

Out **OF THE** Shadows

Supporting LGBTQ
Youth in Child Welfare
through Cross-System
Collaboration

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 be 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

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.

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)

- **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’s⁷ “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 LGBTQ 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.

⁷ 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



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.

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.

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.

- 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.



“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 than 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.

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



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

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, LGBTQ 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

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.

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.

- 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).

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