



# **YOUTH ACCEPTANCE PROJECT INTERIM EVALUATION REPORT**

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# TABLE OF CONTENTS

**02**

**YAP History and Description**

**09**

**Who is Served by YAP?**

**18**

**Findings: Impact Evaluation**

**29**

**Recommendations**

**07**

**Evaluation Methods**

**12**

**Findings: Process Evaluation**



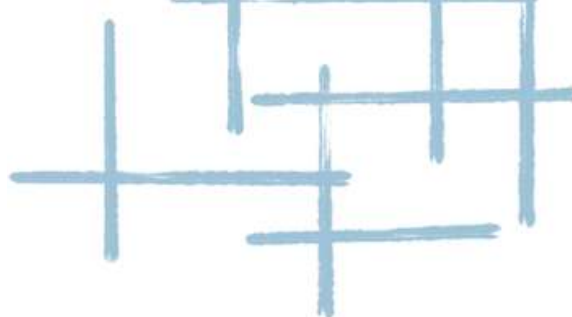
**28**

**Major Takeaways**

**30**

**Appendix A:  
Detailed Survey Findings**






The Youth Acceptance Project (YAP) is one of the few programs in the United States designed to improve outcomes for system-impacted lesbian, gay, bisexual, transgender, questioning, intersex, asexual, and gender nonbinary youth (LGBTQIA+ youth), particularly those of color. Unfortunately, very few child welfare agencies collect data on sexual orientation and gender identity. This lack of assessment for sexual orientation, gender identity, and gender expression means that agencies are identifying only a very low proportion of LGBTQIA+ youth in their systems. In turn, YAP receives referrals for a lower number of youth than they could serve and are not sure whether there are biases in the selection process. Despite these challenges, the results of this evaluation show that YAP is a promising practice that more sites should adopt.

The power of the program can be seen in this quote from a service provider:

**“I can see it brings the family back together. Even though they still live together, they're separated by all these feelings and all this grief and emotions and fear, and [YAP] just brings them back to loving each other and remembering ‘This is still my child.’”**



## YAP HISTORY AND DESCRIPTION

There has been an upsurge in research surrounding the well being of lesbian, gay, bisexual, transgender, questioning, intersex, asexual and gender expansive youth (LGBTQIA+). Results show the devastating and drastic effects of familial rejection at the expense of the youth. Research has shown that family acceptance is an enormous protective factor for the long-term wellbeing of LGBTQIA+ and gender expansive children and youth. Accepting family behavior is positively correlated with a myriad of mental and physical health indicators including increased self-esteem, social support, and general health status, as well as decreased depression, substance abuse, and suicidal ideation and behaviors among LGBTQIA+ youth.

Family Builders by Adoption (Family Builders) is a nonprofit foster family and adoption agency dedicated to building permanent, loving and committed families for children and youth in foster care, with expertise focused on LGBTQIA+ youth, particularly those of color.

Founded in 1976, the Family Builders mission is to create permanency for children and youth in foster care, with specialized programs for older youth as well as LGBTQIA+ youth. This organization strongly believes that it takes unconditional commitment, patience and love to raise a family. Family Builders will work with couples and individuals alike, interracial families, same sex couples, etc. Family Builders' goal is to first and foremost support children growing up with their family of origin or extended family. Family Builders is an organization that operates from heart-work.







Historically, when a youth was experiencing family difficulties due to their sexual orientation, gender identity or expression (SOGIE), child welfare and other agencies concentrated their efforts on supporting LGBTQIA+ youth in situations away from their families – either by finding new families or keeping them institutionalized in group homes and other similar settings. The Youth Acceptance Project has shown that with concrete information, specific SOGIE-related support, and guidance, parents can affirm and support their LGBTQIA+ and gender expansive children. Thus, families remain intact, and families previously separated can be reunified.

The Youth Acceptance Project adheres to the following eight guiding principles:

- Variations of sexual orientation, gender identity and gender expression are part of the normal spectrum of human diversity.
- The increased risks faced by LGBTQIA+ children are not inherent to their identities, but stem from the stresses of prejudice, discrimination, rejection, and mistreatment.
- Like all children, LGBTQIA+ children thrive and succeed when their families, schools and communities support and nurture their evolving identities.
- Efforts to change a young person's sexual orientation or gender identity are ineffective, unnecessary, and harmful.


- A young person's sexual orientation, gender identity and expression cannot be understood separately from their race, ethnicity, class, ability, or immigration status, which together confer a mix of disadvantage and privilege that impacts their experiences, opportunities and health status.
- Regardless of their personal beliefs, the employees, and contractors of public systems of care are legally and ethically required to treat LGBTQIA+ young people equitably and respectfully.
- With support and education, families can and do change.
- Given the intersectionality of sexual orientation, gender identity/expression and race, SOGIE related practices must be delivered from an anti-racism foundation.

In addition to foster care, adoption and permanency, Family Builders manages two additional programs aimed at improving outcomes for LGBTQIA+ youth.

## **getR.E.A.L. (RECOGNIZE. ENGAGE. AFFIRM. LOVE.)**

The first program is getR.E.A.L (Recognize. Engage. Affirm. Love) California which is an initiative to improve the competency and capacity of child welfare organizations and to promote the healthy gender and sexual identity development of all children involved with the California child welfare system. Led by Family Builders it is part of the national getREAL project which is a collaboration with the Center for the Study of Social Policy (CSSP).

getREAL California works to develop and integrate a sexual orientation and gender identity and expression (SOGIE) framework into current statewide initiatives in collaboration with the California Department of Social Services and counties. The project leads an advisory group with the California Department of Social Services, and has developed tools and resources for the field to promote affirming environments for LGBTQIA+ youth in foster care. As part of getREAL, Family Builders also provides consultation and technical assistance for the state and counties. getREAL California has, and continues to, support the implementation of several state regulations to enhance the well-being of LGBTQIA+ and gender expansive youth involved with the child welfare system. Some of those included SB731, AB2119, the Foster Youth Bill of Rights and most recently, SB407.



Additionally, getREAL California offers workshops and training on a state and national level for organizations to understand and create intersectional SOGIE inclusive programs.

## **THE YOUTH ACCEPTANCE PROJECT (YAP)**

The Youth Acceptance Project is the second program designed by Family Builders to support system-impacted LGBTQIA+ youth. YAP is a direct service for families that are already system involved or at risk of becoming system involved.

YAP addresses the national growing need for intervention services for families of LGBTQIA+ youth who report caregivers struggling with the sexual orientation, gender identity and expression of their children.

The Youth Acceptance project was created to help families experiencing these situations stay together or come back to each other and ensure the long term mental health and well being of LGBTQIA+ and gender expansive youth within their own lens of what they need. Family Builders wants to help mitigate and decrease the chances that these youth will end up in any system and are able to stay with their families. The YAP program introduces caregivers to affirming parenting strategies that will ensure improved well-being for their LGBTQIA+ children.

There are key elements in the project that make this material, and the delivery, distinct. The services are specifically designed to improve a youth's overall well-being by delivering support services to caregivers, family members and institutional staff in the youth's life.



The clinical services emphasize the following strategies:

- Approaching caregivers and important adults in a culturally humble manner, as people who need additional information and personalized support to be the affirming advocating caregivers that LGBTQIA+ youth need them to be. The model is responsive to each family's experiences within their own culture, religion, and race.
- Recognizing that caregivers often experience complex emotions in response to a youth's gender or sexual orientation and gender expression journey.
- Believing that with the proper support caregivers can and do change.
- Providing accurate information to refute myths and misinformation about gender expansive and LGBTQIA+ identities.
- Supporting caregivers in identifying their core beliefs and feelings about LGBTQIA+ identities and helping them work through related emotions.

Advocating for youth and their families in various settings and communities. One staff person describes their work in this way:

**“My ultimate goal is to really try and get [caregivers] to a place of affirming their child. Not just tolerating, but hopefully celebrating their identity. It's a lot of education, listening, empathy, connecting to resources. I try to be a hub for whatever they need and whatever support I can offer.”**



Staff often describe their work as building bridges when there is a break in the relationship.

**“I meet with caregivers and youth at separate times unless there's a specific conversation that would benefit all of us being together. I meet with caregivers usually every two weeks. And then youth also every two weeks, and then whatever I learned from the youth about what's going on, like how things are feeling in the home—recent things—then I use that information to get context as to what they're feeling or how they're receiving the love from their parents. So I get both sides.”**

This bridge is built one step at a time building on parents' love of their children and helping them understand that their anger is masking sadness and fear.

**“I like to say that I focus on compassion over comprehension. You don't have to understand what it means to your child that they are gay or trans or nonbinary. But you can still have compassion for them. And so I help families process their feelings about it, answer their questions. [Someone might seem angry, but they're really sad or scared or nervous.] And so it's helping families kind of digest that anger feeling down to what [they really feel].”**

What sets Family Builders and the YAP program apart from many other advocacy methods is that they lean into the families that they work with. It can be so easy to point the finger at someone else from the outside looking in and tell them everything that you believe they are doing wrong in a situation. When people feel attacked, they have the tendency to shut down, or deflect; more often than not, the conversation is over before it even begins. Family Builders recognizes that identifying existing family strengths and successes is a more effective approach.

# EVALUATION METHODS

Family Builders hired Ceres Policy Research to complete a mixed-method evaluation of YAP. This means that Ceres designed and completed a program evaluation that included surveys and interviews. We collected data from 40 families.

We collected three types of survey data:

- Thirteen pre-participation and 10 post-participation surveys measuring changes in attitudes and behaviors from **caregivers**;
- Twenty-one pre-participation and six post-participation surveys measuring changes in attitudes and behaviors from **youth**; and
- Forty pre-participation and 19 post-participation Care Giver Assessment Abaci from **service providers** who use this tool developed by Family Builders to measure the level of acceptance a caregiver has toward their child.

The survey and abaci data was analyzed using paired-sample t-tests to determine whether there were longitudinal changes through the course of the program. Since the sample sizes for each of the instruments was low, we looked for statistical significance at  $p < .10$ . We also made a note if measures were trending in the right direction but not significant at this time (All results are reported in Appendix A).

To better understand the quantitative trends, we also collected interview data. We conducted five interviews with caretakers, four interviews with youth, and 11 interviews with staff. All interviews were transcribed and coded for common themes.





# WHO IS SERVED BY YAP?

The data from the surveys and abaci indicate that YAP serves a range of families with caregivers and youth that are diverse across age, race and ethnic identity, sexual orientation, and gender identity.

## CAREGIVERS

Caregivers receiving services from YAP vary across age, race, sexual orientation, gender identity, and gender expression. We share the details from our 13 pre-participation caregiver surveys below:

### Age

- The caregivers in the program vary in age from 30 to 61+.
- Eight of the caregivers are 30-40. Three are 41-50 and one is 61+.

### Race

- There are four caregivers who identify as Latino, three caregivers who identify as Black or African American, two caregivers who identify as white or Caucasian, two caregivers who identify as Pacific Islander, and one caregiver who identifies as both Latino and Native American.

### Religion

- None of the caregivers identify as Muslim.

### Sexual Orientation, Gender Identity, and Gender Expression

- Eight of the caregivers were assigned female at birth. Five were assigned male at birth.
- All of the caregivers are cisgender.
- Twelve of the caregivers are straight and one identifies as having a sexual orientation other than straight.

## YOUTH

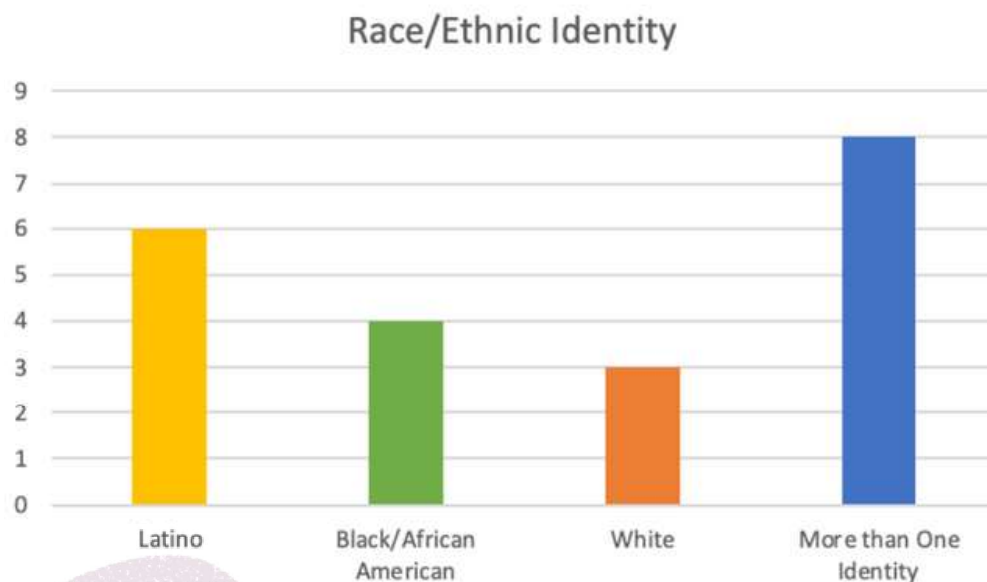
Youth receiving YAP services vary across age, race, sexual orientation, gender identity, gender expression, quality of housing, juvenile justice involvement, and experience at school. We share the details of our 21 pre-participation surveys below:

### Age

- The youth in the program vary in age from 13 to 18.
- Three youth are 13; five are 14; four are 15; three are 16; four youth are 17; and, two youth are 18.

### Race

- There are six youth who identify as Latino, four who identify as Black or African American, three youth who identify as white or Caucasian, and eight young people who have more than one race or ethnic identity (of these youth, four are Black and White, one is Tongan/African American, one is Guamanian, Mexican, German, and Italian, and one who is Asian and white).





## Religion

- None of the youth identify as Muslim.

## Sexual Orientation, Gender Identity, and Gender Expression

- Ten youth identify (or have been identified) as lesbian, gay, bisexual, or questioning.
- Eighteen youth are gender nonconforming, nonbinary, or transgender.

## Housing

Ceres reviewed three different survey questions that measure housing instability:

- Three youth have been in their home for six years, two have been in their home two years, and six have been in their home for one year.
- Six of the youth have been without a home in the past year.
- Six of the young people have run away from home in the past year.

## Juvenile Justice Involvement

- Three of the youth have been involved in the juvenile justice system.

## School

Ceres reviewed two different survey questions that measure connection to school:

- Four of the youth have been suspended from school in the past year.
- Seven of the youth have missed school because of being bullied.



# FINDINGS: PROCESS EVALUATION

The interviews with staff and observations of the organization reflect both the strengths of the YAP organizational structure and some growing edges.

## STRENGTHS AND SUCCESSES

The fact that YAP exists to support system-impacted LGBTQIA+ youth is a success in itself. Researchers have been identifying the needs of LGBTQIA+ youth within child welfare and the juvenile justice system for over ten years, yet systems have very few organizations to partner with that have the knowledge and skills to support families. YAP is one such organization that has the skills and ability to partner with child welfare and youth justice agencies across the country.

Additionally, the training of staff and partners provides a basis for educating the field of mental health providers about the needs of LGBTQIA+ youth and how to serve their children.

Staff undergo an intensive training process to ensure that all clinicians have a better understanding of this work and can carry out their work with integrity. Through culturally competent lessons, discussions, and exercises, staff are able to explore having difficult and uncomfortable conversations with families in a safe environment that is designed for them to learn and grow from. Staff are able to ask questions and explore the vast and varying identities that lay within the SOGIE spectrum, better preparing them for their ventures with families.



One person described the training the following way:

“The training is very helpful—good in terms of specifically the YAP model to the implementation transition and cues to look for when going in and out of the different phases or when you feel like you need to revisit a certain phase or completely reset. So understanding the model and how we move through it has been helpful.”

Another said:

“There was a lot of good psychoeducation and I just learned a lot about working with transgender individuals and non binary [youth]...working with families...learning all the techniques and...a lot of statistics that I've then been able to sort of pass along to my colleagues at the residential treatment facility where I work. So sort of gathering that information and just feeling supported, you know, being in the training with like minded people.”

Once the official training has ended, staff are still able to have follow up consultations and reach out for ongoing support. The YAP coach provides coaching and technical assistance multiple times a month.

“Unfortunately, not everyone at my worksite is [as] supportive [as my colleagues attending the training.] I was experiencing working with some people who weren't so supportive of the transgender and non binary clients that we've had at the facility. So the training was really, really great for that support. And then the ongoing coaching sessions, and again, just being able to turn to [the YAP coach] and my colleagues in the YAP network and just having the support.”





Most specifically, staff mentioned that the ongoing support they receive around families' faith has been particularly helpful. One person said:

“If I have a question around something around identity with religion or race, I'll bring it to my [YAP coach]. We talk as a team and as a staff and the [coaches] are there to help us navigate certain things. It's something that's just like an evolving cultural humility piece or circumstantial. And you move through it as it comes up.”

Another person said:

“Religiously, I always come out of the gate. And I tell families, ‘I am not here to change your mind. I'm not here to tell you that you're wrong. I will never tell you I will try to change your religious beliefs. Or your political beliefs or anything like that.’ I typically try to steer in the direction of, ‘There are a whole bunch of different ways to love somebody and still love the God that you worship.’”



## OPPORTUNITIES TO GROW

Our interviews and observations suggest that YAP would be able to expand if they could increase the number of referrals they receive from their partner sites. A few staff members also have suggestions for improving youth and family engagement and their training.

### Referrals from child welfare departments

Once we created a data collection system for YAP, Ceres noticed that YAP was collecting fewer surveys than we expected. Researchers have established that up to 34% of youth in the child welfare system are LGBTQIA+. <sup>1</sup> This would equate to hundreds of LGBTQIA+ youth each year. Yet, the child welfare sites partnering with YAP are referring only a few youth at a time. Upon further exploration, we discovered that, with the exception of Cuyahoga County, YAP's child welfare partners do not systematically collect SOGIE data. This means that the child welfare agencies can only refer LGBTQIA+ youth who mention their sexual orientation or gender identity to their social worker. This poses a challenge to the child welfare agencies who cannot accurately assess their LGBTQIA+ youth. This also poses a challenge to YAP who cannot know what biases are present in the referral process.

<sup>1</sup> See Matarese, M., Greeno, E., Weeks, A., Hammond, P. (2021). The Cuyahoga youth count: A report on LGBTQ+ youth's experience in foster care. Baltimore, MD: The Institute for Innovation & Implementation, University of Maryland School of Social Work; Sandfort, T. (2020) Experiences and Well-Being of Sexual and Gender Diverse Youth in Foster Care in New York City Disproportionality and Disparities.

## Parent and Youth Engagement

Similarly, staff mention that it can be a challenge to get parents to accept services:

“One of the biggest [challenges] is opening the engagement part...just getting some caregivers through that door of being able to talk to us about this and also separating us in their minds from Child & Family Services. There's so much fear and a lot of it is valid. I don't want to minimize them, especially since they are systems steeped in racism and oppression and we are part of that as well—intertwined with it, even if we're not directly protective services. Once we start actually being able to talk to people and engage and get to see them and they get to know us, we're pretty successful. But it can take months and months to get started.”



Once caregivers and youth start, it is sometimes difficult to keep them coming consistently:

“It's hard to keep track and get the youth to keep consistent appointments. It's hard to get consistency out of the families when they're really stressed. People who are coping with a world of poverty and racism have trouble prioritizing me and my work.”

## Training

A few staff members mentioned that they would benefit from expanded training on how to work with youth who are still in the process of coming out to their parents.

“I remember covering this in the training but when kids are not yet out or fully out to parents, it's kind of walking this fine line. They may not be ready to talk about it. But how do we do the work while it's still kind of this nebulous thing? That can be very tricky sometimes.”

A few staff members mentioned that they could use more support on how to address race within the context of family conflict.

**“Race certainly has come up in a lot of my work with families. And you know, we spend time talking about that. But sometimes I do feel a little underprepared.”**

### **National Policy Shifts**

One final challenge for staff and possibly the organization revolve around new laws governing services for LGBTQIA+ children. One person is anticipating how restrictive laws will be a challenge.

**“The laws that are being passed throughout this country, they’re absolutely horrendous. It is going to be a barrier in some of the states we’re going to be working in.”**

Several people in Missouri discussed how laws are already shaping their work:

**“Missouri is a politically challenging place right now. There are laws and rules all over this country that make things kind of difficult.”**

**“I get pretty frustrated with the Missouri laws and regulations. I mean, discrimination makes my blood boil. Laws stating that people can’t be affirming is definitely a challenge and can sometimes be daunting, like having to explain again to someone how this matters, why this matters, why it’s important to honor and respect, names and pronouns. And not dead naming people and things like that. So I mean, yeah, it’s definitely a lot of different dynamics.”**

Family Builders might think of ways to support staff and partners in this area.

# FINDINGS: IMPACT EVALUATION

The survey and interview data provides information on the impact of the Youth Acceptance Project on caregivers and youth. Our findings are summarized below.

## SURVEY DATA

Despite relatively low sample sizes, there were an unexpectedly high number of statistically significant findings on the youth survey and the abaci. This is very promising. We present the outcomes showing improvement due to involvement in YAP below. (See Appendix A for the exact values before and after participation and the level of statistical significance.)

### Caregiver Surveys

The caregiver surveys showed that youth feel safer at home and that parents are becoming more comfortable with affirming medical care after participating in the YAP program. The exact measures that showed statistically significant improvement on the caregiver survey were:

**“My child has expressed feeling physically and emotionally safe at HOME.”**

**“I support my child in receiving medical care that supports and affirms their gender.”**

### Youth Surveys

The youth surveys showed statistically significant improvements related to LGBTQIA+ youth self-esteem, reductions in self harm, and improvements in caregivers’ affirming behaviors. There exact measures that showed statistically significant improvement on the youth survey were:

**“I feel comfortable being LGBTQIA+.”**

**“I am proud of being LGBTQIA+.”**

**“I do NOT have thoughts of killing myself.”**

**“I do NOT physically hurt myself (e.g., cutting).”**

**“My caregiver uses the name I want them to use.”**





There were five additional measures related to feeling safe at school, feeling supported by caregivers, and feeling positive about the future that showed an improvement but were not statistically significant at this time. As mentioned above, there were only six matched pairs of surveys. We anticipate that many of these measures will become statistically significant as the number of surveys increases. The exact measures that showed improvement were:

**“I feel physically and emotionally safe at SCHOOL.”**

**“I have family members who love me for who I am.”**

**“My caregiver stands up for me in my COMMUNITY (e.g., neighborhood, church).”**

**“My caregiver is okay with me talking to someone about or getting information about my sexual orientation or gender identity.”**

**“I feel positive about my future.”**

## Abaci

Twenty measures of the 31 measures on the abaci showed a statistically significant improvement. These can be broken into the four categories of reductions in emotional reactivity, improvements in the way that family faith and values support LGBTQIA+ youth, improvements in caregivers' affirming behaviors, and improvements in caregivers' support of affirming medical interventions. The exact measures that showed improvements are listed below:

Statistically significant finding related to **emotional reactivity**:

**“The intensity and frequency of emotional reactivity in sessions is decreasing.”**

Findings related to **family, faith and values**:

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**“Caregiver’s belief system (i.e., faith, culture, etc.) about SOGIE allows their child to live safely at home.”**

**“Caregiver acknowledges that their values (regarding faith, science, family, culture, and community) don’t have to dissipate to show their child affirming behaviors.”**

**“Caregiver shows an openness to learning about faith communities that are affirming toward LGBTQ+ individuals.”**

Statistically significant findings related to **caregivers’ affirming behaviors**:

**“Caregiver directly addresses issues related to gender with the youth.”**

**“Caregiver respectfully expresses understanding of the youth’s identity.”**

**“Caregiver uses respectful language when talking with or about the youth.”**

**“Caregiver affirms youth’s gender expression at home (toys, hairstyles, clothing, or activities etc.).”**





“

“Caregiver affirms youth’s gender expression & behaviors in public (preferred toys, hairstyles, clothing, or activities etc.)”

“Caregiver uses correct name and pronouns in public.”

“Caregiver makes apologies when they have hurt their child's feelings in regard to SOGIE.”


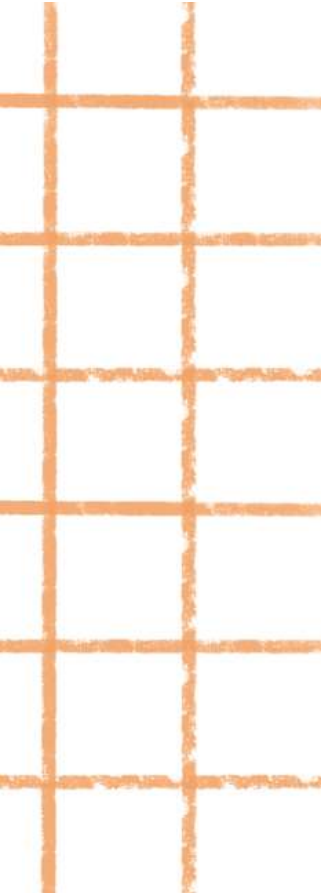
“Caregiver welcomes their child's LGBTQIA+ friends in their home.”

“Caregiver talks to the youth about dating and about sex.”

“Caregiver welcomes their child’s romantic partner in the home.”

“Caregiver respects the youth’s requests about privacy (how & with whom SOGIE information is shared).”

“If extended family members are not supportive of the child’s SOGIE, caregiver advocates for the child in a way that the child feels heard and protected.”



“Caregiver advocates at school and in the community if their child needs support around issues related to SOGIE.”

“Caregiver actively seeks safe spaces and groups in the community that will be affirming of the youth’s SOGIE.”

Statistically significant finding related to **medical interventions**:

“Caregiver communicates appropriately with providers and the youth if they have fears or reservations about any medical interventions.”

“Caregiver talks to their child about affirming medical care.”

There are another three measures related to **interactions with medical care for LGBTQIA+ youth** that showed improvement without yet being statistically significant. As mentioned above, there were only nineteen matched pairs of abaci. We anticipate that many of these measures will become statistically significant as the number of surveys increases. The exact measures that showed an improvement were:

“Caregiver seeks expert medical consultation about possible affirming medical care.”

“Caregiver follows the recommendations of the expert medical professionals once they have had the consultation.”

## INTERVIEW DATA

Interviews with caregivers and youth provide more information about how the relationships and conversations between staff and the families they work with lead to such positive outcomes.

### Caregivers

Providing support to caregivers in this time of conflict in the family is incredibly important for creating a long term foundation for youth well-being. Support for some caregivers looks as simple as using the proper language while speaking of LGBTQIA+ topics. For others it means to start talking about sexuality and gender in general.

For most parents, surface anger was masking deeper feelings of fear and grief. Caregivers see that the world is an unkind place to those who do not fit the mold, and can be an even less kind place to those who are yet able to fend for themselves. It is YAP workers' job to help these families process and move through those feelings in a healthy and productive way.

Some parents discuss the fear that they themselves will lose their community:

**“There was...fear for the parents of losing their community. It's often their church. But there's also the community in general, and perhaps some of the elders in the family...The fear of coming out themselves, like coming out because of their children.”**

Some religious families worry about their children in the afterlife:

**“I live right in the dead bullseye center of the Bible Belt. So I've had some families or people that I've spoken with about my program who've expressed being afraid that their kid is, you know, like going to all that eternal damnation.”**



But mostly parents are worried about their children being bullied:

“Well, no one wants a hard life for their kid, right? And life is never going to be easier for somebody who is beyond the gender binary or the sexuality binary. And so a lot of times, I can kind of nail it down to parents being afraid that their kid is gonna get bullied or afraid their kid is gonna get hurt. Maybe they're more likely to experience sexual violence or sexual trauma... they are worried that their youth will be put in dangerous situations.”



Parents of color worried that oppression due to race compounded by sexual orientation and gender identity and expression puts them at additional risk of harm:

“The [biggest] fear is that the child's gonna get hurt or killed...And I think because we work mostly with families of color, because most of our youth are LGBT youth of color, there's all these intersections of identities and oppression that are making things even more difficult for these young people in their family. When you think [about how many] transgender female, Black, trans female[s] are killed, murdered in the country. I can only imagine being a parent of a potential transgender, [Black] female...”



By building relationships, YAP workers help caregivers work past these fears. Progress within families happens in small steps. One provider talked about seeing a reduction in negative behaviors from a step-father:

“Stepdad is very against the youth’s identity. [But he hasn’t been] so adamantly and outwardly abrasive or transphobic. Even though I haven’t been able to get him to a place of acceptance, he’s learning to not engage in projecting his harmful opinions on the youth. So that’s what I mean by gradation. They may not get to the absolute goal of what we would hope parents would get to but are causing less harm. Like walking away...”

Another YAP worker described the steps as “gradations”:

“Success looks like compassion. And if that compassion kind of starts as tolerance, okay, that’s a really great step. But compassion for their kid. Puberty sucks for cisgender kids, puberty still sucks. For kids who are exploring their gender that or they have sexuality or gender that is outside of the norm or the binary or whatever, like, holy cow, that is so much extra stuff to have to deal with. So it’s compassion... respecting pronouns is a really good one. Helping their kids with gender affirming clothing. With a lot of our families, you know, we might be years away from them being accepting of gender affirming health care. And so even if we can get some of those smaller pieces in place, like that’s a really good, that’s a really good step.”

Some parents then get to the step where they are evaluating whether their social network and the relationships around them support their children:

**“I have noticed more understanding—more of an attempt to use the right name and the right pronouns. One mom, on her own report, started really looking at her relationships with other people, and whether or not they were supportive of her child and if they were not supportive then she was reevaluating those relationships.”**

And yet other caregivers begin taking the initiative to meet with YAP workers:

**“I feel like it's success when caregivers reach out to me on their own initiative, which has been happening and without me having to say, ‘Hi, it's our meeting time’...Parents reaching out to me and processing things with me asking for resources on X, Y, and Z.”**

The ultimate success is when caregivers feel that

**“It's okay to not always be perfectly okay with everything that the youth might be going through. They might have some fear, some anxiety, some feelings of loss [about] what they expected. But being able to come to terms with that, and process what they're going through [allows them to be] there for their kids.”**





## Youth

YAP is also a success from youths' perspective. All four youth who were interviewed would recommend the program to other young people. When interviewed, youth mention that the program has made them more confident, accepting of themselves, less depressed, and more comfortable with themselves.

YAP workers have also seen these changes in young people's lives:

**“Children who live in affirming homes flourish. So the kids whose parents really have stepped up are doing better in general. They have more confidence, more ability to be a citizen of the world....[The] ability to ask questions and to have conversations with the parents in ways that don't cause dramatic conflict with each word.”**

When YAP workers see a positive turning point in the youth, they also see fewer instances of self harm and running away. YAP workers have said they can see a newfound sense of relief and belonging. Through this program these young folks have learned to ask for support, stand up for themselves, self advocate and come out of their shells without fear of repercussions.

**“Being more comfortable in their own skin, feeling more confident in who they are and [in] their gender identity journey. As well as then feeling like that they can actually talk to their caregivers about these things...coming to a point where they feel comfortable when they can at least ask [their caregiver to let them do the things they feel they need to do] and go and figure out where there's a healthy compromise.”**

Youth themselves also report that their caregivers are more supportive and better at communicating. A YAP provider told a story about how one young person reported that the resources on LGBTQIA+ youth that were provided to their family were helping:

**“I've shared resources and given books and podcasts and we've [been in] dialogue with parents and then kids have come to me and said, ‘Oh, my dad is talking to me about the podcasts you sent him. He's asking me questions, like he wants to know more.’**

But, most importantly, youth report that their parents are more clearly communicating how much they are loved:

**“Oh, my dad hugged me today. Oh, my God, [he] looked me in the eyes and checked in with me.”**

# MAJOR TAKEAWAYS

## CAREGIVERS--ACROSS RACE--LOVE THEIR CHILDREN

The interview data illustrates how caregivers' anger is usually a superficial response to deeper feelings of fear because they love their children and want to protect them. For this reason, the primary work of YAP is to build bridges between caregivers and youth; to use caregivers' attachment and compassion to improve their communication and use affirming behaviors so that children feel loved.

## LGBTQIA+ YOUTH RECOMMEND YAP TO OTHERS

All LGBTQIA+ youth participating in the program would recommend YAP to other youth and families.

## YAP LEADS TO SIGNIFICANT IMPROVEMENTS

Despite small sample sizes, our analysis of survey and abaci data found that YAP leads to statistically significant improvements in

- LGBTQIA+ youth self-esteem,
- LGBTQIA+ youth feelings of safety at home and school,
- Caregivers' affirming behaviors towards their LGBTQIA+ children,
- Caregivers' comfort with LGBTQIA+ affirming medical care, and
- How caregivers' use faith and culture to support their LGBTQIA+ child.

Participation in YAP also leads to statistically significant reductions in

- LGBTQIA+ youth self harm, and
- Caregivers' emotional reactivity in response to their LGBTQIA+ youth.



## RECOMMENDATIONS

There are a handful of ways that YAP can continue to expand and improve. Ceres recommends that Family Builders:

### **Develop some promotional materials highlighting successes.**

Despite low sample sizes, the results of the interim evaluation are very strong. Ceres recommends that Family Builders develop a communications campaign to highlight their findings on social media, an email blast, and a webinar for child welfare and youth justice system leaders.

### **Continue to increase the referral pipeline.**

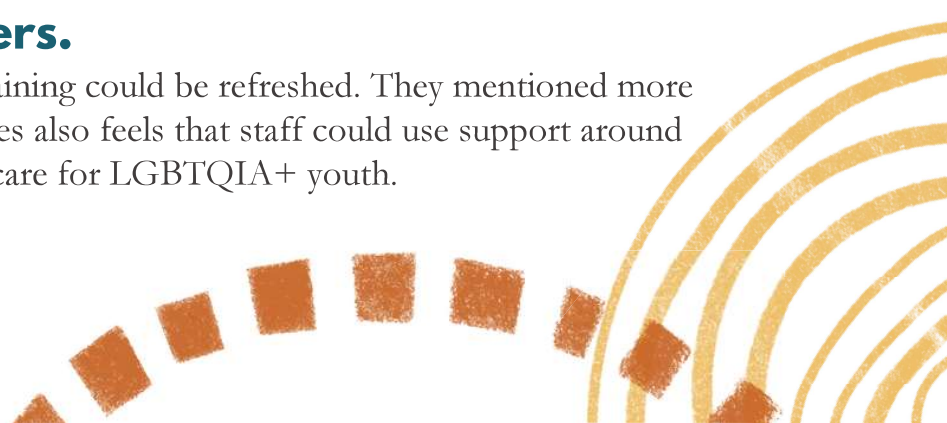
In contrast to most of Family Builder's child welfare partners, there are multiple juvenile justice departments across the country that do collect data on sexual orientation and gender identity. As a result, these departments could systematically assess each LGBTQIA+ youth for whether they need support services and then refer the family to YAP. Ceres has connected Family Builders to three juvenile justice departments in Ohio and Indiana. These new relationships are just beginning to form, but have the potential for creating a larger pipeline to YAP services while also reducing biases in the referral process. Additional connections with youth justice agencies as well as encouraging child welfare agencies to collect SOGIE data would further increase the referral pipeline.

### **Expand staff and partner site collection of abaci and survey data.**

Ceres noticed that most survey and abaci data is being collected from one site. This suggests that Family Builders would benefit from expanded collection of abaci and surveys in their other sites. Additional training and, perhaps, the introduction of incentives would help this effort. Ceres can help Family Builders find successful strategies to achieve their goals.

### **Offer training refreshers.**

Staff identified a few areas where training could be refreshed. They mentioned more support around discussing race. Ceres also feels that staff could use support around emerging laws governing affirming care for LGBTQIA+ youth.



# APPENDIX A: DETAILED SURVEY FINDINGS

## CAREGIVER SURVEY RESULTS

There were 10 pre- and post-participation caregiver surveys collected. This instrument asks respondents to circle 1 for strongly disagree, 2 for disagree, 3 for agree, and 4 for strongly agree. Therefore, an increase in the average score measure improvement. The following measures showed significant improvement. With a very small sample size, we considered all findings with  $p < .10$  significant.

Item Number	Item Content	Before	After	Sig. Level
13	My child has expressed feeling physically and emotionally safe at HOME.	2.2	2.4	.084
28	I support my child in receiving medical care that supports and affirms their gender.	1.1	1.4	.097



## YOUTH SURVEY

There were six pre- and post-participation youth surveys collected. This survey asks respondents to circle 1 for strongly disagree, 2 for disagree, 3 for agree, and 4 for strongly agree. Therefore, an increase in the average score measure improvement. The following measures showed improvement. With a very small sample size, we considered all findings with  $p < .10$  significant. An \* indicates that there was an improvement in the measure, but the difference was not statistically significant.

Item Number	Item Content	Before	After	Sig. Level
1	I feel comfortable being LGBTQIA+.	.83	1.83	.055
2	I am proud of being LGBTQIA+.	.5	2.33	.045
9	I have family members who love me for who I am.	2	2.17	*
12	I feel physically and emotionally safe at SCHOOL.	1.83	2	*
13	I do NOT have thoughts of killing myself.	1.33	2.17	.071
14	I do NOT physically hurt myself (e.g., cutting).	1.17	2.33	.042
17	My caregiver stands up for me in my COMMUNITY (e.g., neighborhood, church).	1.5	2	*
24	My caregiver uses the name I want them to use.	1.5	2.17	.087
25	My caregiver is okay with me talking to someone about or getting information about my sexual orientation or gender identity.	1.83	2	*
27	I feel positive about my future.	1.83	2.5	*

## ABACI

There were 19 matched pre- and post-participation abaci collected. This instrument asks respondents to circle 1 for strongly disagree, 2 for disagree, 3 for agree, and 4 for strongly agree. Therefore, an increase in the average score measure improvement. The following measures showed improvement. With a very small sample size, we considered all findings with  $p < .10$  significant. An \* indicates that there was an improvement in the measure, but the difference was not statistically significant.

Item Number	Item Content	Before	After	Sig. Level
1e	The intensity and frequency of emotional reactivity in sessions is decreasing.	2.17	2.78	.03
2a	Caregiver's belief system (i.e., faith, culture, etc.) about SOGIE allows their child to live safely at home.	2.33	3.28	.001
2b	Caregiver acknowledges that their values (regarding faith, science, family, culture, and community) don't have to dissipate to show their child affirming behaviors	2.39	2.78	.055
2e	Caregiver shows an openness to learning about faith communities that are affirming toward LGBTQ+ individuals.	2.25	3	.006
3a	Caregiver directly addresses issues related to gender with the youth.	2.08	2.69	.013
3b	Caregiver respectfully expresses understanding of the youth's identity.	2.18	2.76	.014
3c	Caregiver uses respectful language when talking with or about the youth.	2.44	2.88	.024
3e	Caregiver affirms youth's gender expression at home (toys, hairstyles, clothing, or activities etc.).	2.31	2.92	.044
3f	Caregiver affirms youth's gender expression & behaviors in public (preferred toys, hairstyles, clothing, or activities etc.)	2	2.92	.001

## ABACI (CONT.)

Item Number	Item Content	Before	After	Sig. Level
3i	Caregiver uses correct name and pronouns in public.	1.92	2.31	.027
3j	Caregiver makes apologies when they have hurt their child's feelings in regard to SOGIE.	1.88	2.71	.001
3k	Caregiver welcomes their child's LGBTQ+ friends in their home.	2	2.47	.044
3l	Caregiver talks to the youth about dating and about sex.	1.8	2.4	.001
3m	Caregiver welcomes their child's romantic partner in the home.	1.75	2.5	.024
4a	Caregiver respects the youth's requests about privacy (how & with whom SOGIE information is shared)	1.94	2.59	.011
4c	If extended family members are not supportive of the child's SOGIE, caregiver advocates for the child in a way that the child feels heard and protected.	1.84	2.31	.044
4d	Caregiver advocates at school and in the community if their child needs support around issues related to SOGIE.	1.7	2.2	.001
4f	Caregiver actively seeks safe spaces and groups in the community that will be affirming of the youth's SOGIE	1.92	2.47	.003
5a	Caregiver talks to their child about affirming medical care.	1.78	2.22	.085
5b	Caregiver seeks expert medical consultation about possible affirming medical care.	1.67	1.83	*
5c	Caregiver follows the recommendations of the expert medical professionals once they have had the consultation.	3	4	*
5d	Caregiver communicates appropriately with providers and the youth if they have fears or reservations about any medical interventions.	1.86	3	.015