Chapter 5

Youth-Initiated Mentoring
Promoting and improving the social networks of youth with complex needs in the Netherlands

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Professional care for juveniles with complex needs often lacks continuity (Konijn et al., 2019; Naert, Roose, Rapp, & Vanderplasschen, 2017; Souverein, Van der Helm, & Stams, 2013). Research suggests that at least one person should provide continuity for these juveniles and help them to express their needs (Pehlivan & Brummelman, 2015). Given the instability that youth with complex needs experience in their own family – due to disturbed relationships – the search for "arenas of comfort" is urgent, particularly during adolescence. An arena of comfort is a soothing and accepting context or a supportive relationship that gives the juvenile the chance to relax and rejuvenate, so that potentially stressful experiences and changes in another arena can be endured or mastered.

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

A recent meta-analysis of the effect of formal mentoring programmes on positive youth outcomes showed a small overall average effect size of $d = 0.19$ (Raposa et al., 2019). Similarly, a recent meta-analytic study on natural mentoring relationships showed that the mere *presence* of a natural mentor was associated with positive youth outcomes, with a small overall average effect size of Cohen's $d = .21$ (Van Dam et al., 2018). The association between the *quality* of the natural mentoring relationship (relatedness, social support and autonomy support) and positive youth outcomes yielded a medium overall

average effect size (d = .43), with the largest effect sizes for social–emotional development (d = .55), and academic and vocational functioning (d = .40), and a small effect size (d = .20) for psychosocial problems. Notably, at–risk status (for instance, teenage mothers, homeless youth, youth in foster care and children of alcoholic parents) did not moderate the relation between presence and quality of natural mentoring relationships on the one hand and youth outcomes on the other hand, which is a positive finding for adolescents with complex needs.

Therefore, it seems appropriate to focus more on the social networks of youth with complex needs. How can youth benefit from existing support-ive relationships, and how can professional care increase the value from this (untapped) resource? In this chapter, we describe the Youth-Initiated Mentoring (YIM) approach as it is developed in the Netherlands. First, we describe the motivation to develop a new approach, after which we explain this approach in more detail. Throughout our explanation, we clarify the approach in a more tangible way by describing several experiences from youth, parents, YIMs and professionals. We describe the first phase, in which the youth is invited to select a mentor from within his community, with practical explanations for professionals who want to adopt this new approach. We conclude this part with our "rules of thumb", which is a description of all the steps professionals should take into consideration if they want to work with this approach. We end this chapter with an overview of the extant research on this approach, and suggestions for future research.

Our motivation to develop the YIM approach

Many youth services work on continuity and client participation through organisational solutions, such as working with a case manager or a treatment trajectory coach. We focus on strengthening the juvenile's network through collaboration with an informal mentor, a YIM. This informal mentor is a person (e.g. relative, neighbour, or friend) adolescents nominate from their own social network, and who functions as a confidant and spokesman for the adolescent and a cooperation partner for parents and professionals (Schwartz et al., 2013; Spencer, Tugenberg, Ocean, Schwartz, & Rhodes, 2016). This fits with the international tendency in child and family social work to make use of the strengths of families and their own networks, and to stimulate client participation (Burford, 2005). The goal is to reduce psychological and behavioural problems of youth and his or her family, and to increase resil-ience through collaboration with the family and the wider social network.

Social networks are defined by the connections among the network mem-bers and transferal, that is, what is distributed through the existing con-nections (Christakis & Fowler, 2013). Professional involvement expands the existing network by adding new connections, and influences transfe-ral by distributing new information. However, this expansion is temporary

and its influence is often limited (Euser, Alink, Stoltenborgh, bakermans-kranenburg, & van IJzendoorn, 2015; Weisz et al., 2013), which is especially the case during out-of-home placement: there is a lack of continuity and trustworthy relationships due to placement instability (Strijker, Knorth, & Knot-Dickscheit, 2008). Also, the negative consequences of the instability of foster care placements have been highlighted in a vast body of research (Rock, Michelson, Thomson, & Day, 2015). The impact of out-of-home placement on a family is substantial; it is traumatic and has a negative influence on, for example, academic performances of youths. The positive effect of out-of-home placement on children's psychological functioning is modest at best (De Swart et al., 2012). Therefore, and as also stated in the international Convention on the Rights of the Child (United Nations [UN], 1990), out-of-home-placement should be a last resort option (Dozier et al., 2014; Whittaker, Del Valle, & Holmes, 2015).

As the expansion of the social network through the involvement of professionals is temporary and the influence is limited, especially during out-of-home placement, alternatives to out-of-home placement are needed. Collaborating with the social network of the family may offer more sustainable solutions. In particular, we assume that collaborating with an informal mentor can offer a new way to make use of existing connections and expand their transferal, resulting in more continuity and better client participation during treatment. The case described below offers a powerful illustration of the influence of natural mentors.

The influence of a natural mentor

Suraya is 17 years old and has Autism and a psychotic vulnerability. A request for independent living training is pending, because Suraya wishes to live on her own. She is on a waiting list and will be granted a place in a few months. Meanwhile, life at home is characterised by flaming rows. Finally, the family supervisor advises the parents to call the police and turn her out of the house if things get of hand again. The parents agree.

Aside from the family supervisor, other people in the environment are involved with the family. At the start of the counselling process, Suraya indicated that her best friend's mother always supported her. This mother (Kim) is asked if she is prepared to support Suraya as her YIM, which she gladly accepts. When Kim then finds out what the family supervisor has advised Suraya's parents to do, she calls the care workers in anger. She considers it unacceptable for a family supervisor to give such advice, and she wants to talk with her parents. The care worker asks her what she wants to say to them. "I want to remind them of their responsibility as parents. There is only a little while to go before Suraya can move out – how can you turn out your own child in those circumstances?" Kim asks the care workers to be present at the discussion. She is prepared to do it on her own, but she thinks that she would be able to explain things to

the parents better if the care workers are there to support her. The care worker discusses this with her team, and after weighing the various possible scenarios they decide to support Kim and pre-empt any potential escalation.

When Kim tells the parents in clear terms that she believes they simply cannot turn their daughter out now, they respond that they feel understood. They do not want to kick Suraya out at all, but they're at their wits' end. "So when professionals then advise you to turn your child out, then you just go along with that." The discussion is continued with the creation of a safety plan that incorporates multiple de-escalation measures to prevent the situation at home from reaching a breaking point again. When asked why Kim's words led the parents to change tack so drastically, they respond: "She's also taking care of our child, so isn't it natural to listen to her?"

Theoretical background of the YIM approach

Adolescence, complex needs, and the need for supportive relationships

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

During adolescence youths re-examine the way in which they express experiences and feelings to their parents (Keijsers et al., 2010) in order to develop their autonomy and independence and a more equal relationship with their parents (Branje et al., 2013). This developmental task is related to another task, namely, to create and maintain supportive relationships with other adolescents (De Goede, Branje, & Meeus, 2009) and non-parental adults. Non-parental adults can be supportive individuals with informal or formal status who are a natural part of the family's social environment (Kesselring et al., 2016). Longitudinal research (Werner, 1993, 2005) has shown that youths

who formed bonds with supportive non-parental adults are more resilient: the bond buffers against risk factors, which is confirmed by a meta-analysis (Zolkoski & Bullock, 2012). Research indicates that vulnerable juveniles find it difficult to establish positive natural relationships due to low self-esteem, lack of trust and social skills deficits (Ahrens et al., 2011).

Effective collaboration with social networks

Integrating professional involvement with informal mentoring is thought to stimulate shared decision-making between families, their social network and professionals, and it enhances client participation. This idea of shared decision-making and participation is in line with the concept of the educative civil society, in which the joint activities of citizens in the upbringing of children and adolescents are emphasised (De Winter, 2008). The effectiveness of activities aimed to realise an educative civil society with a focus on meeting, dialogue, enhancing neighbourhood climate and network formation, are promising (Kesselring, Winter, Horjus, & Yperen, 2013). Shared decision-making with the social network means that the learning goals are created with and embedded in the family's social network, which is thought to result in personal goals that are selected for autonomous reasons (Koestner, Lekes, Powers, & Chicoine, 2002). These self-concordant goals increase goal-directed efforts, and thereby facilitate development in juveniles (Vasalampi, Salmela-Aro, & Nurmi, 2009). However, shared decision-making with the social network may not always yield positive effects. For instance, a recent meta-analysis did not find robust empirical evidence for the effectiveness of family group conferences – a process led by family members to plan and make decisions for a child who is at risk for maltreatment – and even reported non-anticipated results that may even be evaluated as negative from a family preservation perspective, such as an increase in the number and length of out-of-home placements with older children and minority groups (Dijkstra, Creemers, Asscher, Dekovic, & Stams, 2016). Such lack of positive effects may be explained by the collaboration of too many persons (i.e. all relevant social network members), because research shows that teams with more than five individuals perform worse than smaller teams (Mueller, 2012).

A more effective way of collaborating with multi-problem families and their social network might be to start with asking the juvenile in need to nominate a Youth Initiated Mentor. Working with a YIM requires a functional position of the YIM. From a social psychology perspective, this reduces the possibility of social loafing: the presence of others results in less effort (Liden, Wayne, Jaworski, & Bennett, 2004). Although, if the positioning of this person is not accepted by the family, social network and professionals, his or her input can backfire on the results of the team (Harré et al., 2009). This process of positioning is a so-called top-down process, which includes setting a group structure, and developing norms and routines that regulate collective

behaviour in ways that enhance the quality of coordination and collaboration (Woolley, Aggarwal, & Malone, 2015). Top-down processes facilitate collective intelligence, or the general ability of a group to perform well across a wide range of different tasks (Woolley, Chabris, Pentland, Hashmi, & Malone, 2010). The YIM approach translates those insights into a methodology, to create lasting and functional pedagogical alliances between the family and its social network.

The YIM approach embedded in a treatment context

Relationships with non-parental adults might serve as informal and natural mentoring relationships, and are a predictor of adolescent health (DuBois & Silverthorn, 2005). Taking advantage of and strengthening these existing supportive relationships in working with vulnerable youth recently received attention in America as an intervention strategy, designated as YIM (Schwartz et al., 2013; Spencer et al., 2016). In our case, the YIM approach is embedded in a systemic treatment approach in which access, mobilisation and consultation of informal mentors are central aspects, also known as the InConnection team.

The InConnection team works with a specialised care approach, and aims to increase resilience and prevent (repetition of) out-of-home placements in at-risk youth. The InConnection team has two features that distinguish it from care as usual. First, it involves care provided by a multidisciplinary team, consisting of professionals specialised in youth and family care, psychiatry, addiction care, and care for people with mild intellectual disabilities. The InConnection team thereby extends other integral care approaches, as it does not only include a case manager who coordinates care from different organisations or types of expertise, but it brings the different types of expertise and care together within one approach and team. This approach thus offers families' direct access to a wide range of specialised treatment possibilities, depending on the family's needs. Examples are youth-focused treatments, such as cognitive behavioural therapy and psychomotor therapy; caregiver and family-focused treatments, such as parent training, trauma therapy and multisystem treatments, including multisystemic therapy. Despite the different forms of treatment, families experience continuity of care since treatments are coherently organised to meet the family's needs and preferences. By integrating (mental) health care treatment effects and efficiency, quality of life, and client satisfaction may be improved (Valentijn, Schepman, Opheij, & Bruijnzeels, 2013).

Second, during the first phase of the InConnection team, youth nominate a YIM from the supportive adults within their social networks. The YIM is a confidant and spokesperson for the youth, and a partner for parents and professionals. During treatment, all members of the client system, including the YIM, actively participate in the decision-making process by giving their

perspectives on desired treatment goals and contributing to the achievement of these goals. Thus, the collaboration with the YIM may increase shared decision-making with the family members, and through this enhance treatment effects.

> Smoking weed and a beer here and there, you know how it goes, and then he gets angry if you say something about it. I'm still allowed to say something about it though, because I'm his aunt and that makes me cool, in his eyes.
>
> (YIM, 43)

Four phases of the YIM approach

The YIM approach is characterised by four phases. The total duration of the treatment is between 6 and 9 months. The overall duration and the duration of each separate phase depends on the complexity of the problems, the motivation and possibilities of the family members, the social network and the professionals to collaborate with each other. We first describe the four phases in general, after which we describe some aspects in more detail.

Phase 1 is focused on "who": which member of the social network can become the YIM? The professionals seek collaboration with an informal mentor by stimulating youth to nominate a person in their environment they trust (*eliciting*). After nomination, the YIM is *informed* about the YIM-position and *agreements* are made about privacy, termination and the type of support he or she provides when *installed* as "the YIM". Phase 2 is focused on "what": what is everyone's perspective on the current and desired situation? By means of shared decision-making, youth, parents, YIM, and professionals *analyse* the individual and family problems and describe productive solutions that respect the family members' autonomy. Phase 3 is focused on "how": each participant can contribute to the desired situation. All participants provide advice about how to collaborate, and a plan is made in which the *learning goals* and *efforts* to reach those goals are described and acted upon. The plan serves as a *monitoring* tool during the enactment of the plan. Phase 4 is focused on "adaptivity", that is, the degree to which the current informal pedagogical alliance can meet new challenges? When all involved parties agree the *social environment* or family members' *self-regulation* secures safety of the adolescent, and promotes his or her development (Saxe, Ellis, & Brown, 2015), which could make professional care unnecessary.

During the final meeting the parties discuss the system's adaptivity – how will the family and YIM deal with new challenges, and can the informal pedagogical alliance do its work if necessary – and they make agreements about the professional's availability. Usually, the family is allowed to reach out to the professionals during the next months if necessary. A good working alliance and a continuous process of shared decision-making between
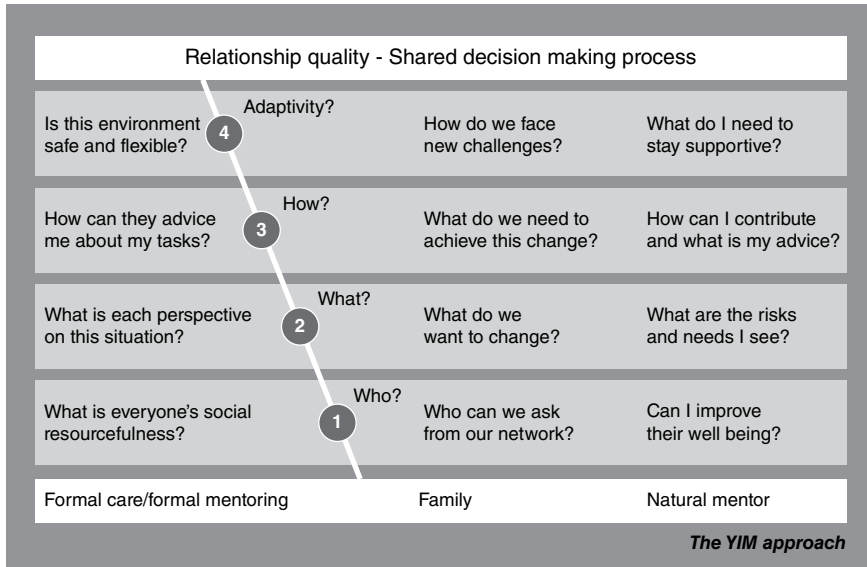
Relationship quality - Shared decision making process		
Adaptivity?		
Is this environment safe and flexible? **4**	How do we face new challenges?	What do I need to stay supportive?
How?		
How can they advice me about my tasks? **3**	What do we need to achieve this change?	How can I contribute and what is my advice?
What?		
What is each perspective on this situation? **2**	What do we want to change?	What are the risks and needs I see?
Who?		
What is everyone's social resourcefulness? **1**	Who can we ask from our network?	Can I improve their well being?
Formal care/formal mentoring	Family	Natural mentor

The YIM approach

Figure 5.1 The four phases of the YIM approach.

all involved parties are crucial in all four phases. The phases, described from the perspectives of the formal involvement (professionals), family and natural mentor, are illustrated in Figure 5.1, in which the direction is emphasised to the extent that formal involvement decreases with increasing informal prob-lem ownership.

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

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

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

The first phase described more in detail

The first phase of the YIM approach focuses on "the Who" and raises the most questions, because normal treatment approaches mostly focus on "the What": what is the problem? At home? At school? In the neighbourhood? In this part, we describe this shift from what to whom more in depth, with practical suggestions.

The YIM (Youth Initiated Mentor) is a person who is already part of the family's natural network, who already knows the family and the situation and has shown involvement before. The YIM is asked to advise and support the juvenile, serve as a confidant and, if possible, offer shelter in crisis situations. The YIM is also invited to advise the professionals on the appropriate kind of treatment and approach and, where possible, to offer insights into the issues at play. The YIM and the family are supported by a team of professionals from various disciplines and organisations, with experts from the fields of psychiatry, addiction services, care for the mildly mentally impaired and youth services. These professionals work according to a shared vision, and they visit the juvenile and the family in their own setting, unless it is more appropriate to carry out a treatment at a different location. In addition to their role as treatment providers, the professionals can also act as directors (holder of ultimate responsibility and mediator between the family and the network). The professionals do not view problems as isolated units, but as a network of interrelated factors that have a function within the family or the broader social network.

Professional involvement according to the YIM approach means that the professional cannot act on his own. An integrative part of the treatment is cooperation with the available informal expertise. The treatment offered by the professional (such as family discussions, cognitive behavioural therapy or other therapeutic talks) is enriched by the knowledge that social network members have of the issues. At the same time, the professional works on improving the functioning of the social network where necessary; the social network is seen as the context in which the treatment takes

place, and this context is of crucial importance to treatment. This means that cooperation with the social network is an integrative part of professional involvement.

During the first phase, the professional makes it clear that he is not nearly as effective on his own as when he can cooperate with a YIM. This leads to a discussion with the family members about the added value of a YIM, what introducing a YIM means for them as a family and for everyone individually, including the YIM and the professional. This is a crucial phase, because it involves a different start than other treatment programmes: consideration is first given to the question of who can help, to address the actual problem only in phase two. A juvenile recounts what this meant for him:

> The YIM was already involved. That collaboration made her role clearer, which made it possible for discussions to go just that much deeper. Let me be a bit more open. I know I can rely on her and what I can talk to her about.
>
> (Robin, 16)

This first phase can also be difficult, however, as the following testimony by a juvenile's parents shows:

FATHER: There had to be a YIM, even if we had to pull one out of thin air.

MOTHER: We were even told that if I could not find a YIM, we'd get a different form of help. That went down badly with me. We were already so involved by that time, it would be terrible if that were to happen.

FATHER: They should make two models, one in case there is a YIM and one if there isn't. We can ask as many people as we want, but if there's no one among them that appeals to our son, well, we can't conjure up a YIM.

The professionals, family and informal mentor are a single team whose objective is to bring an end to the problems in question or to make them manageable. Each team member has a different role and different tasks, and each team member's contribution is relevant. Without a YIM, the team is incomplete; hence, the first goal is "find a YIM". The YIM is crucial for several reasons. The presence of a "familiar outsider" serves, for example, to interrupt existing patterns of interaction between the family members. Furthermore, it increases motivation: because the juvenile is allowed to choose his YIM, he feels like he has more say in matters. The other family members, meanwhile, feel that they and the people around them are being listened to. By coordinating the treatment with an informal mentor, multiple persons commit to the chosen solution path, creating a greater support base. Also, the informal mentor brings a new dimension to the treatment programme: he can inform the team of the parents' child-raising ideals, adding a normative input that the professionals lack.

Experience shows that allegiance is another essential requirement for the success of this approach. By allegiance, we mean the professional's conviction that this approach will help the family at this time (Barnhoorn et al., 2013). In our experience, if the professional is not personally convinced of the added value of a YIM, the family registers this and tends to choose the familiar route, that is, to solve problems with the help of professionals. This allegiance is also necessary in order to be able to set standards in the team's work: "We really need a YIM for this treatment team to be complete". If you are unconvinced of the value of a YIM, you are asking a family to do something that you yourself do not believe in, and that is not effective. The combination of being convinced of your approach and setting a clear standard ensures that families are often able to appoint a YIM, even when they or previously involved professionals originally did not believe they would succeed. This combination also sends the message that professionals are not the solution, but that they can help family members help themselves and each other.

Situations exist in which there is such a degree of insecurity that an intervention with professional expertise must be carried immediately to safeguard the juvenile's safety. Usually, these situations are highly conducive to finding a YIM, because people in the environment are often concerned about the juvenile. Too much professional expertise in this phase can give families the feeling that they will get the help they need anyway, with or without a YIM. It is therefore important to be aware of this, and to "thematise" any problems with finding a YIM. By this, we mean to openly address these problems. If there is a sense of shame or embarrassment involved, then this should be addressed. If the family says they have no network, it should be emphasised how painful and difficult that is. If the youth is nervous about appointing someone because he is afraid to hurt his parents, this should also be discussed. In short, every individual obstacle is open to discussion in order to remove it. This is a very delicate process, in which the security of the family members and their environment is a minimum (necessary) condition that must be maintained at all times.

Step 1: addressing network motivation

One of the first questions asked during a juvenile's intake is: "Is it okay if someone in your environment becomes part of this programme?" The principle of the YIM is explained to the juvenile as "someone you trust, who you can turn to for support and advice, and/or someone who inspires you to try your hardest."

Based on our experience and interviews with families and YIMs, we have found that a YIM is most effective when he:

- is a trusted confidant to the juvenile and the parents feel supported by him;
- is not paid for his efforts;

- can identify various perspectives in a situation and can address these openly;
- is capable of making clear agreements and keeping them;
- has an objective, determined together with the juvenile and parents;
- is capable of dealing conscientiously with the information he becomes privy to;
- can deal with the difference in roles as informal supportive figure and as "uncle, grandma, or neighbour"; and
- is able to "be there", both physically and emotionally, with a frequency determined by himself and the juvenile.

In practice, not all these factors for success can always be met, and it is up to the parents and professionals to deviate from them, purposefully and based on their expertise.

It is important for families to get into a "yes" mood during this first step; that they say "yes" to sharing their problems with the environment and that they recognise that the support will not be as effective without the involvement of people in their environment. We see the involvement of a YIM as a precondition for success; this view is explained by providing psychoeducation about "cooperation with the social network". This can be summarised in five main points, listed here with a number of examples of how professionals can explain them to family members.

The YIM approach is:

1 Lasting: an informal mentor can contribute ideas based on his life experience and experience with the family, and will, in principle, be involved longer than a professional.

Example explanations:

- "People around you know you best, they know what would work for you and what wouldn't."
- "Care workers are around only for a short while, they'll leave once you no longer need care. A YIM has often been around for a while already and will continue to be there afterwards, so he or she can give support for longer."
- "People in the background are often already aware of what's going on or can at least see that things aren't going well, and they often want to help. Involving them as a YIM lets them do something for your family."
- "You have already received quite a lot of help, but when that help stopped, things often slowly but surely grew worse again; otherwise we wouldn't be sitting here now. With a YIM, we want to consider a long-term solution with you."

2　Familiar: the YIM is someone who knows the family and who can serve as a safe, second home for the juvenile.
　　Example explanations:

- "Because the YIM already knows you and you might already visit him often, it is good to have a place you can go to when things get out of hand at home. That way, you and your parents know that there's a safe place you can stay."
- "Going to a YIM, or doing something fun together, can be a good distraction from your problems at home/at school etc."
- "You've already seen so many different care workers that we can imagine that you're done with talking. Wouldn't it be great to just be able to talk things over with someone who knows you well and doesn't have to hear the whole story all over again?"

3　Influential: the informal mentor has an influence that the professionals do not have and that the parents may have lost for the time being.
　　Example explanations:

- "Many juveniles grow tired of all the talking and all the care workers. A YIM can help you figure out solutions without all the hassle."
- "The YIM can help you come up with ideas and work on the problems. That way, you're doing it together, not alone."
- "It's good to have someone you trust and who's really there for you."
- "Care workers can't magically figure out what the solution is – you don't know, and neither do we. But we do believe that if we search together with you and your YIM, we can definitely find something that will really work!"

4　Appropriate to the juvenile: in this phase of life, juveniles redefine how they share experiences and feelings with their parents (Keijsers et al., 2010), and it is proper for them to build a relationship with an adult other than their parents (Beyers & Goossens, 1999; Steinberg, 1990).
　　Example explanations:

- "Many juveniles don't (want to) share everything with their parents anymore. That's a normal part of growing up."
- "Maybe you want your parents to mind their own business. It's still nice to have another adult who knows you well to be there for you and figure things out with you. Life is pretty complicated, after all."

5　Motivational: the juvenile is given more say in the programme and the YIM helps him stick to the plan.
　　Example explanations:

- "A YIM can help you put into words what is going on and how we can work on solutions."

- "The YIM can support you when things aren't going your way and encourage you to keep going."

Step 2: consideration and invitation

After raising the possibility of a YIM and explaining the added value, the parties involved should be given some time to think things over. This can literally mean that the professionals give their explanation and then leave, and the family contacts them when they have decided on a YIM. It is also possible that the family needs more help with finding a YIM, in which case that help is provided. The family can also indicate that it is not prepared to think about the question. In that case, it is up to the professional to discuss the family's network motivation nonetheless, using his expertise. He could do so by charting out the social network, for instance, and discussing who is important in what way, or simply by persevering and continuing to give support, as this juvenile's experience shows:

> It was difficult for me to ask the YIM myself. She has two jobs, and on top of that she'd have to go to a discussion with me and a bunch of care workers. I found it difficult to burden her with that. But in the end, I did ask. It was no simple matter, but the care workers kept asking me about it and eventually I just gathered up my courage and did it. After that, the care workers explained the whole YIM story to her, because I couldn't explain it properly myself.
>
> (Ilse, 15)

This consideration process is a process for the juvenile and the family. They both have to support the choice of a potential YIM, as a juvenile describes:

> I believe we should all decide together. I couldn't choose the right person on my own, and neither could my parents.
>
> (Jayden, 14)

Indeed, parents have a very accurate idea of how they want to cooperate with a YIM:

> I don't think that the YIM should be an extension of us. It needs to be someone who can say to our son: 'You want to do something, so do something.' Someone who can set things in motion, make sure that promises aren't hollow. If our son says "I want to study," the YIM should say: "I know someone who studies such-and-such, you should talk to him." Or: "Let's go to an open day then." If we parents were to say something like that, he'd brush it aside. It has to be someone he respects.
>
> (Harry, 53)

It is advisable to further discuss the YIM choice a family ultimately makes, as professionals indicate that this often yields useful information:

> Every time, it's intriguing to see who juveniles choose to be their YIM. So far, they have always been adults who mean a lot to the juvenile. They are people who have a history with the family, and that seems to be why the juveniles choose them. Like that one uncle who didn't stay quiet and raised the issue of the sexual abuse by grandfather. Or the grandmother who, despite the divorce, still maintains a good relationship with both parents. It's almost as if the juveniles choose the YIMs because of the positive contributions that these adults have already made in their family lives.
>
> (Els, systemic therapist)

Step 3: explore impact and position of a potential YIM

Once the family has someone in mind for the mentor role, it is time to discuss how to approach this person. It is preferable for the juvenile himself to approach him, possibly together with the parents. Where necessary, the professional can assist. Many YIMs have the following to say about being asked:

> You feel honoured. They are putting their trust in you, and that's very special. You'd do anything for someone like that.
>
> (Sophie, 47)

Naturally, we want to take advantage of this power, but we also want to prevent that the YIM says "yes" only out of emotion or due to social pressure. We want to support the potential YIM in rationally thinking it over, because we believe that if the choice is made both rationally and emotionally, the YIM-hood is more likely to be successful. For this reason, after the question has been asked, the professional has a discussion with the prospective YIM, together with the juvenile and/or his parents if desired and appropriate.

The objective of this discussion is to make clear what the role of the informal mentor is and to open this to discussion. For instance: that it is important that the YIM is able to gain the trust of the juvenile, the parents and the professionals, so that he can contribute to the treatment of the juvenile and the parents in his own way. He must also be able to clearly indicate his limits, so that he can keep his neutral position and avoid being overburdened. Furthermore, it must be clear to this person how the roles are divided between him and the parents, and he must be able to respect that. For that reason, it can be helpful to explain during this talk that he will no longer be just uncle or neighbour, but YIM as well. How does he feel about that? Would he dare confront the juvenile about his behaviour, advise the parents to be more strict, or blow the whistle when the professional is going too fast?

It is also explained to the YIM why his input is so important. There are several reasons why; to begin with, he knows the family, which means that

professionals can learn from him about family dynamics, long-term conflicts and the manner in which all this can be broached. Furthermore, he is someone the juvenile trusts. Another important point is the influence that a YIM has on the juvenile; this influence often exists implicitly, but it is a force that should not be underestimated. The YIM also brings a new dynamic to the family. His presence can create space in the family by taking the juvenile out for a day or serving as someone to whom the juvenile can vent his feelings, and by changing the dynamic with the professionals. The family no longer has to "face" the professionals alone – someone in their environment is helping them. Individual attention for the juvenile is another important aspect. This is something that the parents often have not given him for a while, due to persistent conflicts. Finally, it is also explained that the juvenile's request is an indication of appreciation: the juvenile likes them. As such, the juvenile has put himself in a vulnerable position by making this request. If necessary, the prospective YIM is asked to handle the request with care.

All this is discussed with the prospective YIM using what we call the Levinas conversation guide, as interpreted by Dutch philosopher Jan Keij (2007, 2012). As we described in the first intermezzo, *the power of the YIM request*, the philosopher Emmanuel Levinas has written extensively about the appeal (request) from one person to another to "improve his quality of life". This appeal is often an implicit request that requires a choice, which creates a dilemma. Think, for example, of when you see a homeless person selling newspapers, or when the lift doors start to close and someone comes running in to reach it before it closes. These are moments where, often, nothing is said, yet you may still feel uncomfortable. Will you buy a newspaper? Do you block the door with your foot so that the other person can get in? In the informal mentor's situation, this appeal has often been present for a while; for instance, at a family party, an uncle chatted with his nephew, about whom he has heard stories of dropping out of school and drug abuse. "Should I or shouldn't I talk to him about his education?" By asking the juvenile to explicitly formulate a request for help towards a person he trusts, this dilemma is opened to discussion.

The Levinas conversation guide comprises the following questions aimed at discussing the prospective YIM's dilemma:

- What does this request for help mean for your own role and needs?
- How do you interpret this request?
- What activities, contacts or convictions would you have to let go of, if you accepted this request?
- Are there conditions that must be met for you to be able to do this? Do you expect something from the juvenile, the family, professionals or supportive figures around you?

In practice, these questions are not discussed as though checking off a list; rather, it is a natural process. The questions serve as a reference and reminder

for the professional, not as a questionnaire. After the discussion, the prospective YIM considers the request and makes his decision known. Several discussions may be necessary before a YIM definitively accepts its role.

The positioning theory (Harré, 2009) can be of help in this third step of phase 1, in discussing to what extent the YIM's position is effective. This theory aims to clarify explicit and implicit patterns of reasoning that express themselves in interactions between people. It explores the positions of all involved parties, which were created as the parties assigned positions to others or themselves through previous implicit and explicit actions. These actions mark the position that someone "owns", which is local, temporary and short-lived. In other words: a person's position can be different in every new situation and can be addressed at any time. The YIM approach explicates this positioning process, the objective being for all parties present to recognise each other's positions.

A position is the attitude a person takes in a social system (Procter, 1985, in Neimeyer & Mahoney, 1995). As a person goes through experiences, he bases his position on his reflections on: (1) his view of himself, (2) how others think, and (3) his reflections on (1) and (2). During this step, the professional explains his intervention by clarifying the positioning process that takes place within all family members and their social network. By choosing a YIM, the juvenile changes the existing positions.

The positioning theory assumes the following:

- Rights and obligations are exchanged between people in variable patterns when they undertake activities together;
- The resulting patterns form the process of positioning, through which rights and obligations are assigned or refused;
- The activities are meaningful and can be interpreted in several ways;
- The power of each activity, if it is recognised by the persons involved, determines a person's position, and thus influences the position of the other persons involved.

Choosing a YIM is an activity that makes the existing morality open to discussion: what are the beliefs and approaches of all the parties in this complex situation? What rights and obligations are attributed to whom?

Positioning theory identifies three positions that can be taken. The first-order position is the *candidate status* for a position. This can be an uncle who the juvenile has in mind for the role of YIM, simply because he has an extended history of positive contact with him. The candidate status does not offer much in the way of influence; it is more of a side-line position. The second-order position is an implicitly or explicitly *accepted position*. This could be the mother of a friend with whom both daughter and parents have a good relationship. The mothers share experiences and the daughter occasionally finds a listening ear in her friend's mother. Both the daughter and her mother agree that she is a supportive figure to them. However, she had never been positioned as such – things simply

grew this way. The third position is someone with *footing*. This is someone who can give his opinion, even unasked, and is listened to. This is the most desirable situation for a YIM, as this position means that he is recognised by all those involved and has influence. It is important to have a YIM in a third-order position, because this is someone who can contribute to the collaboration process. With a first or second-order YIM, the positions of the different parties must first be recognised for collaboration to become possible.

YIMs have indicated the following about a YIM with footing, that is, a "good YIM." They say that a good YIM must be able to understand both sides, that is, the parents and the juvenile. He must be able to empathise with both sides of the story. Furthermore, he must be able to foster understanding between the parents and the child. He can do this by helping them understand the situation and talking about how individuals act and why. A YIM must be someone who can make clear agreements and stick to them, as this creates trust. It must be someone who, with the juvenile, has a goal in mind and is prepared to work towards it with him. He must be able to maintain anonymity towards third parties: "this stays between us". If relevant, he must be able to deal with the different positions: "grandfather and YIM", "neighbour and YIM", etc. At last but not least, it has to be someone who has a bond with the juvenile and can get along with the parents.

When YIMs are asked what they need in order to fulfil their role well; they have the following to say. They want to see progress, or that their input is effective. They want to have the parent's faith in their ability and, preferably, to be able to work together with the parents as well. They want professionals to reinforce their position, for instance by indicating that the YIM's input is crucial to the success of the collaboration. They want to be able to distance themselves from the situation from time to time, and they want to be able to consult professionals and vent their frustrations, and to have the option to call the professional they are acquainted with.

The following case illustrates a situation in which there is a second-order YIM, and efforts are made to achieve a third-order YIM.

Who can help?

> The parents want Sander (17, diagnosed with ODD, ADHD and Autism) out of the house. He is aggressive and terrorises the other family members, which is not good for the three younger children. During the introduction, Sander is asked who, other than his parents, is important to him, who he could turn to for support and advice. He immediately names Cor. His parents nod; Cor is his former work experience supervisor and has since become something of a friend to Sander. Would Sander be prepared to ask Cor to support him in his desire to stay at home? Sander smiles broadly and says he doesn't mind asking.

On a visit to Cor, Sander explains – in the presence of professionals – that things are not going well at home, but he does not want to leave the house.

Would Cor be prepared to help him with that? Cor nods, but before anything else he wants to make clear that Sander's parents are not in their right minds. They don't know their own son, and they don't take him seriously. He has never heard the boy speak a cross word! And they claim that he's a terror at home? In Cor's view, it's the other way round. Sander's parents aren't seeing him with their hearts. They use him to express their anger, and as a result they see nothing but bad things in him. The professionals talk with Cor and Sander about how Sander feels about hearing Cor describe his parents so negatively. Sander knows Cor's opinion, and he finds it difficult. It makes him feel stuck in the middle – he likes both Cor and his parents, and feels supported by both as long as they're not at odds with each other. Does Cor intend to continue to express himself negatively about Sander's parents in the future? "No, I just wanted to get this off my chest, and with that done, I'm there for Sander. No more, no less."

When feedback is given to the parents, it turns out they expected this reaction from Cor. The reason why they nevertheless agreed to the proposal to appoint Cor as YIM is that they want the best for their son, and they can see that Cor has an influence that they no longer have. As such, they are open to having him help determine the treatment objectives and to support Sander where necessary. An action plan has since been created for Sander to which both his parents and Cor have agreed. Part of this plan is that the contact between the parents, Cor and Sander will be examined regularly.

Step 4: mounting the soapbox

An informal mentor is someone from the social network who temporarily mounts a soapbox: he does not move from where he is standing, but his influence does increase. It is important to mark that moment, that it is recognised and acknowledged that this person is allowed to temporarily take up the position of a YIM. For that, it is important to discuss the following subjects:

- *Confidentiality*: What does the YIM tell the parents and professionals about his interaction with the juvenile?
- *Privacy*: What are professionals allowed to discuss with the YIM about the family?
- *Contact frequency*: How often does contact occur between the juvenile and the YIM, the parents and the YIM and the professionals and the YIM?
- *Boundaries*: What does the YIM not want to be involved in, and what does the family not want to involve the YIM in?
- *Worst case scenario*: What if things do not go well and the parties want to end the collaboration? How will the professionals then wrap things up properly?

The marking of this moment is effected through a ritual that affirms the role of the YIM as the ambassador of the juvenile. Professionals can shape this ritual as they see best: what suits them and the family? Some professionals do it by

asking the juvenile why he wants this person to be his YIM, after which the parents are asked for explicit approval of this person as YIM, and finally the question is put to the YIM: "Do you want to work with us to help … in the following months?" Once everyone has answered, the professional says something along the lines of: "Then you are now officially the YIM of …". In other cases, the signing of the plan of approach (the next step) by all the parties serves as the moment of definitive confirmation of the collaboration.

Practical matters

Discussions should preferably be held at home, or if the juvenile no longer lives there, at his temporary accommodation. This is because home visits yield much useful information about the juvenile's living environment, family composition and other relevant issues. The intake should preferably be conducted by a pair of professionals and must be discussed in advance with the methodology coach (the systemic therapist in the team who ensures the proper implementation of methodology) or by the team. The results are also discussed with the methodology coach or with the team.

After approximately 3 weeks, the professionals and the family discuss whether the treatment is a good fit and a go or no go decision is made. If the joint conclusion is that the form of care is not suited for the family, the professionals and the family consider other care options that might be more suitable, and they are transferred in a personal and caring manner. This means that the family is supervised and assisted until the new care has started.

Rules of thumb for working effectively with the YIM approach

The YIM approach is a generic working method that can be integrated into other processes, such as collaborating with juveniles in specialist care, community care or schools. It is not a separate module, such as cognitive behavioural therapy (CBT), system therapy or Eye Movement Desensitization and Reprocessing (EMDR). The difference between the YIM approach and modules such as these is that they form *one part* of a (treatment) plan. Working with informal mentors is an integrated part of the *entire* plan. It is therefore important when working with informal mentors to do so from the very outset, as doing otherwise will not allow for a sufficient level of equality among the collaborators during the plan. Introducing an informal mentor halfway through or towards the end of a plan could create the impression that this person is being introduced "because the professional will be leaving eventually"; however, the YIM approach is also intended to expand a relationship that *is* long-term. At the same time, given the complexity of the issues, it is intended as an acknowledgement that interventions such as CBT, system therapy and EMDR are less efficient in the absence of an informal mentor.

How, then, does one give shape to this cooperation in an effective way? What are the minimal requirements that must be met for the YIM approach to be effective? We have formulated a number of rules of thumb that professionals can use to monitor how well they are keeping to the method (see Table 5.1). We advise each professional to complete the form shown below twice per year, once together with a family and informal mentor with whom he feels that the cooperation is going well, and once with a family and informal mentor with whom he feels that the cooperation could be better. The subsequent discussion of the form with colleagues serves as a reflection on the actions of the professionals. Afterwards, he and his colleagues together reflect on this discussion with the family and informal mentor.

The implementation of the YIM approach in existing forms of care can be a challenge. Especially in youth care aimed at multi-problematic youth, the overall treatment goal tends to be the reparation or amelioration of a juveniles disruptive behaviour. The juvenile needs to change or needs protection. Treatment is usually a way to achieve both. Youth care professionals in existing forms of care, and therefore working in existing care systems, can encounter many difficulties in working with YIM, even when adhering to the rules of thumb.

Although the aim of YIM is to prevent an out of home placement, the stress reducing and empowering effect of a YIM may also be useful to shorten an out of home placement. In secure youth care in the Netherlands, juveniles are placed out of home following a (systemic) safety crisis, in which the juvenile is deemed to be severe at risk (i.e. is the victim of abuse) or his or her surrounding is at risk because of the juveniles behaviour (i.e. the juvenile displays severe harmful, transgressive behaviour). This crisis may not, to the perception of the responsible adults involved, be stopped in any other way than an out of home placement, safety first. As mentioned before, a crisis however, is usually an opportune moment for finding a YIM. Being empowered to choose a confidant, who can help you through the experience and relieve stress, could be thought of as a very important first step to recovery. This however proves to be a difficult point of view. Many of the involved responsible adults (parents and professionals) may have lost or have low trust in decisions of the juvenile. "The aim of placement and treatment being to influence the juvenile, to take the lead, and to keep him/her safe." Directly minimising the influence of the care professional by stating that there is someone else out there that is needed to be effective, might not feel so empowering to the care professional. The first question that often comes up is "How can a very problematic juvenile choose someone that can help them?", a sign of low allegiance. Most professionals feel that they are the ones that need to help the juvenile. This conviction may also not just be a private mindset, but a foundation of the youth care system. When implementing YIM in existing forms of care, it is therefore crucial to assess to what aim this care form exists/is used in the broader context. What underlying assumptions are made about what has to be achieved? If the overall goal of an intervention

Table 5.1 Rules of thumb for professionals to use the YIM approach effectively

	Criterion	Yes	No	Reflection
Phase 1 Intake	1. I managed to start this cooperation with the question as to which person in the family's social network can assist (phase 1)			
	2. The family has noticed that I perceive an added value in working with informal mentors (phase 1, steps 1.1, & 1.2)			
	3. I have discussed with the family and informal mentor what will change for them if they decide to work together in this manner (phase 1, step 1.3)			
	4. We have described the cooperation agreements between the family, informal mentor and myself, the professional (phase 1, step 1.4)			
	5. The juvenile chose an informal mentor within 30 days			
Phase 2 Analysis	6. I have discussed everyone's possibilities plus the inter-dynamics and the function of the cooperation with the family and the informal mentor (phase 2, step 1)			
	7. I have drawn up an analysis of the problems and the solution approach with the family and the informal mentor (phase 2, step 2)			
Phase 3 Implementation	8. I have formulated learning objectives with the family and the informal mentor (phase 3, step 1)			
	9. I have discussed the division of tasks with the family and the informal mentor (phase 3, step 2)			
	10. The collaboration plan that we drew up describes: • The agreements between the informal mentor, juvenile, parents and professionals about confidentiality, privacy, frequency of contact, limits and how to act if the cooperation between the informal mentor and the family hits a bump • The actions of family members, social network and professionals • The intended changes to be achieved and the time within which they are to be achieved.			

(Continued)

Table 5.1 Rules of thumb for professionals to use the YIM approach effectively (*Continued*)

	Criterion	Yes	No	Reflection
Phase 4 Conclusion	11. I have evaluated the learning objectives with the family and the informal mentor (phase 4, step 1)			
	12. I have made agreements with the family and the informal mentor about how they can hold on to what we have achieved (phase 4, step 2)			
	13. I have made agreements with the family and the informal mentor about the form that the informal mentor's involvement will take from now on and how they can ask for my assistance if their cooperation stagnates (phase 4, step 2)			
Overall Cooperative relationship	14. If the family did not perceive any added value in cooperating with the social network or professional network, I demonstrated understanding for that			
	15. If the family did not think that anything needed to change or did not have positive feelings about it, I demonstrated understanding for that			
When out-of-home placement could no longer be prevented, we went through the following steps:	16. I have discussed the situation with all people involved			
	17. Based on that discussion and the preceding collaboration, I have mapped out the risk factors and protection factors			
	18. Using the trauma system model, I have made a safety estimation			
	19. I have written down the above			
	20. I have discussed my considerations and my proposal with the treatment team (the formal and informal experts)			
	21. I have described the purpose and expected duration of the out-of-home placement			
Learning cycle	22. With the team, we organise meetings with the families and the informal mentors twice a year, to talk about ways to improve our cooperation			

is to increase resilience in the social network and to empower the juvenile, than working with YIM is a logical addition. If this is not (yet) the case, a discussion about a paradigm shift with care system partners needs to take place first, to support individual professionals in working with YIM and applying the rules of thumb.

Effectiveness of the YIM approach

In the Netherlands, we investigated whether YIM is a feasible ambulatory alternative for adolescents for whom out-of-home placement is indicated (Van Dam et al., 2017). This study focused on the questions if youth can nominate a natural mentor, if out-of-home placement could be prevented and if the problems of adolescents with a YIM were comparable to the problems experienced by a residential population of youth with complex needs. A total of 83% of the juveniles in the YIM group ($n = 96$) were able to nominate a mentor after on average 33 days. Ninety percent of the adolescents in the YIM group received ambulatory treatment as an alternative for indicated out-of-home-placement, while their problems were largely comparable with those of juveniles in Dutch semi-secure residential care. Results therefore suggest that the involvement of important non-parental adults may help to prevent out-of-home placement of adolescents with complex needs.

In a mixed methods follow-up study, we further explored the question if YIM could be a sustainable ambulatory alternative for early and late adolescents with complex needs for whom out-of-home placement is indicated (Van Dam et al., 2018). The results showed that a total of 79% of the youth ($n = 42$) succeeded in nominating a natural mentor, and 81% received solely ambulatory treatment. Youth with a natural mentor showed significantly greater declines in rule-breaking behaviour than those without a mentor, but not in leaving school or indicated out-of-home placement. Qualitative data ($n = 7$) suggested that the relationship between YIM and youth is sustainable, and that YIM might contribute to an increase of social resourcefulness and resilience. However, participants also shed light on the complex social dynamics involved when cultivating natural mentoring relationships.

In a qualitative study, we focused on the social dynamics during the YIM approach from the perspectives of the youth, parents, and YIM (Van Dam et al., 2019). This study examined how participants ($n = 19$) perceived asking someone or being asked to become YIM, what YIM needs to fulfil this position, what his or her role or tasks are, his effects on social dynamics, and the perceived sustainability of the relationship with YIM. The attitudes from participants towards asking someone or being asked to become YIM varied from enthusiastic to cautious. The majority of participants reported benefits in terms of increased contact intensity and relationship quality. One parental couple, out of six, did not experience the YIM to be beneficial. Most participants thought the YIM-mentee relationship would last after ending professional care. The results revealed that youth experience YIM as an ally during the process of receiving professional care. Nevertheless, this approach also has the potential to elicit an increase of relational conflicts between the family and social network members.

The current results provide preliminary evidence for the positive impact of a natural mentor, the transitioning process in asking, becoming, and being a YIM

is valued by most participants and the YIM relationship seems to be sustainable. Nevertheless, future research should gain more insight in the different working mechanisms of the YIM approach, especially because the effectiveness of the YIM approach has not been established yet, and some negative side effects were found as well. Therefore, it should be investigated for which families and under which circumstances the YIM approach "works" and for which families and circumstances it does not work. As in general most youth interventions only work for a small subset of clients, it is necessary to also conduct research on families in which the YIM approach failed to yield positive effects. Results from such research can be used to further improve the programme theory of YIM, increase its effectiveness, and prevent negative effects of the YIM approach.

To address these gaps in the literature, a quasi-experimental study (Koper, Creemers, Branje, Stams, & van Dam, 2020) has been set up which aims to examine the effectiveness and working mechanisms of the YIM approach for youth from multi-problem families. The *Growth in personal environment* (GRIP) study will follow 300 families during youth and family care trajectories, of which 225 are treated with the YIM approach, and 75 are offered care as usual. All family members above 10 years of age, the YIM and the case manager are invited to fill in a questionnaire four times during 15 months. Additionally, 10–20 families are invited to participate in an interview study that aims to document the YIM selection process, and give insight into why most families successfully nominate a YIM, whereas others do not.

Conclusion

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

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