



MENTORING FOR YOUTH IN FOSTER CARE

National Mentoring Resource Center Population Review

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Summary

This review examines research on mentoring youth in foster care. The review is organized around four questions:

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1. What is the effectiveness of mentoring for youth in foster care?
2. What factors influence the effectiveness of mentoring for youth in foster care?
3. What pathways are most important in linking mentoring to outcomes for youth in foster care?
4. To what extent have mentoring initiatives for youth in foster care reached and engaged these youth, been implemented with high quality, and been adopted and sustained?

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Research on mentoring youth in foster care is emerging. Several studies of program-based mentoring have employed rigorous designs, and studies of both program and natural mentoring are beginning to shed light on the conditions and processes that may be required to optimize benefits to youth. Because of the interpersonal vulnerability and high potential for adverse outcomes among this population, great care and coordination is required for implementing mentoring programs and supporting natural mentoring relationships. If done well, the benefits of mentoring may outweigh the potential risks of mentoring and foster youth may experience a range of positive outcomes.

The existing evidence points toward several conclusions:

- Both natural and program-based mentoring appear to be highly acceptable to youth in foster care, and mentees generally report high satisfaction with their mentoring experiences.
- Available research suggests that mentoring for children in foster care (across a range of ages and mentoring formats) can have positive impacts on many, but not all, targeted outcomes, including mental health, educational functioning and attainment, peer relationships, placement outcomes, and life satisfaction.
- Most formal mentoring programs that have been evaluated to date are multicomponent (that is, they include components other than one-to-one mentoring, such as skills groups) and utilize mentors who are agency staff members or university students.
- The impact of mentoring may differ based on demographic, and placement characteristics and key processes, such as improvements in self-determination and prosocial skills, may be the mechanisms through which mentoring outcomes are realized for this population.
- Finally, although there are many conceptual reasons why mentoring is an excellent fit for youth in foster care, there are pragmatic challenges that make widespread implementation difficult and no studies have examined program expansion or adaptation.

The review concludes with insights and recommendations for practice based on currently available knowledge. These insights highlight a number of factors to consider when developing and implementing mentoring programs for youth in foster care. Practitioners are encouraged to keep in mind that these youth may have challenges in engaging in mentoring relationships as a result of adverse experiences. Therefore, mentoring programs wishing to recruit, engage, and retain youth in foster care may need to access clinical expertise and develop collaborative relationships with agencies and professionals serving these youth. Programs should train and support their mentors to understand the critical importance of consistency, patience, and building and maintaining trust when working with these youth. Additionally, programs should consider incorporating activities that promote self-determination and goal setting and prepare youth for independent living, including the ability to build their social network and reconnect with significant adult supports.

INTRODUCTION

Estimates of the number of youth in foster care in the United States have held steady at approximately 400,000 on any given day in the past five years.¹ Nearly half live in non-relative foster homes, 30 percent in relative foster homes (referred to as “kinship care”), 8 percent in institutions, 6 percent in group homes, and about 5 percent live in other placements (e.g., pre-adoptive homes) or have run away. Many youth experience multiple placements while in care, and some move in and out of the system throughout their childhood. About 10 percent of youth who exit foster care “age out” or emancipate, defined as reaching age 18 without achieving permanency, such as adoption or reunification with their biological families.¹

The experience of substantial and traumatic adversity (e.g., abuse and neglect, exposure to substance use and violence, chronic disruptions in school and living situations, abandonment) is unsurprisingly linked with diminished physical and mental health, academic underachievement and school dropout, problematic substance use, poverty and homelessness, and incarceration.^{2, 3} Despite all odds, however, some youth avoid this negative trajectory.^{4, 5, 6} The presence of at least one supportive adult may help create the context through which resilience (i.e., the maintenance of positive adaptation despite experiences of significant adversity)⁷ is possible even in the face of maltreatment and foster care placement. Resilience is a dynamic process that involves more than individual strengths; external resources and the presence of larger support systems are necessary for children to overcome adversity.⁷ Increasing the number and quality of significant figures of support (e.g., mentors) available to youth increases their chances of healthy development.^{8, 9, 10}

Attachment theory posits that early relationship experiences with primary caregivers set the stage for future close relationships.¹¹ When children have positive, secure attachments with caregivers, they develop appropriate “working models” (i.e., a set of expectations and beliefs about oneself, others, and the relationship between self and others) and glean benefits in the form of healthy relationships and positive youth outcomes. When children lack secure attachments due, for example, to abandonment, maltreatment, or placement in foster care, their working models are negatively distorted.¹² Youth in foster care may believe they are unworthy of love, see hostility when others’ behavior is neutral, and be fearful of trusting people, which is perpetuated by additional negative relationship experiences. Fortunately, these models are amenable to change.¹³ “Corrective experiences” can shift working models and a healthy mentoring relationship can be one such experience. Although repairing attachment injuries may also require professional therapeutic intervention, mentors can buffer the impact of early and persistent exposure to adversity by filling an important relational void in the lives of youth in foster care through consistent, meaningful interactions.¹² Over time, youth in foster care who experience positive relationships with mentors and others can alter their working models of relationships to enable them to form healthy relationships.

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Developmental systems and ecological theories also emphasize the role adults play in role modeling and facilitating social bonding across contexts, which increases social capital and the capacity for closeness.^{14, 15, 16, 17} Social scaffolding (i.e., the process through which adults provide guidance for youth in developing relationships and support networks) is particularly critical for understanding mentoring of youth in foster care. When social scaffolding is absent, youth in foster care come to rely only on themselves and may view dependence on others as a personal weakness or failure.¹⁸ Youth who age out of foster care without strong social scaffolding may experience what is referred to as *psychological homelessness*—a longing for “home” and enduring connections.¹⁹

There is no doubt that youth in foster care, and those aging out of care, need support. Mentors are one of many essential resources. Via consistent, repetitive, and positive relational experiences, mentoring can foster resilience. Youth in foster care may be particularly responsive to the opportunity of a new relational experience but, because of their interpersonal vulnerabilities and complex needs, a thoughtful and cautious approach to mentoring this population is warranted.^{20, 21} The focus of this review is to examine whether natural and/or program-based mentoring can provide supportive relationships and achieve the intended benefits without producing any unintended negative consequences for youth in foster care. More specifically, this review addresses the following questions:

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1. What is the effectiveness of mentoring for youth in foster care?
 2. What factors influence the effectiveness of mentoring for youth in foster care?
 3. What pathways are most important in linking mentoring to outcomes for youth in foster care?
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This review examines studies of individual and group mentoring (with or without other program components) in a range of potential contexts (e.g., site-based, community-based, e-mentoring) for children and adolescents in any type of court-ordered out-of-home care (i.e., non-relative foster care, kinship foster care, or congregate care) due to maltreatment. The review includes studies of transition-age youth (16 to 25 years old) as long as the studies included some participants under the age of 18.

For this review, mentoring is defined by the National Mentoring Resource Center as “relationships and activities that take place between youth (i.e., mentees) and older or more experienced persons (i.e., mentors) who are acting in a nonprofessional helping capacity, whether through a program or more informally, to provide support that benefits one or more areas of the young person’s development.” (For further details, see [What is Mentoring?](#)) This definition typically excludes services and supports that are offered in formal professional roles by those with advanced education or training (e.g., social work, counseling). However, for the purposes of this review, these requirements were relaxed to include studies of programs in which mentors were required to hold professional degrees.

A literature search was conducted to identify journal articles, book chapters, and other types of reports pertinent to one or more of the central questions for this review, including searches of PubMed, ProQuest Dissertations & Theses, PsycINFO, and Google Scholar, using an established set of keywords. This search identified a total of 30 articles/reports that met criteria for inclusion in this review.

1. What Is the Effectiveness of Mentoring for Youth in Foster Care?

BACKGROUND

There are many reasons to believe that mentoring may be a contextually-sensitive and efficacious intervention for youth in foster care. Many young people who have been in foster care for a long time are resistant to more professional help, but they are open to a mentoring relationship. From a pragmatic perspective, mentoring does not require a stable caregiver to participate (as many youth interventions do), which enables the intervention to continue even after a child changes placements. Mentoring also may provide the young person opportunities to engage in activities that are restricted or logistically difficult to engage in due to issues with transportation, time, or financial resources. As most mentoring relationships are individualized, mentoring may work well as a strategy to intervene with youth in foster care who have heterogeneous challenges, including cognitive and learning disabilities as well as mental and physical health problems. Young people in care often have gaping holes in the developmental assets needed for attaining success in adulthood and seek support from individuals who are older, successful, accessible, trustworthy, provide emotional and instrumental support, have authority, and demonstrate guidance and understanding.^{22, 23, 24} Finally, when so much of the focus in social services is on ameliorating family problems, mentoring can focus on the child—fostering positive youth development and nurturing his or her interests and talents.

Although mentoring holds great promise for youth in foster care, there are also some cautions. Mentor abandonment may be more detrimental for youth in foster care than for non-foster youth, and mentors may face greater challenges, such as encountering resistance, overly rigid or blurred boundaries, mixed messages regarding youth satisfaction, or significant psychosocial needs, making their emotional connection with their mentee difficult. Youth who have experienced loss are also at particular risk for premature relationship endings, given their lack of stable living arrangements and high rates of emotional and behavioral problems. Mentors may interpret a lack of responsiveness or openness from their mentees as disinterest in the relationship without understanding the impact of their attachment history or the complicated lives that they lead. Indeed, young people in care discuss the importance of consistency and emotional closeness in mentoring relationships, which may require more flexibility, persistence, and patience on the part of the mentors.²⁵

While program-based mentors can certainly develop positive relationships with youth in foster care, naturally forming mentoring relationships might be particularly impactful for this population, as these relationships typically involve mutual trust and a shared understanding of the youth's difficult background and associated emotional and behavioral problems. Because these relationships form naturally over time, there is less likelihood that they will terminate abruptly and a greater likelihood that they will last for many years, helping bridge important transitions for foster youth, especially the transition to independence.²⁶

RESEARCH

Natural Mentoring. Young adults who emancipate from care report high rates (more than 70 percent in most studies) of nonparental natural mentorship, with relationships most likely to have begun before or during adolescence.^{5, 27, 28, 29} Although most of these studies involved small samples of youth that were not necessarily representative of the larger foster care population, there were many consistencies in their findings. Nonparental natural mentors most often consist of relatives, friends of the family, caseworkers, former foster parents or staff at their former placements, therapists, and teachers.^{5, 27, 28, 29, 30, 31, 32} Young adults describe their relationship with their natural mentor as very close, using phrases such as “like a parent,” or “trusted advisor”; in one study, over half of the respondents were in contact with their mentor nearly every day.^{27, 32} The types of support that natural mentors are reported to provide include instrumental, informational, and emotional support, teaching social skills, providing advice, and “keeping them on track,” which many young people described as key for preventing negative outcomes and, most importantly, supporting them in achieving positive ones.^{5, 27, 28, 29, 30, 31, 32}

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Studies have also empirically examined whether the presence of a natural mentor is associated with better functioning. In two studies of emancipating/emancipated youth, those with a natural mentor experienced more favorable outcomes than those without a mentor: they had lower levels of stress and higher life satisfaction, were more likely to complete high school or obtain a GED, and were less likely to be arrested or experience homelessness as a young adult.^{29, 33} The presence of a natural mentor was, however, unrelated to employment or substance use.³³ Two other studies used data from the National Longitudinal Study of Adolescent Health (Add Health) to examine the effects of a natural mentor. The Add Health study is a six-year, multiwave longitudinal study that enrolled several nationally representative cohorts of youth in grades 7 to 12. At Wave 3, when participants were between the ages of 18 and 26 (average age of 21.5), they were asked to retrospectively report whether a nonparental adult had made an “important positive difference in your life since you were 14 years old.” Among study participants who reported they had lived in foster care, having a natural mentor was associated with several positive outcomes, including participation in higher education, less suicidal ideation, lower rates of sexually transmitted infections, less physical fighting, better perceived general health, and a higher number of positive outcomes across domains.³⁰ Natural mentorship was not, however, associated with self-esteem, depression, completion of high school, current employment, assets (including having a bank account or owning a car or home), physical activity, body mass index, substance use, arrests, or gang membership.^{30, 34}

Although almost all studies of natural mentorship for youth in foster care examined the effects on adolescents or young adults, one study looked at whether the presence of a natural mentor in preadolescence was associated with better psychosocial functioning. This study found that children with natural mentors reported greater attachment to friends; however, having a natural mentor was

unrelated to attachment to parents (either biological or substitute), social skills, or perceived future opportunities.³¹

Formal Mentoring. With the growth of mentoring programs nationally, more studies are beginning to examine the impact of program-based mentoring for extremely vulnerable populations. Most studies examining the impact of formal mentoring programs for youth in foster care have been published over the past decade, and have focused on a wide range of outcomes, including social skills, relationship quality, life skills, self-determination, self-confidence, academic functioning, educational outcomes, mental health functioning, delinquency, placement stability, and employment. Similar to the focus in existing studies of natural mentoring, several programs (and their evaluations) focus on transition-age youth, and these emergent adults identify the same benefits from mentoring as do youth in natural mentoring relationships.³⁵ Interestingly, almost every evaluated formal mentoring program included in this review used paid mentors or mentors who were in college or graduate school. Several of the program evaluations used randomized controlled designs, which enables the field to make fairly strong conclusions about program efficacy.

Big Brothers Big Sisters Studies. Two studies examined the impact of Big Brothers Big Sisters (BBBS) programs on youth in foster care. The first analyzed data previously collected in a randomized controlled trial (RCT) of a national study of BBBS involved youth ages 10 to 15. This study examined the 90 youth participants who identified themselves as living in foster care and compared those randomized to the BBBS intervention to those assigned to the control group. Relative to youth in the control group, foster youth in the BBBS group demonstrated larger improvements in peer support 18 months after the start of the study.³⁶ A more recent nonexperimental pilot study examined the perceived impact of a BBBS program in North Texas involving 45 youth ages 5 to 16 in foster care. Youth were surveyed 4 and 10 months post referral to the BBBS program and reported high rates of program satisfaction and retrospective improvements in five areas: school, employment, friendships, relationships with authority figures, and self-confidence.³⁷ It should be noted that this study encountered significant enrollment, retention, and fidelity problems, rendering the data collected difficult to interpret.

Mentoring Programs to Improve Educational Outcomes. Several studies have examined the outcomes of mentoring programs specifically focused on improving education-related outcomes for youth in foster care. In the first study, a child welfare agency partnered with 18 school districts to provide individual tutoring/mentoring during the academic year to maltreated youth in foster care in grades K-12. The tutors/mentors were certified teachers, but not the child's teacher. Most of the mentoring/tutoring activities were focused on academics and study skills. Although there was no comparison group in this study and small subsets of the 206 participants completed assessments at later time points, results suggested that students had improved their academic skills.³⁸

A second educationally focused mentoring program, Take Charge, was tested in two RCT studies of older youth who were living in foster care and receiving special education services. The first study enrolled 69 youth ages 16 to 17 and the second study enrolled 133 youth ages 14 to 17. The youth in the intervention groups received individualized coaching by trained staff as well as group mentoring by "near-peer foster care alumni" over the academic year. Across the two studies, positive outcomes were noted in self-determination and mental health (as rated by youth and parents, but not by teachers), independent living activities, use of transition services, self-identified educational

goals and accomplishments, educational planning knowledge and engagement, postsecondary preparation, and quality of life. There were no significant differences, however, between the intervention and control groups in GPA or school attitude.^{39, 40}

An adapted Take Charge model called *Better Futures* was tested in a similar population, namely young people ages 16 to 18 in foster care with

serious mental health challenges. The intervention included individualized coaching for youth around key self-determination skills, an on-campus summer institute, and mentoring workshops with near peers who shared the experience of living in foster care and having mental health challenges. An RCT of the *Better Futures* intervention with 67 youth found that youth in the intervention group, compared to those in the control group, evidenced higher rates of enrollment in postsecondary schooling, as well as more positive reports on scales measuring self-determination, mental health empowerment, postsecondary preparation, transition planning, and hopefulness.⁴¹

Finally, two small programs implemented through universities' schools of social work provided mentoring to transitioning foster youth with the goal of increasing their awareness of, and access to, higher education. Although the small-scale studies of these programs did not include comparison groups, participating youth reported increases in knowledge about postsecondary options and improvements in academic self-efficacy.^{42, 43}

Multicomponent Programs to Improve Mental Health and Behavioral Outcomes. Two RCT studies evaluated multicomponent programs, each with a manualized skills group and mentoring/coaching component that focused on improving mental health and behavioral functioning of children in foster care. The first study, *Fostering Healthy Futures (FHF)*, enrolled 156 nine- to eleven-year-old children recently placed in foster care. The children attended 30 weeks of social skills groups and received individualized mentoring over the academic year. Mentors were graduate students in social work and psychology. The study demonstrated improvements in mental health problems (including trauma symptoms) and quality of life, as well as a reduction in mental health services utilized, number of placement changes, and placement in residential treatment centers in the group assigned to receive mentoring services relative to the control group. There were no demonstrated effects on coping skills, social support, or social acceptance.^{44, 45} An adaptation of FHF for teens is currently being tested in another RCT. A preliminary pilot study of this adapted program, *Fostering Healthy Futures for Teens*, which serves older youth with a history of foster care using mentoring without skills groups, demonstrated high rates of program engagement and satisfaction.⁴⁶

Another intervention, *Middle School Success*, for girls in foster care was similar to FHF in that it was implemented over an academic year, although group sessions for girls and their caregivers occurred for only three weeks (twice a week) prior to the start of the school year. Parents continued weekly group meetings and girls received individualized coaching by trained staff over the academic year. Short-term results of the RCT with 100 youth included improvements in internalizing and externalizing behaviors in the girls assigned to the intervention relative to controls. At the two-year post-intervention follow-up, girls who had been enrolled in the intervention had fewer placement

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Girls who had been enrolled in the intervention had **fewer placement changes**, demonstrated **more prosocial behaviors**, and were **less likely** to be **using substances** and **engaging in delinquent behaviors** than girls assigned to the control group.
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changes, demonstrated more prosocial behaviors, and were less like to be using substances and engaging in delinquent behaviors than girls assigned to the control group.^{47,48}

System-Run Mentoring/Advocacy Programs. Some mentoring programs for youth in foster care were administered by social services, in which trained staff provided the mentoring/coaching. One study examined the impact of “therapeutic mentoring” for 262 children ages 6 to 15 who were at risk of placement disruption from their foster homes. Caseworker reports were used to evaluate the impact of the program using a quasi-experimental design in which clinicians referred some youth to therapeutic mentoring if they determined the child was “able to benefit” from a mentoring relationship. The youth who were not referred to mentoring served as the comparison group. Mentored youth were reported by caseworkers to have fewer trauma symptoms than youth in the comparison group. Unfortunately, the small number (n = 27) of participants at follow-up limits our ability to understand the impact of the program.^{49, 50}

In the Massachusetts Adolescent Outreach Program, outreach workers (who were required to be licensed social workers) met individually with older youth (ages 15 to 20) who were transitioning from foster care to help them develop skills and engage in appropriate developmental tasks including applying for jobs and college. An RCT of the program with 194 youth found positive impacts on college enrollment and retention, obtaining important documents (e.g., birth certificate, license) and receiving assistance with education, employment, housing, and financial management. There were no differences, however, between the control and intervention groups on several other target indices, including employment, economic well-being, stable housing, delinquency, pregnancy, or preparedness for independence.^{51, 52}

An innovative British study reviewed case files of 181 participants across 11 mentoring programs for emancipating youth ages 15 to 23. Many of the mentoring programs were situated within departments of social services as the program was mandated by the Prince’s Trust Leaving Care Initiative. The case reviews found that over three-quarters of the young people achieved program goals, but that half the relationships evidenced “negative outcomes,” including not meeting the goals and/or having unplanned endings to the mentoring relationship.⁵³

Finally, youth in foster care are often paired with Court-Appointed Special Advocates (CASAs). CASA volunteers are laypersons who receive specialized training to assist children through the court proceedings. They are typically assigned only a small number of children and can provide more time and attention to youth than attorneys or caseworkers.⁵⁴ One key difference between CASA volunteers and typical mentors is that CASA volunteers are charged with providing information to court officials to inform decision-making. CASA volunteers are focused on the well-being of the child and may be one of the only sources of stability, as social workers, attorneys, and/or foster parents change.⁵⁵ Evidence for the effectiveness of CASA volunteers is based mostly on quasi-experimental studies and is limited almost exclusively to outcomes related to permanency. A full review of CASA models is outside the scope of this review, but existing studies tentatively suggest that youth with a CASA volunteer may experience fewer placement changes, less time in care, greater likelihood of achieving permanency, greater access to services and resources, and more support through adult relationships.^{56,57} It is important to note, however, that not all studies have replicated these findings,⁵⁸ and few differences between those with a CASA volunteer and those without have been reported on measures of well-being and development.⁵⁶

CONCLUSIONS

1. Although not yet confirmed through rigorous evaluation, mentees report that both natural and program mentors provide life-changing informational, instrumental, and emotional support to young people in foster care who often lack consistent adults to help them navigate the many challenges they face.
2. Available research suggests that both natural and program-based mentoring for children in foster care (across a range of ages and mentoring formats) can have positive impacts on mental health, educational functioning and attainment, peer relationships, placement outcomes, and life satisfaction; mentoring demonstrated no impact or mixed results for other outcomes, including social skills, attachment to adults, physical health, employment and financial assets, risky behaviors, and associated negative life-course outcomes (e.g., substance use, delinquency, arrests).
3. Most of the mentoring programs serving youth in foster care that have been evaluated to date have been multicomponent (i.e., they included components other than one-to-one mentoring, such as skills groups) and utilized mentors who were agency staff members or university students; thus, we know less about other program models serving this population.

2. What Factors Influence the Effectiveness of Mentoring for Youth in Foster Care?

BACKGROUND

Conceptually, characteristics of the mentor/mentee and/or characteristics of the mentoring program or practice (or the combination of these factors) may influence the impact of mentoring on young people in foster care. For example, ethnic minority youth (an individual mentee characteristic) may benefit more from a mentoring program than White youth, but only if they are paired with a same-race mentor (a program practice). It is possible to theorize why different genders, racial/ethnic groups, level of adverse childhood experiences, and type of placement (kinship versus foster care) might lead to better outcomes, yet most studies that have examined the characteristics of mentors/mentees and their association with outcomes have not had strong, theoretically based, a priori hypotheses, which poses a challenge to applying these findings to mentoring youth in foster care. Previous literature provides a bit more guidance with regard to program practices. Certain program practices (e.g., mentor training, case management) are hypothesized to produce better outcomes for youth in foster care because they are associated with longer, higher-quality matches in studies focused on other youth populations.⁵⁹ Mentoring uptake (e.g., number of mentoring visits, length of match) has similarly shown potential in previous studies to influence mentoring outcomes.⁶⁰ Below we separately review the impact of individual and mentoring-specific factors that may condition the effectiveness of mentoring for youth in foster care.

RESEARCH

Youth characteristics. Few studies have examined whether children with certain demographic characteristics benefit more from mentoring. In terms of age, none of the reviewed studies examined

whether youth at certain ages benefitted more, although one study found no differences in mentoring's impact as a function of pubertal development in middle-school-age girls.⁴⁸ Most of the studies enrolled a narrow age range of participants, which limits the ability to test for age effects. No reviewed studies tested (statistically) whether boys or girls benefitted more from mentoring. Race/ethnicity did not show a consistent pattern of influencing the impact of mentoring in two studies^{38, 52} but youth in foster care are a heterogeneous group and both of these studies grouped all non-White youth into a "Minority" category.

Some studies have examined whether maltreatment or placement history, as well as youths' risk level prior to their receipt of mentoring, contributed to the impact of the intervention. Two studies did not find differences in program efficacy as a function of maltreatment severity.^{48, 61} A study of social support (not specifically mentoring), however, found that the impact of social support on depressive symptoms was greater for youth who experienced fewer types of maltreatment,⁵² leading the authors to conclude that ". . . as cumulative risk grows, the adequacy of compensating factors may diminish, and the chances of negative consequences

may increase. Complex trauma may represent a circumstance when, even with social support, coping is taxed beyond the limit . . ." (p. 110).⁶²

In support of this hypothesis, a recent study of Fostering Healthy Futures found that as the number of adverse childhood experiences (ACEs) increased, the impact of the intervention on trauma-related symptomatology diminished.⁶³ At the same time, being placed in foster care is also seen as an ACE, and two studies of youth in foster care found that they achieved more benefits from mentoring than did youth not placed in foster care.^{36, 38} The type of foster care may also matter. One study found that the youth placed in kinship (relative) care benefitted more from mentoring than youth in non-relative foster care.³⁶ Finally, study results are unclear in determining whether pre-program rates of behavior problems are associated with the strength of program outcomes. One study found no differential impact by behavior problems on psychosocial and behavioral outcomes,⁴⁸ while another study found that the reduction in number of placement changes was greatest for those youth who had more behavior problems prior to the intervention.⁶¹

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Two studies of **youth in foster care** found that they **achieved more benefits from mentoring** than did youth not placed in foster care.
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Program practices and mentoring relationship characteristics. Although no reviewed studies examined the effects of program practices (e.g., amount of training or case management) on outcomes, several examined whether mentoring frequency/duration, quality of the mentoring relationships, or the characteristics or role of the mentor were associated with natural and programmatic mentoring outcomes. Because none of these factors was systematically varied in the studies, causal associations cannot be inferred, and the findings must be viewed as only suggestive.

Two studies of mentoring frequency (i.e., how often matches met) and duration (i.e., the length of the mentoring relationship) found no differences in psychosocial or behavioral outcomes based on these factors.^{30, 33} Another study found that dosage (i.e., the number of hours of mentoring received) was related to better outcomes, and that those youth who received fewer hours of mentoring did worse on some measures than youth who received no mentoring.⁵⁰ Similarly, in a systematic review of studies of natural mentoring among older youth in foster care, longevity and consistency were noted to be important factors.⁶⁴

Others have hypothesized that relationship quality and the role or characteristics of the mentor are important in determining outcomes. Although several qualitative studies (those based on interviews with participants) have identified key characteristics of the mentoring relationship or mentor as important to achieving good outcomes (e.g., acceptance, encouragement, reliability, patience, responsiveness, openness, understanding),^{28, 29} one prospective study found that quality of mentoring (as rated on an 11-point scale by the mentees) was not associated with strength of outcomes.³³ While having a mentor who was “like a parent” or “serves as a role model” was associated with some favorable outcomes in one study of natural mentoring,³⁴ another study found poorer outcomes for youth with natural mentors who engaged in health-compromising behaviors, such as substance use.⁶⁵

CONCLUSIONS

1. The existing literature suggests that the effects of mentoring may differ by children’s demographic characteristics, but the literature is insufficient to provide firm conclusions about their effects.
2. Youth who are at very high levels of risk may not benefit as much as youth at lower levels of risk, and risk may also differentially affect distinct outcomes (e.g., psychosocial outcomes vs. child welfare outcomes).
3. Characteristics of the mentoring relationship, including frequency of meetings, duration, and quality of the match, are inconsistently related to mentoring outcomes, although few of the rigorously designed studies examined these characteristics and no studies systematically varied these indices to test their importance.
4. Studies of natural mentoring suggest that mentor characteristics and the role mentors play may be linked with youth’s receipt of benefits.

3. What Pathways Are Most Important in Linking Mentoring to Outcomes for Youth in Foster Care?

BACKGROUND

Youth who have experienced trauma, compromised attachment, and weak social scaffolding are in need of reparative relational experiences that allow for the development of positive youth outcomes. Although no known research has empirically examined whether mentoring is a corrective attachment experience, theory suggests that the improvement of working models may be a key mechanism in mentoring’s effects. Multiple placement changes, fluctuating living and school situations, and uncertainty about one’s future all affect youth’s sense of constancy and hope. For youth in foster care, increased stability, future orientation, and self-advocacy processes may be needed to translate mentoring into intended outcomes. Programs that foster these outcomes may be most effective in yielding positive youth development among those in foster care.

Additionally, as is true for most populations, youth in foster care are not a homogenous group, and the programs serving these youth are diverse in their goals. Therefore, the processes critical to

realizing specific outcomes are dependent on the program aims, theory of change, and needs of youth. For example, a formal program designed to increase foster youth’s academic achievement may focus on the development of academic engagement as a key process, whereas a program designed to address mental health may focus on emotion regulation or coping.

RESEARCH

Four studies were located that examined processes through which mentoring relationships are linked to positive youth outcomes among youth in foster care. The first was a study of natural mentoring among former foster youth in which asset accumulation (i.e., owning a car, owning a residence, and having a bank account) was the main outcome of interest. It was hypothesized that having a natural mentor during adolescence would improve foster youth’s future expectations, which would then increase the likelihood of accumulating those assets during emerging adulthood. Results, however, indicated that this was not the case; having a natural mentor was not associated with the accumulation of any of the assets examined for former foster youth.³⁴

The second study investigated whether improvements in self-determination as a result of participation in the Take Charge program was related to greater quality of life. Self-determination was defined as having the power to make decisions, to direct one’s actions, to dream and take risks, and to exercise rights and responsibilities. As hypothesized, mentoring in this educationally focused program improved youth’s belief in their ability to take action on their own behalf, which was, in turn, associated with greater quality of life, including connections with others, social inclusion, individual control, community integration, productivity, overall satisfaction and well-being.⁴⁰

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As hypothesized, mentoring in this educationally focused program **improved youth’s belief in their ability to take action on their own behalf**, which was, in turn, associated with greater **quality of life**, including **connections with others, social inclusion, individual control, community integration, productivity, overall satisfaction** and **well-being**.

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The third study assessed the Massachusetts Adolescent Outreach Program and found that in addition to the positive effects on college enrollment and persistence, youth in the outreach program were also significantly more likely to remain in foster care. The authors conducted additional analyses to examine whether the effects on college outcomes were a direct result of the outreach program or whether they operated through the program’s impact on remaining in care. Results indicated that, in fact, more than 90 percent of the program’s effect on outcomes was accounted for by program youth remaining in care longer than control youth, suggesting that there may be an educational benefit of remaining in care.⁵¹

Finally, the fourth study examined whether decreases in substance use and delinquency were accounted for by changes in prosocial skills in the Middle School Success program. The authors’ hypothesis was partially supported; that is, for delinquency, the intervention achieved positive effects mainly through increased prosocial skills. However, the intervention also had a direct effect on substance use that was not explained by increased prosocial skills.⁴⁷

CONCLUSIONS

1. Mechanisms, or processes, through which mentoring may affect outcomes include improving future expectations and self-determination and increasing time in care, but research is extremely limited and thus inconclusive.
2. One well-designed study found that improvement in prosocial skills was critical to avoiding some delinquent behaviors, but more research is needed to generalize these findings to other programs and outcomes of interest.

4. To What Extent Have Mentoring Initiatives for Youth in Foster Care Reached and Engaged These Youth, Been Implemented with High Quality, and Been Adopted and Sustained?

BACKGROUND

Before mentoring programs can be successfully and widely disseminated to reach more youth in foster care, it is important to understand whether the findings of the studies examined in this review can be generalized to the broader population of youth in foster care. Recruiting representative samples of youth in foster care for research studies as well as program participation is complicated for a number of reasons, including:

- There are unique human protection, consent, and confidentiality procedures for wards of the state;
- Determining eligibility is difficult when caseworkers and foster parents have limited knowledge of the child's background and functioning and/or there are missing health and/or educational records;
- Coordination of involved systems (e.g., child welfare, juvenile justice, mental health) to work collaboratively on the child's behalf can be difficult; and
- There are scheduling and transportation challenges for participation in both the research and mentoring, as children's living situations (and therefore caregiver availability) change over time.⁶⁶

⁶⁷ Despite these challenges, programs that have demonstrated positive outcomes should be considered for dissemination and implementation among the populations for which they have demonstrated efficacy, as there are far too few evidence-based programs for this vulnerable population and we know that youth in foster care participate in far fewer organized activities than youth not in care.⁶⁸

As we think about the expansion of mentoring for youth in foster care, however, there are a number of cautions. Two thoughtful articles articulate serious concerns about widespread expansion of mentoring for youth in foster care without careful consideration of contextual and programmatic features. They caution that mentoring should not be seen by social services as a substitute for parental support, especially as young people emancipate from care, nor should mentors be expected to independently

navigate key instrumental supports such as housing, education, or health care for their mentees.^{25, 69}

RESEARCH

Reach and Engagement. In the outcome studies reviewed in these pages, there was great variability in the programs' recruitment and retention rates. A recent paper focused on barriers to implementing mentoring programs for youth in foster care provides great detail on the implementation of a BBBS program for youth in foster care that was mandated by the Texas legislature. More than 200 youth were referred to the program, but only 46 were matched with a mentor and only 3 participated for a full year. Sixty percent of the youth had either very little contact with their mentor or dropped out of the program.³⁷ Low rates of recruitment, engagement, and/or retention were noted by other studies as well,^{35, 43, 48, 50, 53} and no studies examined the impact of "failed matches" on outcomes for youth.

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Mentoring should not be seen by social services as a substitute for parental support, especially as young people emancipate from care, **nor should mentors be expected to independently navigate key instrumental supports** such as housing, education, or health care for their mentees.
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Low rates of recruitment and samples of convenience in the available studies of these programs make it difficult to know whether the studies' findings can be generalized to the broader foster care population. For example, the Massachusetts Adolescent Outreach Program served only youth who were in "intensive foster care and who had a case plan goal of independent living or long-term substitute care" (p. vi)⁵¹ and the authors report that the findings should not be generalized to other populations of youth in foster care. Although the program-based mentoring studies reviewed above varied in their recruitment strategies, most of the studies of natural mentoring recruited convenience samples, which limits the generalizability of their findings.

In terms of mentoring's reach, it is also important to understand who engages in mentoring. No reviewed studies of formal mentoring programs have examined the characteristics of youth who engage in these programs, but two of the more rigorous studies of natural mentoring examined characteristics of foster youth who were most likely to have a natural mentor. Youth in foster care who had a natural mentor did not differ from those without a mentor in terms of gender, race/ethnicity, socioeconomic status, maltreatment type, number of placements, or mental health and behavioral problems.^{30, 31} In one of these studies, however, those youth with a natural mentor were older, had been in foster care for a shorter period of time, and were more likely to live in a residential treatment facility than children without a natural mentor.³¹

Quality of Implementation. Unfortunately, no reviewed studies examined whether the quality of the program (e.g., training of mentors, monitoring of matches) was important in achieving outcomes, although in one study, mentors reported difficulty securing necessary resources and services for their mentees, even though resource acquisition was a key goal of the program. The mentors reported wanting more support and supervision around these goals.³⁵ A few studies have delineated their training and supervision of mentors and/or surveyed the mentors for their perceptions of the mentoring experience,^{35, 37, 49, 70, 71} but these descriptions tend to be very program specific and no conclusions can be drawn about the impact of program practices on outcomes.

Specificity of program goals is also an important factor to consider. For example, a study that examined whether providing mental health and educational assessments and recommendations led to an increase of services for children in foster care, found that the presence of a mentor did not impact service receipt post-program.⁷² This was likely because the goal of mentoring in that program was to improve social skills and reduce mental health problems, not advocate for services. Similarly, the goals of the program may not be well aligned with the mentees' goals for themselves. In one study, coaches reported that their mentees were resistant to identifying proximal educational goals (the focus of their program) and wanted to focus on life after high school (e.g., getting a job).³⁹

Adoption and Sustainability. A recent review of mental health interventions for children in foster care found that there were many fewer evidence-based interventions that were adapted for youth in foster care than there were newly designed programs.⁷³ This is likely due to the challenges of adapting existing evidence-based programs for children in foster care, which is reflected in the current review—other than the two BBBS studies, all of the programs reviewed were specifically designed for children with child welfare involvement. While mentoring programs for youth in foster care face some of the same barriers to implementation as mentoring programs for other populations (e.g., finding sustainable funding sources), there are other barriers that make implementation of programming with this population particularly difficult. No studies were found which examined the implementation of existing evidence-based mentoring practices for youth in foster care although two studies adapted their own practices for slightly different populations.^{39, 40, 45}

Although there are no published studies of its implementation, the Fostering Healthy Futures (FHF) program has been implemented through two community-based agencies over the past four years with high rates of fidelity to the model and better youth attendance rates than were found in the earlier studies of its impacts.^{44, 45} More widespread implementation of FHF, however, is limited due to: (1) the narrow population for which it has demonstrated efficacy (e.g., 9- to 11-year-old children recently placed in foster care); (2) the available funding sources, as the child welfare system typically pays for services only if cases are open and children stay in the FHF program even if they reunify or their cases close; and (3) the use of graduate student mentors, which limits the reach beyond urban areas. Barriers to the implementation of other programs reviewed here would include the high cost of paid mentors.

CONCLUSIONS

1. Both natural and program-based mentoring appear to appeal to and engage youth who are diverse in sociodemographic and behavioral/emotional functioning, although mentoring programs (especially those with less structure) often have difficulty retaining foster youth.
2. Studies have not examined whether adherence to a given program model predicts better outcomes for youth, although alignment of program goals and outcomes is reported to be important by program developers and participants.
3. Although there are many conceptual reasons why mentoring is an excellent fit for youth in foster care, there are pragmatic challenges, both logistical and financial, that make widespread implementation difficult and no studies have been conducted that examine program expansion or adaptation.

4. Because of the high potential for adverse outcomes among this vulnerable population, great care and coordination is required for implementing mentoring programs and supporting natural mentoring relationships for youth in foster care; if done well, however, the benefits of mentoring appear to outweigh the risks and foster youth may experience positive outcomes across a range of domains.

IMPLICATIONS FOR PRACTICE

(Mike Garringer, MENTOR: The National Mentoring Partnership)

As noted in the preceding review of evidence for serving youth in the foster care system with mentoring relationships and targeted mentoring services, there is plenty of research that suggests just how impactful these relationships can be for youth who have experienced the trauma, pain, and uncertainty of being abused and neglected and becoming a ward of the state. But, this review also notes several cautions against applying these research findings too broadly and warns policymakers and other stakeholders against delivering mentoring relationships to these youth without fully considering the nuances and pitfalls. As emphasized in the review, “mentoring should not be seen by social services as a substitute for parental support, especially as young people emancipate from care, nor should mentors be expected to independently navigate key instrumental supports, such as housing, education, or health care for their mentees.”

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Serving foster youth involves additional planning and safeguards not often considered in traditional mentoring programs. These youth have often been through **complex, adult-instigated trauma** and **may be dealing with cumulative risks** that are beyond what many children who participate in traditional youth mentoring programs face.

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Thus, the first bit of advice for funders or practitioners who want to alleviate some of the challenges faced by these youth with mentoring is to proceed with caution. Serving foster youth involves additional planning and safeguards not often considered in traditional mentoring programs. As noted many times in the review, these youth have often been through complex, adult-instigated trauma and may be dealing with cumulative risks that are beyond what many children who participate in traditional youth mentoring programs face. The last thing any mentoring program wants to do is make the circumstances foster youth face worse by underestimating the challenges and risks.

That said, the basic focus on building a healthy relationship that typically defines mentoring is shown here to be of central importance when mentoring youth in foster care, so foundational principles of mentoring remain useful and applicable. This review further suggests a number of key insights that practitioners can use to build and implement responsive and meaningful mentoring interventions for youth who are in, or exiting out of, the foster care system. Relative to other evidence reviews conducted by the National Mentoring Resource Center, there is an emerging yet solid amount of research on which programs can build effective services and avoid doing harm.

1. **WHEN UNDERTAKING MENTORING WITH THIS POPULATION, ADEQUATE STAFFING RESOURCES, ACCESS TO CLINICAL EXPERTISE, AND KNOWLEDGE OF AND COLLABORATION WITH FOSTER CARE SYSTEMS ARE CRITICAL.**

One of the main themes noted in this review was how often programs designed for this population used highly qualified staff or highly trained graduate students or undergrads in the mentoring role, as well as how common it is to offer mentoring alongside other more clinical forms of support. In fact, only two of the studies included in this review offered mentoring in what might be considered “traditional mentoring program” settings (in these cases, Big Brothers Big Sisters agencies).

Given the struggles several programs faced when working with these youth, it seems critical that any program interested in serving youth in foster care should clearly define its target population as well as its recruitment, engagement, and retention strategies before enrolling children. Coordinating efforts with foster care and other agencies to identify eligible youth and share resources necessary to recruit, launch, and provide high-quality programming is also needed.^{39, 37, 66}

Because these youth are engaged with complicated and traumatizing systems and because they have already experienced serious problems with adults they have trusted in the past, this seems to be a population of youth that may benefit most from mentoring services that are specifically tailored to their needs and integrated with the other supports they are receiving to the degree possible. Programs may want to work with clinicians, social workers, or others that have deep experience in meeting the needs of foster youth to design and develop match activities and teachings that augment relational mentoring experiences with skills training, therapeutic practices, or other clinically-informed interventions that can more holistically support the needs of foster youth.

Most studies of mentoring programs to date have used college or paid mentors. Programs may have targeted these individuals to help ensure that they have the knowledge or skills needed to work with this population or because programs can more easily ensure that these mentor groups have strong incentives to meet program requirements. However, this focus should not imply that other mentor groups are less effective; we simply know less about other types of mentors and the supports they might need to be effective.

2. **TRAIN MENTORS TO SERVE AS “APPROPRIATE WORKING MODELS” OF HEALTHY RELATIONSHIPS.**

The review notes that one of the main ways that mentors, both in and out of programs, can benefit foster youth is by serving as a corrective experience in the wake of dysfunctional and harmful relationships. Mentors can help rebuild trust and transfer interpersonal skills to youth who have unfortunately often been taught to keep adults and others at bay as a result of their painful experiences. All mentors need training, but these mentors, in particular, must be trained to:

- Recognize the importance of consistency, not only in terms of meeting frequency and stability, but also in how they carry themselves and the way they demonstrate dependability and build trust with the mentee. It is especially critical that they remain consistent across placements, when possible, as those are the most disruptive times for these mentees.
- Offer genuine caring, warmth, and opportunities for fun^¾foster youth have many other adults invasively in their lives due to their status, but a mentor can be an oasis of fun, unconditional support, and relaxation.
- Understand that foster youth may struggle to form relationships because of their past experiences and that demonstrating “disinterest” is often just a coping mechanism. Too many mentoring relationships end early because the mentor feels like the youth is not “into” the relationship, when in fact that feigned disinterest is a put-on born of self-preservation from prior harmful experiences. Patience and perseverance are musts when mentoring youth in foster care.

3. CONSIDER HELPING YOUTH BUILD OR STRENGTHEN “NATURAL” TIES THROUGH YOUTH-INITIATED OR NETWORK-ENGAGED APPROACHES TO MENTORING.

This review notes that natural mentoring relationships—those formed outside of an intentional program context—have plenty of evidence that they provide valuable support to foster youth. Perhaps one of the greatest gifts a programmatic mentor can give a youth in foster care is to broaden that child’s network of support—the individuals that scaffold that young person and nurture their development in different ways. Approaches to youth-initiated mentoring, in which the youth is guided and empowered to identify and gather support from a range of other adults, is a model that shows considerable promise. Of course, mentors who work with a mentee in this way will need to be trained in how to help the youth identify appropriate adults to take on additional mentoring roles given the findings noted in this review on the potential negative effects of mentors who engaged in health-compromising behaviors. Identifying additional positive role models may be a challenge for some foster youth, but the payoffs of helping a young person build more and deeper connections may be worth the risks.

It is also worth noting that these youth have often had healthy relationships with adults in their “circle” taken away from them as a result of their entry into the child welfare system. So, in addition to helping youth find new adults to rebuild that web of support, programs should also see if there are adults who were part of the child’s life for whom they can work with the foster care system to help reconnect and rebuild supportive relationships for the youth they serve. Programs should not assume that youth in foster care need an entirely new group of caring adults and should train their mentors accordingly. Sometimes restoring the relationships lost is a good starting point.

4. **WHEN SERVING OLDER FOSTER YOUTH, THINK ABOUT TAKING A SELF-DETERMINATION APPROACH.**

One of the stronger programs in this review, Take Charge, utilized a set of mentoring activities designed to promote youth-empowerment, self-determination, and goal setting around educational and post-emancipation dreams. This may be an especially important approach as young people reach the end of their time in the foster care system by strengthening their goal-attainment skills and empowering them to exercise agency over the next steps in their lives. This program's approach resulted in reports of greater quality of life for mentored youth, including connections with others, social inclusion, individual control, community integration, productivity, and overall satisfaction and well-being.

As noted toward the end of the review, programs serving foster youth face challenges when the goals of the program are not aligned with the goals and needs of the youth being served. A self-determination approach alleviates this challenge by putting these youth in charge in a way that is unfortunately uncommon given their circumstances.

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