Rising above the stigma: Peer mentoring and leadership development for young adults transitioning from foster care

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Outline

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Problem Statement

➢ Permanence is ideally the ultimate goal of the child welfare system, however it is unrealistic to believe that every young adult transitioning out of care will not only find a permanent home, but have had the opportunity to build the social capital needed for a successful transition in today’s society (Scannapieco, Smith, Blakeney-Strong, 2015).

➢ Beyond independent living and transitional services young adults leaving care need permanent connections to adults and peers through mentoring (Bussiere, 2006).

➢ Although there is increased attention to relational permanence in child welfare and youth serving organizations, there is no valid, consistent, and reliable instrument to measure social connectedness and outcomes (Jones & LaLiberte, 2013).
Purpose of Study

The purpose of this study is to explore avenues for permanency planning to avoid the bleak outcomes and stigma often linked to young adults transitioning out of the child welfare system. The study will focus on the following areas:

➢ Youth Mentoring with the development of a peer mentoring and leadership program.
➢ Examine social network capacity, social capital, and the contributing factors that are associated with negative outcomes for young adults transitioning from foster care.
➢ Examine the need for a consistent and standard system of metrics for evaluation.
Research Questions

➢ What are the contributing factors related to permanency planning and the negative outcomes of young adults that age out of the foster care system when permanence is not established?

➢ How can social network capacity better support networks in order to address limitations through programming and service delivery?

➢ What are youth mentoring programs and independent services doing to establish stable core networks for youth transitioning from foster care and can young adults that have successfully transitioned from care become role models and offer support through peer mentoring and leadership development enhancing social network capacity?

➢ What standard system of measurements can be developed to determine effective outcomes?
Significance of Study

The ultimate contributing factor of this research paper is the development and implementation of a youth driven system of support that combines proven theories and research from five core areas associated with supportive relationships, positive youth development, and positive outcomes for young adults transitioning out of the child welfare system. These areas include:

- Developing long-lasting, supportive relationships with peers with lived experience through mentoring.
- Empowering peers with knowledge, training, and self-reliance
- Leadership development through education, goal setting, and community engagement
- Collaboration with professional services
- Developing a system of metrics
Overview of literature

➢ Permanency planning and outcomes

➢ Social network capacity
  • Barriers limiting capacity
  • Independent and Transitional Services
  • Youth Mentoring
  • Youth-led engagement
  • Leadership development & community engagement

➢ Standard system of metrics
Permanency Planning

➢ Placement instability has been linked as a possible contributing factor and although the pursuit of legal permanence through adoption, reunification, or guardianship is the primary goal of the child welfare system, permanence remains elusive for many young adults in care.

➢ Relational permanence is a long-term relationship with parental figures such as biological parents & foster parents. It can also include siblings, friends, family, & significant others.

➢ Ecological permanence is stable connections with schools, neighborhoods, community groups and religious communities, and includes connections with values, customs, social norms, expectations, communication, and culture.

(Stott & Gustavsson, 2010)
Outcomes

➢ Homelessness range from 10%-40% (Stott & Gustavsson, 2010)
  • The Coalition for the Homeless in New York City’s Municipal Shelter reported that 60% of the homeless have history in foster care (Avery, 2010).

➢ Unemployment rates range anywhere from 25%-50% and even more experience periods of unemployment and the majority have incomes below the poverty line (Stott & Gustavsson, 2010).

➢ 50% do not have their high school diploma and only 1%-3% go on to secondary education (Annie E. Casey Foundation, 2017).

➢ Between 30%-75% have been pregnant or has been a parent of a child (Stott & Gustavsson, 2010).

➢ According to Post (2015), 60% of the child sex trafficking victims recovered from over 70 cities nationwide were children from foster care or group homes.
Social Network Capacity

- In a study about understanding social network disruption for youth in foster care Brea Perry (2006), examined levels of network disruption, focusing within three social networks. These networks include family, peers, and foster care, and the impact on psychological distress.

- Perry found that network disruption was found to be associated with psychological distress and this relationship was interposed by the strength of the network.

- It was discovered that youth with three strong networks were significantly less likely to experience depression and anxiety compared to youth with no strong networks.

- Support networks might come from multiple sources, including the formal system of care, families, and mentors.

(Collins, Spencer, & Ward, 2010)
Barriers that limit capacity

- Disrupted family relationships
- Difficulties developing informal relationships
- Inconsistencies of the child welfare system
Independent and Transitional Services

➢ The primary federal policy designed to assist youth and young adults with the transition out of care is the John H Chafee Foster Care Independence Program leading to the development of independent and transitional services (Avery, 2010). These services are designed to prepare young adults transitioning from care to independent living through supportive services that focus on education, employment, training, budgeting, locating housing, and services that promote youth development (Courtney & Dworsky, 2006).

➢ Independent living programs are a continuation of professional services and are not an alternative to permanency planning (Bussiere, 2006). Furthermore, only half of the young adults that transition out of care utilize the independent services they are eligible for (Blakeslee & Best, 2019).

➢ Although efforts have been made to improve services, youth development experts advise that young adults leaving care need a permanent connection to at least one caring adult (Bussiere, 2006).
Youth Mentoring

- Mentoring can have positive effects for at risk youth, including increases in positive self-concept, educational attainment, decrease in drug and alcohol use, decrease in the use of violence, and improvements in parent-child and peer relationships (Osterling & Hines, 2006).

- The Foster Care Independence Act of 1999, also known as the John H Chafee Foster Care Independence Program, includes mentoring among the services that may be provided by states with federal funding. Yet there is little discussion of how to develop and implement mentoring interventions for youth in care and transitioning from care and which approach is most effective (Spencer, Collins, Ward, & Smashnaya, 2010).

- Due to the diversity in approaches to mentoring and the lack of consistent and standard assessments of outcomes it is extremely difficult to measure the impact and effectiveness of youth mentoring programs (Raposa, Rhodes, Stams, Card, Burton, Schwartz, Sykes, Kanchewa, Kupersmidt, Hussain, 2019).
Youth-led engagement

➢ Traditional and formal one to one mentoring is a relatively limited approach that has had only modest effects (Schwartz & Rhodes, 2016).

➢ The benefits of informal supports is not well documented in research but it is important to consider evidence that suggests that transition age youth are more inclined to confide with peers for guidance during the development stage than professionals (Ruff & Harrison, 2019).

➢ Programs with mentors working as helping professional seemed to have a larger impact on positive outcomes. Research indicates that some young adults that have experience in foster care have had to take on the role as caretakers to family due to neglect (Samuels & Pryce, 2008).
Leadership development and community engagement

- Creating effective leadership development and community engagement.
  
  - Five key development areas emerged in both youth development and leadership, which includes, working, learning, thriving, connecting, and leading.
  
  - Youth leadership development is an important component of programs that aim to prepare youth for success in life, education, and careers (Edelman, Gill, Comeford, Larson, & Hare, 2004).
  
  - Social capital and sense of community have been utilized separately as conceptual frameworks. However, the combination of the two frameworks have not been used (Hastings, Barrett, Barbuto Jr, & Bell, 2011).
The Youth Connection Scale is a tool that is used to capture a young adult's perception of their level of connectedness and the strength of financial, emotional, and social supports (Jones & LaLiberte, 2013).

The Self Sufficiency Matrix is an assessment tool intended to provide a standardized procedure for assessing an individual’s or family’s level of vulnerability and support service needs, in order to effectively link them to services that are appropriate, fair, uniform, and equitable (Cummings & Brown, 2019).
Key Findings & Synthesis

➢ The Child Welfare system is no doubt tasked with an enormous responsibility.

➢ Safety comes with a wealth of professional services, housing, education, mental and physical health, and basic needs.

➢ Social relations are among a person’s most fundamental source of well-being and positive functioning (Jones & LaLiberte, 2013).

➢ Placement instability has been linked as a critical gap and contributing factor (Stott & Gustavsson, 2010).

➢ Disruption and loss of societal norms (Blakeslee & Best, 2019).

➢ Social network capacity and the family unit (Avery, 2010).

➢ Emerging initiatives focusing on building social network capacity and widening the safety net (Jones & LaLiberte, 2013).
Implications for Practice

Extensive research suggests that there is no concrete data to confirm that one supportive program is a better approach than another in terms of outcomes for youth and young adults with foster care experience, however by merging all proven theories linked to supportive relationships, positive youth development, and positive outcomes enhances service delivery leading to the following implications for practice.

➢ Enhancing traditional mentoring interventions
➢ Sustainability planning.
➢ Leadership development and community engagement
➢ System of metrics
# Peer Mentoring & Leadership Self-Sufficiency Matrix

<table>
<thead>
<tr>
<th>Domain</th>
<th>1 – In Crisis</th>
<th>2 – Survival Mode</th>
<th>3 – Able to Build Capacity with Support</th>
<th>4 – Building Capacity</th>
<th>5 – Empowered</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Shelter/Housing</strong></td>
<td>Literally homeless (living in car, tent or other place not meant/safe for habitation) or threatened with eviction. Couch surfing.</td>
<td>In a housing situation that is only temporary, unsafe and/or unaffordable. Includes transitional and supportive housing.</td>
<td>In housing that is safe, affordable and overall adequate to meet needs. Could be living with a friend or parent again, but housing will be stable overall. No lease agreement.</td>
<td>Household is safe, affordable and meets all needs – may still be receiving temporary rent assistance or in a subsidized housing program. Have lease agreement.</td>
<td>Household is safe, adequate, unsubsidized housing – completely independent in their own living situation – may have roommates, but pays bills/rent without assistance.</td>
<td></td>
</tr>
<tr>
<td><strong>Employment</strong></td>
<td>No job.</td>
<td>Temporary, part-time or seasonal, inadequate pay, no benefits.</td>
<td>Employed full time, not yet at livable wage and little to no benefit opportunities. In school FT and working PT.</td>
<td>Employed full time with livable wage and benefits available.</td>
<td>Has maintained employment for 6+ months with livable wage and benefits.</td>
<td></td>
</tr>
<tr>
<td><strong>Income</strong></td>
<td>No income.</td>
<td>Inadequate income and/or sporadic or inappropriate spending.</td>
<td>Can meet basic needs with aide appropriate spending. Create budget.</td>
<td>Can budget &amp; meet basic needs and manage debt without assistance.</td>
<td>Income is sufficient, well managed; has discretionary income and is able to save.</td>
<td></td>
</tr>
<tr>
<td><strong>Food &amp; Nutrition</strong></td>
<td>No food or means to prepare it. Relies on a significant degree on other sources of free or low-cost food.</td>
<td>Does not know how to prepare food; excessive eating out; cannot always meet food needs.</td>
<td>Can meet basic food needs, but requires occasional assistance. Receiving SNAP benefits or other food assistance (pantry, grocery cards).</td>
<td>Can meet basic food needs without assistance.</td>
<td>Can choose to purchase any food household desires; ability to make and understand new recipes.</td>
<td></td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td>No high school diploma/GED (19 and over) are serious barriers to employment. 18 or under and not enrolled in and/or attending school.</td>
<td>Enrolled in literacy and/or GED program (19 and over). 18 or under and not enrolled in school but not consistently attending.</td>
<td>Has high school diploma/GED (19 and over) OR is 18 or under and attending school most of the time.</td>
<td>Needs additional education/training to improve employment situation</td>
<td>Has completed education/training needed to become employable or has HS Diploma/GED and sustainable employment with adequate income.</td>
<td></td>
</tr>
<tr>
<td><strong>Health Care</strong></td>
<td>No medical coverage and has unaddressed and urgent medical needs.</td>
<td>No medical coverage and/or great difficulty accessing medical care when needed. Client may be in poor health. Cannot get prescriptions on own.</td>
<td>Client on publicly provided health plan (Medicaid) or parent’s insurance. Needs frequent assistance with copays.</td>
<td>Client can get medical care when needed and pay, but prescriptions/copays may strain budget.</td>
<td>Client is covered by affordable, adequate health insurance.</td>
<td></td>
</tr>
<tr>
<td><strong>Resource Management</strong></td>
<td>Unable to identify community resources to meet basic needs and unable to meet basic needs.</td>
<td>Knows where community resources are for basic needs and how to access them. Able to meet a few but not all needs of daily living without assistance.</td>
<td>Can meet most but not all daily living needs with minimal assistance.</td>
<td>Able to meet all basic needs of daily living without assistance.</td>
<td>Able to provide beyond basic needs of daily living for self, family, and others.</td>
<td></td>
</tr>
<tr>
<td><strong>Relationship &amp; Community Development</strong></td>
<td>In crisis or survival mode so unable to make this a goal.</td>
<td>Socially isolated and has no motivation to involve self in community.</td>
<td>Wants to be involved in the community, but needs assistance in finding ways to become involved.</td>
<td>Some involvement (advisory group, support groups), but has barriers, e.g. childcare transportation.</td>
<td>Actively involved in community without barriers</td>
<td></td>
</tr>
<tr>
<td><strong>Peer Interactions</strong></td>
<td>Isolated from friends (include DV’s) is unwilling to engage with peers or try social events; active gang involvement.</td>
<td>Has a small social network or will only attend functions organized by an agency.</td>
<td>Open to meeting new people and expanding social circle. Willing to experience new things. No gang involvement.</td>
<td>Has a large supportive social network and is able to identify negative influences.</td>
<td>Multiple positive social groups and can receive and provide support. Is able to extract self from negative influences.</td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>DOMAIN</th>
<th>1 – Survival Mode</th>
<th>2 – VULNERABLE</th>
<th>3 – Able to Build Capacity</th>
<th>4 – BUILDING CAPACITY</th>
<th>5 – EMPOWERED</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership Development</td>
<td>In crisis or survival mode so unable to make this a goal</td>
<td>Socially isolated and has no motivation to involve self in leadership development</td>
<td>Wants to be involved and has enrolled in Mentoring Orientation, Youth Thrive, and Leadership and Peer Mentoring Trainings...</td>
<td>Completed all trainings required and has been matched with a mentee.</td>
<td>Actively involved with mentee and effectively manages a healthy relationship.</td>
<td></td>
</tr>
<tr>
<td>Soft Skill Development</td>
<td>In crisis or survival mode so unable to make this a goal</td>
<td>Has no motivation to involve self in skill development</td>
<td>Actively learning soft skill development and enrolled in Leadership and Peer Mentoring training.</td>
<td>Completed all training required</td>
<td>Have mastered soft skills and effectively using skills learned such as effective communication, conflict resolution, and time management.</td>
<td></td>
</tr>
<tr>
<td>Financial Management</td>
<td>Ample debt and/or eviction</td>
<td>Payday advance loans/ 18 &amp; under with no access to funds</td>
<td>Needs a Credit Repair Plan. 18 &amp; under access to funds and/or pay card</td>
<td>Moderate budgeting skills &amp; checking account</td>
<td>Pays own bills and has savings account.</td>
<td></td>
</tr>
<tr>
<td>Transportation &amp; Mobility</td>
<td>Not on a bus route, no access to transportation, inoperable car</td>
<td>Available transportation but unreliable/consistent/unaffordable, car but no insurance or license.</td>
<td>Access to bus but limited routes and/or inconvenient routes/times; newly insured driver and licensed car</td>
<td>Reliable transportation to meet very basic needs consistently</td>
<td>Has own vehicle or means of transportation that is consistent/reliable/affordable</td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td>Has identified that they have mental health diagnosis, experiencing severe difficulty in day-to-day life due to psychological problems.</td>
<td>Recurrent symptoms that may affect behavior, but not a danger to self/others; is open to receiving treatment or is on a waiting list for treatment</td>
<td>Has identified that they have a mental health condition that occasionally interfere with daily life. Is actively managing mental health.</td>
<td>Mental health has minimal interference with daily life. Appropriate response to daily stressors</td>
<td>Symptoms are absent or rare; no interference with daily life. Able to navigate daily problems/concerns.</td>
<td></td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>Is actively using illegal drugs on a daily basis. Their use is a direct or main barrier to accessing employment, education, or meeting daily needs. Not open to help.</td>
<td>Is actively using drugs on a daily basis and the drug use is interfering with their employment, education or daily life. They are open to receiving help or are receiving help.</td>
<td>Has used in the last 6 months and has had minimal interference with daily life, education or employment. (Example: call in sick because of hangover)</td>
<td>Has used in the last 6 months and there has been no interference with education, employment or education.</td>
<td>No drug use/alcohol abuse in last 6 months.</td>
<td></td>
</tr>
</tbody>
</table>

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Recommendations for future research

➢ Future research is needed to recognize and refine the strengths and challenges of developing youth-led mentoring interventions that is relevant and inclusive to youth and young adults with foster care experience.

➢ Future research is also required to fully understand the impact of youth-led mentoring interventions for youth and young adults transitioning from foster care regarding outcomes by developing universal and consistent methods of evaluation, creating a model of best practice.

➢ Understanding the hesitancy or refusal to accept professional services that are available to youth and young adults transitioning from care can only be accomplished by focusing on future research that involves youth and young adults with lived experience in the foster care system, gaining feedback and recommendations for developing and enhancing service delivery possibly leading to systematic enhancements.
Concluding Comments
References


References Continued


Questions