Mentors to Reduce Loneliness Experienced by Foster Children

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Abstract

Social connection is a fundamental human need. Loneliness, the perception of social isolation, is correlated with biological, psychological and behavioural health problems as well as decreased longevity. Most studies relating to social isolation and loneliness have been performed in developed countries where social isolation has been described as a growing epidemic. The majority of these studies have researched loneliness in older adults. However, loneliness has been shown to peak in adolescence and increase again late in life. Life transitions often trigger social isolation and feelings of loneliness because existing social connections are disrupted. Foster children who have transitioned out of the child protection system report high levels of loneliness. Loneliness experienced by former foster children is multi-causal. Interventions that ameliorate feelings of loneliness often focus on increasing social interactions and providing social support. Many foster children receive social support through formal mentorship programs as well as from natural mentors. It is important that meaningful and rewarding relationships are developed with these mentors to combat social isolation and loneliness. This paper will explore whether formal mentorship programs and natural mentors are an effective means to alleviate feelings of loneliness experienced by foster children.

Acronyms

ECM	Extended Care and Maintenance Agreement
GPA	Grade Point Average
HRQOL	Health Related Quality of Life
SES	Socioeconomic Status
UCLA Loneliness Scale	University of California Los Angeles Loneliness Scale
UK	United Kingdom
USA	United States of America
WHO	World Health Organization

Introduction

Social connection is a fundamental human need (Brody, 2017). Social needs, like the need for love and belonging, follow those of physiological and security on Maslow's Hierarchy of Needs (Maslow, 1943). In Maslow's Theory, an individual must satisfy social needs before achieving higher level needs (Maslow, 1943). Therefore, it is important to understand experiences that hinder achieving social needs such as loneliness. Loneliness is a perceived sense of social isolation, or a lack of social connectedness (Holt-Lunstad & Smith, 2016). Social isolation can be objectively measured and is the quantity of relationships and social interactions; whereas, loneliness is subjective in nature and is the perceived quality of these relationships (Holt-Lunstad, Smith, Baker, Harris, & Stephenson, 2015). The University of California Los Angeles (UCLA) Loneliness Scale, developed in 1978, and has been widely used to quantitatively measure subjective feelings of loneliness (Russell, Peplau & Ferguson, 1978; Brody, 2013). However, loneliness can occur without experiencing social isolation. In the same way, social isolation does not always result in feelings of loneliness. Social isolation and loneliness are often, but not always correlated (Holt-Lunstad & Smith, 2016). Loneliness is a universal human experience. Everyone has feelings of loneliness at some point (Hawkley & Cacioppo, 2010; Killeen, 1998). Often when people experience loneliness they also experience an increased level of vigilance and feelings of vulnerability, motivating them to seek out social interactions and reconnect with others (Hawley & Cacioppo 2010). The natural motivation to reconnect with others is thought to be an evolutionary adaptation that increased humans' chance of survival (Holt-Lunstad et al., 2015). However, for some people, loneliness is chronic (Hawley & Cacioppo 2010).

Since the 1970s, the connection between well-being and loneliness has sparked research and scholarly attention (Holt-Lunstad, Smith & Layton, 2010). The connection between loneliness and health is gaining considerable professional and public attention because adverse health effects are becoming overwhelmingly evident. Additionally, social isolation has recently been described as a growing epidemic (Khullar, 2016). Today, more than one-quarter of Americans live alone and 40 percent of the United States population describe themselves as being sometimes lonely (Maza, 2018; Khullar, 2016). This figure has doubled since the 1980s (Khullar, 2016). In 2016, 28 percent of Canadians lived alone and approximately 25 percent of the general population experienced loneliness regularly (Desjardins, 2018; Birak, 2018). In

Australia, 31.5 percent of older adults report feelings of loneliness (Theeke & Mallow, 2015). Furthermore, this issue has been recognized to be so pertinent that Britain appointed a Minister of Loneliness in January of 2018 to address loneliness experienced by nine million of its sixty-six million inhabitants and its associated health costs (Maza, 2018). For a nation, not only does loneliness dramatically impact the well-being of its citizens, it also contributes to a high financial burden for providing healthcare and social services to these individuals (Brady, 2013; Killeen, 1998).

The health effects resulting from persistent lack of social connections and chronic feelings of loneliness are proving to be detrimental to global health (Holt-Lunstad et al., 2015). The World Health Organization (WHO) lists 'Social Support Networks' as a determinant of health, stating that in general, people with greater support from families, friends and communities experience better health (WHO, n.d.). Chronic loneliness is a biopsychosocial determinant of health and can impair biological and psychological pathways as well as alter behaviour. This can lead to premature mortality (Kantar Public, 2016; Holt-Lunstad et al., 2015). Chronic loneliness has been compared to smoking 15 cigarettes daily and is twice as dangerous as obesity in terms of its detrimental effects on human health (Jo Cox, n.d.; Yeginsa, 2018; Olien, 2013). Loneliness is a global health challenge that is being increasingly recognized and prioritized by health organizations and policy makers.

Although loneliness does not discriminate between age, race, ethnicity, among other factors, there are certain groups of individuals that are recognized as being at a higher risk for experiencing loneliness. For many of these groups, loneliness is experienced during life transitions when existing social networks are disrupted (Kantar, 2016). One group that has a high level of reported loneliness is foster children, and for the focus of this paper, specifically foster children who are transitioning or 'aging-out' of child protection systems. The structure of the child protection system disrupts social connectivity for youth during the abrupt aging-out process, and youth frequently report being lonely throughout the transition.

Foster children are children or youth that have been removed from their home voluntarily or by court order because it is deemed unsafe for them to live with their parents or caregivers (Ministry of Children and Youth Services, 2018). They are placed in 'out of home care' with extended family members, foster families, or licensed group homes (Canadian Child Welfare Research Portal, 2011). When foster youth reach the age of majority, or shortly thereafter

depending on the jurisdiction, they are no longer legally entitled to the financial and social support that were provided by the government while they were in care (Mendes & Moslehuddin, 2006). This transition into independent living and adulthood is sometimes referred to as 'aging-out' of the child protection system. The age at which children are no longer entitled to care varies between jurisdictions. In Canada, the United States of America (USA), the United Kingdom (UK) and Australia the age of emancipation is between 18 and 21 years old (Kools, 1997). Some countries and provinces or states allow for extended financial and social support after the age of emancipation as long as youth are enrolled in school or a vocational skills program (Greeson & Thompson, 2017). Young people who are leaving care have been described as one of the most disadvantaged and vulnerable social groups (Rogers, 2011). Many foster youth transition into adulthood alone without any sort of support system, safety net or ability to return to care if needed (Mendes & Moslehuddin, 2006). Care leavers frequently cite isolation, feelings of abandonment, loneliness and betrayal as a major challenge when exiting care (Collins, Paris & Ward, 2008; Rogers, 2011). Loneliness experienced by youth who have aged-out of the child protection system is multi-causal.

Further, youth who age-out of the child protection system are more likely to experience poor life outcomes such as low academic achievement, homelessness, unemployment, poor mental and physical health, involvement in the criminal justice system and early parenthood compared to peers who have not been in care, including other disadvantaged groups (Stott & Gustavsson, 2010; Mendes & Moslehuddin, 2006; Cunningham & Diversi, 2012). In the US, each youth who ages out of the child protection system costs taxpayers on average 300,000 dollars in social costs; annually this results in the government supplying 8 billion dollars to former foster children (Greeson & Thompson, 2017).

Currently, programs that aim to assist youth transition into adulthood often focus on promoting the development of skills that will assist youth in independent living, for example, budgeting money, understanding rental and housing agreements or self-care. These programs have been met with limited success (Knoke, 2009; Lee & Berrick, 2014). Few preparatory programs emphasize the importance of supportive relationships when aging-out of care (Lee & Berrick, 2014). It is essential to have an intervention that would lessen feelings of loneliness for youth who have aged-out of the child protection system because of the poor health effects related to loneliness. Loneliness is also highly associated with other negative outcomes experienced by

this group. Being able to proactively address loneliness experienced by youth who have transitioned out of foster care may be more effective than reactively targeting other negative outcomes (Perissinotto, Cenzer & Covinsky, 2012).

Interventions that aim to ameliorate loneliness often focus on increasing social interactions and providing social support. Many former foster youth receive social support through formal mentorship programs and from natural mentors. Formal mentorship programs include a matching process, and usually a structured program; whereas relationships with natural mentors tend to evolve organically (DuBois & Silverthorn, 2005). It is plausible that meaningful relationships and rewarding social interactions with mentors, role models and caring adults would mitigate feelings of loneliness, thus, limiting negative the health effects and other poor outcomes related to loneliness. To alleviate social isolation and feelings of loneliness it is important that meaningful and rewarding relationships are developed with mentors (Olien, 2013). Therefore, it is critical to understand the potential benefits and as well as drawbacks of natural mentor relationships and formal mentorship programs in terms of their efforts to build meaningful relationships and alleviate feelings of loneliness.

Research Question

This scholarly paper will attempt to answer the following research question: Are formal mentorship programs and natural mentors an effective means to alleviate feelings of loneliness experienced by foster children who are transitioning out of the child protection system? It is important to understand possible ways to allay this commonly documented experience as it has health implications and is related to other poor outcomes. A secondary question that will be examined is: Are natural mentors or formal mentorship programs more effective in alleviating feelings of loneliness experienced by youth who have aged-out of the child protection system? It is also meaningful to understand the most efficacious way to support social connectivity to potentially decrease high levels of reported loneliness after care. These research questions aim to suggest a potential route to relieve loneliness among foster children aging-out of the child protection system. This is a meaningful discussion because loneliness is increasingly being recognized as a public health concern in many countries and this group is especially vulnerable to experiencing loneliness because of the design of child protection systems (Mendes, 2009).

Methods

Literature Search Procedure

A literature review was conducted to collect information for this scholarly paper. This expository paper primarily contains information from peer-reviewed journal articles. Grey literature and newspaper articles were used in a supplementary manner to obtain information regarding current policies and action plans as well as public opinion.

Peer-review journal articles were located and collected via three different databases: JSTOR, ProQuest and Scholars Portal. Different search criteria was used to collect information on: (1) health and loneliness (Table 1a), (2) loneliness and youth who have transitioned out of the child protection system (Table 1b) and (3) mentorship and loneliness (Table 1c).

Table 1a: Search Strings used for Database Selection for Loneliness and Health

JSTOR ProQuest Scholars Portal	(((social isolation) OR (loneliness)) AND ((health) OR (well-being))) (((social isolation) OR (loneliness)) AND ((health) OR (well-being)) AND ((young) OR (youth))) (((social isolation) OR (loneliness)) AND ((health) OR (well-being)) AND ((young) OR (youth)) AND ((Canada) OR (United States) OR (Britain) OR (Australia))) (((social isolation) OR (loneliness)) AND ((health) OR (well-being)) AND ((young) OR (youth)) AND ((Canada) OR (United States) OR (Britain)) NOT ((old) OR (older)))

Table 1b: Search Strings used for Database Selection for Loneliness and Former Foster Care Children

JSTOR ProQuest Scholars Portal	((((loneliness) OR (social isolation)) AND (aged out OR aging out OR foster care transitioning)) AND (foster care OR foster children OR foster youth)) ((((loneliness) OR (social isolation)) AND (foster care OR foster children OR foster youth))

Table 1c: Search Strings used for Database Selection for Loneliness and Mentorship

JSTOR ProQuest Scholars Portal	((mentor) OR (mentoring)) AND ((loneliness) OR (social isolation)) ((mentor) OR (mentoring)) AND ((formal) OR (natural)) AND ((loneliness) OR (social

	isolation)) ((((mentor) OR (mentoring)) AND ((natural) or (formal)) AND ((foster children) OR (foster care)) ((((mentor) OR (mentoring)) AND ((loneliness) OR (social isolation))) AND (((foster care) OR (foster children))))

The goal of this report is to provide a comprehensive overview of loneliness experienced by former foster children and the ability of different types of mentoring to alleviate feelings of loneliness. This paper attempts to highlight potential interventions for loneliness experienced by this group as it is a recognized health concern in many developed countries. This scholarly paper, being exploratory in nature, intends to include a wider scope of reporting rather than depth into a specific area. In an attempt to provide an overarching report, this paper includes both qualitative and quantitative data therefore parameters set in the search criteria were left broad and open.

To explore a wider scope, this search included research articles that explored all types of fostering arrangements, time spent in care, age while in care, among other variables. No age restrictions were set for youth who have transitioned out of the child protection system because the age of transitioning varies between jurisdictions. Furthermore, because this review attempts to evaluate different types of mentoring programs and mentors, no criteria was used to exclude any types of mentorship programs.

The time frame for the database searches were set from 1970s to present. The first research on loneliness and its impact on health began to appear in the 1970s. The 1970s is also when mentorship programs were first being evaluated for efficacy.

A substantial amount of the research concerning loneliness and health has been conducted on older adults (>55 years old). Therefore when scanning article titles, those that included “older adults” or “older people” were excluded from the review, as this population is outside of the scope of this research paper.

Most of the research conducted on loneliness has been completed in North America and Europe (Holt-Lunstad, Smith, Baker, Harris, & Stephenson, 2015). Additionally, child protection systems across many developed countries often have similar aging-out policies. While there are differences between Canadian, American, British and Australian child protection systems, policies on leaving care are more similar than different as they have often exchanged policy

ideas (Mendes & Moslehuddin, 2006). Youth who have aged-out of the system in these four countries report high levels of loneliness (Mendes & Moslehuddin, 2006). Therefore, when conducting database searches only articles that conducted research in Canada, USA, UK and Australia were selected. It is important to note that most research on loneliness has been conducted in the UK and a substantial amount of the research on former foster children has been conducted in the US. The information presented on loneliness and outcomes of former foster children may be skewed towards Britain or American respectively. While it may seem that the research presented has a British or American bias, results on loneliness and health and youth outcomes after care have been shown to be consistent across these four countries. Additionally, there is limited Canadian national data pertaining to youth that have aged-out of the child protection system. Thus, provincial data rather than national data is often used throughout this paper.

Findings

Loneliness and Health

In 1988, the first report proposing a causal connection between social relationships and mortality was published (Holt-Lunstad, Smith & Layton, 2010). In the developed world, social isolation is on the rise. Research has indicated that there has been a decrease in the quality and quantity of social interactions (Holt-Lunstad, Smith & Layton, 2010). This increase in social isolation has been partially attributed to the rapid expansion of technology and the ways that technology and social media are changing the way people are interacting (Currie, 2012). Additionally, trends toward delayed marriage, dual career families, increase of single resident households and reduced intergenerational living have increased (Holt-Lunstad, Smith & Layton, 2010). These trends are worrisome because of the profound impact that lack of meaningful relationships can have on human health (Kantar Public, 2016).

Loneliness can have debilitating effects on biological, psychological, behavioural pathways, and ultimately, can lead to decreased longevity (Holt-Lunstad et al., 2015). Loneliness and social isolation affect health-related quality of life (HRQOL) because these two indicators have critical implications on overall well-being and life satisfaction (Wister, 2016).

Biological

Loneliness can impair biological health by impairing immune function and increasing levels of stress hormones leading to inflammation, cardiovascular disease, hypertension and arthritis (Theeke & Mallow, 2015). Risk of heart disease is 29 percent higher and risk of stroke is 32 percent higher among those who are socially isolated compared to peers who often engage in meaningful social interactions (Khullar, 2016). Additionally, those who are lonely are at a higher risk for experiencing irregular metabolic function, obesity and type 2 diabetes (Theeke & Mallow, 2015; Brody, 2017). Chronic loneliness can even affect the body at a molecular level by altering gene expression (Brody, 2013).

Psychological

Chronic loneliness can also alter psychological pathways resulting in depressive symptoms, anxiety, suicidal thoughts and episodes of psychosis (Theeke & Mallow, 2015; Brody, 2017). Furthermore, loneliness has been associated with higher rates of personality disorders, cognitive decline and increased risk of Alzheimer's disease (Hawkley & Cacioppo, 2010). Although it is possible that cognitive impairments are capable of inducing feelings of loneliness, some studies have illustrated that loneliness can be a precursor of cognitive impairments as well (Hawkley & Cacioppo, 2010).

Behavioural

People who experience loneliness regularly are also more likely to have poor behavioural health compared to those who have more robust relationships. Without regular social routines, it becomes more difficult to maintain a balanced lifestyle and perform daily activities such as bathing, dressing and even climbing stairs (Kantar Public, 2016; Brody, 2013). Disrupted sleep patterns, physical inactivity and disengagement from social activities are frequently reported among those who report being often lonely (Theeke & Mallow, 2015; Brody, 2017; Brady 2013). As well, those who are lonely are more likely to indulge in behaviours that may temporary relieve negative feelings, such as overeating, drug and alcohol misuse, and sexual promiscuity (Brody, 2013)

Negative health consequences resulting from loneliness have been well researched and are consistent across gender and countries (Holt & Smith, 2016). The aforementioned health

impacts attributed to loneliness are independent of confounding variables such as socioeconomic status (SES), demographics, working status, living arrangements, among others. (Hawley & Cacioppo 2010; Perissinotto, Cenzer & Covinsky, 2012). Individuals who describe experiencing loneliness often or always, are twice as likely to die prematurely compared with those who have rewarding social connections (Khullar, 2016; Luo, Hawkley, Waite, & Cacioppo, 2012).

Poor Outcomes Specific to Former Foster Children

Poor outcomes, such as low academic achievement, homelessness, unemployment, poor mental and physical health, involvement in the criminal justice system and early parenthood, are more likely to be experienced by youth who have spent time in the child protection system compared to their peers (Stott & Gustavsson, 2010; Mendes & Moslehuddin, 2006; Cunningham & Diversi, 2012). These poor life outcomes, although not experienced by all care leavers, have been well documented among many and are consistent across former foster children in Britain, Canada, the US and Australia (Lee & Berrick, 2014). Although loneliness is not solely responsible for these outcomes, inadequate development of a supportive social network and inadequate social support during the transition out of care are related to these poor life outcomes (Stott & Gustavsson, 2010).

In the United States, one half of youth who age-out do not graduate from high school (Stott & Gustavsson, 2010). It has been shown that youth are unlikely to graduate from high school if they have not done so before leaving care (Rutman, Hubberstey, Feduniw, & Brown, 2007). By age 24, 25 percent of American care leavers had not graduated from high school compared to 7.3 percent of peers (Hook & Courtney, 2011). In Ontario, former foster children youth are half as likely to graduate from high school compared to their peers (Provincial Advocate for Children and Youth, 2012). Low high school graduation rates among care leavers are also seen in the rest of Canada, Britain and Australia. Additionally, only 18 percent of American care leavers compared to 62 percent of peers aged 19 were enrolled in post-secondary degree programs (Kirk & Day, 2011). Although multi-casual, loneliness and lack of social support can contribute to low academic achievement of youth who have transitioned from the child protection system. Loneliness has been shown to decrease levels of motivation towards school and has been correlated with poor reading ability, lower Grade Point Average (GPA) and

academic readiness (Galanaki, Polychronopoulou, & Babalis, 2008; Killeen, 1998; Rawana, Sieukaran, Nguyen, & Pitawanakwat, 2015).

Attainment of education is one of the highest predictors of employment and wages (Hook & Courtney, 2011). Due to lower levels of academic achievement, employment opportunities are more limited for care leavers (Knoke, 2009). Additionally, obtaining a job when government support is relinquished has proven to be difficult for care leavers without social supports to help guide them through application processes. After transitioning from care, 25 to 50 percent of American young adults experience unemployment and 30 percent rely on social assistance from the government (Stott & Gustavsson, 2010). Of the young people that had left care in the US, after four years only 17 percent were self-supporting (Rogers, 2011). Loneliness is implicated in lower academic achieved which is directly related to future employability.

Loneliness is also related to high rates of homelessness experienced by former foster youth. This group reports not having enough money to pay rent twice as often as young adults who have not been involved in the child protection system. They are also four times more likely to be evicted than young adults who have not been involved in the child protection system (Knoke, 2009). Many young adults who have transitioned from the child protection system describe periods of housing instability (Stott & Gustavsson, 2010). Many youth rely on 'couch surfing' to avoid homelessness (Collins, Paris & Ward, 2008). Dworsky & Courtney (2009) found that of 624 American care leavers, 36 percent had been homeless at least once before turning 26. Again, although homelessness is multi-casual, homelessness is also associated with smaller social networks (Collins, Paris & Ward, 2008).

Loneliness is inextricably tied to mental and physical health. Former foster youth are two to five times more likely to struggle with mental health and also more likely to attempt suicide than their peers (Sawyer, Carbone, Searle, & Robinson, 2007). Young people who have aged-out of care in British Columbia are five times more likely to die prematurely compared to their peers (Meissner, 2018). Suicide and drug overdose are common causes of premature death of these young people who have aged-out of care (Meissner, 2018). Although poor mental health cannot be attributed solely to loneliness, and may result from many factors including a history of abuse, there is a positive correlation between social isolation and poor mental health (Hawkley & Cacioppo, 2010). People who are lonely are more likely to have a negative outlook on life and experience low self-esteem, depression, anxiety, anger and suicidal thoughts (Killeen, 1998).

Additionally, people who are lonely tend to have poorer physical health (Killeen, 1998). Although those with poor physical health are more likely to experience feelings of loneliness, it has also been shown that poor physical health can be a result of loneliness and social isolation (Khullar, 2016).

Loneliness and isolation can trigger impulsive behaviour such as participation in illegal activities (Brody, 2013). One study reported that as many as one half of former foster children have been arrested after leaving foster care (Stott & Gustavsson, 2010). To relieve feelings of loneliness some people engage in criminal activity for 'novelty seeking' (Brody, 2013).

Finally, early parenthood is more common among former foster children compared to their peers. An American study with 378 participants found that by age 19, 50 percent of care leavers compared to 20 percent of peers had at least one pregnancy (Dworsky & Courtney, 2010). Up to 35 percent of these pregnancies were desired by care leavers (Dworsky & Courtney, 2010). It is postulated that care leavers may want to start a family to relieve isolation and loneliness (Knight, Chase, & Aggleton, 2006). Although feelings of loneliness has been well documented as a motivator to start a family, more research needs to be completed to conclude whether or not having a child actually relieves these feelings (Knight, Chase, & Aggleton, 2006).

Loneliness is inextricably linked to these six common poor outcomes experienced by youth who have aged-out of the child protection system.

Loneliness and High Risk Groups

Loneliness does not discriminate between individuals and can affect all demographics (Yeginsa, 2018). Despite this, there are groups of individuals who are more likely to experience social isolation and have feelings of loneliness. For example, individuals with a higher risk of experiencing loneliness include those with mobility limitations, health issues, new young mothers, individuals who have recently retired, individuals without children at home and those who are recently bereaved (Kantar, 2016). As exemplified by many of these high risk groups, life transitions play an important role in social isolation, likely because existing social networks are interrupted (Co-op, 2016). Additionally, youth who are transitioning from the child protection system are a particular group that consistently report a high level of loneliness and social isolation (Theeke & Mallow, 2015).

Thousands of youth across many developed countries age out of care annually. For example, each year 20,000 to 25,000 youth ages 18-21 in the US, 7,000 youth in Britain, including 4000 that are 16-17 years old, 800 to 1,000 youth in Ontario, and 1,700 of 15-17 year olds in Australia transition out of care (Stott & Gustavsson, 2010; Lee & Berrick, 2014; Mendes & Moslehuddin, 2006; Collins, Paris & Ward, 2008). Financial and social support for these youth is often limited or non-existent, and loneliness experienced by these individuals has been described as inevitable (Ryan, Hernandez, & Herz, 2007).

Many factors before entry into care, during care, and transitioning from care can contribute to feelings of loneliness experienced by youth who have aged-out of the child protection system. (Kantar Public, 2016). When discussing loneliness experienced by youth aging-out of the child protection system, it is important to examine experiences at these critical junctures because social networks are often disrupted creating the potential for increased loneliness.

Before Care

Although every situation is unique, youth are often removed from the home because of maltreatment or neglect, which can have long lasting emotional, physical and mental impacts (Lee & Berrick, 2014). Adults who have experienced childhood trauma may have social anxiety as well have more difficulty trusting others (Sirota, 2018). This can contribute to loneliness in adulthood (Shevlin, McElroy, & Murphy, 2015). Additionally, foster children have a history that is often quite different from their peers. This may account for reports of foster children struggling to 'fit in' and because of this, youth also report low self-esteem and shame (Kools, 1997). Loneliness is often a result feeling different than one's peers (Kools, 1997).

During Care

There are common experiences that youth encounter while in care that can contribute to loneliness later in life including while exiting care. When removed from the home, foster children may have less contact with people they had important relationships with or have their principle relationships severed altogether (Herrick & Piccus, 2005). Regardless of their circumstance, separation from biological family can cause anxiety, trauma and loss of identity (Herrick & Piccus, 2005; Stott & Gustavsson, 2010). Children and youth may struggle to re-

create a sense of security after being removed from their biological family, leading to feelings of isolation and loneliness (Herrick & Piccus, 2005). In addition to being removed from their parents, it is estimated that approximately 50 percent of the time children and youth are separated from their siblings as well (Herrick & Piccus, 2005). Over half of American states address sibling placement to some degree in their legislation, however, it is not always feasible for siblings to be placed together because of logistics and finding a home that will care for more than one child (Herrick & Piccus, 2005). One youth describes in detail the extent to which her existing relationships were severed upon entering care, including those relationships that she considered most valuable to her:

> I had not fully realized what kind of separation was in store for my five sisters and myself. I understood that I would probably never see my mother again and that it was very unlikely that I would go back to my high school, but it never occurred to me that I would be separated from what I considered my sole purpose in life. That I would not be able to live with and care for my sisters was unbelievable (Herrick & Piccus, 2005, p. 848).

For youth that are not placed in care with their siblings, it is common for them to worry about their siblings and feel responsible for their separation (Herrick & Piccus, 2005). The emptiness created when siblings are separated from each other can have a substantial effect on development and increase feelings of loneliness (Herrick & Piccus, 2005).

It is evident that foster children and youth experience extreme loss and disruption of relationships when they enter care that can result in loneliness. Moreover, there is evidence to suggest that many youth feel a sense of loyalty to their biological family, which makes forming new relationships difficult, especially with new caregivers (Herrick & Piccus, 2005; Stott & Gustavsson, 2010; Lau, Litrownik, Newton & Landsverk, 2003). This can add to feelings of loneliness in care because some youth are not able or are unwilling to form close relationships.

Among youth in care there are consistent themes of loss, disconnection and instability (Stott & Gustavsson, 2010). Entry into care is often characterized by disruption in school, education and friendships as well as disruptions in significant social relationships (Stott & Gustavsson, 2010). Youth are also likely to experience multiple placements while in care. Placement instability is a major concern of the Canadian, British, American, and Australian child protection systems. Of the youth aging-out in Washington State in 2003, one third had

experienced ten or more placements and two thirds had experienced four or more placements (Stott & Gustavsson, 2010). American care leavers report having between 1 to 38 placements while in care, averaging 8.02 placements before their 18th birthday (Stott, 2012). Moreover, one-fifth of these youth experienced over 12 placements (Stott, 2012). In general, after spending more than 18 months in foster care, the number of placements youth experience increases and the likelihood that youth will be reunited with biological family decreases (Stott & Gustavsson, 2010). A youth describes re-entering care and the disruption that yet another placement caused in his life:

> I would have to move in with people I didn't know, start another school with new teachers and no friends, and attempt to fit into an unfamiliar place that didn't make sense to me. What I felt strongest was sadness over having to leave the people I loved (Herrick & Piccus, 2005, p. 848).

Another youth recounts not remembering "all the people's names,'cause I've been in so many homes" (Cunningham & Diversi, 2012, p. 595). Changing placements involves adapting to multiple new environments. Everything from school, teachers, coaches, friends and employers may change for the youth. Youth who experience multiple placements and re-entry into the child protection system describe trying "to cope with profound loss and at the same time try and build new ties to new people and new places" (Herrick & Piccus, 2005, p. 848). It is evident that abrupt changes in multiple subsystems may contribute to substantial loss for the youth and it is often incredibly difficult to try to find a sense of belonging in the new environments. For example, it may be too late to join club or sports teams for youth who enter into care or change placements during the school year.

Studies have shown that as youth move and experience multiple placements, they tend to distance themselves from others emotionally creating relational barriers (Stott & Gustavsson, 2010). Investing in new relationships is not only a daunting task, but also exhausting. There is risk of additional and repeated loss because future placement changes or return to biological family are unknown. (Lau, Litrownik, Newton & Landsverk, 2003). It has been suggested that the behaviour of distancing by creating barriers to others is a form of self-protection to avoid losing more close relationships (Stott & Gustavsson, 2010). This form of self-protection contributes to feelings of loneliness later in life including when youth are exiting care.

Even if youth remain at a single placement they may still experience disruptions in relationships of caring adults in their lives. Social workers and staff at groups homes can have high turnover rates, requiring foster children to adapt to new caregivers (Cunningham & Diversi, 2012, pg. 596).

Furthermore, there is stigma surrounding foster youth (Herrick & Piccus, 2005). There are many biased assumptions and stereotyping of this population (Kools, 1997). As a result of stigma and childhood trauma, shame is a common feeling experienced by foster children (Glück, Knefel, & Lueger-Schuster, 2017) This is important because youth many have trouble conforming and developing a level of sameness with their peers. This stigma can leave youth who are in care and those who have left feeling isolated.

Even though the aforementioned experiences occur while in care, many have long lasting effects on relationships and health later in life including when exiting care (Mendes & Moslehuddin, 2006). Adults are at a higher risk for experiencing social isolation if they experienced social isolation during childhood (Caspi, 2006). It is important to consider factors that lead to social isolation in younger age groups because experiences during childhood, adolescence and young adulthood have the ability shape adult disease (Caspi, Harrington, Moffitt, Milne, & Poulton, 2006). Chronic loneliness experienced during different developmental stages can have cumulative negative effects on poor adult health (Caspi, 2006). Children who experience social isolation are at a higher risk for experiencing poorer health outcomes 20 years later, independent of other childhood risk factors, compared to those who were not socially isolated (Caspi, 2006; Khullar 2016).

Not only does entry, re-entry and changing of placements contribute to a high level of loneliness while in care, but also the history of experiencing inconsistent and unstable social networks may hamper youths' ability to form trusting relationships later in life (Theeke & Mallow, 2015; Stott & Gustavsson, 2010). Forming meaningful relationships may be more difficult and leave youth with fewer people that they can rely on when exiting care because of unstable relationships and frequent moves during care (Cunningham & Diversi, 2012). These recurring disruptions and loss of relationships while in care often deprive children and youth from developing an emotional and social support system which is needed for resiliency, especially during the transition into independence (Rogers, 2011). Ultimately, many relationships experienced by youth in care are unpredictable and unreliable; therefore some

youth are deterred from using social networks as a support (Stott & Gustavsson, 2010). When youth are transitioning out of the child protection system they may not have social supports making the transition into adulthood more difficult (Stott & Gustavsson, 2010). Upon leaving care, youth report disconnection from existing social supports and also being unprepared for forming new relationships (Collins, Paris, Ward, 2008). All of these factors accumulated during care contribute to feelings of loneliness frequently described by youth transitioning out of care.

After Care

During the transition from care into adulthood, financial and social supports are relinquished. In some situations there are options for extended financial support, otherwise youth are abruptly cut off from financial and social supports (Rogers, 2011). For example, the Extended Care and Maintenance Agreement (ECM) that is offered in some provinces in Canada provides funding for housing, food, clothing expenses as long as the youth is in school or a vocational program until the age of 21 (Ontario Ministry of Child and Youth Services, 2018). In the United States, youth are emancipated from foster care when they are 18 or 21 depending on the state where the individual resides (Cunningham & Diversi, 2012). In the UK, youth are emancipated from the child protection system at 18; however, 25 percent of care leavers are 16 when they relinquish support and the remaining 75 percent are 18 (Rogers, 2011; Gov.UK, n.d.). Youth in Australia age-out upon their 18th birthday (Child Family Community Australia, 2017).

In contrast to foster youth, youth who have not been involved in the child protection system often do not transition into independence until their mid-20s and even 30s in developed countries and usually have support from family when needed (Lee & Berrick, 2014; Mendes & Moslehuddin, 2006; Cunningham & Diversi, 2012; 50). Fifty-seven percent of 20-24 year old Canadians live with their parents or caregivers (Rutman, Hubberstey, Feduniw, & Brown, 2007). In 2008, in the UK, 29 percent of men and 18 percent of women ages 20 to 34 still lived with their parents (Rogers, 2011). Most young adults experience ‘emerging adulthood’ where care and support from family or caregivers gradually lessens and there are bouts of independent and dependent living (Rogers, 2011). Youth who have not been involved in the child protection system have the ability to rely on a safety net and familial support. Care leavers often do not have this luxury (Rogers, 2011). The loss of social and financial supports and services that youth

in care have come to rely on happens abruptly upon their first 'adult' birthday (Cunningham & Diversi, 2012).

One youth describes the abruptness of end of care: "I was ripped away from everything – my house, my friends, my family, everybody I knew" (Cunningham & Diversi, 2012, p. 594). This transition results in multiple severed relationships leading to isolation, feelings of loneliness, abandonment and even feelings of betrayal. For most youth, there are no social supports after they reach the age of emancipation. Youth are forced into an accelerated transition into independence. A 16 year old describes facing the transition out of care on his own:

> I think [you need] more help with the emotional, psychological stuff when you're first living on your own. Just someone checking in on you, or giving you a call. I didn't get *any* of that (Rogers, 2011, p. 418).

Lack of social support and loneliness is frequently described by youth as one of the primary challenges when transitioning out of the child protection system (Rutman, Hubberstey, Feduniw, & Brown, 2007). Another youth described similar feelings of abandonment stating that, "It would be nice if there was someone that is there, that actually bothers to contact you and makes sure you're okay... because you have nothing to ground you" (Rogers, 2011, p. 418). The loss of previous supports contribute to the realization that youth are facing the transition into adulthood alone.

In some jurisdictions in Canada, preparation for independent living begins as early as 12 years old where youth are taught practical skills that are believed to assist them in independent living. Despite nearly universal feelings of exiting care alone, very few preparatory programs emphasize the importance of supportive relationships. One youth describes just how unprepared he was for the transition out of care: "right away there were challenges: no money, no job, no school . . . I was left on my own, and not prepared" (Cunningham & Diversi, 2012, p. 591). There is a recurring theme of facing the socially complex transition into adulthood alone.

Social workers are paid professionals that provide support to children and youth in care. However, because of large caseloads, only some social workers report trying to contact youth during the transition out of care (Rogers, 2011). Any support that youth do receive from social workers after the transition is described as sporadic and unpredictable (Rogers, 2011). Financial support is often prioritized ahead of emotional or personal support (Rogers, 2011). Many youth feel a sense of abandonment by their social worker as well as from foster parents. One youth who

transitioned out of care at 16 voiced feelings of betrayal by those he relied on during care:, “you don't really care about me at all, this is just your job” (Rogers, 2011, p. 419). Upon loss of contact from previous supports, many former foster children are led to believe that social workers and foster parents do not actually care for them but are just doing their job and fulfilling legal obligations (Rogers, 2011).

Furthermore, social exclusion, including inadequate access to social and financial resources, lack employment opportunities, and political marginalization, increases the experience of loneliness aftercare (Mendes & Moslehuddin, 2006). Lack of financial resources can influence social activity. Twenty four percent of the general British population who are lonely attribute their loneliness to their economic situation (Kantar Public, 2016). Additionally, those without a college degree are less likely to have a someone they can talk to about meaningful matters contributing to loneliness among the many care leavers who have not achieved higher levels of education (Khullar, 2016).

Finally, current child protection policies in the developed world emphasize independent living after care. This emphasis on independence and self-reliance after aging-out may result in youth resisting developing relationships with people who can provide support and a reluctance when seeking help, especially emotional support, because of the stressed importance of becoming independent and wanting to be able to succeed on their own (Cunningham & Diversi, 2012; Rogers, 2011).

Interventions to Alleviate Loneliness

There is overwhelming evidence that chronic and intense loneliness pose many health challenges for humans (Galanaki, Polychronopoulou, & Babalis, 2008). The recent public attention with respect to loneliness and its impact on health has sparked research initiatives into possible interventions that could be used to mitigate loneliness. As loneliness is not a clinical diagnosis, there is no treatment or intervention to be prescribed to individuals who are lonely (Perissinotto, Cenzer & Covinsky, 2012). Treating loneliness should be taken more seriously because it may be able to prevent negative physical and psychological health effects (Perissinotto, Cenzer & Covinsky, 2012). If left untreated, loneliness can form a positive feedback loop where lonely individuals disengage further from social settings and become more socially isolated experiencing loneliness more often and more intensely (Killeen, 1998).

There are many challenges in addressing loneliness. First, there is a stigma surrounding loneliness. Admitting loneliness is admitting failure to find attachment and belonging, one of life's fundamental domains (Khullar, 2016). Despite the fact that loneliness is a universal human experience, loneliness is stigmatized (Olien, 2013; Killeen, 1998). For care leavers, admitting loneliness is admitting failure to transition into adulthood independently. Second, there is a lack of awareness surrounding loneliness. Despite being a universal human experience, 75 percent of people who describe being often or always lonely also say that they do not know who or where they can turn to for support (Co-op, 2016).

There have been four primary types of interventions identified to mitigate loneliness among the general population (Hawley & Cacioppo 2010). These interventions include: "(1) enhancing social skills, (2) providing social support, (3) increasing opportunities for social interaction and (4) addressing maladaptive social cognition" (Hawley & Cacioppo, 2010, p. 223). There is no consensus regarding the most effective way to relieve feelings of loneliness and lessen the resulting negative health outcomes (Theeke & Mallow, 2015; Khullar, 2016).

Many interventions designed to allay feelings of loneliness have focused on increasing the number social interactions (Theeke & Mallow, 2015). These interventions have been met with limited success (Theeke & Mallow, 2015). Loneliness does not always result from social isolation and vise versa. It is too simplistic to suggest that increasing social interactions will alleviate feelings of loneliness (Brody, 2017). Loneliness must be treated with meaningful and rewarding relationships; the quality of relationships is infinitely more important than quantity of relationships for treating loneliness (Olien, 2013).

As youth come of age and transition into independent living, caring adults who can offer emotional support and guidance are more important than ever (Stott & Gustavsson, 2010). However, upon leaving care many youth have non-existent familial support or other reliable relationships and often feel as though no one is necessarily committed to them (Stott & Gustavsson, 2010; Ryan, Hernandez, Herz, 2007; Herrick & Piccus, 2005). Mentorship may be a potential intervention to mitigate feelings of loneliness among former foster youth. In order for isolation and loneliness to be truly alleviated, youth must be able to develop meaningful relationships with mentors (Herrick & Piccus, 2005).

Mentorship

There is an abundance of research on mentorship and its impact on youth development through role modeling, providing emotional support and opportunities to learn new skills (DuBois & Silverthorn, 2005). However, the efficacy of mentorship programs have been reported with mixed results. Some studies have found that mentors have positive effects on youth behaviour, health and can significantly increases the likelihood that youth will grow up to become happy, successful adults (Rawana, Sieukaran, Nguyen, & Pitawanakwat, 2015; Murphey, Bandy, Schmitz & Moore, 2013). Other studies have observed that mentorship programs may be damaging because of high mentor turnover rate and incompatibilty of mentors and youth personalities and interests (Kovarikova, 2017). Mentors have not been evaluated in terms of their ability to mitigate feelings of loneliness experienced by youth who are transitioning from the child protection system. In order to relieve loneliness, important relationship qualities should be present such as consistency, trust, authenticity and empathy (Greeson & Thompson, 2017). There are two types of mentors: formal mentors and natural mentors. Formal mentors exist through organized programs such as Big Brothers and Big Sisters (Knoke, 2009). Formal mentorship relationships are formed through a matching process and meetings between mentors and youth are often structured and have specific goals (Knoke, 2009). Relationships with natural mentors form organically within a youth's existing social network and includes non-parental adults such as: aunts, uncles, older siblings, family friends, coaches, employers, coworkers, teachers, neighbours, religious leaders, among others (Knoke, 2009). It is possible that mentors, either formal or natural, can support youth during the transition to adulthood and provide emotional support and guidance so they do not feel like they are facing the transition alone (Knoke, 2009).

Formal Mentors

Formal mentorship programs come in a variety of forms (Spencer, Collins, Ward & Smashnaya, 2010). For example, more traditional programs match youth with a caring adult who meets the youth regularly in person whereas other programs have mentors correspond with youth through online platforms (Spencer, Collins, Ward & Smashnaya, 2010). Additionally, mentorship programs can be one-on-one or can occur in larger social settings (Spencer, Collins, Ward & Smashnaya, 2010). Regardless of the type of formal mentorship program, caring and

committed adults are selected and matched with youth. In the United States, over 5,000 mentoring programs target approximately three million American youth (DuBois, Portillo, Rhodes, Silverthorn, & Valentine, 2011).

There are some benefits to formal mentorship. For example, mentors often have to apply, are screened and undergo training before contacting youth (Spencer, Collins, Ward & Smashnaya, 2010). Additionally, throughout mentorship sessions, mentors are supported and undergo continuous training (Spencer, Collins, Ward & Smashnaya, 2010). Therefore, mentors in formal programs often are experienced, are knowledgeable, and can implement 'best practices' for mentoring (Spencer, Collins, Ward & Smashnaya, 2010). Experiencing healthy supportive relationships with people such as formal mentors during childhood and adolescence may help youth who are aging-out develop a realistic expectation of relationship possibilities. Developing these expectations can avoid isolation and feelings of loneliness (Kools, 1997).

Formal mentorship programs offer consistent relationships for a set duration of time (Spencer, Collins, Ward & Smashnaya, 2010). Regular contact between mentors and youth may add consistency and a predictable element in the youth's life and therefore increased opportunity for formal mentors to provide emotional support as well as assist youth in developing skills for promoting healthy relationships with others (Spencer, Collins, Ward & Smashnaya, 2010). During the time that youth and mentors are in contact, mentors may be able to provide relief from loneliness.

However, there are many potential pitfalls to formal mentorship relationships. First, mentor-youth relationships may not be compatible because mentors and youth are matched via a matching process. Therefore, bonding between the mentor youth pair may be minimal. Strong emotional connection is important for better youth outcomes (Spencer, Collins, Ward & Smashnaya, 2010). Another common complaint of formal mentorship programs among foster children is that formal mentors "do not get it." (Michleborough, 2015). Although formal mentors may be able to sympathize with the foster youth situation, they will never be able to truly empathize with their situation. If bonding is unsatisfactory, loneliness is still likely to occur because meaningful relationships are needed to alleviate feelings of isolation.

In addition, youth who age-out of care may be wary of committing to formal mentors because of the risk of further loss and rejection (Stott & Gustavsson, 2010; Spencer, Collins, Ward & Smashnaya, 2010). A second potential drawback of formal mentorship programs is the

limited duration of mentorship programs (Spencer, Collins, Ward & Smashnaya, 2010). Although most mentorship programs require mentors to commit to the program for a lengthy duration of time, only half of the mentor-youth relationships organized through formal mentorship programs last longer than a few months (Spencer, Collins, Ward & Smashnaya, 2010). It has been shown that if these relationships last for less than three months, the mentorship relationship is possibly more damaging than helpful for vulnerable youth (Spencer, Collins, Ward & Smashnaya, 2010). Youth in short term relationships with mentors report lower self-worth and feelings of rejection (Spencer, Collins, Ward & Smashnaya, 2010).

Furthermore, time and commitment are needed for rewarding relationships to develop (Spencer, Collins, Ward & Smashnaya, 2010). Youth who are in the process of transitioning from care may not prioritize the time needed to develop a relationship with an unknown adult (Spencer, Collins, Ward & Smashnaya, 2010). Formal mentors have been shown to provide only a modest positive influence on youth and in many cases these positive effects fade over time (Spencer, Collins, Ward & Smashnaya, 2010). In some cases, negative effects do occur. Therefore, this intervention should be used with caution and significant impact measurement.

Natural Mentors

Natural mentors have been shown to have a critical role in the development of adolescents (Zimmerman, Bingenheimer, & Notaro, 2002). It has been established that youth who have one supportive and reliable naturally occurring mentor fare better when emancipated from care compared to youth who do not have a natural mentor (Spencer, Collins, Ward & Smashnaya, 2010).

Natural mentorship relationships are usually formed within a youth's existing social network (DuBois & Silverthorn, 2005). There are many benefits of mentors being naturally connected to youth. First, these relationships form organically. This is importance because for youth in care who frequently move, a relationship with a caring adult in their already existing social network would be able to provide grounding during instability. Second, natural mentors may play important roles in youth's extra-curricular activities. Mentors in these settings may be able to facilitate relationship development between the youth and a wider naturally occurring social network (DuBois & Silverthorn, 2005). Third, natural mentors have been observed to be able to moderate distress of relationship problems and problems within social networks and

assist youth in mediating relationship problems with others (Zimmerman, Bingenheimer, & Notaro, 2002). It is incredibly important for youth who typically experience unstable relationships to have a consistent connection. Finally, naturally mentors may exist within a youth's social network for long durations of time. Developing natural relationships that form organically may be more likely to lead to relational permanence (Stott & Gustavsson, 2010). In a study by DuBois et al. (2005), of 3,187 study subjects, the average length of natural mentorship relationships was 9.1 years (DuBois & Silverthorn, 2005). Longer term relationships develop stronger bonds as well as create more opportunity for influential support during transitioning (DuBois & Silverthorn, 2005).

Formal mentors may not be able to truly empathize with former foster youth's experiences. For this reason, natural mentor relationships formed with extended family and siblings are extremely valuable as they have shared experience and understanding and can act as natural supports (Herrick & Piccus, 2005). Extended family members often provide individuals with their most valuable lifetime relationships (Collins, Paris & Ward, 2008). Families have a shared history and experience, and therefore, have a natural connection (Collins, Paris & Ward, 2008). It is common for youth to reunify with biological families after emancipation from the child protection system (Collins, Paris & Ward, 2008). The number of youth who live with biological family after care is largely unknown because little data is collected on youth who age-out of the child protection system. However, studies have suggested that this may be anywhere from 8 to 38 percent (Collins, Paris & Ward, 2008). As well, one study found that after transitioning out of the system, 74 percent of former foster children had contacted siblings, 45 percent had been in contact with birth parents, and 52 percent reported family connections (Collins, Paris & Ward, 2008). One youth attributes feeling "happy and content" after transitioning from care to her "family and the sense of belonging that they brought back to my life" (Herrick & Piccus, 2005, p. 857). Despite some youths' positive experience reunifying with biological family after care, there is no information that provides a detailed account of the quality of support from the biological family aftercare (Collins, Paris & Ward, 2008). In an American study, 69 percent of youth reported that their life would have been much worse if they had never entered care; therefore, it is assumed that sometimes family cannot act as a support for youth transitioning from foster care (Collins, Paris & Ward, 2008).

Nonetheless, frequent contact with siblings can lessen feelings of loneliness and better perceived mental health (Herrick & Piccus, 2005). Siblings that are placed together in care are often found to have better emotional health as they can function as companions and confidents for each other (Herrick & Piccus, 2005). The presence of a sibling often offers stability and one predictable element in the lives of foster youth (Herrick & Piccus, 2005). For example, one youth describes "never question[ing] the permanency or unconditional nature of my relationship with [her] sister" despite experiencing many conditional, inconsistent relationships with others (Herrick & Piccus, 2005, p. 853). Strong siblings relationships can provide support, love and stability during the transition out of care and into independent living. A youth interviewed by Herrick and Piccus (2005), described her sister being "physically present and emotionally available to [her] when [she] transitioned out of care" (p. 857-8). Siblings may also help strengthen sense of identity and decrease the likelihood of depressive and anxiety symptoms among youth who are aging-out (Herrick & Piccus, 2005).

Foster children need to be "genuinely 'cared for' by someone who both loves them and sensitively responds to their needs" (Rogers, 2011, p. 420). Natural mentor relationships tend to be more unconditional than relationships with formal mentors (Stott & Gustavsson, 2010). Youth describe relationships with formal mentors as 'contractual' rather than based on the formal mentor's personal commitment or sense of care for them (Rogers, 2011). Natural mentorship may be able to provide youth with a more significant relationship with someone dependable that they consider to be able to unconditionally support them emotionally and practically.

As described by Herrick and Piccus (2005), foster children describe having to 'work for love' and 'earn approval' of foster parents and formal mentors. For this reason, more naturally occurring relationships are invaluable as foster youth do not have to work for acceptance, can be imperfect and loved unconditionally. For a successful transition even having a perceived sense of having a dependable adult who has made a personal commitment to them was highly important (Rogers, 2011).

One pitfall of a natural mentorship relationship is that the informality of the relationships may result in infrequent contact at times. Youth who are transitioning from the child protection system may require more regular and consistent contact to avoid feelings of isolation. As well, despite the many advantages of natural mentors over formal mentors, relationships with natural mentors are also not always feasible because of the instability of the foster placements. Those

who report stability of placements and felt a sense of security during care described having more social support after care (Cashmore & Paxman, 2006). It is important that placement stability is prioritized for the foster children because it is likely a precondition to continuity in friendship and relationships with non-parental adults (Cashmore & Paxman, 2006).

Mentorship to Mitigate Loneliness

Having a meaningful relationship with a mentor, formal or natural, may alleviate feelings of loneliness as well as provide guidance through the transition out of care (Knoke, 2009). Additionally, a lack of strong, stable and healthy relationships is at least partially responsible for challenges faced by youth aging-out of care (Spencer, Collins, Ward & Smashnaya, 2010). It has been established that caring adults can help to relieve or prevent poor outcomes as well as act as protective elements for youth exiting care (Greeson & Thompson, 2017; Thompson, Greeson, & Brunsink, 2016). Academic literature indicates that natural mentors may be able to form stronger and longer lasting bonds with youth compared to formal mentors. Therefore, having a natural mentor may be more beneficial for relieving isolation and loneliness after care.

Natural mentor relationships are correlated with higher educational attainment (DuBois & Silverthorn, 2005). Some mentorship programs have been found to promote self-esteem, life satisfaction, and subsequently increase academic achievement (Rawana, Sieukaran, Nguyen, & Pitawanakwat, 2015). Further, as cited in Kovarikova (2017), support and motivation from teachers, counsellors or other caring adults have been shown to increase the likelihood of youth pursuing post-secondary education. Having a supportive family member or a caring adult aftercare increases the likelihood of employment after care and decreases the risk of homelessness by 68 percent (Dworsky & Courtney, 2009). Additionally, youth with supportive non-parental adults had better self-esteem and heightened mental and physical health (DuBois & Silverthorn, 2005; Knoke, 2009). Sense of belonging and social support is conducive to better mental health and inversely related to stress and depression (Kitchen, Williams, & Chowhan, 2012). Furthermore, youth over the age of 19 and reported having a relationship with a natural mentor for more than one year were less likely to be arrested than peers who were not mentored (Spencer, Collins, Ward & Smashnaya, 2010).

Despite natural mentors having more positive outcomes, the potential for formal mentoring should not be ignored. Formal mentors may be able to provide temporary support during the transition and temporarily relieve feelings of loneliness. However, many formal mentor relationships may be unable to offer the long-term support needed to mitigate chronic loneliness. Mentors should be utilized to provide social and emotional support as well as help guide youth in the transition into adulthood to prevent feelings of isolation and abandonment upon leaving care (Stott & Gustavsson, 2010; Cashmore & Paxman, 2006).

Discussion

The need for belonging is fundamental to all human beings. If social belonging is hindered, isolation and feelings of loneliness can to develop, leading to compromised biological, psychological and behavioural effects on human health.

Individuals who have recently experienced a life transition are particularly susceptible to feelings of loneliness. One particular group that frequently reports isolation and a deep sense of loneliness is youth who are transitioning out of the child protection system. These youth often have a history of instability and unreliable relationships. Therefore, when youth reach the age of majority and lose social and financial support, they frequently report a deep sense loneliness and feelings of facing the transition alone. Additionally, throughout their time in care youth often lack opportunities to build social capital (Greeson & Thompson, 2017). If youth were not able to form meaningful relationships while in care, they may not have any supportive relationships when leaving care (Mendes & Moslehuddin, 2006). Loneliness is correlated to many poor outcomes (low academic achievement, unemployment, homelessness, poor mental and physical health, involvement in the criminal justice system and early parenthood) experienced by former foster children. Therefore, it is imperative to identify possible interventions that would alleviate feelings of loneliness after care.

Mentors, especially natural mentors, can provide emotional support to care leavers as they transition from the child protection system and alleviate feelings of loneliness. It has been shown that any support from family, community or organizations can ease foster children into independent living and relieve feelings of facing the transition into adulthood alone (Mendes & Moslehuddin, 2006). It is crucial that youth are able to establish supportive relationships when transitioning from care (Knoke, 2009). On-going positive and supportive relationships can help

foster children decrease social isolation, and subsequently, overcome adversities after care (Mendes, 2009). Foster children may receive support from formal and natural mentors. Mentors that can offer continuity are beneficial for these individuals who typically experience many unstable relationships. Meaningful and rewarding relationships can be developed with formal or natural mentors. However, it is more common for significant relationships to be developed between youth and natural mentors because commitment is fundamental to relationships. Therefore natural mentors are likely more advantageous than formal mentors for alleviating feelings of loneliness experienced by former foster youth. Programs should seek to facilitate environments where connections can be made organically. Additionally, developing policies and practices that place siblings together in care help to develop and maintain strong sibling relationships. Future research should examine how to foster natural mentorship relationships for youth in the foster system so they have at least one mentor upon aging-out of care.

This paper has several limitations. First, this report paper did not specifically explore the social supports necessary for youth with disabilities who had transitioned out of care or for youth belonging to minority groups. More research would be required to identify if these groups would benefit more from formal or natural mentors. Second, although there are similarities in loneliness data and foster care policies in Canada, the United States, the United Kingdom and Australia, cultural differences may limit the generalization of these findings. Additionally, some studies reviewed have methodological limitations that require findings to be interpreted with caution.

Conclusion

In conclusion, separation from biological families, frequent shifts in placements, schools and caregivers and abrupt loss of supports are main contributing factors for loneliness experienced by youth after care (Mendes & Moslehuddin, 2006). Loneliness and subsequent poor outcomes experienced by youth transitioning from the child protection system are consistent problems documented across many countries (Mendes & Moslehuddin, 2006). Positive stable relationships developed while in care can assist youth in coping with trauma experienced before care, adversities in care, as well as promote success and well-being aftercare (Mendes & Moslehuddin, 2006). Mentorship, especially natural mentorship, has the potential to alleviate long term negative effects of loneliness.

As loneliness is correlated to poor outcomes experienced by former foster children, and loneliness itself has detrimental effects on human health, it argued that interventions be applied to reduce the negative effect of loneliness on this particular vulnerable population. With proper support, it is to mitigate loneliness. Natural mentors may be able to support youth through their journey out of care and ensure that they are not isolated during this transition. Successful mentoring of youth transitioning from care has major public health implications in developed countries.

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