0.94	-0.26
Male	1.84	3.65	0.50	-2.47	1.02	-2.42*
Living situation						
SI (ILP/TLP)	3.94	4.87	0.81	-0.10	1.40	-0.07
Foster home	4.50	4.69	0.96	0.72	1.31	0.55
On own	7.94	5.43	1.46	-0.20	1.52	-0.13
Congregate care	1.18	4.83	0.24	2.19	1.40	1.56
Maltreatment history						
Physical abuse	3.67	3.62	1.01	-0.86	1.01	-0.85
Physical neglect	-5.17	3.45	-1.50	1.75	0.97	1.81
Sexual abuse	1.09	3.74	0.29	-0.66	1.04	-0.63
Psychiatric disorder						
History of depression	-6.14	3.71	-1.66	-0.68	1.04	-0.66
History of mania	1.05	7.23	0.14	4.82	2.02	2.39*
History of DBD	3.60	3.39	1.06	-0.46	0.95	-0.49
Mentoring						
Duration	N/A			1.76	1.03	1.70
Contact	N/A			0.07	0.02	3.36***
Model F	0.74		0.71	2.02		0.02*
R-square	0.04			0.13		

Several variables are represented by dummy codes: gender (0 = female), ethnic group membership (0 = white), living situation (0 = living with relatives). Betas presented are from the final models.

SI = semiindependent, ILP = independent living program, TLP = transitional living program

* $p < 0.05$

** $p < 0.01$

*** $p < 0.001$