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9 A cross-national review of policies and practices affecting LGBTQ+ youth in child welfare

June Paul, Mónica López López, Rodrigo González Álvarez, Mijntje ten Brummelaar and Leo Wieldraaijer-Vincent

Policies, institutions and professional practices

Overview of LGBTQ+ youth in child welfare systems

Studies estimate that approximately 19–30% of youth involved in the child welfare system (CWS) identify as LGBTQ+ (Martin et al. 2016; Sandfort 2019; Wilson and Kastanis 2018). A disproportionately large percentage of this population also identify as youth of colour (Dettlaff and Washburn 2018; Wilson and Kastanis 2018). LGBTQ+ youth in child welfare have many comparable experiences to non-LGBTQ+ youth within this system, but face added challenges associated with their sexuality and/or gender identity and expression. In addition to experiencing discrimination and bullying at home, school and within their communities, LGBTQ+ youth report experiences of homophobic and transphobic discrimination and victimisation from peers and professionals within the CWS (Kaasbøll et al. 2021; Mallon et al. 2002; Stotzer et al. 2013). Evidence also suggests that mistreatment experienced within child welfare settings is worse for individuals who are transgender and for LGBTQ+ persons with intersecting minority statuses (e.g., race/ethnicity, disability) (Capous-Desyllas and Mountz 2019; Stotzer et al. 2013; Wilson and Kastanis 2018).

As a result of these compounded challenges, LGBTQ+ youth may face a host of health and well-being-related inequities when compared to heterosexual and cisgender youth in the CWS. In a review of studies conducted by the Annie E. Casey Foundation, the outcomes of LGBTQ+ youth involved in child welfare commonly included challenges such as substance misuse and use disorders, suicidal ideation, becoming unhoused and involvement in the juvenile justice system (Baams et al. 2019; Scannapieco et al. 2018; Shpiegel et al. 2016). LGBTQ+ youth may also experience rejection associated with their Sexual Orientation and Gender Identity and Expression (SOGIE) from family, friends and peers (Munoz-Plaza et al. 2002; Ryan et al. 2010), and

problems establishing and maintaining their relationships due to disruptions from being in care (Perry 2006). Although some LGBTQ+ youth may be able to re-establish connections with parents and family members once they leave care, others find that their biological families are not able to provide them with the care and resources they need to support their health and well-being (Paul 2020).

Despite these challenges, child welfare-involved LGBTQ+ youth are extraordinarily resilient and often seek to build supportive networks for themselves. Studies with LGBTQ+ youth and their care professionals conducted in the Netherlands, show that resilience is located at the individual, social and systemic levels (González-Álvarez et al. 2021; González-Álvarez et al. accepted). Another study in the U.S. showed that creating a positive SOGIE identity helped LGBTQ+ youth in the CWS to overcome feelings of shame and stigma and achieve pride, empowerment and self-acceptance (Capous-Desyllas and Mountz 2019). A positive LGBTQ+ identity is further reinforced and complemented when LGBTQ+ youth acknowledge their multiply minoritised identities, for example, in terms of race and ethnicity (Mountz et al. 2018).

LGBTQ+ youths' loving and caring relationships with family, care professionals and friends are also an important source of resilience for them (Álvarez et al. 2022). In the U.S., for example, Black and Latinx youth have established queer families and/or communities of choice (known as the house or ballroom community) that include individuals such as LGBTQ+ adults, peers and current and former partners (Garcon 2021; Hailey 2020). These alternative families provide youth with tangible resources such as food and housing, and an affirming environment where they can learn how to access important resources (e.g., health care), focus on their education, and safely develop their identities. Additionally, LGBTQ+ youth have been resourceful in accessing supportive resources through online networks and social media and engaging in collective action (e.g., mutual aid events, public awareness campaigns) to increase their access to resources and services and promote improvements to their health and well-being (Forenza 2016; Lucero 2017; Rosenwald 2009). LGBTQ+ youths' relationships with their peers and their romantic partners are also critical for them to embrace their LGBTQ+ identity; through the provision of affirmation, these relationships are essential for the resilience of LGBTQ+ youth in the CWS (Capous-Desyllas and Mountz 2019).

The role of care professionals in creating a safe and affirming environment for the whole identity of LGBTQ+ youth is essential (Álvarez et al. 2022). Care professionals who support LGBTQ+ youth in fulfilling their needs while building empowerment strategies to make use of their own strengths and resources are especially valued by these youth (González-Álvarez et al. 2021).

*Overview of child welfare policies and professional practices**U.S. – Policies and practices*

Although 76% of Americans are in support of laws that prohibit discrimination and protect LGBTQ+ populations (Public Religion Research Institute 2022), this has not always translated into LGBTQ+-affirming policies and practices in the U.S. Currently, there are no federal laws or policies that are specifically designed to protect and support LGBTQ+ youth involved in the CWS. There are also no national administrative requirements or processes for collecting SOGIE data¹ (Feild 2018). In the absence of such legislation, policies and professional practices regarding care for these youth are left in the hands of states and local governments or the child welfare organisations themselves. This fragmented approach results in major inconsistencies across the nation as to the actual number of LGBTQ+ youth in care and whether LGBTQ+ youth receive care and services that are safe, appropriate, and affirming of who they are.

While having a nationwide legal framework is one of the most effective methods for improving safety and well-being, the implementation of state-, local- and agency-level policies have provided care professionals with some guidance around working with LGBTQ+ youth in child welfare and increase the likelihood that these youth will receive safe, affirming, and appropriate care and services. Such policies are especially important for youth residing in states that do not have umbrella laws prohibiting sexuality and/or gender identity-based discrimination. At the time of this writing, 67% of U.S. states and territories have state statutes, regulations or agency policies in place to protect youth involved in the CWS from discrimination based on their sexual orientation or gender identity/expression (Movement Advancement Project 2022). In addition to these protections, a number of states, territories and localities offer explicit guidance designed to protect LGBTQ+ youth, such as banning the practice of conversion therapy for minors,² mandating training for care professionals and foster carers on issues concerning LGBTQ+ youth, and ensuring that LGBTQ+ youth in care have access to informed and affirming resources and services (e.g., safe and supportive placements, gender-affirming health care). It is important to clarify, however, that although these states have progressive regulations for LGBTQ+ youth in the CWS, some still lack general anti-discrimination laws at the state-level to protect the rights of LGBTQ+ persons (Lorenz 2015).

Advocates in the U.S. have also sought to improve the care and support of LGBTQ+ youth by providing best practice guidelines for child welfare agencies and practitioners to use when working with LGBTQ+ youth involved in child welfare (see for example CWLA and Lambda Legal 2012; Marksamer 2011; U.S. National Child Welfare Resource Center for Tribes n.d.). Relatedly, researchers have developed practice interventions for supporting LGBTQ+ youth in child welfare including knowledge-building

curricula and practical tools for foster carers (Salazar et al. 2018, 2020, 2021), care professionals (Lorthridge et al. 2018; Paul 2021; Weeks et al. 2018) and the youths themselves (Paul 2021).

In contrast to supportive legal and practice-based frameworks, 26% of U.S. states and territories have no protections in place for LGBTQ+ youth involved in child welfare (Movement Advancement Project 2022). Several states also have or are in the process of passing laws that allow the religious or moral views of care professionals, foster/adoptive parents and other providers to determine the types of placements and services provided to LGBTQ+ youth – even when these perspectives are condemnatory of LGBTQ+ individuals (Woods 2019). To date, 22% of states permit state-licensed child welfare agencies to refuse to place, adopt or provide services to LGBTQ+ children and families and same-sex couples if doing so conflicts with their religious beliefs. Some states have even gone so far as to accuse parents of child abuse if they provide gender-affirming medical care (e.g., hormone-related medications, surgical treatments) to their transgender children (Krinsky and Vance 2022). These types of policies not only reduce the number of eligible foster/adoptive parents and families, they place LGBTQ+ foster youth in situations that can pose serious dangers to their health, safety and well-being.

Unfortunately, these harmful laws and policies do not end with LGBTQ+ youth in the CWS. In the first three months of 2022 alone, nearly 240 anti-LGBTQ+ bills had been introduced in U.S. state legislatures (more than 3 a day) – most of which are directed towards youth, and in particular, transgender and nonbinary youth (Lavietes and Ramos 2022). For example, a handful of states have endorsed laws that prohibit educators from instructing, and in some cases even discussing, sexuality and gender identity in school settings, or that prevent schools from implementing anti-bullying policies to safeguard LGBTQ+ youth (Movement Advancement Project 2022). Anti-trans bills include restrictions related to trans youth's participation in sports, access to bathrooms that align with a student's gender identity and allowing healthcare professionals to refuse to treat LGBTQ+ patients. Although not specific to child welfare, these laws are likely to cause significant problems for LGBTQ+ youth in care who are especially vulnerable to the adverse impacts of such legislation.

The Netherlands – Policies and practices

Despite some important gains³ towards social and legal equality in the Netherlands, LGBTQ+ people still face many different forms of oppression and marginalisation in Dutch society (e.g., harassment, abuse, stigmatisation, discrimination). In 2022, ILGA-Europe published their annual benchmarking tool “Rainbow Europe”, detailing the Human Rights situation of LGBTI people in Europe. Of the 49 countries reviewed, the Netherlands is currently in the 13th position of European countries scoring a mere 56% when it

comes to the respect of human rights and full equality. In their annual report of 2022, ILGA-Europe sums up some recent developments when it comes to the position of LGBTI people in the Netherlands: across various domains in Dutch society (employment, education, asylum, family, legal system) the Netherlands is falling short in protecting the rights of LGBTQ+ people. The report shows there has been an increase in bias-motivated speech and anti-trans rhetoric in newspapers and media and that hate crimes, among others, towards LGBTQ+ people continue to be a serious issue (e.g., vandalism, death threats, physical assaults).

In addition, when it comes to LGBTQ+ young people, findings from a study by Kaufman and Baams (2022) including 29,879 students from several Dutch schools showed that LGBTQ+ young people are more likely to experience bullying, victimisation and harassment than their cisgender and heterosexual peers. Compared with heterosexual and cisgender peers, LGBTQ+ young people were more likely to be bullied by the people that are responsible for creating safe and affirmative school climates: teachers and school staff.⁴ Furthermore, LGBTQ+ young people were more than twice as likely to not report, or not know whom to report to, about their experiences of bullying and harassment, compared to their heterosexual and cisgender peers. When young people did report about their experiences, they were less likely to receive support.

When focusing on the CWS in the Netherlands, we see that in general, there is no openness to talk about LGBTQ+ issues. Within this system, there are few care organisations which have specific (agency-wide) programmes, policies or training with regard to LGBTQ+ affirmative care (Emmen et al. 2014; de Groot et al. 2018; López López et al. 2021).⁵ Furthermore, unlike some states within the U.S., the Netherlands does not systematically register youths' SOGIE, so there is a lack of knowledge about how many LGBTQ+ young people are in the CW system and how they are experiencing their time in care (López López et al. 2021; de Groot et al. 2018). As a result, LGBTQ+ young people stay largely invisible (see also Mallon 2019; Paul 2018). Furthermore, when young people do enter the system, professionals do not always talk about the young person's feelings, sexual orientation, gender identity and gender expression (López López et al. 2021; de Groot et al. 2018; Emmen et al. 2014). For LGBTQ+ youth in care, coming out is perceived as a complex process as youth disclose their SOGIE on various occasions to various people, confronting varying responses (López López et al. 2021). Even though there are some reports of affirmative care practices, such as using the young person's chosen name and/or talking about sexual orientation and gender identity and expression in an open affirmative way, this largely depended on the professionals' own experiences and backgrounds.

CWSs are also impacted by developments in society, and often, may not provide accepting and affirming environments for LGBTQ+ young people in care. There are still many reports of discrimination and harassment, for which professionals are not always adequately equipped to react and

respond to. On top of this, the quality of care for young people is continually affected by the fragmented and changing landscape of the CWS (e.g., policy changes, budget cuts, staff turnover). Much like a lottery, young people in the Netherlands are considered fortunate if they are able to access LGBTQ+ affirming care and services.

Impacts of policies on LGBTQ+ youth

Laws that prohibit LGBTQ+ identity-based discrimination and address existing disparities are critical for the overall health, safety and well-being of child welfare-involved LGBTQ+ youth. Without them, the structural and cultural inequalities that already exist for LGBTQ+ youth outside of the CWS are often replicated within these settings (Woods 2019). In addition to limiting youths' access to affirming care and resources such as LGBTQ+-informed health information, medical treatment and residential placements, CWSs that lack strong advocacy or support systems increase the likelihood that LGBTQ+ youth will experience harassment and bullying, isolation, intolerance and rejection from people in the very system that is designated to nurture and care for them. Moreover, child welfare-involved LGBTQ+ youth must navigate a wide-array of individual and systemic biases regarding their SOGIE and may fear that nothing will be done when they report harassment or mistreatment, that they will not be believed, and/or that the services they receive will not be affirming of or responsive to them (Ragg et al. 2006; Weeks et al. 2018).

The effects of these struggles not only impact LGBTQ+ youths' privileges, rights and access to equitable care and services, they also have the potential to negatively impact their health and well-being. Chronic distress related to anti-LGBTQ discrimination and oppression can lead to lower levels of academic achievement, experiences of economic instability and poverty, and homelessness (Baams et al. 2019; Mallory et al. 2019). Institutional and systemic bias can also have serious impacts on LGBTQ+ youths' mental and physical health. For example, studies focused on LGBT adult populations have linked structural oppression to elevated levels of psychiatric problems such as mood disorders, anxiety and alcohol use disorders (Hatzenbuehler et al. 2010; Russell et al. 2011). Such adverse outcomes are also evident among LGBTQ+ youth in the CWS, including higher rates of depression, suicidal ideation and attempts and substance use when compared to youth that do not identify as LGBTQ+, especially among transgender and nonbinary youth and youth of colour (Baams et al. 2019; Scannapieco et al. 2018).

As concerning as these impacts might be, it should be noted that not all LGBTQ+ individuals report experiences of harm. While research often finds that anti-LGBTQ policies, rhetoric and mistreatment are deleterious, some LGBTQ+ individuals have reported experiencing certain positive effects such as becoming more involved in LGBTQ+ activism, feeling empowered to "come out", gaining an increased sense of community with other LGBTQ+

people and developing a stronger analysis of political change (Russell et al. 2011). That said, researchers have noted that such individuals are more likely to start from a place of better health and have the ability to access greater levels of resources (Hatzenbuehler et al. 2010).

Impacts of policies on child welfare professionals and practice

The absence of protections, hetero- and cis-normative standards of knowledge and practice, and the promotion of anti-LGBTQ rhetoric and policies can have profound effects on child welfare professionals and their capacity to properly care for and serve LGBTQ+ youth. Specifically, when legislation is lacking or improperly monitored, or worse, blocked from being put into place, child welfare professionals and caregivers are not required to explore their attitudes towards and perceptions about LGBTQ+ youth, address existing biases, or develop the knowledge and skills necessary to prepare them for working with this population.

Although there are many child welfare professionals (e.g., caseworkers), foster carers and other caregivers that are knowledgeable about and supportive of LGBTQ+ youth in child welfare or have the desire to learn more about how to work effectively with this population, they may still make decisions and engage in behaviours that place LGBTQ+ youth at further risk (albeit often unintentionally). For example, studies have shown that child welfare workers may think that LGBTQ+ youth are more difficult to place and have more behavioural challenges than heterosexual and cisgender youth (CWLA 2012; Mallon 2011). These individuals may also lack knowledge about and understanding of LGBTQ+ lifestyles, culture and terminologies or the risks facing LGBTQ+ youth in care (Matarese et al. 2017). As a result, LGBTQ+ youth may be placed in settings that may inadvertently cause further distress and harm. This is evidenced by research that finds LGBTQ+ youth in care have experienced a higher number of placements, longer stays in care, and are less likely to experience family preservation efforts than heterosexual and cisgender youth (Detlaff and Washburn 2018; Elze 2014; Poirier et al. 2018; Robinson 2018; Wilson and Kastanis 2018). They are also more likely than their non-LGBTQ peers to be placed in congregate care and to exit the CWS without a permanent home (Greeno et al. 2019; Mallon 2011).

Additionally, care professionals may be unaware of the anti-LGBTQ bias they hold, or more overtly, believe that LGBTQ+ youth are sexually deviant and refuse to acknowledge or equitably provide for them when in their care (Logie et al. 2007; Matarese 2013; Greeno et al. 2021; Woods 2019). For example, Mallon et al. (2002) documented that youth were often removed from foster homes due to the caregiver's misunderstanding about or discomfort with the youth's sexuality. In another study, the authors found that more than 20% of child welfare workers claimed they had never had an LGBTQ+ youth on their caseload (Greeno et al. 2021). Such misperceptions

and negative attitudes can pose significant threats to the physical and emotional safety of LGBTQ+ youth. For example, child welfare professionals and other caregivers may prohibit youth from behaving in ways that are consistent with their SOGIE such as barring youth from dating someone of the same sex, requiring that they wear conventional clothes or hairstyles, or forcing them to undergo conversion therapy (Woods 2019). These attitudes and behaviours may also result in a lack of trust and prevent youth from accessing the services they need for healthy development and functioning. Even more concerning, adults affiliated with these systems may refuse to intervene when youth report experiences of anti-LGBTQ discrimination, harassment and violence (Gallegos et al. 2011; Paul 2020; Woronoff and Estrada 2006).

Creating safe and affirming child welfare environments in the Netherlands

The urgent need to develop more welcoming and affirming child welfare services is brought to life by the experiences shared by LGBTQIA+ youth in the Audre project (the Netherlands). The Audre project used in-depth semi-structured interviews to explore the experiences of 13 LGBTQIA+ young people who had lived in out-of-home care facilities (foster care and residential care), as well as the experiences of 29 practitioners working in child welfare services (López López et al. 2021). In this section, we present a summary of what we have learned by listening to the different stakeholders involved in this project, with special attention to issues related to professional support and training.

Young people's perspectives

Young people interviewed expressed the urgent need to develop more LGBTQIA+ affirmative child welfare services through the training and support of their care professionals. Young people described how professionals often lack awareness, skills or sensitivity towards their SOGIE. They expressed that SOGIE related topics became invisible in the everyday dynamics of the group home, and that when subjects of sexuality or relationships were raised they were mostly discussed from a cisheterocentric perspective, centred on cisgender heterosexuality. Young people interviewed described this practice as hurtful and unsettling for the LGBTQIA+ youth in out-of-home care.

The coming out process was discussed by youth as a very delicate moment, in which professionals did not always measure up to the affirmative response needed. Young people spoke about professionals who questioned their identity by insisting that their feelings were just a phase, or even making jokes about their coming out. As a response to this invalidation of their identities, some young people responded by withdrawing into themselves and even denying their identities (“This gave me the feeling, like

I wasn't allowed to be. 'Do it in your room, where nobody can see it'. You should never treat a transgender person or a gay person this way. That isn't right").

Young people interviewed indicated that some professionals lacked the skills to deal with harassment episodes based on their SOGIE in group homes. They described situations in which professionals ignored it when other kids made inappropriate remarks or used LGBT-phobic slurs. Some young people considered that anti-LGBT violence was normalised and tolerated in their group homes, especially for trans youth, and that when professionals finally intervened they focused on supporting the victim of harassment in the group, but seldom in ensuring an apology or reparation by the perpetrator ("Because here [institution] is not such a good living environment for transgender people [...] here I was bullied a lot and discriminated against, and that still happens"). Young people expressed the opinion that professionals needed training to handle these situations appropriately, and that their non-LGBTQIA+ peers in the group home should also receive education on these topics to ensure an harmonious coexistence.

In the absence of adequate professional preparation, some young people revealed the burden of being the ones having to educate their care professionals about SOGIE-related issues. They voiced the need for professionals to receive basic knowledge about LGBTQIA+ realities that make it possible to have a conversation with them without a constant pedagogical effort from them. Young people have also shared experiences of supportive and affirming professionals that are able to talk about their SOGIE during casual conversations, support them to express their SOGIE, protect them from LGBT-phobia in different contexts, and connect them to LGBTQIA+ organisations and support groups. They stressed the positive effects of these actions in developing a positive LGBTQIA+ identity and feelings of safety and belonging in out-of-home care.

Professionals' perspectives

Professionals that participated in the Audre project expressed their own limitations in knowledge when it comes to the particular experiences of LGBTQIA+ youth navigating the CWS. They had often received training about sexual development and about detecting and preventing sexual abuse during their education period or in their workplaces, but generally from a heteronormative and cisgender perspective. Child welfare professionals admitted a lack of training on LGBTQIA+ youths' experiences, and expressed their wish to receive more education and guidance about sexual orientation and gender identity and expression. Some professionals felt more comfortable with their knowledge base and skills to work with LGBTQIA+ youth due to their own background (for instance, being part of the LGBTQIA+ community), or as a result of having pursued training on these topics by

themselves. At the same time, professionals pointed out different barriers for implementing SOGIE-training within their organisations, such as having other organisational priorities, the motivation and availability of the staff, or certain feelings of shame or uncomfortableness when discussing issues related to sexuality.

The lack of training may hinder professionals' recognition of child welfare-involved LGBTQIA+ youth

There are very few young people who have really come out to others, that were attracted to the same sex. So, it is very, really very little, I think. [...] I think it is already a difficult subject for a lot of young people. So, I think it may be even more difficult if you don't already live at home and there is so much going on. You might pay less attention to that.

Some professionals brought forward how LGBTQIA+ youth are not always seen within their organisations. According to some professionals, if the young person is having difficulties in their out-of-home placement or suffering mental health problems, it will be more difficult for practitioners to pay attention to their SOGIE, as other topics will be prioritised during the professional intervention.

Professionals felt that they were falling behind in the conversations about SOGIE topics with the young people in their group homes, and that they often needed to ask young people to help them understand these topics. Due to their limited preparation on these matters, after the coming out of a young person in the group home, some professionals expressed the need to quickly reach out to external services or organisations to obtain more information about SOGIE-related topics, or to refer the young person to inform themselves. Besides LGBTQIA+ organisations and medical services, professionals referred young people to different Internet resources and support groups in order to encourage the young person's connection to the LGBTQIA+ community.

In conclusion, having sensitive professionals well-trained to work with SOGIE identities and knowledgeable about LGBTQIA resources in their community, is one of the most important prerequisites for creating safe and affirming care environments. Although many of the professionals report having received some training on this area, they also admit certain barriers to developing an affirming practice, such as their lack of preparation to have conversations about LGBTQIA issues with young people in care, their tendency to talk about these issues only when they perceive problems around SOGIE, or their difficulty in intervening in situations of bullying and harassment at the group home. As we have seen in this section, the young people interviewed have been perfectly capable of identifying these gaps in their professionals' training, and they have provided valuable advice for the development of more inclusive child welfare environments.

Creating safe and affirming child welfare environments in the United States

Having access to supportive relationships with caring adults plays a key role in youths' ability to access the care and services they need and to successfully transition from the CWS to healthy adulthood (Collins 2020). Accordingly, it is crucial to understand the ways in which providers' attitudes and behaviours may impact LGBTQ+ youths' ability to initiate and build trusting relationships with them. Understanding these impacts can help to inform efforts to prevent and address the individual and systemic biases that remain ever-present in child welfare policies and practices.

To this end, in a small U.S. study, 21 LGBTQ+ youth were interviewed regarding their experiences with and perspectives about the support they received from child welfare professionals⁶ affiliated with the foster care system (Paul 2018). As a key part of this study, youth were asked about the kinds of things that helped them to establish and maintain relationships with these adults, as well as any factors that prevented them developing these relationships. In terms of facilitators, almost a third (29%) of youth reported that it was easier to develop relationships with adults that were directly affirming and respectful of people in the LGBTQ+ community ("I thought they wouldn't support me or like they would think of me differently, but that wasn't the case"). Several others (38%) said they were able to develop relationships when these adults were respectful of them personally ("They was very new to everything, but they was respectful at the same time"). Another 38% of youth indicated that they developed stronger relationships with adults who demonstrated some form of understanding, knowledge or experience with the issues and challenges they faced as LGBTQ+ youth in care ("She always just understood [referring to being gay], and she let me talk"; "They [were the] first foster parents that actually accepted and were open to me").

In addition to these themes, 28% of youth indicated the importance of persistence and patience among child welfare professionals ("She just didn't give up on me"), and their appreciation when the adult went beyond what was expected in the relationship ("She goes out of her way just for me which is really cool"). A third (33%) of the youth also stated that they were more likely to develop relationships with adults that authentically displayed affection or emotional support ("They care about me genuinely. That makes me feel safe and happy"). Lastly, a few youth mentioned they were more willing to share their identities and build trust when the adult appeared to be genuine and had a good "vibe" ("It was just how she presented herself. I could tell she was a nice lady. You know how you can see a good spirit?") or shared a part of themselves ("He shares with me, like, since he lived in the old age, how it was different problems he had, and stuff").

In terms of barriers, nearly three-fourths of the youth (71%) reported having difficulties with adults when they made disrespectful or disapproving

statements about their SOGIE identities or displayed rejecting behaviours based on who they are (“She was one of those that was like ‘why you wanna be gay?’”; “First time I told her I kissed a girl...she started talking to me about how I need to listen more in church and it’s a sin”). Additionally, more than half of the youth (57%) had trouble connecting with adults that displayed insensitivities or intolerances towards LGBTQ+ individuals, including attitudes or behaviours that reproduced common misconceptions and stereotypes (“They said I couldn’t have friends over, cuz like, their daughter. Me and my sister shared a room, they didn’t want us sharing rooms”).

Several participants (62%) also mentioned they were worried about being rejected or treated poorly, and even losing access to services, if their SOGIE identities were revealed (“If I tell them, I don’t know if they are going to stop doing what they been doing for me. I don’t know their reaction. A lot of people cut you off just because of your sexuality”). In turn, this prevented some youth, in particular bisexual and questioning youth, from opening up to child welfare professionals as they were unable to talk honestly about the struggles and experiences they were having (“I don’t express how I feel a lot. I keep it to myself because I don’t know how people will react”). Lastly, and without question, one of the most troubling barriers reported by youth (67%) was when the adults that were supposed to care for them perpetrated abuse/mistreatment against them (“They [referring to foster parents] were mean most of the time. They would lock me up in rooms and stuff, I didn’t like that”).

In light of these challenges, youth in the study felt it would be extremely valuable to assess all of the individuals who work in child welfare in relation to their attitudes and beliefs about LGBTQ+ people before assigning them to work with foster youth. Youth also suggested that child welfare professionals learn to ascertain the safety and support of other providers associated with the CWS, prior to referring youth to them for care and services. Other strategies suggested by youth included (1) ongoing, mandated training to help child welfare professionals become more knowledgeable and understanding about the needs of LGBTQ+ youth, (2) connecting foster youth with the LGBTQ-community, including matching foster youth who are “out” about their SOGIE with LGBTQ+ mentors for support, and (3) making sure that youth have access to LGBTQ-affirming and informed resources and services (e.g., housing, education, health care).

Recommendations

In the face of the rising contestation of LGBTQ+ rights and recognition across countries and its impact on the health and well-being of LGBTQ+ youth, it is important to remind child welfare professionals and organisations of their key role in providing equitable care to LGBTQ+ youth. Whilst findings in the research mentioned above are cause for concern, they also provide

opportunities to create more inclusive environments. Although large-scale changes can be daunting, it is worth noting that many of the solutions referenced in this chapter, such as sourcing and providing appropriate information for LGBTQ+ young people, may be implemented with or without systemic change.

First and foremost, child welfare professionals need to address the impacts of youths' exposure to anti-LGBTQ hate speech and discriminatory policies on their health and well-being. As we explored throughout, strategies for addressing these concerns range from evaluating professional bias and building knowledge and skills to implementing evidence-based prevention and intervention strategies. Child welfare professionals must also assist in developing policies and procedures aimed at improving LGBTQ+ youth situations within their organisations. Moreover, these principles should be embedded within the vision, policies and procedures of the organisation and serve as a starting point for further professional development. Once in place, such protocols may be translated into practice through a range of mechanisms including, but not limited to, adequate training and continuing professional development of professionals to ensure they are up to date with their knowledge; a resources library for professionals and young people that provides information and a visual representation of how inclusivity is embedded within the organisation; and placements and services that are safe, welcoming and affirmative to LGBTQ+ youth.

Child welfare professionals, and the organisations they work within, must also be aware of their systems-level responsibilities in fighting hatred and discrimination against LGBTQ+ youth and the violations of their human rights. This includes developing an understanding of how intersectional relationships among socio-cultural and political contexts, health and social care, formal and informal support systems, gender, sexuality, ability, and race impact LGBTQ+ youths' experiences in care. One especially effective method for engaging in this process is to offer spaces for young people to influence the systematic context of the organisation. Specifically, young people need to be seen and accepted as a whole, authentically involved in decisions and processes and supported physically, psychologically, emotionally, informationally, instrumentally, materially by care practitioners and other young people.

Child welfare organisations may then use the information gathered from these processes to develop frameworks for working with LGBTQ+ youth that are strengthened through an understanding of discrimination, power and social inequalities in the development of stress and trauma and the shaping of young peoples' experiences. In doing so the organisation, through the young person and the professionals, continually monitors and manages their effectiveness in providing a welcoming space for LGBTQ+ young people. The significant role that caregivers and professionals have in promoting resilience and demonstrating supportive and affirmative relationships (Álvarez et al. 2022) could also be strengthened through active recruitment of out LGBTQ+ staff who act as mentors or "safe" staff for

young people as well as play an active role in determining and evaluating the framework of the organisation.

Furthermore, organisations should provide guidelines for working with the networks of LGBTQ+ young people both in the instance where the sexual and gender identity forms a barrier within the support network as well as when the strength of the support network can enhance the resilience of the young person. Research institutions should also assist child welfare organisations by continuing to investigate these themes, sharing data, providing space for professionals and young people to work together as co-researchers, and helping to develop tools and interventions that would support and strengthen policy and professional practice.

In sum, while the relationship between the young person and the professional strongly impacts the development and experiences of the young person, it is from within organisational contexts that are informed and guided by evidence-informed policies, practices and research, where the foundations are laid for LGBTQ+ affirmative environments.

Notes

- 1 Although some states collect SOGIE data, standards and procedures regarding how to collect and protect this data differ from state to state.
- 2 Conversion therapy is a harmful practice that attempts to change a youth's sexuality and/or gender identity and has been condemned by most prominent professional health organisations (Mallory et al. 2017).
- 3 Some of these positive developments are being able to have an X as gender mark in someone's passport and *birth certificate*; a *constitutional amendment* recognising LGBTQIA+ rights in Article 1 of the constitution (since 2021); a draft law which is being prepared to *ban conversion therapy*; a public apology for the old "*transgender law*" (1985–2014); all *Dutch schools* are obliged that LGBTQIA+ youth are respected and protected
- 4 In line with the findings of this study, in 2021 a *school in the Netherlands* received multiple media attention, because students were taught that being LGBTQ+ is a sin and the school forced students to come out to their parents (some young people were locked in the classroom until they came out).
- 5 The *first shelter* for LGBTQIA+ youth (18+) who are or were homeless has opened its doors in Utrecht, the Netherlands
- 6 For the purposes of this study, the term child welfare professional refers to caseworkers, foster carers, and other providers offering care and services to LGBTQ+ foster youth.

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