



CHILDREN'S BUREAU GRANTEE LESSONS LEARNED

Human Trafficking: Developing Housing Options

The Children's Bureau awards discretionary grants for research and program development to State, Tribal, and local agencies; faith- and community-based organizations; and other nonprofit and for-profit groups. This series raises awareness of the lessons learned by various grantee projects on subjects spanning the child welfare continuum.

Responding to human trafficking has become a point of emphasis in the child welfare field due to the high risk of exploitation for children and youth with experience in foster care (See Child Welfare Information Gateway's [Human Trafficking and Child Welfare: A Guide for Child Welfare Agencies](#) for more information.) In October 2014, the Children's Bureau awarded [nine 5-year grants](#) to continue the development of their child welfare systems' response to human trafficking through infrastructure development and multisystem approaches.

As States have increased their responses to and understanding of human trafficking, locating secure and appropriate housing that can meet the unique needs of victims of trafficking has been a common challenge. While there is limited empirical evidence about the most effective housing and treatment approaches for child and youth victims of trafficking, this brief shares what grantees have learned thus far and the strategies they are using to address common challenges.

LESSON LEARNED

[01]

Identify a continuum of housing options.

Grantees shared that identifying a continuum of specialized housing and service options is a valuable and often necessary approach. Determining which services and supports are required is best accomplished through individualized assessments and based on victims' unique needs. To best serve victims of trafficking, grantees and their partners are utilizing multiple housing models, including specialized therapeutic foster care (STFC), specialized group homes, and traditional therapeutic foster homes. Some grantees found the need for short-term, safe houses in order to meet the immediate crisis needs of a young person during initial intake or as part of a short-term transition plan from a psychiatric facility. Grantees reported it is challenging, however, to sustain a long-term group care model for child and youth victims of trafficking due to the high level of support required. Grantees also shared that this type of housing model may also carry the risk of exposing other residents to trafficking recruitment and/or hindering their treatment progress. For more comprehensive information on the intersection of housing and child welfare, see [Building Partnerships to Support Stable Housing for Child Welfare-Involved Families and Youth](#).

When developing a continuum of placement and service options for victims of trafficking, it may be useful to consider key practices of promising models used by grantees and their partners:

- Provide comprehensive training to agency staff, providers, and foster parents on the trafficking of minors and the impact of complex trauma.
- Provide specialized, therapeutic services, including mental and physical health treatment, crisis intervention, safety planning, and educational and employment support services.
- Establish programs and practices that are developed with the input of trafficking survivors.
- Incorporate a consistent and constant source of support (e.g., peer mentor, therapist) for the young person.
- Build foster parents' and staff's awareness of and preparation for a young person's running behavior and/or return to trafficking.

The CHANCE Program (FL)

Developed by the Citrus Health Network in partnership with the Florida Department of Children and Families and Our Kids of Miami-Dade/Monroe, the [Citrus Helping Adolescents Negatively impacted by Commercial Exploitation \(CHANCE\) Program](#) provides specialized therapeutic foster care (STFC) and a community response team to serve youth victims of human trafficking. Each young person is assigned an individual masters- or doctoral-level therapist to meet with at least once per week. The child may also meet with a family therapist, a targeted case manager, and a survivor mentor/life coach.

The CHANCE Program started by training five existing therapeutic foster homes for victims of trafficking and has grown to 15 STFC homes. Dr. Kimberly McGrath, clinical coordinator for the CHANCE Program, shared that important topics to cover in a training curriculum for STFC include trauma-informed parenting and the effects of "trauma bonding" (i.e., the emotional attachment young people develop to an abusive person), which she has found to be the primary reason young people run from care and return to a trafficker.

LESSON LEARNED

[02]

Utilize existing therapeutic foster parents.

When a child or youth victim of trafficking cannot safely remain or return home, many grantees are in agreement that STFC is the preferred long-term placement setting. In this placement model, foster parents are trained in the social, emotional, and behavioral needs of child and youth victims of trafficking and receive wraparound therapeutic support services along with the young person who is placed in their home.

When recruiting STFC homes, grantees learned it was most effective to begin by engaging existing therapeutic foster parents who had been successful at managing challenging behaviors in the past. It is important for foster care agencies to recognize that they are likely already serving victims of trafficking, whether they know it or not. Similarly, grantees found it is important that potential STFC families understand that the behaviors young victims of trafficking exhibit are similar to other children or youth who have experienced significant trauma. Providing 24/7 access to clinical, administrative, and emotional support for foster parents is critical to ensuring families are able to maintain consistent and stable care. Grantees also shared that foster parents should be empowered and encouraged to ask for help at any time. With intensive preparation and ongoing support, STFC homes can help encourage other foster parents to consider being a STFC home.

The CHANCE Program: Funding

The high-level therapeutic services and support required for minor victims of trafficking is expensive, and grantees indicated funding was one of their most difficult challenges. The CHANCE Program utilizes Medicaid funding as much as possible, which allows its STFC homes to run at significant cost savings compared to the group home model day rate. States may already have a Medicaid structure in place for enhanced or therapeutic foster care. If not, child welfare agencies may be able to partner with another Medicaid-billable agency to offset some of the cost of the STFC model. For States without a STFC day rate, it may be possible to utilize Medicaid's billable rates to pay for the wraparound services and support team.

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LESSON LEARNED

[03]

Support the providers who support your housing program.

Many grantees and their service providers spend significant time and resources on staff care, which in turn helps their programs better support the stability and permanency of the young people they serve. A well-supported team not only sends a positive message to young people and their families, it also helps to mitigate turnover and maintain consistency in relationships, which is a critical component for young people who have experienced trauma.

Grantees learned that providing staff with flexibility and autonomy in their work schedules was critical as providers often respond to a crisis in the middle of the night. While foster parents may not have typical “days off,” at least one grantee found it helpful to schedule a regular day of respite for therapeutic foster parents as a preventative measure. Grantees also shared that consistent and ongoing supervision, peer support, and training were important to the well-being of their staff and foster parents.

Below are additional ways grantees and their partners supported their staff:

- Peer support groups and 24/7 on-call support
- Dedicated staff to handle paperwork, court appearances, and other requirements so clinicians have more time to spend with their clients
- A 1-month sabbatical after 2 years of employment
- Student loan repayments, stipends for cell phones, and/or paying for car insurance

Information in this brief was gathered in 2018 via in-person site visits, phone calls, and a review of grantee materials and does not constitute a recommendation or endorsement of any program or practice. This series is offered for informational purposes only and the information presented does not represent an endorsement by the Children’s Bureau or Child Welfare Information Gateway.



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