MENTORINGplus
Workshop Series

SERIES 5

FOSTER YOUTH MENTORSHIP TRAINING FOR PROGRAM MANAGERS

Dustianne North, M.S.W.
Brenda Ingram, M.S.W., L.C.S.W.

EMT

Produced by The EMT Group for the California Department of Alcohol and Drug Programs

The Mentoring Plus Workshop Series is a project of The EMT Group, Inc.,
with funding by the California Department of Alcohol and Drug Programs.

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TODAY'S AGENDA

9:00	Introductions
9:30	MODULE 1: A Child's Path Through the Foster Care System
10:45	Break
11:00	MODULE 1: A Child's Path Through the Foster Care System (continued)
Noon	Lunch
1:00	MODULE 2: The Role of Mentoring in the Life of a Foster Youth
1:15	MODULE 3: What Mentors Can Offer Foster Youth
1:45	MODULE 4: Helping Foster Youth Prepare for the Future
2:15	Break
2:30	MODULE 5: Building Trust into Your Program Design
3:15	MODULE 6: Creating a Foster Youth Friendly Mentor Program
4:00	Next Steps

ABOUT THE TRAINERS

Dustianne North, M.S.W.

DUSTIANNE NORTH has been working in the field of youth mentoring since 1995, when she began building a mentor and volunteer program for the foster youth in residence at the Florence Crittenton Center in Los Angeles in 1995. After creating the first mentoring program in Los Angeles County serving youth in foster care (with official approval from Los Angeles County Department of Children and Family Services, the LA Probation Department, and Community Care Licensing), Ms. North began providing training and technical assistance throughout the state for EMT. She specializes in assisting programs that serve special needs populations such as court-involved youth. Ms. North has now completed her M.S.W. at UCLA, and she continues to work toward her Ph.D. in Social Welfare, also at UCLA. She draws upon her experiences with mentoring, her clinical training as a social worker, and her administrative expertise in designing curricula and facilitating trainings. This diverse scope of knowledge allows her to work with direct practice issues, such as communicating with youth, as well as macro-level issues, such as designing mentor programs for foster youth.

Brenda Ingram, M.S.W., L.C.S.W.

BRENDA INGRAM is a licensed clinical social worker who has worked in the fields of mental health and trauma for the past 20 years. She is currently the West Region Clinical Specialist for The Casey Family Programs, a child welfare foundation. She has provided numerous workshops for human service providers on compassion fatigue, trauma, impact of violence on adults and children, cultural competency, stress management and developmentally appropriate practice with young children. She is a mental health consultant and trainer to school districts, child care programs, preschools, sexual assault programs and ex-offender programs. Ms. Ingram has been an adjunct faculty member and guest lecturer for Pacific Oaks College and California State Universities in Los Angeles and Long Beach.

MENTORING *plus*
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Welcome to Today's Training!

California has the largest population of foster youth in the world. These youth are an extremely high-risk population and require special attention to help them transition into safe and nurturing environments. EMT consultants Dustianne North, M.S.W., and Brenda Ingram, M.S.W., L.C.S.W., developed *Foster Youth Mentorship Training for Program Managers* to address the special needs of this population. They have dedicated significant time to the creation of this superb curriculum and we are confident that it will be a valuable training for foster youth mentoring program managers.

We encourage you to ask questions and interact with your peers to share experiences and ideas during the workshop. Your commitment to making a difference with our youth is appreciated. Enjoy the day, and thank you for joining us!

About the Mentoring Plus Workshop Series

The Mentoring Plus Workshop Series addresses topics most critical to effective mentoring programs. The goal of these workshops is to assist new and existing mentoring programs in providing children and youth with the best mentoring practices available. Mentoring Plus offers:

- Free workshops by request
- Curricula developed by experts in the mentoring field
- A workshop manual that includes all presentation material
- Information on accessing personalized technical assistance
- Networking opportunities

Additional Training and Technical Assistance

Community- and school-based youth mentoring programs may receive free technical assistance and training from The Evaluation, Management and Training (EMT) Group, which is funded to provide this service by the California Department of Alcohol and Drug Programs. Drawing on a statewide pool of diverse consultants, EMT tailors technical assistance to the specific needs of the requesting group.

Please ask a workshop trainer for more information about available services. A Technical Assistance Application is provided for your use in the Program Development Resources section of this binder. You may also contact Lisa Scott or Shelly Boehm of EMT directly at:

- Mail: 391 South Lexington Drive, Suite 110, Folsom, California 95630
- Tel: 916.983.9506
- Fax: 916.983.5738
- Email: lisa@emt.org or shellyb@emt.org
- Website: www.emt.org

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Foster Youth Mentorship Training for Program Managers

This training is aimed at mentor program managers in the state of California who serve or who wish to serve youth in foster care. Children who have been removed from their families typically face multiple risk factors, including a lack of consistent guidance and support from adults. This means that foster youth represent a population that could benefit greatly from mentoring and that they also can be very difficult to serve.

Very few mentor programs in California are intended specifically for children and teens in out-of-home placements, and usually these programs are tied to a specific foster placement. This means that very few foster children have access to mentors, and that when they do, they often lose their mentors when their placements change. Although traditional mentor programs sometimes serve foster youth in the context of their regular programs, in most cases traditional programs are ill-equipped to deal with the special needs of foster youth.

The upshot is that foster children—and particularly those in group homes—are vastly underserved by mentoring and other volunteer-based efforts. This is largely due to the difficulties of working with the bureaucracies responsible for children in the foster care system. While this system exists to protect and provide for children who have been abused, neglected, or abandoned, it historically has posed great obstacles to volunteer-based efforts to serve the children in its care. The result has been that many volunteers and programs shy away from serving youth in foster care settings.

Happily, the last few years have shown a growing recognition in both the field of mentoring and the field of foster care that mentors are desperately needed for foster youth. In California, more and more foster placements have established mentor programs; an

An EMT training developed by Dustianne North, M.S.W., and Brenda Ingram, M.S.W., L.C.S.W.

increasing number of traditional programs have made moves toward extending their services to better address the needs of foster youth; and certain counties have taken steps to build collaboratives that enable more children in out-of-home care to benefit from having a mentor who is more likely to stay connected to them when their placements change.

We congratulate you on your willingness to learn more about mentoring this population of youth who could benefit so greatly from having mentors. Principles from this training can be applied to your program in any of the following three ways:

1. *If you run a traditional mentoring program and would like to serve more youth in foster placements*, this training will assist you in making your program more accessible and beneficial for foster youth.
2. *If you run a mentor program specifically for foster youth*, this training is designed to help you better coordinate your efforts with other facets of the foster care system so that your mentees may retain their mentors longer and so that your mentors can be a more active and integrated part of their mentee's treatment team.
3. *If your program is interested in initiating or supporting a county-wide effort to link mentor programs together with the childrens' services department in your county*, this training is aimed at assisting you in creating a comprehensive mentoring network that is able to provide higher-impact mentoring for more youth in your county.

As professionals who have seen first-hand the benefits that youth in placement can enjoy by having a caring, committed mentor on their side, we salute you for your interest in serving this population. Most volunteers who work with children in foster care report that the rewards are great as long as they have the support of a strong program to assist them in navigating the system alongside their mentees. We also believe that the more programs there are that serve foster children—and the more those programs work collaboratively to improve service—the more volunteers and mentor programs will become catalysts in healing the overall system that serves youth in foster care. Thank you for being a part of this important process for children who need our care the most!

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- Integrating Mentors into the Treatment Team
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CURRICULA RESOURCES

- Foster Youth Mentorship Training (for use with mentors), The EMT Group
  - MODULE 1: A Child's Path Through the Foster Care System
  - MODULE 2: The Role of a Mentor in the Life of a Foster Youth
  - MODULE 3: What Mentors Can Offer Foster Youth
  - MODULE 4: Helping Foster Youth Prepare for the Future
- Foster Youth Mentoring Program, California Community Colleges
  - MODULE 2: The California Foster Care System
  - MODULE 3: Understanding Foster Youth
- Responsible Mentoring: Talking About Drugs, Sex and Other Difficult Issues, The EMT Group
  - MODULE 1: Agency Responsibilities
  - MODULE 2: Appropriate Roles
  - MODULE 3: Values
  - MODULE 4: Difficult Topics and Issues
  - MODULE 5: Communication Strategies
  - MODULE 6: Role Playing
- Order Form for *Get Real. Get A Mentor.*, an EMT Mentee Preparedness Workbook

PROGRAM DEVELOPMENT RESOURCES

- Technical Assistance Request Form
- Mentoring Workshops Available by Request
- Request for Inclusion in the California Mentor Program Database
- Recommended Best Practices for Mentor Programs
- Mentoring Program Risk Self-Assessment / Classification of Mentoring Relationship Types
- Starting a Mentoring Program, The EMT Group
- Helping Hands Mentor Program Abstract, Florence Crittenton Center
- mPLAY (Mentoring Partnership for Los Angeles Youth): Partnership Model & Pilot Program (DRAFT DOCUMENT)
- mPLAY Memorandum of Understanding (Sample MOU)

What I have in common with...

This exercise is designed to give you an opportunity to learn a little bit about the people in this workshop. Below are some questions/statements about yourself. Answer the question/statement about yourself first. Then go around to different people in the workshop and find out if you have anything in common with them. You are to write the name of the person who shares that common item with you in the box. The person who fills the most boxes on their sheet wins a prize. You will be given 20 minutes to complete this exercise.

Good luck!

My birthday is…	My favorite song is…	My favorite flower is….	I am married...	My favorite type of vehicle is…
My favorite color is…	A pet peeve of mine is…	I have children...	Both my parents are still alive…	My job is…
My favorite food is…	My least favorite thing to do is…	I am happiest when...	My favorite city in the world is…	My favorite type of animal is…
I was born in (name of city)…	I like the TV show…	I am not married...	I would love to travel to…	My least favorite food is…
I play a musical instrument…	I went to college at…	My pet is a…	I hate it when…	My hobby is…

Mentoring Program Risk Self-Assessment

DIRECTIONS:

Complete the following Agency Self-Assessment. It will help you identify the risk factors inherent in your mentoring program so that can develop an appropriate mentor profile.

Work individually or with other members from your own agency.

Circle the answer that is most appropriate.

1. Mentoring takes place:

A. In a school, youth center, church, or other facility with staff supervision ONLY
B. BOTH at a facility with staff supervision and out in the community unsupervised (this includes programs that have supervised formal sessions, but allow their mentors to have outside contact with their mentees)
C. Out in the community ONLY, with mentors and mentees working independently and without staff supervision
D. Not yet determined

2. Mentees are transported:

A. Never — transportation is not an element of the program
B. By staff only
C. By staff and volunteers, or just volunteers
D. Not yet determined

3. Visits or outings are approved by:

A. Parents or relatives with custody AND staff
B. Parents or relatives with custody ONLY
C. Foster family, social worker, or other professional guardian when children are wards of the court
D. Not yet determined

4. Rate the overall stability of your organization and program based on secure funding and resources, experience and continuity of staff, retention of mentors, and community support:

A. Strong, stable and supported
B. Some staff turnover present OR lack of long-term funding BUT NOT BOTH
C. Some staff turnover present AND lack of long-term funding
D. Program has not yet secured staff and/or funding

5. Refer to the attached "Classifications of Mentoring Relationship Types" and circle the choice that best matches the "softest" type of mentoring relationships characteristic of your program.

A. Soft – Medium
B. Hard
C. Hard Core
D. Not yet determined

6. Refer to the attached "Classifications of Mentoring Relationship Types" and circle the choice that best matches the "hardest" type of mentoring relationships characteristic of your program.

A. Soft – Medium
B. Hard
C. Hard Core
D. Not yet determined

continued

7. You consider your program to be primarily:

A. A prevention strategy to support before drugs, gangs, violence, teen pregnancy, and other dangers ONLY

B. BOTH a prevention strategy AND a method of intervention that helps youth who have already run into problems with school, criminal and/or violent behavior, drug or alcohol abuse, etc.

C. An intervention strategy ONLY

D. Not yet determined

8. Rate the level of training provided to mentors:

A. Orientation and training are extensive and thorough

B. Orientation and training are adequate to get mentors started

C. Orientation only — no real training provided

D. Not yet determined

9. Rate the level of support provided to mentors:

A. Extensive support from staff, other mentors, AND possibly parents or guardians

B. Strong support from staff OR other mentors, but not both

C Support comes only from parents or guardians

D. Not yet determined

10. The neighborhood(s)/community(ies) served by your agency is(are):

A Mixed levels of income; many stable community members who could serve as mentors; some families struggling; reasonable quality of education provided by local public schools; strong presence of youth programs and service; rising levels of crime; some presence of drug and alcohol abuse, and some gang presence

B. Dominated by lower-income families; some stable community members; many families struggling; educational programs could be improved; more youth programs and services are needed; crime is an ingrained reality, although is kept somewhat at bay by long-standing community efforts; significant presence of drug and alcohol abuse and trafficking, and significant gang presence

C. Dominated by low-income families; fewer stable community members; substandard educational programs; many more youth programs and services are needed; crime is prevalent and deeply ingrained; prevailing drug and alcohol abuse and trafficking; powerful gang presence

D. Not yet determined

SCORING

POINTS: To total your score, give your program 1 POINT for every answer "A" or "D" you selected, 2 POINTS for every "B" you selected, and 3 POINTS for every "C" you selected.

ADJUSTMENTS FOR "D" ANSWERS: IF you answered "D" to 4 or more questions, your program is not yet defined sufficiently to fully develop a mentor profile. IF you answered "D" to 3 questions AND your score is 22-24, ADD 2 POINTS to the total. IF you answered "D" to 2 questions AND your score is 24-26, ADD 1 POINT to the total.

SCORE: There are 30 points possible. The number of points indicates ROUGHLY the level of risk your program faces. This is ONLY to give a general idea, and to match you with other programs in the room that are facing similar risk levels that you are — it is not meant to formally classify any program.

16–19: Soft / Low Risk 20–23: Medium 24–26: Hard / High Risk 27–30: Hard Core / Extreme Risk

A :	___ x 1	=	_____
B:	___ x 2	=	_____
C:	___ x 3	=	_____
D:	___ x 1	=	_____
+ SUBTOTAL:			_____
Point adjustments for D answers		+	_____
= GRAND TOTAL:			_____

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MODULE 1

A Child's Path Through the Foster Care System

IN THIS MODULE

What Are Your 5 Most Valued Things?

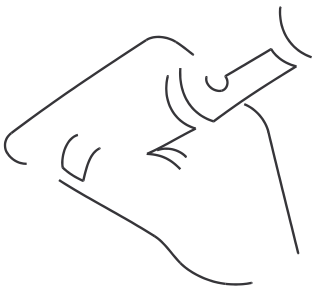
The Story of Mary Jones

What Was It Like to be Mary Jones?

Charting a Child's Path Through the Foster Care System

Facts About Foster Care

notes



What Are Your 5 Most Valued Things?

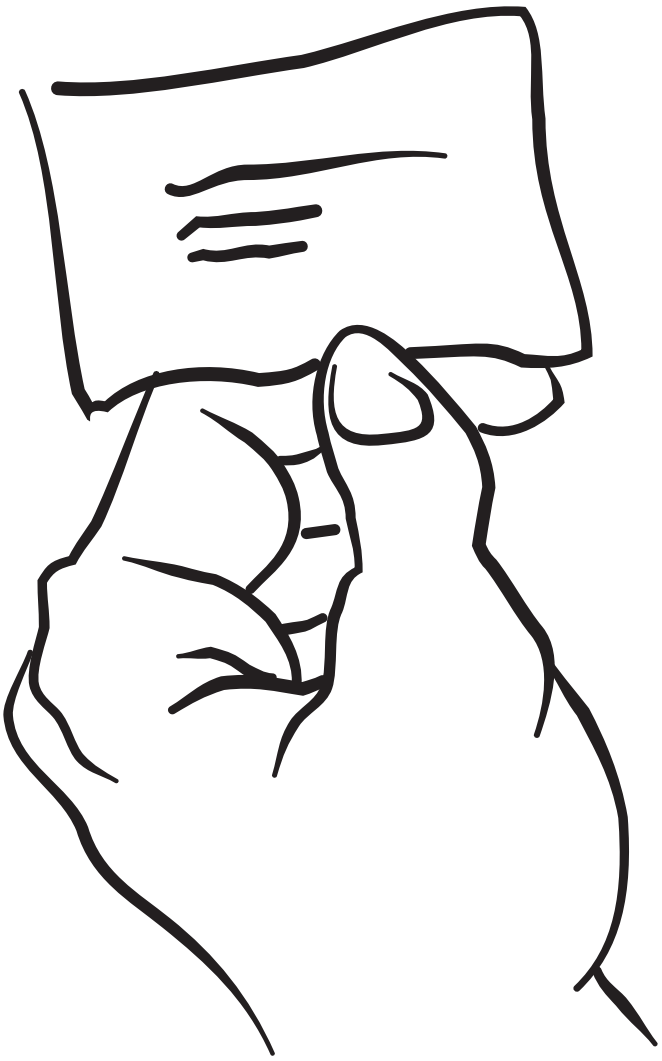
1.

2.

3.

4.

5.



JOURNEYING WITH A FOSTER YOUTH

The Story of Mary Jones

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AT AGE 11, Mary Jones was removed from her home after allegations of neglect and sexual abuse. Mary had been living for the past five years in Los Angeles County with her stepfather, Andrew Williams, her mother, Beth Young, and three younger males siblings: John Jones, age 8, Paul Williams, age 5, and Andrew "Andy" Williams Jr., age 4.

Mary had reported to her chorus teacher at school that her stepfather had been engaging in sexual intercourse with her since she was 9 years old. Her mother refused to believe the allegations and accused Mary of lying to break up her relationship with Andrew. Her younger siblings also accused Mary of lying.

Mary was first placed in an emergency shelter until a temporary foster care home could be found. Her siblings were also removed pending further investigation and placed in the shelter. All the children appeared to have been neglected for quite a while. They were found to be dirty with few clothes. There was rotten food in the home. Andy had a bad cough for which his parents had never sought medical attention. When a doctor examined him later, he was diagnosed with pneumonia. He was underweight and had signs of past physical abuse, including old fractures that had healed without medical attention. Paul, also underweight, was suffering from numerous insect bites. John had missed several days of school for various reasons and was very hostile. The school reported that he had been involved in stealing, fighting, lying and firesetting.

Mary's mother, Beth, revealed during an interview with Child Protective Services (CPS) that her own alcoholic stepfather, Mark Boothe, sexually abused her during her childhood. She had never told anyone except her first boyfriend, Bobby Jones, when they were first dating. Beth became pregnant by Bobby when she was 13 years old and gave birth to Mary. Three years later she gave birth to another baby, John. She and her two children continued to live with her parents for the next four years before moving in with Bobby, who had become a heroin addict by this time. Bobby and Beth lived together in shelters and on the street for the next few months until Bobby died from a drug overdose. Soon after that Beth met and became involved with Andrew, who worked as a security guard and had an apartment. A year later Beth was living with Andrew and pregnant with her third child, Paul. By time she was 20, Beth had three children and was carrying her fourth child, Andrew Jr.

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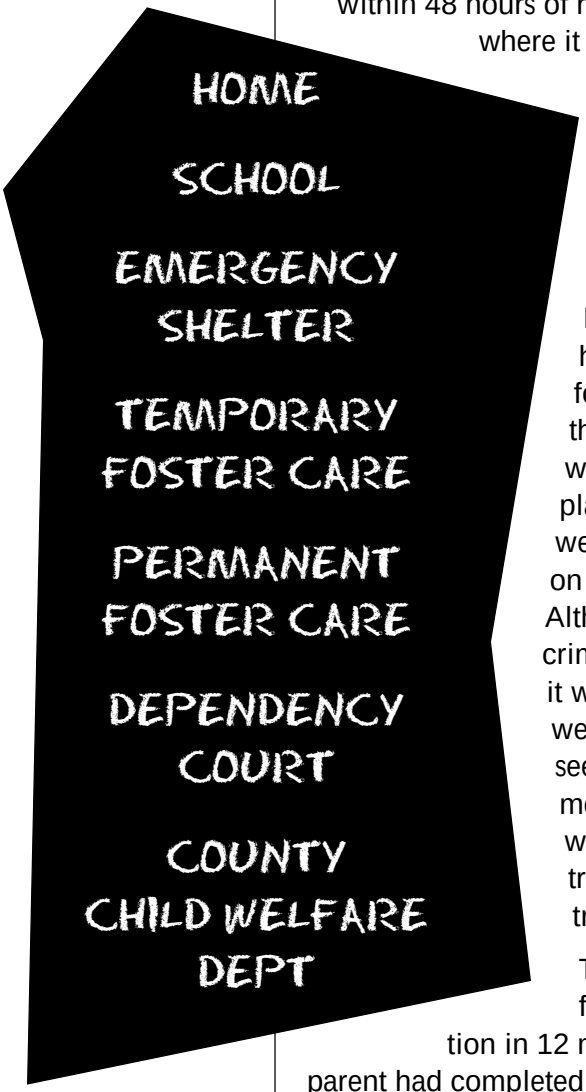
Beth's mother, Lucy, told CPS that she was willing to take her grandchildren into her home but because of Beth's allegation of past sexual abuse by her stepfather, the placement was denied. Andrew's parents were both deceased, and neither Beth nor Andrew had siblings who were available to take the children. A detention hearing was held within 48 hours of removing Mary and her siblings from the home where it was decided that the children should remain in protective custody outside of the home. Two weeks later a jurisdictional hearing was held, and it was determined that the children would be made wards of the court and continue in protective custody. At this time the children were placed in temporary foster care homes.



Because of the problematic behaviors of John, he was placed in a group home. No single foster care placement was able to take the other three children, so they were separated. Mary went to one home while Paul and Andy were placed together in another home. Arrangements were made so that the siblings could have contact on a weekly basis and visit with their mother. Although there was insufficient evidence to bring criminal charges against Andrew for sexual abuse, it was determined that the allegations of abuse were substantiated. Both parents were ordered to seek parenting classes, drug/alcohol abuse treatment, and counseling, and to maintain contact with their children through supervised visits. Job training was ordered for Beth and sexual perpetrator treatment for Andrew.

The children continued to live in temporary foster care with a plan toward family reunification in 12 months. At the first 6-month hearing, neither parent had completed any of the court-required treatments. Andrew refused to attend sexual perpetrator treatment because he denied sexually abusing Mary. Both parents were given an extension to get into treatment, but Andrew was not allowed to have any contact with Mary until he participated in treatment. He was, however, allowed to have contact with the boys as long as it was supervised. At the 12-month hearing, Beth had completed her parenting class but had yet to start counseling and was sporadic in her supervised visits with her children. During this time the children had been moved into new

notes

foster homes because of their negative behaviors. Mary had to be moved because she was trying to initiate sexual activity with another youth in foster care. Paul was having nightmares and bedwetting episodes. Andy had regressed and was not talking anymore. John was doing better in his group home. All the children were required to be in counseling, but none had started yet except John. The court ordered that the counseling begin immediately.

At the 18-month hearing, Beth had just started in counseling and needed a year to complete it. Andrew continued to deny any sexual abuse of Mary, but he had started to address his alcohol addiction. The court extended the protective custody for another year. The children continued in their current foster care placements. The plan continued for family reunification. Additionally, the court ordered that the county child welfare department begin concurrent planning for permanent placement of the children. This meant that parental rights could be terminated and the children would become free for adoption or, alternatively, that the children would be placed in long-term foster care. (NOTE: Even though the system has certain time constraints, children can remain in foster care in hopes of family reunification for years. New pressures have come to bear on states to begin permanency planning for children much earlier than what has been the trend, but the reality is that many children stay in foster care until the age of majority.)

Over the past 18 months, many people have played roles in the lives of the children. Each child has a court-appointed attorney to represent his or her interests in court, but they only see their attorney at court hearings. All of their attorneys have been changed at least three times. Their social worker has changed five times. Their maternal grandmother has visitations with all the children in a supervised location. She visits with the children about every other month in the social worker's office. Since Mary was placed in foster care, she does not have contact with her chorus teacher nor friends from her neighborhood.

At 18 months, a few changes can be noted. Mary does meet with her brothers on a weekly basis, and they go on outings together and visit with their mother and grandmother together. The boys don't blame Mary as much for their removal from the home, but when they get together they tend to fight or argue as Mary tries to continue in her "parentified role" toward her brothers and her mother. Mary has tried to call her best friend Amy from her old school, but they are only able to talk occasionally. After more than a year, they haven't visited but a couple of times. Mary practices with the Boys and Girls Club sport

notes

league after school and wants to join the league, but her foster mother hasn't been able to make time to transport her to the events on the weekends. Both Paul and Andy are on waiting lists for counseling and Mary has started her counseling at a local mental health clinic. She is in a therapy group with other pre-teen girls and individual counseling. Her mother has been attending this clinic for counseling herself. Andy is talking again and Paul isn't wetting the bed. John continues to show improvement in his behavior and reports that he likes his home because he has made new friends. He even has a bike that he loves to ride. Andrew is continuing in his recovery by attending AA and is starting to come out of his denial about abuse of the children. He is actively seeking out counseling.

DEBRIEFING YOUR EXPERIENCE

What Was It Like to be Mary Jones?

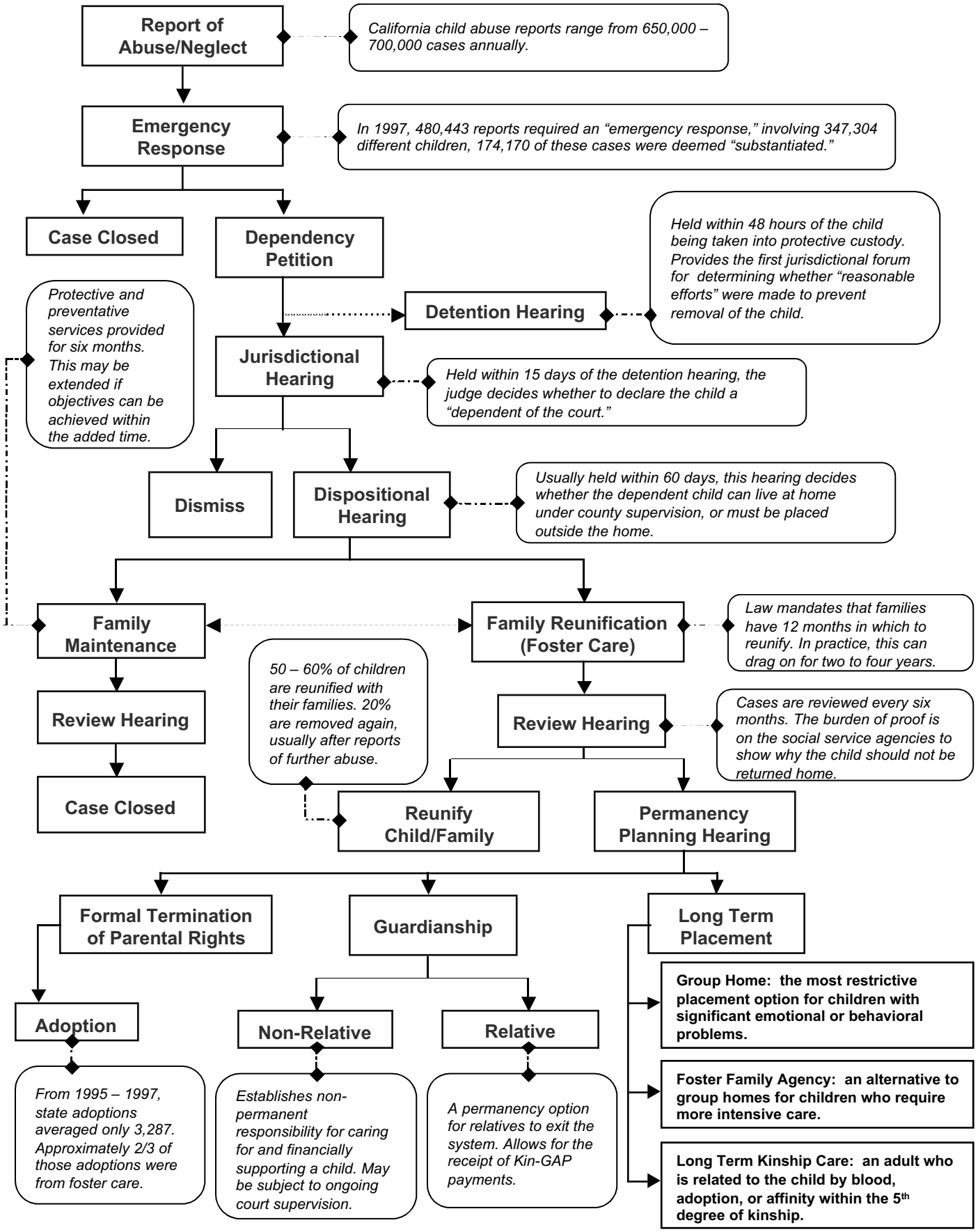
- What did you feel as you went from place to place?

- How do you think the child felt?

- How might the child feel toward her new foster family?

- What might the child be needing or looking for from the people who are caring for her now?

Charting a Child's Path Through the Foster Care System



The California Partnership for Children 916.443.1149

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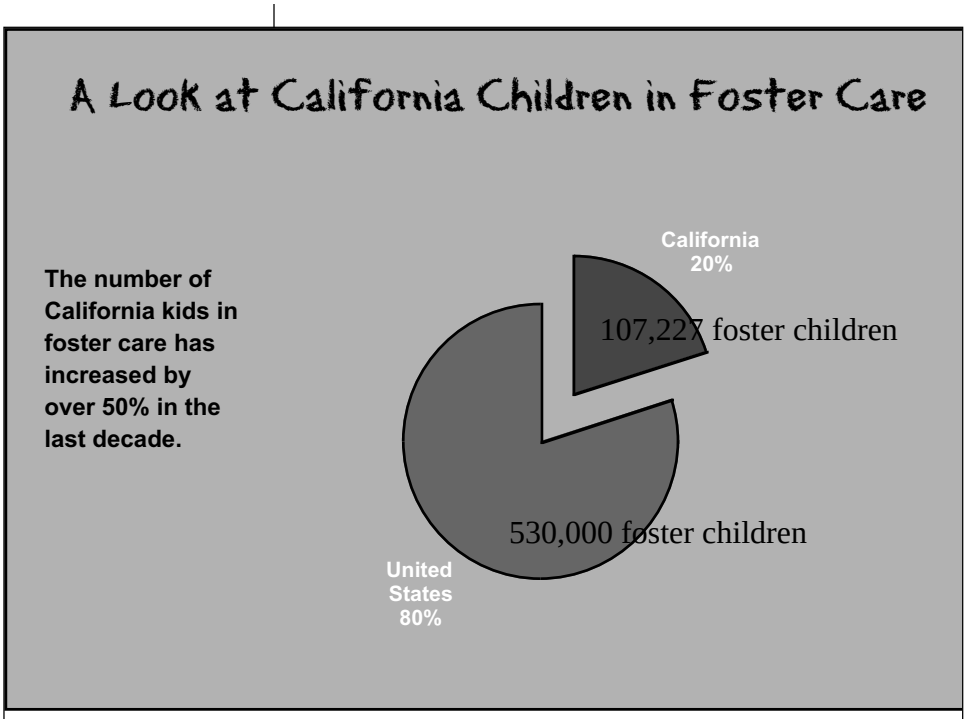
FACTS ABOUT FOSTER CARE *



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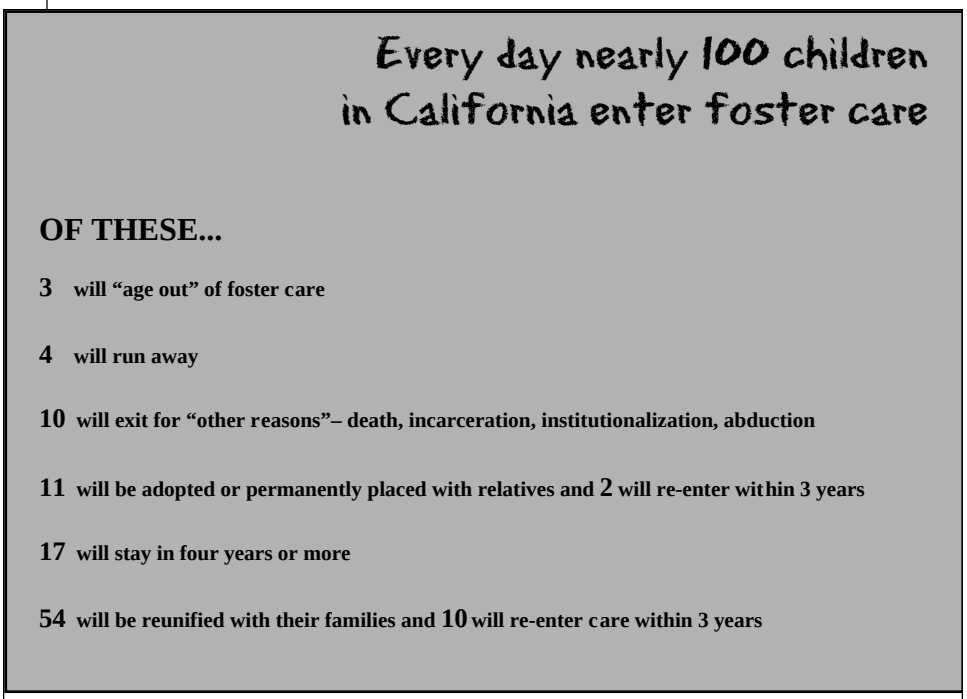
* Facts compiled by The California Partnership for Children, 916.443.1149



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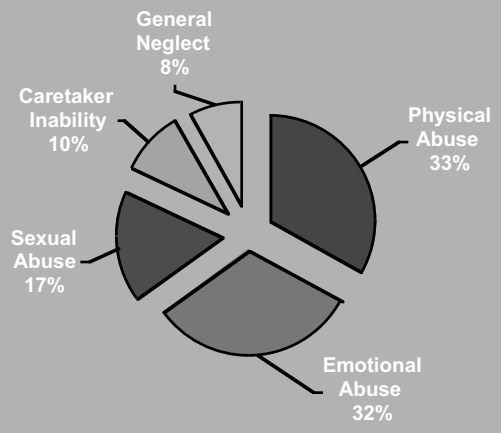
Why do children enter foster care in California?

REASONS for removal from the home



SOURCE: The California Partnership for Children

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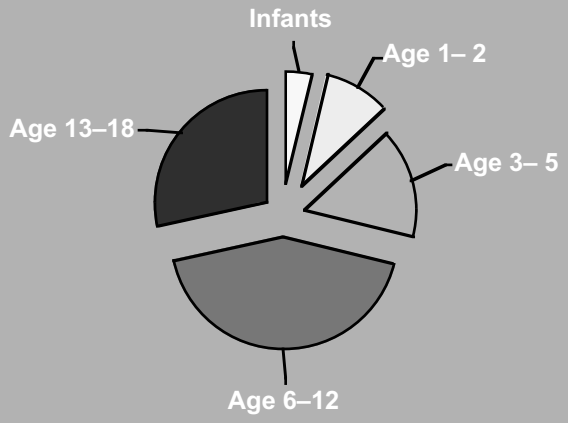
How old are California's foster children?

AGE BREAKDOWN



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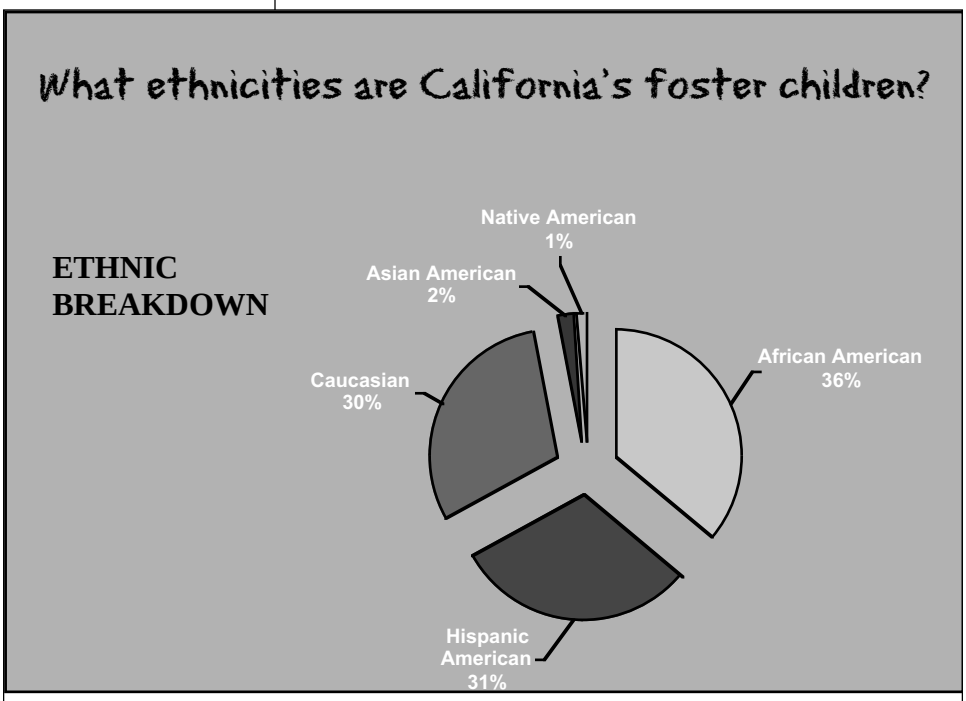

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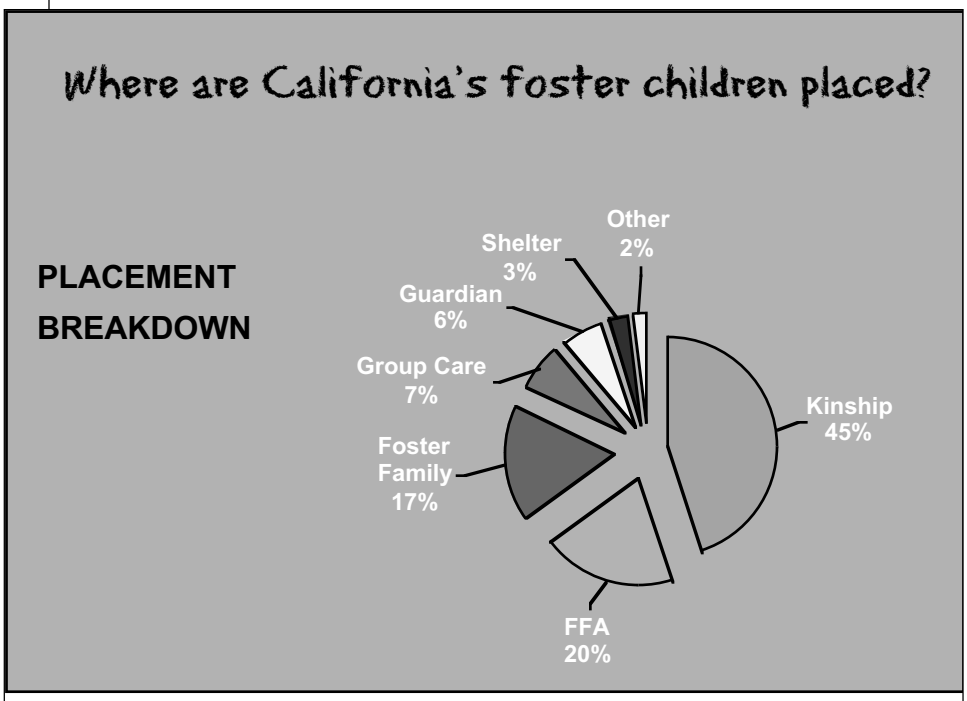

SOURCE: The California Partnership for Children

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notes

What special needs do foster children have?

- **50% have chronic health conditions**
  - *Asthma, cognitive abnormalities, visual & auditory problems, dental decay, malnutrition, birth defects, developmental delays, or emotional/behavioral problems*
- **50–60% have moderate to severe mental health problems**
- **40–72% require ongoing medical treatment**

Many of these conditions are caused by alcohol and drug exposure, lack of medical care, poor parenting, domestic violence, trauma of family separation, and unstable living arrangements and relationships

SOURCE: The California Partnership for Children

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notes

MENTORING *plus*
Workshop Series

MODULE 2

The Role of Mentoring in the Life of a Foster Child

IN THIS MODULE

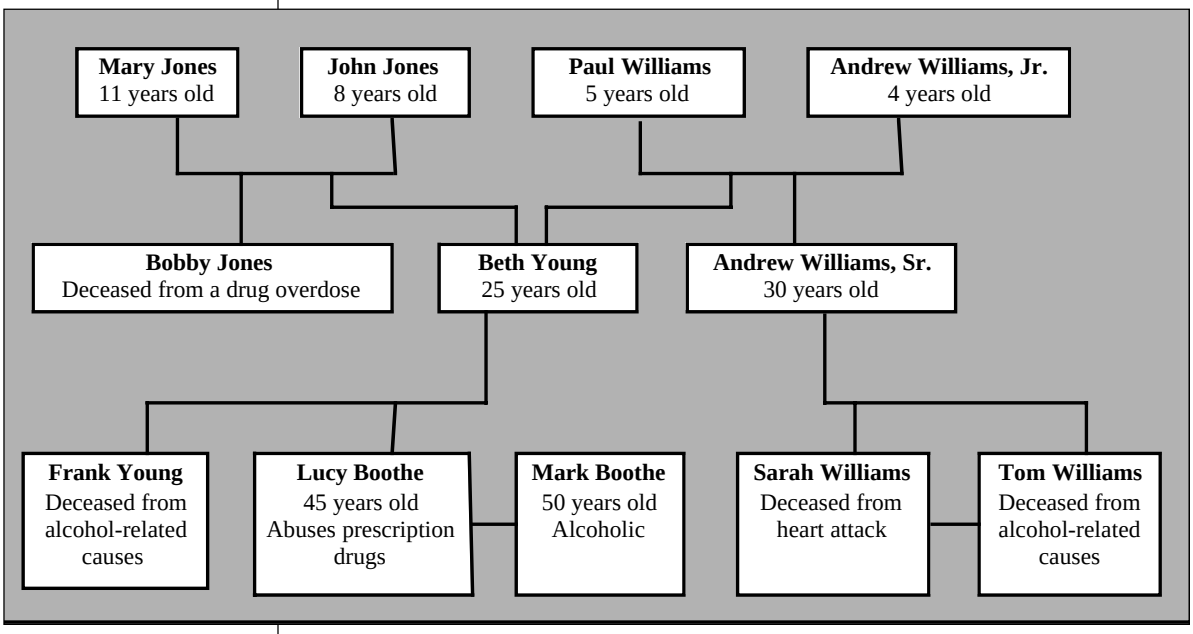
Genogram of Mary Jones

Eco-Maps of Mary Jones

How do mentors and mentoring programs fit in?

notes

FAMILY GENOGRAM OF MARY JONES



ECO-MAP LEGEND

notes

Family Circle: Members of the family circle are relatives and others that the child considers family *who live under the same roof as the child.*

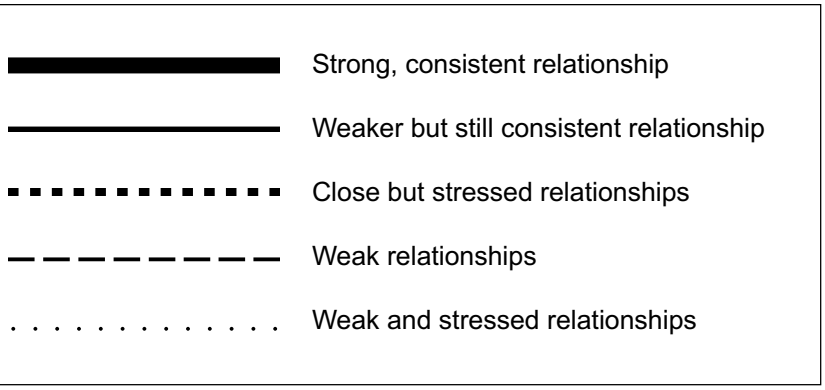
Placement Setting: Those who are a poart of the residential life of a child's foster home or other foster placement. Adults who are paid to take care of children in these placements are part of the child's "developmental needs network" (described below). Other foster children and biological children of foster parents are also shown.

Family/Friends: Any other family or friends who do not live under the same roof with the child.

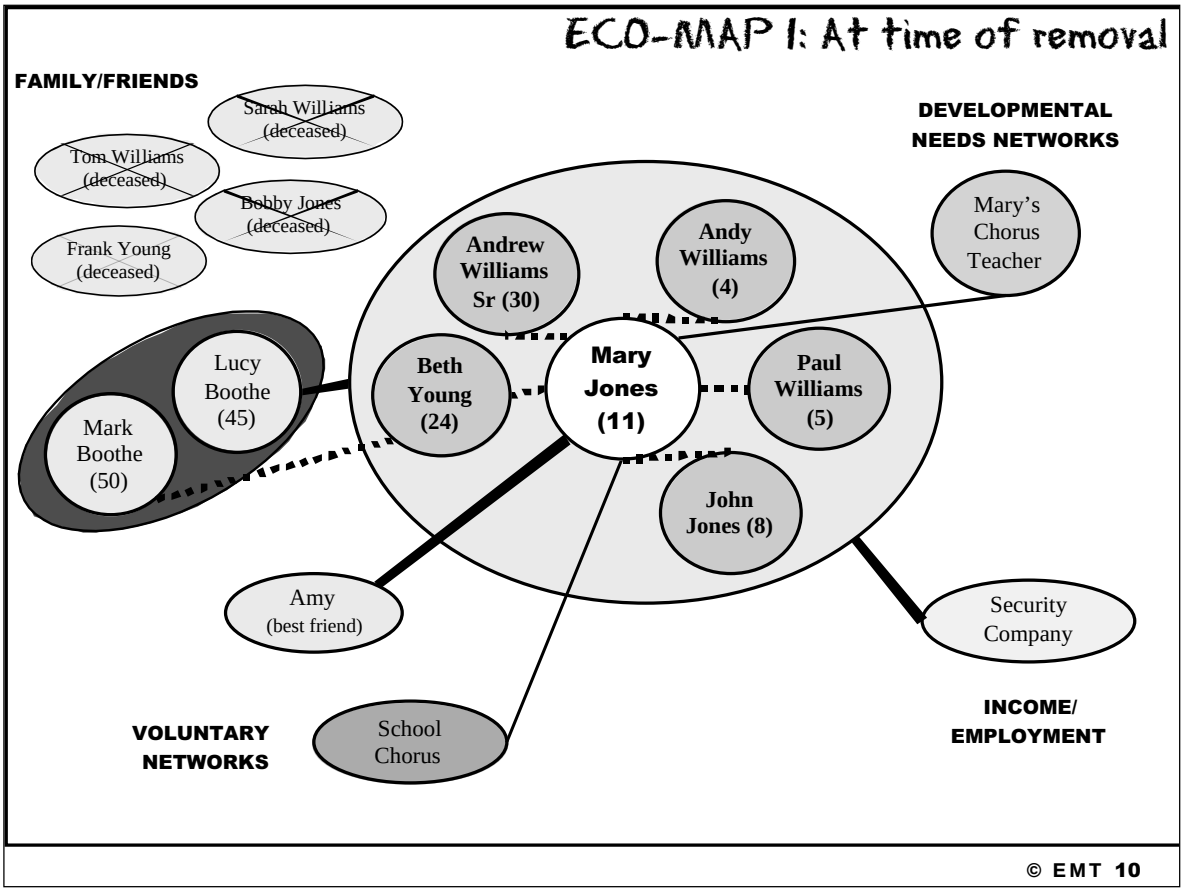
Developmental Needs Network: Any adults who are paid to assist children and families, such as counselors, teachers, doctors and nurses, court officials, etc.

Voluntary Networks: Any groups that children and families join that provide them with support and an oporutinity to participate in community life, such as after-school programs, churches and religious groups, sports teams, volunteer groups, community organizations, etc.

Income/Employment: Any source of financial or material support that benefits the family.

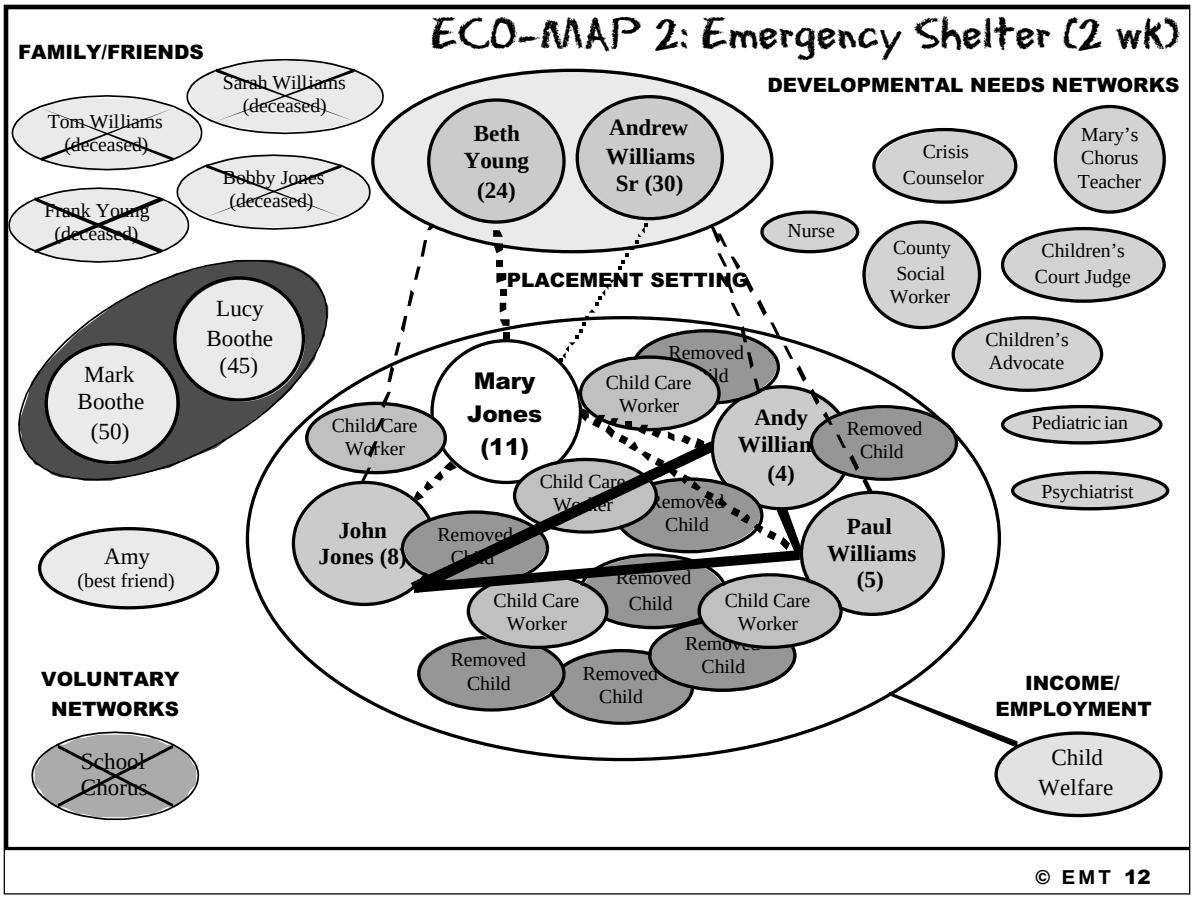


ECO-MAP I: At time of removal



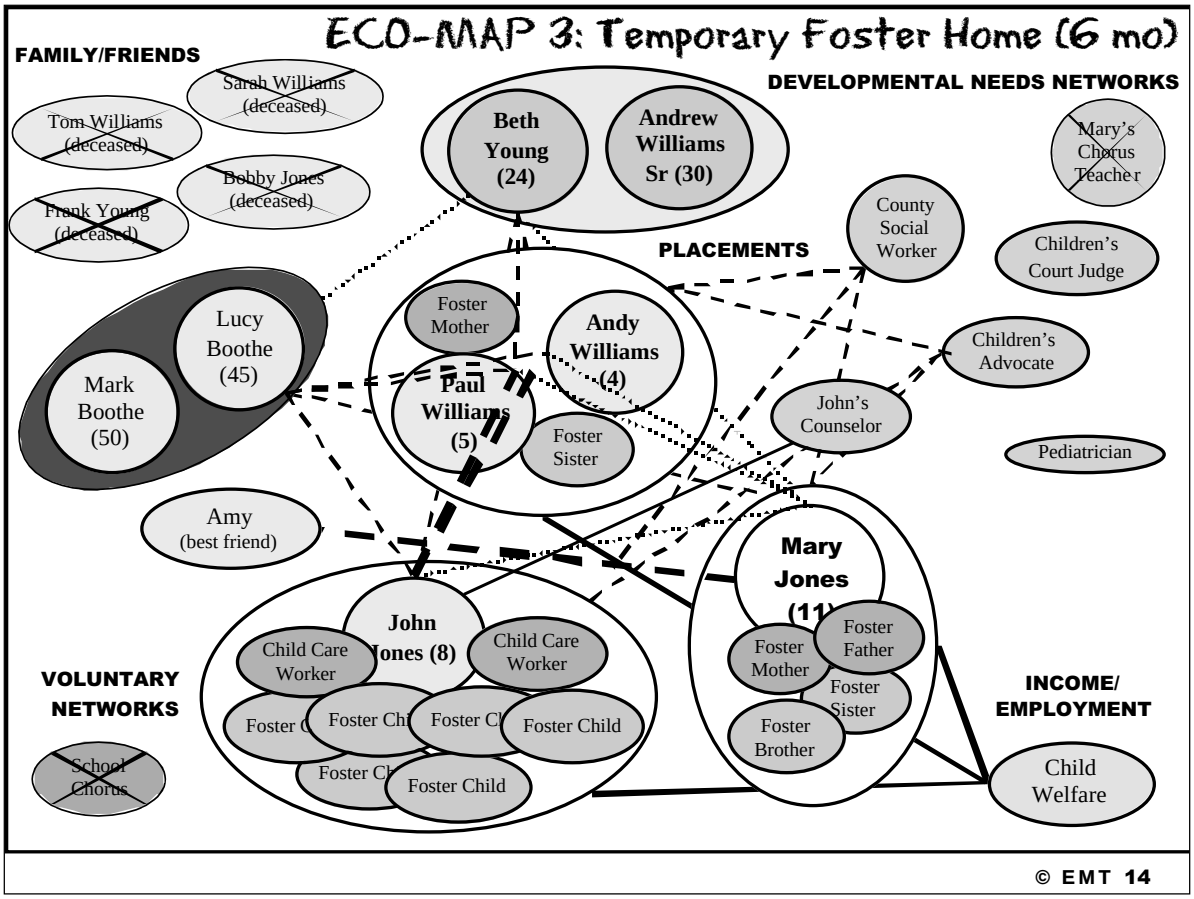
POSITIVE CHANGES	LIFE EVENTS	NEGATIVE CHANGES
Family moves away from abusive step-father	Mary is born	Beth's sexual abuse begins
Family moves off street into Andrew's house	John is born	Bobby becomes addicted to heroin
Mary develops trust for a teacher who reports abuse	Bobby dies	Family lives on streets and in shelters
	Beth meets Andrew	Mary's sexual abuse begins
	Paul is born	Physical abuse and neglect of all children
	Andrew Jr. is born	John begins missing school & other behaviors
	Mary's teacher reports abuse	Family blames Mary for abuse report

ECO-MAP 2: Emergency Shelter (2 wk)



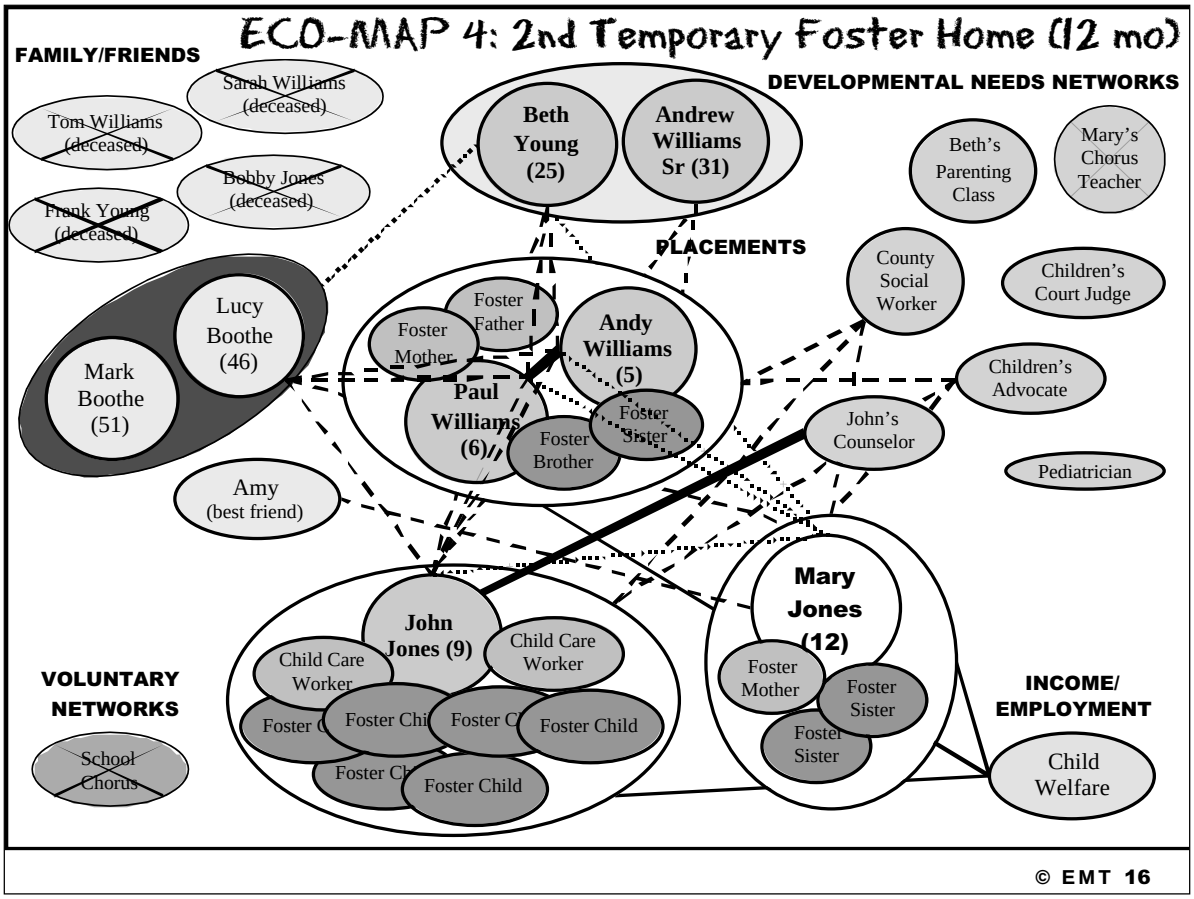
POSITIVE CHANGES	LIFE EVENTS	NEGATIVE CHANGES
Food, clothing and cleanliness are provided for all children	48-hour hearing results in children's placement in emergency shelter	Family is separated with great suddenness and emotional scarring for all involved
Medical attention is provided to all children	Parents are ordered to complete parenting classes, counseling, job training (Beth), substance abuse treatment (Andrew), and sexual perpetrator treatment (Andrew)	Children are having to adjust to an institutional environment
Mary no longer interacts with her molestor	Children's social worker changes once	There is now much uncertainty about the future
All three children are spared further abuse and neglect from parents		

ECO-MAP 3: Temporary Foster Home (6 mo)



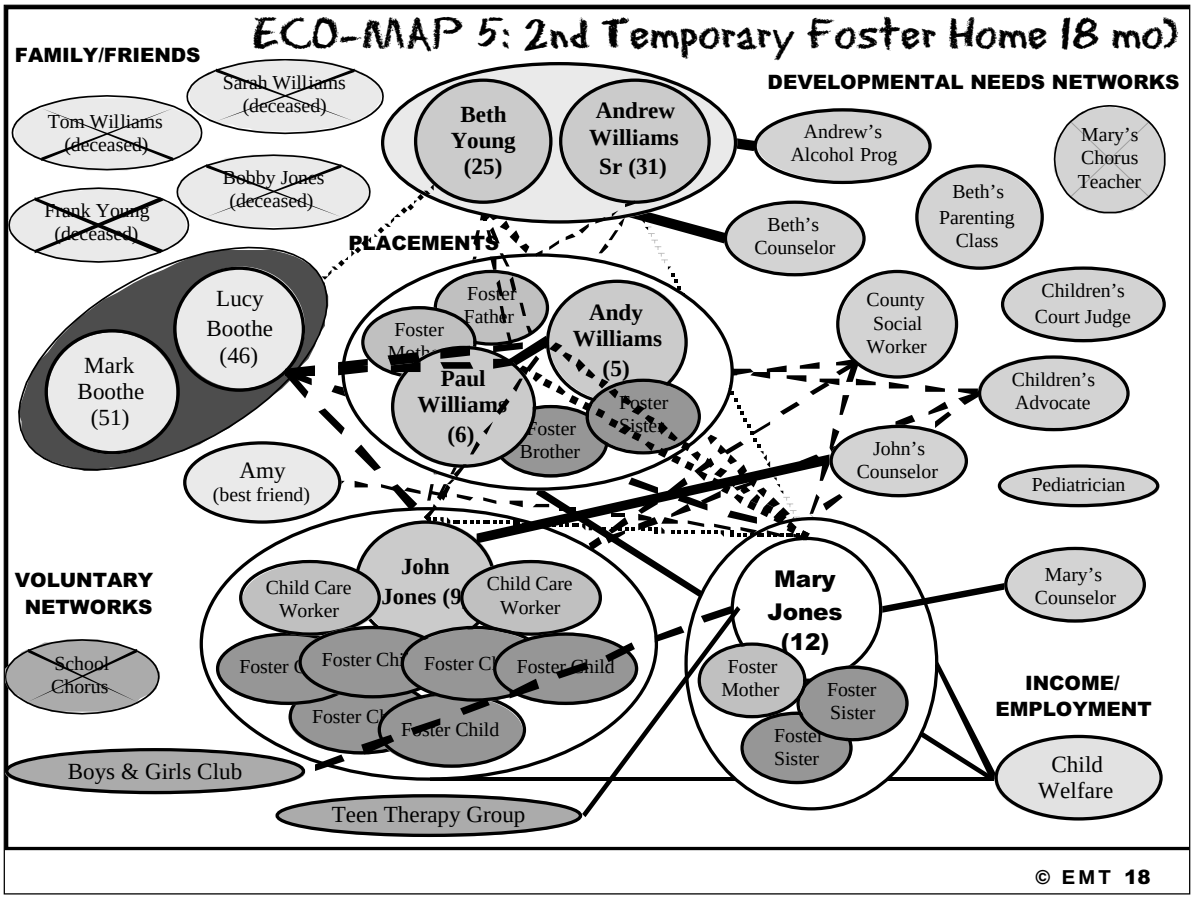
POSITIVE CHANGES	LIFE EVENTS	NEGATIVE CHANGES
Children are in more permanent settings	Children move from emergency shelter to foster homes	Children are further separated from each other
Mary, Paul and Andy are in family settings (Paul and Andy are together)	Beth and Andrew Sr. receive extensions for completing their requirements	Beth's visits are sporadic
John receives counseling	Children's attorney changes once	Beth and Andrew Sr. have not received any treatment
Sibling visits and visits with Beth are allowed	Children's social worker changes again	Mary, Paul and Andy still await counseling as their behavior and functioning begin to deterioate
		Andrew Sr. refuses to undergo treatment

ECO-MAP 4: 2nd Temporary Foster Home (12 mo)



POSITIVE CHANGES	LIFE EVENTS	NEGATIVE CHANGES
Beth completes parenting classes	Mary, Paul and Andy move to different foster homes	Mary, Paul and Andy have to adjust to new foster homes
John still receives counseling, and is doing better in placement	Court orders counseling to begin immediately for Mary, Paul and Andy	Beth's visits remain sporadic
	Children's attorney changes again	Mary, Paul and Andy still await counseling
	Children's social worker changes for a third time, and a fourth	Mary is caught trying to engage sexually with another foster youth
		Paul is bedwetting and having nightmares
		Andy stops speaking
		Andrew Sr. still refuses to undergo treatment

ECO-MAP 5: 2nd Temporary Foster Home (18 mo)



POSITIVE CHANGES	LIFE EVENTS	NEGATIVE CHANGES
Beth begins counseling	Court extends state custody	Andrew Sr. still refuses to undergo treatment
Andrew Sr. begins alcohol treatment	Family Reunification plan continues	Beth has yet to receive employment training
Mary begins counseling	Concurrent planning for permanent placement is ordered	Paul and Andy have yet to receive counseling
Paul stops wetting the bed	Paul and Andy are on waiting lists for counseling	
Andy is talking again	Children's attorney changes for a third time	
Current placements appear to be working out and no further moves have occured	Children's social worker changes for a fifth time	
John continues to show improvement in behavior and is making friends in his placement; likes his placement and gets a bike		

QUESTIONS

1. How does a mentor fit in to Mary Jones' life?

2. How about the mentoring program?

notes

How to Use Mary's Story and Eco-Maps When Training Mentors

When training mentors, Mary's story and the five eco-maps can be extremely useful. For people who are new to the foster care system and the family and social problems that necessitate it, understanding the life of a foster youth can be overwhelming and confusing. These maps help mentors to understand: 1) the characters in the life of a foster youth, and what role they play; 2) the positive, negative, strong, and weak relationships that exist in a child's life; and 3) how the life of a child and a family can change over time.Using a story such as this one can help new mentors to go deeply into one child's case and learn about it on many levels.

Discussion Questions:

- What positive relationships existed for Mary before the intervention occurred? What types of support did the family have?
- What stressors have been working to undermine the family? Which relationships are the most stressed at the time of removal?
- What happens to the relationships among those characters who initially make up the family circle as the story progresses and the maps change? What accounts for these changes?
- What might account for the delay in treatment of Beth and Andrew Sr.?
- What might be some reasons for the delay in counseling services for 3 of the 4 children?
- How would you describe the relationships the children are likely to have with the developmental needs professionals who are in their lives once they are removed from the home?
- How would you describe the relationships the children are likely to have with other foster children in their lives?
- What types of support are being offered to the family once the children are removed that were not available before?
- What new stressors arise with the removal of the children from the home?
- Where might a mentor fit into Mary's life? What relationships might be threatened by the presence of a mentor? What types of support would be appreciated from a mentor?

notes

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MODULE 3

What Mentors Can Offer Foster Youth

IN THIS MODULE

Communication Strategies

Appropriate Activities

Resource Assistance

Red Flags & Icebreakers

notes

SMALL GROUP WORK

Mentoring Mary Jones

Imagine that Mary is now placed in her foster home, and that she has been assigned a mentor.

GROUP 1: Communication Strategies

What things might Mary want to talk with her mentor about? What things might be difficult to talk about?

GROUP 2: Appropriate Activities

What activities might Mary be interested in doing with/her mentor? Be sure to include those can be done at Mary's placement under supervision.

GROUP 3: Resource Assistance

What resources might Mary need that her mentor might be of assistance in locating and connecting to?

GROUP 1

Communication Strategies

What things might Mary want to talk with her mentor about?

What things might be difficult to talk about?

GROUP 2

Appropriate Activities

What activities might Mary be interested in doing with/her mentor?
Be sure to include those can be done at Mary's placement under supervision.

GROUP 3

Resource Assistance

What resources might Mary need that her mentor might be of assistance in locating and connecting to?

notes

Putting the Mentee at Ease

- √ Stay calm.
- √ Use body language to communicate attentiveness — maintain eye contact, sit at same level, etc.
- √ Avoid judgmental statements like "Why would you do something like that?" or "I think you know better..."
- √ Be honest if you are getting emotional or upset, but never accuse or berate!
- √ Let the mentee know that you are glad (s)he came to you.
- √ Reassure the mentee that his/her confidentiality will be honored.
- √ Use tact but be honest.
- √ Allow the mentee to talk at his/her own pace — don't force an issue.
- √ Don't pry — allow the mentee to bring up topics s/he is comfortable with.
- √ Don't collaborate with mentee's placement or family to provide discipline — to do so compromises your role as a neutral and supportive party.

Honoring the Mentee's Right to Self-Determination

notes

- √ Focus on his/her feelings and needs rather than jumping to problem-solving.
- √ When issue has been talked about, ask, "*What do you think you would like to do about this situation*," and "*How would you like for me to help*?"
- √ If you are not comfortable with what (s)he wants to do, ask yourself why before you decide whether to say so.
- √ If what (s)he wants to do is not possible, explain so gently and apologize.
- √ Ask what alternative solutions would make him/her comfortable.
- √ Encourage critical thinking through questions and reflections.
- √ Use the words, "I don't know — what do you think?"

notes

Engaging in Appropriate Activities with Foster Youth

First and foremost, ask mentees what they'd like to do!!!

Allow them to take the lead in planning if they are willing, and assist them in exploring their interests. Be aware that different placements will have different rules about visits, outings, and other activities. Be prepared with ideas for activities that can be done on-site at the foster placement in case the match is not (or not yet) allowed to go off-site together. It is recommended that the first phase of a mentor/foster mentee match take place in a supervised setting.

When planning visits or activities with foster youth, look for ideas that will:

- √ Broaden their experience
- √ Give opportunities not otherwise offered by the foster care system
- √ Build the mentor/mentee relationship
- √ Provide learning experiences (educational, independent living, career preparation)
- √ Normalize their childhood
- √ Counteract the effects of institutionalization
- √ Reduce stigmatization of foster care

Always use sound judgment about safety, both physical and emotional!!!

Should Mentors Take Mentees to Their Homes???

notes

This is a very important question, and one that has multiple answers. On the one hand, allowing mentees a chance to spend time in a "normal" household can provide a normalizing experience that can help to counteract both the institutionalization and the marginalization that many foster youth suffer from. Activities at home can promote healthy independent living skills, and inclusion in a mentor's family can help a foster youth feel truly wanted and loved by their mentor.

On the other hand, there are several red flags that go up for placements, clinicians, and agencies that govern foster youth when the issue of home visits comes up. What if the home is unsafe and something goes wrong? What if someone else who lives in the household and has not been screened as carefully as the mentor does something to the youth? Or perhaps a mentee could have an adverse emotional reaction to visiting a home that reminds them what they are missing in their own family.

In the additional resources section of this workbook is a foster care mentoring model that was developed by a Los Angeles collaborative designed to serve foster youth. It contains guidelines that this collaborative set up for implementing home visits. It is recommended that mentor programs for foster youth who plan to include home visits establish similar guidelines.

notes

Problem-Solving and Resources

- √ Know your appropriate role as a mentor.
- √ Be honest with the mentee if confidentiality does not hold.
- √ Suggest that your supervisor may have some thoughts if you don't know what to do.
- √ Ask the mentee if (s)he would like to talk to the agency with you if necessary.
- √ Provide information if the mentee is unaware of resources or options.
- √ Brainstorm with the mentee and be creative in finding a solution — there is usually more than one way to handle a situation, and this process is educational for the mentee.
- √ Offer to accompany the mentee if (s)he is uncomfortable with something (s)he has decided to do.
- √ BE COLLABORATIVE — you are a team.
- √ FOLLOW THROUGH WITH ANY AND ALL COMMITMENTS

A CHECKLIST FOR MENTORING PROGRAMS

Providing Resource Assistance to Mentees

notes

In order to serve the complex needs of foster youth, mentor programs should be prepared for crises and issues in the following ways:

- ❒ Have adequate resources and personnel, including access to a human relations expert.
- ❒ Provide adequate training for mentors about youth issues, communication skills, and the boundaries of confidentiality.
- ❒ Provide clearly stated agency values and positions on issues.
- ❒ Provide action plans and policies for every type of crisis.*
  - √ What can be handled by mentor alone?
  - √ What requires supervisor support?
  - √ What requires further intervention?
  - √ What requires referral?
  - √ What requires reporting?
- ❒ Provide adequate monitoring and supervision of mentors that includes careful delineation of what issues mentors can handle alone versus those that require agency support and/or intervention.
- ❒ Develop strong relationships between agency staff, mentees, placement personnel, and families if appropriate.
- ❒ Develop relationships with referral agencies.
- ❒ Know what services they provide.
- ❒ Check their references and visit their facilities.
- ❒ Maintain regular contact.
- ❒ Follow up on any referrals.
- ❒ Continue to network and expand base of available agencies.
- ❒ Participate in mentor program networks and coalitions.

notes

Red Flags & Ice Breakers

notes

RED FLAGS...

Topics to approach with caution when talking with foster youth, especially in new matches, are discussed below.

Past Traumas

In pre-match training, mentors need to be made aware of some of the dynamics of trauma issues. It might be a good idea to have a guest trainer with strong expertise in trauma issues assist with you mentor training—perhaps a clinician that works with some of the youth in your program would be willing to share their knowledge.

Needless to say, these can be some of the most difficult things for mentees to talk about, or even think about. Mentors need to be aware that treading carelessly into trauma issues has the potential to trigger very extreme reactions. A mentor in conversation should not EVER bring up these issues—mentees should be allowed the privacy and space to broach these subjects only if they are so inclined. Care should also be taken when clinicians, foster parents, or others involved with the youth share information about a foster child's case to ensure that confidentiality is handled properly.

Common traumas include:

- Physical Abuse
- Neglect
- Abandonment
- Sexual Abuse/Incest
- Rape
- Emotional Abuse
- Loss/Bereavement
- Extreme Injuries or Illness
- Family Disruption
- Community Violence
- Poverty
- Natural Disasters
- Violent Death/Terminal Illness/Major Illnesses/Surgeries of Parents

Family Situation, Past and Present

No matter the reason for removal from their natural family, foster youth love their families as much as anyone else. The events that led to their out-of-home placement—and the ongoing situation that is unfolding in their lives—is asensitive subject for most foster youth. Some of them may talk openly about their families; others may not be so forthright. Regardless, mentors (and program managers) need to be very careful never to criticize the mentee's family, or otherwise comment on any personal feelings they may develop about the family. Some mentors may find this difficult—as they connect with their mentee, they may develop feelings of protectiveness, anger, or fear about the family because it was unable to provide a safe situation for the child. Instead, mentors should strive to support mentees as they sort out their own feelings about their family and life circumstance.

Mentees' Success in Their Program

Foster youth have a treatment plan that it is hoped they will adhere to and benefit from (this will vary from placement to placement). While the intent of a treatment plan is to assist the foster youth in overcoming issues that were beyond their control, still once in placement there is usually a great deal of focus placed on whether they are successfully performing. This can become a sensitive issue for foster youth, as they often have a multitude of adults who are paid to encourage them to "work their program." It is critical that while the support of a mentor may assist them in doing this, that the mentor not become just another adult telling the youth what to do. Mentors need to focus on unconditional support and relationship-building, rather than the youth's behavior or success in their placement.

Conflicts in Placement

Foster youth often have conflict with their foster parents, social workers, teachers, child care workers, and other children with whom they share a home. It is critical that mentors remain neutral in these conflicts rather than siding one way or the other. In order to be a strong advocate for their mentee, mentors need to listen to their mentees without judgment and then collaborate with them and others in their life to assist in resolving problems. This also may be difficult for some mentors, who may feel protective or critical of their mentee in these situations.

notes

It is critical that mentoring programs:

- train mentors to be prepared for feelings about their mentee's family before they are matched;
- establish clear policies and guidelines for contact between the mentor and the mentee's natural family; and
- provide mentors with active and constant support from program staff and other mentors in processing their own reactions to what they are learning about their mentee.

Train mentors in the art of neutrality and unconditional support, and provide enough support for mentors (from other mentors and staff) so that they may deal with their own emotional reactions safely.

notes

School Performance

A large number of foster youth suffer from a learning disorder known as SED or "severely emotionally disturbed." This simply means that the child has no cognitive or physiological learning disability, but that emotional problems (usually caused by trauma or ongoing unhealthy living environments) are preventing them from learning at their level. Past troubles with school performance can create a lack of confidence in academic ability and a dislike of school in general. Children identified as "SED" are usually entitled to special education services. Some placements have SED schools on-site; other children attend neighborhood schools. Even foster children who are not officially labeled "SED" often have issues with school, so this topic should always be broached with care. On the other hand, mentors can make wonderful tutors and offer outstanding support to youth who are struggling with school if they handle the subject with care and encourage foster youth to grow.

Delinquency

Mentors should be trained on proper procedures and policies regarding delinquency. This is a delicate subject for conversation, and mentors may need some help to understand that effective mentoring does not focus on behavior.

It is a myth that all foster youth are juvenile delinquents. Sometimes, however, youth on probation are placed in foster homes when their home environment is not appropriate. Or, if a foster youth begins to engage in delinquent behavior, (s)he can be put on probation. It is therefore possible for a youth to be held in joint custody of the county's childrens' services agency AND probation system. Delinquency is an issue to be careful of with any mentee, but foster youth may be at higher risk.

Substance Abuse

Your agency needs to develop a policy directing mentors on how to proceed if they determine or are told that their mentee is using substances.

Many foster youth have experience with the use and/or abuse of substances—either through their own experience or due to family members who struggle with these issues. If substance abuse issues are known to be relevant in a particular foster youth's case, they will often be provided counseling and/or the opportunity to attend 12-step meetings. However, all youth can be considered at risk of using and/or abusing substances. It is very important that mentors remain as non-judgmental as possible in discussing substance abuse with youth—the quickest way to get a young person to stop talking openly is to tell them that it is wrong. The quickest way to get them to rebel is to tell them not to do it. They need to be listened to, and they need support in coming to their own conclusions about the use and abuse of psychoactive substances. One reason for this is that in many cases, youth use illegal substances as a way of self-medicating wounds and issues that are plaguing them. By listening to what they have to say

about their drug or alcohol use, mentors may be able to assist the youth's treatment team in understanding the things that child is suffering from.

notes

Sexual Activity

Youth, and specifically foster youth, engage in sexual activity for a number of reasons. This is another topic that is very difficult for youth to discuss with adults, and therefore should be handled with tremendous respect, care, and confidentiality. Mentors can show their appreciation of mentees' openness on the subject by avoiding judgment and respecting that a youth's sexual experience is a very personal matter. Some foster youth have been sexually abused, and this is likely to affect their sexual choices and attitudes.

Agencies need to construct policies outlining confidentiality and reporting responsibilities of mentors regarding sexual activity.

Mentors may provide the safest help for mentees with their sexual issues by:

- staying open and listening to what mentees have to say about their sexual experiences and needs;
- encouraging safety and caution, and
- working collaboratively with the youth's treatment team—allowing other professionals to address some of the deeper issues as they may be more trained to do so.

Medication

A very large number of foster youth have been prescribed medications for various mental, emotional, and medical conditions. Your agency will need a procedure and policy related to dispensation of medications when mentees are on outings with mentors. Being medicated may or may not be a sore subject for a foster youth, and also many mentors may have feelings about their use. Mentors should be encouraged to ask questions to the mentee's placement regarding the reason for medication and associated risks, especially if they will be dispensing them to mentees. However, it is important that mentors be prepared for working with youth on medication. They may have personal feelings about the use of psychoactive medications, and it is better if these are addressed to the program manager rather than causing conflict with the mentee's placement.

Generally, it should not be the responsibility of the mentor to assure that a youth is taking his/her medication. It is important that the mentor not in engage in dispensing any medication, unless prior approval is given. If you notice behaviors that are unusual or pose a danger to the youth or someone else, it is important to check in with

notes

the youth by asking if everything is ok with them. If the behavior continues to feel dangerous, then the mentor should contact his/her supervisor and determine if it needs to be reported to the youth's worker. The major issue for the mentor, if they are on an activity, is for the safety of the youth.

Mental/Emotional Problems

A mentor is not the therapist for the mentee. This does not mean that a mentor cannot talk about mental or emotional issues that a mentee brings up. However, mentors needs to be aware if they are beginning to cross the boundary and entering into the domain of the therapist. This is not always easy to do. If the mentor notices that conversations are becoming more and more focused on mental and emotional issues, then it is likely that (s)he is crossing the line and needs to gently redirect the mentee to his/her therapist. Many times the mentee may want to avoid therapy by using the mentor in this role, so it's necessary to monitor discussions on these topics. Sometimes the mentee many feel uncomfortable with the therapist, or even about having conversations with the therapist, and this is normal. Encourage the mentee to continue to try the therapy out. If the mentee continues to feel uncomfortable, suggest that (s)he to speak to their worker about it. If a mentee is bringing up therapeutic issues and does not have a therapist assigned to them, the mentor can and should encourage the treatment team to begin providing these services. It is always okay for mentors to listen to anything mentees want to talk about; however, they need to avoid giving advice and managing the mentee's life for them. Simply collaborating with others on the youth's treatment team will help to maintain the appropriate role of the mentor.

Cultural Differences Between Mentor and Mentee

All mentors need training on cultural diversity. Make sure that you include this topic in your training.

Many times the mentor and mentee will come from very different backgrounds, e.g., racial, ethnic, religious, economic, regional, gender, etc. The ability of the mentor to connect with someone who is "different" is a learned skill, not an innate ability. Cultural identity is the cornerstone of each individual's personal identity and it should be addressed by the agency through specific training.

Risky Behaviors

When a mentor is exposed to the risky behaviors of a youth, it can feel overwhelming for the mentor. It is important for the mentor to know who to contact for advice and support. If the mentor and mentee are on an outing/activity and the mentor feels that the behaviors are placing either the mentee or the mentor at risk for injury, either physically or emotionally, the mentor can terminate the outing or activity. The mentor needs to contact the supervisor and the mentee's worker for support and inform either or both about the need to end the activity and why.

notes

Agency need to have an expressed policy about what mentee behaviors constitute an immediate termination of an outing/activity and which may be left to the judgment of the mentor. The procedures for handling these situations should also be clearly outlined.

notes

ICE BREAKERS...

Good topics to talk about, especially in new matches

- What they like to do
- What they want from their mentor
- What their dreams and goals are
- Ask about their culture

How to connect with your mentee:

- Offer praise
- Listen and reflect
- Share about yourself *
- BE REAL!

* Mentors need to be careful when disclosing information about themselves not to burden their mentee with their own life problems, or of sharing information that may not be appropriate. Otherwise, mentors sharing about themselves can be a way for the youth to get to know you better.

SUGGESTED MENTOR TRAINING ACTIVITIES

RED FLAGS & ICE BREAKERS...

notes

OPTION 1:
Identifying Red Flags and Icebreakers

Print each of the above "Red Flag" and "Ice Breaker" conversation topics on small pieces of paper and put them in a hat. Break trainees into 2 teams of equal number. Have the teams line up single file. When the whistle blows, the first trainee on each team reaches into the hat and pulls a topic. Whoever raises their hand first gets the first chance to decide whether their topic is a "red flag" or an "ice breaker." If correct, the player gets one point, and then has a chance to say whether the subject is one that needs to be discussed in supervision should it come up in conversation. If correct, (s)he receives a second point. The player from the other team then has a chance to say whether his/her topic is a "red flag" or an "ice breaker," also for 1 point. Then the next player from each team moves to the front of the line and the process begins again. The team with the most points when everyone has had a turn wins.

OPTION 2:
Role Playing Red Flags and Icebreakers

Another activity would be to have some "red flag" and "ice breaker" situations that the mentors could role play in dyads. Each dyad would reach into a hat and pull out a "situation". They would take about 5 minutes to role play that situation. They would report back to the group what their situation was, how they handled it and what they felt about the process they experienced. The dyad would then switch roles and pick another situation to role play.

You could have the mentors in groups of three, and have that triad pull out a situation and role play it as well, with one member of the triad being the observer who gives feedback to the one acting as the "mentor". Then they would rotate the roles in the triad.

notes

notes

notes

MENTORINGplus
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MODULE 4

Helping Foster Youth Prepare for the Future

IN THIS MODULE

What Do Foster Youth Need to Become Successful Adults?

Facts About Exiting Foster Care

It's My Life: A Framework for Foster Youth Transitioning into Adulthood

It's My Life: An Action Plan

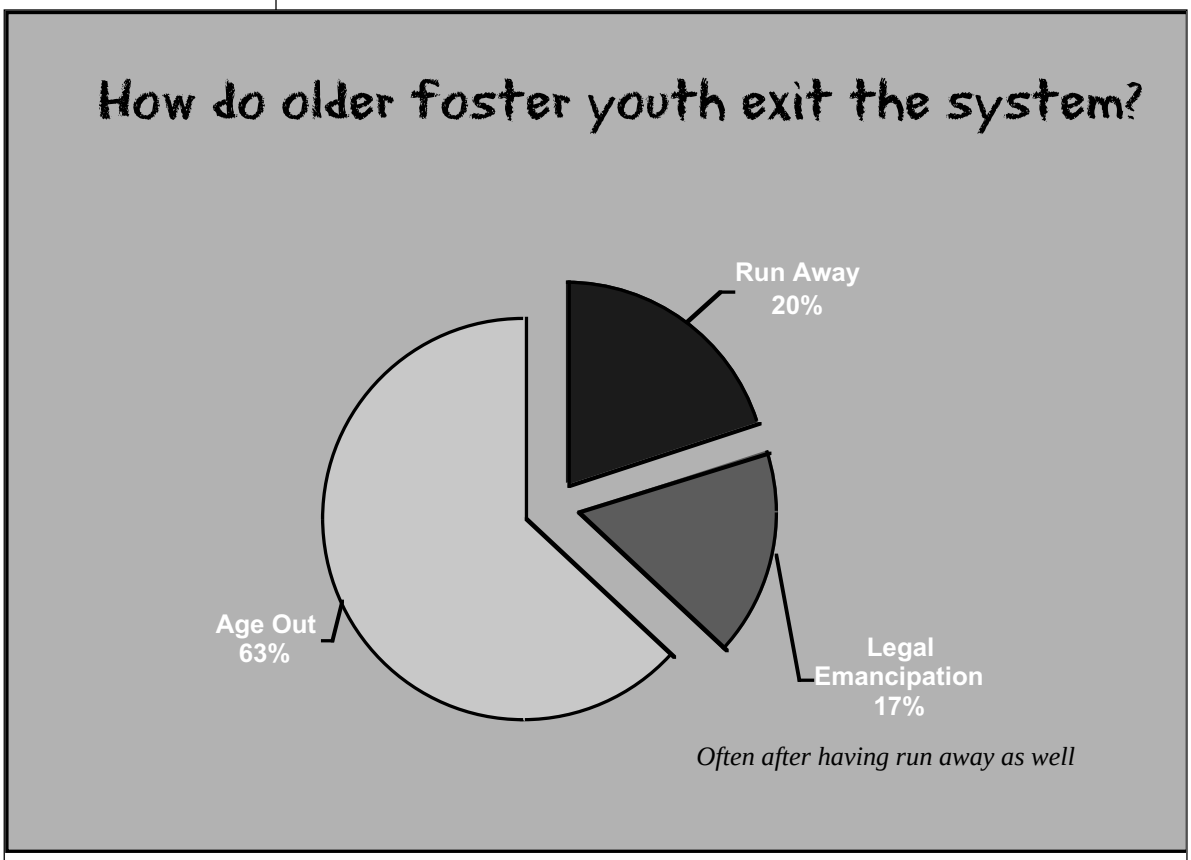
BRAINSTORM

Becoming Successful Adults

PART 1: What help do foster youth need as they prepare to move out of their foster care placement at age 18?

PART 2: What resources might help foster youth become successful adults?

notes



SOURCE: The California Partnership for Children

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notes

LIFE AFTER FOSTER CARE

- 75% work below grade level
- 60% of girls have a child within 4 years
- 50% do not complete high school
- 45% are unemployed
- 33% are arrested
- 30% are on welfare at ages 18–24
- 26% spend time in jail or prison
- 25% are homeless
- 10% are on probation

National Outcomes

© EMT

A FRAMEWORK

It's My Life

IT'S MY LIFE: A FRAMEWORK FOR YOUTH TRANSITIONING FROM FOSTER CARE TO SUCCESSFUL ADULTHOOD

THE FOLLOWING PRINCIPLES

- A sense of hope, vision of the future, and sense of self determination is critical to youth success.
- Youth need structured and supportive opportunities to acquire knowledge and skills that are supported by family, professionals, and community.
- Rather than self-sufficiency, the true goal is to achieve interdependence—the ability to meet one's needs within the context of relationships with family and community.
- Preparation for transition should begin at an early and developmentally appropriate age.
- Youth who experience life in the child welfare system have the strengths and power to overcome their challenges with resources and support from caring adults.

SERVE AS A GUIDE TO

A LOCAL CROSS-SYSTEM NETWORK OR TEAM

OF YOUTH, YOUNG ADULTS, CAREGIVERS, AND PROFESSIONALS

WHO DELIVER AND FACILITATE SERVICES IN THESE DOMAINS

- Identify Formation
- Supportive Relationships and Community Connections
- Physical and Mental Health
- Life Skills
- Education
- Employment
- Housing

THAT ARE

- Flexible and Community-Based
- Outcome Oriented
- Strength-Based
- Youth-Centered
- Multi-Disciplined
- Integrated
- Culturally Sensitive

AND THAT RESULT IN

- Healthy sense of cultural and personal identity
- Close, positive relationship with an adult and connection to a community
- Access to critical physical and mental health services.
- Improved life skills
- Educational achievement
- Employment that provides income sufficient to cover basic needs
- Safe and stable living condition

SOURCE: *It's My Life: A Framework for Youth Transitioning from Foster Care to Successful Adulthood* byCasey Family Programs.

ACTION PLAN

It's My Life

DOMAIN	DESIRED RESULTS	ACTIVITY	BY WHO	BY WHEN

notes

notes

notes

MENTORINGplus
Workshop Series

MODULE 5

Building Trust into Your Mentor Program Design

IN THIS MODULE

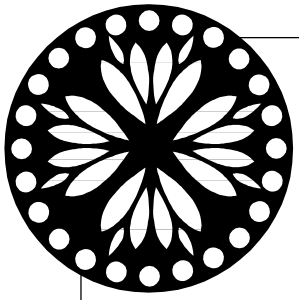
Recruitment, Orientation & Screening

Mentor Training

Matching

Monitoring & Supervision

Closures & Matching Changes



Promote a "Community of Caring" in Your Agency

- √ Set an example
- √ Be wise to the realities of children's lives
- √ Think "safety"
- √ Promote community spirit
- √ Maintain quality assurance standards

Quality Assurance Standard Categories

1. STATEMENT OF PURPOSE AND LONG-RANGE PLAN
2. RECRUITMENT
3. ORIENTATION
4. SCREENING
5. TRAINING
6. MATCHING
7. MONITORING
8. SUPPORT, RECOGNITION AND RETENTION
9. CLOSURE
10. EVALUATION

None of the ten QA standards stand alone. Each relies on the others to create a "community of caring" built on the foundation of clear purpose and planning.

See "Quality Assurance Standards"in the Governor's Mentoring Partnership's *Recommended Best Practices For Mentor Programs* in the Program Design Resources section.

SMALL GROUP WORK

Building Trust into Your Program Design

GROUP 1: Recruitment, Orientation & Screening

Create a "call for volunteers" that can be used in recruitment and orientation materials.

GROUP 2: Mentor Training

Design the overall format of a foster youth mentor training curriculum.

GROUP 3: Matching

Develop matching strategies for your foster youth mentoring program.

GROUP 4: Monitoring & Supervision

Develop a monitoring and supervision plan for your foster youth mentoring program.

GROUP 5: Closure & Matching Changes

Discuss reasons a match may end, and decide how your program will manage the closure of matches so as not to do damage to the mentee and the mentor.

GROUP 1
Recruitment, Orientation & Screening

Create a "call for volunteers" that can be used in recruitment and orientation materials.

Describe what kind of skills and qualities will be needed to join your program.
Include specific screening criteria—what are you looking for in volunteers?
What will foster youth in your program be looking for?

What are you looking for in volunteers?	What will foster youth in your program be looking for?

"CALL FOR VOLUNTEERS"
Describe what kind of skills and qualities will be needed to join your program.

notes

GROUP 2
Mentor Training

Design the overall format of a foster youth mentor training curriculum.

Decide how many hours the training will be and generally what topics will be covered. What creative ideas will make the training interactive and impactful for volunteers preparing to mentor foster youth?

Topics	Creative Training Ideas	Time Needed

Outline the overall training format of your mentor training curriculum.

notes

GROUP 3
Matching

Develop matching strategies for your foster youth mentoring program.

What criteria will you use for matching mentors with mentees? What issues are relevant?

Matching Issues	Criteria for Addressing This Issue

Describe the matching strategies you will use in your foster youth mentoring program.

notes

GROUP 4
Monitoring & Supervision

Develop a monitoring and supervision plan for your foster youth mentoring program.

What kind of support will be needed for both mentors and mentees? What type of program environment will the match exist within? How will the program staff know how the matches are going, how the mentees are doing, and what special needs each match may have? How will the program respond to those needs?

SUPPORT NEED	PROGRAM RESPONSE	
	Environment	Staffing
Mentors		
Mentees		
Matches		

Describe how your program will monitor and supervise matches through both environment and staff ing approaches.

notes

GROUP 5
Closure & Matching Changes

Discuss reasons a match may end, and decide how your program will manage the closure of matches so as not to do damage to the mentee and the mentor.

How might matches be preserved when foster youth have changes in their lives such as changes in placement or treatment plan?

Circumstances that could cause a match to end	Ways to preserve match under circumstances	Ways to minimize damage if match is ended

Describe your policies and procdures for managing premature closure of matches.

notes

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MENTORINGplus
Workshop Series

MODULE 6

Creating a Foster Youth Friendly Mentor Program

IN THIS MODULE

The Importance of the Clinical Component

Tapping into Natural Systems of Placement Settings

Integrating Mentors into the Treatment Team

Preparing Foster Youth for Mentoring

Mentee Training Topics

Tips for Creating Referral Systems

Keeping Matches Together When Placements Change

Evaluating the Success of Your Foster Youth Mentoring Program

How can you structure your program to allow mentors to be active members of the treatment team?

notes

The Importance of a Clinical Component

While mentoring is always a challenging endeavor, mentoring foster youth comes with some special issues. Foster youth most often come to the mentoring relationship with very deep relationship wounds and issues that can affect the match in unpredictable ways. Additionally, foster youth are typically exposed to a higher number of risk factors than many other children. For these reasons, it is essential to the quality of a foster youth mentoring program that clinical support be available to matches.

When we refer to "clinical support," we mean someone with a human relations background and/or extensive experience working with foster populations. The most ideal scenario is one in which there is a clinician who works daily or weekly with the mentee and his/her treatment plan. However, not all placements provide this type of clinical support for foster children. In order for your program to safely and effectively serve foster youth who are not in placements that provide clinical support, it is recommended that you acquire a clinician or human relations expert on the staff of your program. If it is not possible to hire someone with clinical training full time, you may be able to contract with a consultant to assist with difficult cases and mentor screening and training. You might even be able to find a professional who is willing to donate services. Examples of clinicians include social workers, psychologists, foster parent educators, and very experienced teachers.

Finally, it is important to note that all foster youth have a county-provided worker (usually called a Children's Social Worker) assigned to them. While these workers have ultimate responsibility for the cases in their load, they very often have extremely large caseloads and are therefore unable to meet with their youth on a regular basis. For this reason, many foster family agencies (FFAs), group homes, and residential treatment centers hire clinicians who work daily or weekly with youth and their treatment plans. When establishing a foster care mentoring program, it is recommended that agencies attempt to partner with FFAs and other placements that provide clinical support. Again, when this is not possible, your agency should consider providing this resource to whatever degree possible.

Advantages of Including Clinicians

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Providing clinical support for foster youth mentoring matches is advantageous for a number of reasons, noted below.

- Clinicians can help mentors and program managers unravel the complexity of mentees' cases.
- Clinicians may know the child and his/her family well.
- Both clinicians and mentors tend to benefit when they share information about mentees.
- Clinicians often have access to resources.
- Clinicians make excellent guest trainers for mentor training, interviewers for screening, and supervisors for matches with youth with whom they work.
- Clinicians often have excellent feedback they can provide to program managers about program improvement.
- Clinicians can include information about the progress of the mentor match in the overall case notes for the youth.
- Including the clinical perspective in evaluation documents lends credibility and insight.
- Clinicians can address specific issues and concerns mentees may have before matches begin and along the way.
- Clinicians can offer informal/ formal opportunities for mentors to debrief their experiences with mentees and give program managers some insights or potential red flags with some matches.

Tips for Engaging Clinicians

√ Do NOT overwhelm them with too many matches to supervise.

√ They may need assistance from in staying in contact with mentors and fulfilling supervision needs, especially in new matches.

√ Good communication is necessary between program managers, clinicians, and mentors

√ It is easiest to coordinate with clinicians and other professionals via natural systems already in place (e.g., attending clinical meetings, weekly check-in calls, etc.).

√ Decide early how you plan to include clinical support in your program, either through having a clinical consultant to the program and/or making formal agreements with mentees' clinicians to provide you information about the progress and outcomes of matches.

notes

Tapping into Natural Systems of Placement Settings

There are extremely complex and multi-layered systems in place to ensure the safety of youth in foster care. Depending on the placement, the act of getting the mentor and the mentee physically together, as well as processes of monitoring and supervision, may involve multiple professionals and/or family members.

The following chart may give you a clue as to what your program is likely to encounter when interacting with the foster home of a mentee. Critical to the success of a mentor program is the successful interface with the mentees' placements. Failure to coordinate properly with a child's placement could make it difficult or impossible for mentors and mentees to schedule appointments, talk on the telephone, go on outings, etc. Early in a match, logistical snags and how they are handled can mean the difference between a match that succeeds and one that never really gets off the ground.

Who is responsible for what?

Placement Type	OUTINGS APPROVAL	MATCH SUPERVISION	DAILY CARE OF MENTEE	EMERGENCY CONTACT
Residential Treatment Center	• Placement Clinician and/ or Group Home Director	• Volunteer Coordinator • Placement Clinician • Mentor Program Supervisor	• Child Care Supervisor *or* other child care staff on duty	• Child Care Supervisor *or* other child care staff on duty
Group Home	• Placement Clinician and/ or Group Home Director	• Placement Clinician • Mentor Program Supervisor	• Child Care Supervisor *or* other child care staff on duty	• Child Care Supervisor *or* other child care staff on duty
Foster Family Agency	• Placement Clinician and/ or Agency Director	• Volunteer Coordinator • Placement Clinician • Mentor Program Supervisor	• Foster Parent(s)	• Foster Parent(s) • Clinician on call
State Foster Home	• Foster Parent(s)	• Mentor Program Supervisor	• Foster Parent(s)	• Foster Parent(s)

Regardless of the type of placement a foster youth is in, (s)he has a social worker employed by the county who is responsible for authorizing the match. Placements and mentor programs need to collaborate to ensure that a volunteer has been properly authorized by the child's social worker. It is also important that county social workers be notified of any changes to the mentoring plan, such as going off site for the first time, home visits, etc.

notes

So, depending on the complexity and size of the placement the child is in, there may be several individuals involved in ensuring that mentors and mentees connect. It is therefore imperative that:

- Mentor program staff develop strong relationships with placement staff and/or foster parents.
- Procedures be developed to make approvals, visits, and outings problem-free.
- Mentors and mentees be given clear direction as to what action they need to take and when to schedule visits and outings.
- Mentor programs serving youth who lack clinical support have their own clinical staff.

A Note on Confidentiality…

Confidentiality of private information regarding mentors, mentees, and their families is imperative in any mentor program. However, when operating a program that serves foster youth, there are additional confidentiality issues to attend to. Mentees and/or guardians (preferably both!) need to sign a release of information if any private information is to be shared:

- Between placement clinicians and mentors
- Between foster parents and mentors
- Between CPS workers or Probation Officers and mentors
- Between biological family and mentors

Ensure that every mentor signs an oath of confidentiality, and establish clear guidelines for sharing of information among treatment team members (including mentors). If you have mentor support meetings in which mentors share challenges and successes related to their match, consider keeping scenarios anonymous or establishing a vow of confidentiality within the support group.

notes

Integrating Mentors into the Treatment Team

Whether your program is housed within a foster placement or you just serve some foster youth in your program, it is recommended that you strive to integrate mentors into the treatment team for their mentee. Every foster youth has a treatment plan that is overseen by a county social worker and often by an additional social worker employed by the child's placement. Treatment teams are usually made up of the county social worker and the placement worker, the child's educator, sometimes the biological parents, the child, and any other professionals that interact with the youth regularly. Mentors can be much more effective in their support of mentees when they have access to these professionals and people in their mentees' lives.

notes

Tips for integrating mentors into the treatment team

√ Always ask county workers to add mentors to the official visitor lists of their mentees so they have official permission to see them. This list typically follows the child when (s)he changes placements, so the mentor will continue to have permission to see their mentee even if the child moves. (NOTE: This does not guarantee that the match will be able to continue as there are many factors that determine whether a match stays together when placements change.)

√ Provide mentors with the contact information for any county workers and other clinicians who work with the mentee. Some clinicians are more responsive than others, but many of them really appreciate working as a team with mentors.

√ Encourage the foster placement to list mentoring and the name of the mentor in the treatment plan for the mentee.

√ When possible and available, have clinicians who work daily or weekly with mentees actually supervise the match. Of course the mentor program manager will supervise all matches, but clinicians responsible for the treatment plan of foster youth are the very best people to oversee individual matches.

√ Involve clinicians and placement personnel in initial and ongoing training of mentors—the more these professionals interact with your program and your mentors, the more the mentors become integrated into the treatment team.

√ If there is no clinical support for the match provided by the placement, consider employing a clinician within your mentor program who will work with mentees and connect with the other professionals in their lives.

√ Contact your county children's services department and other programs that serve foster youth for support of your mentoring program. Some counties are forming county-wide foster youth mentoring partnerships with the active support of the department that oversees foster cases. Although this takes a great deal of work to establish, it provides the best scenario for integrating mentors into the treatment plan of their mentees.

notes

Preparing Foster Youth for Mentoring

It is important to remember that virtually all foster youth have histories of trauma, which often includes sexual abuse (studies show that up to 85% of foster youth have been sexually abused). This means that developing trusting relationships with adults will be challenging for them.

- *Assess the youth's ability to form a relationship with an adult.*

Some youth have been too wounded by past negative experiences with adults to benefit from a mentoring relationship and should not be pressured to become mentees. They might benefit from more group experiences so that they do not have to become "too close" to an adult. This attachment dynamic may not be evident to the youth, so it needs to be explored by looking at other relationships that the youth has with adults. Do they do better in group situations with adults? Have they been able to bond to any adults in the past? If they have not been able to do so, they are not likely to benefit from a mentoring relationship.

- *Explain the role of a mentor.*

Foster children have many adults in their lives who play numerous roles. Many of these adults are a "blur" to the youth. They come and they go. The youth may not understand the concept of a mentor or their role as a mentee.

- *Ask the youth to describe a "good" relationship that they have had or currently have with an adult.*

What are the characteristics that the youth describes? These characteristics are a mirror of what the youth will be looking for from a mentor. How realistic are these expectations for a mentor/mentee relationship? Help the youth understand which expectations can be met in a mentor/mentee relationship and what other avenues are available for them to achieve these expectations if not in this type of relationship.

notes

• *Give foster youth clear guidelines about appropriate boundaries in a mentoring relationship.*

Many foster youth have difficulty with relationship boundaries. They may become overinvolved or not be willing to get involved with the mentor. Do not assume that the youth will know what is appropriate relationship behavior. It may seem remedial but you will need to discuss these issues with foster youth. For example:

— Can they call the mentor at 1:00 am to talk?

— Can the mentor help their family with financial problems?

— Will the mentor take them to doctors appointments, participate in their therapy, etc.?

— Will the mentor go to court hearings with them?

— Will the mentor intervene in their relationship with the foster parent or social worker?

— Who's in charge of their case—the mentor or the social worker?

— What is the difference between the social worker, foster parent and the mentor? The clearer your guidelines and boundaries for these relationships the better.

• *Let mentees know that their relationships with mentors will be monitored and supervised to make sure they feel safe.*

Talk to mentees about who they should tell if they feel uncomfortable with their mentor. Tell them that you will be checking with them periodically to see how the relationship is going and asking them questions about it. Let them know that they have the right to end the relationship if it is not working for them and they will not be penalized in any way.

• *Talk with foster youth about ways to keep themselves safe in all relationships with adults.*

Discuss what is "safe touching" in a mentor/mentee relationship. Explain child abuse reporting requirements, making clear what is their responsibility and what is the responsibility of the organization. Let them know that you want to hear about any situations/incidents that don't feel right.

• *Talk to potential mentees about the program's ground rules and reasons that the agency might terminate mentor/mentee relationship.*

notes

Mentee Training Topics

- Understanding what a mentor is and is not.
- What they hope for and expect from a mentor, and evaluating whether a mentor might be able to fill those needs.
- What may feel awkward or scary about the relationship, and what would help them feel more at ease.
- What type of behavior is expected of them and of their mentor.
- Who to talk to if something feels wrong.
- Information about mentor screening and training procedures so they know mentors are safe and program is careful.
- What is confidential and what is not.
- The relationship of their mentor to placement staff, other professionals in their lives, and most importantly their natural families.
- Stages of the mentor/mentee relationship, and normal feelings that will come up as the relationship develops.
- Who to talk to when a match that makes them uncomfortable for any reason.
- How a mentor can be of assistance to them, now and later on.
- Information about mentors are human with strengths and weaknesses, and that they may or may not:

  —look and feel as they had imagined they would

  —provide exactly what they need

  —know instinctively what they need without being told

Training Activities

- Be sure to provide activities that allow potential mentees to form relationships with program staff so that the match comes in a positive, supported context.
- Be sure to provide opportunities for mentees to meet each other so that they can share experiences and provide companionship.

NOTE: “Get Real, Get a Mentor” is an activity-based workbook to help prepare new mentees for a mentoring relationship. Although it is aimed at the general youth population, it contains many resources and concepts that foster youth are likely to find helpful. *We recommend it!* Written by Barbara Webster © EMT. Contact The EMT Group at 916.983.9506 for ordering information. *An order form is also included in the Curricula Resource section at the end of this binder.*

notes

Tips for Creating Referral Networks

Here are some strategies for building a strong and responsive network of referral sources and partnering agencies to help address the multiple and complex needs of your mentees and their families.

- √ Actively seek out and research agencies in your area that serve the same population as you do.
- √ Join community coalitions and other organizations designed to promote collaboration among agencies.
- √ Visit the agencies you are considering forming relationships with, and collect their literature.
- √ Create partnerships with other agencies that allow you to coordinate services.
- √ Establish an open line of communication with other agencies—share with them about the needs of your participants as well as the philosophy of your agency, and ask about theirs.
- √ Offer resources you have in exchange for what they have that you need.
- √ Invite potential partners to fundraising and other events program.
- √ When finally deciding to partner and/or refer, create written agreements (Memorandum of Understanding, or MOU*) to ensure that each agency understands what is expected of them.

* A sample MOU is provided in the Program Design Resources section of this binder.

notes

Keeping Matches Together When Placement Settings Change

QUESTION FOR DISCUSSION

What program structures would assist mentors in staying connected with mentees, especially when their placement changes?

To maximize your program's ability to maintain matches despite frequent changes in the lives of foster youth, be sure your program addresses the following points.

- *Make agreements with placement staff, foster parents, clinicians, and workers that mentoring not be terminated or suspended due to behavior problems of mentees*.

Offsite activities may be revoked for discipline reasons, and when this is necessary, mentors and mentees should still be allowed to visit at the mentee's placement. It is important for mentees to feel they have access to their mentor when they need them, and they are more likely to need them when things are not going well in their placements.

- *Properly train, support, and supervise mentors so they don't become discouraged by the challenges of working in the bureaucracy of the foster care system.*

This will lead to an increase in mentor retention, and should help matches survive longer. Mentors can be more effective with mentees when they have this training because they can then better assist mentees in navigating that system—the more helpful they are, the longer matches are likely to survive.

- *Provide extra support to new matches to ensure that a strong foundation is built.*

This will lead to an increase in mentor retention, as well as stronger bonding of mentors and mentees that will help them maintain contact when problems or placement changes occur.

- *Make sure that someone is constantly (on a monthly basis or quarterly) updating the information on the mentee (e.g., changes in social workers, therapists, moves, etc.).*

notes

- *Make sure that both the mentor and the mentee are interviewed about the match on a regular basis, e.g. satisfaction surveys.*

Keep documentation of both parties' desire to maintain contact. Also have clinical staff that work directly with the mentee and/or match document the role of mentoring in the mentee's progress as a part of their regular case notes. These documents can assist in advocating with placements, county workers, and courts for matches to remain in contact when difficulties occur.

- *Make an agreement with the county child welfare agency stating that someone (denote precisely what responsibility falls to whom) within the county department will actively assist the match and the program in continuing services with the mentee regardless of where the youth moves (whenever possible and within the jurisdiction of the agency).*

- *When a mentee does change placement, assist the new placement in understanding how the match functioned in the previous home.*

Encourage clinicians, placement staff, and foster parents to communicate with new placements (when possible) about the nature of the relationship between mentor and mentee, and to advocate for the continuance of matches.

- *Strive to maintain as much stability in the match as possible, and encourage mentors to maintain as much contact as possible during the change.*

This will prevent mentees any unnecessary anxiety that changing placements will mean losing their mentor, and will make a strong impression on the new placement that the relationship is an important one.

- *Encourage mentors to create positive relationships with new placements and to be as flexible as possible in order to accommodate the new environment.*

- *Evaluate other resources needed and also barriers that exist to maintaining contacts between the mentor and mentee.*

Network with others who are serving foster youth via mentoring, and strategize with them to obtain needed support and systemic changes. Consider forming collaboratives that create links among isolated programs—the more programs serving foster youth that know about each other and work together, the better chance that each match will survive a placement change.

notes

Evaluating the Success of Your Foster Care Mentoring Program

Programs that lack sufficient programmatic processes to evaluate the effectiveness of matches can produce mentor relationships that are problematic and ultimately detrimental to the youth that participate. The ability of the program to examine itself and incorporate those learnings enhances the likelihood that youth who participate will have positive outcomes.

In a long-term study, Drs. Grossman and Johnson linked a number of programmatic quality measures to significant improvements in youth performance. They looked at the quality of mentor-mentee relationship, including the frequency of contact, the length of the relationship, sense of pleasure in the relationship, level of emotional engagement, youth-centered activities, among others. They also asked the youth's caseworker to assess the relationship. (NOTE: You may also want to assess the mentor's sense of the quality of the relationship.)

Grossman and Johnson also evaluated the change in foster care youth outcomes, empirically linking benchmarks and indicators of in-program effects with longer term effects. These benchmarks describe the connection between participant and relationship characteristics and the program. For foster youth, the key benchmarks are educational, emotional/behavioral, and relationship stability.

For those who are interested in the full report, *Contemporary Issues in Mentoring,* and wish to see the benchmark questions, it can be downloaded from their web site (www.ppv.org).

notes

notes

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MODULE 7

Next Steps

IN THIS MODULE

Key Points to Remember

Next Steps Action Plan

Resources Available

Key Points to Remember

Action Plan

Next Steps to Take	By Whom	By When

Resources Available

MENTORING *plus*
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RESOURCES

CURRICULA RESOURCES

for Training Foster Youth Mentors

IN THIS SECTION

Foster Youth Mentorship Training
The EMT Group

MODULE 1: A Child's Path Through the Foster Care System

MODULE 2: The Role of a Mentor in the Life of a Foster Youth

MODULE 3: What Mentors Can Offer Foster Youth

MODULE 4: Helping Foster Youth Prepare for the Future

Foster Youth Mentoring Program
California Community Colleges

MODULE 2: The California Foster Care System

MODULE 3: Understanding Foster Youth

Responsible Mentoring:
Talking About Drugs, Sex and Other Difficult Issues
The EMT Group

MODULE 1: Agency Responsibilities

MODULE 2: Appropriate Roles

MODULE 3: Values

MODULE 4: Difficult Topics and Issues

MODULE 5: Communication Strategies

MODULE 6: Role Playing

Get Real. Get A Mentor.
An EMT Mentee Preparedness Guide Order Form

MENTORINGplus
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Foster Youth Mentorship Training

FOR USE WITH MENTORS

Trainer's Notes

Trainer's Notes

Presentation Slides (Thumbnails)

Mentor Training Materials

MODULE 1: A Child's Path Through the Foster Care System

MODULE 2: The Role of a Mentor in the Life of a Foster Youth

MODULE 3: What Mentors Can Offer Foster Youth

MODULE 4: Helping Foster Youth Prepare for the Future

An EMT training developed by Dustianne North, M.S.W., and Brenda Ingram, M.S.W., L.C.S.W.

Foster Youth Mentorship Training

Trainer's Notes

Presentation Slides (Thumbnails)

MODULE 1

A Child's Journey Through the Foster Care System

2 hours 30 minutes with 15 minute break

Learning Objectives

1. Participants will learn through an experiential activity what a child feels when removed from his/her home and placed in foster care.
2. Participants will learn the basic steps of removing a child from their family.
3. Participants will deepen their understanding of the foster care experience.
4. Participants will have an opportunity to de-brief feelings associated with the activity.
5. Participants will understand the various processes of the child welfare system in California.

Materials

- ❑ Post-it note pads and pencils
- ❑ Story of Mary Jones
- ❑ Signs to place around the room: Home, School, Emergency Shelter, Temporary Foster Care, Permanent Foster Care, Dependency Courtroom, Child Welfare Agency
- ❑ Overheads and binder materials
- ❑ Flip chart and markers

Instructions

Story of Mary Jones (75 minutes)

- Hand out a post-it pad to each participant. Ask everyone to write down the five most valued things in their lives (such as people, places, and possessions that speak to who they are), listing one item per post-it note. Then ask participants to give you the three most valued items.
- Begin reading the Story of Mary Jones. As you read this story about a child being removed from her family, ask participants to move around the room, carrying their post-it notes to the different areas labeled to represent the places that the child goes on his/her journey through the system. At each stage of the story, ask the participants to give another post-it note with a valued item on it. Before the child lands in a foster placement, the participants will have no post-it notes left.

Break (15 minutes)

What Was It Like to Be Mary Jones? (20 minutes)

- Divide participants into small groups of five people to discuss the following questions:
  1. What did you feel as you went from place to place?
  2. How do you think the child felt?
  3. How might the child feel toward his/her new foster family?
  4. What might the child be needing or looking for from the people who are caring for him/her now?
- Once the questions have been addressed in small groups, ask groups to report on their findings.

Charting a Child's Path Through the Foster Care System (40 minutes)

- Go over "A Child's Path Through the Foster Care System" and answer questions about the system.

MODULE 2

The Role of Mentoring in the Life of a Foster Youth

15 minutes

Learning Outcomes

1. Participants will understand a child's support system as it might look before removal from the home and after.
2. Participations will better understand where a mentor might fit into a foster child's life.

Materials

- ❑ Overheads and binder materials
- ❑ Erasable markers
- ❑ Flip chart and markers

Instructions

Eco-Maps (15 minutes)

- Show the group the eco-map representing the life of Mary before she was removed from her home. Explain how the map reflects the changes that have occurred in the child's life and her resulting ecosystem. Then show the eco-maps of the child's life as she moves through the foster care system.

  QUESTIONS:

  1. Where does the mentor fit in?
  2. How about the mentor program?

- Discuss.

MODULE 3

What Mentors Can Offer Foster Youth

30 minutes

Learning Objectives

1. Participants will learn more about issues mentors will encounter in working with foster youth.
2. Participants will learn more about activities that will benefit foster youth.
3. Participants will learn more about resources foster youth may need.
4. Participants will come to understand what mentors and mentor programs can provide for foster youth in contrast to what therapists, foster parents, and child welfare workers can provide.

Materials

- ❑ Overheads and binder materials
- ❑ Flip chart and markers

Instructions

Small Group Work (20 minutes)

- Form three small groups.

  GROUP 1: Communication strategies

  GROUP 2: Appropriate activities

  GROUP 3: Resource assistance

- Ask everyone to imagine that Mary is now placed in his or her foster home, and that she has been assigned a mentor. Ask the groups to discuss and respond to the questions on the overhead and in their workbooks. Ask them to be ready to share their answers with everyone.

Report Out and Debrief (10 minutes)

- Ask each group to briefly report on their findings to the larger group.
  Limit reports to 1-2 minutes.
- Wrap up discussion by displaying overheads related to issues raised and directing participants to additional materials in their workbooks.

MODULE 4

Helping Foster Youth Prepare for Their Future

30 minutes

Learning Objectives

1. Participants will understand the needs and desired outcomes for youth emancipating from foster care.
2. Participants will develop a list of local resources to assist youth transitioning.
3. Participants will gain knowledge about the process of self-sufficiency.

Materials

- ❑ Overheads and binder materials
- ❑ Flip chart and markers

Instructions

Group Discusion on Emancipating Foster Youth (15 minutes)

- Brainstorm these two questions, listing responses on a flip chart:
    1. What needs does a foster care youth have when they are preparing to move out of their foster care placement when they turn 18 years old?
    2. What resources does the foster care youth need in order to be successful as an adult?
- Continue discussion by presenting the overheads on exiting foster care, leading into the "It's My Life" framework.

Action Plan (15 minutes)

- Assist the group in developing an action plan based on the "It's My Life" framework.

Foster Youth Mentor Program

California Community Colleges

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MODULE 2: The California Foster Care System

MODULE 3: Understanding Foster Youth

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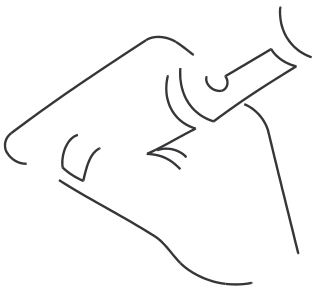
MODULE 1

A Child's Path Through the Foster Care System

IN THIS MODULE

What Are Your 5 Most Valued Things?
The Story of Mary Jones
What Was It Like to be Mary Jones?
Charting a Child's Path Through the Foster Care System
Facts About Foster Care

notes



What Are Your 5 Most Valued Things?

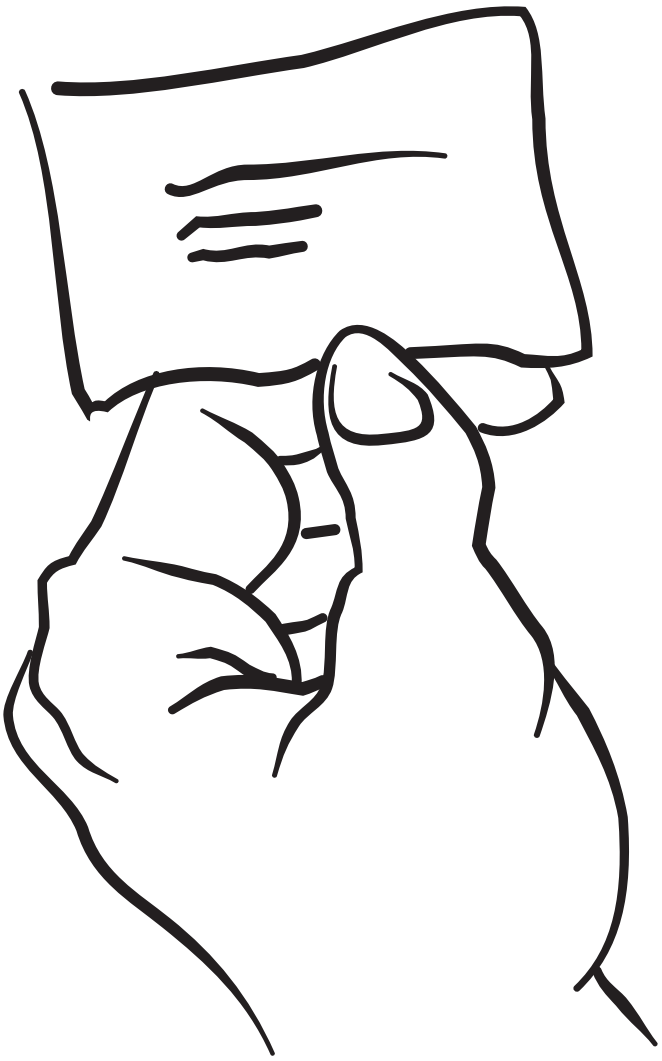
1.

2.

3.

4.

5.



JOURNEYING WITH A FOSTER YOUTH

The Story of Mary Jones

notes

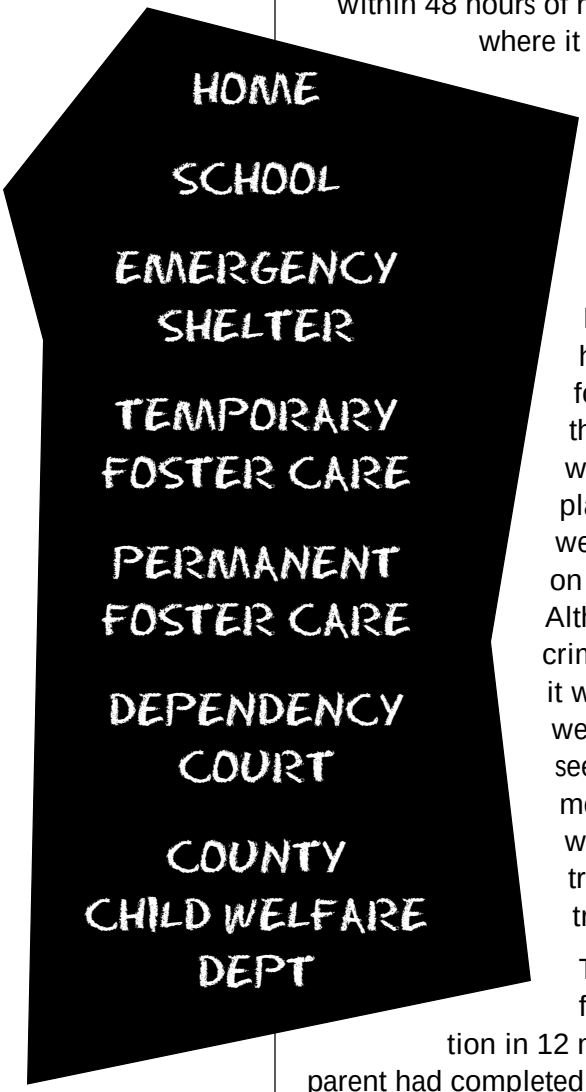
AT AGE 11, Mary Jones was removed from her home after allegations of neglect and sexual abuse. Mary had been living for the past five years in Los Angeles County with her stepfather, Andrew Williams, her mother, Beth Young, and three younger males siblings: John Jones, age 8, Paul Williams, age 5, and Andrew "Andy" Williams Jr., age 4.

Mary had reported to her chorus teacher at school that her stepfather had been engaging in sexual intercourse with her since she was 9 years old. Her mother refused to believe the allegations and accused Mary of lying to break up her relationship with Andrew. Her younger siblings also accused Mary of lying.

Mary was first placed in an emergency shelter until a temporary foster care home could be found. Her siblings were also removed pending further investigation and placed in the shelter. All the children appeared to have been neglected for quite a while. They were found to be dirty with few clothes. There was rotten food in the home. Andy had a bad cough for which his parents had never sought medical attention. When a doctor examined him later, he was diagnosed with pneumonia. He was underweight and had signs of past physical abuse, including old fractures that had healed without medical attention. Paul, also underweight, was suffering from numerous insect bites. John had missed several days of school for various reasons and was very hostile. The school reported that he had been involved in stealing, fighting, lying and firesetting.

Mary's mother, Beth, revealed during an interview with Child Protective Services (CPS) that her own alcoholic stepfather, Mark Boothe, sexually abused her during her childhood. She had never told anyone except her first boyfriend, Bobby Jones, when they were first dating. Beth became pregnant by Bobby when she was 13 years old and gave birth to Mary. Three years later she gave birth to another baby, John. She and her two children continued to live with her parents for the next four years before moving in with Bobby, who had become a heroin addict by this time. Bobby and Beth lived together in shelters and on the street for the next few months until Bobby died from a drug overdose. Soon after that Beth met and became involved with Andrew, who worked as a security guard and had an apartment. A year later Beth was living with Andrew and pregnant with her third child, Paul. By time she was 20, Beth had three children and was carrying her fourth child, Andrew Jr.

notes



Beth's mother, Lucy, told CPS that she was willing to take her grandchildren into her home but because of Beth's allegation of past sexual abuse by her stepfather, the placement was denied. Andrew's parents were both deceased, and neither Beth nor Andrew had siblings who were available to take the children. A detention hearing was held within 48 hours of removing Mary and her siblings from the home where it was decided that the children should remain in protective custody outside of the home. Two weeks later a jurisdictional hearing was held, and it was determined that the children would be made wards of the court and continue in protective custody. At this time the children were placed in temporary foster care homes.

Because of the problematic behaviors of John, he was placed in a group home. No single foster care placement was able to take the other three children, so they were separated. Mary went to one home while Paul and Andy were placed together in another home. Arrangements were made so that the siblings could have contact on a weekly basis and visit with their mother. Although there was insufficient evidence to bring criminal charges against Andrew for sexual abuse, it was determined that the allegations of abuse were substantiated. Both parents were ordered to seek parenting classes, drug/alcohol abuse treatment, and counseling, and to maintain contact with their children through supervised visits. Job training was ordered for Beth and sexual perpetrator treatment for Andrew.

The children continued to live in temporary foster care with a plan toward family reunification in 12 months. At the first 6-month hearing, neither parent had completed any of the court-required treatments. Andrew refused to attend sexual perpetrator treatment because he denied sexually abusing Mary. Both parents were given an extension to get into treatment, but Andrew was not allowed to have any contact with Mary until he participated in treatment. He was, however, allowed to have contact with the boys as long as it was supervised. At the 12-month hearing, Beth had completed her parenting class but had yet to start counseling and was sporadic in her supervised visits with her children. During this time the children had been moved into new

notes

foster homes because of their negative behaviors. Mary had to be moved because she was trying to initiate sexual activity with another youth in foster care. Paul was having nightmares and bedwetting episodes. Andy had regressed and was not talking anymore. John was doing better in his group home. All the children were required to be in counseling, but none had started yet except John. The court ordered that the counseling begin immediately.

At the 18-month hearing, Beth had just started in counseling and needed a year to complete it. Andrew continued to deny any sexual abuse of Mary, but he had started to address his alcohol addiction. The court extended the protective custody for another year. The children continued in their current foster care placements. The plan continued for family reunification. Additionally, the court ordered that the county child welfare department begin concurrent planning for permanent placement of the children. This meant that parental rights could be terminated and the children would become free for adoption or, alternatively, that the children would be placed in long-term foster care. (NOTE: Even though the system has certain time constraints, children can remain in foster care in hopes of family reunification for years. New pressures have come to bear on states to begin permanency planning for children much earlier than what has been the trend, but the reality is that many children stay in foster care until the age of majority.)

Over the past 18 months, many people have played roles in the lives of the children. Each child has a court-appointed attorney to represent his or her interests in court, but they only see their attorney at court hearings. All of their attorneys have been changed at least three times. Their social worker has changed five times. Their maternal grandmother has visitations with all the children in a supervised location. She visits with the children about every other month in the social worker's office. Since Mary was placed in foster care, she does not have contact with her chorus teacher nor friends from her neighborhood.

At 18 months, a few changes can be noted. Mary does meet with her brothers on a weekly basis, and they go on outings together and visit with their mother and grandmother together. The boys don't blame Mary as much for their removal from the home, but when they get together they tend to fight or argue as Mary tries to continue in her "parentified role" toward her brothers and her mother. Mary has tried to call her best friend Amy from her old school, but they are only able to talk occasionally. After more than a year, they haven't visited but a couple of times. Mary practices with the Boys and Girls Club sport

notes

league after school and wants to join the league, but her foster mother hasn't been able to make time to transport her to the events on the weekends. Both Paul and Andy are on waiting lists for counseling and Mary has started her counseling at a local mental health clinic. She is in a therapy group with other pre-teen girls and individual counseling. Her mother has been attending this clinic for counseling herself. Andy is talking again and Paul isn't wetting the bed. John continues to show improvement in his behavior and reports that he likes his home because he has made new friends. He even has a bike that he loves to ride. Andrew is continuing in his recovery by attending AA and is starting to come out of his denial about abuse of the children. He is actively seeking out counseling.

DEBRIEFING YOUR EXPERIENCE

What Was It Like to be Mary Jones?

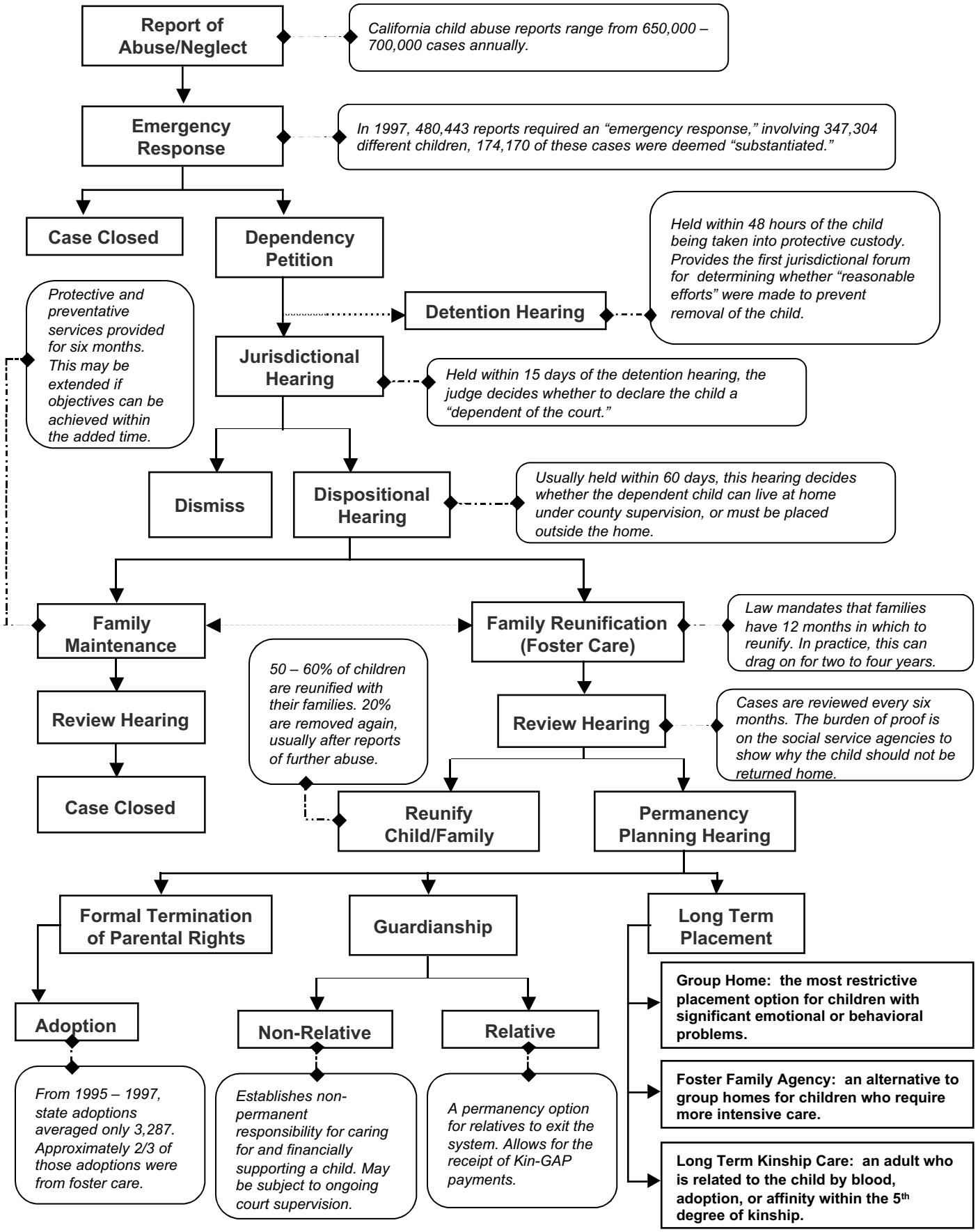
- What did you feel as you went from place to place?

- How do you think the child felt?

- How might the child feel toward her new foster family?

- What might the child be needing or looking for from the people who are caring for her now?

Charting a Child's Path Through the Foster Care System



The California Partnership for Children 916.443.1149

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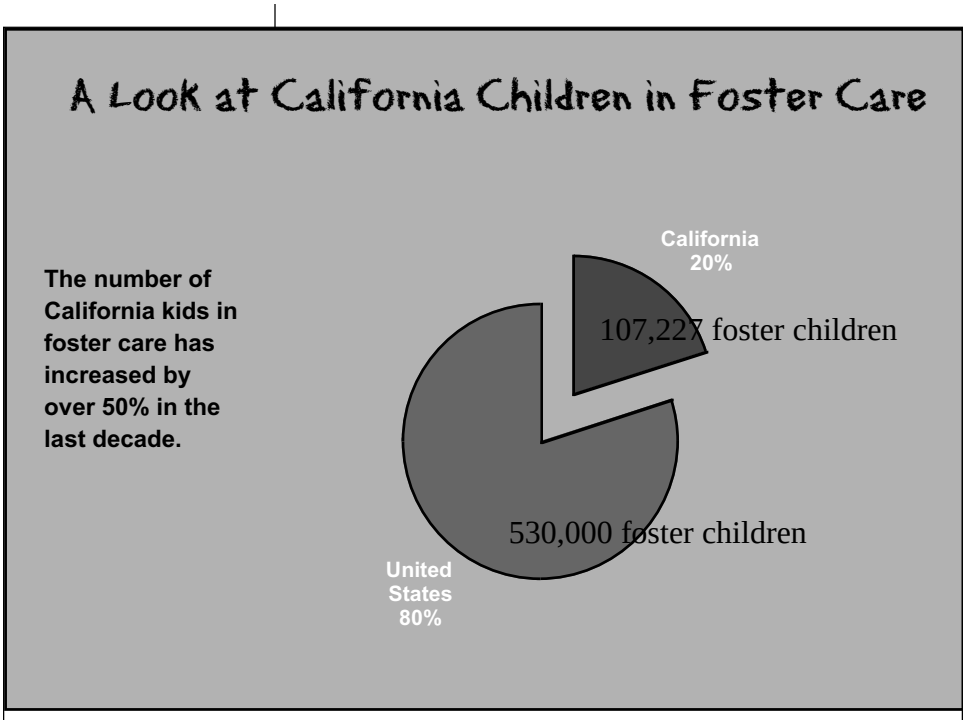
FACTS ABOUT FOSTER CARE *



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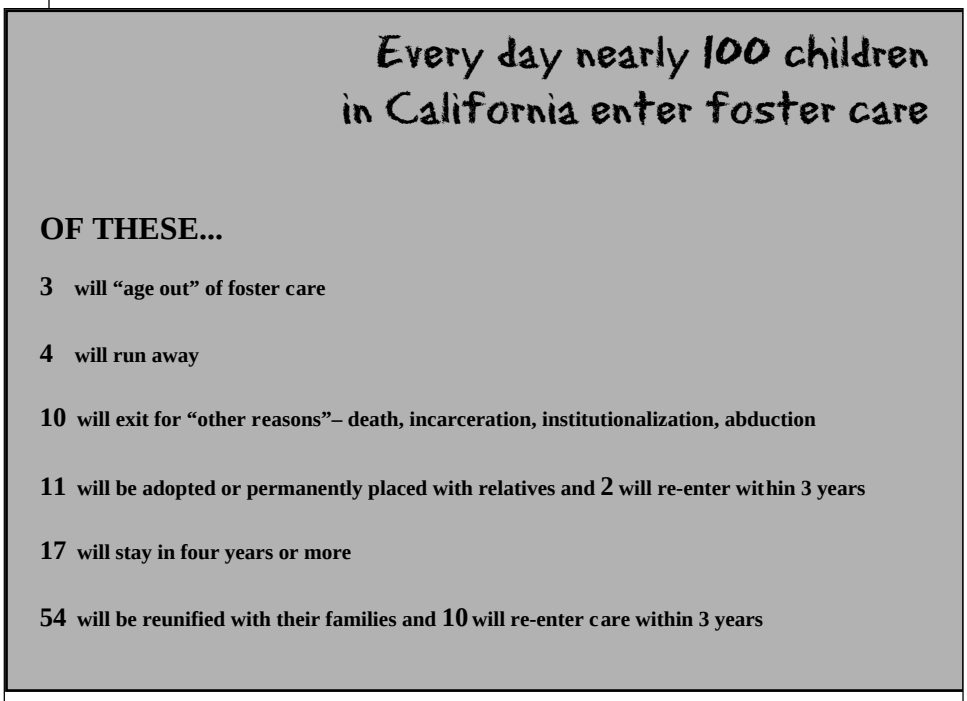
* Facts compiled by The California Partnership for Children, 916.443.1149



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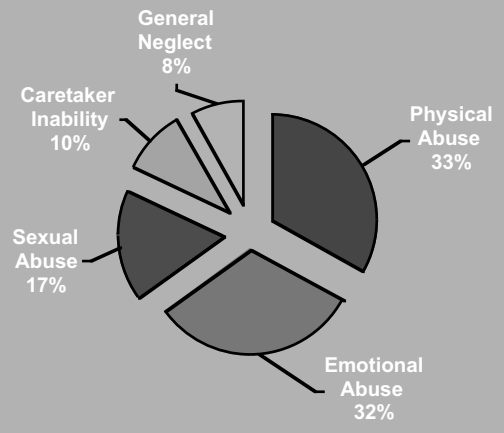
notes

Why do children enter foster care in California?

REASONS for removal from the home



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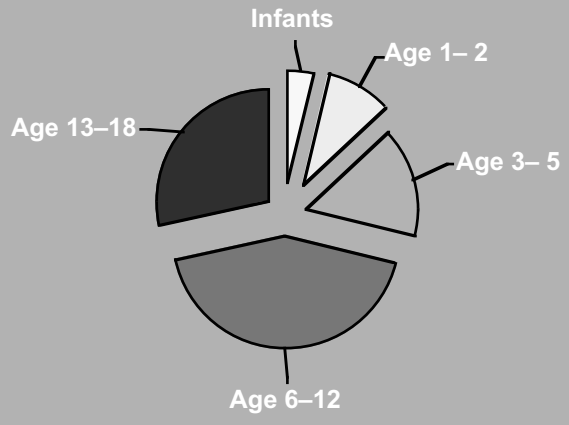
How old are California's foster children?

AGE BREAKDOWN



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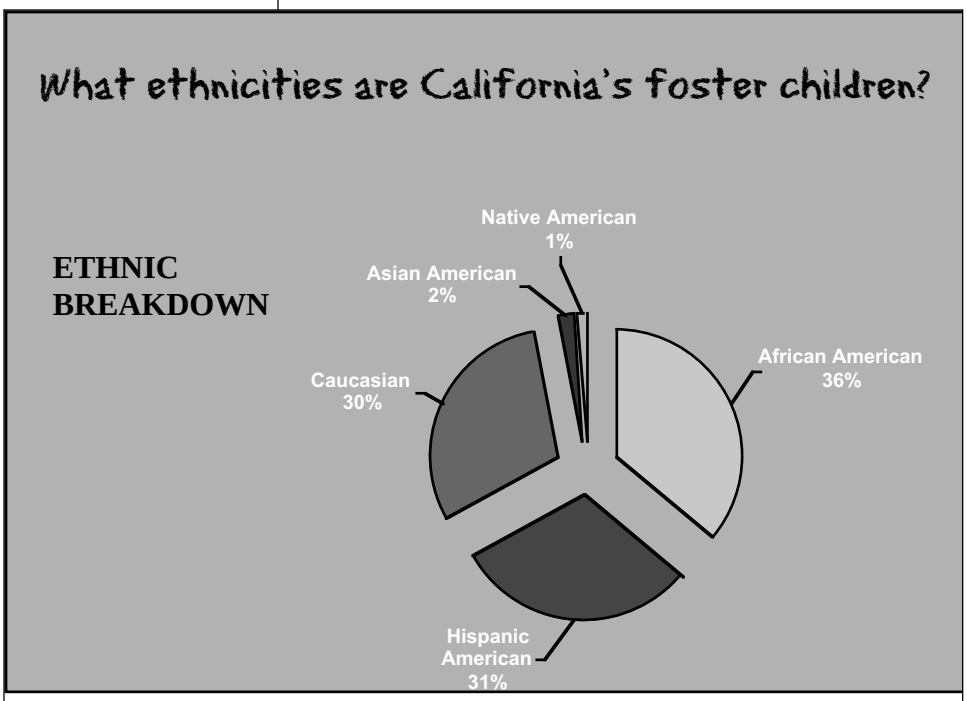

SOURCE: The California Partnership for Children

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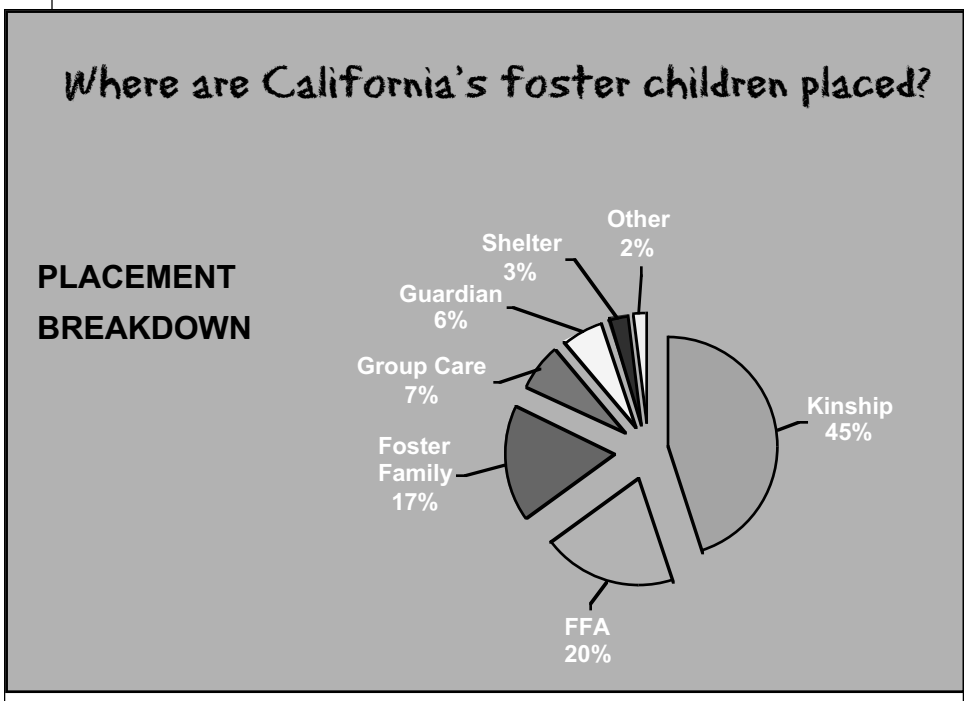

SOURCE: The California Partnership for Children

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notes

What special needs do foster children have?

- **50% have chronic health conditions**
  - *Asthma, cognitive abnormalities, visual & auditory problems, dental decay, malnutrition, birth defects, developmental delays, or emotional/behavioral problems*
- **50–60% have moderate to severe mental health problems**
- **40–72% require ongoing medical treatment**

Many of these conditions are caused by alcohol and drug exposure, lack of medical care, poor parenting, domestic violence, trauma of family separation, and unstable living arrangements and relationships

SOURCE: The California Partnership for Children

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notes

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MODULE 2

The Role of Mentoring in the Life of a Foster Child

IN THIS MODULE

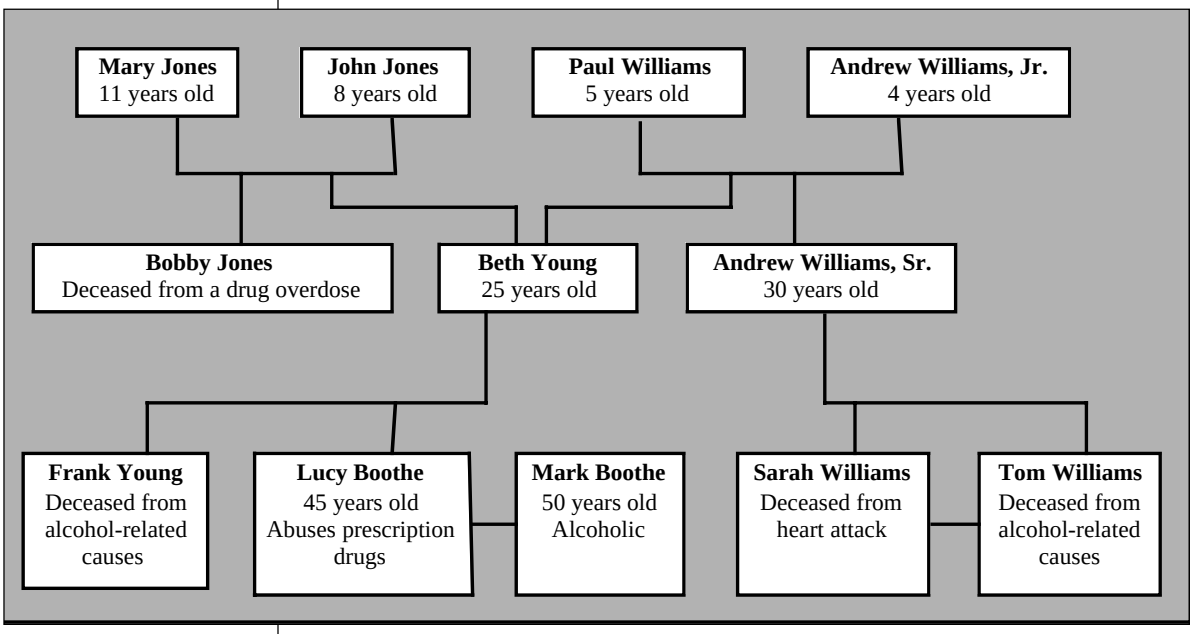
Genogram of Mary Jones

Eco-Maps of Mary Jones

How do mentors fit in?

notes

FAMILY GENOGRAM OF MARY JONES



ECO-MAP LEGEND

notes

Family Circle: Members of the family circle are relatives and others that the child considers family *who live under the same roof as the child.*

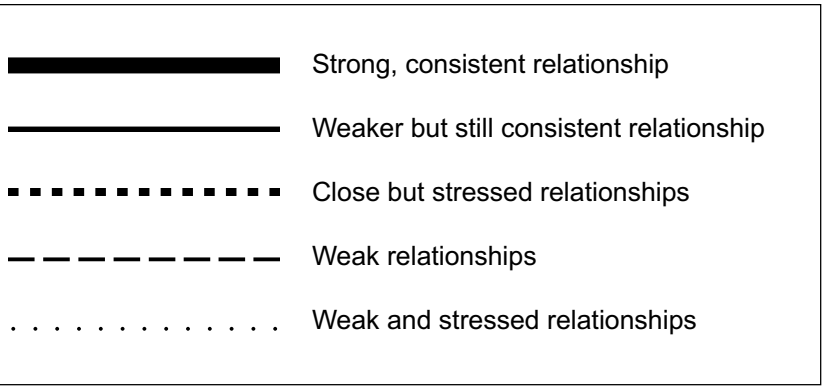
Placement Setting: Those who are a poart of the residential life of a child's foster home or other foster placement. Adults who are paid to take care of children in these placements are part of the child's "developmental needs network" (described below). Other foster children and biological children of foster parents are also shown.

Family/Friends: Any other family or friends who do not live under the same roof with the child.

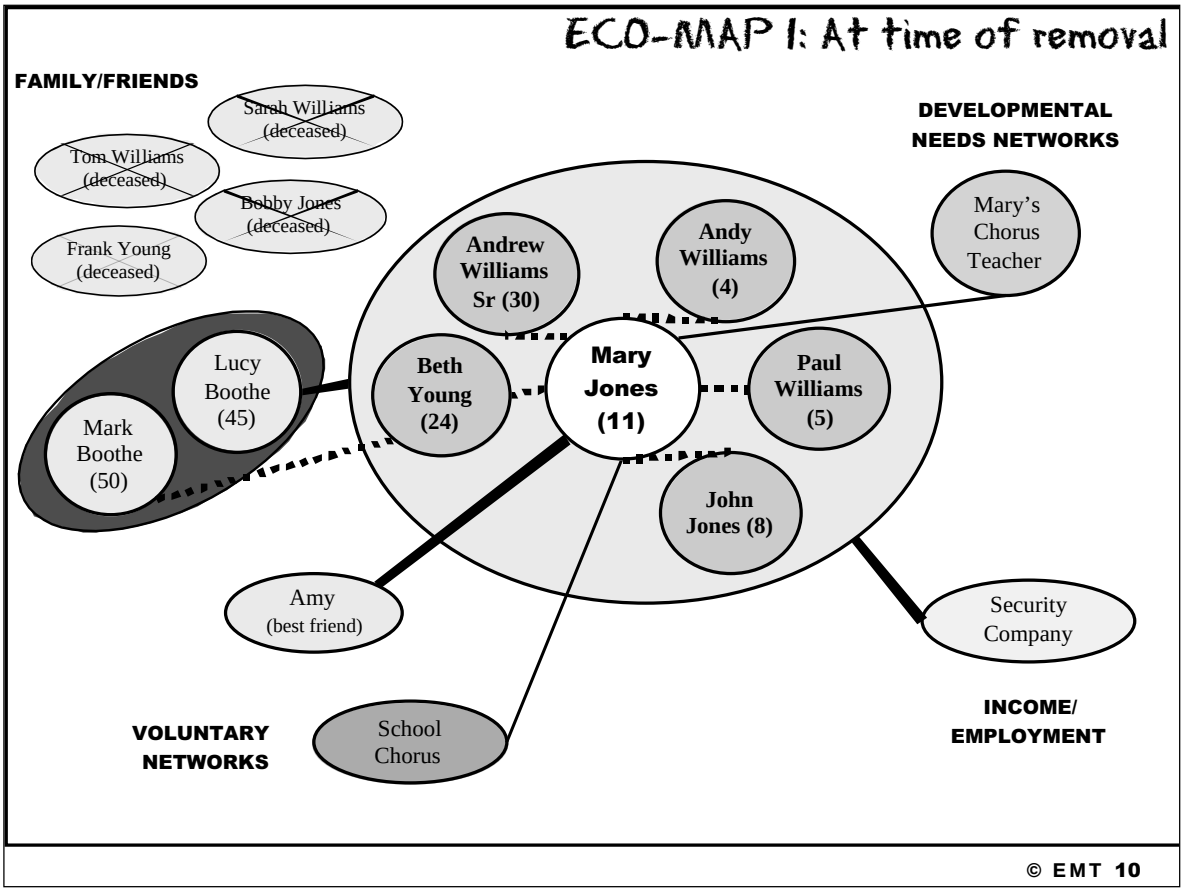
Developmental Needs Network: Any adults who are paid to assist children and families, such as counselors, teachers, doctors and nurses, court officials, etc.

Voluntary Networks: Any groups that children and families join that provide them with support and an oporutinity to participate in community life, such as after-school programs, churches and religious groups, sports teams, volunteer groups, community organizations, etc.

Income/Employment: Any source of financial or material support that benefits the family.

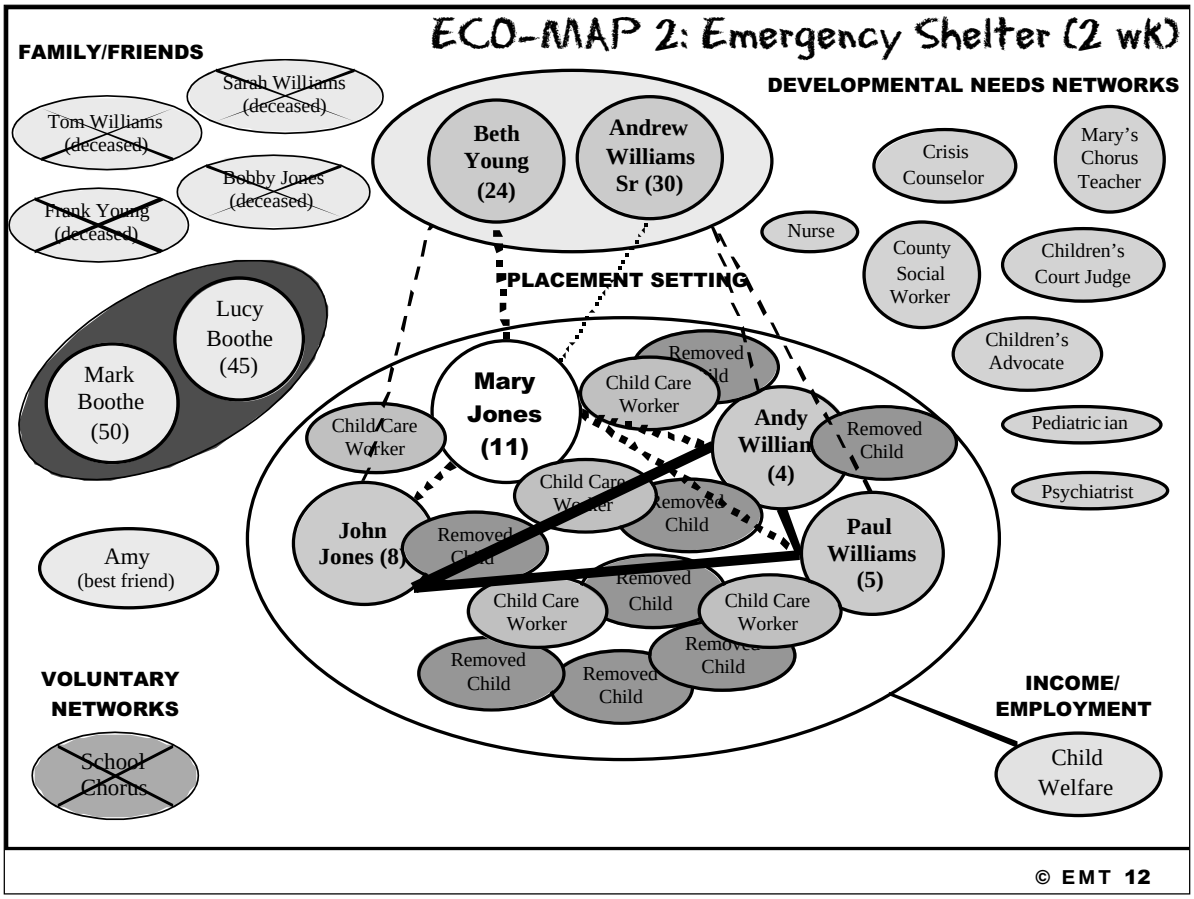


ECO-MAP I: At time of removal



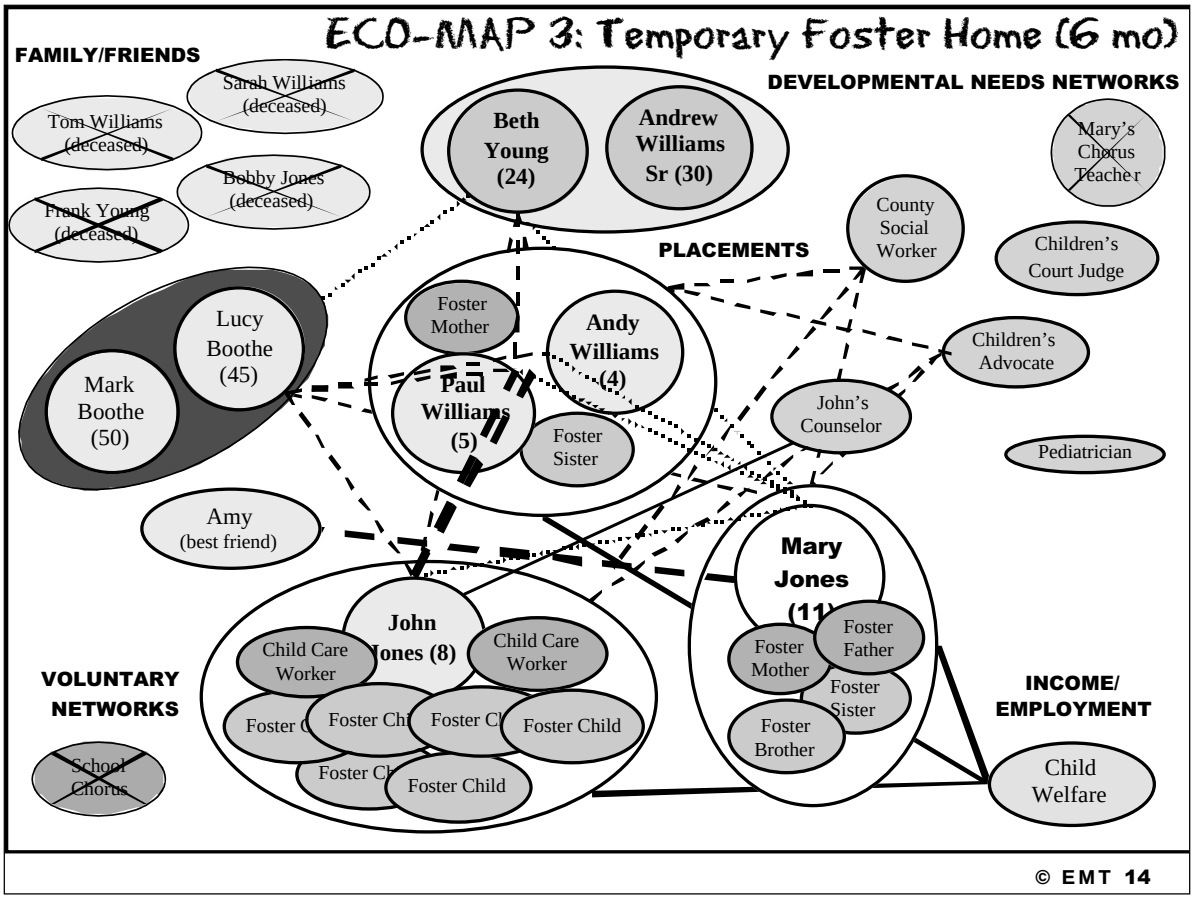
POSITIVE CHANGES	LIFE EVENTS	NEGATIVE CHANGES
Family moves away from abusive step-father	Mary is born	Beth's sexual abuse begins
Family moves off street into Andrew's house	John is born	Bobby becomes addicted to heroin
Mary develops trust for a teacher who reports abuse	Bobby dies	Family lives on streets and in shelters
	Beth meets Andrew	Mary's sexual abuse begins
	Paul is born	Physical abuse and neglect of all children
	Andrew Jr. is born	John begins missing school & other behaviors
	Mary's teacher reports abuse	Family blames Mary for abuse report

ECO-MAP 2: Emergency Shelter (2 wk)



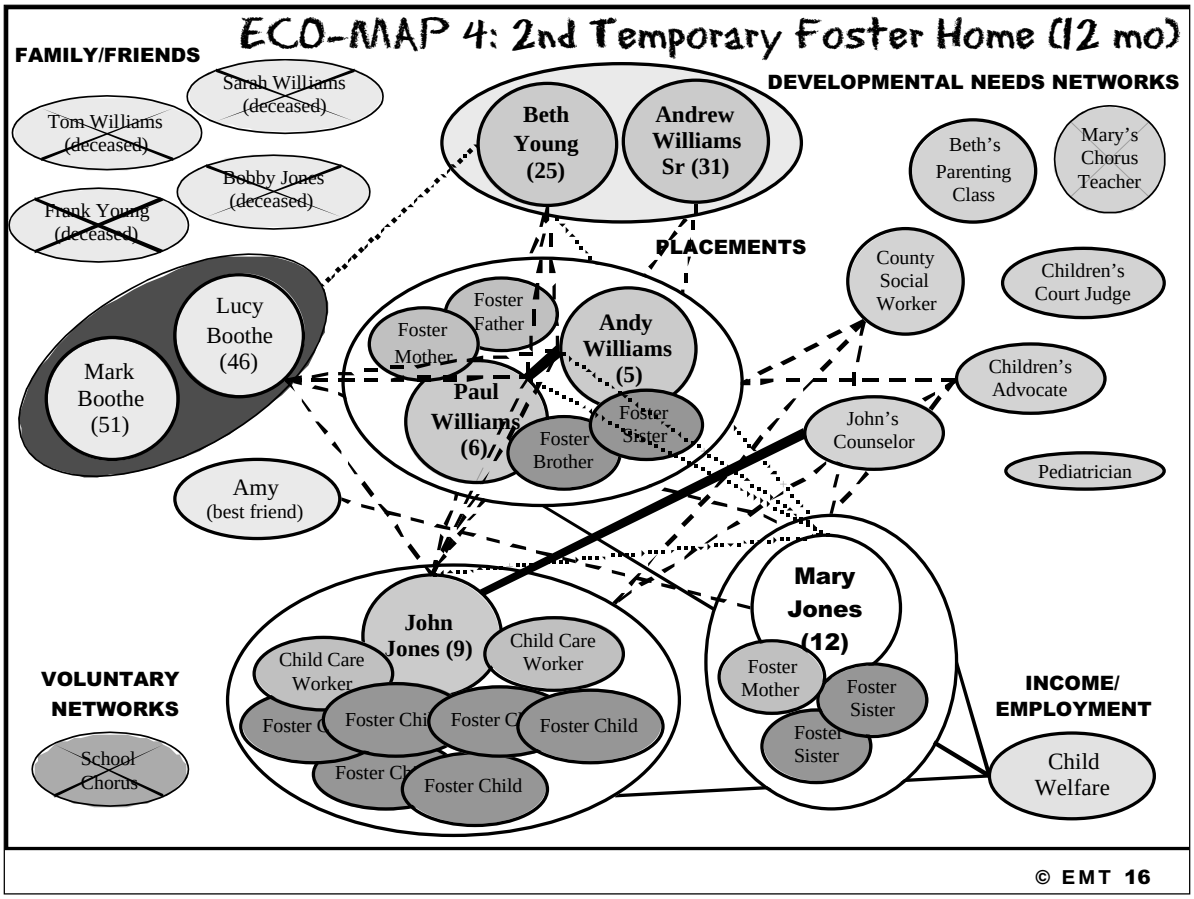
POSITIVE CHANGES	LIFE EVENTS	NEGATIVE CHANGES
Food, clothing and cleanliness are provided for all children	48-hour hearing results in children's placement in emergency shelter	Family is separated with great suddenness and emotional scarring for all involved
Medical attention is provided to all children	Parents are ordered to complete parenting classes, counseling, job training (Beth), substance abuse treatment (Andrew), and sexual perpetrator treatment (Andrew)	Children are having to adjust to an institutional environment
Mary no longer interacts with her molestor	Children's social worker changes once	There is now much uncertainty about the future
All three children are spared further abuse and neglect from parents		

ECO-MAP 3: Temporary Foster Home (6 mo)



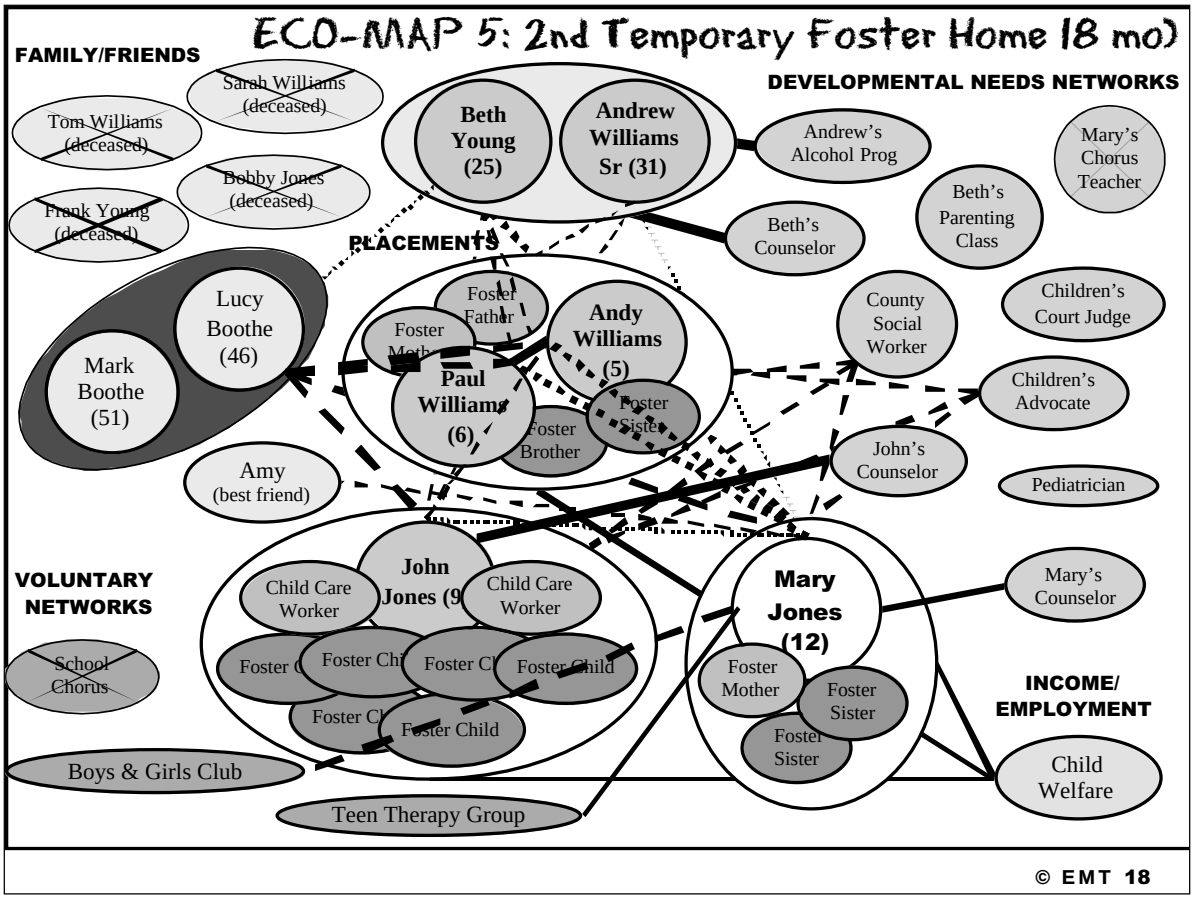
POSITIVE CHANGES	LIFE EVENTS	NEGATIVE CHANGES
Children are in more permanent settings	Children move from emergency shelter to foster homes	Children are further separated from each other
Mary, Paul and Andy are in family settings (Paul and Andy are together)	Beth and Andrew Sr. receive extensions for completing their requirements	Beth's visits are sporadic
John receives counseling	Children's attorney changes once	Beth and Andrew Sr. have not received any treatment
Sibling visits and visits with Beth are allowed	Children's social worker changes again	Mary, Paul and Andy still await counseling as their behavior and functioning begin to deterioate
		Andrew Sr. refuses to undergo treatment

ECO-MAP 4: 2nd Temporary Foster Home (12 mo)



POSITIVE CHANGES	LIFE EVENTS	NEGATIVE CHANGES
Beth completes parenting classes	Mary, Paul and Andy move to different foster homes	Mary, Paul and Andy have to adjust to new foster homes
John still receives counseling, and is doing better in placement	Court orders counseling to begin immediately for Mary, Paul and Andy	Beth's visits remain sporadic
	Children's attorney changes again	Mary, Paul and Andy still await counseling
	Children's social worker changes for a third time, and a fourth	Mary is caught trying to engage sexually with another foster youth
		Paul is bedwetting and having nightmares
		Andy stops speaking
		Andrew Sr. still refuses to undergo treatment

ECO-MAP 5: 2nd Temporary Foster Home (18 mo)



POSITIVE CHANGES	LIFE EVENTS	NEGATIVE CHANGES
Beth begins counseling	Court extends state custody	Andrew Sr. still refuses to undergo treatment
Andrew Sr. begins alcohol treatment	Family Reunification plan continues	Beth has yet to receive employment training
Mary begins counseling	Concurrent planning for permanent placement is ordered	Paul and Andy have yet to receive counseling
Paul stops wetting the bed	Paul and Andy are on waiting lists for counseling	
Andy is talking again	Children's attorney changes for a third time	
Current placements appear to be working out and no further moves have occured	Children's social worker changes for a fifth time	
John continues to show improvement in behavior and is making friends in his placement; likes his placement and gets a bike		

notes

notes

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MODULE 3

What Mentors Can Offer Foster Youth

IN THIS MODULE

Communication Strategies

Appropriate Activities

Resource Assistance

Red Flags & Icebreakers

notes

SMALL GROUP WORK

Mentoring Mary Jones

Imagine that Mary is now placed in her foster home, and that she has been assigned a mentor.

GROUP 1: Communication Strategies

What things might Mary want to talk with her mentor about? What things might be difficult to talk about?

GROUP 2: Appropriate Activities

What activities might Mary be interested in doing with/her mentor? Be sure to include those can be done at Mary's placement under supervision.

GROUP 3: Resource Assistance

What resources might Mary need that her mentor might be of assistance in locating and connecting to?

GROUP 1

Communication Strategies

What things might Mary want to talk with her mentor about?

What things might be difficult to talk about?

GROUP 2

Appropriate Activities

What activities might Mary be interested in doing with/her mentor?
Be sure to include those can be done at Mary's placement under supervision.

GROUP 3

Resource Assistance

What resources might Mary need that her mentor might be of assistance in locating and connecting to?

notes

Putting the Mentee at Ease

- √ Stay calm.
- √ Use body language to communicate attentiveness — maintain eye contact, sit at same level, etc.
- √ Avoid judgmental statements like "Why would you do something like that?" or "I think you know better..."
- √ Be honest if you are getting emotional or upset, but never accuse or berate!
- √ Let the mentee know that you are glad (s)he came to you.
- √ Reassure the mentee that his/her confidentiality will be honored.
- √ Use tact but be honest.
- √ Allow the mentee to talk at his/her own pace — don't force an issue.
- √ Don't pry — allow the mentee to bring up topics s/he is comfortable with.
- √ Don't collaborate with mentee's placement or family to provide discipline — to do so compromises your role as a neutral and supportive party.

Honoring the Mentee's Right to Self-Determination

notes

- √ Focus on his/her feelings and needs rather than jumping to problem-solving.
- √ When issue has been talked about, ask, "*What do you think you would like to do about this situation*," and "*How would you like for me to help*?"
- √ If you are not comfortable with what (s)he wants to do, ask yourself why before you decide whether to say so.
- √ If what (s)he wants to do is not possible, explain so gently and apologize.
- √ Ask what alternative solutions would make him/her comfortable.
- √ Encourage critical thinking through questions and reflections.
- √ Use the words, "I don't know — what do you think?"

notes

Engaging in Appropriate Activities with Foster Youth

First and foremost, ask mentees what they'd like to do!!!

Allow them to take the lead in planning if they are willing, and assist them in exploring their interests. Be aware that different placements will have different rules about visits, outings, and other activities. Be prepared with ideas for activities that can be done on-site at the foster placement in case the match is not (or not yet) allowed to go off-site together. It is recommended that the first phase of a mentor/foster mentee match take place in a supervised setting.

When planning visits or activities with foster youth, look for ideas that will:

- √ Broaden their experience
- √ Give opportunities not otherwise offered by the foster care system
- √ Build the mentor/mentee relationship
- √ Provide learning experiences (educational, independent living, career preparation)
- √ Normalize their childhood
- √ Counteract the effects of institutionalization
- √ Reduce stigmatization of foster care

Always use sound judgment about safety, both physical and emotional!!!

Should Mentors Take Mentees to Their Homes???

notes

This is a very important question, and one that has multiple answers. On the one hand, allowing mentees a chance to spend time in a "normal" household can provide a normalizing experience that can help to counteract both the institutionalization and the marginalization that many foster youth suffer from. Activities at home can promote healthy independent living skills, and inclusion in a mentor's family can help a foster youth feel truly wanted and loved by their mentor.

On the other hand, there are several red flags that go up for placements, clinicians, and agencies that govern foster youth when the issue of home visits comes up. What if the home is unsafe and something goes wrong? What if someone else who lives in the household and has not been screened as carefully as the mentor does something to the youth? Or perhaps a mentee could have an adverse emotional reaction to visiting a home that reminds them what they are missing in their own family.

In the additional resources section of this workbook is a foster care mentoring model that was developed by a Los Angeles collaborative designed to serve foster youth. It contains guidelines that this collaborative set up for implementing home visits. It is recommended that mentor programs for foster youth who plan to include home visits establish similar guidelines.

notes

Problem-Solving and Resources

- √ Know your appropriate role as a mentor.
- √ Be honest with the mentee if confidentiality does not hold.
- √ Suggest that your supervisor may have some thoughts if you don't know what to do.
- √ Ask the mentee if (s)he would like to talk to the agency with you if necessary.
- √ Provide information if the mentee is unaware of resources or options.
- √ Brainstorm with the mentee and be creative in finding a solution — there is usually more than one way to handle a situation, and this process is educational for the mentee.
- √ Offer to accompany the mentee if (s)he is uncomfortable with something (s)he has decided to do.
- √ BE COLLABORATIVE — you are a team.
- √ FOLLOW THROUGH WITH ANY AND ALL COMMITMENTS

Red Flags & Ice Breakers

notes

RED FLAGS...

Topics to approach with caution when talking with foster youth, especially in new matches, are discussed below.

Past Traumas

Needless to say, these can be some of the most difficult things for mentees to talk about, or even think about. Mentors need to be aware that treading carelessly into trauma issues has the potential to trigger very extreme reactions. A mentor in conversation should not EVER bring up these issues—mentees should be allowed the privacy and space to broach these subjects only if they are so inclined. Care should also be taken when clinicians, foster parents, or others involved with the youth share information about a foster child's case to ensure that confidentiality is handled properly.

Common traumas include:

- Physical Abuse
- Neglect
- Abandonment
- Sexual Abuse/Incest
- Rape
- Emotional Abuse
- Loss/Bereavement
- Extreme Injuries or Illness
- Family Disruption
- Community Violence
- Poverty
- Natural Disasters
- Violent Death/Terminal Illness/Major Illnesses/Surgeries of Parents

notes

Family Situation, Past and Present

No matter the reason for removal from their natural family, foster youth love their families as much as anyone else. The events that led to their out-of-home placement—and the ongoing situation that is unfolding in their lives—is asensitive subject for most foster youth. Some of them may talk openly about their families; others may not be so forthright. Regardless, mentors (and program managers) need to be very careful never to criticize the mentee's family, or otherwise comment on any personal feelings they may develop about the family. Some mentors may find this difficult—as they connect with their mentee, they may develop feelings of protectiveness, anger, or fear about the family because it was unable to provide a safe situation for the child. Instead, mentors should strive to support mentees as they sort out their own feelings about their family and life circumstance.

Mentees' Success in Their Program

Foster youth have a treatment plan that it is hoped they will adhere to and benefit from (this will vary from placement to placement). While the intent of a treatment plan is to assist the foster youth in overcoming issues that were beyond their control, still once in placement there is usually a great deal of focus placed on whether they are successfully performing. This can become a sensitive issue for foster youth, as they often have a multitude of adults who are paid to encourage them to "work their program." It is critical that while the support of a mentor may assist them in doing this, that the mentor not become just another adult telling the youth what to do. Mentors need to focus on unconditional support and relationship-building, rather than the youth's behavior or success in their placement.

Conflicts in Placement

Foster youth often have conflict with their foster parents, social workers, teachers, child care workers, and other children with whom they share a home. It is critical that mentors remain neutral in these conflicts rather than siding one way or the other. In order to be a strong advocate for their mentee, mentors need to listen to their mentees without judgment and then collaborate with them and others in their life to assist in resolving problems. This also may be difficult for some mentors, who may feel protective or critical of their mentee in these situations.

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School Performance

A large number of foster youth suffer from a learning disorder known as SED or "severely emotionally disturbed." This simply means that the child has no cognitive or physiological learning disability, but that emotional problems (usually caused by trauma or ongoing unhealthy living environments) are preventing them from learning at their level. Past troubles with school performance can create a lack of confidence in academic ability and a dislike of school in general. Children identified as "SED" are usually entitled to special education services. Some placements have SED schools on-site; other children attend neighborhood schools. Even foster children who are not officially labeled "SED" often have issues with school, so this topic should always be broached with care. On the other hand, mentors can make wonderful tutors and offer outstanding support to youth who are struggling with school if they handle the subject with care and encourage foster youth to grow.

Delinquency

It is a myth that all foster youth are juvenile delinquents. Sometimes, however, youth on probation are placed in foster homes when their home environment is not appropriate. Or, if a foster youth begins to engage in delinquent behavior, (s)he can be put on probation. It is therefore possible for a youth to be held in joint custody of the county's childrens' services agency AND probation system. Delinquency is an issue to be careful of with any mentee, but foster youth may be at higher risk.

Substance Abuse

Many foster youth have experience with the use and/or abuse of substances—either through their own experience or due to family members who struggle with these issues. If substance abuse issues are known to be relevant in a particular foster youth's case, they will often be provided counseling and/or the opportunity to attend 12-step meetings. However, all youth can be considered at risk of using and/or abusing substances. It is very important that mentors remain as non-judgmental as possible in discussing substance abuse with youth—the quickest way to get a young person to stop talking openly is to tell them that it is wrong. The quickest way to get them to rebel is to tell them not to do it. They need to be listened to, and they need support in coming to their own conclusions about the use and abuse of psychoactive substances. One reason for this is that in many cases, youth use illegal substances as a way of self-medicating wounds and issues that are plaguing them. By listening to what they have to say

about their drug or alcohol use, mentors may be able to assist the youth's treatment team in understanding the things that child is suffering from.

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Sexual Activity

Youth, and specifically foster youth, engage in sexual activity for a number of reasons. This is another topic that is very difficult for youth to discuss with adults, and therefore should be handled with tremendous respect, care, and confidentiality. Mentors can show their appreciation of mentees' openness on the subject by avoiding judgment and respecting that a youth's sexual experience is a very personal matter. Some foster youth have been sexually abused, and this is likely to affect their sexual choices and attitudes.

Mentors may provide the safest help for mentees with their sexual issues by:

- staying open and listening to what mentees have to say about their sexual experiences and needs;
- encouraging safety and caution, and
- working collaboratively with the youth's treatment team—allowing other professionals to address some of the deeper issues as they may be more trained to do so.

Medication

A very large number of foster youth have been prescribed medications for various mental, emotional, and medical conditions. Your agency will need a procedure and policy related to dispensation of medications when mentees are on outings with mentors. Being medicated may or may not be a sore subject for a foster youth, and also many mentors may have feelings about their use. Mentors should be encouraged to ask questions to the mentee's placement regarding the reason for medication and associated risks, especially if they will be dispensing them to mentees. However, it is important that mentors be prepared for working with youth on medication. They may have personal feelings about the use of psychoactive medications, and it is better if these are addressed to the program manager rather than causing conflict with the mentee's placement.

Generally, it should not be the responsibility of the mentor to assure that a youth is taking his/her medication. It is important that the mentor not in engage in dispensing any medication, unless prior approval is given. If you notice behaviors that are unusual or pose a danger to the youth or someone else, it is important to check in with

notes

the youth by asking if everything is ok with them. If the behavior continues to feel dangerous, then the mentor should contact his/her supervisor and determine if it needs to be reported to the youth's worker. The major issue for the mentor, if they are on an activity, is for the safety of the youth.

Mental/Emotional Problems

A mentor is not the therapist for the mentee. This does not mean that a mentor cannot talk about mental or emotional issues that a mentee brings up. However, mentors needs to be aware if they are beginning to cross the boundary and entering into the domain of the therapist. This is not always easy to do. If the mentor notices that conversations are becoming more and more focused on mental and emotional issues, then it is likely that (s)he is crossing the line and needs to gently redirect the mentee to his/her therapist. Many times the mentee may want to avoid therapy by using the mentor in this role, so it's necessary to monitor discussions on these topics. Sometimes the mentee many feel uncomfortable with the therapist, or even about having conversations with the therapist, and this is normal. Encourage the mentee to continue to try the therapy out. If the mentee continues to feel uncomfortable, suggest that (s)he to speak to their worker about it. If a mentee is bringing up therapeutic issues and does not have a therapist assigned to them, the mentor can and should encourage the treatment team to begin providing these services. It is always okay for mentors to listen to anything mentees want to talk about; however, they need to avoid giving advice and managing the mentee's life for them. Simply collaborating with others on the youth's treatment team will help to maintain the appropriate role of the mentor.

Cultural Differences Between Mentor and Mentee

Many times the mentor and mentee will come from very different backgrounds, e.g., racial, ethnic, religious, economic, regional, gender, etc. The ability of the mentor to connect with someone who is "different" is a learned skill, not an innate ability. Cultural identity is the cornerstone of each individual's personal identity and it should be addressed by the agency through specific training.

Risky Behaviors

When a mentor is exposed to the risky behaviors of a youth, it can feel overwhelming for the mentor. It is important for the mentor to know who to contact for advice and support. If the mentor and mentee are on an outing/activity and the mentor feels that the behaviors are placing either the mentee or the mentor at risk for injury, either physically or emotionally, the mentor can terminate the outing or activity. The mentor needs to contact the supervisor and the mentee's worker for support and inform either or both about the need to end the activity and why.

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ICE BREAKERS...

Good topics to talk about, especially in new matches

- What they like to do
- What they want from their mentor
- What their dreams and goals are
- Ask about their culture

How to connect with your mentee:

- Offer praise
- Listen and reflect
- Share about yourself *
- BE REAL!

* Mentors need to be careful when disclosing information about themselves not to burden their mentee with their own life problems, or of sharing information that may not be appropriate. Otherwise, mentors sharing about themselves can be a way for the youth to get to know you better.

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MENTORINGplus
Workshop Series

MODULE 4

Helping Foster Youth Prepare for the Future

IN THIS MODULE

What Do Foster Youth Need to Become Successful Adults?

Facts About Exiting Foster Care

It's My Life: A Framework for Foster Youth Transitioning into Adulthood

It's My Life: An Action Plan

BRAĪNSTORM

Becoming Successful Adults

PART 1: What help do foster youth need as they prepare to move out of their foster care placement at age 18?

PART 2: What resources might help foster youth become successful adults?

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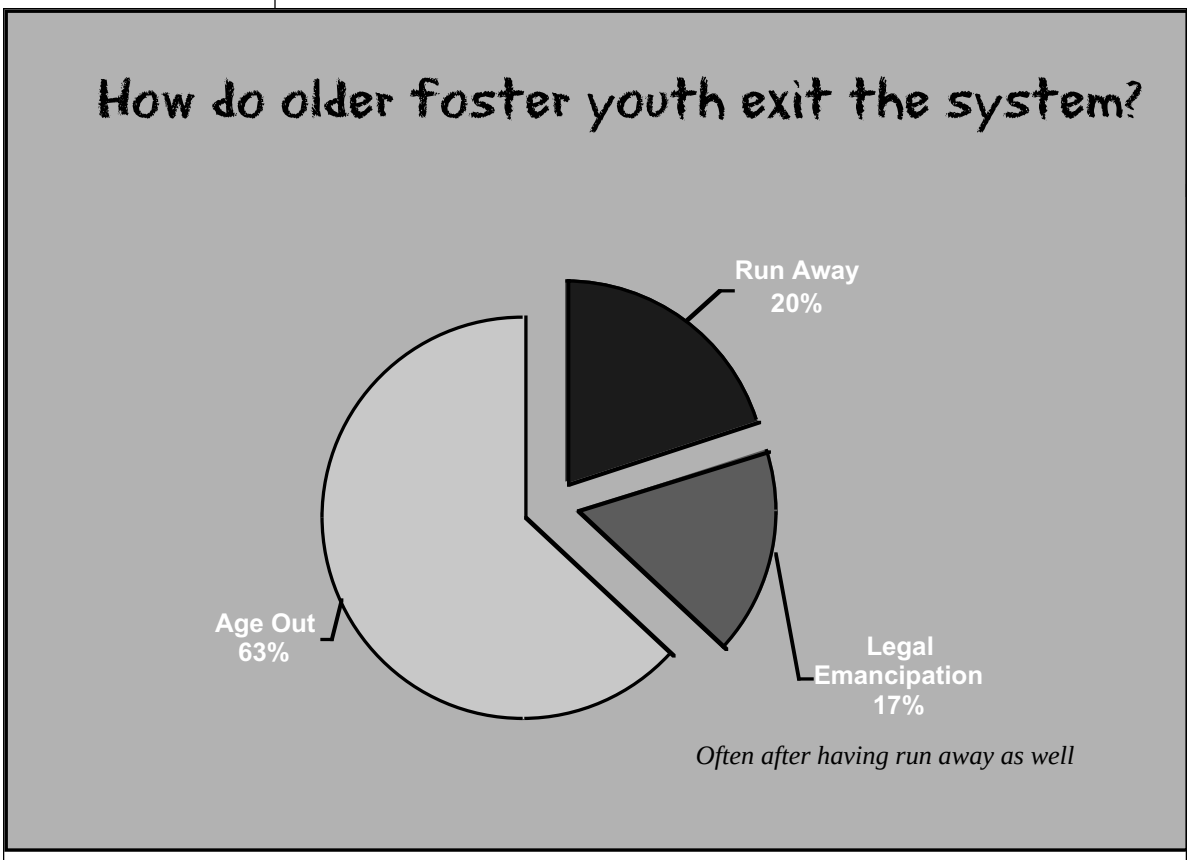

SOURCE: The California Partnership for Children

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notes

LIFE AFTER FOSTER CARE

- 75% work below grade level
- 60% of girls have a child within 4 years
- 50% do not complete high school
- 45% are unemployed
- 33% are arrested
- 30% are on welfare at ages 18–24
- 26% spend time in jail or prison
- 25% are homeless
- 10% are on probation

National Outcomes

© EMT

A FRAMEWORK

It's My Life

IT'S MY LIFE: A FRAMEWORK FOR YOUTH TRANSITIONING FROM FOSTER CARE TO SUCCESSFUL ADULTHOOD

THE FOLLOWING PRINCIPLES

- A sense of hope, vision of the future, and sense of self determination is critical to youth success.
- Youth need structured and supportive opportunities to acquire knowledge and skills that are supported by family, professionals, and community.
- Rather than self-sufficiency, the true goal is to achieve interdependence—the ability to meet one's needs within the context of relationships with family and community.
- Preparation for transition should begin at an early and developmentally appropriate age.
- Youth who experience life in the child welfare system have the strengths and power to overcome their challenges with resources and support from caring adults.

SERVE AS A GUIDE TO

A LOCAL CROSS-SYSTEM NETWORK OR TEAM

OF YOUTH, YOUNG ADULTS, CAREGIVERS, AND PROFESSIONALS

WHO DELIVER AND FACILITATE SERVICES IN THESE DOMAINS

- Identify Formation
- Supportive Relationships and Community Connections
- Physical and Mental Health
- Life Skills
- Education
- Employment
- Housing

THAT ARE

- Flexible and Community-Based
- Outcome Oriented
- Strength-Based
- Youth-Centered
- Multi-Disciplined
- Integrated
- Culturally Sensitive

AND THAT RESULT IN

- Healthy sense of cultural and personal identity
- Close, positive relationship with an adult and connection to a community
- Access to critical physical and mental health services.
- Improved life skills
- Educational achievement
- Employment that provides income sufficient to cover basic needs
- Safe and stable living condition

SOURCE: *It's My Life: A Framework for Youth Transitioning from Foster Care to Successful Adulthood* byCasey Family Programs.

ACTION PLAN

It's My Life

DOMAIN	DESIRED RESULTS	ACTIVITY	BY WHO	BY WHEN

notes

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PROGRAM DEVELOPMENT RESOURCES

for Foster Youth Mentor Programs

IN THIS SECTION

Technical Assistance Request Form

Mentoring Workshops Available by Request

Request for Inclusion in the California Mentor Program Database

Recommended Best Practices for Mentor Programs (QA Standards)

Mentoring Program Risk Self-Assessment/Classification of Mentoring Relationship Types

Starting a Mentoring Program
The EMT Group

Helping Hands Mentor Program Abstract
Florence Crittenton Center

mPLAY (Mentoring Partnership for Los Angeles Youth)
DRAFT DOCUMENT: Partnership Model & Pilot Program

mPLAY Memorandum of Understanding
Sample MOU

Helping Hands Mentor Program Abstract

Florence Crittenton Center

Helping Hands Mentor Program Abstract from the Florence Crittenton Center

The Florence Crittenton Center operates a residential treatment center for abused and neglected adolescent girls, teen mothers and their infants. We provide education, therapy, parenting education and day care, life and vocational skills training, enrichment, and an Aftercare program for girls who are in the difficult process of emancipating from the foster care system.

The Helping Hands Mentor Program has been in existence at the Florence Crittenton Center since June of 1996. It was created in response to a need perceived by the agency to provide the young women we serve with a positive one-on-one relationship with a responsible adult from the community. The Florence Crittenton Center is committed to meeting each of our resident's individual needs; however, our design as a large residential treatment center (we house 40 adolescent girls and 16 infants) presents many challenges when attempting to fully address each girl as an individual. We felt that a well-trained, caring and committed volunteer who is assigned to just one resident would best be able to help that resident discover her own individual talents, needs, interests, and personality.

Many of the young women we serve have no one who is actively supportive in their lives. If they do have family, the relationships are often strained and dysfunctional, so visits are limited. For some of our girls, their mentor is their only positive contact with the outside world.

Further, the structure of an institutional setting, while useful for girls who need clear boundaries and effective in protecting large numbers of girls from the alternatives to foster care, can limit the understanding our girls gain of positive, productive living in a "normal" family environment. In other words, if life has been dished out on a cafeteria tray throughout a girl's childhood, how will she learn about earning a living, shopping for and preparing food, managing money, and other basic living skills? Crittenton has always provided instruction in these kinds of life skills; however, children learn most effectively through experience and example, and an institutional setting is by definition contrived. Hence, Helping Hands are trained not only to take their residents to exciting and stimulating places, but also to take their resident along as they do mundane tasks such as banking, shopping, and housework. If nothing else, the girls get a chance to spend a day living a "normal" life.

Even more difficult to teach in an instructional setting are the ins and outs of a positive, healthy relationship. How do you enable girls who have been abused and neglected to trust adults, especially if they have been lost in the recesses of the foster care system for years? This

is not something that can be accomplished in a classroom or on the word of a paid staff person. Many children in the foster care system have developed an extremely cynical attitude toward the adults who are paid to take care of them, so someone who is in place only because of an honest desire to help a young woman is in a much better position to show her—albeit slowly, painfully, and not always successfully—that a relationship can be supportive, accepting, respectful, and positive.

She can then transfer these concepts to other relationships, including those of a romantic nature. Many of the young women who come out of programs like ours end up in abusive and dysfunctional relationships because they do not even know that more positive relationships exist, or because they have no one else. We believe that a volunteer mentor can provide not only a healthy perspective on relationships, but can offer active support both while the mentee is a resident and once she is out in the community. Having a mentor can thus be an important tool that helps her to avoid negative situations and influences.

Hence, this very special program was developed to enable the girls to learn about independent living and relationships, have support from someone trustworthy, and begin to develop their own trust for their mentor and people in general. However, we realized that this was a very high-risk endeavor. There is risk to the young women and their babies if we do not carefully screen, train, and monitor their mentors; and there could be risk to the volunteers themselves as they take girls on outings without staff if we did not offer proper training and support to each relationship. Agencies like Community Care Licensing, the Probation Department, and Department of Children & Family services had already perceived the risk in having volunteers serve in such a capacity, so Crittenton's first challenge was to convince the powers that be that this would be done safely. With their assistance, we were able to design a program that ensured both safety and success. We are happy to say that once their initial concerns were calmed, all of the agencies involved have been extremely supportive of this program.

Precautions taken include stringent screening of volunteers (aside from thorough background checks, each mentor is already an experienced Crittenton volunteer who we know well and trust), a rigorous 32 hours of training, and careful constant monitoring of each relationship. We rely on our clinical social work staff and the volunteer coordinator to watch and guide each relationship—indeed, mentors are often an integral part of their residents' treatment team. Social

workers and Helping Hands are in regular telephone contact, discussing issues as they arise, and monthly evaluation meetings are held with the social worker, the mentor, and the volunteer coordinator. Most importantly, the relationship is approached gradually; visits begin at the Center only, and do not include off-site outings until successful trust has been established and Crittenton's staff feels comfortable allowing such outings.

We have also accounted for family members and other cohabitants of volunteers—we encourage the volunteers to include their residents in family functions and outings if appropriate, and family members are screened and interviewed by the Crittenton social worker as well.

In essence, the goal is to offer as many residents as possible the opportunity to connect with someone who can offer long-term support (Helping Hands make a minimum one-year commitment) and guidance. Our experience thus far has shown that this can help to heal past wounds and can facilitate their preparation process for independent living.

mPLAY

(Mentoring Partnership for LA County's Youth)

Partnership Model & Pilot Program

DRAFT DOCUMENT

mPLAY Memorandum of Understanding

SAMPLE MOU

Memorandum of Understanding
MPLAY Mentoring Collaborative

(REVISED 9/25/02)

This agreement is intended to outline the programmatic elements that will be operated at the program site: _____

All elements discussed are listed in the mPLAY Program Model, and were developed and agreed upon by all mPLAY partner agencies. While it is important that all mPLAY program sites maintain a high standard of safety and service to all program participants, it is equally crucial that the program at each site is designed to fit with already-existent programs and systems that exist at that site. The following document outlines all aspects of the program as they will be implemented at this particular site.

DOES THE SITE HAVE INSURANCE FOR MENTORS???

_____ Yes _____ No

I. MENTOR AND MENTEE RECRUITMENT AND REFERRAL

A. Mentor Recruitment:

Standard: May be recruited by mPLAY or by the program site.

Site Specific Plans:

B. Mentee Referral:

Standard: Referred by clinicians and others involved with youth at site. Youth must also volunteer to join the program.

Site-Specific Plans:

C. Mentor Retention:

Standard: A mentor's first loyalty is to their mentee, and whenever possible, matches will be preserved whether or not child changes placements. In cases where matches must end, the bond between the mentor and the program site is preserved and the site is allowed to recycle the volunteer if they are willing.

Site-Specific Plans:

II. MENTOR & MENTEE ORIENTATION, SCREENING, TRAINING & MATCHING

A. Mentor Orientation:

Standard: Mentors recruited by mPLAY will be oriented to the program. After these mentors are screened and trained, sites will provide site-specific orientations. Mentors recruited via the pilot site may be oriented to that site right away.

Site-Specific Plans:

B. Mentee Orientation:

Standard: Mentees may be oriented via group orientations conducted by site coordinators and/or the mPLAY coordinator, or they may be oriented individually by their own placement clinician using materials provided by mPLAY.

Site-Specific Plans:

C. Mentor Screening Components:

Standard: Mentors may be screened either by mPLAY or by the pilot site, as long as site coordinators and the Central Coordinator share information and all screening processes are in place.

Site Specific Plans:

Requirements for Approval as a Mentor: All mentors must be 21 years of age or older, and must clear all of the screening processes listed below. mPLAY and pilot sites reserve the right to deny a potential volunteer if it becomes apparent during the screening process that the volunteer would be inappropriate as a mentor.

If pilot site enforces stricter screening requirements, then mPLAY will honor those. mPLAY will not take on supervision of any matches in which the mentor does not meet mPLAY screening criteria.

Site Specific Plans:

Mentor Applications: Site applications may be used n lieu of mPLAY application as long as they contain all necessary information and are shared with the Central Coordinator.

Site-Specific Plans:

Interviews: Mentors recruited by mPLAY will be interviewed by the Central Coordinator. Site coordinators and clinicians are encouraged but not required to participate in these interviews. Mentors recruited by site coordinators may be interviewed by site coordinators; however, it is preferential for the Central Coordinator to be present as well.

Site-Specific Plans:

Background Checks: Mentors recruited by mPLAY will be fingerprinted and checked before they are placed at a program site. Mentors' fingerprints will then be transferred to the program site. Volunteers will be required to pay $16 for fingerprinting; program sites may elect to reimburse the volunteers who are placed with them. Mentors recruited by program sites may be fingerprinted by the site as long as results are shared with the Central Coordinator. In cases where potential mentors DO NOT clear the background check, mPLAY will NOT apply for exemptions on the behalf of that volunteer. If one of the sites wishes to employ that volunteer, they may choose to apply for an exemption independent of mPLAY.

Site-Specific Plans:

References: Mentors recruited by mPLAY will have 3 character references checked by the Central Coordinator. Reference feedback forms will be shared with site coordinators. Program sites may check references on mentors who they recruit, as long as they share the feedback forms with the Central Coordinator.

Site-Specific Plans:

DMV Record/CDL/Insurance: These will be photocopied and checked by program sites before mentors may transport mentees. Copies must be shared with the Central Coordinator.

Site-Specific Plans:

Health Screening/TB Test: Program sites are required to provide this; results must be shared with the Central Coordinator.

Site-Specific Plans:

Oath of Confidentiality: Provided by mPLAY for mentors to sign, and additionally by each program site.

Site-Specific Plans:

Completion of mPLAY Training: Regardless of how they are recruited, any mentors who will fall under mPLAY are required to undergo the mPLAY mentor training. If program sites match mentors with mentees before they have completed training, those mentors do NOT fall under the supervision of the Central Coordinator, and are NOT considered mPLAY matches. Such mentors and mentees may still attend trainings and activities; however, sites must provide their own supervision for matches who attend mPLAY acitivities and the mentor has not been through the mPLAY training. This supervision can be provided by program staff or by the mentor ONLY if the match has been approved for off-site outings.

Site-Specific Plans:

D. Mentee Screening:

Standard: Sites are responsible for screening their own mentees, and must ensure that mentees 1) have completed the orientation phase of their placement program; 2) voluntarily wish to have a mentor; and 3) are not a danger to themselves or others. Children age 8-18 will be targeted, though younger children may be assigned mentors in special cases. At this time, no emancipated

youth will be matched with mentors; however, if a matched youth emancipates, mPLAY will make every effort to assist them in keeping their mentor.

Site-Specific Plans:

E. Mentor Training

mPLAY Training**:** mPLAY training is coordinated by the Central Coordinator, and is offered several times a year. It is composed of a 20-hour curriculum that involves other guest trainers aside from the Coordinator. Site coordinators and clinicians are encouraged to participate in the mPLAY training as trainers and to observe potential mentors. Mentors who will fall under mPLAY's supervision MUST participate in this training. Mentors from program sites who were matched before the collaborative was formed, OR who will not fall under the supervision of the Central Coordinator are invited and encouraged to attend the training, but are not required.

Site-Specific Plans:

Site Training: All program sites must provide site-specific training for mentors who will work with foster youth at their site before mentors and mentees may begin visits.

Site-Specific Plans:

In-Service Training: mPLAY will offer in-service trainings quarterly that are open to all mentors involved with the mPLAY program or the program sites. MPLAY mentors are required to attend 2 in-service trainings per year. Mentors from program sites who are not under mPLAY's supervision are invited but not required to attend in-serivce trainings. Site coordinators are asked to attend in-service trainings whenever possible. In-service trainings will cover advanced topics related to mentoring foster youth populations, and will involve guest presenters. Clinicians are also encouraged to participate in in-service trainings.

Site-Specific Plans:

F. Mentee Readiness/Training

Standard: Mentee training will be conducted either as a formal group training by either site coordinators or the mPLAY Coordinator, or individually by placement clinicians using mPLAY materials.

Site-Specific*:*

G. Matching

Standard: Matching decisions will be made collaboratively among the mPLAY Coordinator and the site coordinators, with input from the mentees' placement clinicians. When possible, cross-gender matches will be avoided only will be allowed when necessary for younger children.

Site-Specific:

III. CLINICAL SUPPORT FOR MATCHES/MENTORS AS MEMBERS OF TREATMENT TEAM

Standard: There must be clinical support for every match. If a mentee has his/her own placement clinician, then it is best if this clinician supervise the match. If the mentee has no placement clinician, then the pilot site must provide clinical supervision for the match in order for that match to be an mPLAY match.

Site-Specific Plans:

IV. Monitoring of Matches, Supervision of Mentors

Standard: When available, placement clinicians will serve as primary supervisors for mentors. If a pilot site wishes to serve a mentee who does not have a placement clinician available to supervise, then the site must provide clinical supervision for the match.

Mentors and clinicians should have regular contact, and clinicians should approve all visits and outings. Additionally, mentors will have individual supervision with the clinician and the site

coordinator monthly. mLAY Coordinator will attend these meetings periodically. Mentors will also attend monthly group supervision with other mentors from their site. Site coordinators will also check in with mentees monthly to determine the welfare of the match and to gain the mentee's consent to continue the program.

Pilot sites must also provide emergency support and supervision to mentors at all times that they are with mentees, either onsite or off.

Site Specific Plans:

V. Group Activities for Matches

Standard: mPLAY offers 1 group activity per month open to all mPLAY matches, and non-mPLAY matches from pilot sites that bring their own supervision. mPLAY matches must attend 2 group activities per year.

VI. VISITING POLICIES

VII. PHONE POLICIES

VIII. MEDICAL POLICIES

IX. OUTINGS POLICIES

X. MENTOR CONTACT WITH MENTEE'S FAMILY

XI. HOME VISITS

XII. COLLABORATION AMONG MENTORS/MENTEES

XIII. OTHER MENTOR/MENTEE BOUNDARY POLICIES: DISCIPLINE, TOUCHING, GIFTS, ETC.

NOTE: Each site must write policies for items VI – XIII in keeping with the needs of their site and with mPLAY policies (see program model), and must provide copies of these policies to mPLAY in order for MOU to be valid.

(REVISED 9/25/02)

XIV. SIGNATURES

All of the following parties must sign, and all relevant site policies must be attached, in order for this document to take effect.

1. Site Representative (Executive Director or equivalent):

_____	_____	_____
(PRINT NAME & POSITION)	(SIGNATURE)	(DATE)

2. mPLAY Program Coordinator

_____	_____	_____
(PRINT NAME & POSITION)	(SIGNATURE)	(DATE)

3. DCFS Representative

_____	_____	_____
(PRINT NAME & POSITION)	(SIGNATURE)	(DATE)

4. Children Uniting Nations Representative

_____	_____	_____
(PRINT NAME & POSITION)	(SIGNATURE)	(DATE)

5. mPLAY Partnership Consultant as Witness

_____	_____	_____
(PRINT NAME & POSITION)	(SIGNATURE)	(DATE)