

**PROPOSED STRATEGIC PLAN TO IMPROVE SERVICES TO
LGBTQQ YOUTH AT THE NEW YORK CITY
ADMINISTRATION FOR CHILDREN'S SERVICES**

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SUBMITTED BY:

Ronald Richter, Deputy Commissioner, Family Court Legal Services
Alison Harte, Special Assistant to Family Court Legal Services
Linda Diaz, Staff Attorney and LGBTQ Project Co-Director, Lawyers for Children, Inc.
Kimberly Forte, Staff Attorney, Legal Aid Society
Ronnie Fuchs, Director of Program Integration and Resource Development, Office of Youth Development
Susan Hazeldean, Staff Attorney, Peter Cicchino Youth Project, Urban Justice Center
Selina Higgins, Deputy Director, Division of Child Protection
Michael Katch, Associate Commissioner, Congregate Care Services
Liz Roberts, Associate Commissioner, Deputy Commissioner, Family Support Services
Karey Scheyd, Deputy Director, PREP, Division of Family Permanency
Joan Siegel, Director, Cross Systems Child Planning DFP/OCM
Traci Shinabarger, LMSW, Forensic Social Worker, Legal Aid Society
Miriam Young, Director of Public Policy and Government Relations, The Lesbian, Gay, Bisexual & Transgender Community Center

Executive Summary

All children deserve to live in an environment where they can thrive and should be cared for by people who are supportive and understand their unique needs. Compounding the often significant needs of the child being served by our child welfare system, are the exceptional needs and concerns of the Lesbian, Gay, Bisexual, Transgender, or Questioning and Queer (LGBTQQ) child in care. According to Lambda Legal Defense and Education Fund, Inc. (2002), LGBTQQ youth “make up a disproportionate share of the foster care pool.” In New York City, the Administration for Children’s Services serves roughly 12,000 adolescents through its foster care and preventive programs. A Westat survey found in 2005, that LGBTQQ youth make up about 8% of the population of adolescents in congregate care settings. LGBTQQ youth often enter the child welfare system because violence and rejection by family members has followed disclosure of his/her sexual preferences and/or gender identification. Sometimes once in care, LGBTQQ youth face similarly poor treatment by foster parents, foster siblings and congregate staff and peers. LGBTQQ youth, like all children, should be afforded the opportunity to have support, and live in a family that accepts them, or with others who share their needs and concerns. This helps insure that children will leave our system with the possibility of being secure, healthy, stable adults.

Children’s Services has done a great deal over the last several years to improve the care provided to LGBTQQ youth. In 2002, the GLBTQ workgroup made several recommendations that have come to fruition. For instance, Children’s Services now has specialized SILPs and group homes for LGBTQQ youth, and an interagency LGBTQQ Action Group with a subcommittee on transgender issues meets monthly. A key LGBTQQ milestone at Children’s Services has been the adoption of an updated non-discrimination policy. The policy underscores Children’s Services’ commitment to respect LGBTQQ youth and emphasizes the detrimental effects of gender-based discriminatory practices in our work with LGBTQQ youth.

In the areas of recruitment and training, Children’s Services now offers the LGBTQQ Circle of Support to promote a positive environment for LGBTQQ foster and adoptive parents by increasing their connection to community supports. In our screening procedure for potential staff, Children’s Services now includes questions regarding comfort level with working with LGBTQQ youth. Further, Children’s Services has developed relationships with community-based organizations that serve LGBTQQ-youth such as the Lesbian, Gay, Bisexual and Transgender Community Center, and the Door.

Children’s Services acknowledges that although we have come a long way, we still have progress to make. A public/private collaboration among Children Services officials and LGBTQQ advocates¹ from leading non-profit organizations has been

¹ The Lesbian, Gay, Bisexual and Transgender Community Center, Lawyers for Children, the Urban Justice Center and Legal Aid / Juvenile Rights Division, and representatives from the ACS divisions of

working together since September 2005 to build on the successful efforts of the past to develop a plan that provides a vision and offers strategies and recommendations for a more safe and nurturing environment for LGBTQ youth.

The three overarching goals of Children's Services – Safety, Permanency and Well-Being--guided the development of the strategic plan and support its framework. Within this framework, five major areas emerged in which the agency must work to accomplish a healthier environment for LGBTQ youth: **Training; Access to Community Resources; Policy/Procedures; Evaluation /Accountability and Staffing.**

Training

Comprehensive, continuous, mandatory training must be provided for all ACS and provider agency staff, foster families and congregate care facility peers to improve overall sensitivity to LGBTQ youth and to eradicate discrimination. More specifically, protective, preventive and Family Assessment Program (FAP) staff must be trained to identify and determine if there are LGBTQ youth in a home being investigated and to assess risks created by familial response related to a child's sexuality and gender identity. Staff must be trained to refer families to community-based programs available to help them work through their adverse reaction to these issues.

Staff must also understand homophobia and the issues that arise around gender identity/sexuality within themselves so that personal discomfort about these issues does not influence their work or their judgment. They must understand that homophobia, whether in the youth's home or in placement, is a serious problem that warrants preventive attention. Training must also focus on the emotional needs of LGBTQ youth. Case workers must recognize that reducing emotional isolation is an important part of planning for LGBTQ youth, be encouraged to speak with youth and be supportive of all aspects of their growth. Staff should become advocates for LGBTQ youth and learn about LGBTQ myths and stereotypes so that they may educate others when they encounter gender identity/sexual orientation discrimination. It is essential that training provided to staff not be conducted in a vacuum but be followed up with focus groups, informational sessions and surveys to ensure that practice reflects what is taught in training.

Access to Community Resources

Children's Services' staff should have knowledge of LGBTQ resources in order to support LGBTQ youth. On a practice level, staff should encourage youth to participate in activities such as mentoring programs, recreational opportunities, groups and cultural events. As an agency, Children's Services should sponsor programs for LGBTQ youth and improve non-LGBTQ social events so that they are more inclusive of LGBTQ youth. Systemically, Children's Services should survey available resources for LGBTQ youth and their families citywide to determine what is

available to this population. Formal linkages should be created with both private and public entities that are equipped to address LGBTQ issues and meet LGBTQ needs.

In addition, recruitment resources need to be shored up to include more LGBTQ-friendly foster families. New and diverse recruitment strategies should be used to identify and locate families that are both LGBT and those that are open to fostering LGBTQ youth. In addition, Children's Services recruitment specialists should be trained to ensure they are not using discriminatory practices in their work which may result in their disregarding potential foster parents as a result of their real or perceived gender identity/sexual orientation.

Policies/Procedures

Children's Services' procedures and the policies that inform them should be modified in several areas to better serve the interests of LGBTQ youth and families. The intake process at the Children's Center and at the Field Offices should include a discussion of sexual identity for all youth 12 years and older. Handbooks that explain the youth's rights while in care should be distributed to youth who are subjects of the investigation.

The process for placing LGBTQ youth in care should be streamlined to ensure that LGBTQ youth are placed at the appropriate level of care. Children's placement preferences should be considered for all youth so that they are involved in decisions that impact on their care as soon as the Division of Child Protection begins our intervention. "Gay-friendly"² homes should be identified in advance, and to expedite placement, the home-finding service should have a "tickler" system to match youth with gay-friendly homes who make known their interest and willingness to foster LGBTQ youth.

An LGBTQ "Point Person" or someone who has emerged from LGBTQ sensitivity training as a particularly strong advocate among other agency staff, should be identified in each congregate care facility, each group home, each provider agency, at the Children's Center and at the Field Offices. These LGBTQ point people will serve as a source of support to youth and as a resource to staff on LGBTQ issues. One point person at each site will also play a critical ombudsperson role. This person will be responsible for reporting safety incidents that arise at the facility as reported by LGBTQ youth to a central ACS official.

Evaluation/Accountability

The LGBTQ Ombudsperson System will afford youth an on-site person to whom they can communicate concerns that affect their well-being. Children's Services will be able to monitor the collective concerns communicated to all the ombudspersons through a central coordinator responsible for the ombudsperson system. Feedback from this system should inform Children's Services on how to improve the provision

² Gay – Friendly or LGBTQ- Friendly: Not necessarily a Gay or LGBTQ – identified person or place but one who is open, nurturing, non-judgmental, supportive and welcoming of LGBTQ youth.

of care to LGBTQQ youth. The Division of Quality Assurance should play a role in the process. PROMIS will also be utilized to monitor LGBTQQ goals and outcomes.

Staffing

Children's Services should hire an LGBTQQ coordinator. The coordinator will be integral to implementing the strategies and achieving the goals set forth in this strategic plan, and in other policy and planning we do in this area. The coordinator will serve as the agency's principal resource person on LGBTQQ issues and as an agency-wide consultant when issues arise concerning an LGBTQQ youth or foster family about which staff need additional support. The coordinator's responsibilities will include: conducting agency-wide LGBTQQ training, including identifying or developing relevant curriculum; creating new foster parent recruitment strategies to include more gay-friendly families; conducting a public awareness campaign in the child welfare community about health and safety issues that affect LGBTQQ youth; coordinating research and evaluation efforts to collect data on LGBTQQ youth in care; conducting a survey of current programs that serve LGBTQQ youth; and researching model LGBTQQ programs and making recommendations to the Commissioner and Executive Deputy Commissioner of Children's Services about how to replicate aspects of these models within Children's Services.

Conclusion

LGBTQQ youth in care sometimes experience unnecessary hardship and safety concerns that we can begin to eliminate with a commitment to improving the way Children's Services provides services. These youth have too often already endured anxiety and pain in their young lives; it is the responsibility of Children's Services to provide a supportive, nurturing and accepting environment. ACS and its provider agencies must not reinforce discrimination these youth have often experienced prior to our intervention. While the ideal vision for Children's Services would be to make all agency staff LGBTQQ advocates, by designating one leader who will be responsible for this effort, the agency will be on its way to making important strides toward creating safe homes and achieving permanency for LGBTQQ youth.

Children's Services Strategic Plan for Lesbian, Bisexual, Gay, Transgender, Questioning and Queer Youth in Care

I. ISSUES, GOALS AND RECOMMENDATIONS

David is 15 years old and identifies as gay. He had been living with his aunt and an adult male cousin for years because his parents were not able to care for him. David recently "came out" to his family and their relationship quickly deteriorated. They were openly hostile to him and routinely called him derogatory names. One evening this culminated in an argument where David described being physically attacked by his aunt and cousin. As soon as he was able to break free, David ran out of the house and went to the closest police station. An officer drove him back to his family's house. Leaving him outside, the officer went inside and spoke with the rest of his family. The officer left the house believing his aunt and cousin's side of the story. Refusing to be treated this way any longer, David went into the house, collected his belongings and went to a neighbor's house for help. There he called a friend who encouraged him to call 911. An ambulance picked him up and took him to a local hospital where his physical wounds were treated and he was evaluated for foster care services as well as mental health services.

When David expressed feeling depressed about how his family had treated him, he was transferred to a psychiatric ward. Over the next few weeks, David was transferred from one hospital to another. The hospitals could not release him because he had no where to be discharged. ACS was contacted but was unsure whether or not he was appropriate for services. David lingered in the hospital for weeks. He was desperate to find a foster home where he would be respected for who he was. He wanted a safe environment where he could focus on school. His caseworker, however, refused to consider an LGBTQQ foster group home. David lingered in a psychiatric ward for a while before he was finally released. Upon his release David felt "frustrated" by the system and its reluctance to help him.

ISSUE 1: LGBTQQ youth often face safety risks at home due to familial reaction to sexual orientation and/or gender identification.

GOAL: Prevent out of home placement for LGBTQQ youth by ensuring that whenever possible LGBTQQ young people remain safely at home.

RECOMMENDATIONS:

1. Initiate an inter-agency task force to address the needs of at-risk LGBTQQ youth (the Police Department, Department of Education (DOE), Department of Probation (DOP), Department of Health and Mental Hygiene (DOHMH), Department of Juvenile Justice (DJJ), and the Department of Youth and Community Development (DYCD)).
2. Assess available resources citywide and work with community, advocacy and provider partners to meet the needs of the LGBTQQ youth and support CBO's that provide these services.
3. Create formal linkages and, where necessary, create specialized programs in the community that are equipped to address LGBTQQ issues and meet LGBTQQ needs.

4. Conduct a public awareness campaign in the child welfare community about health and safety issues that affect LGBTQ youth. Partner with DOHMH and DYCD.
5. Increase staff awareness of the resources and programs available to assist working with families and youth.

“Robert” was a 17 year old, African American, gay male, voluntarily placed by his mother in foster care because he is gay and out. He was placed in a non-kinship foster home, and attended a school in his community. His foster home consisted of another foster child, a straight African American, male teenager, and the foster mother’s adult daughter. Unlike his straight counterpart in the foster home, he had an earlier curfew, was not allowed “guests” in the house, and was not given a key to the front door. The foster mother told him that her rules for him were different because he was gay, and she didn’t want him engaging in anal sex on the street and did not want him having sex with men in her house. Robert’s law guardian returned to court and asked the court to remove him from this foster home and have him placed in a gay identified foster home. Family Court granted the law guardian’s request. This initially was a positive step but then the gay foster father’s boyfriend became a problem for Robert and he decided to return to his prior foster parent, someone he knew. The situation at the prior foster home did not improve in his absence. Upon his return, the foster mother’s adult daughter verbally harassed Robert and eventually physically assaulted him. The foster mother intervened but did nothing further to protect Robert from this hostile environment. As Robert approached his 18th birthday he signed himself out of care because he did not want to reside in a group home, and at the time there were no vacancies in any LGBTQ SILP’s. Ideally Robert would be able to live in a family setting instead of congregate care, especially since nothing he did, other than being gay, led to his failed placement with two families.

ISSUE 2: LGBTQ youth face risks to their safety while in ACS care created (sometimes unintentionally) by foster families, Children’s Service staff, agency staff, peers, neighbors and schools.

GOAL: LGBTQ youth are safe while in-care and are re-placed less frequently due to LGBTQ intolerance.

RECOMMENDATIONS:

1. Develop a model training curriculum for each audience role that may interact with LGBTQ youth.
2. Create an LGBTQ Ombudsperson System: youth will have a method to communicate safety concerns/issues so that ACS can monitor and be accountable for objectionable, inappropriate treatment of LGBTQ youth, both at the agency and centrally. This system should be publicized in multiple ways so that all youth are aware of the ombudsperson.³
3. Amend confidentiality policy to state that “No information shall be disclosed regarding or pertinent to youth’s sexual orientation absent authorization by the youth.”
4. Collect data regarding anti – LGBTQ incidents and efforts taken to remediate

³ An LGBTQ Ombudsperson is also an LGBTQ “Point Person”. One LGBTQ point person in each site will have the role of an ombudsperson. This person will be responsible for reporting safety incidents that arise at the facility and reporting them to a central body. This person is chosen as a particularly strong advocate among other agency staff. This person should be identified to all youth in placement, at congregate care facilities, at each of the provider agencies, at the Children’s Center and at the Field Offices. This LGBTQ point person will serve as a source of support to youth and as a resource to staff on LGBTQ issues.

discriminatory incidents, both within Children's Services and at the provider agencies.

5. Develop disciplinary measures and improvement plans for ACS and provider agencies.

ISSUE 3: LBGTQQ youth face social, emotional and cognitive isolation.⁴ Often LBGTQQ youth in the child welfare system do not feel their placement is a source of support in these areas.

GOAL: LBGTQQ youth are afforded the opportunity to have someone or some place to find support, others like them, and materials relevant to their interests and concerns. Placement (home, foster home, congregate care) staff/foster family, etc. is the first place a child turns when in need of emotional support.

RECOMMENDATIONS

1. Create resource guides, newsletters and event calendars that keep youth and staff aware of LBGTQQ activities and events.

"Sharice"

"I wasn't allowed to talk about homosexuality at all. They never let me address it in group meetings. I was told don't talk about it, it's not an issue, it's not to be discussed here, but it was a big part of my life.

It was all discussed behind closed doors. These were people that I had spent two years with and I was not allowed to bring it up. At one point in a house meeting all of the other kids started saying 'So she's gay, why can't we talk about that? What's the big deal,' But it was the staff, they couldn't deal with it (Mallon, 1998 P. 70)."

2. Encourage participation in: the ACS LBGTQQ Action group; Circle of Youth; Office of Youth Development programs; conferences/programs and other LBGTQQ activities in and outside of ACS.
3. Promote and fund relationships and events with The LGBT Community Center, particularly the Y.E.S. program, which offers a range of services and activities to LBGTQQ youth in a supportive, community environment.
4. Sponsor programs for LBGTQQ youth, including forums about LBGTQQ role models.
5. Improve social events that exist so that they are more inclusive of LBGTQQ youth.
6. Participate in Citywide LBGTQQ events (e.g. Pride Parade).
7. Publicize the need to encourage an LBGTQQ-supportive environment by creating and posting LBGTQQ - themed posters around agencies and group placements.

ISSUE 4: LBGTQQ youth are often referred to a higher level of care than what is needed because youth often act out in response to a discriminatory/threatening environment in care.

⁴ Social and emotional isolation in this context refers to LBGTQQ youth in foster care not having anyone to talk to and / or not being around others they can relate to and not having access to the LBGTQQ community. Cognitive isolation refers to lack of education and awareness among LBGTQQ youth in foster care about LBGTQQ culture, history and art.

GOAL: Level of need should match level of care for LGBTQ youth. A diversity of options should be available for LGBTQ youth including LGBTQ-specific placements and placements where LGBTQ youth can feel safe and thrive.

RECOMMENDATIONS

1. Must consider deliberately whether environment poses a safety risk to LGBTQ youth.
2. Particularly for youth who are not placed with families, there needs to be an expansion of resources to prepare LGBTQ youth for stable adulthood.

“Deidre”

She was 15 years old and being held in a secure detention facility in the Bronx. She had been picked up by the police for shoplifting. She was facing a one year jail sentence in a juvenile detention facility upstate for her first offence.

Deidre was adopted at a very young age by a religious family. Deidre identifies as a lesbian and her adoptive mother had trouble accepting Deidre’s identity and eventually placed Deidre in foster care on a PINS petition. Deidre was placed in a group home where she was harassed by both staff and residents for her sexuality. She ran away from this group home several times. Staff at this facility said she had behavior problems and that she would “pick fights around her sexuality”, that she was “very in your face about her sexuality”. Deidre was raped at this group home and rather than support and care for her, she was transferred to another group home. At this new facility, Deidre was attacked and harassed by staff and residents. She carried a hammer around for her protection. During one incident she was hit over the head with a dumbbell. She now suffers from seizures as a result of this injury. Not surprisingly, Deidre used to run away from this group home as well. Because of her lengthy AWOL history, the court felt that Deidre needed to be placed in a secure detention facility.

Up until this point Deidre had not met with a caseworker, therapist or doctor who was sensitive to or trained in working with LGBTQ youth. She had no idea that there were group homes for LGBTQ youth or foster families that were LGBTQ-sensitive. Once Deidre was finally evaluated by a therapist who had experience working with LGBTQ youth and with the on-going advocacy of an LGBTQ legal defense group, Deidre was transferred to a group home for LGBTQ youth where she finally felt welcome and respected.

3. Create a way for foster parents to identify that they offer a “gay-friendly home” during certification and recertification process.
4. Children’s Services should develop a policy to determine when emotional abuse/harm related to sexual orientation or gender identity constitutes a safety risk and/or a danger to the child’s emotional well-being.
5. Create a continuum of care for LGBTQ youth inclusive of extraordinary needs foster care and placements for “hard to place” youth.
6. Survey current programs that serve LGBTQ youth to determine which are working well, and replicate those.

ISSUE 5: Lack of supportive adult resources to draw upon for LGBTQ youth in care

GOAL: Increase pool of supportive, nurturing and non-judgmental mentors for LGBTQ youth.⁵

RECOMMENDATIONS:

1. Develop mentoring programs between ACS staff and LGBTQ youth to increase self-esteem of the youth and increase staff comfort level with LGBTQ youth.
2. Revive “Triangle Tribe,” a now defunct LGBTQ – focused mentoring program developed by Green

⁵ Both LGBTQ and non-LGBTQ adults can be appropriate mentors for LGBTQ youth.

Chimneys. This group tapped into the LGBTQQ - friendly professional community, law guardians, social workers, etc., to provide mentors to LGBTQQ youth in the child welfare system.

3. Utilize the "Networks to Success" model where youth meet with LGBTQQ - friendly adults who serve as support / visiting resources and professional mentors.
4. Tap into the hundreds of LGBTQQ-oriented organizations and groups in New York City as potential sources of mentors for LGBTQQ young people in care, and receiving preventive services. Examples of these groups include, the Gay Officers Action League (GOAL) and PFLAG (Parents and Friends of Lesbians and Gays).

ISSUE 6: Lack of LGBTQQ - friendly adoptive and Foster Parent Resources

"Mike"

"I was literally making myself sick. I wasn't eating, I didn't talk to my family, I cut school, I got high. I was a mess when I was first coming to terms with who I was. I was very depressed and I often wondered if it was even worth living, but one day I met this guy at school. He was open about who he was, he didn't care. I, of course, was interested in getting to know him, because he was like I thought I was, but I was scared too. One day we talked, and then we got to be friends. He told me I wasn't crazy, I wasn't sick, I wasn't evil -- he said I was fine just the way I was. He literally saved my life (Mallon 1998, P. 30)."

GOAL 1: Increase the pool of supportive, nurturing and non-judgmental kinship and non-kinship foster and adoptive parents for LGBTQQ youth.

RECOMMENDATIONS:

1. Partner with LGBTQQ community-based organizations to outreach, educate and inform the public about the need for resources for young people in care.
2. The Federal Adoption Opportunities Program (AOP) is one resource Children's Services may use to enhance recruitment activities including reaching out to LGBTQQ-

friendly adoptive parents.

3. Conduct a public education/awareness campaign alerting the public that ACS welcomes LGBTQQ - friendly foster and adoptive parents and include LGBTQQ foster parent representation in foster parent recruitment campaigns/materials.
4. Provide on-going training, referrals and resources to current kinship, foster and adoptive resources to help support LGBTQQ youth in their care.
5. Hold public forums on LGBTQQ youth in the community and provide handouts on becoming a foster or adoptive parent.
6. Support the work of the LGBT foster/adoptive parent recruitment network (an existing and active group of child welfare professionals for over 4 years) and broaden the scope of ACS recruitment outreach to encompass more LGBTQQ - friendly places, for example:
 - Unitarian Universalist Churches
 - The Metropolitan Church
 - Congregation Beth Simchat Torah in Greenwich Village

- Churches that participate in Sylvia’s Place Shelter Network (provide shelter in church basements to youth)
- Community Boards: Community Board 3 in Greenwich Village has an LBGTQQ committee; the Chelsea area Community Board is active around LBGTQQ issues

GOAL 2: Create a culture of acceptance and support for LBGTQQ-identified adults who are interested in providing safe, stable and loving homes to children in care (whether or not those children are also LBGTQQ-identified).

RECOMMENDATIONS:

1. Provide accurate and informed training to child welfare staff on the realities of families headed by LBGTQQ adults, highlighting the positive aspects of such families and debunking the myths.
2. Create recommendations for provider agencies on how to be more welcoming and affirming of LBGTQQ parents, such as what language to use in documents and in interviews (i.e., “Parent 1 and Parent 2” instead of “Mother and Father”).
3. Increase capacity in the Office of Advocacy for responding to possible incidents of discrimination against LBGTQQ foster and adoptive parents.
4. Survey current and prospective LBGTQQ foster and adoptive parents to identify barriers and successes in their experiences.

II. STRATEGIES

Train staff, foster parents, congregate peers and providers

Disclosure of sexual orientation/ gender identification brings many LBGTQQ youth into the child welfare system. Preventive and FAP staff should be trained to determine if a youth’s sexual orientation / gender identification puts him /her at risk in their home. At the same time, the DCP investigative staff must be able to screen and assess risks created by negative familial responses to the youth’s sexual orientation/ gender identification. Preventive and FAP staff must be trained to be supportive and respectful of LBGTQQ youth and workers must understand homophobia and the issues that arise around gender identity and/ or sexuality. Children’s Services staff must treat these issues as sufficiently concerning to warrant preventive attention. Staff should also note the particular importance of obtaining counseling from LBGTQQ-sensitive mental health providers for youth who have suffered from discrimination and abuse. The importance of providing health materials that are relevant to LBGTQQ youth, especially safe sex material, should also be underscored.

There are several training curricula designed especially for LBGTQQ youth in foster care.⁶ Children’s Services should use these established training modules to begin

⁶Training models to address the needs of LBGTQQ youth in foster care have been developed by the Gay and Lesbian Youth Support Project of Health Care of Southeastern Massachusetts, Green Chimneys in New York, GLASS in Los Angeles and True Colors in Connecticut. See Lambda Legal Defense and Education Fund, *Youth in the*

to train our own workers and foster parents. Foster parents must complete LGBTQQ-sensitivity training as a prerequisite for foster care licensure. Both foster parents and staff need training on how to talk to LGBTQQ youth openly and to encourage them to participate in LGBTQQ activities to reduce emotional isolation.

Trainings for faith-based providers as well as others should be administered in collaboration with LGBTQQ community providers so that training achieves the dual outcomes of training providers how to work with LGBTQQ-youth and how to identify LGBTQQ resources in the community.

Resources

It is important that we evaluate the needs of LGBTQQ youth in the child welfare system so that we may develop effective programs to serve them. However, we must simultaneously improve knowledge of and access to existing resources that will equip staff with what they need be effective. This is essential to support safe and strong family relationships, prevent removals and achieve permanency for this population.

Children's Services must complete a formal needs assessment of LGBTQQ youth in care to identify their unmet service needs. It will be critical that we work across agencies, through the interagency Task Force (recommended previously in the document) to meet the needs of LGBTQQ youth. DYCD currently offers programs for LGBTQQ youth and will be a valuable partner as we pursue this strategy. Dawn Saffayeh, the Commissioner's Resources Management Advisor, will assist us to determine the funding necessary for Children's Services, or our provider agencies, to develop program enhancements required to fill the service gaps for this population.

Develop an LGBTQQ Resource Directory

A compilation of existing resources should be developed and provided to staff in congregate care facilities, group homes, residential treatment centers, at each of the provider agencies, at the Children's Center and at the Field Offices as a desk reference, as well as on the ACS Intranet, so that staff will be equipped to refer LGBTQQ youth to appropriate services. Foster parents need on going support to help support LGBTQQ youth and will also need access to resources for themselves and the youth in their care. This guide should also serve as a networking device to help staff and foster parents reach out to experts in this area for consultation on LGBTQQ issues.

The resource guide, together with training, will help case planners to actively link young people to LGBTQQ mentoring resources, recreational opportunities, groups, and cultural events in the community. LGBTQQ youth will also be interested in non-LGBTQQ events and they should be encouraged to participate in those as well. Staff must understand that LGBTQQ youth are not only defined by their sexuality.

Children's Services media resources, books, pamphlets, and other literature must be LGBTQQ-inclusive to create a culture of acceptance. Group placements should include LGBTQQ-themed materials and staff should encourage all young people to read and share materials.

Policy/Program/Procedure

Modifying Discrimination Practices

High quality care in the least restrictive setting must be available to all LGBTQQ youth at every provider agency. If there is not space available in a specialized facility, a provider agency may not reject LGBTQQ youth for "lack of resources." In other words, provider agencies may not refuse an LGBTQQ youth due to perceived safety risks and /or higher levels of need and care associated with the LGBTQQ youth. The ACS non-discrimination policy should extend to all provider agencies and clear guidelines must be set for faith-based provider agencies so that the belief system on which some agencies were founded does not contradict the policies of ACS.

The non-discrimination policy must be strongly enforced so that for staff, discriminatory practices or lack of response to safety issues related to LGBTQQ youth is reflected in staff evaluations. As an agency, discrimination or failure to enforce non-discrimination policy among staff should negatively affect an agency's EQUIP score (see Accountability/Evaluation section).

Further, the ACS non-discrimination policy should be extended to cover discrimination and bias against current and potential LGBTQQ-identified foster and adoptive parents. These individuals need to be afforded equal, fair treatment and consideration throughout the recruitment, training, home study and matching processes.

Educating Youth on their Rights in Care

A handbook should be given to all youth who enter care to explain their rights in the child welfare system. In addition, the intake process at the Field Office and the Children's Center should include a discussion of children's sexual orientation/gender identity for all children 12 years and older and placement preferences should be accommodated whenever possible for all children, including those who request "gay-friendly" placements.

Respecting Confidentiality and Disclosure

A young person's comfort with disclosing his/her sexual orientation/gender identity varies widely. There are cases where a young person is open about his/her sexual orientation/gender identity with child welfare staff but may not wish for their parents, foster parents, siblings, etc., to know their sexual orientation/gender identity. In order to protect LGBTQQ youth from inappropriate re-disclosure among staff, there must be consideration for an addendum to the ACS confidentiality policy that states, in sum and substance, "No information shall be disclosed regarding information pertinent to one's sexual orientation absent authorization by the youth."

Developing a Cadre of LGBTQQ Resource People

In order to insure that every LGBTQQ youth has an LGBTQQ-friendly adult as a resource, an “LGBTQQ point person” should be designated in all placements: in congregate care facilities, group homes, and residential treatment centers, at each of the provider agencies, at the Children’s Center and at the Field Offices. The LGBTQQ point person will serve as a source of support to youth and as a resource to staff on LGBTQQ issues. One LGBTQQ point person at each site will also play an ombudsperson role. This person will be responsible for reporting safety incidents that arise at the facility and reporting them to a central body (see Accountability /Evaluation section). There must be a trained Child Evaluation Specialist/LGBTQQ point-person on every shift at the Children’s Center and at the Field Offices so that LGBTQQ youth are treated respectfully from the moment they enter care and so that they may continue on to an appropriate level of care in an appropriate setting. Case managers and agency workers should continually identify the LGBTQQ point person to all youth so that youth always know where to find their LGBTQQ safety resource.

An LGBTQQ phone tree should be established immediately as we develop an ombudsperson system and identify an LGBTQQ coordinator, so that there will be a high-level official at ACS who is notified when an LGBTQQ youth seeks to report an incident either when entering care or being placed.

Accountability/Evaluation

Create an LGBTQQ Ombudsperson System

The Children’s Center, the Field office, every congregate care, RTC and group home placement will have an LGBTQQ ombudsperson to whom youth may report safety concerns. Ombudspersons are expected immediately to report safety concerns that have arisen in their agencies/programs to Children’s Services. Ombudspersons will meet monthly to discuss concerns with a central LGBTQQ coordinating body and a representative from the Quality Assurance division at ACS. The information from the programs and provider agencies should be reported in a measurable way and be considered among all safety issues. Anti – LGBTQQ sentiments and efforts taken to remediate offensive contact and communication should be factored into an agency’s EQUIP score. These data will assist Children’s Services to develop improvement plans for provider agencies and program areas with poor performance treating LGBTQQ youth. Disciplinary measures should be established for ACS and provider agency staff that fail to comply with the non-discrimination policy. The Division of Quality Assurance should review incidents reported through the ombudsperson system to identify systemic issues.

Children’s Services should also ensure that the highest quality of care is being provided to LGBTQQ youth by conducting focus groups and surveys to measure staff attitudes toward LGBTQQ youth and to determine whether practice reflects training. This data, together with the data reported through the ombudsperson system, will help to present a coherent picture of the quality of care LGBTQQ youth receive. We must identify a method to ensure that the quality of care provided to LGBTQQ is measured in EQUIP.

Staffing

Children's Services should hire an LGBTQQ coordinator. The coordinator will be integral to implementing the strategies and achieving the goals set forth in this strategic plan, and in other policy and planning in this area. The coordinator will serve as the agency's principal resource person on LGBTQQ issues and as an agency-wide consultant when issues arise concerning an LGBTQQ youth or foster family about which staff need additional support.

The coordinator's responsibilities will include:

- Conducting agency-wide LGBTQQ training, including identifying or developing relevant curriculum;
- Creating new foster parent recruitment strategies to include more gay-friendly families;
- Conducting a public awareness campaign in the child welfare community about health and safety issues that affect LGBTQQ youth;
- Coordinating research and evaluation efforts to collect data on LGBTQQ youth in care;
- Conducting a survey of current programs that serve LGBTQQ youth;
- Researching model LGBTQQ programs and making recommendations to the Commissioner about how to replicate aspects of these models within Children's Services; and,
- Representing the concerns and interests of LGBTQQ youth and resources within ACS and in the child welfare community.

Conclusion

Children's Services must work with other city agencies and private partners to shore up resources for LGBTQQ youth, including building the capacity of Children's Services staff to work with LGBTQQ youth. There are too many LGBTQQ young people who, at a critical stage of their development, are being rejected by the adults charged with their care. Isolation and fear compounded by the detrimental effects of discrimination have the potential to inflict irreparable harm upon the well-being of LGBTQQ youth in the child welfare system. Children's Services has worked hard to improve the care provided to this population in recent years but needs to do more. Children's Services should create a system that offers a safe haven for LGBTQQ youth and provides a model for other child-serving agencies in New York and throughout the United States.

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Administration for Children's Services Documents:

- ACS GLBTQ Youth Workgroup (2002). Recommendations to Meet Service needs of GLBTQ Youth in Foster Care
- ACS Core Guiding Principles
- ACS Updated Non-Discriminations Policy - Foster Children (November 2004).
- ACS Mission Statement
- ACS Reinvestment Plan
- Realign the Child Welfare System: Implementation Chart, September 2005