CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

How do Child Welfare Agencies Support the Wellbeing of Lesbian, Gay, Bisexual, Transgender and Queer Foster Youth in Out of Home Placement?

A graduate project submitted in partial fulfillment of the requirements

For the degree of Master of Social Work

By

Donnetta M. Baker

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The graduate project of Donnetta M. Baker is approved:

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Dr. Wendy Ashley   Date

_____   _____

Dr. Judith DeBonis   Date

_____   _____

Dr. David McCarty-Caplan, Chair   Date

California State University, Northridge

Dedication

This study is dedicated to my son, Damani A. Berry for his patience, support and understanding of my decision to return to college to obtain a Master of Social Work degree. I love you son! Also, I would like to acknowledge Ajamu Berry, Alice Reed and Princejames Reed-Williams for your support, encouragement and continued motivation throughout this journey. Last but certainly not least, thank you to all of my instructors; I have learned a great deal from this program and it has positively changed my life

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Abstract

How do Child Welfare Agencies Support the Wellbeing of Lesbian, Gay, Bisexual,
Transgender and Queer Foster Youth in Out of Home Placement?

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Donnetta M. Baker

Master of Social Work

Violence, discrimination, neglect, and rejection from family members are
contributing factors to why Lesbian, Gay, Bisexual, Transgender and
Questioning (LGBTQ) youth are introduced to the child welfare system. There are
over 400,000 children in foster care in the United States, and LGBTQ youth are
disproportionately represented in this population. The purpose of the study is to explore
how child welfare agencies support the physical, emotional, and mental wellbeing of
LGBTQ foster youth in out of home placement.

To explore this question, this is qualitative exploratory study applies a thematic
analysis of individual in-depth interviews with Los Angeles County Department of
Children and Family Services (DCFS) Administrators. This process identified four major
themes of wellbeing, accessibility of resources, inclusivity, and additional support.
Results show the DCFS professionals interviewed in this study feel LGBTQ foster youth
in out of home placement receive the same level of physical, emotional, and mental
health support as youth who are LBGTQ. However, further analysis of this data also
indicates tension between the desire of reflect equitable treatment and the need for
services designed to meet the unique needs of LGBTQ youth.

Keywords: LGBTQ, foster youth, foster care, Los Angeles County, child welfare

Introduction

This research study is an exploration of how child welfare agencies support the wellbeing of their Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) foster youth in out of home placement. According to the Adoption and Foster Care Analysis and Reporting System's (AFCARS, 2015), there are over 400,000 children in foster care in the United States. In addition, multiple studies estimate LGBTQ youth are overrepresented in the child welfare system and are often in care due to the disapproval and rejection of their biological family members (The Ann Casey Foundation, 2016). This rejection places, LGBTQ youth at a greater risk for negative life outcomes including; increased chances of health and mental health challenges, lower self-esteem, illegal drug abuse, HIV, sexually transmitted diseases, depression, and suicide (The Ann Casey Foundation, 2016).

Research suggest this population has historically received very little attention in the areas of practice, policy, and research and until recently, little has been done to simply acknowledge the presence of LGBTQ youth in the child welfare system (McCormix, Schmidt & Terrazas, 2016). The increasing awareness of and attention to this population in child welfare brings into question how agencies are providing support. Therefore, it appears increasingly important to examine how child welfare agencies are providing support for this population of youth under their jurisdiction, physically and emotionally. In addition to, if the agencies are providing care, are the services accessible, efficient and effective.

This study will address the steps child welfare agencies take to support the wellbeing of their LGBTQ foster youth by identifying and conducting qualitative in-depth interviews of child welfare Administrators from the Los Angeles County Department of Children and Family Services. These interviews will examine issues related to organizational support by asking participants to reflect on steps taken into consideration by their agency when placing a child in out-of-home placement and the level of mental, physical and emotional support provided.

Literature review

Violence, discrimination, neglect, and rejection from family members are contributing factors of why Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) youth are introduced to the child welfare system.   A homeless youth study by Cochran, Stewart, Ginzler, & Cauce, 2002) found while both sexual minority and majority youth left their homes for similar reasons, LGBTQ youth left at nearly double the rate. Higher rates of family rejection place LGBTQ youth at a greater risk for negative life outcomes, including increased chances of health and mental health challenges, lower self-esteem, illegal drug abuse, HIV, STDs, depression, and suicide (Edidin, Ganim, Hunter, & Karnik, 2012).

According to the Adoption and Foster Care Analysis and Reporting System, (2014) there are over 400,000 children in foster care and without permanent homes in the United States. LGBT youth represent an unknown proportion of the total foster youth population (Wilson, & Kastanis, 2015) which is due to youth feeling uncomfortable and unsafe to disclose their sexual orientation or gender identity while in foster care. Research suggest this population has historically received very little attention in the areas of practice, policy, and research and until recently, little has been done to simply acknowledge the presence of LGBTQ youth in the child welfare system (McCormix, Schmidt & Terrazas, (2016).   Moreover, once LGBTQ youth enter the foster care

system, they often experience harassment, incompetence, stigma, and rejection. These experiences largely contribute to placement instability, running away, social and emotional problems, and limited support networks (McCormick, Schmidt, & Clifton, 2015). As a result, many LGBTQ youth experience placement disruptions for behavioral reasons or relationship problems with peers and caretakers that stem from conflicts related to sexual orientation or gender identity (McCormick, et al., 2016).

Studies also suggest, it is these experiences of harassment, stigma, rejection (McCormick, et al., 2016) and lack of social work staff who have training on the needs of LGBT youth (Davidson, 2000) that forces youth to run away from foster care. Further research state, many LGBTQ youth in foster care view the streets as a less dangerous and hostile living situation than their current foster placements (McCormick et al., 2015)

For LGBTQ youth, the hostile living environments increasingly promote the loss of out-of-home placement and result in the perceived safety and security of independence where exploitive relationships and homelessness occur. According to Edidin, Ganim, Hunter, & Karnik, 2012) the experience of homelessness appears to have numerous adverse implications for these youth, including neurocognitive development, academics, performance, physical and emotional health. The study further explains that typically parents, family members and important

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adult family friends assist youth in their development regarding proper decision making and reasoning patterns; homeless youth often do not have access to supportive adult relationships (Edidin et al., 2012).

Studies have indicated sexual orientation and gender identity are core aspects of personal identity (Gallegos, White, Ryan, O'Brien, Pecora, et al., 2011). Therefore, findings suggest foster family acceptance of such identities plays a pivotal role in creating an affirming and inclusive environment for LGBTQ youth (McCormick, et al., 2016). Further research indicate LGBTQ youth in foster care are exposed to unique risks associated with people's responses to their sexual orientation and/or gender identity (Davidson, 2000). In addition, few services are available to LGBTQ youth and their families aimed at addressing any familial conflict that may be preventing family reunification.

Wilber, Reyes, & Marksamer, (2006) found there are well-accepted professional standards governing child welfare and juvenile justice services, but these standards do not adequately address the unique needs of LGBT youth. The National Association of Social Work (NASW) code of ethics speaks to the needs of LGBTQ foster youth. For instance, social workers are to treat each person in a caring and respectful fashion, to pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people

(NASW, 2016); therefore, as social workers it is our duty to make every attempt to ensure the safety and security of all foster youth.

Regardless of a youth's sexual orientation or gender identity, they have federal and state constitutional and statutory rights (Estrada, & Marksamer, (2006). Many LGBT youth have these rights violated on a regular basis (Estrada, & Marksamer, (2006). For example, a youth with an assigned sex of male at birth and identify as female cannot share a room with a youth whose assigned sex at birth is female while in foster care. This is a violation; all youth including LGBTQ have the right to express themselves in the manner that makes them feel complete and whole. LGBT youth are harassed and bullied by other foster youth and is blamed for the ill treatment (McCormick et al., 2015). In addition, they are encouraged not to speak of their love interest which takes away their freedom of speech and forces them into isolation (McCormick et al., 2015). Therefore, it becomes all the more important to glance further into the child welfare system and explore how the needs of this group are, or not being met.

The increasing awareness of and attention to this population in child welfare brings into question how agencies provide support for this population of youth under their jurisdiction, physically and emotionally. In addition to if the agencies are providing care, are the services accessible, efficient and effective. This study will address the steps child welfare agencies take to support the wellbeing of their LGBTQ foster

youth by conducting qualitative in-depth interviews of child welfare Administrators from the Los Angeles County Department of Children and Family Services. These interviews will examine issues related to organizational support for LGBTQ foster youth in child welfare by asking participants to reflect on steps taken into consideration by their agency when placing a child in out-of-home placement, and the level of mental, physical and emotional support provided. To date, the researcher has not found studies in which describe how welfare agencies support the physical, mental and emotional needs of LGBTQ foster youth placed in out of home care; Therefore, the purpose of this study is to explore and analyze how DCFS support the wellbeing of LGBTQ foster youth in out-of-home placemen; as well as, bring about a greater awareness of their unique needs.

Method

Research Design

This study is a cross sectional exploratory qualitative design using individual in-depth interviews with Los Angeles County Department of Children and Family Services (DCFS) Administrators. Interviews took place between, January 2017 to February 2017 to explore how do child welfare agencies support the wellbeing of Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) foster youth in out of home placement; and through this design the researcher will be able to develop a hypothesis of how are child welfare agencies supporting LGBTQ youth under their jurisdiction.

Participants/Sample.

The sample population was drawn from a group of social work professionals employed by the Los Angeles County DCFS holding the job title as a Children's Services Administrator (CSA). In addition, further criteria were for participants to have at least 8 years of child welfare experience within the DCFS department. Excluded individuals were all DCFS employees not holding a CSA position, DCFS administrators with less than eight years of child welfare experience within the department, and all non DCFS employees. In all, four Children Services Administrators were interviewed either in their assigned DCFS office location or at the DCFS headquarters office downtown Los Angeles. Each interview took approximately forty five minutes.

Measures/Instruments.

The data used for this study was gathered from individual interviews. Each participant was asked a series of thirteen open ended interview questions related to the physical, mental, and emotional well-being of LGBTQ foster youth placed in out of

home care. Examples of interview questions include: Are you familiar with the

challenges LGBTQ foster youth face in out-of-home care such as, anit-gay bullying in

foster and group homes, higher rates of replacements, homelessness and higher rates of

suicide? How does your agency or organization address the emotional, wellbeing of the

LGBTQ population under their jurisdiction; such as counseling, therapy and/or mental

health services? Each interview took approximately forty-five minutes.

Procedure

Data Collection

Data collected for this study were in-depth individual interviews exploring procedures taken by DCFS when placing LGBTQ youth in out-of-home foster care and the level of mental, physical and emotional support provided by the department. The following procedures took place:

As an employee of DCFS, the researcher has unique access to the sample population, therefore subjects for this study was a convenient sample and chosen directly by primary researcher through a variety of activities. DCFS Administrators were identified by their attendance at the monthly DCFS All Managers meeting held every first Wednesday of the month located at the DCFS headquarters office in Los Angeles, CA. Administrators not in attendance were identified by using the DCFS administrative directory by their job title and section; For example, The Accelerated Placement Team, Transitional Shelter Care Program and Adoptions and Permanency Resource Division. Administrators identified by using the DCFS Administrative directory were contacted by the primary researcher in person, telephone or email. The contact included a description of the research, provision of the subject information sheet and a request to participate in the research project.

The initial in-person or telephone contact requesting participation took approximately 10 minutes. The researcher made two in-person attempts per person and three attempts per person via telephone to request participation. Researcher also left voicemails messages for potential subjects if needed. If potential participants did not respond to voicemail messages within five business days after the third voicemail

message was left, the researcher ended attempts to recruit said individuals. Three email

requests per person were sent to potential participants, which included a description of

the research and a request to participate in the research project. If responses were not

received within five business days after the last email was sent, the researcher ended

recruitment attempts with said individuals.

Responding administrators were contacted and an individual in-person interview

was arranged. The research study was not anonymous however all participating subjects

were given a pseudonym to protect their identity as well as informed the interview was

voluntary. The interviews took place at the administrator's office location, the

researcher office location, or nearby coffee shops. Upon meeting with participants on

the schedule date and time, the primary researcher introduced herself and stated: the

purpose of the study is to explore DCFS efforts in providing an optimum level of care

specifically for youth who have identified as LGBTQ. Participants were then given an

adult consent form (see Appendix A), after consent was granted by way of signature,

participants were informed they would be asked 13 questions, and that the interview

would be audio recorded. Upon approval from said participant, the first research

question was then asked followed by subsequent research questions (see Appendix B).

After completion of the interview all audio recordings were then transcribed by

researcher and the data collected remained on the primary researcher laptop for

synthesizing and review for outcomes of how do child welfare agencies support the

wellbeing of LGBTQ foster youth in out-of-home placement. The California State

University Standing Committee for the Protection of Human Subjects (IRB Number

1617-104) and The Los Angeles County Department of Children and Family Services approved this study.

Data Analysis

Once all of the data from the interviews were collected, they were organized systematically using qualitative thematic analysis. Thematic analysis, a method designed to encode qualitative information into common themes in order to identify patterns in language and develop hypotheses (Boyatzis, 1998, p. 4). This design method enables scholars, observers, or practitioners to use a wide variety of types of information in a systematic manner that increases their accuracy or sensitivity in understanding and interpreting observation about people, events and organizations (Boyatzis, 1998, p. 5).

Following Braun and Clarks (2006) method of (thematic analysis), the steps that will be completed to analyze this data are as follows: Phase 1, read and re-read data in order to become familiar with what the data entails, paying specific attention to patterns that occur. Phase 2, generate the initial codes by documenting where and how patterns occur. This happens through data reduction where the researcher collapses data into labels in order to create categories for more efficient analysis. Data complication is also completed here. This involves the researcher making inferences about what the codes mean. Phase 3, combine codes into overarching themes that accurately depict the data. It is important in developing themes that the researcher describes exactly what the themes mean, even if the theme does not seem to "fit." The researcher should also describe what is missing from the analysis. Phase 4, In this stage, the researcher looks at how the themes support the data and the overarching theoretical perspective. Phase 5, the researcher needs to

define what each theme is, which aspects of data are being captured, and what is interesting about the themes. Phase 6, when the researchers write the report, they must decide which themes make meaningful contributions to understanding what is going on within the data. Researchers should also conduct "member checking." This is where the researchers go back to the sample at hand to see if their description is an accurate representation.

<center>**Results**</center>

The researcher contacted six Children Services Administrators (CSA's) from the Los Angeles County Department of Children and family services (DCFS) by telephone, email, and in-person requesting their participation in this research study. Three of the six were able to confirm an appointment time, date and location to meet; three were unable to meet before the end of the researcher in-person interview deadline. Therefore, a total of three individual in-person and in-depth interviews with participating CSA's were conducted regarding: How do child welfare agencies support the wellbeing of their LGBTQ foster youth in out of home placement.

Two of the three interviews took place in the CSA office space, inside of their DCFS office location. One interview took place at the researcher DCFS office location. Each interview was audio recorded and lasted approximately forty-five minutes. After each meeting, the researcher personally transcribed the interview by listening to the audio recording. The researcher then began the systematic phase of the thematic analyses process to develop codes and themes within the data. This process identified four major themes wellbeing, accessibility of resources, inclusivity, and additional support. Data within these themes were comprised of nine codes identified by the researcher as particularly relevant to each theme.

Wellbeing

The identifying codes for the major theme of wellbeing include mental health support, physical support, emotional support and activities specifically for LGBTQ foster youth. For example a piece of coded data regarding emotional support one participant's shared her thoughts of how foster parents play a major role in a youth feeling emotionally stable;

the participant stated "Foster parents are to help them (foster youth) develop a healthy identity, it is about nurturing, and a feeling of belonging is the job of a parent whether they are a foster parent or not."

Relatedly, data categorized into the theme of wellbeing came from responses to research questions from the interview. For example, participants were asked if the physician's youth see prepared/trained to work with the LGBTQ population. Responses to this question revealed physicians and/or therapist who will provide services to youth in care are those that accept Medi-Cal insurance; with regard to care received by physicians and therapist one participated responded "I honestly don't think that there is extra to know, if you are a good doctor, you're a good doctor; If you are gay or lesbian or Black or White, Latino or Asian, a man or woman, If you are a good doctor, the doctor does it the right way, there is no special specific way to work with gay kids."

In continuing with the previous question pertaining to physicians and/or therapist being trained (LGBTQ knowledgeable) one participant stated, "A clinic where our kids in our system go to get immunizations, physicals, that kind of stuff maybe not." The participant added, "but again, I think it's probably as dependent as it is on the social worker who have experience or comfort in providing services to our kids too. So it's going to depend in the same way with therapist, with doctors, with foster parents, with anyone and everyone providing services to kids. I think it is one of the many challenges in child welfare." The participant went on to share, "the department looks for physician's that are going to care for our children and provide services to them, then we have to hope the trained professionals that are caring for the children are just that, trained professionals with experience and compassion to treat our kids no matter what."

Participant responses mirrored one another regarding the medical insurance used to cover foster youth medical and therapy needs. Two of the three participants had responses that suggested, if a youth is placed with a relative and they are able to provide medical insurance for the youth, that particular youth maybe privy to better medical coverage. Community based organizations also provide services to youth in care regarding counseling, therapy, and support groups. Per the research questions and responses regarding

 wellbeing, it appears DCFS provides all youth (including LGBTQ) with medical coverage under their jurisdiction; with hopes that the providers are providing adequate care. In addition, with regards to emotional wellbeing; when placing a youth in a foster/group home the department goal is to place in a safe, nurturing, and supportive home that will provide the emotional support needed for all youth in care.

Accessibility of Resources

Codes reflective of theme accessibility of resources include availability of resources/services and access to resources/services. An example of data coded as access to resources/services within this theme is one participant's statement to the question, is there a waiting period before youth receive can services? "Yes it can be wait times, and it just depends on the area and how many providers are in that area". In addition, one respondent answer to the same question was "sure, I tried to make an appointment for my doctor the other day and I gotta wait, waiting is very normal". The participant went on to share, "Because wait time is real life issues, we try to figure out what can I get for this child in the meantime, before they get in somewhere where they can really get the work done." The respondent added "As a social worker I would use it as a teaching moment

and say here is what you can do in the meantime, while you are at school, I'll connect

you to your counselor at school, or in the meantime you can talk to me, we do not want to

have a child in crises waiting, so we try to come up with something for the meantime.

This is very important due to there are over 35,000 youth in care each month and services

appear to be limited; therefore, having a plan in the "meantime" to keep a child safe is a

part of the department's goal of child safety being number one.

Regarding a youth's request for counseling services, all participants referenced

there is not a wait time for counseling services. Administrators explained, youth can drop

into one of the CBO's and express a need for counseling and receive the service right

away (same day)." One of the three respondents stated, "If a youth need real psychosocial

assessment or real psycho therapy, their maybe a wait to get somebody to work with that

client in a very structured consistent way." Additionally all participants echoed, service

providers such as community based organizations, psychologist, and therapist are those

that accept Medi-Cal insurance

Inclusivity

Codes identified as the theme of Inclusivity are inclusiveness, request, and needs

surrounding sexual identity and sexual orientation. For example, data within this theme

coded as needs and inclusiveness are participant's responses to questions such as; Are

you familiar with the challenges LGBTQ foster youth face and what do you feel can be

done to prevent these challenges? Subject's responses were "kids face the same issues

whether they are out of home care or living with their parents. The issue is the issue,

bullying is bullying. I mean the issues exists I don't think it's necessarily a dependency

issue, or foster care issue, it's a social issue". Another participant response to this

question coded as needs stated, "Yes, I think some recruitment strategies for finding foster parents that are willing to accept kids in a real way. For no matter what they are and how they identify is one way to reduce those barriers to placement. That doesn't mean those kids aren't going to face bullying in school because that is a separate place where they're seen and experiencing life so that is that; that doesn't mean foster parents can't go in and advocate on their behalf in the schools and that kind of thing." Another code for need is the response to, "Place, in a placement that is accepting and nurturing of any child."

During each interview, all participants emphasized the need for the inclusivity for LGBTQ in their own way. In addition to the responses above; one participant made this statement when asked: How does your agency address the emotional well-being of LGBTQ foster youth under their jurisdiction? "There should not be a special treatment for any one particular group of children. Every single foster child should have an individualized case plan, that's our policy. If the child's particular issues are around sexuality or sexual identity, then it would be our job to assist them in getting whatever services that will help. If the child is gay but the issues are more around abuse and trauma, then we are going to focus on abuse and trauma. It is our job to support the child regardless of their race, ethnicity, religion or sexuality." Whether a youth is a part of the sexual minority population or sexual majority population; all youth need, desire, and deserve a loving, nurturing, and accepting place to call home.

Additional support

Additional support identifying codes included DCFS procedures when placing LGBTQ youth in out of home care, DCFS staff knowledge of youth sexual orientation,

and sexual identity when placing youth in out of home placements, confidentiality, support, and empowerment.

The results of the information gathered did not indicate a specific way to place LGBTQ foster youth in care. The study revealed, all youth are placed in out of home care the same identical way whether LGBTQ or heterosexual. One participant was unsure of any specific guidelines or policies when placing LGBTQ youth. The participant stated, "to my knowledge, there is not a policy or protocol because the law requires that they (the youth) stay close to home and in the same school. That is priority for all of our foster kids. Best practice is finding a home that is going to love the child for whoever they are,"

Regarding support services, the data analysis revealed "there are support groups for parents." Parents, Family and Friends Allied with the LGBTQ Community (PFLAG) is a volunteer organization run by parents, family members, LGBTQ persons and their friends; their areas of focus are support, education and advocacy for individuals who are struggling with coming out. "Even though they (PFLAG members) are not the biological parent of the child; if they are committed to the child, the child will have support; it's all about empowering the child and parent."

In addition, each participant shared Children's Hospital of Los Angeles has one of the best Transgender departments in Los Angeles County. A piece of coded data pertaining to support states "I think those at children's hospital is the best in terms of having that specialty, I think the clinic or the hospital have a program for kids struggling in the area for transgender issues, they are probably much, much better trained." Another source for support/services indicated by a piece of coded data states, "Los Angeles, Long Beach, and probably in the Inland Empire have a gay and lesbian center all of them have

groups and resources for people that specialize in counseling for coming out issues, for transgender kids again, therapy is mandated to transition, so children's hospital will refer you to therapist that specialize in transgender kids."

The Los Angeles County DCFS supports the wellbeing of LGBTQ foster youth in out of home placement identically to all children in their care. The researcher did not find specific procedures or protocols when placing LGBTQ youth in out of home care; Other than, if the youth sexual orientation or nonconforming gender identity was the cause/reason for multiple replacements. The social worker may disclose the information with the youth consent. This is due to the goal is always protecting the child from harm, continued replacements, and to provide a nurturing loving home

Discussion

Based on the responses of three Children Services Administrators (CSA's) interviewed for this study, this study identified four major themes regarding how the Los Angeles County DCFS supports the LGBTQ population under their jurisdiction wellbeing, availability of resources, inclusivity, and additional support. This data, overall, suggests Los Angeles county provides medical coverage for all youth, contracts with community based organizations to provide care, and search for loving and nurturing foster homes for all youth under it's jurisdiction.

Wellbeing

The researcher defined wellbeing as physical, mental, and emotional support; as well as, LGBTQ friendly activities. As mentioned by McCormick, Schmidt, & Clifton, (2015) once LGBTQ youth enter the foster care system, they often experience harassment, incompetence, stigma, and rejection; experiences that largely contribute to placement instability, running away, social and emotional problems, and limited support networks. Because of this issue, it is important to question how youth are cared for physically, mentally and emotionally by the Los Angeles County DCFS.

Data collected indicates the department does make efforts to provide care physically, mentally, and emotionally for LGBTQ youth in out of home placement; as well as, all youth in care. Further information collected revealed, in addition to the department it is also the responsibility of the foster parent(s), all involved social workers and every professional that come into contact with youth to insure youth receive needed services to support their physical, emotional and mental health.

The researcher believes the community's assumption is that the department does very little or nothing at all to assist in supporting the wellbeing of LGBTQ youth in care, and perhaps the stigma that is placed on the department regarding providing limited resources may have some truth to it. In all fairness, the department is not a service provider; it's focus and concern is child safety. The data collected indicate DCFS make efforts to assist youth in obtaining much needed services to support youth's physical, mental, and emotional wellbeing by providing Medi-Cal medical coverage. Therefore, it becomes the level of care received by professionals (all levels) and level of support of foster/group homes toward LGBTQ youth that will determine how much of an optimum quality of life a youth may have.

It is suggested that DCFS create a grievance process specifically for LGBTQ youth who encounter any form of maltreatment from physicians, therapist, and all level of professionals, and staff due to the youth sexual orientation and/or gender identity. During this process, if a professional is proven to have mistreated a youth, the result will be the department will no longer engage in business with such physicians, therapist, organizations and/or individual(s). This may seem to be an impossible request with regards to the limited resources currently provided to LGBTQ youth. Thus, if a standard is set regarding the types of behaviors the department will not allow youth to endure, the hope would be other's will fall in line and provide quality services to all youth no matter their sexual orientation or gender identity.

Accessibility of Resources

Accessibility of resources in this study was defined as a youth's access to receive therapy, counseling, and youth's opportunity to engage in needed support groups. The

results of this study suggest DCFS administrators believe such services are available to LGBTQ in care.

The data collected states; the challenge for accessibility depends on the community/area of which the youth are placed. One participant stated, a youth could be in a position to wait for services because it just depends on the area they are placed and how many providers are in that area. She went on to share, because providers in one area might not accept Medi-Cal as much as another area like in service planning area 6 (a service planning area is a specific geographic location within Los Angeles County). So, if were placing a kid in an area that does not accept Medi-Cal, the youth may have a hard time finding somebody who's going to take the insurance the child has so there's going to be more of a lag time.

It is the above statement as well as many others in this research that indicate to the researcher that there is limited amount of resources for foster youth. In addition to, an even more limited number of resources for LGBTQ foster youth in care. The data reveals it has much to do with placement locations and the number of providers in their area and whether or not the provider accepts Medi-Cal insurance. Again, in being fair to the department this barrier is beyond DCFS control. DCFS provide youth with medical insurance and as mentioned by all of the participants; seek relationships with CBO's such as Rise, Children's Hospital, Parents Family Friends of Lesbian and Gay (PFLAG) as well as other organizations to provide support and services youth. The thought becomes, what exactly is expected of the department?

It is suggested that the department continue to seek additional providers and supportive services specifically for LGBTQ youth in care. A good idea would be to seek

out LGBTQ centers in all eight service planning area's (SPA's) and if a LGBTQ center does not exists within a spa, to contact a CBO in that area to create one within their organization.

Inclusivity

Inclusivity in this study is defined as the inclusiveness and support of LGBTQ foster youth in care. According to McCormick, et al., (2016) many LGBTQ youth experience placement disruptions for behavioral reasons or relationship problems with peers and caretakers that stem from conflicts related to sexual orientation or gender identity. Further research indicate, LGBTQ youth in foster care are exposed to unique risks associated with people's responses to their sexual orientation and/or gender identity (Davison, 2000).

Data collected revealed DCFS emphasizes, how important it is to treat all youth the same "across the board'. It was mentioned by all participants that individuals have multiple identities (black, white, girl, boy, niece, nephew, sister etc..) and a youth's sexual orientation or gender identity is only one aspect of a person identify. They further explained, "it is not the whole person and to only focus on that (LGBTQ) can misdirect what is truly needed for the youth. With regards to bulling, it was a concern of the researcher of the degree and amount of bullying LGBTQ youth face in out of home placement. Interestingly, the data indicate kids face the same issues whether they are in out of home care or living with their parents; as stated by a participant. Such information/statements were not found in previous research conducted by the current researcher; making this particular finding different from previous research statements regarding bullying. Because of these issues, it is important to be inclusive and supportive

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of all LGBTQ youth no matter if they are living with parents or in foster care.

Additionally, the data indicates as society continues to move toward progressive and

positive inclusiveness support for all LGBTQ individuals; the many barriers they face

today will come to an end.

It is understood DCFS administrators within this research study feel a youth's

sexual orientation and/or gender identity is in fact one aspect of a person identity and

should not be the main focus. Therefore, all youth are treated the same with regards to

placement protocols, medical and emotional needs. Thus, research states within child

welfare agencies across the country, the treatment due to one's non conforming gender

identity or sexual orientation is what causes LGBTQ youth to run away from foster/group

homes, are subject to multiple replacements, and higher rates of suicide. For clarity

purposes, it is suggested that DCFS reach out to LGBTQ foster youth under their

jurisdiction to determine if they feel there are unique needs that should be addressed or

not; as one participant stated previously, it may be found that it is all about the individual.

Additional Support

In this study the researcher defined additional services as steps taken in placing

LGBTQ foster youth in out of home care, any additional services, and support offered to

youth as well as their family. With regards to steps taken to place LGBTQ youth in out of

home care; data indicates, two of three CSA's stated when prior to placing a youth, if the

sexual orientation or sexual identity is disclosed a box on the placement form was to be

checked. However, the information was not to be disclosed to the potential foster parent

unless permission was granted by the youth. Or, if there is a transition child already in the

process of transitioning; then the foster parent would have to know because they have to be willing to transport the child to their doctors' appointments.

DCFS foster parents/group homes are expected to accept all youth as they are in care. In addition to, treat all youth in fairly, respectfully and with dignity to say the least. Therefore, it is suggested to send friendly reminders such as mailers to all approved foster homes/group homes; educating them on the importance of acceptance and advocating for all youth especially LGBTQ foster youth as needed. Another suggestion is to insure foster/group homes (as well as group home staff) be required to maintain 16 hours annually of continued education trainings. Eight of those hours has be geared toward LGBTQ youth in care.

Limitations

A key limitation of this study is the participants have been "out of the field" meaning not working with foster youth on a micro level for at least eight years or more. This is a limitation because quite often aspects of a children's social workers position change within Los Angeles County DCFS. Resulting in participant's being unable to answer at least two research questions or more. Another limitation is "line" social workers were not interviewed. Line social worker's are the individuals doing the day to day functions of working closely with sexual minority youth and would have more of an insight of how DCFS support the wellbeing of LGBTQ foster youth under their jurisdiction.

Additionally due to scheduling conflicts, the sample size comprised of three Children Services Administrators which is a very small sample size. The sample size resulted in providing a limited picture of what support looks like for LGBTQ foster youth in care. However, this study could lead to a bigger sample size and perhaps provide a larger picture of what support looks like for LGBTQ youth in out of home placement in Los Angeles County. Another limitation is the researcher access to participants. Participants were of a convenient sample and not randomly drawn to participate within this study. The selected individuals were handpicked due to the researcher felt each participant could provide valuable insight from an administrator and former line children's social worker perspective. Therefore, selecting the subject's prior to the study serves as a limitation.

<center>**Conclusion**</center>

This study is intended to examine how do child welfare agencies support the wellbeing of their lesbian, gay, bisexual, transgender and questioning foster youth in out of home placement. The researcher was interested in physical, emotional, and mental support; as well as, policies and protocols followed when placing LGBTQ foster youth in out of home placement. Services, resources and additional supports provided to foster youth and the level of accessibility of those resources/services. Literature states LGBTQ foster youth face many challenges while placed in out of home care; such as, harassment, rejection, higher rates of foster/group home replacements, depression, suicide, and runaway's.

This study found Los Angeles County DCFS provides LGBTQ foster youth the same level of care and support provided to youth who are not LGBTQ. Participants from the Los Angeles County DCFS expressed, there should not be a specific way to care for LGBTQ foster youth and that all youth have the same needs whether LGBTQ or heterosexual. Participants also shared all youth want to be loved, cared for, advocated for, supported, and to have since of belonging to say the least. Therefore, there is not a specific protocol when placing LGBTQ youth in out of home placement. Social workers follow the same policy and protocol for all youth whether LGBTQ or not.

There seems to be tension in this data regarding equitable treatment verses responsive to the unique needs of LGBTQ. Due to literature states the negative challenges LGBTQ foster youth face while in care at the hands of other foster youth, foster parents and group home staff members; as opposed to DCFS Professionals with over a combined 60 years of experience states there are no special/unique needs for

<center>28</center>

LGBTQ foster youth who are placed in out of home care; and all needs are specific to each individual child. The researcher also suggest DCFS to mandate and provide children social workers and all staff especially those engaging with youth to attend LGBTQ trainings in an effort to become LGBTQ knowledgeable.

The hope is this study will contribute to DCFS focusing on this population of youth under their care. Perhaps if not already conduct research on LGBTQ foster youth in out of home placement from the youth's perspective; to determine if unique needs are necessary for LGBTQ foster youth who are placed in out of home care.

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California State University, Northridge
CONSENT TO ACT AS A HUMAN RESEARCH PARTICIPANT

The Exploration of Lesbian Gay Bisexual and Transgender (LGBTQ) youth in the Child Welfare System: How does the Child Welfare System support the wellbeing of their LGBTQ foster youth.

You are being asked to participate in a research study. A study conducted by Donnetta M. Baker as part of the requirements for the M.S. degree in Master of Social Work. Participation in this study is completely voluntary. Please read the information below and ask questions about anything that you do not understand before deciding if you want to participate. A researcher listed below will be available to answer your questions.

RESEARCH TEAM
Researcher:
Donnetta M. Baker
Department of Master of Social Work
18111 Nordhoff St.
Northridge, CA 91330- 8226
(323) 506-7979
donnetta.baker.121@my.csun.edu

Faculty Advisor:
David McCarty-Caplan
Department of Master of Social Work
18111 Nordhoff St.
Northridge, CA 91330- 8226
(818) 677-7630
MSW@csun.edu

PURPOSE OF STUDY
The purpose of this research study is to explore how Child Welfare Agencies support the wellbeing of their Lesbian, Gay, Bi-Sexual, Transgender and Questioning foster youth.

SUBJECTS
Inclusion Requirements
You are eligible to participate in this study if you:
  o Serve in an administrative role within the Los Angeles County Department of Children and Family Services
  o Are eighteen or older
  o Have at least eight years of experience working in the Child Welfare System

Time Commitment

This study will involve approximately twenty five to thirty minutes of your time to complete an in-person interview over the course of one day.

PROCEDURES
During the in-person interview - I will ask you a question and you will have the opportunity to respond. There are eighteen questions. The researcher will audio record the interview, as well as take notes of your answers while you respond to the question asked. This a one-time process and it will take up to thirty minutes of your time to answer the eighteen questions.

RISKS AND DISCOMFORTS
A potential risk of this study could be exposing that you or your agency is not providing support toward the wellbeing of LGBTQ foster youth in out-of-home placement. Steps that will be taken to minimize this risk would be to ensure participants names, agencies, and/or organizations are kept confidential in the primary researcher password protected laptop.

BENEFITS
Subject Benefits
The possible benefits you may experience from the procedures described in this study include

There are no direct benefits.

Benefits to Others or Society
Bringing about an awareness of the much-needed support of safe and accepting out-of-home placements for LGBTQ foster youth; As well as, the need for efficient and effective medical, emotional and psychosocial care for LGBTQ youth within the Child Welfare System.]

ALTERNATIVES TO PARTICIPATION
Participation is voluntary, and you can decline to participate without any repercussion. You can also end participation at anytime.

COMPENSATION, COSTS AND REIMBURSEMENT
Compensation for Participation
You will not be paid for your participation in this research study.

CONFIDENTIALITY
Subject Identifiable Data
All identifiable information that will be collected about you will be removed and replaced with a code. A list linking the code and your identifiable information will be kept separate from the research data. Then, deleted and destroyed at the end of the research study.

Data Storage

Research data will be stored on laptop computer that is password protected.
Printed material will be kept at researcher home locked in a closet she only has access to.

Data Access
Only the researcher and faculty advisor. No information derived from this research project will personally identify you. Publications and/or presentations that result from this study will not include identifiable information about you.

Data Retention
The identifiable information will be destroyed once the study is complete. The de-identified data will be destroyed once the study is complete.

Mandated Reporting
Under California law, the researcher(s) is/are required to report known or reasonably suspected incidents of abuse or neglect of a child, dependent adult or elder, including, but not limited to, physical, sexual, emotional, and financial abuse or neglect. If any researcher has or is given such information, he or she may be required to report it to the authorities.

IF YOU HAVE QUESTIONS
If you have any comments, concerns, or questions regarding the conduct of this research please contact the research team listed on the first page of this form.

If you have concerns or complaints about the research study, research team, or questions about your rights as a research participant, please contact Research and Sponsored Projects, 18111 Nordhoff Street, California State University, Northridge, Northridge, CA 91330-8232, or phone 818-677-2901.

VOLUNTARY PARTICIPATION STATEMENT
You should not sign this form unless you have read it and been given a copy of it to keep.
Participation in this study is voluntary. You may refuse to answer any question or discontinue your involvement at any time without penalty or loss of benefits to which you might otherwise be entitled. Your decision will not affect your relationship with California State University, Northridge. Your signature below indicates that you have read the information in this consent form and have had a chance to ask any questions that you have about the study.

I agree to participate in the study.

_____   _____
 Participant Signature   Date

_____
 Printed Name of Participant

___ I agree ____I do not agree to be audio recorded

_____   _____
Researcher Signature   Date

_____
Printed Name of Researcher

Appendix B

Interview Questions

1. How long you have been practicing as a child welfare professional (for example, when did you begin working with youth placed in the child welfare system)?

2. How familiar are you with the Lesbian, Gay, Bi-Sexual, Transgender and Questioning (LGBTQ) Foster youth? Would you say you are….

3. Not at all_____,   Very little _____, Some What knowledgeable_____, Very Knowledgeable_____,   Extremely Knowledgeable_____.

4. Do you have experience working with:

   _____ LGB identified foster youth? Trans gender youth?

   _____ Trans gender youth

5. Does your agency have guidelines or procedures when specifically placing LGBTQ youth in out-of-home placement? (Such as, does staff attempt to place youth in a known LGBTQ friendly environment). If so, what are the guidelines?

6. Is there any information given to staff regarding the youth sexual orientation and/or gender identity before placing the youth in an out-of-home placement?

7. When aware of a youths LGBTQ identity do they inform the foster parents?

8. Are you familiar with the challenges LGBTQ foster youth face in out-of-home care? Such as, anit-gay bullying in foster and group homes, higher rates of replacements, homelessness and higher rates of suicide).

   > If so, what do you feel can be done to prevent those challenges? If not familiar, are you willing to learn more about the challenges LGBTQ face in foster and group homes

9. How does your agency or organization address the emotional, wellbeing of the LGBTQ population under their jurisdiction? Such as counseling, therapy and/or mental health services)

   a. What is the procedure for youth to acquire these services?

   b. Are the youth familiar with how to acquire needed services?

   c. Is there a wait time? If so, approximately how long?

10. In your opinion, are the physicians, psychiatrist, and counselors providing services to foster LGBTQ youth prepared/trained to work with LGBTQ youth and/or LGBTQ friendly?

11. To your knowledge, does DCFS provide youth activities specifically for LGBTQ youth?

12. Is there anything else you would like to say/add regarding this topic, and how it relates to your role as a DCFS administrator?

13. This concludes our interview. Thank you so much for sharing your time, consideration, and expertise?

Researcher Resume

Donnetta M. Baker
855 E. 82nd St., Los Angeles, CA 90001
donnetta.baker.121@my.csun.edu
(323) 506-7979

EDUCATION

California State University Northridge	Northridge, CA
Master of Social Work Degree	In process

California State University Dominguez Hills   Carson, CA
Bachelor of Science, Public Administration
August 2008

Los Angeles Harbor City College   Wilmington, CA
Associates of Arts, Liberal Arts
August 2004

EXPERIENCE
Department of Children and Family Services,   Los Angeles, CA
Office of Public Affairs   3/2012 - Present

Senior Typist Clerk
- Research and compile data for media investigative inquires.
- Assist in Coordinating media interviews for DCFS Director, Managers and Staff.
- Correspond with Juvenile and Family Court to obtain approval or rejection of media petitions.
- Assist in the publication of the Department of Children and Family Services quarterly News Letter.
- Receive, Process and approve all submissions for review for the Director Employee Recognition Award (DERA).

Department of Children and Family Services,   Torrance, CA
Child Care Section   6/2006 −3/2012

Intermediate Typist Clerk
- Receive, review and process all incoming child care referrals for completeness, accuracy.
- Speaking with client to determine child care eligibility. Assist clients with plans to best utilize child care services.

- Provide additional much needed resource for needs

Community Service/Volunteer   Los Angeles, CA
Institute for Maximum Human Potential   09/2013 to 2014

Previously, I volunteered ten hours a week as an after school program counselor (Substitute Adult Role Modeling Program) for at risk youth. Duties included tutoring, mentoring, playing games, monitoring adolescents during arts and craft, and chaperoning field trips.