302. APPENDIX K Support and Well-Being of Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Children and Youth

a) Purpose

Procedures 302, Appendix K provides DCFS staff, POS staff, and foster parents, with direction and information that sets mandatory minimum standards to promote the safety, adjustment and well-being of Lesbian, Gay, Bisexual, Transgender and Queer/Questioning (LGBTQ) children and youth in the Department's care. Anybody in contact with children/youth in DCFS care, who is acting under DCFS/POS authority or control, whether or not directly employed by DCFS or a POS, is prohibited from engaging in the discrimination, bias, or harassment prohibited by Appendix K. These procedures provide information and guidance to all staff working with LGBTQ children, youth and their families. Anyone working with DCFS involved LGBTQ children and youth should contact the DCFS LGBTQ Coordinator through the Office of Specialty Services at 855-814-8421 under the Division of Clinical Practice & Development for information and guidance or to report concerns or questions regarding conduct in violation of Appendix K or otherwise discriminatory or harmful to LGBTQ children, youth and their families. Contact can also be made by completing a CFS-399-1 Clinical Referral Form and sending it to ClinicalRef utilizing the DCFS Outlook.

Children and youth who are lesbian, gay, bisexual, transgender, queer and questioning are protected by the Illinois Human Rights Act [755 ILCS 5] **http://www.ilga.gov/legislation/ilcs/ilcs5.asp?ActID=2266**. Children and youth have many legal rights while in care, including the right to be free from verbal, emotional and physical harassment in their placements, schools, and communities. The adults involved in their care have a legal and ethical obligation to ensure that they are safe and protected. These children and youth also have the right to be treated equally, to express their gender identity, and to have the choice to be open or private about their sexual orientation, gender expression and gender identity.

The Department's policy is to maintain and promote a safe and affirming environment for LGBTQ children and youth in DCFS care, including children/youth who are in DCFS contracted residential facilities and programs, foster care and any other substitute care settings. Like all other children, LGBTQ children/youth are to be placed in the least restrictive setting appropriate for their needs, and LGBTQ status is not an indicator, much less a justification, to place a child in a more restrictive setting. All staff are prohibited from engaging in any form of discrimination, bias or harassment against LGBTQ children, youth and their families. Staff may not impose personal, organizational or religious beliefs on LGBTQ children, youth and families, and in no way should personal beliefs impact the way individual needs of children/youth or families are met. DCFS staff can be disciplined for violating this policy up to and including discharge, per the Employee Handbook and CMS Personnel Rules. See http://dnet/DCFS_Employee_Handbook/Illinois_Department_of_Children_and_Family_Services_Employee_Handbook.pdf. DCFS will not accept the services of volunteers who fail to abide by Appendix K, and will not contract with private agencies who fail to adopt

LGBTQ policies that are at least as extensive as Appendix K (including, without limitation, policies providing for employee discipline, up to and including termination, for conduct in violation of the non-discrimination policy.

It is important for DCFS/POS staff, providers and foster parents to understand that when children and youth (including DCFS children and youth) explore/express a sexual orientation other than heterosexual and/or a gender identity that is different from the child/youth's sex assigned at birth, those children and youth are to be supported and respected without any effort to direct or guide them to any specific outcome for their exploration.

DCFS is committed to supporting the physical and emotional health and well-being of all children and youth, including LGBTQ and specifically transgender/gender expansive child/youth that are in DCFS care. DCFS requires that all LGBTQ children and youth be placed in an affirming safe housing, receive LGBTQ competent medical and mental health services, and have equal opportunity and access to care. All DCFS/POS staff, providers, and foster parents shall treat LGBTQ children and youth in an affirming manner and proactively work to create a respectful space. All DCFS/POS staff, providers and foster parents are required to be culturally competent in serving the needs of LGBTQ children and youth, including understanding the challenges that LGBTQ and particularly transgender/gender expansive child/youth face in foster care and congregate care. Therefore, any person who is involved with DCFS children/youth will complete mandatory training in LGBTQ competency. Specifically, LGBTQ training will be part of the retraining Child Welfare license, will be included as part of PRIDE training, and will be included in DCFS core training. DCFS and POS staff must complete additional, mandatory standalone LGBTQ training at least once per year. Agencies must include LGBTQ training in their training of volunteers. Annual training in LGBTQ competent care is required for all child welfare providers; whether or not they believe they have care for or currently care for any LGBTQ child/youth.

It is critical that we always speak and behave in ways that are respectfully to LGBTQ children and youth even if we don't know that a LGBTQ child or youth is present. We must model respect and value all children, youth and families regardless of their sexual orientation, gender identity and/or gender expression. Staff in congregate care facilities must be especially sensitive to the needs of, and be culturally aware in serving LGBTQ children and youth in care. This degree of professionalism is exceptionally crucial and especially critical in emergency facilities given that they are an important entry point for children and youth in care.
Early consultation with DCFS LGBTQ Coordinator improves the delivery of services for children/youth and their caregivers. This prepares and stabilizes placements, preventing unnecessary disruptions. DCFS will require all staff to attend ongoing training and education regarding sexual orientation, gender identity and gender expression.

b) **Definitions**: It is important to allow all children and youth to self-identify with these terms. The language expressing gender/sexual identities is constantly evolving but this policy is a static document. Children/Youth may be same sex practicing or gender expansive with or without claiming a LGBTQ identity. Language associated with being LGBTQ varies greatly across communities. The use of identity categories (gay, lesbian, queer, transgender), and gender pronouns may be fixed or fluid. Please seek LGBTQ competent consultation if you have questions.

Affirming: Acknowledge and support the individual's rights to self-determination of gender and sexual orientation.

Asexuality: Is the lack of sexual attraction to anyone, or low or absent interest in or desire for sexual activity. It may be considered the lack of a sexual orientation, or one of the variations thereof, alongside heterosexuality, homosexuality and bisexuality.

Bisexual: A person who is emotionally, romantically, and sexually attracted to both men and women.

Cisgender: Term used to describe people whose gender identity is congruent with sex assigned at birth.

Coming-Out: There may be a gradual process of becoming aware of one's sexual orientation and gender identity that includes a personal sense of when to safely disclose this information to others. There is also a gradual coming out process for family, friends, and caregivers as they learn to understand and accept the LGBTQ children and youth. Not all people who identify as LGBTQ choose to or are able to come out.

Congregate Care: Is defined as an entity which consists of 'group living', i.e. Residential Treatment Facility, Group Homes, Transitional Living Programs and Emergency Shelters. These facilities must also be licensed as a child care institution by DCFS.

Culturally Competent: **(Culturally Informed**) Cultural competence in terms of this population is having fundamental respect for children and youth and meeting their individual needs. Also, it is a lifelong project. Competence with one group doesn't mean you're competent with another. We're an increasingly culturally complex country. Training in cultural competence should include race and ethnicity, sexual orientation, age, gender expression, gender identity, disability status and other demographic characteristics.

Gay: A person whose emotional, romantic, and sexual attractions are primarily for individuals of the same sex, typically in reference to men. In some contexts, the term is used as a general term for gay men and lesbians.

Gender Dysphoria: Replaces the obsolete diagnosis of gender identity disorder. Gender Dysphoria emphasizes distress, not disagreement, between birth-assigned gender and gender identity. Disagreement between birth-assigned gender and gender identity is not pathological and does not need diagnosis. Gender Dysphoria may be diagnosed when a transgender/gender expansive person is seeking medical interventions such as hormones and/or surgery. Not all transgender people experience gender dysphoria.

Gender Expansive: Having or being perceived to have gender expression and/or behaviors that do not conform to traditional or societal expectations. Gender-expansive individuals may or may not identify as LGBTQ.

Gender Expression: A person's way of communicating gender identity to others through behavior, dress, and physical characteristics. Most people express a range of masculine and feminine characteristics.

Gender Identity: One's innermost concept of self as male or female or both or neither; how individuals perceive themselves and what they call themselves. One's gender identity can be the same or different than the sex assigned at birth. Gender Identity is distinct from sexual orientation. For example, a transgender girl (identified as male at birth but whose identity is female) may identify as heterosexual, meaning she is attracted to boys.

Intersex: A general term used to describe a person born with the sex characteristics (including genitals, gonads hormones and chromosome patterns) that do not fit typical binary notions of male or female bodies. While a person who is transgender has a gender that is different from the one traditionally associated with the sex they were assigned at birth, an intersex person is born with a variation in their sexual or reproductive anatomy such that their body does not fit typical definitions of male or female. Some intersex conditions are visible at birth while others do not become apparent until puberty or later and some differences may not be apparent at all. Upper estimates of the amount of intersex people are approximately 1.7 percent. The term "hermaphrodite" is outdated, stigmatizing, and used to sensationalize intersex people. An intersex person may or may not identify as LGBTQ.

Lesbian: A woman whose emotional, romantic, and sexual attractions are primarily for other women. Some women prefer to call themselves gay.

LGBTQ: Lesbian, Gay, Bisexual, Transgender and Queer/Questioning. This is a common acronym for lesbian, gay, bisexual, transgender, and questioning/queer persons who despite their differences are often discriminated against in similar ways. LGBTQ is sometimes written to include "I" for intersex, and/or "A" for ally. It is also, written LGBTQ+ to identify the many possible additions to the basic "LGBTQ."

Preferred Gender Pronoun (PGP): The pronoun or pronouns that an individual prefers others to use when speaking about them. Single use pronouns may include but are not limited to; he, she, he gender neutral they and ze.

Queer: Historically, this was a derogatory slang term used to identify LGBTQ+ people but is now a term that has been embraced and reclaimed by the LGBTQ community and academia as a symbol of pride, representing individuals who may fall out of "norms" for gender and sexuality.

Sex Assigned at Birth: Birth-assigned male or female sex typically based on reproductive anatomy (external and internal genitalia, e.g. penis, vagina, gonads, reproductive tracts, and so forth.).

Sexual Orientation: Sexual behavior does not necessarily determine sexual orientation. Sexual orientation refers to one's enduring emotional, romantic, and/or sexual feelings to another person.

Transgender: A broad term describing the state of a person's gender identity/expression, when their identity/presentation does not necessarily match those characteristics associated with sex assigned at birth. Associated terms may include female to male (FTM) male to female (MTF), transsexual, and gender queer.

c) Background Information

For many children and youth, understanding their sexuality, sexual orientation and gender identity can be a time of reflection, questioning, as well as turmoil and stress. For LGBTQ children and youth, understanding these matters is often more difficult, as LGBTQ children/youth may face prejudice and discrimination from their family, friends, professionals and community. LGBTQ children and youth of color and diverse cultural backgrounds may experience added bias.

Unfortunately, America's children and youth bear much of the fallout from anti-LGBTQ prejudices. Our DCFS children and youth are more highly impacted than the general population of LGBTQ children and youth.

According to the Child Welfare League of America, LGBTQ children/youth are at higher risk than their heterosexual cisgender counterparts for emotional and physical abuse from family members and/or peers, failed out-of-home placements, homelessness, emotional/physical victimization, and/or institutional neglect or abuse. LGBTQ youth, as a group, have a higher incidence of suicide attempts, runaway behavior, substance abuse, high-risk sexual behaviors, sexually transmitted infections, HIV and pregnancy. In school, LGBTQ youth are at greater risk than their heterosexual counterparts for academic failure, school truancy and premature withdrawal, often as a result of fear, intimidation or threats from other students or staff. Consequently, many LGBTQ children and youth are unlikely to reveal their sexual orientation or gender identity, particularly to people in perceived positions of authority or power (e.g., social service staff, family members, caregivers, teachers, church members, etc.).

d) Identifying a Need

A child or youth may self-identify as having questions surrounding their sexual orientation or gender identity, or may be identified as LGBTQ by child protection or child welfare staff, school personnel, a birth or foster family member, a therapist, or others from within the community. The caseworker and supervisor are responsible for respecting the children's and youth's sexual orientation, gender identity and expression; informing all children and youth about their legal rights and protecting the child/youth's privacy in the coming out process. It is the caseworker and supervisor's responsibility to ensure that all DCFS youth know that discrimination on the basis of sexual orientation or gender identity is unlawful in Illinois.

Sexual orientation, gender identity, and gender expression are critical components of each individual's development. *These components may or may not be factors in the emotional or behavioral concerns of the LGBTQ child/youth*. It is important to recognize that these are developmental milestones, not problematic behavior. The LGBTQ Coordinator can provide information, clinical consultation, training, and resources to staff and participate in case staffing.

The caseworker shall notify their supervisor and contact the DCFS Clinical Specialty Services LGBTQ Coordinator immediately when there are concerns regarding the child/youth's safety and well-being. Caseworkers and supervisors are responsible for ensuring that recommendations from the consultation are implemented to protect the safety and well-being of the children and youth.

e) Meeting the Need

Placement and Support Services: A child or youth's LGBTQ status is not a reason to place them in congregate care. Most needs of LGBTQ children and youth can be met through positive caregiver, family support and community peer educational support groups. Placement decisions, such as the decision to place a child with kin or fictive kin, must be guided by the caregiver's capacity to meet the unique and diverse needs of the individual. If a child or youth is known to be LGBTQ, the caseworker is responsible for determining prior to placement, the caregiver's attitudes and beliefs regarding sexual orientation, gender identity/gender expression. **In no instance should LGBTQ children/youth be placed with a non-affirming caregiver who is opposed to sexual orientations that differ from the caregiver's own. Nor should LGBTQ children and youth be placed with caregivers who are unwilling/unable to support children and youth whose gender identity or gender expression differs from traditional expectation.** It is critical that children and youth be in a safe, supportive and affirming environment that is safe and promotes physical and emotional well-being the assessment is ongoing. If a caregiver is found to be non-affirming or is otherwise in violation of the nondiscrimination requirements in Appendix K, the youth's DCFS caseworker must take immediate action to intervene and take appropriate corrective action and contact the LGBTQ Coordinator.

The children's and youth's worker, family, foster family members, or placement caregivers and peers may themselves need assistance in supporting the LGBTQ children and youth. The LGBTQ Coordinator can provide education and identify resources that will assist the caregiver, and support the children and youth in placement. Participation in education and support groups, such as, PFLAG https://www.pflag.org/ for Parents, Families, Friends, and allies united with people who are LGBTQ, shall be encouraged.

LGBTQ children and youth may also experience difficulty in school. For example transgender students have the right to use the gendered school facilities (e.g.. restrooms and locker rooms) that correspond to the student's gender identity. Caseworkers and caregivers should assist children/youth in obtaining their school's permission to use these facilities. Organizations such as the ACLU of Illinois www.aclu-il.org/ are resources to go to should issues in this area arise. Agencies such as the Illinois Safe Schools Alliance http://illinoissafeschools.org/ promote safe and respectful schools for LGBTQ and allies, for children/youth throughout Illinois by providing professional development to school personnel, supporting children/youth in organizing Gay-Straight Alliances, advocating for inclusive school policies, and providing crisis intervention to child/youth and families in need. Consult educational advisor and DCFS LGBTQ Coordinator if school is impacted.

As with any child/youth, LGBTQ children and youth experiencing emotional and/or behavioral problems may require specific services, such as short-term outpatient counseling or psychotherapy. For example, when a child/youth is having a severe emotional reaction to their sexual orientation, gender expression or gender identity (e.g., persistent depression or anxiety, engaging in substance use or dangerous, high-risk behaviors, social withdrawal, rejection of child/youth, placement disruption), more intensive services may be required. These services might include, but are not limited to, individual, group or family therapy. For any and all services, staff should refer children and youth who identify as LGBTQ only to community-based providers who demonstrate cultural competence in working with LGBTQ children and youth.

All staff should recognize that many adolescents are still exploring their sexual orientation, gender identity, and/or gender expression. Staff should also recognize that children and youth may not be aware of the relevant terminology related to sexual orientation and/or gender identity.

Caseworkers and caregivers should facilitate exploration of any LGBTQ matters through an affirming approach with children and youth by being open, non-judgmental, and empathic. Caseworkers, caregivers and clinicians should allow children and youth to guide the process of choosing language with which they feel most comfortable while discussing their sexual orientation and gender identity and/or expression. Caseworkers, caregivers, and clinicians should recognize that this language may change over time, and affirm and support children and youth in their process of identity formation and expression.

In some situations, the sexual identity or orientation of LGBTQ children and youth may not be respected. They may not feel safe from harassment, stigma, or discrimination. The LGBTQ Coordinator may be able to assist through education or support services. However, when the risk of harm cannot be mitigated and placement stabilization is no longer in the best interest of the child/youth, the caseworker shall immediately make every effort to seek an alternative placement that is LGBTQ affirming and respectful of the child/youth's right to self-determination. The LGBTQ Coordinator can also assist with identifying resources. It is important to note that staff should continue to carefully consider the parent/caretaker's attitude towards the child/youth's sexual orientation, gender identity/expression and other related behaviors throughout the life of the case when assessing possible safety factors.

f) Expectations of DCFS/POS Direct Services, Foster Parents, Congregate Care (Residential, TLP, Shelter, Group Home Staff)

Respect and Privacy: It is critical to respect the child/youth's gender expression and self-determination, including the child/youth's choice of clothes, make-up, hairstyle, friends, and activities within appropriate boundaries (e.g. if a caregiver permits a cisgender heterosexual child/youth to date at a certain age, the caregiver may not prohibit a gay or transgender child/youth from dating). The child/youth's chosen name and preferred gender pronoun (including gender-neutral pronouns such as "they" or "ze/hir") must be respected. While records must also identify the child/youth's legal name, use the chosen name when communicating directly to the child/youth.

Some children and youth choose privacy. "Respect" refers to protecting the children's and youth's right to confidentiality about sensitive and private information such as their sexual orientation and gender identity. Child welfare staff must be sensitive to the timing and nature of the child/youth's coming-out process and must obtain the child/youth's explicit oral or written permission (**CFS 600-3, Consent for Release of Information,** or on the D-Net at: Forms) prior to disclosing this information. Moreover, permission is not "universal" once given. Rather, the caseworker must request permission from the child/youth each time disclosure to a different individual is involved. If a youth requests that their preferred name, and/or gender neutral pronoun also be included in written documents, however, that request should be honored for all written records, including court documents, medical records, school records, and clinical or other service referrals.

When a child or youth requests the use of a preferred name and/or gender pronoun, the staff or provider should ask the youth how they would like to be referred to in conversations with family members and other service providers (e.g., community-based service providers, school officials, and so forth) and the court. As children/youth may experiment with different names and pronouns, this question may need to be repeated frequently. Remember to be flexible.

Reference to a child/youth's orientation or gender identity may be disclosed *without* permission *only* if there is reason to believe that the child/youth is in immediate danger of self-harm or is at risk of being harmed by others because of their LGBTQ identity.

If a DCFS child/youth is to be body searched, cross-gender searches of transgender youth are prohibited. The child/youth must be searched by someone of the same gender as the child/youth's gender identity unless the child/youth requests otherwise.

If the child/youth feels they are being discriminated against or harassed, or that their service needs are not met, they should be advised to contact the LGBTQ Coordinator along with the DCFS or POS Administrator for assistance. Children and youth also have the right to contact their Guardian Ad Litem, Lambda Legal, or the American Civil Liberties Union (ACLU).

g) Documentation

Documentation and disclosure of LGBTQ matters shall be guided by the children's and youth's right to privacy, the scope of document distribution, and the children's/youth's informed consent. Most references should be limited to case notes. Permission to include explicit LGBTQ references in assessments shall be sought from the child/youth. If the child/youth does not or cannot consent, general references regarding "identity" and "relationships" may be substituted. Service plans shall incorporate the recommendations as they relate to specific daily living, emotional or behavioral concerns. These may include recommendations for counseling or support groups "to address identity and relationship matters" but there should be no explicit reference to LGBTQ services without the permission of the child/youth**.**

h) Sleeping Arrangements for Transgender/Gender Expansive Children and Youth:

No matter the type of placement, placing youth consistent with their gender identity, rather than their sex assigned at birth, is generally, the best way to protect youth. Accordingly, placement consistent with gender identity should be the presumptive placement. Moreover, a youth's perception of where they should be placed and would feel safest should be the primary factor informing housing decisions and placements should never be made before discussing the issue with the youth.

1) Foster Care Licensed, Foster Home, Home of Relatives and Home of Fictive Kin

When a transgender/gender expansive child/youth is residing in a foster home, the agency is expected to make sleeping arrangement decisions on an individualized basis, while following the general guidance detailed above. Decisions on bedrooms for transgender/gender expansive child/youth in foster homes should be based on the child/youth's **individualized needs and should prioritize the child/youth's emotional and physical safety**. The agency (DCFS/POS) should take into account the child/youth's perception of where they will be most secure, as well as any recommendations from the child/youth's health care provider. The child/youth's well-being as well as that of any other children/youth in the foster home should be taken into consideration when making this decision. It is important to consider the LGBTQ child/youth and other children/youth in the home in the decision making process. While this may take time and effort on the front end, there will be a higher likelihood that the placement will be stable over time.

All LGBTQ children and youth are particularly vulnerable to failed placements. With this in mind, individualized placement decisions, as well as an increase and diversification of placement options available to LGBTQ children and youth is critical. Caregivers for LGBTQ children/youth must understand and support the LGBTQ children/youth's identity.

2) Congregate Care: (Residential, Group Home, Shelter, Transitional Living)

A child or youth's LGBTQ status is not a reason to place them in congregate care. For situations where a transgender/gender expansive child/youth is in congregate care for reasons other than because they are LGBTQ, every effort should be made so that transgender/gender expansive child/youth are housed in a facility that can provide transgender/gender expansive culturally competent staff, individual sleeping quarters (one person bedroom), as well as private bathroom and shower to allow for safety and privacy. Where shared sleeping accommodations are required, extensive consideration must be given to ensuring that assigned roommates are not a risk to the transgender/gender expansive child/youth's emotional/psychological well-being or physical safety. Transgender/gender expansive child/youth should not automatically be housed according to their sex assigned at birth. As in foster care setting, the agency should make housing/sleeping quarters decisions based on the child/youth's individualized need and should prioritize the child/youth's emotional and physical safety. Agency staff should take into account the child/youth's perception of where they will be most secure, as well as any recommendations from the child/youth's health care providers and remember to include the child/youth in the decision making process as to avoid alienating them.

Care must be taken to protect male identified children and youth who were labeled female at birth from aggressive peers/staff in congregate settings. If safe congregate housing cannot be found for transgender/gender expansive male identified people assigning them to female congregate facilities could be considered, but their transgender/gender expansive identity must be respected in the female facility. If a facility has both male and female residents, it could be considered to have the transgender/gender expansive child/youth sleep on the unit of their assigned gender and program on the unit of their preferred gender. Individualized decisions are needed and must place the safety/well-being of the transgender/gender expansive child/youth first, over institutional ease.

If a DCFS child/youth is to be body searched, cross-gender searches of transgender youth are prohibited. The child/youth most be searched by someone of the same gender as the child/youth's gender identity unless the child/youth requests otherwise. This should be reflected in the agency's Standard Operating Procedures (SOP) manual of the congregate care facility.

Designated staff should conduct ongoing check-ins with the LGBTQ child/youth to confirm that the placement continues to be one that is supportive of their identity and meets their needs.

i) Expectations of the DCFS LGBTQ Coordinator

The DCFS LGBTQ Coordinator can help workers and supervisors in addressing the sensitive matters of sexuality and gender expression or emerging sexuality of children and youth for whom the Department is responsible. The Coordinator can help:

- consult about the Department's LGBTQ policy
- educate staff, caregivers, and child/youth about LGBTQ legal rights and matters
- raise self-awareness about attitudes or bias through consultation and training
- participate in meetings and staffings
- identify LGBTQ**-sensitive** resources and placements
- help with the preparation of a new placement
- consult about the preservation of the current placement
- distinguish problematic behaviors from identity development
- consult with children and youth about legal rights process, and resources
- advocate respect for diversity

j) Health Care:

Medical: LGBTQ appropriate and culturally competent medical care and sexual health education and resources shall be provided to all DCFS child/youth.

All DCFS child/youth receive a comprehensive health assessment at case opening which includes identification of existing medications being taken by child/youth. If the child/youth reports that they were prescribed hormones or puberty blocking medications by a licensed medical provider, these medications must be continued under appropriate medical supervision while the child/youth is in care. A referral to DCFS Nursing Services should be made to ensure there is continuity of care utilizing the CFS 531 and sending the referral to *NurseRef* via DCFS Outlook.

If a child/youth makes a request to begin puberty blocking/hormone therapy while in care, they should be referred to medical professionals who are recognized as medically competent in the care of transgender child/youth. The Statewide LGBTQ Coordinator should be contacted when transgender medical care is being considered, along with the DCFS Guardian's office.

Please refer to Procedures 327.5 Medical Consents Section (a)(5) for the new initiation of puberty blocking/hormone therapy. If the child/youth's Permanency Goal is to return home, and if the parent's whereabouts are known, they should be informed of the initiation of puberty blocking/hormone therapy. Two physicians or a physician and another licensed health care provider such as a licensed psychologist, LCPC, LCSW who is culturally competent in transgender health care, must agree that the child/youth is appropriate for the initiation of puberty blocking/hormone therapy. Definitions and information of these terms can be found through this link http://transhealth.ucsf.edu/trans?page=guidelines-youth.

Intersex: For children and youth that are intersex, a referral to a health provider/specialist should be made. In addition, referrals to DCFS Nursing, utilizing the referral form CFS 531 should be sent to NurseRef via DCFS Outlook.

Mental Health:

LGBTQ children and youth commonly experience chronic stress related to harassment, the need for vigilance to protect against discrimination and abuse, coming out to family and friends, and having one's sexual orientation discovered. Chronic stress can lead to increased levels of depression and anxiety. Several studies, including population-based studies, indicate a higher risk of suicide ideation and attempts among lesbian, gay, and bisexual youth, compared with their heterosexual peers. LGBTQ children and youth are also at risk for inappropriate mental health treatment, including misdiagnosis of gender identity disorder, involuntary institutionalization, and reparative therapy or other interventions designed to change their sexual orientation or gender identity.

Transgender children and youth may present health concerns distinct from those common to lesbian, gay, or bisexual children and youth generally. Transgender children and youth experience very high levels of stigmatization, which may increase their feelings of depression and hopelessness. They may also experience significant distress because their body does not correspond to their gender identity. CWLA Best Practice Guidelines https://familyproject.sfsu.edu/sites/default/files/bestpracticeslgbtyouth.pdf

DCFS and POS staff must consult with the LGBTQ Coordinator when an LGBTQ child or youth is demonstrating signs of stress or anxiety and must be referred to a mental health professional experienced in serving LGBTQ youth.

k) Child Welfare Do's and Don'ts

Do:

1) **The LGBTQ Coordinator should be notified when a DCFS child/youth is identified as LGBTQ. When there are acknowledged or suggested concerns regarding the sexual orientation, gender identity and/or gender expression with a child or youth for whom the department is responsible the LGBTQ Coordinator must be contacted immediately.** For example, a child or youth may confide to staff that his foster parent or other children/youth in the home tease him because he "acts like a girl" or "acts gay." The Coordinator can provide information, training, and resources as well as participate in staffings and assessments. DCFS staff and POS staff should notify the LGBTQ Coordinator whenever questions or concerns surrounding a child or youth's sexual orientation or gender identity arises, even if the child does not identify as LGBTQ. The LGBTQ Coordinator can be contacted in the Clinical Division's Specialty Services office at 855-814-8421 and also through the DCFS outlook email system completing the Clinical Referral Form CFS-399 and sending to *ClinicalRef* utilizing DCFS Outlook.

2) **Implement recommendations made by the LGBTQ Coordinator within five working days of the contact. If there are barriers to meet this deadline, contact the DCFS LGBTQ Coordinator to request additional assistance or to see if an extension can be granted.**

3) **Inform children and youth about their legal rights.** All LGBTQ individuals are protected by the Illinois Human Rights Act http://www.ilga.gov/legislation/ilcs/ilcs5.asp?ActlD+2266. Children and youth have many legal rights while in care, including the right to be free from verbal, emotional and physical harassment in their placements, schools, and communities. The adults involved in their care have a legal and ethical obligation to ensure that they are safe and protected. These children and youth also have the right to be treated equally, to express their gender identity, and to have the choice to be open or private about their sexual orientation.

4) **Ensure that LGBTQ children and youth are placed in LGBTQ affirming environments that respect the children's and youth's right to self-determination.** The LGBTQ **Coordinator** can assist by providing training and resources to the caregiver or provider prior to placement or anytime gender or sexual orientation matters are identified. When there is risk of impending emotional or physical harm in the child/youth's placement due to the bias of others about his or her acknowledged or perceived sexual orientation, gender identity or gender expression, the caseworker must contact the LGBTQ **Coordinator** and consider the prompt removal of the child/youth from that placement when the risk cannot be mitigated.

5) **Always be respectful of the children's and youth's gender expression and self-determination.** Child welfare staff must be sensitive to the nature and timing of the children's and youth's coming out process. The children's and youth's choice of clothes, hairstyles, make-up, friends, and age appropriate activities should be respected along with regard for the children's/youth's chosen name and preferred gender pronoun. If there are places in the child/youths place of residence where their name is listed-for example on an in/out board, use the child/youth's preferred name unless they say not to do so.

In terms of transgender children and youth who are placed in a male-only or female-only facility that does not conform to the child or youth's gender identity (based primarily on the youth's perception of where they should be placed and would feel safest), should be allowed to dress consistent with their gender identity, notwithstanding any dress code.

6) **Protect the children's and youth's right to privacy about their sexual orientation and gender identity.** Child welfare staff must obtain the child/youth's explicit oral or written permission (CFS 600-3 form) for disclosure of this information to persons other than the LGBTQ Coordinator. The information may be disclosed to persons other than the LGBTQ Coordinator *without* permission only if there is reason to believe that the child/youth is in immediate danger to their self or is at risk of being harmed by others because of their LGBTQ identity.

7) **Documentation and disclosure of LGBTQ matters shall be guided by the child/youth's right to privacy, the scope of document distribution, and the child/youth's informed consent** (CFS 600-3 form)**.** Unless a child or youth permits otherwise, DCFS and POS staff should not include information disclosed in confidence about their sexual orientation or gender identity. Permission to include explicit LGBTQ references in assessments must be obtained from the child/youth. If the child/youth does not or cannot consent, general references regarding "identity" and "relationships" may be substituted. Document recommendations in the child/youth's service plan only as they relate to specific daily living, emotional or behavioral concerns. This may include recommendations for counseling or support groups "to address identity and relationship matters" but there should be no explicit references to LGBTQ services without the child/youth's permission.

8) **Provide supportive and affirming care regardless of one's personal attitudes, beliefs, preconceptions and/or judgments, if any, surrounding** matters **of sexual orientation, gender identity, and gender expression.** LGBTQ youth in care are entitled to receive care and services from individuals who treat them with respect and without bias. Individuals who have difficulty meeting this standard for personal reasons should seek assistance from supervisors and the LGBTQ Coordinator in order to address those issues. DCFS will not tolerate exposing LGBTQ children and youth to staff/service providers who are not supportive of children and youths' right to self-determination of sexual/gender identity.

9) **Create an environment in your office and in meetings that signals to all clients that you are a safe and supportive person for them to talk with about LGBTQ matters and concerns.** "Safe space" stickers, DCFS LGBTQ printed material or informational pamphlets from local LGBTQ child/youth support and drop-in groups must be displayed in the office reception area.

Do Not:

1) **Include specific information about a child/youth's sexual orientation, gender identity or expression *without* the permission of the child/youth *except* when the child/youth presents a danger to self or is at risk of being harmed by others because of their LGBTQ status.** General references regarding "identity" and "relationships" may be included in written records.

2) **Address a child/youth as deviant, pathological, immoral or in need of changing because of their sexual orientation, gender identity, gender expression or questioning status or allow a child/youth to receive services from such providers.**

3) **Contract or seek treatment services for the purpose of changing a child/youth's sexual orientation, gender identity, or gender expression.** Such treatment would be ineffective and extremely damaging to the children's/youth's sense of self and well-being. Reparative/conversion therapy is illegal [815ILCS 505/2Z]

4) **Assume that only LGBTQ adults can be effective in working with LGBTQ child/youth.**

5) **Ask children or youth about their sexual orientation, gender expression/gender identity in a public space.** A private space will help keep the conversation confidential and increase the likelihood of children and youth feeling safe in disclosing their identity and/or sexual orientation.

6) **Discuss sexual orientation, gender expression/gender identity in front of family without consent of the child/youth.** They may not be ready to come out to family members, and if the family does know, they may not yet be supportive of the child/youth's gender identity/sexual orientation.

7) **Assume that all sites/service providers/agencies that serve LGBTQ children and youth are transgender inclusive.** The needs of transgender/gender expansive child/youth are different than that of lesbian, gay and bisexual child/youth and not all places are able to work effectively with transgender/gender expansive child/youth. For example, transgender/gender expansive children and youth may need private bedrooms, access to private bathrooms and showers, for individual shower time. DCFS requires that all agencies, providers and sites are culturally competent, affirming and equipped to care for LGBTQ children and youth. Human Rights Campaign www.hrc.org has guidelines and certifications for agencies to become LGBTQ culturally competent.

9) **Assume the sexual orientation of transgender/gender expansive individuals. Gender and sexual orientation are separate and distinct matters.**

10) **Shame a child/youth for fluctuating gender presentation.** Switching names/pronouns/physical presentation is often a developmental step for LGBTQ child/youth.

11) **For many LGTQ children and youth their gender pronouns are fluid and flexible.** Do not assume that you know the child/youth's preferred gender pronoun, always ask.

Resources

Chicago LGBTQ services:
http://chicagolgbtservices.org/

Child Welfare Information Gateway:
www.childwelfare.gov/

Lambda Legal – Making the Case for Equality – lambdalegal.org fighting for LGBTQ right
www.lambdalegal.org/

American Civil Liberties Union:
WWW.ACLU-IL.ORG

Illinois Safe Schools Alliance
www.illinoissafeschools.org

Human Rights Campaign
www.hrc.org

LGBTQ resources are available on the Statewide Provider Database at https://illinoisspdinfo.wordpress.com/lgbtq/

The LGBTQ Coordinator can provide additional resources including community services, publications, videos and websites.

Glossary: These are some additional terminologies/terms that are used or are outdated in the LGBTQ community and they are important do understand when working with LGBTQ children and youth.

Closeted: Keeping one's sexual orientation or gender identity secret.

Gender fluid/expansive/creative: Conveys a wider, more flexible range of gender expression, with a range of interests and behaviors. Expanding beyond traditional gender stereotypes. It reinforces the notion that gender is not-binary, but a continuum; and that many children and adults express their gender in multiple ways.

Gender Non-binary: Those with non-binary genders can feel that they: Have an androgynous (both masculine and feminine) gender identity, such as androgyne. Have an identity between male and female, such as intergender. Have a neutral or nonexistent gender identity, such as agender or neutrois.

Heteronormativity: A belief system that assumes heterosexuality is normal and that everyone is heterosexual.

Heterosexism: A belief system that assumes that heterosexuality is inherently preferable and superior to other forms of sexual orientation.

Heterosexual: A person whose emotional, romantic, and sexual attractions are primarily for individuals of a different sex. Sometimes this is referred to as straight.

Homophobia: Fear, hatred of, aversion to, or discrimination against homosexuality, LGBTQ individuals or those perceived as LGBTQ, and anyone associated with LGBTQ persons.

Homosexual: This is an outdated term used to refer to a person based on their same-sex sexual orientation, identity or behavior. Many LGBTQ individuals prefer not to use this term, especially as a noun, because of its historically negative use.

Pansexuality: Is sexual attraction, sexual desire, romantic love, or emotional attraction toward people of any sex or gender identity. Individuals who are pansexual refer to themselves as gender-blind, asserting that gender and sex are insignificant or irrelevant in determining whether they will be attracted to others.

Transphobia: Discriminatory acts or behaviors directed toward those who are gender expansive or transgender.

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