Child Welfare Practice Guidance for LGBTQ+ Youth

**Purpose of this Guidance Document**

The North Carolina Division of Social Services is committed to being respectful of the dignity of all youth and families, and to keeping children and youth safe while meeting their unique needs, regardless of Sexual Orientation, Gender Identity, or Gender Expression (SOGIE). This includes children and youth with open child welfare cases at any stage of the child welfare services continuum.

The purpose of this guidance document is to ensure that youth who identify as Lesbian, Gay, Bisexual, Transgender, Queer or Questioning (LGBTQ+) and Gender Non-Conforming (GNC) involved in the child welfare system have equal access to services that are affirming and supportive including housing, medical and mental health care, and opportunities that promote positive youth development, and are emotionally and physically safe.

This document provides guidance to child welfare workers working with LGBTQ+ youth regarding safety, fair and respectful treatment, harmful practices, healthy approaches, confidentiality, freedom of expression, medical and mental healthcare, protective factors, working with school and community partners, and training agency staff. It also provides a glossary of terms and links to additional resources.

**Definitions - See Terminology Glossary**

**Guidance for Working with LGBTQ+ Children and Youth**

**Safety**

Children and youth in child welfare custody have substantive due process rights under the Fourteenth Amendment, including rights to personal security and reasonable safe living conditions; freedom from psychological harm and physical harm, and psychological deterioration; adequate care, including the provision of certain services; and a reasonably suitable placement. In addition, the North Carolina Foster Care Children's Bill of Rights (G.S. 131D-10.1) promotes safety from violence, abuse, neglect, and danger in the provision of foster care services. Therefore, county child welfare agencies should:

- When performing initial assessments of safety and risk during a CPS assessment, child welfare workers should assess whether the parents’ or caretakers’ attitude towards the child’s sexual orientation or gender identity are impacting the immediate safety of the youth or putting the youth at risk of emotional or physical harm;

- Consider whether the youth is at risk of maltreatment and rejecting behaviors, such as:
  - Physical punishment because of the youth’s actual or perceived sexual orientation, gender identity, or gender expression;
  - Verbal harassment or name-calling because of the youth’s LGBTQ+ identity;
  - Being required to be “straight” as a condition of remaining in the home;
  - Being forbidden from dressing or grooming consistent with the youth’s gender identity;
### Child Welfare Practice Guidance for LGBTQ+ Youth

- Being subjected to psychologically-damaging reparative or conversion therapy designed to change sexual orientation or gender identity;
- Pressure to be more masculine or feminine.

- Continue to assess the risk and safety of LGBTQ+ youth once placed into foster or kinship care settings.

### Fair and Respectful Treatment

County child welfare agencies must provide all youth with respectful, fair, and equal treatment and access to services, irrespective of the youth’s actual or perceived Sexual Orientation, Gender Identity, or Gender Expression (SOGIE). County child welfare agencies must promote positive development by demonstrating respect for all children and youth, reinforcing respect for differences, encouraging the development of healthy self-esteem, and helping children and youth manage stigma sometimes associated with difference.

1. Agency staff must not harass any youth based on the youth’s actual or perceived SOGIE.

2. Agency staff must protect youth from harassment based on the youth’s actual or perceived SOGIE.

3. Provide services and placements that are safe, affirming and supportive of youth, irrespective of their actual or perceived SOGIE.

When working with LGBTQ+ youth, agency staff, foster and kinship providers should use respectful language and behaviors, such as:

1. Avoid making assumptions about SOGIE of youth.

2. Use gender neutral language when communicating with youth and avoid language that presumes all youth are heterosexual, cisgender, or gender nonconforming (GNC).

3. Defer to youth about the language they use to describe their SOGIE and generally utilize terms in the glossary.

4. If youth use an unfamiliar term, respectfully ask what the term means to the youth.

5. Use the name and pronoun the transgender or GNC youth specifies when interacting with youth, regardless of the name on the youth’s identity documents or legal documents associated with any court proceedings.

6. If you are unsure of the pronouns a youth uses, you should respectfully ask.

### Harmful Practices

Conversion therapy is not supported by credible evidence and is potentially harmful. On August 2, 2019, Governor Roy Cooper signed Executive Order No. 97 – Protecting Minors from Conversion Therapy (https://governor.nc.gov/documents/executive-order-no-97-protecting-minors).
This executive order states that it is the policy of the Office of the Governor and the Department of Health and Human Services to ensure that state and federal funds that are allocated to DHHS and earmarked for medical and mental health care are not used to provide services that have been rejected as ineffective and unsafe by medical and mental health professional organizations. State and federal funds allocated to DHHS are used only for effective therapeutic services that are supported by credible evidence and medical experts.

**Healthy Approaches**

When working with LGBTQ+ children and youth, child welfare workers should:

- Offer developmentally appropriate approaches that affirm identity;
- Evaluate identity development and exploration;
- Identify and work to reduce sources of distress for LGBTQ+ children and youth;
- Engage parents, guardians, and caretakers;
- Consider school and community interventions; and,
- Use LGBTQ-inclusive language related to family and relationship status.

**Confidentiality**

County child welfare agency staff should limit disclosure of confidential information related to a youth’s LGBTQ+ status to information necessary to achieve a specific beneficial purpose.

When working with children and youth who identify as LGBTQ+, child welfare workers should:

1. Regard children and youth as the principle owners of information related to their sexual orientation, gender identity, and expression and should actively involve them in decisions related to any disclosure of this information.
2. Identify and document a specific rationale related to the child or youth’s interests for every decision to disclose information related to their sexual orientation or gender identity.
3. Consider adopting additional measures to prevent inappropriate or harmful disclosure of information related to a child or youth’s sexual orientation, gender identity, or gender expression.

**Freedom of Expression**

County child welfare agencies should:
1. Permit youth to dress and present themselves in a manner consistent with their gender identity and individual expression.

2. Make and enforce the same grooming rules and restrictions, including rules regarding hair, makeup, shaving, etc. for all youth, regardless of SOGIE status. Staff must permit transgender and GNC youth to use the approved forms of personal grooming consistent with their gender identity.

3. Permit youth to use money allocated for clothing and grooming items to select or purchase items that they want and are comfortable with regarding their gender expression.

This does not prohibit caregivers, such as foster parents, from establishing rules regarding appropriateness of certain clothing and grooming items for home, school, or other venues, but such rules must be applied consistently for all youth and not imposed to address or target an LGBTQ+ or GNC youth’s freedom of expression.

**Medical and Mental Healthcare**

County child welfare agencies should make good faith efforts to:

1. Refer LGBTQ+ youth for medical and mental health services from LGBTQ+-competent providers. Tips for identifying LGBTQ+-competent referrals include, but are not limited to:
   
a. Building relationships with local LGBTQ community centers, if such a center exists in your community. Center staff can assist in identifying providers that have proven to be LGBTQ competent and welcoming. CenterLink – The Community of LGBT Centers has a map that can help you locate LGBTQ community centers in your area at [www.lgbtcenters.org](http://www.lgbtcenters.org).

   b. Use online search tools such as the Gay and Lesbian Medical Association’s (GLMA) Provider Directory at [www.glma.org](http://www.glma.org) to find LGBTQ competent service providers.

2. Provide access to providers who can have inclusive and affirming conversations regarding sexual health and access to resources to follow all recommendations, including, but not limited to, access to contraception and medication for prevention and transmission of HIV; and that these services are provided in accordance with federal and state law, and child welfare policies on the provision of medical care.

3. Provide access for transgender youth to receive a full medical assessment by qualified medical personnel who adhere to the relevant medical standards of care, such as the World Professional Association for Transgender Health Standards of Care.

4. Provide transgender youth access to necessary transition-related treatment, as determined by qualified medical personnel familiar with the relevant standards of care and in accordance with law, rule, and policy. Each youth is unique, and child welfare staff must respect whatever decisions a youth makes in accordance with the recommendation of qualified medical personnel familiar with the relevant standards of care.
Child Welfare Practice Guidance for LGBTQ+ Youth

5. If, prior to entering foster care, a transgender youth has been receiving transgender-related medical care, such as hormone therapy or supportive counseling, the agency must work with service providers to develop a strategy for hormone replacement therapy to continue as prescribed by an attending medical provider.

6. In accordance with accepted health care practices, which recognize that attempting to change a person’s sexual orientation or gender identity utilizing methods such as conversion therapy, is harmful. The agency should not employ or contract with medical or mental health providers who attempt to change a youth’s sexual orientation or gender identity.

Strengths and Protective Factors

County child welfare agencies must provide all youth in agency custody with access to educational, recreational, and other programming and activities that are age or developmentally appropriate.

County child welfare agencies should:

1. Connect LGBTQ+ and GNC youth to LGBTQ+ community supports and encourage them to participate in LGBTQ+ community activities.

2. Provide support to families to increase acceptance of their LGBTQ+ and GNC youth, regardless of whether return home is possible.

3. Ensure youth have access to informational material and other age-appropriate media regarding LGBTQ+ and GNC youth, adults and communities.

School and Community

County child welfare agencies should work with educational partners to ensure all LGBTQ+ and GNC youth in the custody of the child welfare agency are safe in their educational settings and inquire whether these youths feel safe and secure in their communities, in transit to services, and when with providers or on community outings. In addition, county child welfare agencies should ensure transgender youth are referred to services to address name or gender marker changes, if desired.

1. Work with educational partners to ensure all LGBTQ+ and GNC youth are safe in their educational settings.

2. Inquire whether LGBTQ+ and GNC youth feel safe and secure in their communities, in transit to services, and when with providers or on community outings.

Training Agency Staff

County child welfare agencies should ensure all staff receive training on providing competent, non-discriminatory, respectful treatment of LGBTQ and GNC youth utilizing resources available through the Statewide Training Partnership and other sources.
Terminology Glossary

This glossary of LGBTQ+ terminology comes from Equality North Carolina and Lambda Legal. The terms and definitions below are always evolving and often mean different things to different people. For that reason, this is not an all-inclusive or all-encompassing glossary of language used within the LGBTQ+ community.

1. **Bisexual.** Describes a person who is attracted to both men and women.

2. **Cisgender.** Describes a person whose gender identity aligns with the sex assigned to them at birth.

3. **Discrimination.** Any act, policy, or practice that, regardless of intent, has the effect of subjecting any youth to differential treatment because of that youth’s actual or perceived sexual orientation, gender identity, or gender expression.

4. **Gay.** Describes a person who primarily is attracted to individuals of the same gender. While historically used to refer specifically to men, it is often used to refer to women attracted to other women as well.

5. **Gender Expression.** Describes how individuals communicate their gender to others. People express and interpret gender through hairstyles, clothing, physical expression and mannerisms, physical alterations of their body and/or by choosing a name that reflects their gender identity.

6. **Gender Identity.** A person’s internal identification or self-image as male, female, something in between, or outside the male/female binary.

7. **Gender Non-Conforming (GNC).** Describes a person who does not subscribe to gender expression or roles imposed by society.

8. **Harassment.** Includes, but is not limited to, name-calling; disrespectful gestures, jokes, or comments; inappropriate touching; threats of physical or emotional acts or negative consequences (including religious condemnation); physical abuse; sexual abuse, including unwanted sex acts, touching, pantomime, and threats; and emotional abuse, such as shunning or isolation. Attempting to change a youth’s sexual orientation or gender identity is also a form of harassment.
Child Welfare Practice Guidance for LGBTQ+ Youth

9. **Heterosexual.** Describes a person who is attracted to people of a different gender.

10. **Lesbian.** Describes a woman who is attracted to other women.

11. **Nonbinary.** Describes people whose gender is not male or female.

12. **Queer.** Describes people who identify themselves with a flexible and inclusive view of gender and/or sexuality.

13. **Sex or Gender.** A person’s actual or perceived sex or gender as defined by a person’s gender identity.

14. **Sexual Orientation.** An attraction to others that is shaped at an early age (usually by about the age of 10).

15. **Transgender.** Describes a person whose gender identity differs from the sex they were assigned or presumed at birth. A transgender man is a person who was assigned female at birth but identifies as and is living as a man. A transgender woman is a person who was assigned male at birth but identifies as and is living as a woman.

Resources

**Practice Guidance and Other Materials**


American Academy of Pediatrics – [www.aap.org](http://www.aap.org)

- Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents
- Office-Based Care for Lesbian, Gay, Bisexual, Transgender, and Questioning Youth

American Bar Association

- [Commission on Sexual Orientation and Gender Identity](http://www.aap.org)
- [Opening Doors for LGBTQ Youth in Foster Care – A Guide for Lawyers and Judges](http://www.acf.hhs.gov/cb)

Capacity Building Center for States – [www.capacity.childwelfare.gov](http://www.capacity.childwelfare.gov)

- [Affirming and Supporting LGBTQ Children and Youth in Child Welfare](http://www.capacity.childwelfare.gov)
- [Supporting Transgender Children and Youth Involved in the Court System](http://www.capacity.childwelfare.gov)


- [Supporting Your LGBTQ Youth: A Guide for Foster Parents](http://www.childwelfare.gov)
Child Welfare Practice Guidance for LGBTQ+ Youth

- Working with LGBTQ Youth and Families
- Gay and Lesbian Medical Association (GLMA) – www.glma.org
- Lambda Legal – www.lambdalegal.org
  - Resources for LGBTQ Youth
  - Closing the Gap Between Recommended Practice and Reality for Transgender and Gender-Expansive Youth in Out-of-Home Care


- Executive Order No. 24 prohibits discrimination in the Governor’s administration on the basis of race, color, ethnicity, sex, National Guard or veteran status, sexual orientation, and gender identity or expression.

World Professional Association for Transgender Health – www.wpath.org

- WPATH Standards for Care for the Health of Transsexual, Transgender, and Gender Nonconforming People

North Carolina Training Resources

- Center for Family and Community Engagement – www.cface.org
  - Learning to Support Lesbian, Gay, Bisexual, Trans, Questioning, and more Youth in Substitute Care

NCSWLearns.org: A Learning Site for North Carolina’s Human Services Professionals – www.ncswlearn.org

- DIY Kit: Supporting LGBTQ Youth in Care