Improving Policy and Practice for LGBTQ+ Children and Youth in Child Welfare Settings
A Report for the Ministry of Children and Family Development

Written by

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Summary

The primary purpose of this report is to promote inclusive and supportive environments for LGBTQ+ children and youth served by the BC Ministry of Children and Family Development (MCFD). Specifically, a cross-jurisdictional scan and survey of the literature was completed to (a) inform MCFD about how policy and practice can be amended or improved to be more gender inclusive, (b) to identify promising practices for creating supportive environments for LGBTQ+ children and youth and (c) to aid decision-making regarding gender-transitioning and gender-nonconforming youth. Results from the cross-jurisdiction scan revealed promising examples of current frameworks, policies, and practices for improving inclusivity and support for LGBTQ+ children and youth in child welfare settings. Furthermore, results from the literature review revealed that improving inclusivity and support for LGBTQ+ children and youth requires improvements in three key areas: policy, staff training and education, and community support. Finally, some considerations and techniques for supporting and make informed-decisions with gender transitioning and gender nonconforming youth about transitioning and placements are discussed. Policy and practical recommendations for improving inclusivity, fostering supportive environments, and making informed-decisions are provided.

*Note. To be gender-neutral and inclusive, this report uses the pronouns “they”, “their”, and “them” instead of pronouns that reflect a binary understanding of gender (e.g. “he”, “his”, “him” or “she”, “hers”, “her”).
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Key Terms and Concepts

**Affirm**: To acknowledge or assert as fact; here, to assert one’s own sexual orientation or gender identity strongly and publicly or to openly acknowledge and publicly assert the rights and dignity of LGBTQ+ people.

**Biological Sex**: The sex assigned at birth by a doctor based on physical anatomy and hormones. Designations include male, female, and intersex; also referred to as assigned sex at birth.

**Cisgender**: A description for a person whose gender identity and biological sex align (e.g., a person identifies as a man and was assigned male at birth by a doctor).

**Coming Out**: The process of acknowledging one’s sexual orientation or gender identity to oneself and/or individuals in one’s life; often incorrectly thought of to be a one-time event, this is a lifelong and sometimes daily process.

**Gay**: A man or woman who is emotionally, romantically, and sexually attracted to the same gender. Some use the term only to identify gay men. The word *gay* is preferred over the word *homosexual*, which has clinical overtones that some people find offensive.

**Gender**: Gender is a system that operates in a social context to classify people, often based on their assigned sex. In many contexts this takes the form of a binary classification of either “man” or “woman”; in other contexts, this includes a broader spectrum. (In this report, the terms “male” and “female” refer to sex assigned at birth; “man/boy,” “woman/girl” and “transgender” are used to refer to gender identity.)

**Gender Binary**: Reflects the notion that there are only two possible sexes (male/female) and genders (man/woman), that they are opposite, distinct and uniform categories, and that they naturally align as male/man and female/woman (in other words, that gender is determined by sex).

**Gender Dysphoria**: Is often used as a diagnosis for people who experience a conflict between their physical or assigned gender and the gender, which they identify. People with gender dysphoria may experience significant distress and/or problems functioning associated with this conflict between their authentic gender and assigned gender. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) this experience must last at least six months and involve a strong desire to be another gender.

**Gender Expression**: The way a person presents and communicates gender within a social context. Gender can be expressed through clothing, speech, body language, hairstyle, voice, and/or the emphasis or de-emphasis of bodily characteristics or behaviours, which are often associated with masculinity and femininity. The ways in which gender is expressed are culturally specific and may change over time. May also be referred to as gender presentation or gender performance.

**Gender-Expansive**: Refers to a wider, more flexible range of gender identities or expressions than those typically associated with the binary gender system.
**Gender Fluid**: Gender-fluid or fluid-sexuality, fluid(ity) describes an identity that may change or shift over time between or within the mix of the options available (e.g., man and woman, bisexual and straight).

**Gender Identity**: A person’s deeply felt internal and individual experience of gender. This could include an internal sense of being a man, woman, androgynous, neither, or some other gender. A person’s gender may or may not correspond with social expectations associated with the sex they were assigned at birth. Since gender identity is internal, it is not necessarily visible to others. In this report “authentic gender” is a term used for the gender an individual identifies as, regardless of sex assigned at birth.

**Gender Variant / Gender Nonconforming / Gender Creative**: Expressing gender and/or having gender characteristics that do not conform to the expectations of society and culture. Also referred to as gender diverse.

**Heterosexism**: A dominant notion that everyone is heterosexual (or should be) and that heterosexuality is superior, better, and preferred.

**Heterosexual**: Traditionally, heterosexuality assumed the sex/gender binary to be accurate and referred to an individual’s exclusive attraction to the “opposite” sex. In other words, heterosexual orientation referred to a cisgender man’s attraction to a cisgender woman, and vice versa. Some transgender, non-binary and intersex people may also identify as heterosexual. (Also, commonly referred to as “straight.”)

**Homophobia or Anti-Gay Bias**: Hatred of, discrimination against, or aversion to lesbian, gay, and/or bisexual (LGB) people; people perceived to be LGB; and/or those associated with persons who are LGB.

**Homosexual**: Unlike heterosexual, the term homosexual is strongly associated with pathologizing and oppressive meanings from medical, legal and religious discourses and is generally not used in the LGBTQ community.

**Intersectionality**: The concept of the interacting effects of the various aspects of an individual’s identity and social positioning—such as, but not limited to, race, class, gender, dis/ability and sexual orientation. This concept is particularly important for recognizing and understanding that each group represented by the LGBTQ+ acronym differ in their experiences, needs, concerns, and the barriers to care and discrimination that they face. For example, transgender girls and women, especially transgender women of colour, experience greater societal mistreatment and violence.

**Lesbian**: A woman who is emotionally, romantically and sexually attracted to other women.

**LGBTQ+**: Stands for Lesbian, Gay, Bisexual, Transgender, Two-Spirit, Queer, and Questioning. The acronym “LGBTQ+” is used to refer to all sexual orientations and gender identities that differ from the dominant cultural norms of cisgender heterosexuality. This term is a broad classification intended to encompass a wide spectrum of identities related to gender and sexuality. We use LGBTQ+ for
convenience, recognizing that there are many other terms that individuals may self-select to describe their sense of identity. We recognize that individual sexual and gender identities are much more nuanced than these categories. For example, individuals may identify as “pansexual” rather than “bisexual” to recognize the potential for attraction to sexes and/or genders that exist across a spectrum and to challenge the sex/gender binary. Others may identify as “genderfree” or “agender” because they find the term “transgender” too restricted by the parameters of the sex/gender binary.

**Questioning:** Being unsure of where one’s primary attraction or gender identity lies. Some questioning people eventually come out as LGBT; some do not.

**Safe Space:** A place where anyone can relax and fully express themselves without fear of being made to feel uncomfortable, unwelcome, or unsafe on account of biological sex, race/ethnicity, sexual orientation, gender identity, gender expression, cultural background, age, and/or physical or mental ability; a place where the rules guard each person’s self-respect and dignity and strongly encourage everyone to respect others.

**Sexual Orientation:** Describes the emotional, romantic, and physical feelings of attraction (usually over a period of time); distinct from sexual behaviour.

**Trans:** An umbrella term that refers to all non-cisgender identities within the gender-identity spectrum.

**Transphobia or Anti-Transgender Bias:** Hatred of, discrimination against, or aversion to transgender or gender-variant people; people perceived to be transgender or gender variant; and/or those associated with persons who are transgender or gender variant.

**Transition:** The process through which transgender people begin to live as the gender with which they identify, rather than the one typically associated with their sex assigned at birth. Social transition may include things such as changing names, pronouns, hairstyle and clothing. Medical transition may include medical components like hormone therapy and gender affirming surgeries. Not all transgender individuals seek medical care as part of their transition or have access to such care. The decision about which steps to take as part of one’s transition is a deeply personal and private choice. You should never ask someone if they have had any medical procedures, and you should respect the privacy of a student’s transition process.

**Transgender:** An individual whose gender identity differs from their biological sex. Transgender girls are people who were assigned the sex of male at birth but identify as female. Transgender boys are people who were assigned the sex of female at birth but identify as male. Everyone has both a sexual orientation and a gender identity. Gender identity is different from sexual orientation. Transgender people may identify as heterosexual, lesbian, gay, bisexual, questioning, etc.

**Two-Spirited:** An umbrella term that reflects the many words used in different Indigenous languages to affirm the interrelatedness of multiple aspects of identity, including gender, sexuality, community, culture and spirituality. Prior to the imposition of the sex/gender binary by European colonizers, many Indigenous cultures recognized Two Spirit people as respected members of their communities and accorded them special status as visionaries, healers and medicine people based upon their unique
abilities to understand and move between masculine and feminine perspectives. Some Indigenous people identify as Two Spirit rather than, or in addition to, identifying as LGBTQ.

The above terms and concepts were adapted from the following sources:

The American Psychiatric Association retrieved from: https://www.psychiatry.org

The American Psychological Association retrieved from: http://www.apa.org


Introduction

Growing up, children and youth who identify as lesbian, gay, bisexual, transgender, queer/questioning, and other gender and sexual minority identities (LGBTQ+) are more likely to face disapproval, abuse, neglect and rejection from their birth families and society compared to non-LGBTQ+ children and youth (Child Welfare League of America (CWLA)/Lambda Legal, 2012; Ryan, Huebner, Diaz, & Sanchez, 2010). Not surprisingly, many LGBTQ+ children and youth, herein referred to simply as youth, may find themselves in need of government care and child welfare services.

Sadly, these negative experiences often continue for LGBTQ+ children and youth in child welfare settings. It is common for LGBTQ+ youth to experience harassment, teasing, bullying, and physical violence from peers, staff and care providers within foster and group homes (Freundlich & Avery, 2004; Mallon, 1998; Woronoff, Estrada, & Sommer, 2006; Wilber, Reyes, & Marksamer, 2006). Furthermore, LGBTQ+ youth report experiencing poorer treatment and greater victimization and discrimination in these settings (Wilson & Kastanis, 2015; Estrada & Marksamer, 2006; Woronoff et al., 2006). These experiences coupled with the fact that LGBTQ+ youth tend to have weaker ties to their birth families and communities may explain why LGBTQ+ youth have a higher average number of placements, spend a longer time in the system, and are less likely to be reunited with their parents or adopted (Mallon 1997; McCormick et al., 2017; Sullivan, 1994; Wilson & Kastanis, 2015).

These traumatic experiences, both within and outside of child welfare settings, likely also contribute to the higher rates of depression, suicidal ideation and attempts, illegal drug use, risky behaviours, and homelessness for LGBTQ+ youth compared to their non-LGBTQ+ counterparts (Bailey et al., 1998; Freeman & Hamilton, 2008; Ryan, Huebner, Diaz, & Sanchez, 2010). However, this need not be the case. LGBTQ+ children and youth have the same capacity as all children and youth to live happy, healthy and flourishing lives. Yet to do so, they require affirming services that address the barriers they face and successfully meet their needs. Thus, child welfare policy makers and service providers have the opportunity to make a world of difference in the lives of LGBTQ+ children and youth.

Barriers to Affirming and Supportive Care

Once in the child welfare system, LGBTQ+ youth may face multiple barriers and inequities that prevent them from receiving acceptable care and resources.

Lack of Safety

One major inequity facing LGBTQ+ youth is safety. Internalized heterosexism, homophobia and transphobia within society and the child welfare system may cause LGBTQ+ youth to feel that they
must hide their gender identity and/or sexual orientation out of fear that it would not be safe for them to be “out” (Mallon, 2011). If their gender identity or sexual orientation is known by peers and staff, the risk of or experiences of maltreatment and abuse can threaten their sense of safety. In either case, feeling as though one must hide one’s true self and/or constantly fearing for one’s safety can lead to significant distress.

Unfair Treatment, Exclusion & Isolation

In an effort to mitigate these problems and improve safety, social workers and staff may intentionally or unintentionally treat LGBTQ+ youth differently than non-LGBTQ+ youth. For example, LGBTQ+ youth in the child welfare system are often seen as “difficult to place” and thus social workers may default to placing them in group homes, instead of pursuing more desirable alternatives such as supportive foster family placements (Mallon, 2011). Once in foster or group home placements, LGBTQ+ youth may be segregated from others or excluded from activities, held to different standards, or not allowed the same privileges as LGTBQ+ youth (Estrada & Marksamer, 2006; McCormick, Schmidt, & Terrazas, 2017). They may also be discouraged from spending time with other LGBTQ+ friends or allies (McCormick et al., 2017). Unfortunately, these experiences of exclusion and unfair treatment may only serve to further isolate and undermine LGBTQ+ youth’s health and well-being.

Access to Community and Resources

Lastly, a fundamental problem facing many LGBTQ+ youth in care is the limited access to affirming and supportive staff and resources. Staff and social workers often have not received any formal training to prepare them for young LGBTQ+ clients (Sullivan, Sommer, & Moff, 2001). Therefore, they may be unprepared to handle the concerns and needs of LGBTQ+ youth. One former foster youth surveyed by Freundlich and Avery (2004) recalled her experience with staff at a group home:

[They said,] “You’re a lesbian.” I’m like, “Wow. Okay.” [And the staff said], “We cannot have that on the campus because we feel you’re going to … mess around with the girls and change them around and that’s no good. You know, turn them out.” They made my sexual preference a big issue. And it’s like, “I don’t care,” anywhere you go, there are gays, lesbians, transgenders. All over the place. They could at least tell me they have a place for me to go. Like put me in another placement. Even if it’s for gays and lesbians… No, they just left me there and decided, “Oh, well her attitude is bad”... “Oh, you got a problem with it? We can easily move you.” (p. 47)

As seen in the above quote, there may be a lack of awareness and understanding of sexual orientation on the part of staff members in care homes. In the worst cases, there may even be a
refusal to acknowledge or engage in conversation with youth about their needs. Experiences such as this one can leave youth feeling invisible and devalued in foster or group homes.

Unfortunately, such experiences of abuse, discrimination, and devaluation can lead LGBTQ+ youth to feel unsafe in foster or group homes. Some LGBTQ+ youth may even consider the street as a safer alternative to the child welfare system (Freundlich & Avery, 2004; Ream & Forge, 2014). These experiences also have negative consequences on the health and well-being. In particular, transgender youth as well as LGBTQ youth who do not have accepting families are at increased risk of depression, self-harm and suicide (Connolly Zervos, Barone, Johnson, & Joseph 2016; Ryan, 2009).

**Bottom Line:** LGBTQ+ youth’s basic human needs for safety, fair treatment, and access to resources and support often go unmet in child welfare settings (Estrada & Marksamer, 2006).

**Purpose**

The primary goal of this project is to promote inclusive and supportive environments for LGBTQ+ children and youth served by the Ministry of Children and Family Development (MCFD). Specifically, our aim is to (a) inform MCFD about how policy and practice can be amended or improved to be more gender inclusive, (b) to identify best practices for creating supportive environments for LGBTQ+ children and youth and (c) to aid decision-making regarding gender-transitioning and gender-nonconforming youth. Our research questions are as follows:

**Research Questions:**

1. How do other organizations, specifically government organizations or child and youth serving organizations, foster the inclusion of gender variance in their policy and practice? Are there specific policies, lenses, or frameworks in place?

2. What are the best practices when serving LGBTQ+ children and youth in a child welfare context?
   a) How do we create supportive environments for LGBTQ+ children and youth in the care of government?

   b) How do social workers make informed decisions regarding gender-transitioning youth?
Methods

Three research activities were undertaken:

1) Cross-jurisdictional scan

To answer our first research question, policy and associated documents used by federal and provincial governments, crown corporations, and private sector companies pertaining to LGBTQ+ children and youth in child welfare contexts in Canadian provinces, the United States, Australia, New Zealand, the United Kingdom, Spain, and Scandinavian Countries (e.g., Denmark, Sweden) were scanned, utilizing the Canadian Child Welfare Research Portal, gendercreativekids.ca, Google searches, and website links from related resources. In the initial scan it became apparent that little formal policy exists to support LGBTQ+ children and youth within child welfare contexts. Therefore, the scope was broadened to policies and strategies pertaining to LGBTQ+ children and youth in educational settings and contexts.

2) Literature Reviews

Two independent but overlapping literature reviews were conducted to answer our second research question.

Selection Criteria for Literature Review

The first literature review addressed how to best support LGBTQ+ children and youth within child welfare contexts. Relevant literature was accessed through various databases such as PubMed; Social Sciences Index, EBSCO Host, Humanities and Social Sciences, PsycInfo and Sociological Abstracts. A search was formulated using the keywords “Negative and Positive Factors” “Well-Being” AND “Lesbian”, “Gay”, “Bisexual”, “Transgender”, “Queer”, “Questioning” OR “LGBTQ Youth”.

The second literature review addressed how to support and make informed decisions about gender-transitioning children and youth, in particular. Relevant literature was accessed through various databases such as the University of Victoria’s Academic Search Complete, Biomedical Reference Collection, CINAHL, ERIC, Health Source: Consumer Edition, Health Source: Nursing/Academic Edition, LGBT Life, MEDLINE, PsycINFO, Social Sciences, Social Work Abstracts, and Women’s Studies International. A search was formulated using the keywords “Transgender” AND “Children” OR “Youth” AND “Foster Care” OR “Support” OR “Transition.”
Documents published in English from years 1985-present were reviewed, including scholarly research from peer-reviewed journals and reports. Grey literature was accessed through Google searches.

Assessing Quality of Literature

Though research in this area was limited, we endeavoured to survey literature that was of the highest possible quality. The following report and recommendations are based upon the results of the jurisdictional scan and literature review of studies that met most or all of the following criteria:

1. Focus on children and youth and/or included the voices and perspectives of LGBTQ+ children and youth
2. Included most or majority of the diverse LGBTQ+ population.
3. Rigorous research design (e.g., experimental or quasi-experimental, random assignment, control groups).
4. Large sample size and little participant attrition.
5. Evidence of a positive and sustained effect
6. The population is applicable or relevant to British Columbia

Limitations

There were several limitations to conducting this research. First, LGBTQ+ children and youth in child welfare settings are a challenging population to study. There is a critical issue of invisibility of LGBTQ+ children and youth in child welfare settings (Love, 2014; McCormick et al., 2017; Woronoff et al., 2006). Often the gender identity or sexual orientation of children and youth in child welfare settings is not known or documented. As a result, it can be difficult for research to assess this population. Second, there has been very little attention and research in this area. Yet, research in this area will likely continue to grow as cultural awareness increases. Third, there has been very little formal evaluation of the policies and practices that have been implemented. This lack of evaluation makes it difficult to assess the “best practices” for improving policy and practice for LGBTQ+ children and youth. Fortunately, there are some common themes and consensus in the existing literature regarding how to best support LGBTQ+ children and youth in child welfare settings. Nonetheless, more rigorous and extensive research is needed. Consequently, we revised our “best practices” section to “promising practices” to reflect the current state of the literature.
Findings


Canada

The Canada-wide jurisdictional scan revealed an absence of formal policy and practice for LGBTQ+ youth within child welfare settings. Of the child welfare policy documents obtained, none mentioned any explicit protections for sexual orientation, gender identity and/or gender expression. Yet, some provinces like Nova Scotia come close by delineating the need for consideration of a child’s “identity” and “social presentation” when placing child in government care. However, Ontario did stand out as having recently proposed some policy changes to support LGBTQ+ children and youth in child welfare settings.

Fortunately, across the country, the number of non-governmental or semi-governmental organizations that are working together to improve support and care for LGBTQ+ children and youth is growing. Ontario, British Columbia and Nova Scotia, in particular, stand out as having a wealth of community organizations that provide services and support for LGBTQ+ children and youth. Similarly, most provinces have addressed or begun to address LGBTQ+ children and youth’s rights and protections in educational settings. These positive developments can provide helpful examples for child welfare policy makers.

International

Similar to Canada, very few of the countries surveyed had any explicit policies in place to protect LGBTQ+ children and youth in child welfare systems. In the U.S., no federal policies exist to protect LGBTQ+ youth in child welfare systems (McCormick et al., 2017). However, notable work in the child welfare system has been done in California, New York, Connecticut, and Florida. Other countries, such as New Zealand, Australia, Denmark, Netherlands, and Switzerland have implemented policy to protect the rights of LGBTQ+ foster or adoptive parents but often there is no explicit mention about the rights and protections of LGBTQ+ children and youth in child welfare settings.

Bottom Line: Important progress has been made and continues to be made in child welfare settings. However, considering the potentially life saving implications of improved policy and practices in child welfare settings, there is significant and urgent need for improvement. By improving policy and practice for LGBTQ+ children and youth in British Columbia, the Ministry of Children and Family Development has an opportunity to set a precedent both nationally and internationally.
Promising Policy and Practices for Serving LGBTQ+ Children and Youth in Child Welfare Contexts

This following section highlights some examples of promising frameworks, policies, and practices currently in place or in progress in child welfare contexts in Canada and the U.S.

Example Frameworks

Within the existing literature there are several common frameworks for serving LGBTQ+ children and youth.

- **Child-centered** approaches emphasize the importance of involving children and youth in important decisions related to their health, welfare, gender identity, and placements. This approach also emphasizes that decisions be made on an individual, case-by-case basis and prioritize the health and well-being of each unique child or youth (CWLA/Lambda Legal 2012; Love, 2014; Mallon & Woronoff, 2006; Wilber et al., 2006; Woronoff et al., 2006).

- **Strength-based or empowerment** approaches such as the “Positive Youth Development” (Mallon, 1997; Mallon & Woronoff, 2006) approaches emphasize that all children and youth have strengths and programs and services should work to develop these strengths rather than “fix” or “change” children and youth. These approaches work on building children and youth’s competencies in five key areas: (1) health, (2) personal and social skills, (3) self-worth, (4) independence, and (5) citizenship.

- **Family-based** approaches such as the “Model Standards Framework” (Wilber et al., 2006) or “Family Acceptance Project” (Ryan, 2009) champion the need to improve existing family relationships and facilitate community connections for LGBTQ+ children and youth. The Family Acceptance Project (Ryan, 2009) also promotes a family-strength based approach that recognizes multicultural differences and values. Similarly, the “Youth-Driven Approach to Permanency” (McHaelen, 2015) combines a strength-based and family-based approach by allowing youth to identify positive adults in their lives who might be able to serve as caregivers.

- **Gender-affirming** approaches such as Hidalgo and colleagues’ (2013) Gender-Affirmative Model of Care stress that differences in gender identity should not be pathologized or seen as problematic by care providers. This approach also emphasizes the importance of interdisciplinary teams of care providers. For example, schools, communities, therapists, educators, support groups, parent counsellors, pharmacologists, doctors, endocrinologists, etc. should be involved in the process of providing affirming care for trans and gender nonconforming children and youth. This kind of model is supported by the American
Psychological Association (APA, 2015), World Professional Association for Transgender Health (Coleman et al., 2012), and the Endocrine Society (Hembree et al., 2009).

Example Policies

Ontario

Ontario recently introduced the Child, Youth and Family Services Act (CYFSA, 2016) as part of Bill 89, Supporting Children, Youth and Families Act, 2016 (Ontario Ministry of Children and Youth Family Services, 2016). This act is designed to incorporate a child-centered approach by providing children and youth with the opportunity to be heard and to have their perspectives incorporated into the decisions that affect them. If passed, this legislation will:

- Require that services are provided to children and youth in a manner that takes into account differences, including sexual orientation, gender identity, and gender expression.

Example Changes:

- The matters to be considered in determining the best interests of a child are to be changed in the following ways:
  - The current Act includes the child’s views and wishes, if they can be reasonably ascertained; the new Act also includes the child’s views and wishes, and specifies that they are to be given due weight in accordance with the child’s age and maturity.
  - The current Act includes the child’s cultural background; the new Act includes the child’s cultural and linguistic heritage. The religious faith in which the child is being raised is deleted as a matter to be considered. Added is the child’s race, ancestry, place of origin, colour, ethnic origin, citizenship, family diversity, disability, creed, sex, sexual orientation, gender identity and gender expression.
  - The new act states a society is to choose a residential placement that, where possible, respects the child’s race, ancestry, place of origin, colour, ethnic origin, citizenship, family diversity, creed, sex, sexual orientation, gender identity, gender expression and cultural and linguistic heritage. In the case of a First Nations, Inuk or Métis child, priority is to be given to placing the child with a First Nations, Inuit or Métis family, respectively.

- Use gender-neutral, modern, and strengths-based language to set a child-centered tone.
Example Changes:

- The new Act will include a new statement of rights of children and youth, including their right to express their own views freely and safely, to be engaged through honest and respectful dialogue, to have their views given due weight in accordance with their age and maturity and to be informed, in language suitable to their understanding, of their rights and of the existence and role of, and how to contact, the Provincial Advocate for Children and Youth.

- The purpose of the Act is to be expanded to recognize that wherever possible, services to children and young persons and their families should be provided in a manner that builds on the strengths of the families.

- Include the Minister’s authority to request ministry funded and licensed service providers to collect identity-based data (e.g., sexual orientation, gender identity, ethnicity) from clients.

- The collection of this information can support service planning and delivery and inform future policy and program development. This kind of data is especially important considering the invisibility of LGBTQ+ and youth in child welfare settings (e.g., Wilber et al., 2006). For more detailed information about how to ethically collect and use identity-based information see these guidelines developed by the National Center for Lesbian Rights (http://www.nclrights.org/wp-content/uploads/2013/07/Information_Guidelines_FINAL_DRAFT_3-20-13.pdf).

California

California was the first U.S. state to pass legislation (California Foster Care Non-Discrimination Act, 2004) that includes protections for youth in the foster care system (California Welfare and Institutions Code, 2004). This legislation prohibits discrimination on the basis of several factors including sexual orientation and gender identity. It also mandates that group home administrators, public child welfare professionals and foster parents complete training on topics related to sexual orientation, gender identity and the rights of LGBTQ+ youth in care.

Examples of protections are as follows:

- All foster children and adults engaged in the provision of care and services to foster to children to have the right to fair and equal access to all available services, placement, care, treatment and benefits

- All foster children and adults engaged in the provision of care and services to foster to children have the right not to be subjected to discrimination or harassment on the basis of actual or perceived sexual orientation or gender identity.
All group home administrators, foster parents, and department licensing personnel must receive initial and ongoing training on the right of foster children to have fair and equal access to all available services and not be subjected to harassment or discrimination based on actual or perceived sexual orientation or gender identity.

In conclusion, these kinds of policy changes are important steps towards acknowledging and demonstrating that LGBTQ+ children and youth are respected and valued and but also towards informing future policy and program development to better serve their needs. More information about LGBTQ+ inclusive policy development can be found on the websites of organizations such as Lambda Legal, the Sylvia Rivera Law Project, the Center for Study of Social Policy, and the Transgender Law and Policy Institute.
**Written Language Considerations**

Language is a powerful tool that can demonstrate respect for diversity and inclusivity. Thus, updating language in policy and other important documents is an important step towards demonstrating that these principles are valued within in child welfare settings.

In general, the American Linguistic Society (ALS; 2016) recommends against using gender-specific terms. Instead, using gender-neutral terms in place of gender-specific terms is more appropriate (e.g., using *humankind* instead of *mankind*, or *firefighter* instead of *fireman*).

Likewise, when making generalized statements or when the gender identity of an individual is not known, writers should avoid the use of gender-specific pronouns. Instead, it may be preferable to reword the sentence to eliminate the need for a gender-specific pronoun (e.g., using “one”, the person’s name, or replacing pronouns with articles). It is also becoming increasingly common and acceptable to use “they” as a singular gender-neutral pronoun in place of gender-specific pronouns such as “she” or “he” (ALS, 2016). Ultimately, preferred pronouns will depend on the context and audience.

When gender identity of an individual is known, it is appropriate to use the name and pronouns with which they identify and prefer. Some transgender people will prefer to use gender-specific pronouns. For example, some transgender women may prefer feminine pronouns such as “she” and “her.” Other transgender or gender nonconforming individuals may prefer to use gender-neutral pronouns such as “they” or “ze.” If you are not certain about the pronouns someone prefers, ask (e.g., What pronouns do you use?).

**Example of Gender-Inclusive Pronouns for the Third Person Singular**

<table>
<thead>
<tr>
<th>Subject</th>
<th>Object</th>
<th>Possessive Adjective</th>
<th>Possessive Pronoun</th>
<th>Reflexive</th>
</tr>
</thead>
<tbody>
<tr>
<td>They</td>
<td>Them</td>
<td>Their</td>
<td>theirs</td>
<td>themselves</td>
</tr>
<tr>
<td>Ze/Zie</td>
<td>Zim</td>
<td>Zir</td>
<td>Zirs</td>
<td>Zirself</td>
</tr>
</tbody>
</table>

For more information on gender-inclusive language visit:

http://www.linguisticsociety.org/content/guidelines-inclusive-language
http://hr councillor.ca/hr-toolkit/diversity-language-guidelines.cfm
http://www.wstudies.pitt.edu/node/1432
https://www.princeton.edu/hr/proserv/communications/inclusivelanguage.pdf
http://www.glaad.org/reference
Example Practices

Both Ontario and California stood out as having implemented or begun to implement some promising practices for LGBTQ+ children and youth in their child welfare services. Both jurisdictions have a number of striking similarities.

First, both Ontario and California have government or government-affiliated agencies that have developed (or are in the process of developing) educational and training materials for child welfare staff, social workers, care providers, and foster parents. For example, Ontario’s Child Welfare Secretariat is currently putting together a resource guide that will provide practical information and tools to help staff, caregivers, government service providers and group home staff to better meet the needs of LGBTQ+ children and youth when they are coming into care, when they are in care, and when they are transitioning out of care (Peter Kiatipis, personal communication, March, 6, 2017). In California, the Center for the Study of Social Policy (CSSP)’s getR.E.A.L. (Recognize, Engage, Affirm, Love) initiative provides online resources and educational webinars where experts and leaders discuss the most salient topics related to the healthy development of children and youth in child welfare settings.

Second, both Ontario and California have government-partnered community agencies or initiatives to support LGBTQ+ children and youth in the child welfare system. For example, Ontario’s Ministry of Children and Youth Services has one Youth-in-Transition Worker (YITW) who specifically helps LGBTQ+ youth leaving care to find housing, education, employment and to build life skills. Obviously one YITW for all of the provinces’ LGBTQ+ youth is not sufficient but it is a step in the right direction. Promisingly, as part of this YITW program, there is also a mentoring program for LGBTQ+ children and youth offered by the Sherbourne Health Centre in Toronto. Likewise, Five/Fourteen is a private foster agency based in Windsor that helps to locate, screen, train, and support foster parents for LGBTQ+ children and youth across Ontario. Notably, Five/Fourteen provides both preservice and ongoing training for foster parents, offers monthly meetings with staff and other caregivers, and has a 24-hour support line available for foster parents (Five/Fourteen, 2017). Similarly, California has the Gay and Lesbian Adolescent Social Services (GLASS) and the CSSP’s getR.E.A.L. initiative that work to promote the healthy and safe development of LGBTQ+ children and youth in child welfare settings (CSSP, 2017). Additionally, the Los Angeles’ LGBT Center has the R.I.S.E. (Recognize, Intervene, Support, Empower) Project which developed out of a federal Permanency Innovations Initiative (PII). Together, these programs and services aim to improve permanency outcomes for LGBTQ+ children and youth and reduce heterosexism and transphobia in child welfare settings (Permanency Innovations Initiative Evaluation Team (PIIEP), 2016; R.I.S.E. Project, 2017).

The R.I.S.E. project offers a particularly good example of how services can be improved for LGBTQ+ children and youth in child welfare settings. R.I.S.E. is composed of two interventions. The
first is the “Care Coordination Team” (CCT) and the second is the “Outreach and Relationship Building” (ORB) component. The CCT integrates individualized case planning and service provision with a family finding, strength-based approach. Furthermore this team is made up of a facilitator, a youth specialist, a family finder, and a parent partner that work together to educate, advocate and locate both natural (e.g., family members and mentors) and formal supports (e.g., government services, community programs) for LGBTQ+ children and youth. Of key importance are the youth specialist, the family finder, and the parent partner. The youth specialist uses a positive youth development and strengths based approach to help youth learn to value and care for themselves. The youth specialist also works to educate the youth about identity development and local resources. The family finder identifies and locates supportive adults in a child’s life in order to expand and strengthen a youths’ natural support system. Lastly the parent partner educates both related and non-related adults in the child’s life and helps them to develop strategies for improving their relationships with their child. Both the Family Finder and Parent Partner work together to develop plans to engage and increase contact between supportive adults and the child.

Early qualitative evaluations youth who participated in R.I.S.E. CCT program for at least three months suggest that youth benefited from this project. Youth said that R.I.S.E. staff made them feel comfortable and more open yet also protected their privacy. Youth identified the Youth Specialist as the most helpful member of the CCT team (PIIEP, 2016). Youth benefited from both the practical and emotional support that the CCT provided them. Most youth also described an increase in support from their family and an increased understanding of their gender identity along with improved self-confidence (PIIEP, 2016). Thus the early results of this program are highly promising and speak to the importance of affirming and accepting social support for LGBTQ+ children and youth.

The second part of the R.I.S.E. project, the Outreach and Relationship Building is aimed at increasing LGBTQ+ competent practice in the Los Angeles Child Welfare System by training staff and foster parents and creating inclusive environments (Weeks et al., 2016). In short, the ORB component begins by raising awareness and educating staff and foster parents about LGBTQ+ topics and issues. Next, ORB provides training and coaching to build the capacity of individuals and systems to recognize the barriers that LGBTQ+ children and youth face and to develop skills for intervening and providing more supportive care. Finally, ORB promotes more inclusive environments by increasing the number of LGBTQ+ affirming symbols displayed in child welfare settings. Fortunately, the R.I.S.E. project provides four publicly available, comprehensive manuals for how to build and implement similar programs (R.I.S.E. Project, 2016).

**Fostering Supportive Environments for LGBTQ+ Children and Youth**

Recent estimates suggest that anywhere from 10 to 20% of children and youth in child welfare systems identify as LGBTQ+ (Sullivan et al., 2001; Wilber, et al., 2006; Wilson & Kastanis, 2015;
Woronoff, et al., 2006). However, this is likely an underestimation given the higher rates of emotional and physical abuse and neglect that LGBTQ+ children and youth experience in their families of origin (Courtney et al. 2009; Friedman et al. 2011; Wilber et al., 2006). Clearly, LGBTQ+ youth make up a substantial proportion of all youth in child welfare settings. Yet, unfortunately, child welfare services often do not acknowledge, let alone adequately support, the unique needs of these youth (Mallon, Lakin, & Lyons, 2006; Mallon & Woronoff, 2006; McCormick et al., 2017; Wilber et al., 2006; Wilson & Kastanis, 2015).

**What are the needs of LGBTQ+ Children and Youth in care?**

Providing opportunities for youths’ voices and concerns to be heard can provide invaluable insight regarding their needs, concerns, and the inadequacies of care provision. Establishing a LGBTQ+ youth advisory council, conducting interviews or focus groups with foster youth and parents, and/or anonymous written, online or telephone surveys are a few examples of ways that youths’ voices and perspectives can be heard.

The existing literature highlights the following needs:

1. **Acknowledgement**
   - The first step in addressing the needs of LGBTQ+ youth in care is to acknowledge their existence in care settings (e.g., Wilber, 2013) and recognize that anti-LGBTQ+ attitudes and beliefs have no place in practice (e.g., Woronoff et al., 2006).

2. **Freedom from discrimination, harassment, and abuse**
   - LGBTQ+ youth have the right to feel safe in their environments without fear of discrimination, harassment, and abuse. This is especially important considering experiences of prejudice and discrimination place LGBTQ+ individuals at higher risk for stress-related mental illness than non-LGBTQ+ individuals (Meyer, 2003; Proctor & Groze, 1994; Savin-Williams, 1994).
   - LGBTQ+ youth have a right to fair treatment and support. Fair treatment means that they should receive equitable resources and support based on their unique needs (Weeks et al., 2016).

3. **Adults who are well-informed, sensitive and welcoming**
   - LGBTQ+ children and youth should be cared for only by adults who are well informed about LGBTQ+ issues (e.g., Woronoff et al., 2006). Adults who are misinformed or practice based on myths about sexuality and gender identity should be educated appropriately.
   - Adults who acknowledge LGBTQ+ youths’ existence, demonstrate sensitivity to different identities and cultural beliefs, and are aware of their own biases can
promote honest and open communication with children and youth (Mitchell, Panzarello, Gryniewicz & Galupo, 2015).

4. Respect, support, and a sense of belonging
   • It is important for LGBTQ+ youth and children to feel respected, understood, and not isolated. Children and youth who do not feel free or safe to communicate and express their true identities may feel isolated and detached from their caregivers and the system.

   LGBTQ+ youth require competent child welfare professionals and services who understand and effectively reciprocate their unique needs and concerns. Furthermore, they deserve affirming and supportive care that addresses their needs without deliberate or inadvertent discrimination or prejudice (Winter, 2013). Affirming and supportive care addresses the barriers to care that LGBTQ+ youth face, augments attitudes and environments to promote inclusivity, and fosters positivity and growth in LGBTQ+ children and youth (Wilber et al., 2006). Policies and practices that support these needs can lead to greater safety, inclusion, and well-being for LGBTQ+ children and youth.

**Creating Inclusive Environments for LGBTQ+ Children and Youth in Care**

The common themes in the literature for creating more supportive and inclusive environments for LGBTQ+ youth in child welfare settings center around (1) developing policy to ensure bias-free care, (2) training and educating child welfare staff and foster parents, and (3) facilitating youth connections to community and resources (Estrada & Marksamer, 2006; Mitchell, Panzarello, Gryniewicz, & Galupo, 2015; Woronoff et al., 2006; Woronoff, Estrada, & Sommer, 2006; Wilber et al., 2006; McCormick, Schmidt, & Terrazas, 2017).

1. **Written policies and protocols to ensure bias-free care**

   Policymakers may consider:

   • Adopting non-discrimination policies that explicitly prohibit discrimination on the basis of sexual orientation, gender identity, and gender expression of children, youth, foster families, and child welfare professionals (Sullivan et al., 2001). These policies should also clearly outline expectations for positive support, ensure that instances of discrimination or violence are investigated, and articulate consequences for when non-discrimination policies are violated.
   • Adopting policies that require care to be provided in a manner that is respectful of a child’s gender identity, gender expression and sexual orientation as well as
formal policy and protocol that allows for changes to a child’s placement if foster families are not supportive (Ream & Forge, 2014).

- Mandating that foster families and group care providers be carefully screened to ensure that youth are not placed in homes that are unequipped to care for them without bias AND/OR have protocols in place that require foster families and care providers to commit to providing affirming care without bias.

- Adopt policy that protects trans, two-spirit and gender nonconforming children and youth rights. These include to the right to be addressed by one’s preferred name and pronoun, to dress according to one’s gender identity, to participate in gender segregated activities in accordance with one’s gender identity, and to have access to a safe restroom and facilities that correspond to one’s gender identity. (Butler et al., 2014).

2. Education and training on LGBTQ+ issues for child welfare staff and foster parents

- Basic education may include comprehensive training on sexuality, gender identity, gender development, gender expression and specific LGBTQ+ issues and barriers to care (Estrada & Marksamer, 2006; Mitchell, Panzarello, Gryniewicz, & Galupo, 2015; Woronoff et al. 2006).

- Sensitivity training may help staff and foster parents to adjust their respective approaches to meet the needs of youth and to be more sensitive to cues that youth might be sending out about gender orientation and gender identity. This training may also involve training on strengths-based relational practice, ethical decision-making, as well as the unique contexts and intersectional identities of LGBTQ+ youth (Ontario Residential Services Review Panel, 2016). Furthermore, training on effective communication skills could help to encourage open, honest and sensitive dialogue with youth.

- Lastly, both educational and sensitivity training on LGBTQ+ issues could be made into required professional qualifications for staff. Training modules could include performance evaluation components to ensure staff and foster parents are competent in their understanding of these issues (Ream & Forge, 2014).

Training Resources and Examples:

“Qmunity” BC’s Queer Resource Center offers “Queer Competency Training” workshops for service providers and organizations in BC. These workshops are aimed at understanding diversity and making organizations more inclusive for queer, trans and two-spirit clients and staff. They are also willing to target workshops to the specific needs of organizations. More information is available at qmunity.ca.
The Child Welfare League of American and Lambda Legal teamed up to develop resources for supporting LGBTQ+ children and youth in child welfare settings. This collaborative initiative has generated an excellent learning tool called, “Getting Down to Basics: Tools for Working with LGBTQ Youth in Care.” This toolkit is freely available online and includes basic facts about being LGBTQ, information for families and foster parents with LGBTQ children and youth, and information about legal rights for LGBTQ youth. The resource kit also provides information for child welfare agencies, such as basic policies for working with LGBTQ youth and recommendations for training. This toolkit can be accessed at http://www.lambdalegal.org/sites/default/files/gdtb_2013_complete.pdf.

The Equity Project provides six successive lessons with activity handouts on topics that range from “Understanding Sexual Orientation, Gender Identity, and Gender Expression” to “Enhancing Communication and Building Trust with LGBT Youth” to “Respecting and Supporting Transgender Youth.” These lessons are designed for LGBTQ+ children and youth in the juvenile justice system but many of the same principles apply to youth in child welfare settings (Marksamer, 2008). Curriculum available at http://www.equityprojects.org/training-type/curricula/
Welcoming Spaces

The following textbox provides some easy and effective strategies for creating physically welcoming environments for LGBTQ+ children and youth (Wilber et al., 2006; Woronoff et al., 2006).

Demonstrating Inclusivity through Language and Actions:

- Model respectful and inclusive speech and behaviour by using gender-neutral language that does not make assumptions about a person’s sexual orientation, gender identity, or gender expression.
- Introduce oneself with one’s own preferred pronouns and respect and use other people’s preferred pronouns.
- Prohibit the use of derogatory slurs or jokes based on ethnicity, sexual orientation, gender identity, culture, religion, and other identity characteristics.
- Encourage staff to intervene and educate when they witness disrespectful language or behaviour from other staff members, foster parents, children, or youth.
- Create or capitalize on natural opportunities for open dialogue about diversity and the importance of inclusivity.

Demonstrating Inclusivity through the Physical Environment:

- Create or designate a “gender-neutral” or “all gender” bathroom, change room, and other applicable facilities.
- Distribute and encourage the posting of LGBTQ+ symbols such as pink triangles, rainbow flags, LGBTQ+ safe zone stickers, and posters in areas where children and youth might see them.
- Mention LGBTQ+ children and adults as important populations served by MCFD in child welfare reports, publications, brochures, and other relevant documents.
- Provide LGBTQ+ friendly media (e.g., books, magazines, movies, games, etc.) in places where children and youth can easily access them.
- Make age-appropriate educational resources about sexual health and gender development readily available and easily accessible for all children and youth to access.
- Provide lists of local LGBTQ+ community resources and services, support groups, events, and activities for youth to access.
- Designate an LGBTQ+ specific “point person” or “ombudsperson” in an organization that LGBTQ+ children and youth can access for support and to voice their needs and concerns.
3. Increasing Support and Facilitating Youth Connections to Community

Experiences of rejection are not only inherently painful but can have profound long-term effects on the health and well-being of children and youth (Ryan et al., 2010). Given that many LGBTQ+ youth have experienced rejection from their families of origin, protecting LGBTQ+ youth from further rejection is of utmost importance. This goal can be achieved by promoting and facilitating LGBTQ+ youths’ connections to community supports and resources.

Families

Feeling accepted and valued by important people in one’s life can protect against the negative effects of isolation and rejection that LGBTQ+ children and youth may encounter in their daily life. Thus, strong family relationships are key for protecting LGBTQ+ youth. Accordingly, Ryan and colleagues (2010) have found that LGBTQ+ children and youth who have accepting families have lower rates of depression, suicidal behaviour, and substance use as well as higher self-esteem, social support, and health. Other studies have found similar benefits of family acceptance on mental health, well-being, and self acceptance of LGBTQ+ youth (Crampton, Usher, Wildfire, Webster, & Cuccaro-Alamin, 2011; Doty et al., 2010; Elizur & Ziv, 2001; McConnell et al., 2015; Shilo & Savaya, 2011; Snapp et al., 2015). For these reasons, initiatives such as the Family Acceptance Project (Ryan et al., 2010) endeavour to prevent family dissolution by educating families about the importance of their attitudes and behaviours towards their children. For example, many families do not realize that responding to their child’s sexual orientation or gender identity with ambivalence can be just as damaging as outright rejection. Other rejecting behaviours such as trying to change a child’s sexual orientation or gender expression, even if well-meaning, are similarly invalidating and damaging (Ryan, 2009). In contrast, accepting behaviours such as openly discussing gender identity and sexual orientation or connecting youth to supportive role models can have a positive effect on their health, well-being, and sense of self (Rothman, Sullivan, Keyes, & Boehmer, 2012; Ryan, 2009). Therefore, child welfare professionals should consider assessing children’s perceptions of their family and other important people’s acceptance and rejection towards them. This knowledge will help to alert professionals to potential vulnerabilities and inform support strategies for children and youth. On the whole, child welfare professionals should consider families as allies in risk reduction and develop interventions aimed at improving these crucial bonds. Early interventions may be particularly prudent as families often become more accepting over time especially when they are provided with support and education about gender and sexuality (Ryan, 2009).

LGBTQ+ Role Models and Peers

Child welfare professionals can help LGBTQ+ children and youth by connecting them to LGBTQ+ adult role models and peers. In addition to improving family relationships, child welfare
professionals can help youth connect and build relationships with supportive adults and role models in their lives. Ideally, these adults would be from the LGBTQ+ community, but this is not necessary. Building strong, lasting relationships with supportive adults with can help to establish a family-like network for the child or youth. Projects such as the R.I.S.E. Project out of Los Angeles has demonstrated that youth appreciate and benefit considerably from being connected to supportive adults and role models (PIIEP, 2016; Shepard & Parish, 2014).

Child welfare professionals may also consider helping LGBTQ+ children and youth connect to other LGBTQ+ youth in their community. A recent study by Snapp and colleagues (2015) found that friend and community support of sexual orientation predicts positive life outcomes and improved self-esteem for LGBTQ+ youth. This type of support has also been linked to lower levels of emotional distress and sexuality-related distress (Doty et al., 2010). Moreover, friends who are also sexual minorities themselves have been found to provide more sexuality-related support than straight friends or family members (Doty et al., 2010). Likewise, community support in the form of socializing and community events, having access to LGBTQ+ related information, and being introduced to people in the LGBTQ+ community have been found to have positive effects for LGBTQ+ youth (D’Augelli & Hart, 1987; Nesmith, Burton, & Cosgrove, 1999) and to protect against victimization (Ybarra et al., 2015). With these findings in mind, it is particularly important for LGBTQ+ youth to be connected with other youth or adult role models who identify as LGBTQ+. These connections can help youth gain a sense of belonging and community support and awareness of community resources and services.

**Online Communities**

When family connections are not possible and community resources are limited, online communities can be an essential lifeline for LGBTQ+ children and youth. Ybarra and colleagues (2015) found that LGBTQ+ youth are more likely than non-LGBTQ+ youth to have online friends and that they perceive these friends as better at providing emotional support. Online communities such as those on Tumblr and Facebook can provide LGBTQ+ youth with much needed support, advice and connections to educational resources. Moreover, simply knowing that there is a large community of similar individuals in the world can reduce feelings of alienation and isolation that youth may be experiencing. A prominent example of online community is the “It Gets Better” project started in 2010 by columnist Dan Savage on YouTube, with the goal of reducing the number of LGBTQ youth suicides occurring due to bullying and victimization. Positive messages from LGBTQ+ adults that life will improve after high school are posted on this website. Youth from all over the world have also shared their stories and created an online/virtual support network. Encouraging and facilitating youth involvement in communities such as the “It Gets Better” project can help them to gain a stronger sense of belonging, self-understanding, and acceptance.

Helping youth to build a strong support network and community can help them foster a sense of belonging, self-acceptance, and trust that child welfare professionals have their best interests at
heart. Many of these interventions are low cost, but very effective. In sum, developing services and interventions that aim to improve family bonds and connect LGBTQ+ youth to LGBTQ+ peers, role models, support groups, and even online communities can have lasting benefits to their mental health and well-being.

**Ensuring Safety**

Services that address LGBTQ+ youths needs and target these three key areas are essential not only for fostering supportive and inclusive environments of youth but also for ensuring their safety within child welfare settings and the broader community.

**Some of the key features to consider are:**

1. Ensure policy and environments reflect inclusivity and respect for identity-based differences such as sexual orientation, gender identity, and gender expression but also ensure safety by intervening and enforcing consequences for those who violate policy or disregard these values.
2. Ensure that social workers, foster parents, and group home staff are well-trained. This is especially important for foster and group home care providers as the safety of youth in these environments depends heavily on the quality and competency of staff (Freundlich & Avery, 2004).
3. Address rejection experiences of LGBTQ children and youth in family of origin and foster care situations (Ryan, 2009; Ryan et al., 2010) and facilitate connections and strong community bonds so that LGBTQ+ youth feel safe in their communities.

### Supporting Gender Transitioning and Gender Nonconforming Children and Youth in Child Welfare Settings

Gender is a powerful and pervasive social structure. Not surprisingly, children become aware of gender at a very early age. Many children can clearly express their sense of gender identity at as young as two or three years of age (Brill & Pepper, 2008; Leibowitz & Spack, 2011). Consequently, some young children can feel strongly that their gender identity does not align with the sex they were assigned at birth or fit with gender labels such as “boy” or “girl.” Still others may identify with the sex they were assigned at birth but may need to express themselves in ways that do not align with traditional gender roles and expectations (Trans Care BC, 2017). Of course, not all children will feel this way at such a young age. Some children may grow to feel that their authentic gender identity
differs from the sex they were assigned at birth or does not fit with societal norms. Trans identities and gender variance can emerge at any age (Trans Care BC, 2017) and they may not always persist into adulthood (Drumond, Bradley, Peterson-Badali, & Zucker, 2008; Steensma, McGuire, Kreukels, Beckman, & Cohen-Kettenis, 2013; Wallien & Cohen-Kettenis, 2008). In any case - and at any stage - it is imperative for the child to be heard and supported as they discover and express their authentic gender self.

Feeling free and comfortable to express one’s authentic gender self is essential for children and youths’ health and well-being (Hidalgo et al., 2013). Children who are not allowed these opportunities or those who face rejection whilst exploring their gender are at particular risk for negative outcomes such as depression, low life satisfaction, self-harm, isolation, homelessness, incarceration, posttraumatic stress, and suicide (D’Augelli, Grossma, & Starks, 2006; Garofalo, Deleon, Osmer, Doll, & Harber, 2006; Grossman & D’Augelli, 2006; Lombardi, Wilchins, Priesing, & Malouf, 2002; Roberts, Rosario, Corliss, Koenen, & Bryn Austin, 2012; Skidmore, Linsenmeier, & Bailey, 2006; Toomey, Ryan, Diaz, Card & Russell, 2010; Travers et al., 2012). In contrast, youth who have supportive and affirming caregivers demonstrate better mental health (e.g., less depression and fewer suicide attempts) and improved well-being (e.g., increased self-esteem and life satisfaction; Ryan, Russell, Huebner, Diaz, & Sanchez, 2010; Travers et al., 2012). Clearly, by providing affirming and supportive care, social workers and legal guardians (e.g. caregivers) can have a positive impact on the health and well-being of transgender and gender nonconforming children and youth (Ryan et al., 2010; Travers et al., 2012).

How can caregivers ensure they are providing affirming and supportive care?

The first step towards providing affirming and supportive care is for caregivers to be educated and informed about gender identity and gender expression. Ideally, this would involve LGBTQ+ specific education and training. At the very least, caregivers should review and educate themselves about the various concepts and terms related to gender identity and expression (see Terms and Concepts p. 4-6). Understanding these terms and concepts can provide caregivers with a foundation from which to discuss gender identity and expression with children and youth.

The second step towards providing affirming and supportive care is for caregivers to reflect on their own preconceptions and biases about gender (Hidalgo et al., 2013; American Psychological Association, 2015; Edwards-Leeper et al., 2016). Reflecting in this way can enlighten caregivers about how their preconceptions about gender might influence how they perceive and interact with transgender or gender nonconforming youth. Moreover, it can help caregivers prepare themselves to integrate gender-affirming principles into their everyday practice. According to Hidalgo and colleagues’ (2013) Gender-Affirming Model of Care, the main tenets of gender-affirming care are as follows:
This model emphasizes that gender identity should not be pathologized. In other words, differences in gender should not be considered problematic, deviant, or as the result of mental illness or disease. Indeed, the majority of children who wish to transition do not have an underlying mental illness (Steensma, Biemond, deBoer, & Cohen-Kettenis, 2011). Likewise, because gender is socially constructed, it can be fluid and changing. Its expression may be influenced by a multitude of factors. Gender may vary within an individual over the life course. It may also vary between individuals depending on their unique biology, upbringing and culture. Above all, this model emphasizes that children and youth should not be expected to conform to traditional notions of gender and identity. Instead caregivers must adapt their practice to meet the needs of children and youth. It is the responsibility of caregivers to allow children and youth the space and time to explore their own gender identity and expression in a way that feels comfortable and authentic - without judgement or restriction (Hidalgo et al., 2013)

The third step for providing affirmative and supportive care is to actively demonstrate awareness and sensitivity around gender and transgender topics and issues (see Table 1). Some children may be forthcoming about their gender identity whereas others may not. It is not necessary to label a child’s gender identity, but simply to listen to how the child describes and expresses their gender in the moment (CSSP, 2017). Regularly checking in with children and youth about their gender concerns may help to normalize the conversation (Holman & Goldberg, 2006). If appropriate, caregivers may consider asking about gender identity in an indirect way (e.g., “Many people struggle with gender. Is this an issue for you?”). This technique may be particularly useful if a caregiver suspects that a child may be struggling with their sense of gender identity but does not want to “out” or embarrass them. Ideally, this would be done without pressuring or leading the child or youth to discuss their gender identity or expression before they are ready. Similarly, caregivers can talk with important adults in the child’s life who can provide context about the child’s experiences and identity. They may also wish to consult with a clinician who has experience working with transgender and gender nonconforming children and youth (CSSP, 2017). On the whole, demonstrating a non-judgmental attitude and being clear about confidentiality can convey safety and approachability and are requisites for open dialogue about gender identity and expression (Holman & Goldberg, 2006).

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1. Gender variations are not disorders.
2. Gender presentations differ across cultures and thus require cultural sensitivity.
3. Gender stems from the interaction between biology, development and the broader cultural context.
4. Gender can be binary, non-binary, fluid or multiple.
5. Gender can be stable or changing both at a particular time or across the life course.
6. Distress or illness stems from cultural reactions (e.g., transphobia, homophobia, etc) to gender; not from gender identity itself.
The last step for providing affirmative and supportive care is to be aware of the using language or engaging in behaviours that might communicate either acceptance or rejection of children and youths’ gender identities (See Table 2. for examples). For example, discouraging a child from expressing their authentic gender identity or preventing them from socializing with friends from the transgender community can communicate rejection of their trans identity (Ryan, 2009). Moreover, these behaviours can increase the risk of depression, substance abuse, risky sexual behaviours and suicidality in adulthood (Crockett, Brown, Russell, & Shen, 2007; Ryan, 2009). In contrast, advocating on behalf of the child or connecting them to the individuals in the trans community can communicate acceptance of their trans identity (Ryan, 2009). Despite the best intentions behind some behaviours, it is important to be mindful of how they may be perceived by children and youth, especially considering trans and gender nonconforming children in care may have a history of experiencing rejection (Veale et al., 2015). This is particularly important as some children and youth may try to gauge caregivers attitudes by bringing up a trans issue or a trans person in the media to determine whether that caregiver would be accepting of their own gender identity (Trans Care BC, 2017). Children and youth are more likely to disclose their gender identity to someone whom they perceive would be accepting of their gender identity.

### 10 Tips for Affirming and Sensitive Care for Trans or Gender Nonconforming Children and Youth

- Affirm and value the child for who they are today.
- Remain open to possibilities of who they will become.
- Support exploration of gender identity and expression.
- Create an affirming space to talk about gender identity through language, conversations, books, and play.
- Teach them the language they need to talk about gender.
- Talk about the many ways people identify and express their gender.
- Ensure they have access to accurate information.
- Allow conversations to unfold over time, as the child is ready.
- Listen to what the child is telling you about their gender, through words and actions.
- Provide the support and affirmation that they need from you all along the journey.

Adapted from: [http://transhealth.phsa.ca/support/families/parents-and-caregivers/parenting](http://transhealth.phsa.ca/support/families/parents-and-caregivers/parenting)
### Examples of **Rejecting** Behaviours

- Hitting, slapping or physically hurting the child because of their LGBTQ+ identity
- Verbal harassment or name-calling because of the child’s LGBTQ+ identity
- Excluding LGBTQ+ youth from family and family activities
- Blocking access to LGBTQ+ friends, events and resources
- Blaming the child when they are discriminated against because of their LGBTQ+ identity
- Pressuring the child to be more (or less) masculine or feminine
- Telling the child that God will punish them because they are gay
- Telling the child that you are ashamed of them or that how they look or act will shame their family
- Making the child keep their LGBTQ+ identity a secret and not letting them talk about.

### Examples of **Accepting** Behaviours

- Talk with the child or foster child about their LGBTQ+ identity
- Express affection when the child tells you or when you learn that the child identifies as LGBTQ+
- Support the child’s LGBTQ+ identity even though you may feel uncomfortable
- Advocate for the child when they are mistreated because of their LGBTQ+ identity
- Require that other family members and important people in the child’s life respect the child
- Bring the child to LGBTQ+ organizations or events
- Talk with clergy and help your faith community to support LGBTQ+ people
- Connect the child with an LGBTQ+ adult role model to show them options for the future
- Welcome the child’s LGBTQ+ friends and partners to your home.
- Support the child’s gender expression.
- Believe the child can have a happy future as an LGBTQ+ adult.


Overall, a comprehensive understanding of gender (e.g., how it develops, and how it may change over the life course) as well as the basic principles of providing gender affirmative and sensitive care can reduce anxiety and dispel concerns that caregivers may have about supporting gender transitioning or gender nonconforming children and youth (Trans Care BC, 2017). Ultimately, providing affirming and supportive care of trans and gender nonconforming children and youth is no different from providing affirming and supportive care for all children and youth. The main role of caregivers is still to listen closely to the children and youth in their care and provide a secure base from which the child or youth can express themselves freely.
Making Informed Decisions with Transgender and Gender Nonconforming Children and Youth

As a social worker or legal guardian (e.g., caregiver), it is most important to meet the child or youth where they are at in the process of self-discovery and to support them in their exploration of gender identity and expression. Edwards-Leeper and colleagues (2016) recommend that caregivers adopt an individualized approach that allows the child to take the lead and does not assume or guide the child on any particular trajectory. In other words, decisions around transitioning or exploring one’s gender should be made with the child or youth. If decisions must be made on behalf of the child, they should be made on a case-by-case basis, ideally with the child involved in the process. It is important to note that there is some divergence of opinion as well as a general lack of research in this area (Dahl et al., 2015; Edwards-Leeper et al., 2016). Thus, the following discussion reflects the current state of knowledge around implementing a gender-affirming approach to informed decision making. As such, it is meant to encourage reflection and offer suggestions but is by no means the only approach to decision making.

The process of realizing, discovering, and identifying one’s gender identity is called transgender emergence and is unique to each individual (Lev, 2004). Some youth may not be aware of the different options for gender identity and expression that exist and may benefit from exploring and discussing the possibilities with a supportive caregiver. Providing these youth with reading materials or movies about transgender or gender variant individuals, connecting them to appropriate adults from the trans community, and discussing the challenges, risks, and limitations of transitioning to another gender can help them gain a better understanding of their gender identity and their gender needs (Holman & Goldberg, 2006). Caregivers may also encourage youth to explore different aspects of their gender identity. For instance, caregivers may suggest trying a different name and pronoun or altering aspects of their appearance. Caregivers may suggest exploring different identities and expressions in a safe place such as at home or only during interactions with trusted people (e.g., a family member, social worker, friend). Ideally, by employing a gender-affirming approach, caregivers will have created an environment from which children and youth can feel free to express and explore their gender identity on their own accord until they find what is best for them (Trans Care BC, 2017).

As previously mentioned, trans identities and gender variance do not always persist. Children in particular, have lower persistence rates into adolescence (Drummond et al., 2008; Steensma et al., 2013; Wallien & Cohen-Kettenis, 2008). And transitioning back to ones assigned birth gender can be distressing for children (Steensma, Biemond, de Boer, & Cohen-Kettenis, 2011). Though limited, current research suggests that persistence rates for trans and gender nonconforming adolescents are much higher (de Vries, Steensma, Doreleijers, & Cohen-Kettenis, 2010). Thus, the World Professional Association for Transgender Health (WPATH) recommends that caregivers frame transitioning as an exploration of living in another gender - not an irreversible situation. In the same vein, children and
youth should be supported if they desire to transition back to their assigned gender, or to another gender entirely.

Other youth may be well aware of their gender identity and how they would like to express their gender. These youth may benefit most from being affirmed and supported in their decisions, instead of trying to change their mind (Edwards-Leeper et al., 2016; Holman & Goldberg, 2006; Lev, 2004). This gender-affirming approach minimizes harm and is most ethical compared to approaches that discourage a child’s expression of their authentic gender or approaches that simply refuse to acknowledge the child’s need to transition to their authentic gender (Edwards-Leeper et al., 2016; Turban, 2017). With that said, there are several questions that caregivers should consider to help them and the children and youth in their care to make informed decisions about transitioning to their authentic gender.

### Questions for Caregivers to Consider

1. What are the child or youth’s motivations for living in another gender?
2. How would transitioning or gender exploration affect the child or youth’s well-being and safety?
3. What might transitioning entail (e.g., timeline, name change, physical changes, etc.)?
4. Who should be involved and what needs to change to allow the child or youth to live safely in their authentic gender?

1. **What are the child or youth’s motivations for living in another gender?**

Recall that children can be aware of their gender at a very young age. Thus there is no age limit for when a child should be allowed to live their authentic gender. Regardless of age, the key signs to look for is that the child or youth has been *persistent, insistent* and *consistent* about their need to transition to their authentic gender (Trans Care BC, 2017). Likewise, children and youth who demonstrate strong conviction about their gender identity are more likely to persist in that gender identity into puberty and adulthood (Edwards-Leeper et al., 2016; Steensma et al., 2013). Furthermore, some children and youth may demonstrate *gender dysphoria*, significant distress and discomfort from living as a gender or in a body that does not match their authentic gender identity (Trans Care BC, 2017). And this distress may intensify around puberty (Steensma et al., 2013). Therefore, it is crucial for caregivers to pay attention to whether a child’s health, well-being, relationships, school and/or work are being negatively affected by their distress about their gender (Holman & Goldberg, 2006). For these children, it may be unethical to not allow them to express their
authentic gender identity (Durwood, McLaughlin, & Olson, 2017; Menvielle, 2012; Turban, 2017; Turner, 2009; Woronoff, et al., 2006). Lastly, the child may also have a history of gender nonconforming behaviours or of seeking validation of their authentic gender identity.

Of course, some of these cues may be somewhat challenging for social workers and/or foster parents to discern if they have not known the child or youth for long. Nonetheless, reviewing the child’s history, discussing with important people in the child’s life, and establishing an ongoing, open dialogue with the child or youth about gender identity can help caregivers gain an understanding of the youth’s motivations and needs for transitioning. Keep in mind, however, that some children and youth may not display some or all of these cues but this does not mean that their gender needs are not serious or that they should be dismissed (Landen, Walinder, & Lundstrom, 1998; Menvielle, 2012). It can never be known with absolute certainty whether a child’s gender identity will be permanent (Menvielle, 2012). Thus, it is most important for caregivers to adopt an approach to support and caregiving that minimizes harm while allowing the child to flourish and remain true to themselves.

2. **How would transitioning or gender exploration affect the child or youth’s well-being and safety?**

Naturally, caregivers have the child or youth’s best interest at heart and may worry that allowing a child to transition to another gender may make them vulnerable to teasing, bullying, or violence (Ryan, 2009; Ryan et al., 2010). Although these are legitimate concerns, they reflect a problem with the environment and with other people’s attitudes - not with the gender identity of the child or youth. Thus again, the superordinate goal of social workers, policy staff, and foster parents should be to ensure that children and youth are safe and supported if they choose to transition. Moreover, the psychological distress, depression, and suicidal ideation or attempts that may occur if a child is prevented from transitioning may be far more detrimental to their health and well-being (Brill & Pepper, 2008). Nevertheless, each situation is different and decisions about transition should always prioritize the child's well-being (Ehrensaft, 2012).

Existing literature suggests that children who are allowed to socially and/or medically transition have better mental health outcomes than those who were not allowed to transition in the past (Connolly et al., 2016; Turban, 2017). A recent longitudinal study of transgender youth demonstrated that socially transitioned transgender youth have similar rates of depression and anxiety as their cisgender siblings as well as an age and gender-matched control group (Durwood et al., 2017). Even children who have socially transitioned before puberty are showing similar improvements in mental health (Olson, Durwood, DeMeules, & McLaughlin, 2016). Current research is insufficient to predict the long-term outcomes of completing gender role transitions in early childhood (Coleman et al., 2012). Though there is some evidence from parent reports that early
transitions may be promising in that they lead to improvements in children’s anxiety and depression (Olson et al., 2016).

A study of 923 trans youth across Canada showed that youth who were not allowed to live in their authentic gender all the time were less likely to report good or excellent mental health compared to those who were allowed to live in their authentic gender at all times (Veale, Saewyc, Frohard-Dourlent, Dobson, & Clark, 2015). However, if there are safety concerns about being one’s authentic gender in some settings, it may be worth discussing these concerns with the child or youth and deciding together which situations it would be safe to be out in and which situations it would not be safe. Likewise, there may be some individuals in the child’s life whom it would be safer not to disclose one’s authentic gender identity. The pros and cons for each situation should be weighed before making decisions and safety planning for different situations should be discussed with the child or youth. The process of “coming out” is often an ongoing, lifelong process so it’s important to have a strong network of supportive individuals.

Ultimately, caregivers will know that they have made the right decision if the child’s gender-related distress and general well-being noticeably improves (Trans Care BC, 2017).

3. **What might transitioning entail (e.g., timeline, social transitions, medical transitions)?**

The timeline and process of disclosing one’s authentic gender identity and/or transitioning will be unique to each individual. Some may wish to transition at a slower rate. Perhaps changing small aspects of their appearance one at a time or disclosing their gender identity only to trusted individuals. Others may choose to keep their gender identity completely private. Still others may wish to make all the necessary changes at once.

There are two different aspects of transitioning - social and medical (sometimes called physical). Social transitions refer to the process by which individuals may alter their appearance and personal information (e.g., name, preferred pronoun) to match their authentic gender (Steensma et al., 2013). Medical transitions refer to the process by which individuals may undergo medical steps to transition to one’s authentic sex (e.g., hormone therapy or gender-affirming surgery; Trans Care BC, 2017). Social transitions are most relevant to children who have not yet reached puberty but medical transitions may be something that older youth and their caregivers begin to think about as they reach their late teens and adulthood (Edwards-Leeper et al., 2016).

**Social Transitions**

While some youth may have always lived in their authentic gender, others may require caregiver support and affirmation to ease their social transition to their authentic gender. There is no
one proper way to socially transition. It’s a personal process. It is most important for children and youth to take the steps that feel right for them. There are many ways that a child or youth may consider communicating their gender such as through name and pronouns, appearance (e.g., clothing, accessories, hairstyle, binding, packing, tucking, or padding), decor, toys, activities, and support networks.

Name and Pronouns. Caregivers can discuss with children and youth about their preferred name and pronouns. Choosing a new name during the transitioning process can be empowering for children and youth (Fink & Scott, 2015). Some children and youth may wish to keep the same name or tweak it slightly. Again, it is about what feels best for the individual. Likewise, some children and youth may wish to use gender pronouns that reflect a gender binary such as “she” or “he” whereas others may prefer pronouns such as “they”, “fae”, or “ze.” There are an infinite number of pronouns and new ones emerge all the time. Thus, it is important to always ask children and youth about the name and pronouns they would prefer and to advocate on behalf of children who would like to use pronouns that match their authentic gender identity. The University of Wisconsin's Lesbian, Gay, Bisexual, Transgender Resource Center website offers a great webpage to learn about gender pronouns and how to ask someone about their gender pronouns. It can be accessed at https://uwm.edu/lgbtrc/support/gender-pronouns/

Also, as a caregiver, it is important to assist and advocate for children and youth who would like to legally change their name and gender identification. Fortunately, in BC, sex reassignment surgery is no longer required to change gender/sex designation on BC identification documents (Trans Care BC, 2017). More information about how to change name and gender on identification documents can be found at transhealth.phsa.ca (http://transhealth.phsa.ca/social-transition-options/id-and-name-change).

Appearance. Gender can be expressed through the use of clothing, makeup, accessories, hairstyle, etc. Advice and tutorials for how to use makeup and clothing to express one’s authentic gender can found online on websites such as Youtube. There are also a number of ways that children and youth can alter their appearance of their bodies non-surgically in order to feel more comfortable.

For example, padding refers to using undergarments (e.g., padded bras and panties), breast forms, and foam to create the appearance of breasts, hips, and buttocks (Trans Care BC, 2017; Fink & Scott, 2015). These adjustments can help clothes to fit better and are much safer than using silicone injections to alter the shape of the body (Trans Care BC, 2017).

Similarly, packing refers to using a non-flesh penis, often referred to as a “packer.” Packers can be purchased online and differ in their functionality. Thus, children and youth may need the assistance of a caregiver in acquiring these items.
To reduce the size of the chest, individuals may also consider binding methods. Binding can be done by wearing tight clothing, bandages or compression garments. Children and youth can experiment with different binding methods such as layering shirts, wearing tight fitting sports bras, and/or wearing athletic compression shirts. The most popular and perhaps most effective binding method would be a chest binders or medical compression shirts that has been designed specifically for this purpose but they are also more expensive (Trans Care BC, 2017; Fink & Scott, 2015). It is generally not considered safe to use bandages or tape as these materials do not bend well with the body nor is it recommended to bind for more than 8 hours at a time (Fink & Scott, 2015).

Lastly, tucking refers to creating a flat appearance at the front of pants. For some, tucking involves placing the genitals between the legs and holding them in place with tight panties or spandex material. Others may wish to tuck parts of their genitals inside of themselves. For more information, the Trans Care BC’s (2017) webpage on “Tucking” describes this process in great detail.

Caregivers can support children and youth to explore these different options but should be open to discussing issues around health and sanitation when using these different methods. Caregivers can also refer youth to a printed copy or online version of the “OMG I’m Trans” booklet created and written by transgender and gender nonconforming youth in Australia for more information about social transitions and these methods of altering body appearance (see Appendix B).

Activities. Social transitions may also involve children and youth playing with toys or decorating their room or possessions in a way that matches their authentic gender identity. It may also involve using gendered facilities (e.g., dressing rooms, washrooms, change rooms) or participating in gender-segregated activities according to authentic gender identity. It may take time to feel comfortable using gendered facilities. Youth on Australia’s Minus18 team recommend that children and youth begin by using facilities that feel safe (Fink & Scott, 2015). Similarly, they recommend getting the support of people who run the facility when applicable. For example, it would be helpful to get a teacher or principal at school to advocate and support the child or youth’s right to use the appropriate facilities.

Another activity that some individuals may desire to pursue is speech therapy to adapt their voice to one that is more comfortable and better reflects their authentic gender (Fink & Scott, 2015; Trans Care BC, 2017).

Again, it is important to stress that the process of social transitioning is unique to each individual. Children and youth may wish to pursue some, all, or none of these options. Of main importance is that caregivers help to inform, support, and provide resources for children and youth during each stage of their social transition.
**Medical Transitions**

Medical interventions such as puberty suppression, feminizing/masculinizing hormone therapy and sometimes surgery are an option for youth who wish to alter their physical body to reflect their authentic gender identity. In relation to medical interventions, the role of caregivers is to ensure that children and youth have access to competent and gender-affirming care and to support them in determining the most appropriate treatments (CSSP, 2017).

Currently BC follows a decentralized, community-based model of transgender health care, meaning that care is typically provided by a team of medical professionals, mental health practitioners, community services, support groups, etc. (Kopala, 2003). These teams strive to provide person-centered, strengths-based, trauma informed, culturally safe and affirming care for children, youth and families. This model of care uses the seventh edition of the World Professional Association for Transgender Health Standards of Care (WPATH SOC 7) as a guide for informing medical interventions for children and youth (Coleman et al., 2012). These guidelines are flexible considering research in this area is relatively new and should be revised and reassessed in light of new findings (Coleman et al., 2012; Dahl et al., 2015). Likewise, experts recommend that assessment and treatment plans be individualized to address the specific concerns and needs of each youth (Edwards-Leeper et al., 2016). Therefore, these guidelines should always be considered with the best interests of the youth and with consideration of the complexity of their psychological, social, and environmental context (Coleman et al., 2012).

In BC, the Infants Act states that youth have the right to consent to health care without permission from their parents or guardians, provided they can fully understand the nature, consequences, risks and benefits of the health care they seek and that the care provider believes the care is in the youth’s best interests. Nonetheless, caregivers are key in the decision making process as many children and youth will need them for support and advice while navigating options for transitioning to their authentic gender. Thus, supportive caregivers may find it help to research medical interventions on their own or call the free BC-based “Rapid Access to Consultative Expertise (R.A.C.E.)” hotline where physicians who are experts in trans health care are available for consultation (Local: 604-696-2131 or Toll-Free: 1-877-696-2131). Caregivers can also get help navigating the healthcare system from designated “system navigators” at transhealth.phsa.ca/about/contact-us.

Before treatment, it is generally recommended that children and youth speak to a mental health professional to help them through the process of deciding whether medical interventions are appropriate for them (Bernal & Coolhart, 2012; Levine, 2013). In BC, before a youth can begin any of these medical interventions they must be assessed for readiness (Trans Care BC, 2017). This readiness assessment is typically done by a general practitioner, family physician, nurse practitioner or mental health professional (e.g., counsellor, psychologist or psychiatrist) and usually requires multiple assessments over the course of 2 or 6 months (Trans Care BC, 2017). Practitioners will often ask youth
about their understanding and expression of their gender identity, their feelings about their body, their emotional state, and the benefits and limitations of the treatment. The practitioner should also assess the youth’s health history, mental health, physical health, and risk.

Furthermore, for youth under age 18, WPATH SOC 7 recommends that at least four criteria be met:

1. The youth must have demonstrated a long-lasting and intense pattern of gender nonconformity or gender dysphoria (whether it is expressed or suppressed).
2. Gender dysphoria worsened with onset of puberty.
3. Any co-existing psychological, medical or social problems that could interfere with treatment (or that may compromise adherence to treatment) have been addressed, such that youth’s situation and functioning are stable enough to start treatment.
4. The youth has given informed consent and, particularly when the adolescent has not reached the age of medical consent, the parents or other caretakers or guardians have consented to the treatment. In BC, consent of guardians is preferred, but not necessary under the BC Infants Act.

For youth who have met these criteria and been properly evaluated, the current standard of care is to provide reversible treatments such as puberty-suppressing medication and/or partially reversible treatments such as gender-affirming hormone therapy (Coleman et al., 2012; Edwards-Leeper et al., 2016; Hembree et al., 2009). These treatments typically require that a youth has already begun the first stages of puberty (Edwards-Leeper et al., 2016).

Reversible interventions such as puberty suppression (e.g., puberty blockers) are considered safe and recommended by both the Endocrine Society (Hembree et al., 2009) and WPATH SOC 7 (Coleman et al., 2012). This treatment may also include gonadotropin releasing hormone (GnRH) analogues to suppress estrogen or testosterone production and delay pubertal changes and progestins that decrease effects of androgens secreted by the testes or continuous oral contraceptives that suppress menses (Coleman et al., 2012).

There are many potential benefits of puberty suppression. One benefit is that it may reduce the suffering and dysfunction experienced by some children because of their gender (Edwards-Leeper et al., 2016). In this way, it can be used to gauge whether a child’s distress is associated with their gender identity and whether transitioning will be right for them (Edwards-Leeper & Spack, 2012). Another benefit is that it allows the youth to have more time to explore their gender identity and expression by delaying the bodily changes that accompany puberty, especially considering these changes can be distressing to the youth (Edwards-Leeper et al., 2016; Forcier & Haddad, 2013). Indeed, pubertal changes that do not align with one’s authentic gender and the associated stigma
have been linked to depression, anxiety, isolation, rejection and suicidal ideation and attempts (Grossman & D’Augelli, 2006). A final benefit or puberty suppression, especially when provided early, is that it can improve “passing” as one’s desired gender for those who wish to pursue further medical and physical interventions later on by stopping the development of secondary sex characteristics that would be difficult and costly to reverse (Cohen-Kettenis & Van Goozen, 1998).

There are also some important considerations that need to be highlighted. First, puberty suppression can be costly. In BC, the most commonly used puberty blocker is called Lupron Depot, which costs about $400 per month (Trans Care BC, 2017). It is covered by BC PharmaCare and some families can have the cost covered by BC’s PharmaCare Plan G or other extend health care plans (Trans Care BC, 2017). Second, some believe that delaying puberty can prevent youth from experiencing the identity consolidation that comes along with the experience of puberty (Edward-Leeper et al., 2016). Yet this concern is negligible as youth who are seeking this treatment are often those who feel strongly that their authentic gender does not align with their assigned gender and are more likely to persist in their authentic gender identity into adulthood (Steenisma et al., 2013). Moreover, WPATH SOC 7 recommends that youth begin the very first stages of puberty before receiving puberty suppression treatments (Coleman et al., 2012). Third, more research is needed to determine the long-term effects of this treatment on the body and development. So far, research suggests that body proportions and bone density remain in the normal range during puberty suppression (Delemarre-van de Waal & Cohen-Kettenis, 2006). Overall, puberty suppression is considered to be very safe (Trans Care BC, 2017) but as with any medical intervention, the costs and benefits need to be considered carefully by the individual, their guardian(s), and their healthcare team.

Ultimately, the few studies that exist do show positive effects of puberty suppression on psychological functioning and life satisfaction of transgender youth (Cohen-Kettenis et al., 2011; Edwards-Leeper & Spack, 2012; de Vries et al., 2014). Moreover, it is also important to consider the significant distress and harm that can result when a youth’s body changes in ways that do not feel congruent with their authentic gender. Puberty suppression allows the youth to have more time to explore their gender identity as well as the freedom to change their mind about their gender identity, if they wish. Therefore, puberty suppression is recommended as a part of a gender-affirming model of care.

Some youth may decide to pursue treatment to feminize or masculinize their bodies to align with their authentic gender. These treatments may involve the prescription of estrogen (as well as testosterone blockers) or testosterone to be injected, taken orally, or applied topically (Trans Care BC, 2017). In Canada, most hormone treatments are received from a family doctor, general practitioner, or specialist (e.g., endocrinologist; Veale et al., 2015). Hormone therapy is considered a partially reversible treatment because some changes may be reversible through surgery while others may not and there are also implications for fertility (Coleman et al., 2012). Because adolescence is a time of
identity formation, it is particularly important for youth to have had time to thoughtfully consider this decision and feel certain about their choice - without pressure from others (Coleman et al., 2012).

WPATH SOC 7 recommends that gender-affirming hormone therapy be initiated around age 16 for individuals who have been on puberty suppressing medication for several years, have adequately explored their gender identity, are well informed and aware of the fertility implications of treatment, and have been appropriately assessed by a mental health professional (Coleman et al., 2012). However, it may be in the best interest of some individuals to start hormone therapy earlier if they are experiencing considerable distress from waiting (Olson & Garofalo, 2014). Similarly, guardians should be aware of the risk that youth may access hormones illegally if they are prevented from receiving legal treatment. Non-prescription grade hormones could be watered down or cut with other drugs and sharing needles may increase the risk of HIV or hepatitis C (Holman & Grossman, 2006). Veale and colleagues (2015) found that one in three Canadian transgender youth reported taking hormones for trans related reasons at some point in their lives. Thus, it is likely that youth will find a way to access hormones if desired. If children and youth are using illegal hormones, it is ethical to provide them with legal hormone treatment (Trans Care BC, 2017).

**Irreversible interventions** refer to surgical procedures to help one’s body reflect their authentic gender. There are many types of feminizing and masculinizing surgeries possible, many of which require that an individual has had at least a year of continuous hormone therapy and that they have one or two letters of recommendation from qualified professionals (Trans Care BC, 2017). Furthermore, it is recommended that surgery not be carried out until a person has reached the age of majority (18 years old in British Columbia). Although, the criteria for chest surgery or breast construction is less stringent and may be sought at an earlier age (Coleman et al., 2012). Nonetheless, readiness assessments for surgery and the subsequent waiting lists for surgery can be lengthy processes and so it’s unlikely that youth under the age of 18 will receive these procedures. Nonetheless, it may be helpful for youth and their guardians to seek more information about these procedures to determine whether or not they would like to pursue these options when the time comes. For those interested in learning more about these options, the Transgender Health Information Program on the Trans Care BC website has a wealth of resources on this topic (http://transhealth.phsa.ca/medical-options/surgeries).

Again, it is important to emphasize that these interventions should be personalized for each individual. What is right for some may not be right for others. Likewise, ongoing monitoring and assessment is crucial for any of the above treatments. Similarly, it is strongly recommended that individuals who undergo medical treatments have adequate social supports and stability (de Vries, 2006). In closing, it should also be noted that withholding or not allowing youth to receive medical interventions is not a neutral option, especially for youth who experience significant distress from being denied treatment (Nuttbrock et al., 2010).
4. **Who should be involved and what needs to change to allow the child or youth to live safely in their authentic gender?**

Navigating disclosures, building strong support networks, and advocacy are a few key issues that caregivers should consider when determining who needs to be involved and what changes may need to be made to allow children and youth to live in their authentic gender.

**Disclosure**

Caregivers play an important role in supporting children and youth as they navigate the process of deciding when and to whom to disclose their authentic gender identity. In general, experts such as Elizabeth Saewyc recommend that caregivers refrain from disclosing a child or youth’s authentic gender identity to others without the child or youth’s knowledge and consent (personal communication, March 22, 2017). However, there may be circumstances where disclosure may be in the best interest of the child (e.g., for health care). There may also be individuals who could help support and protect the child if they know about the child’s gender identity. Caregivers should consider how each specific disclosure may help or harm the child or youth (CSSP, 2017). It is important to discuss in advance with children and youth about when and to whom they would like to disclose their authentic gender identity as well as their wishes and desires around when their caregivers should be allowed to disclose and what they should be allowed to say. Ultimately, caregivers should continue to check in with children and youth about their desires and respect their wishes (CSSP 2017; Trans Care BC, 2017).

Caregivers can help children and youth by discussing the best approaches for disclosing to different individuals. They may discuss the best method of disclosing (e.g., in person, phone, email), what information to share, how to prepare for different responses, strategies for dealing with stigma and discrimination, etc. Similarly, conversations will need to be had between caregivers and children or youth about planning ahead for potential roadblocks to disclosure. It is also important for caregivers and children or youth to have safety plans established in the event that other people respond negatively to disclosure (Trans Care BC, 2017). Helping and supporting children and youth explore these issues while understanding the various social constraints will help to build resiliency and skills for their future (Ehrensaft, 2012).

**Support Networks**

Caregivers should help children and youth gain the support of individuals who play important roles in their everyday lives (e.g. siblings, close friends; Trans Care BC, 2017). Once these important individuals are on board and supportive, caregivers may reach out to other important systems in the child’s life such as schools. Gender Spectrum has excellent “Gender Transition Plan” and “Gender
Support Plan” templates for caregivers and educators to use as a guide for the transition process as well as to help outline the necessary supports and accommodations for the child or youth (See Appendix A). Some schools may already have policies in place and have established gender-sexuality alliances to support children and youth.

Helping and supporting children and youth in growing a trans positive support network is also important. Caregivers can help by connecting the child or youth to LGBTQ+ community organizations or adult role models as well as encouraging their relationships with other trans and LGBTQ+ children and youth. Likewise, connecting youth with online communities such as those on websites such as Tumblr, Twitter, Facebook can be very helpful and provide tips and insight into the transitioning process and life in general. Moreover, building a supportive and understanding network can reduce the feelings of alienation and isolation that children and youth may otherwise experience.

At the same time, it is important for caregivers to access supports and resources of their own (See Appendix A for Educational Resources). Online communities for caregivers of LGBTQ+ children and youth can also provide invaluable insight and support. The Trans Care BC website is a fantastic resource for caregivers and can connect caregivers to support groups. Many support group and trans or LGBTQ+ ally groups also exist on social media platforms such as Tumblr, Twitter, Facebook, etc. The Canadian website Gender Creative Kids is also an excellent resource for caregivers and their children to access educational materials, policy documents, and information about local resources and support groups. More locally, Qmunity is a queer resource centre in BC that also offers support for children, youth, and their families.

Advocacy

Ideally everyone in children and youths’ lives will be accepting and supportive of their need to transition to their authentic gender. In reality, this is not always the case. There will inevitably be instances where caregivers need to advocate on behalf of children and youth. Advocacy may be particularly important when navigating disclosures and social transitions. Caregivers may need to take some time to educate important people in the child’s life (e.g., family members) about gender identity and LGBTQ+ issues (Trans Care BC, 2017). Caregivers can also play an important role in advocating on the child’s behalf in schools, community organizations and programs, and in the healthcare system. Caregivers can also consider enlisting the help of educational administrators and health care professionals to help advocate on the child’s behalf.

Resources for how to be an LGBTQ+ ally and advocate:
http://www.hrc.org/blog/how-to-be-an-lgbt-ally

http://transhealth.phsa.ca/support/advocacy-legal-issues/advocacy-tips

https://egale.ca/how-to-be-an-lgbtq-ally/
Placement Considerations for Transgender and Gender Nonconforming Children and Youth

A recent study of approximately 3000 foster youth in Los Angeles showed that LGBTQ+ children and youth have, on average, a higher number of placements, are more likely to be placed in groups homes, and are more likely to have been homeless at some point in their lives compared to non-LGBTQ+ children and youth (Wilson & Kastanis, 2015). Therefore, it is not surprising that surveys of LGBTQ+ youth in foster care suggest that they often experience poor treatment or feel that their placements do not meet their needs (Freundlich & Avery, 2004; Wilson & Kastanis, 2015). Trans and gender nonconforming (TGNC) children and youth seen as “difficult to place” may also experience additional barriers as a result of systemic transphobia (Love, 2014). Given the challenges and the negative health outcomes that LGBTQ+ and TGNC children and youth experience in the child welfare system, the Center for the Study of Social Policy’s (CSSP) getR.E.A.L. initiative recommends that every effort is made to develop services that prevent removal of LGBTQ+ and TGNC children from their families and to support families in better understanding gender identity and sexual orientation and providing gender-affirmative care. Furthermore, in situations where families are not able to care for LGBTQ+ individuals, the getR.E.A.L. initiative recommends that efforts be made to locate other supportive relatives in the child or youth’s life.

Unfortunately, placing children and youth with their families or relatives is not always possible nor in the best interest of the child. Considering LGBTQ+ and TGNC children and youth may have experienced undue trauma, abuse, and rejection from their family of origins, it is imperative for child welfare professionals to ensure that these experiences do not continue in government care settings. Safe and supportive placements can have a huge impact on protecting LGBTQ+ and TGNC children and youth from the negative effects of stigma and discrimination and allow them to reach their full potential.

Foster Families

Consistent with child-centered approaches to care, experts recommend that children and youth be actively involved in placement decisions, when they are developmentally able (Wilber, Ryan, & Marksamer, 2006; Woronoff, Estrada, & Sommer, 2006). Social workers should discuss with children and youth which placements they would feel most comfortable, safe, and authentic in and which kinds of placements are most consistent with their current gender identity (getR.E.A.L., 2017). Wilber and colleagues (2006) also recommend that a number of placement options be available to children and youth so that decisions can be made on an individual basis.

If the child or youth is unable to be involved in the decision making process, foster family placements are often preferred as they are the least restrictive and most family-like setting (Wilber et
al., 2006; Woronoff et al., 2006). However, it should not be assumed that the child or youth will naturally want this kind of placement (Wilber et al., 2006; Woronoff et al., 2006). It is possible that a child’s own history of rejection, abuse and trauma experienced in their family of origin or past foster families can hinder their ability to accept the new family and they may not want to return to this type of placement (Ream & Forge, 2014).

Of course, foster family placements require that LGBTQ+ supportive and affirming foster parents and families exist and are available (Child Welfare League of America (CWLA)/Lambda Legal, 2012). Thus, the Child Welfare League of America and Lambda Legal (2012) recommend that child welfare professionals work to identify, recruit, and encourage LGBTQ+ and TGNC supportive and affirming foster parents, including those who identify as part of the LGBTQ+ community. However, it is not absolutely necessary that foster parents be from the LGBTQ+ community themselves. Results from the regional listening forums held across the United States indicated that many youth simply desire that foster parents be open-minded, accepting, supportive, loving, and affirming (Woronoff, et al., 2006).

Moreover, it is recommended that foster parents be appropriately trained and screened in regards to LGBTQ+ issues and support provision (CWLA/Lambda, 2012; Woronoff et al., 2006). The same kind of comprehensive training and support that is offered to staff and social workers should be provided to foster parents to ensure they will be able to provide supportive and affirming care. It is essential that TGNC be placed with families that affirm their gender and do not try to convert or alter the child’s gender identity (CSSP, 2017). With this in mind, Woronoff and colleagues (2006) recommend that policies and protocols be in place that allow for placement changes if foster parents are not supportive.

**Group Home Placements**

If supportive foster family placements are unavailable or undesired by the child or youth then group-home placements may be considered. It should be noted that some organizations such as the Center for the Study of Social Policy recommend against the placement of TGNC children in group homes unless a child specifically requires this kind of care (CSSP, 2017). Other jurisdictions such as California view group homes placements as short-term solutions during which more appropriate placements can be located (CSSP, 2017).

If facilities are sex or gender-segregated, TGNC youth should not automatically be placed according to the sex they were assigned at birth (CWLA/Lambda Legal 2012; Love, 2014; Woronoff et al., 2006; Wilber et al., 2006). Placing TGNC children and youth according to their assigned birth sex undermines and invalidates their sense of self and gender identity (CSSP, 2017). Instead, most authorities recommend that placement decisions be made on an individual basis with the safety, well-
being, and best interests of the child or youth prioritized (CWLA/Lambda Legal 2012; Love, 2014; Woronoff et al., 2006; Wilber et al., 2006).

Ideally, the child or youth will be involved in the decision-making process. Of course, children and youth will have differing levels of experience and capacity to discern how safe they will be in different kinds of placements. Unfortunately, there are no formal guidelines for how to weigh children and youths opinions when making these decisions but, at the very least, social workers should discuss safety, privacy, and other concerns with children and youth and provide guidance and counselling, when appropriate (Love, 2014). Social workers can also consult with families, experts, and clinicians to assess the needs and strengths of children and identify the most appropriate placement (CSSP, 2017; Love, 2014). Decisions about group-home placements should always be carefully considered given that LGBTQ+ and TGNC children and youth may be at increased risk of harassment, abuse, and sexual assault in these placements (Love, 2014; Mallon, 1998; Woronoff et al., 2006).

To inform decisions, social workers may ask: Are caregivers and/or staff trained and sensitive to LGBTQ+ and particularly trans issues? Would they intervene if they witnessed unfair treatment or violent behaviour from other children, youth, or adults? Can this placement met the unique needs of the child or youth? Are there enough supports in place to ensure safety and gender-affirming care? In addition to carefully considering these questions, the pros and cons of different placement options should be weighed with the specific child or youth in mind. Once a decision is made, careful monitoring and continuous assessment of the child’s comfort and safety is advised (getR.E.A.L., 2017).

When it comes to room assignments, CWLA and Lambda Legal (2012) recommend that the safety of children and youth be prioritized without isolating them from others as best as possible. In particular, TGNC children or youth should be asked whether they feel more comfortable sharing rooms with male or female-identified children or youth or whether having a room to themselves would be preferred (CSSP, 2017). Despite the risk of isolation, single occupancy rooms may sometimes be the safest option and also the most respectful of privacy (CWLA/Lambda Legal, 2012; Love, 2014; Woronoff et al., 2006; Wilber et al., 2006). Another option is to designate transgender-specific bedrooms. This option would help to reduce the problem of isolation (Love, 2014). Nonetheless, placing a child or youth in a room by themselves or in transgender-specific bedroom should not be done in a way that “outs” them (e.g., the existence of a transgender-specific bedroom should not be disclosed to children and youth; Love, 2014). However, accidental disclosure is still a risk in these situations. Thus, it may be preferable to place TGNC children and youth in group homes that offer individual bedrooms for all residents (Love, 2014).

Similar considerations should be made in regard to bathroom use in group homes. Children and youth should be allowed the use of private, lock-able, individual stalls or bathrooms for showering and toilet. Likewise, TGNC children and youth should not be required to shower or undress in front or with other children and youth (Love, 2014). Again, ensuring privacy and preventing
unnecessary disclosure of a child or youth’s gender identity is of utmost importance in these situations (Love, 2014). Therefore, in some cases, options that apply to everyone (e.g., individual bathrooms, showers, and bedrooms for all) minimize the likelihood that TGNC children and youth will be “out”-ed or “other”-ed.

Overall, competent staff, comprehensive training, and continual monitoring children and youth in group homes can greatly improve their comfort and safety.

**LGBTQ+ Group Homes**

Societal homophobia, transphobia, and heterosexism can make it challenging for child welfare professionals to ensure the safety of LGBTQ+ and TGNC children and youth in group homes and other congregate care settings. Staff may lack the skills to detect feelings of isolation from youth or they may even be complicit in creating unsafe environments by using negative language, turning a blind eye to abuse, or engaging in abuse themselves (Mallon, 2009; Ream & Forge, 2014; Wilber et al., 2006; Winter, 2013). One short-term solution to this problem is to designate specific group homes or foster placements as safe havens for LGBTQ+ and TGNC children and youth (CWLA/Lambda Legal, 2012). California and New York are among the first jurisdictions to offer LGBTQ+ specific group homes. Children and youth who have stayed in these kinds of placements have reported positive effects to their well-being, self-confidence, and safety (Woronoff et al., 2006). However, this solution does not negate the need for improving LGBTQ+ and TGNC children and youth’s safety in all placements (Mallon, Aledort, & Ferrera, 2002).

**Future Directions and Considerations**

It is well established in the literature that LGBTQ+ children and youth face multiple barriers to affirming and supportive care. Experts agree that LGBTQ+ youth’s basic needs for safety, fair treatment, and access to resources often go unmet in child welfare settings (Estrada & Marksamer, 2006; Freundlich & Avery, 2004; Mallon, 1998; Woronoff et al., 2006; Wilber et al., 2006). Yet, the results of our jurisdictional scan and literature reviews suggest that services that address these barriers and the unique needs of LGBTQ+ youth are rare but desperately needed. Moreover, though many experts agree on the kinds of policy and practical changes that are necessary to improve outcomes for LGBTQ+ children and youth such as improving policy, providing comprehensive training for staff and foster parents, and facilitating access to community supports and resources (e.g., Wilber et al., 2006; Woronoff et al., 2006). Despite this agreement, very few jurisdictions have implemented these kinds of changes. Still, far fewer have implemented any formal evaluations of the effectiveness of these changes or proposed changes on outcomes for LGBTQ+ children and youth. Moving forward, and as research in this area grows; there should be greater emphasis on the evaluation of such interventions in child welfare settings. By monitoring and evaluating these policy and practical
changes in child welfare settings, MCFD could help to inform their own service provision and development as well as make meaningful contributions to the current knowledge base.

Similarly, research regarding gender transitioning and gender nonconforming children is currently in its infancy. Hopefully, in future years there will be further evidence, specifically regarding the long-term outcomes of gender transitioning, to help inform child welfare professionals and the social workers who care for gender transitioning or gender nonconforming children and youth. With these considerations in mind, child welfare professionals and care providers should pay attention to new research in this area and update their policies and standards of care appropriately.

Nonetheless, the existing literature repetitively emphasized the need for LGBTQ+ children and youth to be acknowledged and heard in child welfare settings and to be involved in decisions regarding their welfare and placement. Thus, moving forward, providing opportunities for youths’ voices and concerns to be heard can provide invaluable insight regarding their needs, concerns, and the inadequacies of care provision. Likewise, consistent with a child-centered, strength based approach, youth should similarly have the opportunity to be involved in the creation of more supportive and inclusive environments.

**Conclusion**

Important progress toward inclusivity and support for LGBTQ+ children and youth in child welfare settings has and continues to be made. However, considering the potentially life saving implications of improved policy and practices in child welfare settings, there is significant and urgent need for further improvement. More inclusive policies, sensitive and informed practices, and safe environments have the potential to benefit all children, youth, families, professionals, and communities served by MCFD.
Relevance

Recommendations

Based on the most promising practices gathered from the jurisdictional scan, literature reviews, and expert opinions, recommendations for MCFD to consider are as follows:

**Policy Recommendations**

Consider:

1. Developing policy and legislation to allow for the collection of identity-based information (e.g., gender identity, sexual orientation) from children and youth who access child welfare services.
2. Developing policy that requires a child-centered, strength based approach for making decisions on behalf of or with children and youth.
3. Developing and implementing non-discrimination policies that expressly prohibit discrimination on the basis of gender identity, gender expression, and sexual orientation of children, youth, foster parents, staff and social workers. Communicate and raise awareness of these policies to staff and children and youth and enforce them.
4. Ensuring that equity statements, mission statements, and code of conduct protocols prohibit discrimination based on one’s real or perceived sexual orientation, gender identity and gender expression.
5. Adopting policy that protects trans, two-spirit and gender nonconforming children and youth rights. These include the right to be addressed by one’s preferred name and pronoun, to participate in gender segregated activities in accordance with one’s gender identity, and to have access to a safe restroom and facilities that correspond to one’s gender identity.
6. Developing policy that allows staff to be open about their gender identity and sexual orientation. This models a valuing of diversity and provides exposure to adult role models.
7. Updating language in policy documents and written communication to be gender-neutral. For example, use “they”, “their” and “themselves” or “one”, “one’s” and “oneself” in place of gendered pronouns.
8. Updating language used in employee and child intake instruments to ask sensitively ask about gender identity and sexual orientation. Provide options for “preferred name”,
9. Mandating basic LGBTQ+ education and training for foster parents, staff, and social workers.
10. Mandating on-going LGBTQ+ sensitivity training for foster parents, staff, and social workers. Consider including evaluation components to assess competencies.
11. Requiring that foster placements and group homes be evaluated for safety and supportiveness on an on-going basis.
12. Allowing children and youth to use their preferred name and authentic gender identity on ministry forms and documents.

**Practical Recommendations**

**Immediate**

Consider:

1. Raising awareness of LGBTQ+ barriers to care in child welfare settings and the importance of inclusivity.
2. Using preferred pronouns and inclusionary language. Make a habit of introducing yourself with your name and preferred pronouns. Always ask children and youth which pronouns they prefer. Use neutral language that does not make assumptions about a child or youth’s gender identity or sexual orientation. For example, instead of asking a cisgender boy has a “girlfriend” ask if he has “someone special” or someone he “likes more than just a friend.”
3. Making resources and information about gender identity and sexual orientation accessible to children and youth through appropriate reading materials, websites, movies, educational materials, etc.
4. Creating physically welcoming spaces with the use of LGBTQ+ reading materials, posters, stickers, symbols (e.g., rainbows and pink triangles) in ministry offices, social worker offices, group homes, etc.
5. Taking opportunities to challenge and counteract binary and stereotypical messages about gender (both implicit and explicit) found in the Ministry, group homes, offices, including murals, posters, bulletin boards, website, etc.
6. Advocating on behalf of LGBTQ+ children and youth when appropriate and necessary. In particular, transgender and gender non-conforming youth may need help advocating for their rights and safety in schools, health care settings, and in the community.
7. Seeking and providing opportunities for children and youth to voice their needs and concerns regarding safety, inclusivity, and placements (e.g., advisory councils, focus groups, program evaluations).

**Short-Term**

Consider:
1. Ethically and confidentially collecting and using identity-based information (e.g., gender identity, sexual orientation) to assess the needs of LGBTQ+ children and youth.
2. Creating gender-neutral bathrooms and change rooms at all relevant locations. Or, changing gender-segregated bathrooms and change rooms to gender-neutral or all-gender bathrooms.
3. Designating LGBTQ+ safe foster or group homes for LGBTQ+ children and youth.
4. Appointing an “ombudsperson” or “contact” who is knowledgeable about LGBTQ+ topics and issues and can advocate for and support LGBTQ+ children and youth.
5. Providing foster parents, staff, and social workers with LGBTQ+ educational materials and information about LGBTQ+ community resources.
6. Providing basic and ongoing training for staff about gender, sexuality, and LGBTQ+ topics and issues.
7. Assisting gender transitioning and gender non-conforming children and youth with changing their gender and/or name on legal documents.

Long-Term

Consider:
1. Improving safety in all group homes by hiring and training competent staff as well as monitoring and assessing safety on a regular basis.
2. Increasing diversity in the Ministry and among frontline staff by hiring individuals of diverse backgrounds including those who identify as LGBTQ+.
3. Establishing a Gender-Sexuality Alliance for LGBTQ+ youth in foster care or other similar groups for LGBTQ+ to join and participate in.
4. Developing MCFD specific LGBTQ+ educational manuals and training programs.
5. Partnering and collaborating with LGBTQ+ community organizations to create support groups, educational opportunities, and community events for children and youth as well as to develop outreach and recruitment strategies for foster families.
6. Increasing efforts to educate and support LGBTQ+ families of origin as well as increase efforts to recruit and train supportive foster families.
7. Developing teams of care professionals that work together to educate, advocate and locate important supports for LGBTQ+ children and youth in care.
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References


Trans Care BC. (2017). Trans Care BC. Retrieved April 8, 2017 from transhealth.phsa.ca


Turner, J.L. (2009). From the inside out: Calling on states to provide medically necessary care to transgender youth in foster care. *Family Court Review, 47,* (3), 552-569.


Appendix A: Educational Resources for Staff and Frontline Workers

General Educational Resources:

What Educators Need to Know (BC Ministry of Education)

Do’s and Don’ts for when someone comes out to you
http://itspronouncedmetrosexual.com/2016/04/when-someone-comes-out-to-you-do-dont/#sthash.60gBGy7V.dpbs

Pronouns 101
http://www.transstudent.org/pronouns101

Working with Trans Students (Language Guide)
http://lgbtrc.uci.edu/images/bestpractices

Challenging Homophobia
galebc.org

Gender Spectrum Education & Training
www.genderspectrum.org

Pride Education Network – BC School System Resources and Education
http://pridenet.ca/

Out In Schools LGBTQ+ Film and Media Presentations (Vancouver)
www.outinschools.com

Sexual Attraction and Orientation

The Trevor Project: Education and Resources for Adults
http://www.thetrevorproject.org/section/education-training-for-adults
American Psychological Association Resource Pages

Key Terms and Concepts in Understanding Gender Diversity and Sexual Orientation Among Students

Healthy Lesbian, Gay and Bisexual Students Project

Just the Facts: A Primer for Principals, Educators and School Personnel

Understanding Sexual Orientation and Gender Identity

Every Teacher Project Final Report on LGBTQ-Inclusive Education in Canada

GLSEN - Educator Guides & Policy Resources
https://www.glsen.org/

**Welcoming Spaces**

Printable Gender-Neutral Bathroom Sign

Safe Space Stickers and other Symbols Available for Purchase at
http://egale.ca

**Child Welfare Settings:**

Lambda Legal - Recommended Practices for Promoting Safety and Well-Being of LGBTQ Youth in Child Welfare Settings

Child Welfare League of America - Serving LGBT Youth in Out-of-Home Care: Best Practice Guidelines

Lambda Legal - Getting Down to Basics: Tools to Support LGBTQ Youth in Care

World Professional Association for Transgender Health - Standards of Care for the Health of Transexual, Transgender, and Gender Nonconforming People
http://www.phsa.ca/transgender/Documents/Standards%20of%20Care%2c%20V7%20Full%20Book.pdf

Creating a Safe Space for GLBTQ Youth: A Toolkit

A Practitioner’s Resource Guide: Helping Families to Support their LGBT Children


Caring for Trans and Gender Diverse Clients in BC: A Primary Care Toolkit

Assessment and Training – assessment tools for identifying those at risk or receiving rejecting behaviours from family
https://familyproject.sfsu.edu/sites/default/files/Mental_Health_Assessment%20Protocol.pdf

R.I.S.E. Project (Los Angeles) Outreach and Relationship Building Training Manuals 1 through 5
http://files.lalgbtcenter.or4/pdf/rise/

Advocates for Youth (AFY): LGBTQ Resources for Professionals
http://www.advocatesforyouth.org/lgbtq-resources-for-professionals

– Girl's Best Friend Foundation and Advocates for Youth (PDF)

Human Rights Campaign – Resources and Information - Transgender Children and Youth
http://www.hrc.org/explore/topic/transgender-children-youth
Annie E. Casey Family Services – Best Practices for Youth in Foster Care Literature Review


Human Rights Campaign - Foster Care Resources
http://www.hrc.org/resources/all-children-all-families-additional-resources

Helping Families to Support Their LGBT Children http://store.samhsa.gov/shin/content/PEP14-LGTKIDS/PEP14-LGTKIDS.pdf

Child Welfare League of America Recommended Practices to Promote Safety and Well-being of LGBTQ Youth and Youth at risk of or Living with HIV in Child Welfare Settings


Policy

Inclusive Language Guidelines
http://hrcouncil.ca/hr-toolkit/diversity-language-guidelines.cfm

BC Teacher’s Federation LGBTQ Policies and Regulations

Vancouver School Board Sexual Orientation and Gender Identities Policy
https://www.vsb.bc.ca/district-policy/acb-r-1-sexual-orientation-and-gender-identities

Know Your Rights: Working with Transgender and Gender-Nonconforming Youth
http://www.lambdalegal.org/know-your-rights/working-with-transgender-youth

Information about administrative policies and practices to support transgender and gender diverse students. By the American Psychological Association, APA Div. 16 (School Psychology) and Div. 44 (Society for the Psychological Study of Lesbian, Gay, Bisexual and Transgender Issues).
Model district policy on transgender and gender nonconforming students


Comprehensive model policy with additional information and resources for implementation. By the GLSEN and National Center for Transgender Equality.

Supporting transgender and gender diverse students in schools: Key recommendations for school administrators


Information about administrative policies and practices to support transgender and gender diverse students. By the American Psychological Association, Div. 16 (School Psychology) and Div. 44 (Society for the Psychological Study of Lesbian, Gay, Bisexual and Transgender Issues).

Transgender and Gender-Nonconforming Policy Guidance


Families and Caregivers

Families in Transition: A Resource Guide for Parents of Trans Youth


Queer as family – legal rights and responsibilities of LGBTQ+ families in BC


A La Familia: A Conversation about Our Families, the Bible, Sexual Orientation and Gender Identity (PDF)


Supportive Families, Healthy Children: Helping Families with Lesbian, Gay, Bisexual and Transgender Children

http://familyproject.sfsu.edu/publications

Supporting Your LGBTQ Youth: A Guide for Foster Parents (PDF)

https://www.childwelfare.gov/pubPDFs/LGBTQyouth.pdf
Faith in Our Families: Parents, Families and Friends Talk About Faith, Sexual Orientation and Gender Identity
http://home.pflag.org/FaithInOurFamiliese544.pdf?id=494

Our Daughters and Sons: Questions and Answers for Parents of Lesbian, Gay, Bisexual and Transgender Youth and Adults (PDF)
http://home.pflag.org/OurDaughtersAndSons1a1d.pdf?id=495

Our Trans Loved Ones: Questions and Answers for Parents, Families, and Friends of People Who Are Transgender and Gender Expansive (PDF)
http://home.pflag.org/OTLO_PFLAG_Online5876.pdf?id=921

Gender Spectrum

Parenting and Family
https://www.genderspectrum.org/explore-topics/parenting-and-family/

Gender Transition Plan
https://www.dropbox.com/s/oo8jw5tco619axg/Student_Gender_Transition_Plan_030215.pdf?dl=0

Gender Support Plan
https://www.dropbox.com/s/77o8wjynji8psdn/Student_Gender_Support_Plan.030215.pdf?dl=0

Parents’ Influence on the Health of Lesbian, Gay, and Bisexual Teens: What Parents and Families Should Know

Stop Bullying: Information for Parents
Resources for Allies

How to be a Trans Ally
http://genderqueerchicago.blogspot.ca/2009/10/how-to-be-trans-ally.html

Parents, Families, Friends, and Allies of Lesbians and Gays
http://community.pflag.org/

Trans Alliance Society (TAS)
http://transalliancesociety.org/social_resources_youth.html

Guide to Being a Straight Ally
http://home.pflag.org/S4E_Guidea2ea.pdf?id=139

Coming out as a Straight Supporter
Appendix B: Resources for LGBTQ+ Children and Youth

**Children**

“*When Kathy is Keith*” book by Dr. Wallace Wong

“It’s So Gay, and It’s OK” book by Dr. Wallace Wong

Transphobia Deal with it and be a Gender Transcender book by J Wallace Skelton

http://www.lorimer.ca/childrens/Book/2892/Transphobia.html

Resources for gender creative kids and their families

http://gendercreativekids.ca/resources/

Genderbread Person

http://itspronouncedmetrosexual.com/2015/03/the-genderbread-person-v3/#sthash.1lbZgRhA.dpbs

**Youth**


A Catalogue of Resources and Services for Trans* Spectrum and Gender Questioning Youth in Canada


OMG I’m Trans: Coming out as Transgender or Gender Diverse Doesn’t Have to be an OMG thing - Guide for coming out developed by Transgender Youth in Australia


“Qmunity” BC Queer Resource Centre (Vancouver) - youth drop-ins, bra,binder and breast forms exchange project, information and referrals

http://qmunity.ca

Three Bridges Community Health Centre Drop-in Clinic for Trans or Questioning Youth (Vancouver)

https://www.optionsforsexualhealth.org/providers/three-bridges-clinic-primary-care
Gay, Lesbian, and Bisexual Teens: Facts for Teens and Their Parents

Gay, Lesbian & Straight Education Network (GLSEN): Student Action
http://www.glsen.org/participate/student-action

Gay-Straight Alliance (GSA) Network
http://www.gsanetwork.org/

It Gets Better Project
http://www.itgetsbetter.org

Stop Bullying: Information for LGBT Youth
http://www.stopbullying.gov/at-risk/groups/lgbt/index.html

The Trevor Project: Crisis Intervention and Suicide Prevention
http://www.thetrevorproject.org/

Trans Care BC – Information for Navigating Trans Healthcare
http://transhealth.phsa.ca

Our City of Colours – Community and Resources for LGBTQ+ South Asians (Vancouver)
http://www.ourcityofcolours.com/resources/

Links to Resources and Online Support at PFLAG Canada
http://pflag.ca/

Rainbow Health Coalition – All Kinds of Health Information for LGBTQ+
http://www.rainbowhealth.ca/

Rainbow Resource Centre – Publications, Support, Education
http://www.rainbowresourcecentre.org/

Fraser Valley Youth Society drop-in groups in Abbotsford, Mission and Chilliwack
http://fraseryouth.com/

Youthsafe.net (coming soon)

LGBT Youth Line – online chat, text (647-694-4275), or phone (1-800-268-9688)
http://www.youthline.ca/

Sher Vancouver – support group for LGBTQ+ South Asians and Families
http://shervancouver.com

Pinoy Pride Vancouver – Support for Filipino-Canadian LGBTQ community
https://www.facebook.com/pinoypride.vancouver

Transform: Trans and Non-Binary Youth and Family Support (Prince George & Northern BC)
https://www.facebook.com/transandnonbinarysupport/

Sex, etc. information for LGBTQ+ youth

Trans Rights BC – Resource for knowing your rights as a transgender person
http://www.transrightsbc.ca/

Ok2bme Resources and online support
http://ok2bme.ca

LGBTQ+ Friendly Services in Victoria

Sexual Health Information
islandsexualhealth.org

Respect Yourself – Teen resource for Sex Education
http://respectyourself.ca/