

Research Brief

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TRENDS

Caring Adults:

IMPORTANT
FOR POSITIVE
CHILD WELL-BEING

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OVERVIEW

Developmental research shows that having one or more caring adults in a child's life increases the likelihood that they will flourish, and become productive adults themselves.¹ In many cases, these caring adults are the child's parents, but other relatives, neighbors, friends of parents, teachers, coaches, religious leaders, and others can play this role. We used data from the 2011/12 National Survey of Children's Health to examine the prevalence of these relationships among children in the U.S., ages 6-17, and among different subgroups of this population; and the association between having a caring adult and indicators of positive well-being.

KEY FINDINGS

- Children and adolescents who have a formal or informal "mentor-like" relationship with someone outside their home are less likely to have externalizing behavior problems (bullying) and internalizing problems (depression).
- This group is also more likely to complete tasks they start, remain calm in the face of challenges, show interest in learning new things, volunteer in the community, engage in physical activities, participate in out-of-school time activities, and be engaged in school.
- Additionally, those who have a caring adult outside the home are more likely to talk with their parents about "things that really matter."
- These results suggest that mentor-like adults outside the home can be a resourceⁱ in promoting positive well-being for children and adolescents.

ⁱ Resources are positive factors that are external to the person. Resources include parental support, adult mentoring, or community organizations that promote positive youth development. See <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.116.536&rep=rep1&type=pdf>

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BACKGROUND

Research finds that the presence of one or more caring, committed adults in a child's life increases the likelihood that children and youth flourish, and become productive adults themselves.² These individuals have been called "natural mentors."³

In recent years, there has been a groundswell of interest in mentoring relationships, accompanied by implementation of programs designed to support formal mentoring. In part, this has been a response to rising numbers of children living in single-parent homes, inaccessibility and/or unavailability within communities of sufficient numbers of other caring adults, and lack of community infrastructure and institutions to support child and youth development, particularly in disadvantaged communities.⁴ Evaluation studies have found positive impacts, in multiple outcome areas, for mentoring programs, provided they meet certain criteria for quality of training, supervision, and duration.⁵

Up to now, nationally-representative estimates of the number of children who have a mentor-like relationship, either "natural" or formal, with an adult outside the home have not been available. The National Survey of Children's Health (NSCH), in its 2011/12 wave of data collection, included a single item for parents of children ages six through 17: "Other than adults in your home, is there at least one other adult in [the child's] school, neighborhood, or community who knows [the child] well and who [he/she] can rely on for advice and guidance?"

This brief provides a look at the overall percentage of children with a mentor-like adult (as defined above), as well as this prevalence disaggregated by gender, race/Hispanic origin, primary language used at home, family income, mother's education, and family structure. We also examine the association between having a caring adult and a number of child well-being outcomes (see Data Box on page 6 for details on these measures), to determine whether this evidence is consistent with the previously-noted research linking having a mentor with increased likelihood of positive outcomes for children and adolescents.

CURRENT ANALYSES

To determine whether having a mentor-like adult increases the likelihood of positive well-being, we examined the relationship between having a mentor-like adult and a range of child well-being outcomes, net of background differences. These measures of well-being include:

- Whether the child "usually" or "always" finishes tasks they start, and follows through with what they say they will do.
- Whether the child "usually" or "always" stays calm and controlled when faced with a challenge;
- Whether the child "usually" or "always" shows interest and curiosity in learning new things;
- Whether the child "usually" or "always" cares about doing well in school;
- Whether the child "usually" or "always" does all required homework;
- Whether the child exercised, played a sport, or participated in a physical activity on at least three days in the past week;
- Whether, in the past year, the child participated in some type of organization, club, or other after-school activity;
- Whether, in the past year, the child participated in volunteer work or community service, at least once a week;

- Whether the parent was contacted more than once in the past year by the child’s school because of the child’s behavior problems;
- Whether the child “sometimes,” “usually,” or “always” bullied (or was cruel or mean to) others in the past month;
- Whether the child “usually” or “always” argued too much in the past month;
- Whether the child “usually” or “always” was unhappy, sad, or depressed in the past month; and
- Whether the parent and child can share ideas or talk about things that really matter, “very well”.

FINDINGS

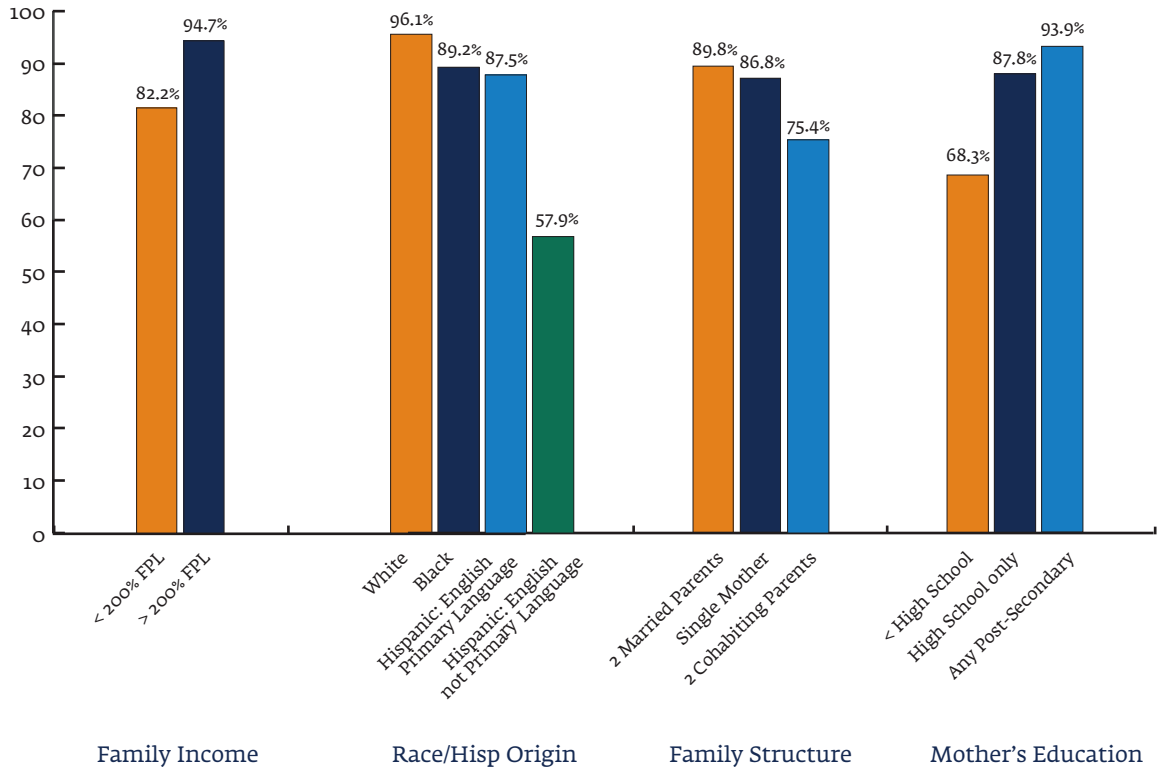
Who has a mentor-like adult? Overall, about nine in ten U.S. children and adolescents (89 percent), ages six through 17, have a mentor-like adult, as reported by parents. (Recall that parents were asked “Other than adults in your home, is there at least one other adult in [the child’s] school, neighborhood, or community who knows [the child] well and who [he/she] can rely on for advice and guidance?”)

Additionally, we found that:

- Females were just slightly more likely than males to have a caring adult outside the home (90 vs. 88 percent).
- Younger (ages 6-11) and older children (ages 12-17) were equally likely to have a caring adult.
- White children were more likely than black children (96 vs. 89 percent), who in turn were more likely than Hispanic children (73 percent), to have a caring adult.
- Hispanic children residing in homes where English is the primary language spoken were more likely to have a caring adult than were those in homes where English is not the primary language spoken (88 vs. 58 percent).
- Children from more affluent families were more likely to have a caring adult than those from less affluent families (95 vs. 82 percent).
- Children whose mothers had more than a high school education were more likely to have a caring adult than were those with less-educated mothers (94 vs. 68 percent).
- Children living with two married parents were slightly more likely than those living with single mothers (90 vs. 87 percent), who were in turn more likely than those living with two cohabiting parents, (75 percent) to have a caring adult outside the home.

In sum, we consistently found that children in more advantaged families were somewhat more likely to have in their school, neighborhood, or community an adult “who knows [them] well and who [they] can rely on for advice and guidance.”

FIGURE 1. PREVALENCE OF CARING ADULT IN THE LIVES OF CHILDREN (AGES 6-17), BY SELECTED DEMOGRAPHIC CHARACTERISTICS

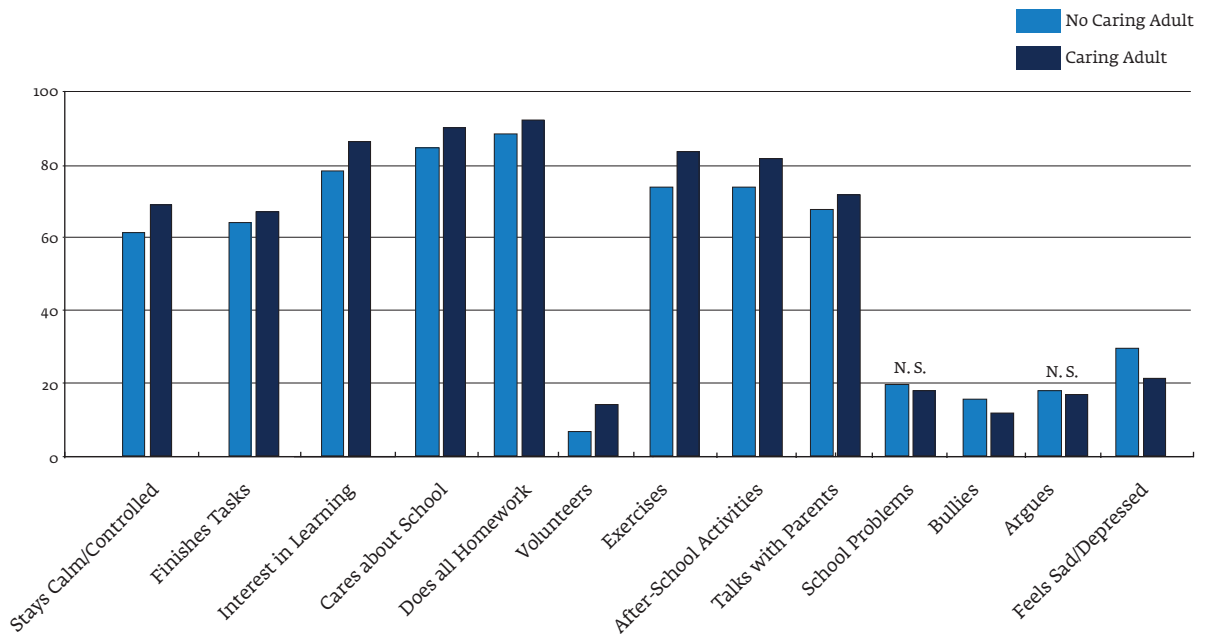


Does having a mentor-like adult matter? When examining the relationship between child well-being outcomes and having a mentor-like adult, in all cases having a mentor was significantly associated with positive well-being—that is, with a greater likelihood of positive outcomes, and reduced likelihood of negative outcomes.

Additionally, we investigated the unique effect of having a caring adult on each of the well-being variables, controlling for the child’s gender, race/ethnicity, family income, language spoken in the home, mother’s education, and family structure. Having a caring adult had significant beneficial effects on all well-being variables, with the exception of school-related behavior problems and arguing, where the effects were non-significant.

The largest effects were associated with physical exercise, participation in after-school activities, interest in learning new things, staying calm and controlled when faced with a challenge, volunteering, feeling sad or depressed, and bullying. Compared with peers identical on all background characteristics but lacking a caring adult, children with a caring adult were 73 percent more likely to volunteer, 12 percent more likely to get frequent exercise, 11 percent more likely to stay calm and controlled, 10 percent more likely to show interest in learning or participate in after-school activities, 28 percent less likely to feel sad or depressed, and 21 percent less likely to have bullied in the past month.

FIGURE 2. PROBABILITIES OF POSITIVE AND NEGATIVE BEHAVIORS OF CHILDREN (AGES 6-17) ASSOCIATED WITH HAVING A CARING ADULT, NET OF ALL CONTROLS



These positive findings are especially salient for children and adolescents who are at risk for social, psychological, and academic problems.

In that regard, it is troubling to find substantial disparities—by family income, race/Hispanic origin, parental education, and family structure—among children who have, or do not have, a mentor-like relationship. The absence of a caring adult appears to be yet another disadvantage borne disproportionately by those children already facing structural threats to their well-being. Ensuring positive prospects for all the nation’s children will require our addressing these inequities.

Our findings are subject to several limitations. First, note that the mentoring-like relationships measured here are not limited to those offered by formal mentoring programs, but include informal or “natural” mentors, as well. Second, the survey question used to indicate the presence of a caring adult is relatively non-specific, and cannot shed light on the quality, frequency, or duration of the child’s relationship with the adult relied upon “for advice or guidance.” Third, the data are cross-sectional, so causal relationships cannot be assumed. It may be the case, for instance, that children who are relatively more self-controlled, well-behaved, and positively engaged in school and community are more likely to attract adults willing to serve in a mentoring-like role.

However, the fact that a mentor-like relationship is associated with a number of child well-being outcomes, even after accounting for confounding factors such as family income, mother’s education, and family structure, suggests that these kinds of relationships confer unique value to children’s well-being.

Data and variables

National Survey of Children's Health

The National Survey of Children's Health (NSCH) was conducted in 2003, 2007 and 2011-2012 in all 50 states and the District of Columbia by the National Center for Health Statistics, with funding from the Maternal and Child Health Bureau. Telephone numbers selected by a random sampling process were used to contact households, and in households with children, one child was randomly selected to be the focus of the study. An adult in the household knowledgeable about the child answered questions about the child and themselves. The survey is representative of children under 18 years old, nationwide and also within each state. A total of 95,677 interviews were completed in 2011-2012, the most current wave of data collection.

Child Well-being Variables

[He/She] finishes the tasks [he/she] starts and follows through with what [he/she] says [he'll/she'll] do. (Never, Rarely, Sometimes, Usually, Always)

[He/She] stays calm and in control when faced with a challenge. (Never, Rarely, Sometimes, Usually, Always)

[He/She] shows interest and curiosity in learning new things. (Never, Rarely, Sometimes, Usually, Always)

[He/She] cares about doing well in school. (Never, Rarely, Sometimes, Usually, Always)

[He/She] does all required homework. (Never, Rarely, Sometimes, Usually, Always)

During the past week, on how many days did [S.C.] exercise, play a sport, or participate in physical activity for at least 20 minutes that made [him/her] sweat and breathe hard? (0-7 days)

During the past 12 months, did [he/she] participate in any clubs or organizations after school or on weekends? (Yes/No)

During the past 12 months, how often has [S.C.] been involved in any type of community service or volunteer work at school, church, or in the community? Would you say once a week or more, a few times a month, a few times a year, or never?

[He/She] argues too much. Would you say never, rarely, sometimes, usually, or always true for [S.C.] during the past month?

[He/She] bullies or is cruel or mean to others. Would you say never, rarely, sometimes, usually, or always true for [S.C.] during the past month?

[He/She] is unhappy, sad, or depressed. Would you say never, rarely, sometimes, usually, or always true for [S.C.] during the past month?

How well can you and [S.C.] share ideas or talk about things that really matter? Would you say very well, somewhat well, not very well, or not very well at all?

Demographic Variables

Family income was coded according to multiples of the contemporary federal poverty level (FPL): at or below FPL or above FPL.

Gender was coded as: male and female.

Mother's education was coded as: below high school or high school and above.

Race/ethnicity was coded as non-Hispanic white, non-Hispanic black, non-Hispanic Other, and Latino/Hispanic.

Primary language spoken at home was coded as: English or non-English.

Family structure was coded as: two-parent married; two parent cohabiting; two-parent step; single-parent, currently married; and single-parent, never married.

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