

BEST PRACTICE GUIDANCE FOR SUPPORTING LGBTQ YOUTH IN FOSTER CARE FOR CHILD WELFARE STAFF

Children's Division (CD) is committed to providing all youth and families served a safe, healthy, and inclusive environment. Employees shall provide services and supports to all youth to ensure safety and well-being, and promote dignity and respect.

Some youth face greater barriers to their well-being; therefore, CD policies and staff must directly address these barriers based on Department of Social Services nondiscrimination policy, CD philosophy and current best practice. LGBTQ youth experience high risk of challenges such as homelessness, suicide, mental illness, and being bullied and threatened.

Social service organizations should build cultural competence by becoming educated about the nature of social diversity and discrimination specific to sexual orientation and gender identity to provide services which are sensitive to youth who identify as lesbian, gay, bisexual, transgender, or questioning (LGBTQ), and create more equitable experiences in child welfare.

CD staff, providers, and resource parents should work toward an approach to serving LGBTQ youth with cultural humility and model respect for all, regardless of sexual orientation, gender identity, or gender expression. This includes interacting in ways that are respectful of LGBTQ youth, even if uncertain that a LGBTQ youth is present.

When youth express a sexual orientation other than heterosexual or a gender identity that is different from that assigned at birth, those youth shall be supported and respected without any effort to direct or guide them to any specific outcome.

¹ <http://coanet.org/standard/pa-cfs/16/>

² Nondiscrimination Policy Statement-Updated, Missouri Department of Social Services Administrative Manual (2019),

³ Effects of Victimization and Violence on Suicidal Ideation and Behaviors Among Sexual Minority and Heterosexual Adolescents. LGBT Health. 2016 Apr;3(2):153-61.

⁴ A comparison of LGBTQ youth and heterosexual youth in the child welfare: Mental health and substance abuse occurrence and outcomes, Children and Youth Services Review 91 (2018) 39–46

⁵ Families Matter: Social Support and Mental Health Trajectories Among Lesbian, Gay, Bisexual, and Transgender Youth, Journal of Adolescent Health 59 (2016).

⁶ Practice Parameter on Gay, Lesbian or Bisexual Orientation, Gender Nonconformity and Gender Discordance in Children and Adolescents, Journal of the American Academy of Child & Adolescent Psychiatry Vol (1), 9, September 2012

⁷ National Association of Social Workers Code Of Ethics (2017)

SPECIAL CONSIDERATIONS

- For youth, understanding their sexuality, sexual orientation, and gender identity is a natural part of adolescent development and can be a time of reflection, questioning and stress.
- For LGBTQ youth, understanding these matters is often more difficult. They may face prejudice and discrimination from their family, friends, professionals, and community.
- LGBTQ youth who are of color and from diverse cultural backgrounds may experience added bias and stress.
- No one should make assumptions: the only way anyone can know someone's sexual orientation or gender identity is if the person shares this information.
- Among child welfare staff, placement providers and other adults in youths' lives there are various levels of knowledge, beliefs, comfort levels and perspectives about sexual orientation and gender identity.
- Respect should be demonstrated by all members of the youth's support team toward the youth and toward one another regardless of their perspectives.
- Safety is experienced by youth when they can be their authentic selves without threat to their physical or emotional safety.¹
- Even with the best of intentions, if adults in the youth's life aren't comfortable with sensitive topics related to sexual orientation or gender identity, it can cause youth to feel isolated and threaten their sense of personal safety.
- When adults in youth's lives approach learning about LGBTQ youth experiences with humility they will be on a path to becoming a safe space for the youth they serve.

¹ The Five Domains of Well Being, The Full Frame Initiative (2015)

PRACTICE GUIDE FOR CASE MANAGERS

- 1) Always be respectful of the youth's sexual orientation, gender expression and self-determination.** Show support for children and youth during exploration of gender and sexual identity as a normal part of adolescent development by being open, non-judgmental, and empathic. Show respect for the youth's sexual orientation, gender identity and expression. The youth's choice of clothes, hairstyles, make-up, friends, and age appropriate activities should be respected along with regard for the youth's chosen name and preferred gender pronouns.
- 2) Inform children and youth about their legal rights.** Youth have many legal rights while in care, including the right to feel safe, to be accepted as a human being, and be treated with respect and dignity, and to be free from verbal, emotional, and physical harassment in their living situations, schools, and communities. The adults involved in their care have a legal and ethical obligation to ensure that they are safe and protected. These youth also have the right to be treated equally, to express their gender identity, and to have the choice to be open or private about their sexual orientation.
- 3) Ensure that LGBTQ youth are placed in LGBTQ supportive environments that respect the youth's right to self-determination.** Consider caregivers' capacity to meet the unique and diverse needs of the individual including attitudes about youths' sexual or gender identity as part of the safety and well-being assessment prior to and throughout the course of placement. Work with resource homes and service providers to ensure respectful, safe, and supportive treatment of youth in their living environments and relationships with service providers. Ensure that LGBTQ supportive resources are provided to youth and their caregivers.
- 4) Protect the youth's right to privacy about their sexual orientation and gender identity.** The nature and timing of the youth's coming out process requires sensitivity. There shall be no explicit references to LGBTQ status or services without the youth's permission. Documentation and disclosure of LGBTQ status shall be guided by the youth's right to privacy, the scope of document distribution, and the youth's expressed consent. The information may be disclosed to persons without permission only if there is reason to believe that the youth is in immediate danger to their self or is at risk of being harmed by others, because of their LGBTQ identity.
- 5) Provide emotionally safe and supportive care and resources regardless of one's personal attitudes and beliefs.** LGBTQ youth are entitled to receive care and services from staff, providers, and resource parents who treat them with respect and without judgment. When engaging with youth about sensitive topics such as sexuality and adolescent development it should be a private conversation and include only those the youth feels safe with. Staff shall never attempt to persuade youth to identify a certain way or impose their personal beliefs. Children's Division will not endorse or condone staff words or actions that are unsupportive of a youth's right to self-determination of LGBTQ identity.

6) Create an environment that signals to all clients that you are a safe and supportive person for them to talk with about LGBTQ matters and concerns. Consider “Safe space” stickers on your notebooks and personal items and keeping LGBTQ printed material or informational pamphlets from local LGBTQ youth support groups, and drop-in centers available in your office and always made available to youth.

7) Use the youth’s preferred name and pronouns: Honor youths’ requests to use a preferred name and/or gender pronoun. When a youth requests the use of a preferred name and/or gender pronoun, the staff or provider should ask the youth how they would like to be referred to in conversations with family members and other service providers (e.g., community-based service providers, school officials, and so forth) and the court. This topic may need to be discussed on an ongoing basis, as youth may experiment with different names and pronouns.

8) Support youth in creating a safety network: In instances where children or youth are lacking supportive family members or other natural supports, efforts should be made to grow the young person’s safety network. This may include genograms, ecomaps, family finding, three columns mapping, and ongoing discussions with the youth about who they are connected to. Staff should consider referring family members to LGBTQ support resources.

9) Respond to Healthcare Concerns – LGBTQ youth shall have access to medical and mental health providers who are knowledgeable about and culturally responsive to LGBTQ issues.

TIPS FOR PLACEMENT DECISIONS

- Like all other youth in care, LGBTQ youth shall be placed in the least restrictive setting appropriate for their needs. LGBTQ status is never an indicator nor a justification to place a child in a more restrictive setting. A youth’s LGBTQ status is never a reason to place them in residential treatment.
- In no instance should LGBTQ youth be placed with a caregiver who is opposed to the youth’s LGBTQ status.
- A youth's perception of where they should be placed and would feel safest should be an important factor informing placement decisions. Placements should not be made before discussing the options with the youth.
- If a caregiver demonstrates non-supportive or discriminating behavior (as observed by the case manager, youth, or other members of the team), immediate action shall be taken. This involves consulting with the youth, reviewing the Placement Provider Guide with the placement provider, seeking input from the Family Support Team, and referring for additional supportive resources as needed. In consultation with a supervisor, a placement change may be considered.

SUPPORT FOR FAMILIES AND CAREGIVERS WITH LGBTQ YOUTH

Being valued by parents, caregivers, and family helps young people learn to value and care about themselves. Acceptance from family and other supportive adults promotes well-being and helps protect LGBTQ youth against harmful physical and mental health outcomes.

RESOURCES

- A directory of resources and services for LGBTQ youth and caregivers is available here:
<https://promoonline.org/services>
- All Children - All Families: LGBTQ Resources for Child Welfare Professionals:
<https://www.hrc.org/resources/all-children-all-families-additional-resources>
- Supporting LGBTQ Youth in Foster Care:
<https://www.fosterclub.com/foster-parent-training/course/supporting-lgbtq-youth-foster-care>
- Supporting Your LGBTQ Youth: A Guide for Foster Parents:
<https://www.childwelfare.gov/pubs/LGBTQyouth/>
- <https://www.childwelfare.gov/pubPDFs/LGBTQyouth.pdf>

DEFINITIONS – LGBTQ AND RELATED TERMS

The following terms may help staff and resource providers engage in conversations with youth and their social supports. Young people we serve, their caregivers and families may use many of the terms below and possibly more as language is constantly evolving. The best way to understand someone else is to ask for clarity when needed.

LGBTQ terminology changes over time to reflect individual identities. The best approach is to talk to one another, ask questions, listen to how people self-identify, and use language and pronouns preferred by each person. Children and youth shall be permitted to self-identify and may use the terms included below, or others that reflect their experience. Similarly, youth may choose to identify with different terms over time, or may be same-sex practicing or gender expansive with or without claiming an LGBTQ identity.

Affirming: Acknowledge and support the individual’s rights to self-determination of gender and sexual orientation. See Gender Pronouns.

Asexuality: The lack of sexual attraction to anyone, or low or absent interest in or desire for sexual activity. It may be considered a sexual orientation or lack thereof.

Bisexual: A person who is emotionally, romantically, or sexually attracted to both men and women.

Cisgender: A term used to describe people whose gender identity corresponds with sex assigned at birth.

Coming-Out: A gradual process of becoming aware of one’s sexual orientation and gender identity that includes a personal sense of when to safely disclose this information to others. There is also a gradual coming out process for family, friends, and caregivers as they learn to understand and accept the LGBTQ youth. Not all people who identify as LGBTQ choose to, or are able to come out.

Culturally Competent: A combination of knowledge, skills, and awareness pertaining to cultural differences across groups. It includes the awareness of and respect for differences, without making assumptions that everyone from a particular background holds the same beliefs and practices. Competence with one group doesn’t mean you’re competent with another. Training in cultural competence should include race and ethnicity, sexual orientation, age, gender expression, gender identity, disability status and other demographic characteristics.

Cultural Humility: The ability to maintain an interpersonal stance that is open to others, in relation to aspects of cultural identity that are most important to them. It includes a shift in focus from trying to understand others to self-awareness about one’s own perspectives, assumptions and prejudices. It involves an ongoing process of self-exploration and self-critique combined with

a willingness to learn from others. It means entering a relationship with another person with empathy, and the intention of honoring their unique identity, beliefs, customs, and values.

Gay: A person whose emotional, romantic, or sexual attractions are primarily for individuals of the same sex, typically in reference to men. In some contexts, the term is used as a general term for gay men and women.

Gender Dysphoria: Gender Dysphoria emphasizes the discomfort or distress an individual feels because there is a mismatch between their birth-assigned gender and their gender identity. Gender Dysphoria may be diagnosed when a transgender/gender expansive person is seeking medical interventions such as hormones and/or surgery. Not all transgender/gender expansive people experience gender dysphoria. This term replaces the obsolete diagnosis of gender identity disorder. Disagreement alone between birth-assigned gender and gender identity is not pathological and does not need diagnosis.

Gender Non-Conforming: Having or being perceived to have gender expression and/or behaviors that are different from what is expected. Gender Non-Conforming individuals may or may not identify as LGBTQ. Also known as Gender Expansive.

Gender Expression: A person's way of communicating or expressing their gender identity to others through behavior, dress, mannerisms, and physical characteristics. Most people express a range of masculine and feminine characteristics.

Gender Identity: One's innermost concept of self as being male or female, or both or neither; how individuals perceive themselves and what they call themselves. One's gender identity is distinct from sexual orientation and can be the same or different than the sex assigned at birth. . For example, a transgender or gender non-conforming female (assigned as male at birth but whose identity is female) may identify as heterosexual, meaning she is attracted to males.

Gender Pronoun: When speaking to, about, or referring to an individual in writing, these are the pronoun or pronouns the individual uses to refer to themselves. Singular pronouns may include, but are not limited to: he, she, or the gender neutral they and ze, a gender neutral pronoun used when gender is unknown, when one does not wish to assume, and can refer to people who don't identify with the gender binary of male or female.

Intersex: A general term used to describe a person born with the sex characteristics (including genitals, sex hormones, and chromosome patterns) that do not fit typical notions of male or female bodies. While a person who is transgender or non-gender conforming has a gender that is different from the one traditionally associated with the sex they were assigned at birth, an intersex person is born with a variation in their sexual or reproductive anatomy such that their body does not fit typical definitions of male or female. Some intersex conditions are visible at birth while others do not become apparent until puberty or later, and some differences may not be apparent at all. The term "hermaphrodite" is outdated and stigmatizing. An intersex person may or may not identify as LGBTQ.

Lesbian: A woman whose emotional, romantic, or sexual attractions are primarily for other women. Some women prefer to call themselves gay.

LGBTQ: This is a common acronym for lesbian, gay, bisexual, transgender/gender non-conforming, and questioning/queer persons. LGBTQ is sometimes written to include “I” for intersex, and/or “A” for asexual. It is also, written LGBTQ+ to identify the many possible additions to the basic “LGBTQ.”

Queer: Used as an umbrella term to describe individuals who do not identify as straight or those who have non-normative gender identity. Historically, this was a derogatory slang term used to identify LGBTQ people - and although not embraced or used by all members of the LGBTQ community - it is now a term that has been reclaimed by the LGBTQ community and academia as a symbol of pride.

Sex Assigned at Birth: Birth-assigned male or female sex typically based on reproductive anatomy (external and internal genitalia, e.g. penis, vagina, gonads, reproductive tracts, and so forth.). This may also be referred to as natal sex.

Sexual Orientation: Sexual orientation refers to one’s emotional, romantic, and/or sexual feelings to another person. Sexual behavior, or the manner in which one expresses their sexuality, does not necessarily determine sexual orientation.

SOGIE: An acronym that stands for sexual orientation, gender identity, and expression.

Transgender: A broad term describing people whose gender identity differs from the sex they were assigned at birth. Associated terms may include female-to-male (FTM) male-to-female (MTF), transsexual, and gender queer.

Ze: A gender neutral pronoun used when gender is unknown, when one does not wish to assume, and can refer to people who don’t identify with the gender binary of male or female.
