



Freedom FWD

**Serving the Youth Who Have Endured
the Most:
Promising Practices in Foster Care**

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FREEDOM FWD

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INTRODUCTION

Youth in foster care have, by definition, experienced abuse and neglect prior to entering care. During and after care, they often face additional abuse and challenges such as homelessness, physical and mental health issues, substance addiction, and exploitation. For example, multiple studies have found that a majority of youth who have experienced commercial sexual exploitation in San Francisco Bay Area have been touched by the foster care system. The system can do better to help alleviate and even prevent some of the disadvantages facing these youth, rather than exacerbate them.

California is on the vanguard of a national movement. Its Continuum of Care Reform (CCR) is working to reduce congregate care (i.e. group home placement) and increase family-based care for foster youth, recognizing that youth generally do best in committed, nurturing family homes. This provides an opportunity to radically improve the foster care experience of the youth who have endured the most, and yet experienced the least stability: pre-teens and teens who have experienced things like complex trauma, the juvenile justice system, unstable housing and placements, and commercial sexual exploitation, and who are currently most likely to be placed in group homes far away from their friends and family.

Freedom FWD is planning to pilot a new model of family-based foster care and wraparound support for these youth in San Francisco. As such, an important early step in the development of our model has been to examine foster care programs around the country that have turned their attention to this population.

Based on a comprehensive review of the national landscape, we have identified several programs with promising outcomes providing family-based care¹ to this population of youth. This report provides a summary of the practices that seemed most effective in those programs.

¹ For the purpose of this review, “family-based care” may refer to care by strangers or by kin. It does not include group homes or independent-living styles of placement.

PROGRAMS REVIEWED

CHANCE (Florida)

The Citrus Helping Adolescents Negatively Impacted by Commercial Exploitation (CHANCE) program provides family-based placements and intensive clinical services to foster youth who have experienced commercial sexual exploitation and have identified mental health or behavioral needs.

Mockingbird Family Model (Washington and elsewhere)

The Mockingbird Family Model provides family-based placements for foster youth. Homes are organized in constellations around a "Hub Home." The "Hub Home Parent" is an experienced, licensed foster parent who has the capacity for several youth and who serves as an additional support caregiver and respite figure.

HART (Connecticut)

The Connecticut Human Anti-Trafficking Response Team (HART) program provides, among other things, family-based placements for foster youth who have experienced commercial sexual exploitation, with a high degree of inter-agency collaboration and supports for foster families.

Justice Resource Institute SMART Team (Massachusetts)

The SMART Clinical Services Team provides family-based placements for juvenile justice-involved youth. Foster homes are called "transitional homes" and foster parents are "house parents." The program provides short term (~2wk) stays for first-time offenders waiting for trial, and six- to twelve-month stays for others.

Generations of Hope (currently in Massachusetts, Illinois, Oregon, Florida, Washington D.C., and Louisiana, with more in development)

Generations of Hope communities go by a number of different names, the Treehouse Community being perhaps the most well-known. These communities are based on the concept of "intentional neighboring" communities, wherein older adults provide volunteer support for the foster and/or adopted youth in the community, in exchange for receiving support such as reduced housing costs. The exact parameters vary site to site.

SOS Children's Villages (Florida, Illinois, and elsewhere around the world)

SOS Children's Villages include foster homes for up to six siblings per home, cared for by a full-time professional foster parent. Homes are clustered to provide a sense of community.

ConnectUp (Washington)

ConnectUp is a new pilot program to provide intensive family-based foster care for foster youth who have experienced commercial sexual exploitation, with support and respite care provided.

San Luis Obispo Social Services (California)

Rather than a formal program, San Luis Obispo County has a practice of partnering with a faith-based organization and a foster family agency to provide family homes and personalized services to youth who have experienced commercial sexual exploitation or have additional needs.

PRACTICES ACROSS SUCCESSFUL PROGRAMS

A. Caregiver requirements

The characteristics of foster parents and their homes vary across programs. Some successful programs have limited the number of foster children who can be in the home (encouraging or requiring parents to foster only one, maybe two youth at a time) and/or limited the number or age of non-foster children in the home. Some programs have also asked that at least one parent not work outside the home.

- i. **CHANCE:** Parents cannot have biological or adoptive children aged 10 and up in the home, and can have only one foster child per home.
- ii. **Mockingbird:** Parents are encouraged to have only one foster child per home, especially if they're single parents, and no more than two (with siblings placed in same home or constellation, if possible).
- iii. **HART:** Parents must be experienced foster parents who have cared for high-risk children.
- iv. **JRI SMART Team:** Parents can work outside the home and can have up to two children in the home per night.
- v. **SOS Children's Villages:** One parent must be highly trained and a full-time professional foster parent, who can have at most one biological or adopted child in the home.
- vi. **ConnectUp:** Parents can be anyone over the age of 21 with a bedroom, a clean background check, and the means to support themselves.
- vii. **San Luis Obispo:** The county asks that one parent not work outside the home. Usually only one youth is placed in a home at a time, when this is feasible.

B. Clinical treatment

Successful programs all offered access to mental health treatment. This took a few forms:

- i. Individual and group therapy for youth.
- ii. Family therapy with caregivers.
- iii. Substance abuse treatment, if needed.

C. Case management for youth

Case management, or some form of structured guidance for youth that was separate from therapy, was present in several successful programs.

Note: The JRI SMART Team program called its case managers the youth's "advocate."

D. Mentoring of some kind

CHANCE provides a life coach who is a survivor of commercial sexual exploitation as a child. **Mockingbird's** Hub Home Parents and the older adults in **Generations of Hope** communities serve as mentors for youth and families. Other programs provide more informal mentoring opportunities.

E. Training

All successful programs included intensive training for caregivers prior to the start of the placement. Specifically, in addition to whatever other training is done to license foster parents, successful programs included training specific to commercial sexual exploitation and other forms of human trafficking, and caring for youth who have endured trauma. This is especially important to address some of the stigma and fears potential caregivers may have about teens in the foster system.

F. Respite

Conversations on all the programs emphasized that the more respite is available, and the more flexible it is, the better. Respite reduces fatigue and burnout for caregivers and youth, and can make highly-charged events at home (including things leading to the youth running away or the caregiver calling the police or even requesting that the youth be placed elsewhere) less likely.

Respite may mean anything from time when the youth is participating in group activities with other youth or in mentoring activities with an adult, to time when a staff member provides the caregiver in-home overnight relief, to time when a youth is having a sleepover in another home.

Respite providers can be, among other things, volunteers, program staff, other foster parents in the network, or other licensed foster families who provide scheduled or “on call” support without having foster youth placed with them full-time.

Some respite options explored by the programs we reviewed included the following:

- i. **CHANCE** has 24/7 Specialized Home Support Staff available for in-home assistance and respite.
- ii. **Mockingbird** has nearly 24/7 respite available through its Hub Homes, for both planned respite and crisis respite as needed. Hub Homes have capacity for at least two or three youth, and those beds are kept open. The intention is to provide additional caregiving similar to what grandparents or other extended family members provide in some families and communities.
- iii. **Generations of Hope** has older adult resident provide many forms of informal respite as needed.
- iv. **SOS Children’s Villages** and **ConnectUp** allocate a set number of respite hours to foster parents per month, during which respite parents (SOS Children’s Villages call them “Relief Parents;” ConnectUp calls them “Hub Homes” in some of their materials) are available.

G. Support for caregivers

All successful programs provided caregivers with additional support beyond what was generally provided to all foster parents. Some forms of support included:

- i. Networks of other parents in the program.
- ii. Formal support (e.g., support groups, peer mentoring, coaching by trained experts).
- iii. Informal support, especially within communities of foster homes.

Additionally, several successful programs provided 24/7 or nearly 24/7 professional assistance:

- i. **CHANCE** has an on-call social worker available 24/7, in addition to the Specialized Home Support Staff described above.
- ii. **ConnectUp** offers 24/7 crisis support and regular one-on-one consultations between caregivers and professionals with expertise on the commercial sexual exploitation of children.
- iii. **HART** provides 24/7 access to clinical and administrative support teams.

H. Flexibility around AWOL-ing

Youth who have experienced complex trauma, multiple system involvement, serious mental health issues, and commercial sexual exploitation often run away from foster homes, causing them to lose their beds and get moved to a new placement. Many youth thus cycle through numerous placements in a short period of time. This is not ideal for building stability.

CHANCE worked with the relevant licensing agency to allow them to hold beds open for up to 10 days if a youth is AWOL, and they—like many of the other successful programs—encourage caregivers to welcome youth home with open arms when they return from an AWOL stint. Over time, youth in the CHANCE program have run away less frequently and for shorter durations. Several successful programs ask that caregivers commit to caring for the youth for as long as they're in foster care, despite the challenges that will inevitably present themselves.

This suggests to us that the foster care system—including the youth and the caregivers participating in the system as well as the agencies administering it—could benefit from shifting its thinking away from “beds” and “placements” and towards seeing *homes* instead. It is important for youth to feel they have a home to return to, rather than feeling their best option is to stay AWOL.

I. Terminology

Given the stigma around and many youths' previous experiences with foster care, some amount of rebranding may be helpful. For example, the **JRI SMART Team** program calls its foster homes “transitional homes,” their foster parents “house parents,” and their case managers “advocates.” California's Continuum of Care Reform reframes foster families as “resource families.”

J. Evaluability

Research has yielded relatively few placement programs that provide intensive family- and community-based services to youth in this population. Even fewer have been rigorously evaluated by an independent third party. This is true across many facets of child welfare: the field has plenty of anecdotal evidence but a dearth of scientifically sound testing of what really works for youth and families. So when trying to apply “best practices” to address the many needs of an underserved population of youth in family-based placements, it's hard to know what's actually best.

Given that backdrop, new programs should put in place some amount of built-in ongoing evaluation (as to the youths' wellbeing and improvement on important outcomes, foster parents' satisfaction and experiences, and systems'/service providers' observations and experiences) in order to both improve the interventions when needed for particular youth and continue to develop a corpus of known best practices.

Of the programs reviewed above, some have been evaluated internally or by third parties. For example:

- i. **CHANCE** was evaluated by the University of South Florida, using established psychometric tools, and had results published in a peer-reviewed journal in 2017.
- ii. **Mockingbird** was evaluated by the University of Washington School of Social Work Institute for Children and Families from 2004 to 2007. More recently, as the model has spread, it was evaluated in 2016 in the United Kingdom, by Loughborough University.
- iii. **Generations of Hope** has had at least one of their neighborhoods as the subject of a commissioned evaluation by the Center for Prevention Research and Development at the University of Illinois, and other neighborhoods have been evaluated in other forms as well. There are a number of internal white papers outlining results.

Ongoing challenges:

In the programs we reviewed, some persistent challenges included:

Education - helping youth successfully reenter school or participate in other educational programs;

Employment - providing employment/job-readiness services, especially for transition-aged youth;

Caregiver Recruitment - recruiting and retaining foster caregivers because of stigmas around this youth population and the intensity of their needs; and

Youth engagement - persuading youth, especially older youth, to participate in activities.

