Center for the Study of Social Policy

Out OF THE Shadows

Supporting LGBTQ Youth in Child Welfare through Cross-System Collaboration

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Out of the Shadows: Supporting LGBTQ Youth in Child Welfare through Cross-System Collaboration
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Introduction

For many youth in the child welfare system, especially those who identify as LGBTQ, ethnic and racial minorities or young people with disabilities, effectively addressing the root of disparities they face within and across multiple systems is important. Youth identifying as LGBTQ are overrepresented in child welfare, and they experience higher instances of homelessness, poor educational outcomes and youth probation. These overrepresentations are even starker for LGBTQ youth of color. The data on LGBTQ youth, particularly youth of color, presents a grim and disturbing picture about their experiences and outcomes.

Leaders and service providers in child welfare, health, mental health, education, housing and other systems have real opportunities to improve outcomes for youth through collaborative and interdisciplinary efforts. With research indicating clear relationships between multiple system enrollment, multigenerational involvement and overlap between target populations within each system, cross-systems approaches are needed to promote more effective and efficient practice implementation.

This report highlights the research on the disparities that exist between LGBTQ foster youth and their non-LGBTQ peers, as well as the compounding effects these factors have in relation to other intersecting factors including race, ethnicity, culture and language. It also discusses successful policy strategies and state examples of efforts that are addressing system and practice obstacles.

Terms Defined

Throughout this paper, we use the term LGBTQ to be inclusive of all youth who identify as lesbian, gay, bisexual, transgender, queer or who are questioning their sexual orientation or gender identity*. The term SOGIE is used throughout this paper to refer to sexual orientation, gender identity and expression.

Sexual Orientation

Sexual orientation is defined by whom a person is emotionally, romantically and sexually attracted to.

Gender Identity

Gender identity means one's inner sense of oneself as male or female, both, neither or something else. This term refers to the gender with which one identifies regardless of one's sex assigned at birth.

Gender Expression

Gender expression is the communication of one's gender through behavior and appearance that is culturally associated with a particular gender

Lesbian

A lesbian is a woman who is emotionally, romantically and sexually attracted to other women.

Gay

We use the term gay to mean a man or woman who is emotionally, romantically and sexually attracted to the people of the same gender; some use the term only to identify gay men.

Queer

Queer is an umbrella term for individuals who do not identify as heterosexual or cis-gender. Queer includes lesbian, gay, bisexual, transgender, pansexual, omnisexual, and identities that do not fall under dominant notions of sexuality and gender. Queerness is often in opposition to binarism, normativity and lack of intersectionality in the mainstream LGBT movement.

Bisexual

The term bisexual means a man or woman who is emotionally, romantically and sexually attracted to both men and women.

Transgender

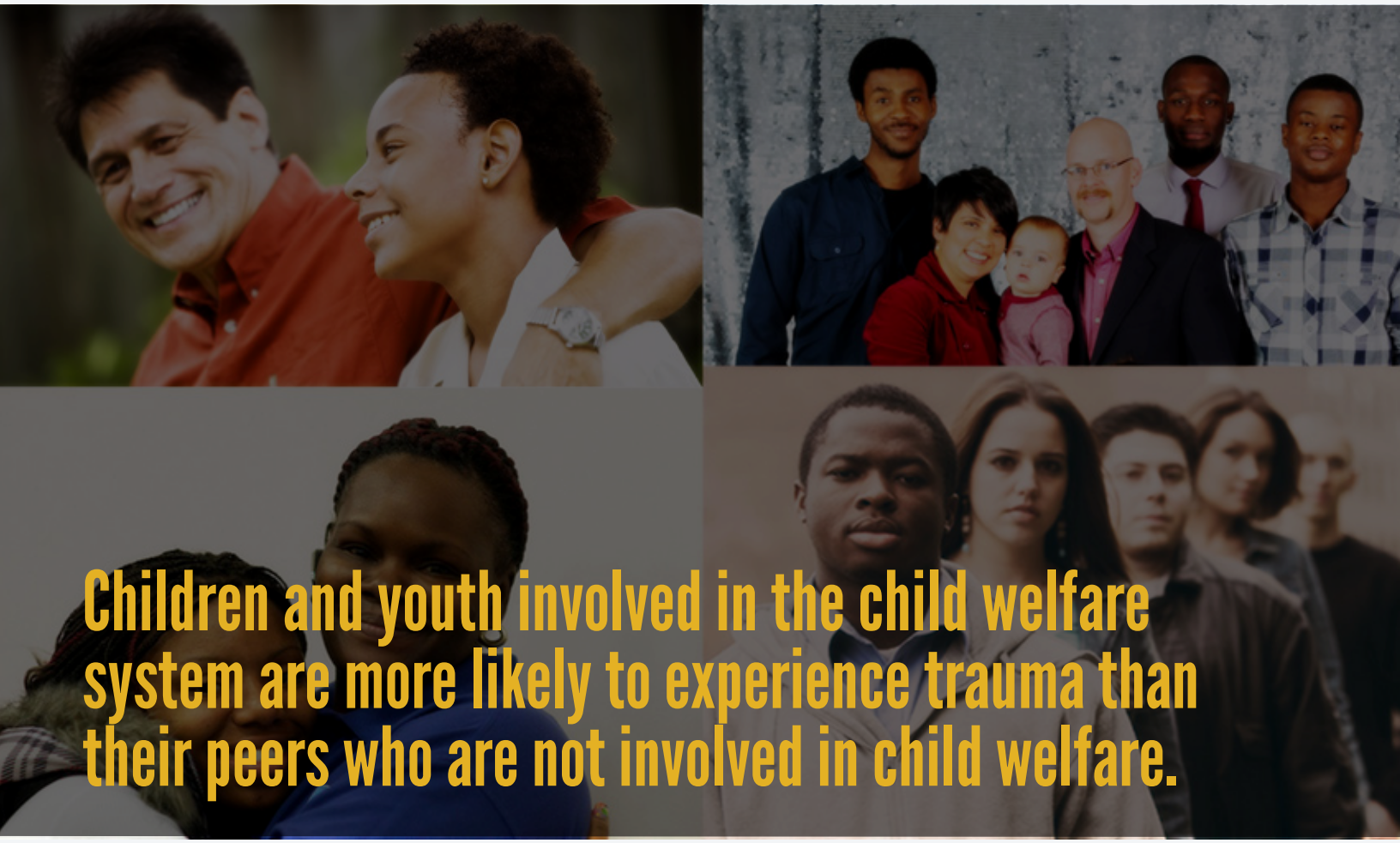
Transgender is an umbrella term that describes people whose gender identity differs from expectations associated with the sex assigned to them at birth. Transgender people may be heterosexual, bisexual, gay, lesbian or any other sexual orientation.

Questioning

Questioning refers to a person, often an adolescent, who has questions about their sexual orientation or gender identity. Some questioning people eventually come out as LGBTQ; some don't.

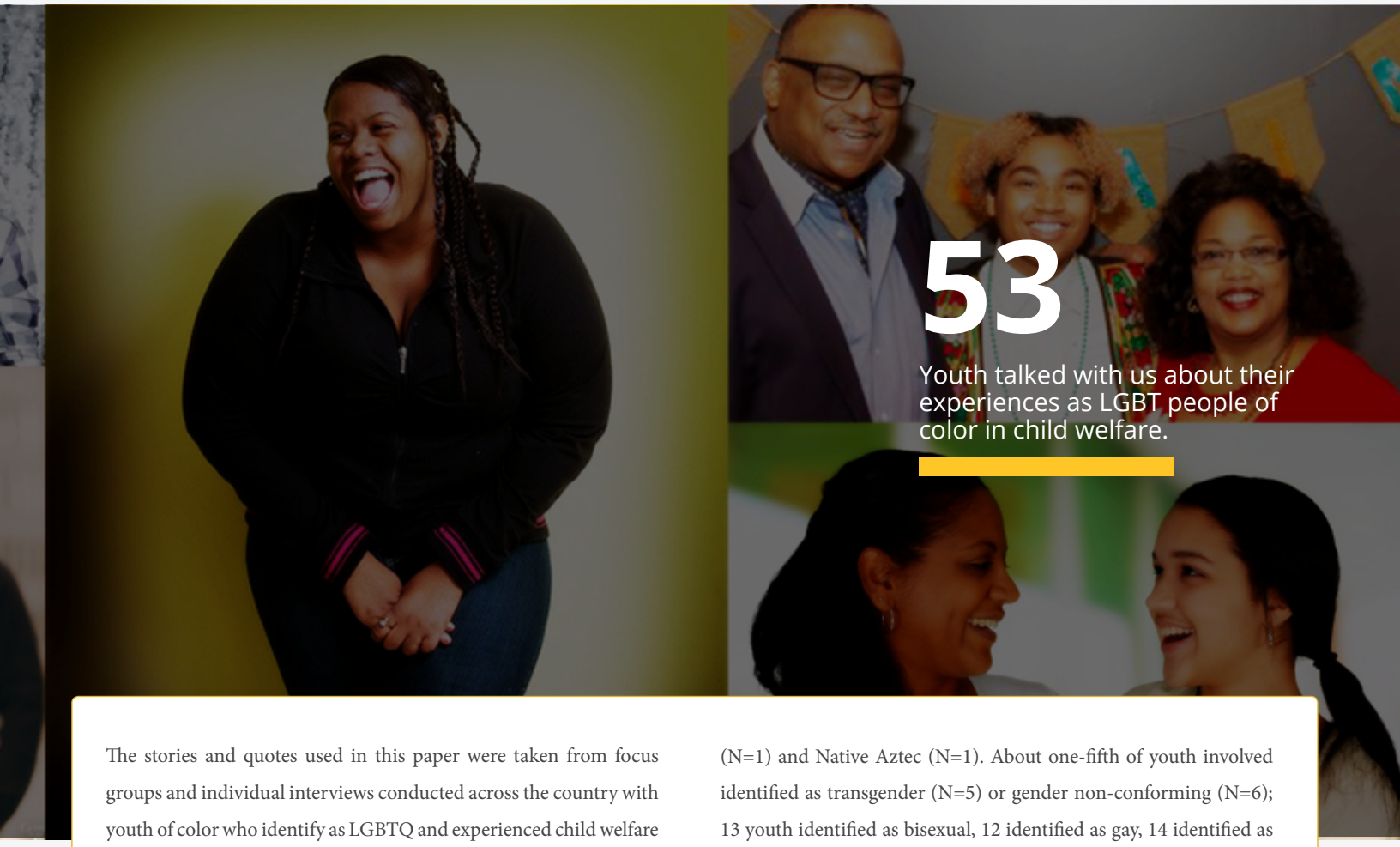
* For the purpose of this paper we use the term LGBTQ expansively in the broadest sense possible. There are many other acronyms that reflect the diverse range of sexual orientations, gender identities and gender expressions. However, we use LGBTQ to be uniform and to be brief. Language is constantly evolving, and so is this acronym. Through our work with youth and families we know that these categories are not always the most welcoming or appropriate terms. For example, youth may identify as gender queer or gender fluid. The term gender nonconforming or GNC is also frequently used in the field. Some youth with tribal affiliation identify as two spirited.

Children, Child Welfare & Trauma



Children and youth involved in the child welfare system are more likely to experience trauma than their peers who are not involved in child welfare.

This trauma occurs prior to entering care, as a result of being removed from their homes and communities, and sadly, also while in care. The disruptions, unaddressed needs and compounding trauma negatively impact young people's outcomes. Compared with their peers who are not involved in the child welfare system, these youth are less likely to have a high school diploma, less likely to graduate from college, less likely to earn a living wage, more likely to have had a child at a young age and more likely to be involved with the criminal justice system (Courtney et al., 2007). Consequently, youth in foster care are more likely to be referred to and receive supportive services from agencies operating within one or more of these systems, including education, employment, housing, health care and family planning, probation/criminal justice and mental/behavioral health care. This overlap highlights the significant challenges experienced by young people involved with intervening public systems, and it also means that there is an imperative to develop solutions across these systems that better address young people's needs. Strategies that include coordinated intersectional trauma-informed supports across systems are an important way to better address compounding disadvantages and to disrupt the path to poor outcomes. By collaborating across systems, opportunities to better serve young people begin to emerge. This is particularly important for young people of color who are disproportionally represented in each system independently.



The stories and quotes used in this paper were taken from focus groups and individual interviews conducted across the country with youth of color who identify as LGBTQ and experienced child welfare involvement. Youth whose views were expressed in this process (N=53) were asked to share their experiences with child welfare including (but not limited to) elements related to their placement, ability to participate in affirming and support activities, education, safety, and health care. Their participation in either the focus groups or individual interviews was voluntary and contingent upon their understanding that their identity will remain confidential and the information they shared with CSSP staff and consultants regarding their experiences would be used by CSSP in written products and other forms of communication. Youth ranged in age from 18 to 31 and self-identified as black or African American (N=37), multiracial (N=8), Hispanic (N=5), Native American (N=1), Pacific Islander (N=1) and Native Aztec (N=1). About one-fifth of youth involved identified as transgender (N=5) or gender non-conforming (N=6); 13 youth identified as bisexual, 12 identified as gay, 14 identified as lesbian, 2 identified as pansexual, 1 identified as straight but was questioning and 2 elected not to disclose their sexual orientation or gender identity. Interviews and focus groups were conducted in 16 states and 20 jurisdictions. Vignettes in this paper were taken from nine jurisdictions in seven states. Geographical information regarding specific quotes has been changed to protect youth's identity. The photographs in this paper are merely illustrative, and do not portray any youth who talked with us. Focus groups and interviews were conducted for the sole purpose of agency improvement and public policy reform and are not held as a representative study or research. Contact CSSP for additional information on our approach for collecting this information.

The Current Landscape for LGBTQ Youth Involved in Public Systems

➤ **LGBTQ youth are disproportionally represented in multiple public systems. It is estimated that youth identifying as LGBTQ make up only 7-11 percent of the general population, yet they comprise larger proportions of those receiving services in numerous, intersecting systems (Dettlaff & Washburn, 2016). Furthermore, available estimates are often limited given the personal nature of the information; it is difficult to obtain true estimates of youth identifying as LGBTQ because they are often unable or not ready to disclose their sexual orientation or gender identity to service providers (ACF, 2011). Recognizing and understanding the disparities present in these systems is fundamental in the efforts to alleviate them.**

- **Youth who identify as LGBTQ are over-represented in child welfare.** A forthcoming study using data from the nationally representative National Survey of Child and Adolescent Well-Being – II (NSCAW-II) estimated that approximately 22.8 percent of children in out-of-home care identified as LGBQ (lesbian, gay, bisexual or questioning). These numbers are even starker when disaggregated by race, with data indicating that approximately 57 percent of all children in out-of-home care who identify as LGBQ are youth of color (Dettlaff & Washburn, 2016). These estimates do not include youth who may identify as transgender or gender nonconforming, and thus underestimate the true prevalence of youth who identify as LGBTQ in out-of-home care. These young people are at greater risk of experiencing violence or being victimized, sometimes by their own family members or caregivers: 30 percent of LGBTQ youth in the foster care system reported physical violence by family members after disclosing their sexual orientation or gender identity (CDC, 2014; Laver, 2013). One study found that 65 percent of LGBTQ youth had lived in a foster or group home and 39 percent were forced to leave their home because of their sexual orientation or gender identity (ACF, 2011).

- **Youth who identify as LGBT are at increased risk of placement instability.** Based on NSCAW-II data, 19.6 percent of youth in out-of-home care identifying as LGB were moved from their first placement at the request of their caregiver or foster family, compared with only 8.6 percent of heterosexual youth being moved for this reason. In addition, only 44.8 percent of LGB youth were moved from their first placement due to the perceived need for lower levels of care, while 65.5 percent of heterosexual youth were moved for this reason. Similarly, 12.6 percent of LGB youth were moved from their first placement to higher levels of care, compared with 9.8 percent of heterosexual youth (Forthcoming Dettlaff, A.J., & Washburn, M., 2016).

- **Youth who identify as LGBTQ are more likely to experience poor mental and behavioral health outcomes.** Poor mental and behavioral health outcomes are most likely to occur when young people live in environments that do not affirm their sexual orientation, gender identity and gender expression and are unsafe. LGBTQ youth are at least twice as likely as non-LGBTQ youth to attempt suicide, and gay and bisexual young men face substance abuse issues at a rate 15 times that of the youth population as a whole (Laver, 2013). These data are even more troubling when disaggregated by race, ethnicity and gender. A recent study of LGBTQ youth found that African American, Alaskan Native and Pacific Islander LGBTQ-identifying youth were more likely than their white counterparts to attempt suicide in the past year and that Alaskan Native, Pacific Islander, Latino and multiracial youth were more likely to feel sad than white youth. The same study found that female-identifying youth were more likely than their male counterparts to feel sad, self-harm or experience suicidal ideation while also being simultaneously less likely to have been treated by a doctor or nurse after a suicidal attempt (Bostwick et al., 2014). For LGBTQ youth in foster care, higher numbers of placement changes and lower rates of permanency contribute to negative mental health outcomes and poor long-term prospects. Notably, long-lasting placement instability unrelated to initial individual differences significantly worsens children's behavioral well-being (Rubin, O'Reilly, Luan, & Localio, 2007). With LGBTQ youth receiving more inconsistency in their identity affirmation than their peers, the pursuit of an accepting, stable, long-term placement is critical and without it places an already marginalized population at even greater risk (Fish & Karban, 2015).

One youth ran away from her placement because she felt unsafe. She was placed in secure confinement for two days for running away, which is a status offense. In her words, "It was awful. It was scary. I was like, 'Why am I here?' "

West

OF THE DATA WE REVIEWED,

22.8%

OF CHILDREN IN OUT OF HOME CARE

identified as LGBQ.

57%

OF LGBQ YOUTH IN OUT-OF-HOME CARE

are youth of color.

30%

OF LGBT YOUTH IN FOSTER CARE

reported physical violence by family members after disclosing their sexual orientation or gender identity.

65%

OF LGBT YOUTH HAD BEEN IN CARE

and 39 percent were forced to leave their home because of their sexual orientation or gender identity, in one study.

- **Juvenile justice systems serve a disproportionate LGBTQ youth population.** Youth who identify as LGBTQ make up between 13 percent and 15 percent of those currently served by juvenile justice systems (Hunt & Moodie-Mills, 2012). These numbers are even starker for girls and youth of color—nationally, 40 percent of girls in the juvenile justice system identify as LBQ or gender nonconforming, and 85 percent of them are youth of color (The National Crittenton Foundation, 2015). LBGTQ-identifying youth are also twice as likely to be arrested and detained for status offenses and other nonviolent offenses as their peers and are at higher risk for illicit drug use leading to arrest (OJJDP, 2014). Research connects these behaviors with responses to abuse, trauma and family conflict and shows that an overwhelming majority of children involved in the juvenile justice system have been exposed to multiple types of trauma, including physical and sexual abuse (Saada Saar et al., 2015). However, detention facilities and detention alternatives are often ill-equipped to address the underlying causes of status offenses or delinquent behavior for LGBTQ youth (Coalition for Juvenile Justice, 2013).

- **Youth who identify as LGBTQ experience disparities in education.** LGBTQ youth face similar disparities in educational outcomes, often connected to feeling unsafe at school (Watson & Miller, 2012). School climates have been shown to be particularly hostile environments for LGBTQ and gender nonconforming youth of color, with as many as one in five LGBTQ students reporting bullying due to race, ethnicity or national origin (Burdge, Licona, & Hyemingway, 2014). LGBTQ youth rarely benefit from curricula tailored to their experiences and often encounter harassment based on their sexual orientation or gender identity and expression (Cianciotto & Cahill, 2012). LGBTQ youth in foster care face the compounding effects that family instability can have on educational outcomes: foster youth are twice as likely to have an individualized education plan as non-foster youth, and they are less likely to enter college (Fomby, 2013).

- **Youth who identify as LGBTQ are more likely to face housing insecurity and homelessness.** Often linked with prior child welfare involvement, as many as 40 percent of homeless youth identify as LGBTQ. Youth of color are over-represented in the LGBTQ homeless population, with one study of LGBTQ youth accessing homeless services reporting a median of 31 percent of clients identifying as African American/Black, 14 percent Latino(a)/Hispanic, 1 percent Native American and 1 percent Asian/Pacific Islander (Choi., Wilson, Shelton, & Gates, 2015). Additionally, LGBTQ youth accessing homelessness services are more likely to experience longer periods of homelessness and report more mental and physical health problems than non-LGBTQ youth (Choi et al., 2015). With higher rates of harassment based on sexual orientation or gender identity and expression, LGBTQ youth in foster care are often removed or run away from their placement: more than half of homeless youth have spent some time in foster care (Laver, 2013).

- **Youth identifying as LGBTQ are not provided with many of the supports that non-LGBTQ youth receive.** Child welfare agencies aim to ensure all youth have safe and affirming families. For all youth, it is critical to feel encouraged, validated and supported in their identity development. While many children in foster care do not fully reflect upon or disclose their sexual orientation or gender identity before entering the child welfare system, others enter foster care because of familial rejection directly connected to their sexual orientation or gender identity (Jacobs & Freundlich, 2006). If professionals are ill-equipped to work with youth who identify as LGBTQ, whether intentional or not, the quality of case management and treatment planning is significantly compromised. Despite their large numbers in the foster care system, LGBTQ youth have been relatively invisible as many do not feel safe telling their foster families or social workers about having same-sex attractions or questioning their gender identity. Additionally, many workers wait for children to come out to them instead of inquiring because they do not know how to ask or are trying to be respectful of the child's privacy.

- **There is a lack of data specific to youth who identify as LGBTQ across systems.** Without reliable information about the service population, a lack of front-end awareness compromises the well-being of LGBTQ youth. A lack of standard data collection ignores the needs of subpopulations and skews the data, upon which many policymakers and program managers rely to make program and funding decisions. Although many providers and agencies recognize the importance of collecting data pertaining to the LGBTQ community, database resources—especially regarding youth—are limited (CAP & CC, 2015). Data on foster youth, particularly LGBTQ foster youth, are lacking in several overlapping areas, including health care, mental health care, criminal justice and education. Although the U.S. Department of Health and Human Services 2014 annual report discussed the importance of incorporating LGBT-inclusive enhancements to the collection and reporting of national health data, best practices for outreach or gathering data within intersecting sub-populations— such as children or youth of color within the child welfare system, or homeless youth who identify as LGBTQ—were not addressed. Reliance on questionnaires and surveys only within formal systems and without involving partner agencies and community-based agencies can create additional barriers to collect this information.

- **There are several key conditions that can help to meet existing challenges within and between systems and provide opportunities for positive change.**

  - **The well-being of youth depends upon the support of a nurturing family to help them negotiate adolescence and grow into healthy**

adults. LGBTQ youth in foster care face additional challenges that their peers who are not involved in the child welfare system do not, including the losses that brought them into care in the first place, trauma they may have suffered while in foster care and stressors unique to the LGBTQ community. Navigating individual and systemic biases, homophobic or transphobic environments and the need to question and assess the safety of their communities, schools, social networks and homes when deciding whether to disclose their LGBTQ identity are often daily stressors unique to LGBTQ youth (Children's Bureau, 2013). These factors are often compounded by racism and other intersecting aspects of their identity. Despite these challenges, LGBTQ youth—like all youth in the child welfare system—can heal and thrive when families, friends and providers commit to accepting, affirming, loving and supporting them as they grow into their potential as adults.

- **Youth and family engagement are essential for success.** An important first step in ensuring youth are active participants in programs and services is making sure they feel welcome. Feeling discriminated against in any professional setting—with health care providers, office staff, teachers or case workers—can create a sense of mistrust and reluctance in LGBTQ youth when considering whether to participate in programs and services. A key component in the promotion of youth engagement is the creation of safe spaces where youth think critically about gender arrangements and make links between sexism, heterosexism, racism and other inequalities (Deeb-Sossa et al., 2009). These safe spaces allow youth to openly discuss difficulties they have faced as a result of their identities, which in turn fosters open dialogue and allows for the development of new strategies for coping and thriving. Supportive communities that provide safe spaces for the expression of challenges and support not only raises community consciousness, but can also promote stronger identification within the LGBTQ community. By promoting solidarity and pride, these strategies help build healthy relationships and a sense of community for individuals who often are extremely isolated.

Similarly, family reactions that are experienced as rejection by LGBTQ children contribute to serious health concerns and inhibit their child's development and well-being (Ryan & Chen-Hayes, 2013). Many families and providers lack understanding of normative development of sexual orientation and gender identity in children and adolescents, and many have not talked about these issues in ways that are supportive and affirming. For others, cultural silence about sexuality is the norm, and talking about these issues may feel shameful and uncomfortable. Supporting families and providers in understanding how to talk about these issues with one another, access and disseminate information on sexual orientation and gender identity and understand ways to support LGBTQ children will enhance the nurturing capabilities of natural support systems.

One youth actively hid his sexuality from his biological family because he was unsure of how they would respond. When he was placed in foster care, his foster family told him they would kill him if he were gay. While living in a group home, he began sleeping with a knife under his pillow because he felt unsafe. In his words,

"I would always have a butcher knife inside under my pillow because I didn't trust people. I always felt that someone was going to try to attack me, so the only way I felt safe was with weapons.

Midwest

Ensuring staff are equipped to not only address issues of sexual orientation and gender identity personally but also to mediate relationships with other youth is particularly important to developing an environment that is safe and affirming for all youth. As one youth said,

The other foster kids that were living in the home wanted me to act a certain way. I would just keep to myself, and they would call me names. The way I walked, talked, act[ed]—it was just a problem. I would try to do certain things so that they wouldn't bother me. It was hard to talk about it because I didn't have anybody to talk about it in the foster home. I wouldn't do things that usually boys would do, like play with cars or look at girls or get into mischief with their homeboys. Even when I stood to myself and didn't bother anybody they would still push me around and roughhouse with me when I didn't want to. I was starting to discover who I was and I was starting to have an attraction to guys. They knew, and I know they knew, because they would keep pushing me onto girls and they knew I wasn't up for it. It just made me be more quiet and I kept on closing myself up even more.

Mid-Atlantic

- ***Collecting, analyzing and sharing data are critical for system improvements and accountability.***

  - **Collect data on sexual orientation and gender identity within individual agencies and across sectors.** There are not adequate data on young people involved in serving systems, and the data that are collected often does not provide sufficient information about these young people's identities. Awareness of the identity and needs of each person served is often touted as best practice across systems. It follows that the inclusion of sexual orientation and gender identity and expression should be included in basic service and demographic data trends for continuous quality improvement. Systems need to work to collect data and share it when it is appropriate and in the best interests of the young people they are serving.

> **Mandate** the collection of data by race, ethnicity, ICWA eligibility, gender and age. Timely and reliable data are a crucial part of identifying the children and families involved in serving systems. Data can facilitate an examination of the level of racial equity in service provision and suggest areas for targeted action to resolve any identified disparities. Without disaggregated data a detailed understanding of the full experiences of children, youth and their families is impossible (Martin & Connelly, 2015).

  - **Consistent and reliable data enable agencies to identify the factors leading to observed disparities for youth who identify as LGBTQ and assess the impact of policies and programs.** Efforts to promote equity must acknowledge this, and data collection needs to be both longitudinal and have information on specific decision points (Miller, Farrow, Meltzer, & Notkin, 2014). Data ranging from initial referral, assessment, disposition, out-of-home placement, involvement with cross-systems, termination of parental rights or exits from care must be tracked by child and family demographics, including sexual orientation and gender identity when available (ABA, 2008). Examining data can help identify points in the system where practice or policy change needs to occur. Tracking data over time allows for the impact of these changes to be recognized and statewide or local progress to be monitored. Without appropriately detailed data, there is no way to measure the current landscape of or impact on LGBTQ youth and families in contact with the child welfare system. Many systems are currently operating under the false assumption that few, if any, LGBTQ children and youth are in their care. Yet, given the sensitive nature of the data sought, collection methods must be considered with an ethical lens throughout all systems. Disclosure of one's sexual orientation or gender identity should never feel pressured or intrusive, and policies to protect information must be in place.

Considering Privacy

To better meet the needs of young people involved in serving systems, it is important to have the best available information and data. However, there are important privacy considerations that should be made to respect young people. Based on the American Academy of Pediatrics guidance on collecting information regarding young people who identify as LGBTQ:

- It is imperative that confidentiality be protected.
- Questions about sexual orientation and gender identity and expression should be addressed with all young people as a part of considering their broader health and identity-related needs.
- Questions should always be asked in safe and affirming environments.
- Questions about SOGIE should not be considered a onetime conversation, but should be an important and continuing dialogue with young people because young people's identities are fluid and there may be changes over time as well as an increased willingness and comfort to share additional aspects of their identity (Frankowski, 2004).

SOGIE Information

In collecting and recording SOGIE information, child welfare agencies should include sexual orientation and gender identity in the demographic data collected for each child, provide all youth in protective custody with the opportunity to complete an annual confidential survey evaluating the services they have received and ensure information related to a child's SOGIE is included in their case file. In disclosing such information, child welfare agencies should regard children as the principle owners of information related to their sexual orientation and gender identity and expression and ensure their active involvement in decisions related to any disclosure of this information. Policies governing the management of information related to a child's SOGIE information should be consistent with state and federal confidentiality laws, as well as agency policy and rules of court (Wilber, 2013). As of this writing, most states require child welfare agencies to document a child's sex or gender at the time of admission in their facility licensing regulations, however none require agencies to collect data related to a child's sexual orientation.

- **System accountability includes sharing data with and soliciting feedback from stakeholders.** Accountability within child welfare and intersecting systems is essential and, while dependent on the collection and analysis of good data, can only be achieved once information is shared and used. Because agencies are answerable not only to clients and stakeholders but the public at large, information regarding the child welfare population must be publicly available. When pursuing equity for LGBTQ youth and families within the child welfare system, communicating with stakeholders or partner organizations and soliciting feedback about reform efforts, goals and progress can influence agency decision-making (CSSP, 2009; Miller et al., 2014; National Technical Assistance and Evaluation Center for Systems of Care, 2010). This type of meaningful engagement is an important part of ensuring the safety of children and families through the everyday decisions regarding placement, permanency and well-being.

> **Accountability** includes a focus on staff skill development and regular attention to continued development and coaching with performance issues arise.

Cross-System Strategies to Support LGBTQ Youth in Child Welfare

Significant opportunities exist for states and counties to use innovative strategies to promote the health and well-being of LGBTQ youth and their families. The following policy strategies and state examples are a few such efforts that target increasing opportunities for LGBTQ youth in the child welfare system. These policy strategies fall under three primary categories:

1 **ENSURE ALL YOUTH HAVE THE RESOURCES NECESSARY FOR HEALTHY DEVELOPMENT**

2 **PROMOTE THE SAFETY OF LGBTQ YOUTH**

3 **COMMIT TO ACHIEVING PERMANENCY FOR LGBTQ YOUTH**

Strategy 1: Ensure All Youth Have the Resources Necessary for Healthy Development

Youth in foster care often need a range of physical and mental health services and educational supports. However, youth who identify as LGBTQ frequently confront barriers to accessing these supports because of their sexual orientation or gender identity (NRCYD, 2015). To ensure all youth receive appropriate child welfare, health care, mental health and education services and equal access to resources that promote healthy development and self-esteem, systems must embrace parallel approaches to promoting accessibility. The best practices and strategies respect, validate and support the needs of LGBTQ youth in the same manner of respecting, validating and supporting any young person's needs. Because a person's sexual orientation or gender identity is not always known, policies and programs must be implemented in ways that respect and value all youth regardless of their sexual orientation, gender identity or gender expression. Additionally, policies should highlight the importance of acceptance and cultural competence throughout services and agencies that serve as common entry points for children and youth in foster care and connected systems. Additional focus on the recruitment efforts for foster families and removing barriers to well-being will further increase placement stability and permanency, leading to healthier outcomes for LGBTQ foster youth.

- **Provide opportunities for thoughtful data collection.** Data collection is a foundational component to ensure that systems are organized to best serve the young people in their care. Data collection allows systems to both have a better sense of the young people they are serving, as well as the needs of those young people. Gathering data about a youth's SOGIE can be a way to normalize LGBTQ self-identification by acknowledging that all people have a sexual orientation and gender identity. Unfortunately, data are scarcely collected and vary too widely to compare datasets across systems, agencies or even programs. More importantly, there is a need to balance the desire for more data with the ethical imperative that youth should not be pressured into disclosing their sexual orientations and gender identities before they feel comfortable. This is especially true for those already in more vulnerable positions, such as children and foster youth.

  - California Assembly Bill 959 requires state agencies in health care, social services and aging to allow for voluntary disclosure of sexual orientation and gender identity in conjunction with the collection of other demographic data. The bill also requires public disclosure of trends indicating disparities in well-being between LGBTQ and non-LGBTQ Californians. The bill represents

a small, simple addition to regular data collection procedures that will, over time, go a long way toward documenting, and by extension rectifying, disparate social, economic and health outcomes for LGBTQ residents (California Legislature, 2015-2016).

- The Department of Human Services in Allegheny County, Pennsylvania, is in the process of redesigning its data collection systems to better reflect the identities and needs of LGBTQ youth. The county has begun collecting information in a couple programs, including both legal and preferred names, as well as associated gender pronouns, when that information is provided by the youth. The system will also include gender identity, sexual orientation and information about when a young person prefers for workers to use their legal name versus their preferred name in situations such as court proceedings and teaming and service planning meetings. Eventually, the system will be able to identify which name and pronoun should be used in documents auto-generated from the system, and all fields will implemented across additional information systems. Training is being offered to staff as a critical component to using this information effectively.

➤ **Create an inclusive organizational structure.** Supporting an inclusive organizational culture requires a comprehensive approach to creating settings in which the inherent worth and dignity of every person is respected. An inclusive and respectful environment benefits all youth by making it safe to explore all aspects of their emerging identities—a crucial developmental task for adolescents—and to accept and value differences in others (Wilber, Ryan, & Marksamer, 2006). Crucial to the development of such an environment is an understanding of and respect for issues that arise at the intersection of a youth's multiple identities, including race, ethnicity, class, ability, sexual orientation and gender identity. This is particularly important for LGBTQ adolescents and LGBTQ adolescents of color, who often have internalized negative attitudes about their identities often due to harmful validation or passive acceptance of these negative stereotypes by authority figures and role models in their lives. In addition to non-discrimination policies, strategies should promote inclusive written and verbal communications, diversity training and comprehensive employment guidelines. Five states (California, Delaware, Massachusetts, Minnesota and West Virginia) have included LGBTQ-specific competency training for social workers and staff working in child welfare agencies. Other states, like Wisconsin, North Carolina and Ohio, require staff working with youth to be trained on issues surrounding human sexuality and development. In Ohio, staff working with children age 14 and older in congregate care and residential parenting facilities receive mandatory training on sex education, sexual development and sexuality (OAC Ann. 5101:2-9-03).

- In New York, the Office of Children and Family Services reinforced its anti-discriminatory policies by expanding them to promote safe and respectful environments for LGBTQ youth in out-of-home placements. Practice guidelines include allowing young people to disclose whether they identify as LGBTQ when and if they choose, affirmation of youths' cultural identities and additional staff trainings: "Youth will disclose their sexual orientation or gender identity to staff when, and if, they feel ready… Services providers should not directly ask youth if they are LGBTQ. It is important that educational books and other reading materials be available for youth interested in learning more about LGBTQ identity. Materials should be made available in languages other than English, as needed. Youth should have access to supportive resources that provide age-appropriate LGBTQ information, including a book list, website list of community resource supports, and advocacy groups. LGBTQ informational materials should be visible, in common areas, offices, etc., signifying that staff are knowledgeable and open to communication on this topic. Staff Training Districts and agencies should encourage training of staff on LGBTQ issues and how to avoid discriminatory practices with LGBTQ youth, so that staff can become knowledgeable on this topic and open to discussions when approached by youth." (OCFS, 2009)

> **Data collection** is an important aspect of understanding and meeting the needs of young people in care. However, in daily interactions with young people, teachers, program staff and service providers should allow for self-disclosure.

➤ **Promote anti-discriminatory regulations.** Supporting the needs of LGBTQ youth requires policies that do not tolerate discrimination, harassment and disrespectful treatment while implementing appropriate responses for reports of violations. Taking actions to rid multiple systems of discriminatory practices helps create a supportive and respectful environment for all youth. These supportive and respectful environments can support youth in having healthy social connections that are critical for youth to thrive. Youth placements, service referrals and case plans should not be based on a youth's sexual orientation or gender identity, nor should an institution treat an LGBTQ youth differently in its provision of care and services.

- In New York City, the City Council declared that it is in the interest of the city to protect its citizens from discrimination. "Discrimination, prejudice, intolerance and bigotry directly and profoundly threaten the rights and freedom of New Yorkers." Also included in the city's child welfare policies are commitments to identity affirmation and staff acceptance: "Children's Services is committed to being respectful of the dignity of all youth and families, and to keeping children and youth safe while meeting their specific needs, regardless of their sexual orientation, gender identity or expression. No Children's Services or provider agency staff shall

Many youth highlighted the need for ways in which placements can signal their openness and affirmation of youth's race, ethnicity, sexual orientation, gender identity and expression. As one youth who moved from different foster homes in California stated, he did not feel that he could disclose his sexuality because he did not know how his foster parents would react.

"I think it would have helped me if I would have known that my foster mom or my foster dad were ok with [my sexuality]. I never knew if I could disclose it and I never did. And I think that's where I think a lot of my outlashing, my attitude, my anger, my depression and my rebellion came from. I felt like nobody understood me. If there was some sort of way for me to know that they were conscious of me and my sexuality and what I'm dealing with, they wouldn't even have had to sit there and say it, but even just providing the environment and that thought process, I think that would have helped me.

West

unlawfully discriminate against other persons in the course of their work. Discrimination on the basis of sex, gender identity, and gender expression is prohibited. Under no circumstances is any staff member of Children's Services or its provider agencies to attempt to convince a transgender or gender non-conforming youth to reject or modify their gender identity or gender expression." (Perry & Green, 2014).

- **Protect access to appropriate service providers and services.** All youth in child welfare deserve to feel comfortable in professional settings, whether with a mental health professional, nurse, legal advisor or teacher. Policies should highlight the importance of providing appropriate, individualized agency-recommended services and service referrals. Creating a setting that does not pathologize a young person's identity is vital for positive social and emotional growth, and protecting the freedom of youth to be selective in whom they trust is essential for their healthy development. Building healthy sexual and identity development into the practice framework and basic competency trainings that child welfare and other social service agencies use to promote the healthy development of all children will further underscore this importance for LGBTQ youth. Frameworks should be developed and training should be provided in ways that are culturally responsive and take into account a young person's full identity, including their race, ethnicity, immigration status and language, and should account for related stigma and be trauma-informed.

potential to cause harm to LGBTQ individuals. Notably, the trauma experienced in conversion therapies has been linked to increased risk of depression, illicit drug use and suicidal ideation (APA, 1997).

- Over-prescription of psychotropic medications among foster youth is particularly troubling when considering disparate prescription rates by race and gender. Studies have shown that girls of color,

No youth should be sent to conversion therapy. Conversion therapy—sometimes known as "reparative" or "sexual reorientation" therapy—is a dangerous practice that purports to change a person's sexual orientation. This practice has been discredited by virtually all major American medical, psychiatric, psychological and professional counseling organizations. Illinois' "Youth Mental Health Protection Act" of 2015 (Ill. Public Act 099-0411) bans sexual orientation change efforts and conversion therapy. Under this law, "sexual orientation change efforts" or "conversion therapy" means any practices or treatments that seek to change an individual's sexual orientation, including efforts to change behaviors or gender expressions or to eliminate or reduce sexual or romantic attractions or feelings towards individuals of the same sex. In June 2014, NCLR launched #BornPerfect: The Campaign to End Conversion Therapy in an effort to protect LGBT children and young people and raise awareness about the serious harms caused by these dangerous practices.

"Many youth highlighted the need for LGBTQ-inclusive sex education. As one youth in Michigan said, "If we incorporate basic information about LGBTQ to sex education classes in school [it would] help us have a more open conversation. I mean, [being a student is] really our only job at that age, so it is where we are and what we are doing."

- Oregon recently passed legislation prohibiting mental health professionals and social workers from providing any service to youth younger than age 18 that attempts to change their sexual orientation or gender identity (Oregon State Legislature, 2015). Similar anti-conversion therapy bills have been recently passed or proposed across the country, including Colorado, Iowa, Rhode Island and Texas* (NCLR, 2015). Conversion therapies have been dissuaded by both the World Bank and the American Psychological Association as being ineffective at best with the

Research shows that compared with their peers who are not in foster care, **youth in child welfare have demonstrably higher rates of prescription of psychotropic medication**, or medications prescribed to manage psychiatric and mental health disorders or issues and include mood stabilizers, antipsychotics, anti-anxiety medications and stimulants (Solchany, 2011). A U.S. Government Accountability Office survey of youth involved in the child welfare system from 2008-2011 found that 18 percent of children in foster care were taking a psychotropic medication. Additionally, foster children who lived in group homes or residential treatment centers had much higher rates of psychotropic medication use than those living in nonrelative foster homes or formal kin care—48 percent compared with 14 and 12 percent, respectively (GAO, 2014).

* Texas House Bill 3495 was introduced in March, 2015 but failed to pass the Texas House Committee on State Affairs. Texas legislators have instead introduced a bill similar to Tennessee House Bill 1840/Senate Bill 1556 that allows medical professionals, particularly counselors, to opt out of providing treatment or services that are contrary to their religious or moral convictions.

West

"I had a gay therapist and she told me about it. It was very helpful and we felt very connected. She didn't put anybody in a box; it didn't matter if you were LGBTQ. She was there to mentor you and inspire you and motivate you and let you know that you are fierce and you are somebody regardless of where you came from, and that's empowering."

particularly black girls, who identify as LBQ are often misdiagnosed with serious psychological disorders when they exhibit "gender atypical" behaviors, like fighting in schools, often resulting in higher levels of medication (Pasko, 2010).

- **Appropriately implement reasonable and prudent parent standards to ensure youth in foster care have access to the same natural supports as those not in foster care.** For all youth, the importance of navigating social relationships throughout adolescence is pivotal in their social and emotional development. Policies and regulations limiting the ease or ability for foster youth to participate in activities that would otherwise be accessible and free of added stress or hurdles can be damaging to the youth they are meant to protect. Strategies should ensure foster parents—who make caregiving and supervisory decisions daily—take into account the developmental needs of the young person in their care, not just a predetermined list of activities. Youth in care are often denied the opportunity to participate in activities that are otherwise seen as indispensable for social and emotional development. It is critical that the whole identity of a young person is taken into account when determining whether an activity is in their developmental best interest. It is also important for systems to put in place feedback and accountability measures to determine whether or not young people are benefiting from policy and practice guidance on implementing reasonable and prudent parenting standards.

  - Florida's* "Let Kids be Kids" reasonable and prudent parenting law gives foster parents the discretion to allow children in their care to participate in age-appropriate extracurricular, enrichment and social activities. Activities might include employment, contacting family members, accessing a personal phone, having reasonable curfews and traveling with other youth or adults. The law also allows for foster children to have pictures taken for publication in newspapers or yearbooks, receive public recognition for accomplishments, participate in school or after-school organizations or clubs, participate in community events, learn to drive a car and obtain a learner's permit and driver's license and attend overnight or planned outings without direct supervision (Quality Parenting for Children in Foster Care Act, 2013; Children's Advocacy Alliance, 2014).

- **Recruit affirming foster care providers.** Finding affirming placements for LGBTQ youth, and working with existing foster parents to be supportive, are necessary steps to promote healthy development. At the time of this writing, five states required screening of potential foster parents for their acceptance of a youth's sexual orientation, gender identity and expression in their state licensing regulations. In Massachusetts, a foster or pre-adoptive parent applicant must demonstrate the ability "to promote the physical, mental, and emotional well-being of a child placed in his or her care, including supporting and respecting a child's sexual orientation or gender identity" (110 CMR 7.104). Yet, acceptance screening alone is not sufficient to gauge the level of acceptance within foster family placements. Foster parents can check on paper that they are accepting and open-minded toward youth identifying as LGBTQ, but continue to prohibit self-expression in clothing or makeup at home. Foster parent recruitment and training strategies should be reassessed to make sure that they fully explore issues and practices related to acceptance. Recruitment strategies should also target efforts to identify families that may not be currently sought who can provide safe and stable placements for LBGTQ youth. A 2009 study on foster parent recruitment reinforced the importance of word of mouth as a means for attracting new foster parents (Marcenko, Brennan, & Lyons, 2009). Countless agencies and organizations across the country as well can speak to the importance of word of mouth in recruiting foster and adoptive parents. Strategies should accordingly be targeted, use welcoming and inclusive messages and engage meaningfully with the community.

* In April 2016, the Florida Department of Children and Families struck language related to LGBTQ youth and sexual orientation, gender identity and gender expression in its rules governing group homes (Rule 65C-14). The Center for the Study of Social Policy joined more than 700 organizations and individuals in submitting comments recommending the reinstatement of LGBTQ-specific language, particularly language defining gender, sex, gender identity and gender expression, regarding clothing and hygiene items for transgender youth, prohibiting discrimination and harassment based on SOGIE, ensuring SOGIE competency training to child care agency staff and specifying placement procedures for transgender youth. These comments are on file with the department.

- In collaboration with the City and County of San Francisco Human Services Agency, Family Builders launched a public service campaign featuring posters that encourage all types of families to consider adopting a waiting child. The organization collaborates with community leaders and organizations to ensure that its recruitment efforts are culturally appropriate and effective, noting that "we need everybody—gay or straight—to step up to provide safe and stable care in an accepting and welcoming family environment for our LGBTQ youth" (Family Builders, 2015).

- Washington State requires foster parents to connect a child in their care with resources that meet that child's needs regarding race, religion, culture, sexual orientation and gender identity. These include cultural, educational and spiritual activities in a foster parent's home and community, including tribal activities within the child's tribal community or extended tribal family (WAC § 388-148-1520).

➤ **Use a wraparound service approach that prioritizes youth and family voice and choice.** Through individualizing service goals based on youths' personal desires, wraparound builds upon the strengths of each youth and the people important in their life through outcome-driving treatment plan reviews. Wraparound aims to build the problem-solving skills, coping skills and self-efficacy while bolstering the community supports youth will need when they age out of services or when more formal supports end. Wraparound has been implemented throughout the United States and internationally and has been shown to reduce hospital and residential care, improve youth functioning, reduce emotional and behavioral problems – which affect LGBTQ youth disproportionately— and result in greater community adjustment (Suter & Bruns, 2009).

- California's RISE project developed a model of care coordination for children and youth involved in systems of care using teaming based upon wraparound service principles and strength-based approach, permanency strategies collectively referred to as family search and engagement, and family acceptance interventions based upon the belief that LGBTQ children and youth need their families and communities of origin to be accepting, affirming and capable of meeting their unique and specialized needs for safety, permanency and well-being. This multifaceted ecological approach recognizes the intersection of identities, racial and ethnic backgrounds and cultures and provides for individualized engagement, planning and service delivery approaches to counteract the intersectional nature of the bias and discrimination young people of color experience in dominant culture, in systems of care and in families and communities (Shepard, 2015).

Youth consistently stressed the need for solution-based therapy and therapeutic interventions.

"This is the way I view counseling: you go in, you talk about your problems, and they do nothing. They don't offer you solutions, they just ask you how you feel… I hate when they just put you on medication for stuff. You just walk around like a zombie. They go, 'Oh, you're feeling this way? Take this'… Can't I just be in my feelings?

Mid-Atlantic

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They put me on these sleeping pills because they said that all my anger problems and anxiety were because I wasn’t getting sleep. I was like, that don’t have nothing to do with it. Even when I do sleep I’m still the same way. They tried to put me on two different sleeping pills, and they didn’t work. That’s when I stopped going to therapy, because medicine doesn’t solve everything.

Mid-Atlantic

Healthy Development

The **Preventing Sex Trafficking and Strengthening Families Act** (H.R. 4980) requires states to support the healthy development of youth in care through implementing a reasonable and prudent parent standard for decisions made by a foster parent or a designated official for a child care institution. This provides these designated decision-makers with the ability to make parental decisions that support the health, safety and best interests of the child. These include involvement in extracurricular, cultural, enrichment and social activities, including opportunities for safe risk-taking that are much like those typically made by parents of children who are not in foster care.

Expressing Identity

A crucial component of promoting well-being for LGBTQ youth in foster care is ensuring their ability to express their gender identity. **Youth must have freedom to choose clothing, hairstyles, facial hair, makeup and decoration of personal space and should be supported and affirmed in their gender expression.** Several states have extended gender-affirming practice throughout their child welfare regulations. As of the time of this writing, 15 states and D.C. ensured children the right to participate in choosing their own clothing while in foster care, when age appropriate. Two states, California and Ohio, require children and youth to be provided clothing in accordance with their gender identity.

In Ohio, children in foster homes, group residential care and residential maternity homes must be provided with clothing and hygienic items and instruction in accordance with their gender identity and sexual orientation (OAC Ann. 5101:2-7-09; OAC Ann. 5101:2-9-19). In Montana, both foster and group homes must provide children with “a place to display the child’s socially appropriate creative works and symbols of identity” (MONT. ADMIN. R. 37.51.815; MONT. ADMIN. R. 37.97.161).

“

Many youth were concerned that disclosing their sexual orientation may result in their foster parents forbidding them from participating in certain activities. As one youth said, “A girl was placed in my group home and upon intake she noted that she liked girls. In turn, some of the group home staff severely limited her interactions with other girls, just in case they would have been perceived as intimate, even as simple as sitting next to another peer on the couch. It’s like they think if you are a lesbian, you like EVERY girl. Straight people get to sit next to and interact with whoever they want.

Midwest

“

Adopted from foster care at two, one youth came out to her foster family when she was 14. Immediately after coming out, her foster mother began prohibiting her from participating in age-appropriate activities, like spending time with friends or participating in extracurricular activities. She said, “It was heck for me. I wasn’t allowed to go anywhere, and I wasn’t allowed to do afterschool activities, and she thought I was just lying to her to go meet up with a girl or something. Once I became 18, I actually got kicked out.

Mid-Atlantic

Youth Voices

"I had a [group home] that I was able to go to that was wrapped around LGBT. They had counseling and different staff that actually cared. It was home.

West

"[Providers] should be required to let youth be responsible [for themselves]. One group home wouldn't let my friend buy her own clothes because they said she was going to buy 'boy' clothes. Why do I have to wear what you want me to wear? Who's going to tell me I have to wear dresses and skirts? We should be able to control our own money.

West

Strategy 2: Promote the Safety of LGBTQ Youth

Many LGBTQ youth in child welfare have experienced neglect or abuse from their families because of their sexual orientations or gender identities, and more than half experience verbal or physical harassment at school (NRCYD, 2015). Regulations addressing this heightened risk are necessary to ensure the safety, permanency and well-being of LGBTQ youth— the same entitlement afforded to all children— across settings. Strategies should include explicit prohibition of bullying, as well as balancing the need for LGBTQ youth to receive services in appropriate, non-hostile settings while avoiding unnecessary isolation.

➤ **Enact comprehensive safe school laws.** It is important to build a safe environment for all youth, regardless of their sexual orientation or gender identity. Bullying creates a stressful environment and causes emotional strain, which can lead to worse educational, social and emotional outcomes. Although federal civil rights laws do not cover harassment based on sexual orientation or gender identity, students in states with explicit regulations protecting their safety in educational settings report better longitudinal outcomes, including fewer suicide attempts (Espelage, 2011). Strategies should include establishing safe settings at schools with comprehensive policies, including the protection of privacy and human resource protocols.

> Even when states have safe school laws in place, parent advocates still have a critical role when a child is being harassed or bullied in school – further highlighting the importance of children being placed in family settings.

- Illinois' Prevent School Violence Act defines and explicitly prohibits bullying based on actual or perceived sexual orientation and gender identity or expression, as well as other personal characteristics. Bullying is defined within the act as "any severe or pervasive physical or verbal act or conduct, including communications made in writing or electronically, directed toward a student." The bill also establishes the Illinois School Bullying Prevention Task Force to act as an ongoing monitor for the state. Bullying is prohibited in school, on school property, in school vehicles, at bus stops, during any school-sponsored or school sanctioned education program, event, or activity and through the use of a school computer or computer network. Gay–straight alliances (GSAs) in public schools are also protected under the act (EQIL, 2013).

- The Massachusetts Safe Schools Program for LGBTQ students is a joint initiative between the Massachusetts Department of Elementary and Secondary Education and the Massachusetts Commission on LGBTQ Youth. The program offers a range of services designed to help schools implement laws impacting LGBTQ students, including the state's anti-bullying law,

"I feel like in foster care they worry about safety so much from a physical point of view but you can also be emotionally and verbally abused so much to where you do physical damage to yourself. [It's important for the foster care system to] also have some type of rules or regulations on verbal abuse because if you say someone is doing something to you physically then they'll do something but if you say someone is saying something they'll tell you to ignore them, but there's only so much you can do as a person.

Mid-Atlantic

Many states prohibit child welfare providers from discriminating against a child because of their sexual orientation or gender identity and expression in providing them with services. However, few states comprehensively extend these protections throughout their regulations. For example, only four states prohibit discrimination based on sexual orientation, gender identity and expression in the provision of child welfare services while also prohibiting foster parents or group home workers from using derogatory terms based on that child's sexual orientation or gender identity or expression when disciplining a child. Example regulatory language may be found in Ohio:

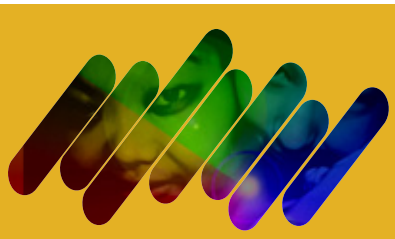
> (B) A foster caregiver shall not discriminate in providing care and supervision to foster children on the basis of race, sex, gender, sexual identity, sexual orientation, religion, color or national origin.
>
> (D) A foster caregiver shall not subject a foster child to verbal abuse or swearing; to derogatory remarks about foster children and their families, races, sex, gender, sexual identity, sexual orientation, religion, color or national origin; or to threats of physical violence or removal from the foster home. (OAC Ann. 5101:2-7-09)

gender identity law and student anti-discrimination law, as well as providing training, technical assistance and professional development to school administrators and staff on issues related to gender identity, sexual orientation and school climate. The Safe Schools Program also houses the Massachusetts GSA Leadership Council, which supports students in developing leadership skills, making statewide connections with other LGBTQ students and allies and improving school climates (MDESE, 2015).

- **Individualize service planning to ensure safety in foster care and other serving systems.** Given the overrepresentation of LGBTQ youth in foster care, as well as the overlap many LGBTQ foster youth experience with systems in mental health, health care, homelessness and substance abuse, attention to their specific safety concerns in each of these systems is vital. Individualized service approaches can ensure that systems are adequately addressing safety concerns for youth in foster care and in their experiences with other systems. Strategies should include providing individualized care specific to LGBTQ needs, collaboration across agencies, limiting the isolation of LGBTQ youth, using affirming language throughout all communications and making thoughtful and informed placement decisions.

  - Missouri's Youth in Need program offers more than 50 direct service and support programs to children, teens and families including residential homes, foster care case management and homeless outreach, counseling and support groups in six counties in eastern Missouri. The program offers a continuum of care for children from birth to adulthood. Youth in Need takes a harm-reduction approach to safety planning with youth. Inclusive language and culturally specific resources help facilitate internal and external safety planning and take into consideration factors like personal health, personal safety, well-being and interpersonal relationships. These decisions are made in partnership with the youth and affirm their rights to self-determination (Polaris Project, 2014).

- **Decrease reliance on congregate care.** Family-based settings provide the safest and most developmentally appropriate option for out-of-home placements. Despite multidisciplinary consensus that children are best served in a family setting, recent data show that children and youth in congregate care comprised 14 percent of the foster care population in 2013 (ACF, 2015), and those children and youth spent an average of eight months in a congregate care setting. This trend is even more alarming for youth age 13 and older in foster care, half of whom entered congregate care at least once. Youth of color are also more likely to be placed in congregate care settings. Further, LGBTQ youth are less likely to achieve permanency and move out of congregate care prior to aging out of the system, and as many as one out of every four LGBTQ youth in foster care will exit foster care without having achieved permanency from a congregate setting. Strategies should promote the least restrictive, most family-like setting possible for all youth in foster care with thorough consideration of the characteristics of those most at risk for placement in congregate care settings (Wilson, Cooper, Kastanis, & Nezhad, 2014) and strategies to develop appropriate family-based alternatives to congregate placements.



West

"The hardest part about this [placement] for me is I have these layers behind all of this. I have three different layers: cultural, foster care and lesbian. All three are different things that require three different types of supports."

- California's Continuum of Care Reform began in 2012 as a large-scale effort by advocates, legislators and the Department of Social Services to reduce congregate care by replacing it with Short-Term Residential Treatment Centers (STRTCs). These facilities are not intended to be long-term placements and provide children a home when they cannot be served in a less restrictive setting, connect them to services and community-based resources, and require reviews of the placement for each child to assess their need to continue in that setting (Payne, 2016). A part of these reform efforts include a SOGIE advisory committee to ensure the full identities and needs of young people are being considered. The efforts in California are a part of a larger permanency reform effort. California Assembly Bill 295 extends the availability of funds appropriated for adoption activities to specified counties to provide pre- and post-adoption services to ensure the successful adoption of children and youth who have been in foster care 18 months or more, are at least nine years of age and are placed in an unrelated foster home or in a group home. Similarly, California Senate Bill 84 increased the maximum reimbursement amount to private adoption assistance programs that receive a subsidy for each special-needs adoption completed by licensed adoption agencies in California. This support helps private agencies prepare and support families for waiting children (NCSL, 2014).

- Utah's 2013 Senate Bill 255 requires the Division of Child and Family Services to make a report to the Health and Human Services Committee on shifting resources and staff to in-home services, proposals aimed at keeping sibling groups together as much as possible, providing necessary services to structured foster families to avoid sending foster children to proctor homes, the disparity between foster care payments and adoption subsidies and whether an adjustment to those rates could result in savings to the state (NCSL, 2014).

➤ **Promote healthy, safe and supportive alternatives within juvenile justice.** In juvenile justice systems, LGBTQ youth are arrested for prostitution, running away from home or other placements and outstanding warrants at disproportionate rates compared with the general youth population (Swift, 2012). LGBTQ youth, particularly LGBTQ youth of color, are also more likely to experience more police abuse that their heterosexual peers and are at risk of being labeled as sex offenders for consensual sexual activity with other youth and treated as sex offenders upon entering the juvenile justice system (Dank et al., 2015). Many LGBTQ youth in the custody of juvenile justice and delinquency systems report feeling unsafe in their placements and are not receiving appropriate services (CWLA & Lambda Legal, 2012). Those working within these systems must ensure that LGBTQ youth are protected from harm and supported in their development. Strategies should include providing medical or mental health care specific to LGBTQ needs, limiting the segregation or isolation of LGBTQ youth, limiting harsh sentences for status offenses, making placement decisions based on youth's gender identity, and frequent, multidisciplinary reassessments of the appropriateness of individual placements.

- In Massachusetts, the Department of Youth Services strives to create a safe and affirming environment for all youth. In addition to a comprehensive anti-discriminatory policy, the Department has implemented LGBTQ youth-specific training within juvenile justice settings, including identity disclosure best practices and intake procedures that avoid heteronormativity and respect a youth's preferred name, pronoun, bathroom and placement. Mental and physical health policies recognize that LGBTQ youth may face additional need— including the ability to continue or start hormone therapy—while inclusive communication procedures emphasize the importance of not equating all concerns to a youth's LGBTQ identity. Clear steps are outlined if any violation or discriminatory act occurs, which may lead to staff termination (Commonwealth of Massachusetts, 2014).

- Maine is one of the 23 states that prohibits youth charged with status offenses and abused and neglected youth involved with the dependency courts from being placed in secure detention or locked confinement. Maine also forbids the use of 24-hour holds for status offenses. In lieu of secure detention, Maine directs status offenders to diversion and alternatives to detention programs. Under Maine law, children who are runaways may receive: short-term emergency services, including family reunification services or referral to safe, dignified housing, individual, family and group counseling, assistance obtaining clothing, access to medical and dental care and mental health counseling, education and employment services, recreational activities, case management, advocacy and referral services, independent living skills training, aftercare, follow-up services and transportation and referrals to transitional living programs. The child may be returned to their home if both the child and their parent agree, or they may be placed in an emergency shelter family home. Children who are habitually truant are referred to pre-court interventions and diversion programs, including referral to a student assistance team to informally determine whether services such as mentoring or counseling would help improve their attendance (Smoot, 2014).

➤ **Target efforts to address human trafficking.** LGBTQ youth account for a disproportionate share of the runaway and homeless youth population, making up nearly 40 percent of those who have runaway and/or identify as homeless (Bean, 2013). Accordingly, these youth face a significant increase in risk of becoming victims of human trafficking and engaging in survival sex (Dank et al., 2015). Homelessness is one of the biggest drivers of youth engagement in survival sex, with estimates of the proportion of runaway and homeless youth involved in survival sex ranging between 10 to 50 percent (Dank et al., 2015). Additionally, black and Latino youth are far more likely to engage in survival sex than their white counterparts (Dank et al., 2015). In addressing human trafficking among LGBTQ

foster youth, systems should acknowledge that while many youth engage in survival sex out of perceived necessity, some report a preference for such sexual exchanges compared to the abuse and potential violence they sometimes face in youth shelters or foster care. Furthermore, systems must be aware that overly technical language surrounding sex trafficking and survival sex combined with the pathologization of youth participation in these activities by administrators or intake workers often result in the under-reporting and misidentification of youth victims of sex trafficking. Prioritizing youth safety and well-being, strategies should improve cross-system connectivity with non-discriminatory shelters or drop-in centers, housing resources and gender-affirming health care providers. Similarly, efforts to address trafficking directly should not treat victims as criminals for the acts that are a direct consequence of their victimization.

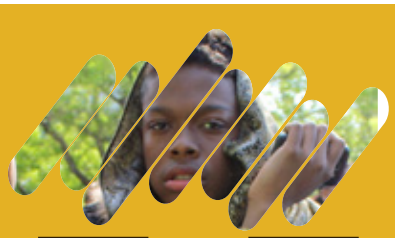
Youth consistently stressed the need for solution-based therapy and therapeutic interventions.

Mid-Atlantic

"When I was 13 I really wanted a cell phone. My [foster] mom told me that I could have a cell phone if I paid the bill. So I started working for [this guy] at the corner store, and I noticed things like him being a little too touchy and stuff, but then again, I was young so I didn't exactly know what it meant, and I wanted my phone. I put up with it, and then one day it just like… went all downhill. I tried to run, and I didn't offer my body or anything, but I like put myself in this situation. There were signs that something was happening, but I was too young to know what was happening."

- The Arizona Partnership to End Domestic Trafficking is a network within Maricopa and Pima Counties using strong, community-based collaborations to improve service delivery, training and education. Localized networks become increasingly important for trafficking situations involving LGBTQ youth, as these youth may have fewer social supports and have more specialized service needs. Building partnerships with organizations specializing in LGBTQ rights also provides the opportunity for knowledge exchange and strengthening service referrals. To ensure local human trafficking responses and practices are equitable and appropriate across service populations, human trafficking task forces should include local LGBTQ providers and LGBTQ trafficking survivors in their efforts. The Arizona Partnership is comprised of diverse providers and uses a multidisciplinary approach to train new partners, develop strong referral processes and build community-wide standards of care for those who are or are at risk of becoming victims of human trafficking (Polaris Project, 2015).

- In New Jersey, child victims of sexual exploitation are immediately recognized as victims of a crime in need of protection and services, granted immunity from prosecution and diverted from juvenile delinquency proceedings. They are instead directed to child welfare services. Under New Jersey law, convictions for prostitution that were committed as a result of trafficking can be vacated from a victim's criminal record. Victims receive state services and protection, including counseling, job assistance, housing, continuing education, legal services or a human trafficking caseworker. Law enforcement receive mandated training, including courses of study on the handling, response procedures, investigation and prosecution of human trafficking cases (Polaris Project, 2014).



Mid-Atlantic

"When I was homeless because my boyfriend kicked me out, I had to not sell my body but I had to offer my body. At first I didn't think I had to because I thought we were cool… but then I had to do that just to have a roof over my head and be able to eat. That's not the first time that that's happened to me, where these people are supposed to be your friend and then they just take advantage of you."

One youth disclosed his sexual orientation to his social worker, who then disclosed that information to his biological family without preparation or permission from the youth. He said,

"I was at a meeting with my social worker, my mom and my sisters. My social worker just put [my sexuality] out there and at the time my mom didn't know. I feel like a lot of places just take what you say and don't really care about what happens. A parent is going to act one way in front of somebody but then when you get home it's a whole other situation that's going to be even worse.

Mid-Atlantic

Strategy 3: Commit to Achieving Permanency for LGBTQ Youth

LGBTQ youth, like all youth in the child welfare system, are entitled to the least restrictive placement and to adequate assistance in achieving permanency in a stable, healthy, culturally appropriate and lasting living situation with at least one committed adult. Permanency also involves reliable, continuous, and healthy connections with siblings, birth parents, extended family and networks of other supports identified by youth and families. Yet, LBGTQ youth lose their placements more frequently than non-LGBTQ youth in foster care, report more abuse in congregate care, are more likely to age out of foster care with a lack of natural supports and suffer worse educational outcomes as a result of multiple placements (Shepard & Costello, 2012). To address these negative trends, strategies should prioritize individualized placement decisions that are in line with each youth's permanency goals across settings while using personalized supportive networks and provide needed education and training for origin and foster parents, agency staff and all children in the system (Yarbrough, 2012).

- **Promote service and provider competency.** Understanding a young person's aspirations, experiences and needs is a key part of working toward permanency. LGBTQ cultural competency, awareness or humility reaches beyond non-discrimination policies to include an inclusive interagency and network environment. Across systems, initial and ongoing training and coaching are key elements for setting expectations within each agency as well as recruiting affirming families or staff (HRC, 2015). Topics for increasing competency among staff should highlight issues of importance for the LGBTQ community, including language use, lived experiences of LGBTQ youth in and aging out of foster care, implicit biases and the ways in which institutions can mitigate its impact through welcoming and affirming environments, messaging and allowing time for workers to reflect and consider their bias in decision-making.

  - In California, foster children have a right "to have caregivers and child welfare personnel who have received instruction on cultural competency and sensitivity training relating to, and best practices for, providing adequate care to lesbian, gay, bisexual, and transgender youth in out-of-home care." Agencies are required to provide training for certified foster families that includes "instruction on cultural competency and sensitivity relating to, and best practices for, providing adequate care to lesbian, gay, bisexual and transgender youth in out-of-home care" (EQCA, 2015). This is a critical first step, but should be accompanied by a strong focus on accountability to ensure success.

- **Support older youth.** Because LGBTQ youth and youth of color are overrepresented among foster youth who never achieve permanency, to have a positive impact on the outcomes of these young people, specific focus must be given to support older youth in foster care. It is important for strategies that are focused on older youth to continue to be dedicated to achieving permanency and to do so with the young person's identity, experiences and needs in mind. When young people are emancipating from the child welfare system, it is important to provide services and supports that help young people make that transition successfully including those that foster community

connections and that ensure young people are supported in meeting their basic needs. This is a period in a young person's development when rapid changes are occurring – strategies should incorporate youth development principles and should be made in ways that promote the development of health sexual orientation, gender identity and expression. Strategies to support older youth should include a focus on relational processing, logistical or physical causes of distress connected with aging out of foster care and concerns that are unique to each youth to ensure individually tailored services.

- Administered by the Pennsylvania Statewide Adoption and Permanency Network (SWAN) through the Department of Public Welfare and Office of Children Youth and Families, Pennsylvania's Child Preparation services are designed to assist children in making the transition from foster care to permanency. The program is aimed at allowing children and youth to safely discuss the past while moving forward toward the future—in an effort to maximize the success of the young person's permanent family arrangement. The program addresses seven core issues— shame, grief and loss, control, loyalty, identity, attachment and abandonment—that affect every relationship the youth has and how the youth experiences the world. Services are provided by private agencies following referral by county children and youth agencies. Public agencies determine the criteria for the referral; private agencies have six months, with a minimum of 10 face-to-face contacts with the child or youth, to complete the service. Compliance and best practice oversight is provided by ongoing technical assistance from SWAN regional coordinators (Henry & Manning, 2011).

➤ **Explore family engagement models and kinship designations as defined by youth.** Family reunification, engagement and kinship placements are necessary priorities in increasing LGBTQ foster youth permanency and overall well-being. However, many states have foster care licensing standards that are not achievable for kin and disproportionately affect minority families, including youth of color and LGBTQ youth. Through removing barriers to successful kinship placements, incorporating youth-defined supports and maintaining family engagement when possible, strategies can allow for flexibility in promoting family acceptance, individualized kinship placements or both.

Youth consistently highlighted how important independent living programs and classes were. As one youth said,

"My Independent Living Schools program taught me how to [fill out] applications for school and for jobs, how to grocery shop, if you needed a safe place to go you could go there. They had a computer lab and people to help you there. They took people off the street and gave them jobs there [at the facility]. They prepared you for what you were about to hit and prepared you for life. They paid you to go to class, so it was like a job to learn. You can still go there up until you're 24 if you still need help."

West

Building evidence-based and evidence-informed practices. Several states have implemented practices that have the potential to increase equity within child welfare systems more broadly. It is important to explore and build upon these promising practices and make findings public so that policies and programs that are producing results can move from evidence-informed to evidence-based, leading to additional tailoring and replication in multiple jurisdictions. Right now, there are not significant evidence-based practices supporting LGBTQ youth involved with intervening public systems. It is important to invest in innovation and research in this area to support the development of evidence-informed and evidence-based programs and practices. Contracting or partnering with community-based agencies and utilizing CDC guidelines for working with LGBTQ youth can facilitate the scaling of models for state or local systems.

- The Family Acceptance Project, based out of San Francisco State University, targets interdisciplinary services in primary care, mental health, family services, schools, child welfare, juvenile justice and homeless services to build healthy futures for LGBTQ youth in the context of their families, cultures and faith communities. Trainings are provided to emphasize multicultural approaches to increase engagement with parents, families, foster families and caregivers of LGBTQ youth. Evidence-based family intervention models are tailored to meet family, provider and community needs in engaging families of LGBTQ youth including preventing suicide and homelessness, promoting school safety, supporting wellness, increasing preventative care and integrating faith-based institutions into the supportive team (FAP, 2015).

- The Arizona Department of Child Services recognizes the importance of foster home licensure with relative caregivers at the time of placement and subsequent to placement. On a case-by-case basis, the DCS and the Office of Licensing and Regulation (OLR) may review any non-safety foster home licensing standard that a kinship foster caregiver cannot meet and assess if waiving the standard would enable the kinship foster caregiver to become licensed and provide foster care to a related child. This waiver provision is consistent with federal regulations for relatives requesting licensure and allows for flexibility, individualization and increased family-focused care. Additional practice policy requires increased effort to identify, notify and engage all adult relatives of a child in out of home placement and strengthen DCS' collaboration with the Central Arizona Kinship Coalition (ADCS, 2014).

Conclusion

In crafting solutions that not only reduce disparate outcomes but also promote the health and well-being of LGBTQ youth involved in child welfare, advocates and policymakers must first understand the multiple and often compounding factors that contribute to these disparate outcomes. Targeted, cross-system collaboration that ensures all youth have the resources necessary for healthy development, promotes the safety of youth who identify as LGBTQ and commits to achieving their permanency can improve outcomes for LGBTQ youth and families who come into contact with child welfare and other intervening systems. Addressing interconnected issues of inequity, particularly disparate outcomes based on sexual orientation, gender identity, race, ethnicity, class, ability and immigration status, is critical to better serving all children and families through child welfare services. The practices and policy recommendations detailed here are concrete, implementable examples that, with appropriate time, resources and support, have the potential to significantly improve the experiences of LGBTQ children and families in contact with child welfare—and increasing equity for all our families.

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