
LGBTQ Youth in the Massachusetts Child Welfare System

*A Report on Pervasive Threats to
Safety, Wellbeing, and
Permanency*



*Massachusetts Commission on Lesbian, Gay, Bisexual,
Transgender, Queer, and Questioning Youth*



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Letter from the Chair

Per our authorizing legislation as an independent state agency, the Massachusetts Commission on LGBTQ Youth works to improve the ability of state agencies to serve LGBTQ young people. We envision a Commonwealth where every LGBTQ child survives and thrives. Achieving that vision requires a dramatic rethinking of how the Department of Children and Families (DCF) interacts with LGBTQ youth.

Increasingly, national advocates recognize foster care as a system of control over families of color and low-income families – one that does little to help children.¹ In Massachusetts, DCF has been the subject of a number of investigations by state watchdogs and the federal government in the past decade alone. A review by the U.S. Department of Health and Human Services (HHS) in 2017 discovered poor conditions in group homes, and HHS and the U.S. Department of Justice issued findings in 2015 showing discrimination by DCF against parents with disabilities.² At the state level, recent legislative hearings and an investigation by the Office of the Child Advocate regarding the death of David Almond revealed a series of failures leading to tragedy.³ Advocacy organizations such as Friends of Children and the Massachusetts Appleseed Center for Law and Justice have pointed to an insufficient number of foster homes, racial disparities, and gaps in language services as ongoing problems.⁴ These issues harm all youth, including those who are LGBTQ.

¹ See, e.g., Roberts, D. (2003). Child Welfare and Civil Rights. *University of Illinois Law Review*, 2003(5), 171-182. https://scholarship.law.upenn.edu/cgi/viewcontent.cgi?article=1584&context=faculty_scholarship; Cilia, A. (2021). The Family Regulation System: Why Those Committed to Racial Justice Must Interrogate It. *Harvard Civil Rights – Civil Liberties Law Review*, 56(1). <https://harvardcrcl.org/the-family-regulation-system-why-those-committed-to-racial-justice-must-interrogate-it/>. See also Fitzgerald, M. (2020). Child Welfare League of America CEO: Field Must Confront Its Racist Roots. *The Imprint*. <https://imprintnews.org/child-welfare-2/child-welfare-league-of-america-ceo-field-must-confront-its-racist-roots/45794>.

² U.S. Department of Health and Human Services Office of Inspector General. (2017). *Some Massachusetts Group Homes for Children in Foster Care Did Not Always Comply with State Health and Safety Requirements*. <https://oig.hhs.gov/oas/reports/region1/11602500.pdf>; Gupta, V., Samuels, J. & Pezzullo Rhodes, S. (2015). *Investigation of the Massachusetts Department of Children and Families by the United States Departments of Justice and Health and Human Services Pursuant to the Americans with Disabilities Act and the Rehabilitation Act*. U.S. Department of Justice & U.S. Department of Health and Human Services. https://www.ada.gov/ma_docf_lof.pdf.

³ Office of the Child Advocate. (2021). *Investigative Report: A Multi System Investigation into the Death of David Almond*. <https://www.mass.gov/doc/office-of-the-child-advocate-investigative-report-march-2021/download>; Van Buskirk, C. (2021). *Lawmakers Explore Failings in David Almond Case*. WBUR. <https://www.wbur.org/news/2021/05/04/lawmakers-explore-failings-in-david-almond-case>.

⁴ Friends of Children. (2021). *Failing Our Kids: Measures of the Broken Child Welfare System in Massachusetts*. <https://friendsofchildreninc.org/failing-our-kids/#>; Lazar, K. (2019). In a Broken Foster System, Some Kids Can't Find a Bed for the Night. *Boston Globe*. https://www2.bostonglobe.com/metro/2019/04/06/state-broken-foster-system-some-kids-can-find-bed-for-night/40xAjxIIT0errJZVjSiY5H/story.html?pl=Article_Inline_Text_Link; Schoenberg, S. (2021). Why Are Latinos So Overrepresented in the State Child Welfare System? *Commonwealth Magazine*. <https://commonwealthmagazine.org/courts/why-are-latinos-so-overrepresented-in-the-state-child-welfare-system/>; Massachusetts Appleseed Center for Law and Justice. (2021). *Families Torn Apart: Language-Based Discrimination at the Massachusetts Department of Children and Families*. <https://massappleseed.org/wp-content/uploads/2021/01/Families-Torn-Apart-Final.pdf>.

Against that background, LGBTQ youth are suffering from a lack of safe, effective, and affirming services. The Commission routinely hears stories of discrimination against and mistreatment of LGBTQ youth and their families by child welfare professionals. As distressing as the stories we hear are, we worry even more about those youth whose voices are silent.

It is unusual for the Commission to issue a report describing the plight of youth involved with a single state system. We do so today because the status quo for LGBTQ youth in DCF is an emergency.

This report outlines how to begin the lifesaving work of improving child welfare services for LGBTQ youth and their families. It reflects recommendations developed by the Commission and LGBTQ community organizations over many years of advocacy on child welfare issues. As always, the Commission remains eager to serve as a partner to DCF and other government stakeholders in implementing necessary changes. We implore DCF along with the Governor, the Executive Office of Health and Human Services, the Office of the Child Advocate, the Department of Early Education and Care, and the Legislature to join us in ensuring safety and advancing equity for DCF-involved LGBTQ youth. The stakes are too high for continued inaction.

Sincerely,

Sasha Goodfriend
Chair

July 29, 2021

Introduction and Executive Summary

For decades, LGBTQ youth and adults have faced unique challenges in the Massachusetts child welfare system. In 1985, public outcry after the publication of a *Boston Globe* article led to the removal of two foster children from a home with a same-sex couple and a new state policy, later withdrawn, meant to exclude LGBTQ foster parents.⁵ Nine years later, in 1994, what was then the Governor’s Commission on Gay and Lesbian Youth identified a pipeline for queer young people: from family rejection to foster care to homelessness.⁶ Even the Department of Children and Families (DCF’s) previous incarnation, the Department of Social Services, noted in its Standards of Care Relative to GLBT Youth that throughout the Department’s history, the needs of LGBTQ youth had been met “inconsistently at best.”⁷

Today, Massachusetts is recognized as a national leader in LGBTQ rights. The state was the first to permit same-sex marriage in 2004.⁸ It continues to have the only statewide LGBTQ youth commission in the country. We have nondiscrimination protections on the basis of sexual orientation and gender identity across multiple areas of law, including public accommodations, housing, employment, and state services.⁹ However, the Massachusetts child welfare system has failed to keep pace.

The Commission intends this report to bring to light the experiences of DCF-involved LGBTQ youth and their families. Approximately 17 percent of Massachusetts students identify as LGBTQ.¹⁰ However, state-specific data on DCF-involved LGBTQ youth are largely unavailable – a problem in and of itself.¹¹ As a result, the report draws on national research, public records, information obtained over the course of the Commission’s work with DCF, and interviews with youth and young adult contributors with lived experience of DCF involvement, service providers and child welfare professionals, foster parents, and advocates. Because of the sensitive nature of the topic, as well as contributor concerns about retaliation from DCF, information from all interviews is presented anonymously.

⁵ Howard, B. (2015). *Regrets Linger 30 Years After Gay Couple Had Their Foster Children Taken Away*. WBUR. <https://www.wbur.org/news/2015/06/30/gay-boston-men-foster-parents>.

⁶ Governor’s Commission on Gay and Lesbian Youth. (1994). *Prevention of Health Problems Among Gay and Lesbian Youth: Making Health and Human Services Accessible and Effective for Gay and Lesbian Youth*.

⁷ Massachusetts Department of Social Services. *Standards of Care Relative to Gay Lesbian Bisexual and Transgendered (GLBT) Youth*. https://www.lambdalegal.org/sites/default/files/massachusetts_policy_re_care_of_lgbtq_youth.pdf.

⁸ *Goodridge v. Department of Public Health*, 798 N.E.2d 941 (Mass. 2003).

⁹ Mass. Gen. Laws ch. 272, § 98; Mass. Gen. Laws ch. 151, § 4; Mass. Exec. Order No. 526 (Feb. 17, 2011). <https://www.mass.gov/doc/executive-order-526-mass-register-1177/download>.

¹⁰ Massachusetts Commission on Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning Youth. (2021). *Report and Recommendations for Fiscal Year 2022*. <https://www.mass.gov/doc/mcglgbtqy-annual-recommendations-fy-2022/download>.

¹¹ DCF’s 2020 annual report included data on LGBTQ youth in foster care for the first time, after advocacy from community organizations. However, the data provided was inadequate. Data on LGBTQ youth are also missing from DCF quarterly data reports. See Department of Children and Families. (2020). *Annual Report FY 2020*. <https://www.mass.gov/doc/dcf-annual-reportfy2020/download>.

The findings that emerged while compiling this report are alarming. They include:

- Failures to keep LGBTQ foster youth safe and to protect them from violence, abuse, and risks associated with intimate partner violence and exploitation, particularly for youth in congregate care
- Significant threats to wellbeing for LGBTQ foster youth, including long delays in accessing medically necessary care, barriers to education, and invalidation of LGBTQ identities
- Poor permanency outcomes for LGBTQ youth, linked to inappropriate placements, frequent moves, and challenging transitions to adulthood

The resulting harm is profound and sometimes irreversible. It falls particularly heavily on Black and Brown youth and transgender youth, who encounter disparate access to resources and persistent biases throughout the child welfare system.

The report's findings are particularly distressing given research on suicidality among LGBTQ youth with a history of foster care involvement. The Trevor Project – a national leader in crisis intervention and suicide prevention – found that LGBTQ youth who reported having been in foster care were three times as likely as other LGBTQ youth to have attempted suicide in the previous year.¹² Among LGBTQ youth with a history of foster care involvement, 45 percent of transgender and nonbinary youth and 38 percent of youth of color had attempted suicide in the prior twelve months alone.¹³

The Commission acknowledges that solving the broader foster care crisis requires coordinating across multiple state agencies, ending the disproportionate surveillance of Black and Brown families, and redistributing resources to address chronic issues such as family poverty, homelessness, incarceration, intimate partner violence, and substance use. In the meantime, this report presents recommendations on which DCF, partner agencies, and the Massachusetts Legislature can act immediately.

Recommendations encompass the following four categories:

1. Collection and reporting of data about sexual orientation and gender identity
2. Development and implementation of policies to ensure equitable services, including a comprehensive LGBTQ nondiscrimination policy
3. Training and resources for DCF staff, providers, and caregivers to improve understanding of LGBTQ identities and to build skills for working with LGBTQ youth and their families
4. Structural changes to provide accountability, promote youth leadership, and increase capacity to serve LGBTQ youth, including identifying and tracking affirming homes

While this report focuses primarily on LGBTQ youth, issues of bias and discrimination also impact LGBTQ adults who interact with the child welfare system as parents, foster parents, and pre-adoptive parents. Further attention to the challenges facing these populations is necessary and closely linked with the experiences of LGBTQ young people in DCF care and custody.

¹² The Trevor Project. (2021). *Research Brief: LGBTQ Youth with a History of Foster Care*. <https://www.thetrevorproject.org/2021/05/12/research-brief-lgbtq-youth-with-a-history-of-foster-care/>.

¹³ *Id.*

Reducing the number of LGBTQ youth who enter foster care, and improving outcomes for those who do, should be a high priority for the Commonwealth. Implementing these recommendations will help the child welfare system comply with state and federal nondiscrimination requirements.¹⁴ Even more importantly, they offer a path to interrupting the cycles of victimization, harm, and disruption in which LGBTQ foster youth are trapped.

Voices from the Community

DCF has been in my life since before I was born. My family is Latinx, and my mom was in the foster care system as a child. When my older sibling was born, DCF got involved again. I entered my first foster home around age nine. It was an awful place. My foster mom's relatives bullied me about my weight and gender expression. I remember one of them asking me, while I was still very young, "Why are you lying down like you are ready to take some dick?"

My foster family said I was a "troubled child," so I was moved to another home, then another, and another, and then about five more foster homes after that. When I was twelve years old, I threatened to cut myself, which led to my first residential placement. For the next seven or eight years, DCF moved me between many different placements, mostly residential programs and group homes. During that time, my sibling died while in DCF custody. I blamed DCF and started having a lot of depression and anxiety.

Not long after entering my first residential placement, I came out to the program director based on how I was then identifying – as a boy who liked other boys. From then on, I felt like someone was always making sure I didn't get too close to any of the boys. If I was sitting next to one of my best friends, the staff would suddenly separate us. I hated the feeling of not having control over my life and ran away to live with a boyfriend for a few months, but I had to return due to domestic violence.

Life in residential care got even harder after I started identifying as a transgender woman while placed in an all-boys program. The staff misgendered me most of the time and often forgot to use my preferred name. I constantly asked my DCF worker and his supervisor to move me to a co-ed or all-girls program, but they refused. I also asked to start puberty blockers and hormones. DCF denied me, since I didn't have prescriptions for either when I entered the system at age nine. Their rationale was that they couldn't

¹⁴ 45 C.F.R. § 75.300; Administration for Children and Families. (2011). *Lesbian, Gay, Bisexual, Transgender and Questioning Youth in Foster Care*. U.S. Department of Health and Human Services. <https://www.acf.hhs.gov/sites/default/files/documents/cb/im1103.pdf>; M.G.L ch. 272, §§ 92A, 98; Mass. Exec. Order No. 526 (Feb. 17, 2011). <https://www.mass.gov/doc/executive-order-526-mass-register-1177/download>; 110 C.M.R. 1.09.

“risk it.” In reality, they were risking my life by not giving me the healthcare I needed.

I was bullied constantly by the boys in the program. One day, when I felt that the staff was siding with the other kids, I got so angry that I beat up the ringleader and broke things. The staff called the police, who maced or pepper sprayed me and then took me to a juvenile detention facility for boys. I spent my time there feeling scared that the other kids would notice how flamboyant I was. I mostly kept to myself, thinking the less I said, the safer I would be.

Later, I did live in a co-ed DCF program that happened to have mostly girls. I wanted one of my friends to room with me – a type of request I saw granted for other girls. However, the staff made me feel like I wasn’t allowed to have a roommate because of my genitalia. Additionally, the director gave me a really hard time when I tried to talk to him about using the right pronouns for me, to the point where I made a suicide attempt.

Throughout all of this, I had to find my own people to call family. I built a relationship with a woman who wanted to adopt me. DCF didn’t allow that to happen, but I still consider her my mom. I am also in touch with my biological mom. I learned that she is LGBTQ too, and we had a bonding moment over that. I now identify as genderfluid, which is new to her, so I am teaching her the different Spanish pronouns to use for me. My ultimate support group has been a local organization for LGBTQ youth. DCF didn’t make it easy for me to participate in it – my program categorized the organization as something I had to earn the right to attend through good behavior. Still, that organization created a space where I could feel safe. They even paid my bail when I was arrested after an altercation with another youth and DCF wouldn’t help me. I would have otherwise gone into a men’s jail. I firmly believe they saved my life.

Now that I’m no longer a minor, my goal for the next few years is to try to live the way I want and learn how to take control. It’s tough, but I enjoy having the final say over my own life. It feels great to advocate for kids like me and to get to tell my own story. DCF needs to better understand gender and better understand what LGBTQ foster kids need to stay alive. There would be fewer suicides in the LGBTQ community if they realized this.

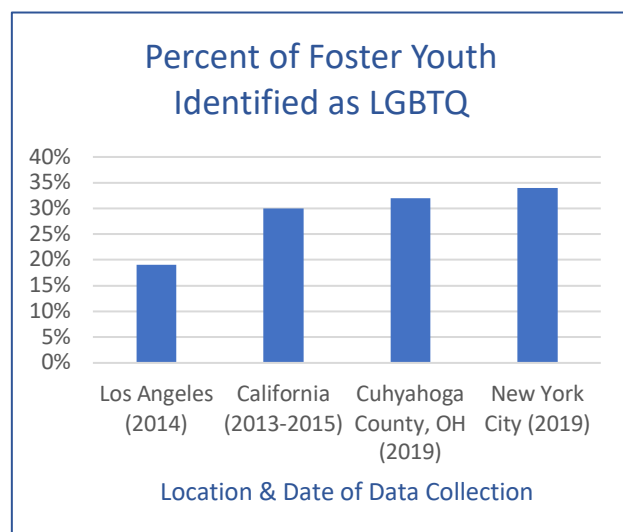
— Youth with History of DCF Involvement

Background on LGBTQ Foster Youth: Overrepresented & Underserved

Research reveals that LGBTQ youth are overrepresented in foster care. Like other foster youth, they are disproportionately youth of color.¹⁵

Data from one of the largest nationally representative, longitudinal studies following adolescents into adulthood found that lesbian, gay, and bisexual (LGB) youth were more than twice as likely to report foster care involvement.¹⁶ More recent studies show continuing disproportionality. LGBTQ youth comprised 34 percent of foster youth in New York City in 2019;¹⁷ 32 percent of foster youth in Cuyahoga County, Ohio in 2019;¹⁸ 30 percent of students in foster care in

California between 2013 and 2015;¹⁹ and 19 percent of youth in out-of-home care in the Los Angeles foster care system in 2014.²⁰ As a point of comparison, during roughly the same time period, the Centers for Disease Control (CDC) found between 11 percent (2015) and 16 percent (2019) of U.S. high school students identified as LGB or questioning.²¹ After piloting a 2017 question on gender identity, the CDC reported that an average of 1.8 percent of high school students at participating sites identified as transgender, with another 1.6 percent indicating they



¹⁵ Conron, K.J. & Wilson, B.D.M. (2019). *LGBTQ Youth of Color Impacted by the Child Welfare and Juvenile Justice Systems A Research Agenda*. The Williams Institute.

<https://williamsinstitute.law.ucla.edu/publications/lgbtq-yoc-social-services/>.

¹⁶ Fish, J.N. et al. (2019). Are Sexual Minority Youth Overrepresented in Foster Care, Child Welfare, and Out-of-Home Placement? Findings from Nationally Representative Data. *Child Abuse & Neglect*. 89, 203–211.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7306404/pdf/nihms-1594127.pdf>.

¹⁷ Sandford, T.G.M. (2020). *Experiences and Well-Being of Sexual and Gender Diverse Youth in Foster Care in New York City: Disproportionality and Disparities*.

<https://www1.nyc.gov/assets/acs/pdf/about/2020/WellBeingStudyLGBTQ.pdf>. Data refer to youth ages 13 to 21 years old.

¹⁸ University of Maryland School of Social Work Institute for Innovation and Implementation et al. (2021). *The Cuyahoga Youth Count: A Report on LGBTQ+ Youth Experience in Foster Care*.

<https://theinstitute.umaryland.edu/our-work/national/lgbtq/cuyahoga-youth-count/>. Data refer to youth ages 12 to 21.

¹⁹ Baams L., Wilson B.D.M. & Russell S.T. (2019). LGBTQ Youth in Unstable Housing and Foster Care.

Pediatrics. 143(3), 1-9. <https://pediatrics.aappublications.org/content/143/3/e20174211>. Data refer to students ages 10 to 18 years old.

²⁰ Wilson B.D.M. et al. (2014). *Sexual and Gender Minority Youth in Foster Care: Assessing Disproportionality and Disparities in Los Angeles*. The Williams Institute. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/SGM-Youth-in-Foster-Care-Aug-2014.pdf>. Data refer to youth ages 12 to 21.

²¹ Centers for Disease Control. (2020). Table 4: Number and Percentage of Students, by Sexual Identity.

https://www.cdc.gov/healthyyouth/data/yrbs/2019_tables/students_by_sexual_identity.htm; Kann, L. et al. (2016).

Sexual Identity, Sex of Sexual Contacts, and Health-Related Behaviors Among Students in Grades 9–12 — United States and Selected Sites. *Morbidity and Mortality Weekly Report*, 65(9), 1-202.

https://www.cdc.gov/mmwr/volumes/65/ss/ss6509a1.htm#T3_down.

were questioning.²² The most recent Massachusetts data show approximately 17 percent of students identifying as LGBTQ.²³

Due to poor data collection within DCF, the percentage of DCF-involved youth who identify as LGBTQ in Massachusetts is unknown.²⁴ However, there is little reason to expect that the percentage is significantly lower than in other jurisdictions. Indeed, in the state's annual count of unaccompanied youth experiencing homelessness, 28 percent of respondents reporting a history of foster care identified as LGBTQ.²⁵

In some instances, LGBTQ youth enter the foster care system for similar reasons as their non-LGBTQ peers. In other cases, family conflict related to sexual orientation or gender identity forces youth out of their homes or exacerbates other underlying issues.²⁶

Once in the child welfare system, LGBTQ youth have worse experiences than their non-LGBTQ peers. Research shows LGBTQ youth in foster care report higher rates of mistreatment and hospitalization for emotional reasons.²⁷ They also have a higher number of placements and are more likely to live in congregate care settings.²⁸ As a result, LGBTQ youth may leave foster care with new or exacerbated trauma. For some, foster care is a precursor to juvenile justice involvement: national research with youth in juvenile detention found that 23 percent of LGBTQ youth and 20 percent transgender and gender-nonconforming youth had previous placements in a foster home or group home, compared to three percent of heterosexual youth and four percent of gender-conforming youth.²⁹

²² Johns, M.M. et al. (2019). Transgender Identity and Experiences of Violence Victimization, Substance Use, Suicide Risk, and Sexual Risk Behaviors Among High School Students — 19 States and Large Urban School Districts, 2017. *Morbidity and Mortality Weekly Report*, 68(3), 67-71.

https://www.cdc.gov/mmwr/volumes/68/wr/mm6803a3.htm?s_cid=mm6803a3_w.

²³ The Massachusetts Commission on Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning Youth. (2021). *Report and Recommendations for Fiscal Year 2022*. <https://www.mass.gov/doc/mclgbtqy-annual-recommendations-fy-2022/download>.

²⁴ Data presented for the first time in DCF's 2020 annual report on LGBTQ youth are not reliable, as discussed further below.

²⁵ Ross, L. *Massachusetts Youth Count 2019*. Massachusetts Commission on Unaccompanied Homeless Youth. <https://www.mass.gov/doc/2019-massachusetts-youth-count/download>.

²⁶ Shpiegel, S. & Simmel, C. (2016). Functional Outcomes among Sexual Minority Youth Emancipating from the Child Welfare System. *Children and Youth Services Review*, 61, 101–108. doi:10.1016/j.childyouth.2015.12.012.

²⁷ See Sandford (2020); University of Maryland School of Social Work Institute for Innovation and Implementation et al. (2021); Baams L., Wilson B.D.M. & Russell S.T. (2019).

²⁸ See Sandford (2020); Baams L., Wilson B.D.M. & Russell S.T. (2019).

²⁹ Irvine, A. & Canfield, A. (2016). The Overrepresentation of Lesbian, Gay, Bisexual, Questioning, Gender Nonconforming and Transgender Youth Within the Child Welfare to Juvenile Justice Crossover Population. *Journal of Gender, Social Policy & the Law*, 24(2), 243-261.

<https://digitalcommons.wcl.american.edu/cgi/viewcontent.cgi?article=1679&context=jgspl>.

Experiences of LGBTQ Youth within the Massachusetts Child Welfare System

DCF's mission includes working to establish the safety, wellbeing, and permanency of children in the Commonwealth.³⁰ These goals mirror those in the federal Adoption and Safe Families Act.³¹ All too often, however, DCF fails to meet these standards for LGBTQ youth in its care and custody.

Lack of Safety

The state has not released data that allow comparisons of the safety of LGBTQ youth in the child welfare system with their non-LGBTQ peers. Research from other jurisdictions, however, points to a range of risk factors for LGBTQ youth. These include higher rates of homelessness and negative confrontations with police.³² DCF has also identified LGBTQ youth as the population at greatest risk of maltreatment in the context of human trafficking.³³

Information provided to the Commission by foster parents and youth service providers revealed significant concerns about the child welfare system's ability to keep LGBTQ youth safe. Concerns were especially prominent for Black youth, transgender youth, and youth in congregate care. Experiences included reports of the following:

- A transgender girl placed in a group home for boys, where the exploitation she experienced from other youth was so severe that her subsequent caretaker filed a 51A on the group home – only to discover that her report was not the first one.
- A child who was attacked in a park after a worker in his group home requested that his cousins beat up the child because the worker felt the child was “getting on his nerves.” The worker was fired only after a provider in a different program overheard him talking about it.
- Workers responding to boys who had suffered abuse in their group home with comments such as, “Oh, he’s such a queen” and “He’s just doing this for attention.”

Placements for transgender girls can be particularly dangerous when inconsistent with their gender identity or own feelings of safety. Contributors reported that in many cases, staff and providers make placements on the basis of sex assigned at birth rather than gender identity, either due to a misunderstanding of state policies or in response to difficulty in locating alternatives.

Additionally, contributors raised fears about DCF's ability to protect LGBTQ youth of color who go absent without leave (AWOL). For example, a youth contributor shared that they spent

³⁰ Massachusetts Department of Children and Families. (2019). Child and Family Services Plan 2020 – 2024. <https://www.mass.gov/doc/child-and-family-services-plan-fy2020-fy-2024/download>.

³¹ Adoption and Safe Families Act. Pub. Law No. 105-89, 111 Stat. 2115. (1997).

³² Sandford (2020); Shpiegel, S. & Simmel, C. (2016).

³³ Massachusetts Department of Children and Families. (2017). 2017 Annual Progress and Services Report: Federal FY 2018. <https://archives.lib.state.ma.us/bitstream/handle/2452/786592/ocn987272172-2018.pdf?sequence=1&isAllowed=y>.

approximately two months AWOL, during which time they lived with a boyfriend and encountered intimate partner violence. A provider observed that when a Black transgender girl and a Black cisgender boy went AWOL during the COVID-19 pandemic, DCF did little to locate them. Once their location was ascertained, DCF did not respond to the provider's inquiries about whether the agency had taken steps to ensure they were safe and not staying with exploiters. Given that research indicates LGBTQ youth may experience longer AWOL periods than their non-LGBTQ peers, these narratives are deeply troubling.³⁴

Finally, a failure to protect confidentiality creates further risks to transgender children's safety and privacy. For example, as recently as 2019, one DCF regional office was instructing providers to seek consent from the parents of any cisgender child living with a transgender roommate – a substantial breach in confidentiality that forcibly “outs” transgender youth. It is unclear whether or to what extent this practice continues today; the Commission is unaware of any steps taken to prevent similar violations of youth privacy. In another instance, a contributor shared that DCF staff disclosed a child's gender identity to her parent before consulting or informing the child or her therapist. This decision left the child fearful, prompted threats from the parent, and resulted in heightened security measures for both of them during visitation.

Challenges to Wellbeing

Data from other jurisdictions suggest that LGBTQ foster youth report worse mental health and lower placement satisfaction than their non-LGBTQ peers.³⁵ While Massachusetts lacks the data to permit a similar assessment, observations from families and providers reveal alarming trends in several indicators critical to wellbeing, including healthcare, education, and respect for LGBTQ identities.

Inadequate Access to Healthcare

The accepted mainstream standard of care is to provide timely and comprehensive medical treatment for transgender youth.³⁶ Indeed, gender-affirming care can be lifesaving, as it is associated with lower rates of suicide ideation.³⁷ Youth in the child welfare system, however, face barriers to receiving the care they need.

³⁴ Sandford (2020).

³⁵ See Sandford (2020); University of Maryland School of Social Work Institute for Innovation and Implementation et al. (2021); Baams L., Wilson B.D.M. & Russell S.T. (2019).

³⁶ Rafferty, J., American Academy of Pediatrics (AAP) Committee on Psychosocial Aspects Of Child And Family Health, AAP Committee On Adolescence & AAP Section On Lesbian, Gay, Bisexual, And Transgender Health And Wellness. (2018). Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents. *Pediatrics*, 142(4), 1-14.

<https://pediatrics.aappublications.org/content/pediatrics/142/4/e20182162.full.pdf>; Hembree, W. C. et al. (2017). Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline. *The Journal of Clinical Endocrinology & Metabolism*, 102(11), 3869-3903. https://core.ac.uk/reader/153399329?utm_source=linkout.

³⁷ Turbin, J.L. et al. (2020). Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation. *Pediatrics* 145(2) e20191725, <https://pubmed.ncbi.nlm.nih.gov/31974216/>; Allen, L.R. et al. (2019). Well-being and Suicidality among Transgender Youth after Gender-Affirming Hormones. *Clinical Practice in Pediatric Psychology*, 7(3), 302–311. <https://doi.org/10.1037/cpp0000288>; de Vries, A.L.C. et al. (2014). Young Adult Psychological Outcome After Puberty Suppression and Gender Reassignment. *Pediatrics*, 134(4), 696-704.

Until recently, DCF lacked a policy regarding gender-affirming care. Without clear guidelines, access to medically necessary care has been variable. One of the biggest concerns is timely access. Contributors reported that in some cases, one to two years pass between the point at which youth or families first attempt to access care and the point at which they receive it. Delays may persist even after the parents of a DCF-involved transgender child indicate support. Prompt access to care has sometimes been dependent on arbitrary factors, such as whether the child has an affirming DCF worker. Multiple contributors observed a pattern of white transgender youth obtaining care more quickly than transgender youth of color. Delays in beginning interventions such as puberty blockers leave youth in distress and may also create a need for more costly and invasive medical procedures later in life.

Another barrier is a lack of knowledge among child welfare professionals about gender-affirming care. Foster parents with strong understandings of gender-affirming care indicated that the onus to educate DCF staff fell on them. Other challenges observed by contributors included:

- Failures to identify the need for transition-related care in a child’s previous placement
- Child welfare professionals who refused to enable access to competent medical care providers to assess and diagnose youth
- Lack of education and support for parents of transgender children who are DCF-involved
- Inadequate access to community resources that support transgender children
- Failures to facilitate connection to time-sensitive, best-practice medical care, including puberty blockers and hormones
- Lack of advocacy for appropriate consents to medical treatment in court where necessary, including not seeking a Guardian Ad Litem in a case where such an appointment could have supported a young person’s need to obtain care

After years of advocacy, DCF Commissioner Linda Spears approved a policy governing consent to gender-affirming medication, effective as of March 2021. However, more than four months later, this policy has yet to be published to the agency’s website or rolled out through training and public education.

Voices from the Community

When my foster child arrived in my home, she was getting no trans-friendly care of any kind, despite having been in DCF custody for some time. When I say no care, I mean no therapy, nothing. The social worker that came here used the wrong pronouns and name. Every single time she came here, I had to correct her. I watched my foster kid feel powerless and angry and unable to say or do anything about it. Fifty percent of the challenges with my youth go out the door when I just affirm their identities.

<https://doi.org/10.1542/peds.2013-2958>; Herman, J.L., Brown, T.N.T. & Haas, A.P. (2019). *Suicide Thoughts and Attempts Among Transgender Adults: Findings from the 2015 U.S. Transgender Survey*. The Williams Institute. <https://williamsinstitute.law.ucla.edu/research/suicide-transgender-adults/>.

With DCF, I had to educate the workers. I had to tell them that there was a transgender health clinic that my foster child could go to, and I had to tell them about what kinds of care were available there. I had to explain that not all transition-related care includes hormones, and that there are options like blockers that are not permanent. I had to be the one to forward brochures and resources to them. I had to explain the difference between a regular therapist and a gender specialist. They think that when I advocate for a child to get affirming care, I'm just sending them to someone who will tell them that they are transgender. The reality is that it's about finding a safe place for a child to explore issues related to gender.

Ultimately, it took nearly two years to get my child the care she needed. Bias and transphobia from multiple professionals involved in the child welfare system hindered the process. I happened to already have familiarity with trans healthcare because of someone else in my life who is transgender. Foster parents do not receive training on this. While there is a small section on LGBTQ issues in the foster parent training curriculum, most of the transgender-specific content in my training program was what I shared with other participants, not from the trainer. Can you imagine what happens to a child who ends up in a home where the foster parent does not already know all of this?

— Foster Parent

Educational Difficulties

Children in foster care experience a range of poor educational outcomes.³⁸ Massachusetts foster youth have higher rates of grade retention, absenteeism, discipline, and drop-out than their non-DCF involved peers.³⁹ Data specific to LGBTQ foster youth are limited, but research from California suggests that LGBTQ students in foster care report more fights at school than both LGBTQ youth with stable housing and non-LGBTQ foster youth.⁴⁰

Massachusetts has strong laws, policies, and guidance related to education for LGBTQ youth.⁴¹ However, implementation varies from school to school. In many instances, parents of LGBTQ

³⁸ National Working Group on Foster Care and Education. (2018). *Fostering Success in Education: National Factsheet on the Educational Outcomes of Children in Foster Care*. <https://fosteringchamps.org/wp-content/uploads/2018/04/NationalEducationDatasheet2018-2.pdf>.

³⁹ Massachusetts Court Improvement Program. (2019). *Stable Placement, Stable School: Improving Education Outcomes of Children in Foster Care in Massachusetts*. <https://www.mass.gov/doc/stable-placement-stable-school-improving-education-outcomes-of-children-in-foster-care-in/download>.

⁴⁰ Baams L., Wilson B.D.M. & Russell S.T. (2019). LGBTQ Youth in Unstable Housing and Foster Care. *Pediatrics*. 143(3), 1-9. <https://pediatrics.aappublications.org/content/143/3/e20174211>.

⁴¹ Mass. Gen. Laws Ch. 76, § 5; 603 C.M.R. 26.00; Department of Elementary and Secondary Education. *Guidance for Massachusetts Public Schools Creating a Safe and Supportive School Environment*, <https://www.doe.mass.edu/sfs/lgbtq/GenderIdentity.html>; Massachusetts Board of Elementary and Secondary Education. (2015). *Principles for Ensuring Safe and Supportive Learning Environments for Lesbian, Gay, Bisexual,*

students play a vital role in advocating for an education free from discrimination or harassment. Children in DCF custody, by contrast, depend on foster families, DCF workers, providers, or attorneys to advocate for a safe and affirming school environment. If students are not safe in school, they are not able to learn. It is critically important that DCF advocate for safety in schools for DCF-involved youth.

While DCF says that staff advocate on behalf of LGBTQ students, contributors noted that not all child welfare professionals are equipped to push schools to address bullying from other students, mistreatment by school staff, or lack of school support for a student's gender identity.⁴² Indeed, one provider even described retaliation by DCF staff after she met with a school to advocate for transgender foster youth, noting that she was dropped from subsequent planning conversations about the youth.

Lack of Respect for LGBTQ Identities

Respecting and affirming the identities of youth is core to promoting their wellbeing. However, contributors shared that disrespect and invalidation were commonplace occurrences for many LGBTQ youth in the child welfare system. Providers have reported that many DCF workers and foster parents routinely fail to use the correct names and pronouns for transgender youth. Workers and caregivers may justify this behavior by stating that referring to young people appropriately is “too hard,” that they lack the time for it, or that they cannot remember the correct name and pronouns. This type of routine discrimination causes long-term harm.

Additionally, some child welfare professionals challenge young people's own explanations of their identities or minimize the importance of self-expression consistent with their identities. Contributors shared stories of:

- DCF workers bullying or making fun of youth for expressing their gender identity
- DCF workers and providers attempting to dissuade youth from identifying or expressing themselves as LGBTQ through statements such as, “Are you sure you're pansexual?” and “Are you sure that's what you want to do?”
- Adults working in the child welfare system who attribute a young person's sexual orientation to their trauma history or who don't respect the gender identity of youth with intellectual disabilities
- A provider telling a child with gender dysphoria that they needed DCF's permission to cut their hair⁴³

Youth across the age spectrum are subject to pushback regarding their identities. However, young children face unique challenges at an age when they are least able to advocate for themselves. Foster parents noted that some DCF staff assume that children at ages 3, 4, or 5 are not old enough to know their identities or have them recognized at school – an assumption that

Transgender, Queer, and Questioning (LGBTQ) Students. <https://www.doe.mass.edu/sfs/lgbtq/Principles-SafeEnvironment.html>.

⁴² Department of Children and Families. (2018). *Annual Progress and Services Report: Federal FY2019.* <https://archives.lib.state.ma.us/bitstream/handle/2452/803209/ocn987272172-2019.pdf?sequence=1&isAllowed=y>.

⁴³ While the prevalence of this practice is unknown, it appears to directly violate licensing regulations, which provide that programs should make hair cutting arrangements for any child in care for more than 72 hours “in accordance with the wishes of the resident and consistent with good health.” 606 C.M.R. 3.07.

contradicts mainstream concepts in child development.⁴⁴ Foster parents reported increased scrutiny from DCF when their young foster children started identifying as a gender different than their sex assigned at birth. This is true especially, though not exclusively, when the foster parents are also LGBTQ. One foster family even described having their support of their foster child's gender identity used against them in court, a painful experience in which the DCF worker and DCF attorney failed to intervene.

Additionally, providers noted that LGBTQ, and especially transgender, youth of color struggle to gain recognition of intersecting aspects of their identities. Many youth lack a single adult with whom they can discuss both race and sexual orientation or gender identity, leaving them unseen as their full selves.

Finally, there is a need for a greater ability to engage LGBTQ youth within their personal context and background. For example, one provider observed that DCF workers who consider themselves allies may nonetheless fail to proactively discuss LGBTQ issues or address barriers to coming out in the young person's community of origin. Similarly, the provider shared examples of adults who share a religious affiliation with LGBTQ youth and bring them to services without creating space to discuss the sometimes complicated relationship between faith traditions and LGBTQ identities.

The impact of these attitudes on youth's mental health and emotional wellbeing is substantial. DCF has committed to providing services that are culturally competent and trauma-informed.⁴⁵ This commitment is not reaching some of the most vulnerable youth in the agency's custody. As one provider noted, "It feels like it's a rejection of them as a whole. We see them retreat into their shells."

[Barriers to Permanency](#)

DCF's goal of permanency includes, where possible, maintaining children in their homes, reunifying them with their families of origin, or following a plan to ensure adoption, guardianship, or permanent care with a kinship placement or other alternative living arrangement.⁴⁶ However, Massachusetts struggles to secure permanency for youth in DCF custody. A 2018 HHS report to Congress showed that Massachusetts was below the national median in the percentage of children leaving foster care who exit to permanency.⁴⁷ Data from the federal Fiscal Year 2019 showed that 38 percent of foster youth had four or more placements during a single episode of removal from the home, compared to the national average of 22

⁴⁴ Ruble, D.N., Martin, C.L. & Berenbaum, S.A. (2007). Gender Development. *Handbook of Child Psychology*. (Vol. 3, ed. Eisenberg, N., Damon, W. & Lerner, R.M.) (discussing that most children recognize gender at a young age and can identify their own gender identity).

⁴⁵ Department of Children and Families. (2019). Child and Family Services Plan 2020 – 2024. <https://www.mass.gov/doc/child-and-family-services-plan-fy2020-fy-2024/download>.

⁴⁶ Department of Children and Families. (2021). Permanency Planning Policy. <https://www.mass.gov/doc/permanency-planning-policy-1/download>

⁴⁷ Children's Bureau. *Child Welfare Outcomes 2018: Report to Congress*. U.S. Department of Health and Human Services. <https://www.acf.hhs.gov/sites/default/files/documents/cb/cwo2018.pdf>.

percent.⁴⁸ In the same year, Massachusetts placed a greater percentage of children in group homes or institutional settings than the national average.⁴⁹ Within this context, LGBTQ youth face unique challenges related to family rejection, affirming placements, and transitions to adulthood.

Family Rejection

Family rejection is linked to a variety of poor outcomes for LGBTQ youth, including mental illness, substance use, and suicidality.⁵⁰ However, more than a decade of research and practice has demonstrated that even small increases in the level of family acceptance positively impact youth health and wellbeing.⁵¹ Recent national data, for example, show that when all household members respect the pronouns of trans and nonbinary youth, their suicide attempt rate is approximately half that of youth in households where no members do so.⁵²

Despite the need, DCF is underequipped to engage in family acceptance work, with a lack of policy or training resources to support this work. The Department's LGBTQ Guide contains a six-page section on LGBTQ-Affirming Family Resource Work, including supporting foster and pre-adoptive families in caring for LGBTQ children. However, there is insufficient protocol for disseminating the Guide and training new workers on how to use it. Additionally, there is a lack of education on how DCF employees and contracted providers can support families of origin, adoptive families, or long-term placements in moving from rejecting to affirming behaviors.

The result is that DCF is not effectively training foster parents to accept LGBTQ youth, despite regulations requiring that foster and pre-adoptive families demonstrate the ability to support and respect a child's sexual orientation and gender identity.⁵³ Furthermore, contributors shared that DCF does not work with families of origin to increase affirming behaviors. Because of this, foster parents reported feeling that the responsibility to engage children's relatives around sexual orientation or gender identity fell to them. Some foster parents shared success stories, in which the foster parents and families of origin were able to build relationships that enabled deeper support for LGBTQ youth. In each instance, however, they reported receiving little to no support

⁴⁸ Sarah Catherine Williams. (2020). *State-level Data for Understanding Child Welfare in the United States*. Child Trends. <https://www.childtrends.org/publications/state-level-data-for-understanding-child-welfare-in-the-united-states>.

⁴⁹ Sarah Catherine Williams. (2020). *State-level Data for Understanding Child Welfare in the United States*. Child Trends. <https://www.childtrends.org/publications/state-level-data-for-understanding-child-welfare-in-the-united-states>.

⁵⁰ Ryan, C. (2014). Generating a Revolution in Prevention, Wellness & Care for LGBT Children & Youth. *Temple Political & Civil Rights Law Review*, 23(2), 331-344. https://familyproject.sfsu.edu/sites/default/files/Ryanc_Wellness%2CPrevention%20%26%20Care%20for%20LGBT%20Youth-fn.pdf.

⁵¹ Ryan, C. (2014). Generating a Revolution in Prevention, Wellness & Care for LGBT Children & Youth. *Temple Political & Civil Rights Law Review*, 23(2), 331-344. https://familyproject.sfsu.edu/sites/default/files/Ryanc_Wellness%2CPrevention%20%26%20Care%20for%20LGBT%20Youth-fn.pdf.

⁵² The Trevor Project. (2021). *2021 National Survey on LGBTQ Youth Mental Health*. <https://www.thetrevorproject.org/survey-2021/?section=SupportingTransgenderNonbinaryYouth>. See also Russell, S.T. et al. (2018). Chosen Name Use is Linked to Reduced Depressive Symptoms, Suicidal Ideation and Behavior among Transgender Youth. *Journal of Adolescent Health*, 63(4), 503-505, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6165713/>.

⁵³ 110 C.M.R. 7.104(1)(d).

from DCF in doing so. Moreover, even affirming foster parents are not well-positioned to lead family acceptance work: in addition to lack of training, foster parents and families of origin may have only limited contact or complicated relationships with each other.

This work is critical, as some LGBTQ youth return to their families of origin.⁵⁴ It is especially important to have family acceptance resources that recognize families of color and men who are caregivers; one provider noted that existing resources reflect mostly white families and mothers. There is also an urgent need for family acceptance services that can support families struggling to reconcile religious beliefs with their children's identities.

Voices from the Community

As a foster parent to transgender young people, I have not seen that DCF is able to engage in family support work around LGBTQ issues. The parents of one of my foster children, who were white, were really struggling to understand the child's gender identity. The Department allowed me to work with them myself. I told them, "It's okay not to understand. Our responsibility as parents is to love our children unconditionally. Your children can succeed in this world if they know they are loved, affirmed, and have you to stand by them." At some point, the parents came around and agreed to the transition-related healthcare the child needed. The child went back home to them, and we still talk.

The situation is very different with my current foster child, who is Black. In every call that I participate in with DCF and the parents, DCF seems to be disengaged from the parents. I have been in Zoom meetings where DCF staff – who are supposed to make a professional and human connection – don't even turn on their cameras, despite being asked by other collaborators and providers. They are always emphasizing what the parents have not done, rather than how to help them. When I was upset about how the parents were being engaged and represented, DCF looked at me as if to say that wasn't my job. The way I see it, my job is the kids. And although trauma and safety concerns prevent my current foster child from living with their birth parents, caring about their future means figuring out how they can have as healthy a relationship as possible. It is really important to meet parents where they are at. It can be as simple as explaining why pronouns are important and how a preferred name can be a way to affirm your child. It's about telling parents that they can be honest – talking to them about how even if they don't know what the next steps are, they can tell their children, "I'm going to stand by you and I'm going to learn."

⁵⁴ Erney, R. & Weber, K. (2018). Not all Children are Straight and White: Strategies for Serving Youth of Color in Out-of-Home Care Who Identify as LGBTQ. *Child Welfare*, 96(2), 151-177.

I don't know how DCF thinks they are ever going to reunify families if they don't have empathy or compassion, and if they aren't willing to educate and support the parent. Without that, their job becomes to break families apart.

— Foster Parent

Inappropriate and Harmful Placements

When children have to be removed from their homes, they should be placed in an affirming environment, in the least restrictive setting possible.⁵⁵ For too many LGBTQ youth, that is simply not the reality.

Transgender youth, in particular, are often placed in a manner inconsistent with their gender identity or placed unnecessarily in congregate care. One youth service provider estimated that, if she worked with 20 transgender youth, all of them had been placed inappropriately at some point. The provider noted that mental health facilities and congregate care retraumatize some youth, resulting in additional instances of decompensation and youth going absent without leave. A contributor to this report also raised concerns about the length of time transgender youth remain in congregate care, suggesting that many are placed in a foster home only after exceeding the maximum intended stay at a residential program.

Contributors identified two system failures as primary drivers of this pattern: a shortage of LGBTQ-friendly, therapeutic placements and the absence of any formal mechanism to identify affirming homes. The LGBTQ Liaisons group within DCF receives an estimated three to four requests each month from area offices unable to find trans-affirming placements. As of June 2021, an informal list maintained by the Liaisons contained only sixteen affirming homes across the state, many of which were short-term and at least four of which were not accepting new placements. Contributors noted a dearth of placement options for LGBTQ youth of color in particular.

Without a way to link LGBTQ youth with affirming homes, the approach to placement in some cases appears to be trial-and-error: A speaker at an event organized by the Commission in 2017 described hearing a trainer tell prospective foster parents that they could simply “send back” LGBTQ children.⁵⁶ In other cases, DCF staff believe a family will be affirming without sufficiently investigating to ascertain the level of acceptance – despite the risk of harm to young people. As one provider explained, “Youth may be told a placement will be safe and affirming, but then receive the message ‘It’s fine if you’re gay, but only if you don’t talk about it and only if you don’t act so flamboyantly.’” For young people with histories of trauma, these situations are devastating.

⁵⁵ Mary Dozier et al. (2014). Consensus Statement on Group Care for Children and Adolescents: A Statement of Policy of the American Orthopsychiatric Association. *American Journal of Orthopsychiatry*, 84(3), 219-225. <https://www.apa.org/pubs/journals/features/ort-0000005.pdf>.

⁵⁶ Massachusetts Commission on LGBTQ Youth. (2017). *Commission Highlights Out-of-Home Youth*. <https://www.mass.gov/news/commission-highlights-out-of-home-youth>.

Non-affirming placements expose young people to feelings of shame, isolation, and confusion, and can discourage them from discussing other sensitive issues with caregivers.⁵⁷ Rejecting behavior combined with frequent moves significantly impacts mental and emotional health. For example, one contributor described a foster teen who developed attachment disorder after a lifetime of unstable placements, including one in a household where the foster parents spoke frequently about gay people being an “abomination.”

The inability to match LGBTQ youth with affirming homes may increase disruptions to placement – a factor associated with numerous harmful outcomes, including trauma, behavioral challenges, academic difficulties, and struggles to develop meaningful attachments.⁵⁸ This cycle can become self-perpetuating, as stigma and trauma behaviors related to disrupted placements make it harder to find family settings for young people. One foster parent, for instance, shared that they fostered a child who was labelled as having attachment disorder. Upon further inquiry, they learned this was based on the impression of a former foster parent, despite the lack of any clinical diagnosis and despite the effect this label has on opportunities for adoption. Foster youth who aged out of care have reported receiving the feeling that in order to achieve permanency, they needed to hide their LGBTQ identity.

Aging Out

Young people who age out of foster care without permanency, positive social connections, a stable living situation, or strong employment or educational opportunities are at a significant disadvantage. LGBTQ youth face heightened barriers when aging out.

In some cases, transgender young people leave DCF without having secured a legal name change or identity documents consistent with their gender identity. One contributor shared instances in which DCF staff wrongly told transgender youth that they could not obtain identity documents with accurate names and gender markers during the adoption process. Lack of accurate documents creates barriers to employment and economic supports, such as the recent stimulus checks. Financial hardship, in turn, increases the likelihood of exploitation and/or involvement in the sex trade.

Updated identity documents are particularly important in light of the connection between chosen names and mental health: one study found that an increase in the contexts where a chosen name was used predicted a 56 percent decrease in suicidal behavior among transgender youth.⁵⁹ Compounding this issue, many LGBTQ youth age out without having received appropriate mental health supports – and then are unable to identify necessary health resources.

LGBTQ youth who exit the system without housing of their own have particularly limited access to resources. While some youth return to their families of origin, LGBTQ youth who are not out to their families or who experience family rejection may lose this source of assistance. Some

⁵⁷ Shpiegel, S. & Simmel, C. (2016). Functional Outcomes Among Sexual Minority Youth Emancipating from the Child Welfare System. *Children and Youth Services Review*, 61, 101–108. doi:10.1016/j.chilyouth.2015.12.012.

⁵⁸ See Casey Family Programs. (2018). *What Impacts Placement Stability?* https://caseyfamilypro-wpengine.netdna-ssl.com/media/SF_Placement-stability-impacts_2021.pdf.

⁵⁹ Russell, S.T. et al. (2018). Chosen Name Use is Linked to Reduced Depressive Symptoms, Suicidal Ideation and Behavior among Transgender Youth. *Journal of Adolescent Health*, 63(4), 503-505. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6165713/>.

foster parents want to remain engaged with young people previously placed with them. However, one contributor noted that DCF does not provide enough support for maintaining connection to youth whose contact information, addresses, and assigned caseworkers change frequently. Insufficient capacity at homeless shelters, especially shelters that are safe and affirming, leaves many LGBTQ youth with few options besides the streets. The result, according to one provider, is substance use and other maladaptive coping mechanisms.

A Pathway to Change: Past Advocacy & Steps for a Brighter Future

The problems documented above are not new. Similar issues a decade ago prompted the Commission to release its first recommendation to DCF for Fiscal Year 2011, with even earlier recommendations in 1994 from the Commission's predecessor touching parallel themes.⁶⁰ Conversation with former Commissioner Angelo McClain in 2012 resulted in the Commission and DCF launching a more formal relationship, in which the Commission issued recommendations each year to the agency in conversation with senior staff. There have been some successes since then, including the issuance of a LGBTQ Guide and Commission-supported outreach events for LGBTQ-affirming foster parents. However, the most urgent recommendations remain outstanding, with no signs of forward momentum.

The following section provides recommendations in four key areas: data, policies, training and resources, and structural changes. In large part, these recommendations reflect the interventions that the Commission has suggested over the course of its relationship with DCF. The Commission remains ready to support DCF leadership in recommitting to this work and implementing these changes. Recommendations include:

1. Require **data** collection and reporting regarding sexual orientation and gender identity along with other demographic data
2. Develop and implement **policies** to ensure equitable services, including a comprehensive LGBTQ nondiscrimination policy
3. Expand and require **training and resources** for DCF staff, providers, and caregivers to improve understanding and affirmation of LGBTQ identities and to build skills
4. Undertake **structural changes** to increase accountability, youth voice, and DCF's capacity and infrastructure for serving LGBTQ youth, including identifying and tracking affirming homes

For context, each key area is accompanied by background information regarding the history of advocacy around LGBTQ child welfare issues and agency responses.

Data

Existing information about DCF-involved LGBTQ youth is anecdotal in nature. The Commission is confident that the stories we have heard represent only a small portion of the problems that LGBTQ youth encounter. However, a series of failures in data collection obscure the full scope of the issue. Consistent, comprehensive, and intersectional data on sexual orientation and gender identity (SOGI) is essential to better understanding where disparities exist and how to appropriately tailor solutions.

⁶⁰ Massachusetts Commission on LGBTQ Youth. *Annual Recommendations to the Great and General Court and Executive Agencies: FY2011*. <https://archives.lib.state.ma.us/bitstream/handle/2452/208060/ocn911038264-FY2011.pdf?sequence=4&isAllowed=y>; Governor's Commission on Gay and Lesbian Youth. (1994). *Prevention of Health Problems Among Gay and Lesbian Youth: Making Health and Human Services Accessible and Effective for Gay and Lesbian Youth*.

Requests for SOGI data are longstanding. Standards of care developed when the agency was still structured as the Department of Social Services (DSS) proposed an anonymous demographic survey regarding LGBTQ issues. The Commission’s first recommendation to DCF, for FY 2011, asked DCF to ascertain if LGBTQ youth achieved the same outcomes as their peers and the extent to which race and ethnicity impacted those outcomes.⁶¹ A decade later, we still do not have answers to those questions, despite support from DCF union SEIU509 for collecting SOGI data.

DCF adopted fields to collect SOGI data in 2016 – the same year the federal government finalized a rule to add data elements on the sexual orientation of children, foster parents, adoptive parents, and legal guardians to its Adoption and Foster Care Analysis and Reporting System (AFCARS).⁶² The Trump Administration subsequently eliminated those data elements.⁶³ DCF’s new data fields have fared better, but not by much. Errors in the system, including a coding mistake that conflates gender identity with sex assigned at birth at some data collection points, render information collected unreliable. The coding mistake, combined with lack of workforce training, has created particular confusion regarding the difference between intersex and transgender identities. Moreover, although implementation of DCF’s SOGI questions was supposed to occur starting in 2017, those fields remain optional. As a result, many workers neglect to capture SOGI information altogether.

In 2020, after widespread advocacy, DCF published basic SOGI data for the first time. The agency reported that approximately one percent of children in placement are transgender and that approximately seven percent are LGBTQ.⁶⁴ In light of data from other child welfare systems and from school-based youth surveys in Massachusetts, these numbers are not credible.⁶⁵ SOGI data are entirely absent from DCF’s quarterly profiles, which include other demographics such as race, ethnicity, primary language, and age group – although the profiles seem to replicate the data system’s conflation of gender identity and sex assigned at birth.⁶⁶ DCF has yet to report any

⁶¹ Massachusetts Commission on LGBTQ Youth. *Annual Recommendations to the Great and General Court and Executive Agencies: FY2011*. <https://archives.lib.state.ma.us/bitstream/handle/2452/208060/ocn911038264-FY2011.pdf?sequence=4&isAllowed=y>.

⁶² 81 Fed. Reg. 90524 (Dec. 14, 2016).

⁶³ 85 Fed. Reg. 28410 (May 12, 2020) (codified at 45 C.F.R. pt 1355).

⁶⁴ Department of Children and Families. (2020). *Annual Report FY 2020*. <https://www.mass.gov/doc/dcf-annual-reportfy2020/download>.

⁶⁵ Sandford, T.G.M. (2020). *Experiences and Well-Being of Sexual and Gender Diverse Youth in Foster Care in New York City: Disproportionality and Disparities*. <https://www1.nyc.gov/assets/acs/pdf/about/2020/WellBeingStudyLGBTQ.pdf>; University of Maryland School of Social Work Institute for Innovation and Implementation et al. (2021). *The Cuyahoga Youth Count: A Report on LGBTQ+ Youth Experience in Foster Care*. <https://theinstitute.umaryland.edu/our-work/national/lgbtq/cuyahoga-youth-count/>; Baams L., Wilson B.D.M. & Russell S.T. (2019). LGBTQ Youth in Unstable Housing and Foster Care. *Pediatrics*. 143(3), 1-9. <https://pediatrics.aappublications.org/content/143/3/e20174211>; Wilson B.D.M. et al. (2014). *Sexual and Gender Minority Youth in Foster Care: Assessing Disproportionality and Disparities in Los Angeles*. The Williams Institute. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/SGM-Youth-in-Foster-Care-Aug-2014.pdf>; The Massachusetts Commission on Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning Youth. (2021). *Report and Recommendations for Fiscal Year 2022*. <https://www.mass.gov/doc/mcglgbtqy-annual-recommendations-fy-2022/download>.

⁶⁶ See, e.g., Department of Children and Families. *Department of Children & Families Quarterly Profile – FY 20201, Q3 (01/01/21-03/31/21)*. <https://www.mass.gov/doc/area-profile-fy2021-q3/download>. The profile reports data for “birth sex” but lists and defines “gender identity” as a metric.

information regarding the demographics of LGBTQ youth, their experiences in custody, or their outcomes compared to non-LGBTQ youth in custody.

DCF staff routinely collect sensitive information from children and families, yet the agency appears unwilling to require the same for SOGI data. Nationally, there are strong models available for SOGI data collection in child welfare contexts.⁶⁷ More locally, the Childhood Trauma Task Force recommends that child-serving entities develop systems of collecting and analyzing demographic data, including SOGI data.⁶⁸ In its 2020 annual report, DCF stated it was developing a training focused on talking to children about sexual orientation and gender identity in order to improve the quality of SOGI data.⁶⁹ However, DCF has not shared whether plans for that training remain in progress.

Massachusetts is fortunate to be the home of national experts in SOGI data collection. That expertise is underutilized within the child welfare system. Efforts to make DCF leadership aware of flaws in SOGI data collection over the past five years have yielded no changes, nor any clear timeline for a fix. Furthermore, membership in key entities such as DCF's Data Work Group has not included representation from advocates or professionals with expertise in LGBTQ child welfare issues. The result is a lack of transparency – not only about outcomes for LGBTQ youth in DCF care and custody, but also about decision-making processes regarding data.

Historically, Massachusetts has been a leader in SOGI data collection in the public health and education fields.⁷⁰ More recently, other state agencies including the Department of Youth Services have undertaken SOGI data initiatives. The state's annual count of unaccompanied youth experiencing homelessness has for several years reported not only the number of LGBTQ youth surveyed, but also insights specific to LGBTQ young people.⁷¹ Measured against these standards, DCF lags behind.

⁶⁷ See Sandford (2020); University of Maryland School of Social Work Institute for Innovation and Implementation et al. (2021); Baams L., Wilson B.D.M. & Russell S.T. (2019). *See also* Wilber, S. (2013). *Guidelines for Managing Information Related to the Sexual Orientation and Gender Identity and Expression of Children in Child Welfare Systems*. Family Builders, Legal Services for Children, National Center for Lesbian Rights & Center for the Study of Social Policy. <https://cssp.org/wp-content/uploads/2018/08/Guidelines-for-Managing-Information-Related-to-the-Sexual-Orientation-Gender-Identity-and-Expression-of-Children-in-Child-Welfare-Systems.pdf>.

⁶⁸ Childhood Trauma Task Force. (2020). *From Aspiration to Implementation: A Framework for Becoming a Trauma-Informed and Responsive Commonwealth*. <https://www.mass.gov/doc/cttf-2020-report-from-aspiration-to-implementation-a-framework-for-becoming-a-trauma-informed/download>.

⁶⁹ Department of Children and Families. (2020). *Annual Report FY 2020*. <https://www.mass.gov/doc/dcf-annual-reportfy2020/download>.

⁷⁰ In its Behavioral Risk Factor Surveillance System, Massachusetts has collected data on sexual orientation data since 2001 and gender identity since 2007. The state has collected data on sexual orientation for high school students since 1995 and on gender identity since 2013 through its Youth Risk Behavior Survey. *See* Baker, K. & Hughes, Margaret. (2016). *Sexual Orientation and Gender Identity Data Collection in the Behavioral Risk Factor Surveillance System*. Center for American Progress. <https://www.americanprogress.org/issues/lgbtq-rights/reports/2016/03/29/134182/sexual-orientation-and-gender-identity-data-collection-in-the-behavioral-risk-factor-surveillance-system/>; Kann, L. & O'Malley Olsen, E. (2016). *An Overview of Sexual Orientation in the YRBS: 20 Years and Counting*. APHA 2016 Annual Meeting & Expo. https://apha.confex.com/apha/144am/meetingapi.cgi/Session/48409?filename=144am_Session48409.html&template=Word.

⁷¹ Ross, L. *Massachusetts Youth Count 2019*. Massachusetts Commission on Unaccompanied Homeless Youth. <https://www.mass.gov/doc/2019-massachusetts-youth-count/download>.

The status quo not only makes invisible the experiences of LGBTQ youth, but also harms the quality of service provision and, therefore, young people themselves. Done properly, collecting SOGI data creates meaningful opportunities for young people to discuss their identities without having to initiate those conversations.⁷² By contrast, hesitancy to discuss sexual orientation and gender identity can send a negative message to young people. Progress for LGBTQ youth depends on increased accountability within the agency, measured in data. An agency that does not acknowledge and count the LGBTQ youth it serves cannot protect youth, keep them safe, or promote healing.

Recommendations

- DCF should immediately fix existing errors in the SOGI fields and should require staff to collect SOGI data.
- DCF should report SOGI data in detail, annually and in quarterly reporting. At minimum, this must include: information on the numbers of DCF-involved LGBTQ youth, including breakdowns of those numbers by age, race and ethnicity, and gender; placement type; and outcomes in safety, permanency, adoptions, and wellbeing. DCF should also plan a special report on LGBTQ youth as soon as practicable to provide a baseline against which to evaluate future efforts. Ideally, such a report would include a survey to assess young people's experiences and staff's ability to serve LGBTQ youth, their families, and LGBTQ foster and pre-adoptive parents, as other jurisdictions have done.⁷³
- The Legislature should pass an Act Relative to Accountability for Vulnerable Children and Families (H.B. 239 / S.B. 32) to improve the quality of data reporting.
- The Office of the Child Advocate should, through the Juvenile Justice Policy and Data Board / Childhood Trauma Task Force or other appropriate entities, ensure the publication of detailed information regarding LGBTQ youth dually involved in the child welfare and juvenile justice systems.
- DCF, partner agencies, and legislators should ensure that LGBTQ community members, advocates, and researchers have adequate representation in all decisions regarding data collection and reporting at DCF. In particular, formal and informal work groups should make use of subject matter experts, including the DCF LGBTQ Liaisons, the Commission, LGBTQ youth mental health advocates, and advocates of color.

Policy

Without clear policies, DCF lacks the proper foundation for ensuring equitable and quality services for LGBTQ youth and their families across the state. Especially important are developing a comprehensive nondiscrimination policy for LGBTQ youth, implementing the agency's gender-affirming care policy, and clarifying expectations for placement of transgender youth. Additionally, the agency must incorporate the needs of LGBTQ youth and adults, including foster and pre-adoptive parents, into all relevant policies.

⁷² Center for the Study of Social Policy. (2019). *Progress Towards Building an Affirming and Supportive Child Welfare System: getREAL in Allegheny County*. <https://www.alleghenycountyanalytics.us/wp-content/uploads/2019/05/getREAL-in-Allegheny-County-FINAL.pdf>.

⁷³ See Sandford (2020); University of Maryland School of Social Work Institute for Innovation and Implementation et al. (2021); Baams L., Wilson B.D.M. & Russell S.T. (2019).

Comprehensive Nondiscrimination Policy for LGBTQ Youth

DCF urgently needs a comprehensive policy to establish standards for providing nondiscriminatory, affirming services to LGBTQ youth, their families, and LGBTQ foster and pre-adoptive parents throughout the state. A draft policy, written by the DCF LGBTQ Liaisons, already exists. However, DCF has yet to finalize a standalone LGBTQ nondiscrimination policy, telling advocates that the agency instead intends to embed LGBTQ issues into all other policies.

This strategy raises multiple concerns. First, a piecemeal approach is unlikely to address all issues. Second, DCF has provided no timeline for updating individual policies, leaving LGBTQ youth without vital protections in the interim. Third, in pursuing this strategy thus far, DCF has not consulted with LGBTQ subject matter experts. Recently, the agency released a revised Family Resource Policy that actually excluded key language protective of LGBTQ youth: while state regulations require a foster or pre-adoptive parent applicant to be able to promote the wellbeing of a child, including supporting a child's sexual orientation or gender identity, DCF's policy omits the provision regarding sexual orientation and gender identity.⁷⁴ The Commission understands that the revisions were only a partial update and that more comprehensive changes are expected. However, without a plan outlining when and how these future changes will occur, or what they will include, the Commission is concerned that LGBTQ youth will once again fall through the cracks.

At least eleven other states have standalone policies for LGBTQ youth in child welfare systems.⁷⁵ Indeed, of the 19 states plus D.C. that earned the highest ranking on a 2020 scorecard measuring state legislating affecting LGBTQ people – in other words, of the states that comprise the Commonwealth's peer group in strides toward formal equality – a full half have adopted standalone child welfare policies.⁷⁶ Other Massachusetts agencies, including the Department of Youth Services,⁷⁷ the Department of Mental Health,⁷⁸ the Massachusetts Commission for the Deaf and Hard of Hearing,⁷⁹ the Office for Refugees and Immigrants,⁸⁰ and the Department of

⁷⁴ 110 C.M.R. 7; Department of Children and Families. (2021). *Family Resource Policy*. <https://www.mass.gov/doc/family-resource-policy-0/download>.

⁷⁵ Jurisdictions include California, Connecticut, the District of Columbia (gender identity only), Illinois, Maryland, New Jersey, New York, Rhode Island, Tennessee, Vermont, and Washington. See Lambda Legal. *State-by-State Analysis of Child Welfare Systems*. <https://www.lambdalegal.org/child-welfare-analysis>; Movement Advancement Project. (2021). *State Laws, Agency Policies, or Regulations Related to LGBTQ Youth in the Child Welfare System*. <https://www.lgbtmap.org/img/maps/citations-adoption-youth-in-child-welfare.pdf>; New Jersey Department of Children and Families. (2016). *LGBTQI Policy*. https://www.state.nj.us/DCF/policy_manuals/PPP-VI-B-1-500_issuance.shtml; Washington State Department of Children and Families. (2018). *6900: Supporting LGBTQ+ Identified Children and Youth*. <https://www.dcyf.wa.gov/6000-operations/6900-supporting-lgbtq-identified-children-and-youth>.

⁷⁶ Warbelow, S., Avant, C. & Kutney, C. *2020 State Equality Index*. Human Rights Campaign. <https://hrc-prod-requests.s3-us-west-2.amazonaws.com/HRC-SEI20-report-Update-022321-Final.pdf?mtime=20210322114741&focal=none>.

⁷⁷ Department of Youth Services. (2014). *Prohibition of Harassment and Discrimination Against Youth*. Policy No. 03.04.09. Accessible from <https://www.mass.gov/lists/dys-policies-regulations>.

⁷⁸ Department of Mental Health. (2021). *LGBTQ Non-Discrimination, Policy # 21-01*. <https://www.mass.gov/doc/dmh-policy-21-01/download>.

⁷⁹ Massachusetts Commission on Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning Youth. (2021). *Report and Recommendations for Fiscal Year 2022*. <https://www.mass.gov/doc/mclgbtqy-annual-recommendations-fy-2022/download>.

⁸⁰ *Id.*

Elementary and Secondary Education,⁸¹ have LGBTQ-specific policies or guidance. Without a comprehensive LGBTQ policy, DCF is out-of-step both with other Massachusetts agencies as well as other states with a strong track record in LGBTQ equality.

Recommendations

- DCF should finalize and issue a comprehensive nondiscrimination policy on support for LGBTQ youth and other LGBTQ stakeholders, and should provide comprehensive training on that policy. The existing draft, written by the LGBTQ Liaisons, provides a basis for the policy. The Commission and LGBTQ subject matter experts, including community stakeholders such as youth, parents, and advocates, should be active participants in creating and finalizing a new policy.
- DCF should share a plan with the Commission and other partners addressing when and how DCF will address LGBTQ youth, their families, and LGBTQ adult stakeholders as part of ongoing policy revision work. The process for revising each existing policy, as well as the creation of new policies, should allow for input by LGBTQ subject matter experts, including the DCF LGBTQ Liaisons and external partners. The Commission is available as a resource to help develop a plan outlining needed changes.

Gender Affirming Medication Consent Policy

The approval of a Gender Affirming Medication Consent policy in March 2021 represents a much needed step forward for transgender youth in DCF custody.⁸² However, the policy is only as effective as the number of people who receive the care they need. It is utterly ineffective if no one knows it exists.

The release of new policies at DCF is often paired with presentations by area directors at staff meetings or other forms of training. As of July 2021, the Commission is not aware of any such training for DCF staff on the Gender Affirming Medication Consent policy. Indeed, it is not apparent that the policy's release has even been announced to all staff. The policy is not listed online with other public-facing DCF policies, making access by youth, families, and medical providers uncertain at best.

Recommendations

- DCF should immediately and widely disseminate the new policy to all staff and relevant providers, and should ensure that it is easily accessible to youth, families, and the public.
- DCF should conduct training on the policy for existing staff and incorporate information about the policy into trainings for new workers. The agency should also incorporate information about the policy into MAPP trainings for prospective foster and pre-adoptive parents.

⁸¹ Massachusetts Board of Elementary and Secondary Education. (2015). *Principles for Ensuring Safe and Supportive Learning Environments for Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQ) Students*. <https://www.doe.mass.edu/sfs/lgbtq/Principles-SafeEnvironment.html>; Department of Elementary and Secondary Education. *Guidance for Massachusetts Public Schools Creating a Safe and Supportive School Environment*. <https://www.doe.mass.edu/sfs/lgbtq/GenderIdentity.html>.

⁸² Department of Children and Families. (2021). *Gender Affirming Medication Consent Policy, #2021-01*. <https://www.glad.org/wp-content/uploads/2021/05/Final-Gender-Affirming-Medication-Consent-Policy-3-2021.pdf>.

Placement Consistent with Gender Identity

No placement can be affirming if it is not consistent with a child’s gender identity and/or that child’s own sense of safety and belonging. Other state agencies with residential programs – including the Department of Youth Services and the Department of Mental Health – have policies addressing placements or housing for transgender and intersex individuals.⁸³ However, Massachusetts child welfare agencies have yet to follow suit.

The Commission has heard that young people are routinely assigned placements inconsistent with their gender identity. Developing clear policy and issuing clarification to providers is of the utmost importance.

Recommendations

- DCF should immediately issue policy or guidance for staff and providers regarding the placement of children in family-based and congregate care, with instructions to place children on the basis of gender identity and/or the child’s preference and sense of safety. Any policy or guidance should also address confidentiality for transgender and intersex youth to protect against unwanted disclosure, e.g. to parents of roommates.
- The Department of Early Education and Care (EEC) should issue clarification to licensees regarding placement consistent with gender identity to address confusion over existing regulations or policies.

Training & Resources

Many staff, providers, and families want to support LGBTQ youth but are unsure of how to do so. Education can help prepare adults to provide respectful and affirming services. Expanding DCF’s capacity to effectively work with LGBTQ youth and their families depends on expanding its capacity to provide LGBTQ training and resources.

LGBTQ: A Guide for Working with Youth and Families

In 2015, DCF released a guide for working with LGBTQ youth and families, written by the LGBTQ Liaisons with the support of a consultant and community partners.⁸⁴ The Guide contains valuable information such as basic LGBTQ terminology, working with LGBTQ youth, tips for discussing LGBTQ identities, and advice on supporting transgender and gender-nonconforming youth. It also contains a section for LGBTQ youth discussing their rights in care and LGBTQ resources available in Massachusetts. In the six years since the release, DCF has yet to provide sufficient staff training to support use of the Guide. Indeed, not all workers – let alone youth, families, and providers – are aware that the Guide exists.

Additionally, the Guide is in need of new updates, including information on supporting intersex youth, the Gender Affirming Medication Consent policy, family acceptance work, placements

⁸³ Department of Youth Services. (2014). *Prohibition of Harassment and Discrimination Against Youth*. Policy No. 03.04.09. <https://www.mass.gov/lists/dys-policies-regulations>; Department of Mental Health. (2021). *LGBTQ Non-Discrimination, Policy # 21-01*. <https://www.mass.gov/doc/dmh-policy-21-01/download>.

⁸⁴ Department of Children and Families. (2015). *LGBTQ: A Guide for Working with Youth and Families*. <https://www.mass.gov/doc/lgbtq-guide/download>.

for transgender young people, and the intersection of LGBTQ identities with race, ethnicity, religion, and disability. The DCF Liaisons have expressed interest in again working with a consultant to issue a revised Guide, but have not obtained permission or resources to move forward with this project.

Recommendations

- DCF should make needed updates to the Guide and reissue a revised version to all staff, providers, youth, and families. The Commission is willing to help by hiring an external consultant to work with DCF on reviewing and updating the Guide.
- DCF should create a plan to ensure that all staff, providers, youth, and families know that the Guide exists and where to access a copy. The Guide should be distributed during trainings for new staff and other trainings with LGBTQ-related content, during MAPP trainings, and to families receiving services.

Training for DCF Staff and Providers

Until recently, the only mandatory LGBTQ training was a 45 minute module integrated into a program for new DCF workers. This module is largely introductory and does not provide in-depth information on supporting transgender and nonbinary youth or encouraging affirming behavior among families. When COVID-19 required that trainings take place virtually, much or all of the LGBTQ content was cut from the curriculum. As a result, new workers have been starting without any LGBTQ training whatsoever.

Secretary Sudders has expressed that significant funds exist for training workers. DCF staff desperately need training on LGBTQ identities, agency expectations, and resources available for supporting LGBTQ youth. Other jurisdictions have made training a core part of efforts to improve services for LGBTQ youth. For example, New York City's child welfare agency requires one day of LGBTQAI+ training for staff and contractors; the agency also highly encourages a second training specific to trans and nonbinary youth and has been working toward merging the two trainings into a single mandatory two-day training.⁸⁵ Similarly, Allegheny County, Pennsylvania requires training on sexual orientation and gender identity and expression for all providers as part of a larger initiative to improve the experiences of LGBTQ youth in the child welfare system.⁸⁶

Multiple foster parents who contributed to this report described having to educate DCF employees on LGBTQ identities, health needs, and existing resources. In order to create better outcomes for LGBTQ youth across the state, each DCF staff member must be equipped with a baseline understanding of LGBTQ identities and must build the skills necessary to ensure youth safety, wellbeing, and permanency.

⁸⁵ New York City Administration for Children's Services. (2020). LGBTQAI+ Action Plan. <https://www.aecf.org/m/resourcedoc/nycacs-experienceswellbeingsexual-plan-2020.pdf>

⁸⁶ Center for the Study of Social Policy. (2019). *Progress Towards Building an Affirming and Supportive Child Welfare System: getREAL in Allegheny County*. <https://www.alleghenycountyanalytics.us/wp-content/uploads/2019/05/getREAL-in-Allegheny-County-FINAL.pdf>

Recommendations

- DCF should immediately restore the introductory LGBTQ module for new DCF workers and ensure that the training references the Guide and the new Gender Affirming Medication Consent policy.
- DCF should develop and implement an in-depth mandatory LGBTQ training, with particular attention to supporting transgender and nonbinary youth and LGBTQ youth of color. The training should be developed in partnership with the DCF LGBTQ Liaisons and community partners who have expertise in supporting LGBTQ youth and/or conducting LGBTQ-specific trainings. The Commission’s work to develop a two-part training with the Executive Office of Health and Human Services is available as a resource. Providers should be required to train staff using a similar curriculum.
- DCF should offer more specialized skill-building opportunities and other supports for staff and providers on LGBTQ topics. This should include more education around LGBTQ family acceptance work aimed at reducing the number of LGBTQ youth removed from their families of origin, improving reunification efforts, and stabilizing placements for youth in foster homes. Other important topics including changing youth name and gender markers and operationalizing the best practices discussed in the Guide.
- DCF should provide training and education opportunities to all staff related to new policies and initiatives, including the new Gender Affirming Medication Assistance policy and SOGI data collection.

Education for Foster and Adoptive Parents

As part of their licensing process, prospective foster and adoptive parents complete the Massachusetts Approach to Partnership in Parenting (MAPP) education program. MAPP is meant to prepare families to nurture children who have experienced trauma.

Over the past decade, DCF has revised and improved portions of the MAPP curriculum related to LGBTQ youth. In 2012, DCF’s LGBTQ Liaisons wrote a module around positive identity development for LGBTQ youth. Updates to the module occurred in 2016. Unfortunately, not all components of MAPP changed accordingly. For instance, the MAPP participant manual lists “gender confusion” (defined by the manual as wanting to be a different gender or uncertainty about gender identity) as a sign of sexual abuse.⁸⁷

Additionally, not all MAPP trainers discuss LGBTQ identities accurately – creating the potential to deepen, rather than correct, erroneous information. One contributor shared that when she called a MAPP trainer’s attention to problematic language in the participant manual, the trainer simply reiterated that being LGBTQ is sometimes a sign of sexual abuse.⁸⁸ The DCF LGBTQ Liaisons receive several calls each year from MAPP participants upset by the MAPP curriculum.

⁸⁷ Massachusetts Approach to Partnerships in Parenting Participant Manual, Resource 5.8. *See also* Resource 7.4 (suggesting that abuse or neglect by someone of the same gender as a youth can create difficulty in “developing appropriate gender identity”).

⁸⁸ Evidence does not support the claim that childhood sexual abuse is a causal factor of LGBTQ identities. *See, e.g.,* Gentlewarrior, S. (2009). *Culturally Competent Service Provision to Lesbian, Gay, Bisexual and Transgender Survivors of Sexual Violence*. National Online Resource Center on Violence Against Women. https://vawnet.org/sites/default/files/materials/files/2016-09/AR_LGBTSexualViolence.pdf.

Even absent any egregious comments, MAPP does not provide the information needed to support LGBTQ youth, especially transgender youth. It appears that the quality of MAPP trainings varies dramatically based on the trainer. Foster parent contributors noted that most of the transgender-specific education in their MAPP courses came from them personally teaching their co-participants.

As currently conceived, MAPP trainings are not only missed opportunities to better equip families to foster or adopt LGBTQ youth, but also actively entrench damaging stereotypes. The licensing process requires the state to ensure that foster parents can respect and support children's sexual orientations and gender identities.⁸⁹ Without a satisfactory MAPP training, DCF is failing one of its essential functions – leaving foster parents unequipped and creating harmful conditions for LGBTQ youth. Giving prospective families accurate and actionable information to support LGBTQ young people is vital to improving youth experiences.

Recommendations

- DCF must, in partnership with the agency's LGBTQ Liaisons and external partners, immediately remove harmful language from the MAPP participant manual and any other participant resources.
- DCF must ensure that every MAPP trainer is equipped to provide accurate and respectful information about LGBTQ identities, agency policy and expectations, and existing resources. Until this goal is achieved, guest trainers with experience or training in providing LGBTQ-related education should be used as needed to teach LGBTQ curricular modules.
- DCF must include information on family acceptance in any education for foster and pre-adoptive families, to encourage affirming behaviors and reduce rejecting ones. It is critical that such opportunities be designed to engage families with diverse religious beliefs and cultural backgrounds.⁹⁰

Structural Shifts

Real change for LGBTQ youth in foster care also requires larger reforms to DCF's structure and practices. Particularly important changes include the following.

Affirming Placements

Advocates and DCF workers have long requested a statewide system to identify and track homes that can support and affirm LGBTQ youth. In 1994, the original Governor's Commission on Gay and Lesbian Youth recommended that programs be developed specifically to place gay and lesbian youth with foster parents or guardians who had received training or otherwise

⁸⁹ 110 C.M.R. 7.

⁹⁰ See Family Acceptance Project. <https://familyproject.sfsu.edu/>; Center of Excellence LGBTQ+ Behavioral Health Equity, *Become an Affirm Site!*, <https://lgbtqequity.org/affirm/>; Austin, A. et al. (2021). Preliminary Effectiveness of an LGBTQ+ Affirming Parenting Intervention with Foster Parents. *Children and Youth Services Review*, 127. <https://doi.org/10.1016/j.childyouth.2021.106107>.

demonstrated sensitivity.⁹¹ In its current form as an independent agency, the Commission recommended in 2013 that DCF improve access to safe homes by identifying LGBTQ-friendly foster placements, hotline homes, and residential facilities.⁹²

No progress has been made on that goal. Indeed, DCF seemingly abandoned it altogether in 2019, when it disappeared from the department's Diversity Plan.⁹³ Currently, the only list available is an informal one maintained by the LGBTQ Liaisons. Without additional resources and support, this group is unable to identify and track all LGBTQ affirming homes across the state. It is also unable to adequately capture relevant details, such as family structure or ability to care for children with disabilities.

While DCF may hope that all of its homes are affirming, the agency has not taken steps to ensure that is the case. In the meantime, LGBTQ young people suffer the consequences. The Foster / Pre-Adoptive Family License Study Guide suggests asking questions during the licensing process related to a prospective parent's preference for a child of a particular sex, but includes no follow up questions regarding how the individual would respond to fostering or adopting a child who later comes out as transgender. Similarly, while the guide contains questions related to an applicant's ability to support a child from a different racial or cultural background, it offers no comparable prompts about whether a family can affirm LGBTQ identities. Given stories like that of prospective parents who learned about LGBTQ identities but were convinced that they wouldn't "get a child like that," screening mechanisms are essential.⁹⁴

DCF workers often scramble to place LGBTQ children in homes where they can be safe and supported. Meanwhile, there are would-be LGBTQ parents specifically interested in fostering or adopting LGBTQ youth. In some cases, these individuals are unable to do so: the Commission has heard stories of agencies declining to match them with young people for long periods of time or telling them "we don't have any [LGBTQ youth.]" Additionally, prospective LGBTQ foster and pre-adoptive parents have shared examples of invasive and offensive questions asked during the licensing process – for instance, a woman being asked if she really believed she was lesbian and a transgender individual being asked questions about the types of surgery they had had. These stories may discourage prospective parents by contributing to perceptions that DCF will discriminate against LGBTQ adults. By improving the licensing process for LGBTQ individuals and tracking their interest in providing a supportive home, DCF may be able to address its difficulty in finding affirming placements.

⁹¹ Governor's Commission on Gay and Lesbian Youth. (1994). *Prevention of Health Problems Among Gay and Lesbian Youth: Making Health and Human Services Accessible and Effective for Gay and Lesbian Youth*.

⁹² Massachusetts Commission on Lesbian, Gay, Bisexual, and Transgender Youth. (2013). *Annual Policy Recommendations FY2014*. <https://www.mass.gov/doc/fiscal-year-2014-annual-policy-recommendations-commission-on-lgbtq-youth/download>.

⁹³ Department of Children and Families. (2013). *Agency Diversity Plan for Federal Fiscal Years October 1, 2013 – September 30, 2015*; Department of Children and Families. (2019). *Agency Diversity & Inclusion Plan for Federal Fiscal Years October 1, 2019 – September 30, 2021*.

⁹⁴ Massachusetts Commission on Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning Youth. (2017). *FY2018 Annual Policy Recommendations*. <https://archives.lib.state.ma.us/bitstream/handle/2452/725068/ocn870869719-FY2018.pdf?sequence=1&isAllowed=y>.

Recommendations

- DCF should create and maintain a robust system to track affirming homes for LGBTQ youth, with support from the DCF Central Office, that can assist in locating placements, particularly for transgender youth, LGBTQ youth of color, and LGBTQ youth with disabilities.
- DCF should revise the licensing guide to better identify the abilities of prospective foster and pre-adoptive parents to support LGBTQ youth and to encourage respectful and nondiscriminatory conversations with LGBTQ prospective foster and pre-adoptive parents.
- DCF should include sexual orientation and gender identity in the foster parent agreement, mirroring existing language for race, ethnicity, religion, and linguistic and cultural background.⁹⁵

Staffing to Reduce Disparities

DCF's diversity officer position encompasses a broad array of work, including implementing the Department's diversity plan, training staff on sexual harassment, and serving as the agency's Language Access Coordinator and Americans with Disabilities Act Coordinator.⁹⁶ As the Massachusetts Appleseed Center for Law and Justice has noted in the context of language access, this means that one individual is performing at least three jobs simultaneously.⁹⁷ This structure is not conducive to reducing disparities based on sexual orientation and gender identity, nor those based on race, ethnicity, and disability status that LGBTQ youth in foster care also experience. For this reason, other jurisdictions have created roles dedicated to overseeing LGBTQ projects or broader equity initiatives.⁹⁸

The LGBTQ Liaisons are an asset to LGBTQ-related work within the Department. The group consists of individuals employed by DCF in a variety of capacities who join the Liaisons on a voluntary basis. Liaisons provide support to colleagues and families related to LGBTQ issues, including – but not limited to – leading or guest teaching trainings, handling consults, attending meetings and reviews for individual youth, and undertaking special initiatives. Liaisons must make time for this work and for statewide Liaison meetings on top of the duties in their job

⁹⁵ Department of Children and Families. *An Agreement Between the Massachusetts Department of Children and Families and Foster/Pre-Adoptive Parents*.

⁹⁶ Department of Children and Families. (2019). *Child and Families Services Plan 2020-2024*. <https://www.mass.gov/doc/child-and-family-services-plan-fy2020-fy-2024/download>; Massachusetts Appleseed Center for Law and Justice. (2021). *Families Torn Apart: Language-Based Discrimination at the Massachusetts Department of Children and Families*. <https://massappleseed.org/wp-content/uploads/2021/01/Families-Torn-Apart-Final.pdf>.

⁹⁷ Massachusetts Appleseed Center for Law and Justice. (2021). *Families Torn Apart: Language-Based Discrimination at the Massachusetts Department of Children and Families*. <https://massappleseed.org/wp-content/uploads/2021/01/Families-Torn-Apart-Final.pdf>.

⁹⁸ For example, Allegheny County Department of Human Services includes a Project Manager for its LGBTQ initiative as well as a Senior Leader of Equity and Inclusion. New York City's Administration for Children's Services has an Office of Equity Strategies that has included a dedicated LGBTQ Equity Strategies Director. Center for the Study of Social Policy. (2019). *See Progress Towards Building an Affirming and Supportive Child Welfare System: getREAL in Allegheny County*. <https://www.alleghenycountyanalytics.us/wp-content/uploads/2019/05/getREAL-in-Allegheny-County-FINAL.pdf>; New York City Administration for Children's Services. (2020). *LGBTQAI+ Action Plan*. <https://www.aecf.org/m/resourcedoc/nycacs-experienceswellbeingsexual-plan-2020.pdf>.

descriptions. As a result, some Liaisons have had to reduce the support they can provide around LGBTQ issues or feel pressure not to spend time attending statewide meetings.

Recommendations

- DCF should create a senior-level staff position devoted to equity initiatives, with an explicit focus on LGBTQ youth and their families as well as reducing disparities in race and ethnicity.
- DCF should permit the LGBTQ Liaisons to adjust their job descriptions or caseloads as needed to reflect their work as Liaisons.
- DCF should create a LGBTQ Specialist position within each region to take consult requests, attend foster care reviews, work directly with DCF attorneys and other staff, supplement training and education initiatives, and support families. A model for such work exists in the specialist positions for domestic violence and substance use.

Accountability through Independent Foster Care Reviews and Attorney Notifications

Even an agency with comprehensive policies and fully trained staff benefits from mechanisms to ensure accountability by independent third parties. DCF does not yet have either. The Office of the Child Advocate (OCA) is an independent agency that, among other responsibilities, works to ensure Massachusetts state agencies provide children with quality services and that children receiving services are protected from harm. OCA started engaging with the DCF LGBTQ Liaisons in FY2019.⁹⁹ However, OCA has little public-facing information around LGBTQ youth, which may discourage individuals from seeking help. Oversight from third parties is particularly important in light of a perception – raised by multiple contributors to this report – that youth and families have nowhere to take concerns about discrimination and bias based on sexual orientation or gender identity. While DCF has an Office of the Ombudsman, it is unclear whether that office represents an effective means to address these problems. Additionally, contributors raised fears of retaliation by DCF.

While ensuring accountability requires broader structural reforms outside the scope of this report, there are two proposals under consideration by the Massachusetts Legislature that present a meaningful step toward this goal: independent foster care reviews and attorney notification of changes to a child’s placement.

The federal government requires a review of a child’s permanency plan every six months. Typically, reviews consider the permanency plan and progress made toward achieving it, the safety and appropriateness of a current placement, and participation by DCF, parents, or providers in a family Action Plan.¹⁰⁰ Massachusetts – unlike many other states – conducts foster care reviews through an internal DCF department, rather than through an entity with independence from the agency.¹⁰¹ The state’s poor performance on permanency outcomes, and the national research suggesting that child welfare systems often fail to achieve permanency for LGBTQ youth, favor changes to this structure.

⁹⁹ Office of the Child Advocate. (2019). *Annual Report: Fiscal Year 2019*. https://www.mass.gov/doc/fy19-oca-annual-report/download?_ga=2.37534115.20309374.1624719384-1439538774.1619398244.

¹⁰⁰ Friends of Children. (2021). *Fact Sheet: An Act Establishing The Massachusetts Foster Care Review Office (S88, H211)*. https://friendsofchildreninc.org/wp-content/uploads/2021/06/FactSheet-FCRO_June2021v18.docx.pdf.

¹⁰¹ *Id.*

Properly trained, children’s attorneys in Massachusetts have the potential to be powerful advocates when a child in DCF custody experiences mistreatment related to their sexual orientation or gender identity. To quickly respond to changes in a child’s placement that impact the safety and wellbeing of LGBTQ foster youth, their lawyers must have timely notice of those changes – typically before they occur. Because children’s attorneys are independent from DCF, notice to them improves transparency and ensures that all LGBTQ foster youth have a third party positioned to participate in important decisions regarding their care.

Recommendations

- The Legislature should pass H.211 / S.88 to create an independent Foster Care Review Office, bringing Massachusetts in line with other jurisdictions and improving accountability, transparency, and oversight for the foster care review process.
- The Legislature should pass H.253 to ensure timely notification of children’s counsel of changes in placement, hospitalizations, and 51A reports, among other events.

Promoting Youth Rights, Youth Voices, and Positive Youth Development

Youth in foster care struggle to make their voices heard, as DCF staff, providers, judges, or foster parents make decisions about their care, living arrangements, and day-to-day activities. Against that backdrop, DCF has a foster child bill of rights, which includes a right to be treated with respect by DCF staff, foster parents, and providers regardless of sexual orientation or gender identity.¹⁰² However, the Commission has heard that youth – and many DCF staff – are unfamiliar with the foster child bill of rights. It is critical that youth clearly understand their rights in care and where to turn when those rights are violated. Additionally, youth involvement in shaping and publicizing those rights can create valuable leadership development opportunities and highlight issues that may otherwise be overlooked.

Recommendations

- The Legislature should strengthen protections for youth in DCF care and custody by enshrining a foster child bill of rights in statute with explicit protections for LGBTQ youth, including gender-affirming medical care.
- DCF should ensure that youth are provided with the existing foster child bill of rights on a regular basis in a variety of formats, as well as information on whom they can speak with if their rights are violated.
- DCF should include the voices of current or former LGBTQ foster youth in decisions around changes to agency policies and practices. One avenue for that could be holding LGBTQ-specific meetings through the agency’s Youth Advisory Board and ensuring that young people know how to engage with the Youth Advisory Board. Youth voices should also be recruited through sources such as CASA, provider homes, foster parents, and the statewide LGBTQ DCF Alliance.

¹⁰² The only online location of the Guide as of July 2021 appears to be in the LGBTQ Guide. See Department of Children and Families. (2015). *LGBTQ: A Guide for Working with Youth and Families*. <https://www.mass.gov/doc/lgbtq-guide/download>.

Capacity Building for Lasting Change

Many of the jurisdictions that have emerged as leaders for LGBTQ youth in child welfare have done so through concerted initiatives and strategic investment of resources. For example, the RISE Initiative in Los Angeles and New York City's LGBTQ child welfare initiative involved assessments of LGBTQ youth experiences in care, agency preparedness scans, action plans, and specific interventions.¹⁰³ Similarly, four jurisdictions are working with the National Quality Improvement Center (QIC) through a federal grant to develop and sustain best practices for serving LGBTQ youth.¹⁰⁴ Because other jurisdictions have been implementing LGBTQ child welfare initiatives for multiple years, they offer valuable information on how to best operationalize similar efforts.¹⁰⁵ Massachusetts state can learn a great deal from these models.

Recommendation

- DCF should create a comprehensive plan for evaluating the agency's current ability to meet the needs of LGBTQ youth and for creating improvements in each of the areas addressed in this report. In addition to the Commission and community partners, national models provide templates in doing this work. Working with an external partner or contractor to assess LGBTQ youth experiences through a survey or focus groups would be an important component. Grant funding from LGBTQ or child welfare funders or research initiatives may be available. The Commission would be eager to work with DCF senior staff to explore how to identify and leverage resources for evaluation or technical assistance.

¹⁰³ Cooper, K., Wilson, B.D.M. & Choi, S.K. (2017). *Los Angeles County LGBTQ Youth Preparedness Scan*. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/LACo-Youth-Prepare-Scan-Feb-2017.pdf>; New York City Administration for Children's Services. (2020). LGBTQAI+ Action Plan. <https://www.aecf.org/m/resourcedoc/nycacs-experienceswellbeingsexual-plan-2020.pdf>.

¹⁰⁴ University of Maryland School of Social Work Institute for Innovation and Implementation. *About the QIC*. <https://qiclgbtq2s.org/about-the-qic/>.

¹⁰⁵ See Washburn, M. et al. (2021). *Implementing System Wide Policy and Practice Improvements to Support LGBTQ+ Youth and Families with Child Welfare System Involvement*. Center for the Study of Social Policy & University of Houston Graduate College of Social Work. <https://cssp.org/wp-content/uploads/2021/05/Implementing-System-Wide-Policy-and-Practice-Improvements-to-Support-LGBTQ-Youth.pdf>.

Conclusion

No child's journey to adulthood should include violence, threats to their wellbeing, or disruption due to their sexual orientation or gender identity. For too long, that has been the story for too many DCF-involved youth – particularly for Black, Latinx, and Indigenous youth who contend with the additional harms of racism and systemic bias. This bleak reality is not inevitable. As this report has presented, Massachusetts has the opportunity to reverse course and emerge as a leader for LGBTQ youth in child welfare. Doing so requires decisive and sustained action by DCF leadership, other state agencies, and the Legislature. It will require the state to collect and analyze data, implement new policies, provide sufficient training and resources, and engage in systemic changes. LGBTQ youth cannot wait any longer. Neither should we.