

Family Builders' Youth Acceptance Project

Overview of the Youth Acceptance Project

Family Builders has developed the *Youth Acceptance Project* (YAP) as an intervention for working with the families of lesbian, gay, bisexual and transgender (LGBTQ+) and gender expansive children and youth in foster care. The intervention serves as a family preservation and family reunification tool, assisting families who are struggling with the sexual orientation and/or gender identity/expression of their child. YAP clinicians use a trauma-informed, psycho-educational model to address the misinformation, resistance, fear, and grief that families often struggle with. The intervention is based on research that documents the impact and harm that families may create when they are not accepting of their child. The YAP outcome is that families become accepting and affirming of their LGBTQ+ and gender expansive children. The intervention reduces the time that children spend in foster care, reunites children with their families, and in many cases, prevents separation in the first place.

LGBTQ+ and gender expansive children and youth are among the most vulnerable, overrepresented populations in foster care. Family rejection of a child's sexual orientation, gender identity and expression (SOGIE) is a significant contributing factor to the disproportionate number of lesbian, gay, bisexual, and/or questioning, queer, transgender, gender expansive and intersex youth in child welfare and juvenile justice systems.

The Youth Acceptance Project involves a clinician or social worker providing advocacy and therapeutic-style support to youth and their families around issues related to the youth's SOGIE. The goal is that family members and caregivers will learn, grow and be able to be the affirming and advocating caregivers that their LGBTQ children need them to be. Importantly, the model is responsive to each family's experiences within their own culture, religion and race.

About Family Builders

Family Builders by Adoption is a licensed nonprofit Foster Family and Adoption Agency that believes every child has the right to grow up in a loving and supportive permanent family. Family Builders educates the community about the needs of children in foster care, advocates on their behalf, and places children with families through adoption and other forms of permanence. We work with birth, foster, and adoptive parents of youth to ensure they have the knowledge and resources to help their children thrive and provide resources and support to all families impacted by the foster care system. We have programs and staff dedicated to helping populations overrepresented in foster care – with the goal that no child will leave the foster care system without a permanent, loving, and caring parent.

YAP Services Provided by Family Builders

Direct Service – Contracted Youth Acceptance Project Services

Family Builders currently provides Youth Acceptance Project direct services in several Bay Area counties. Counties contracting with Family Builders receive Youth Acceptance Project services provided by a qualified Family Builders social worker.

Youth Acceptance Training and Consultation Project

Family Builders also provides Training and Consultation services to counties and states seeking to develop these services in their community. This intensive program is designed to prepare clinicians/social workers to deliver culturally competent, ethical, effective support services to gender expansive and LGBTQ+ youth and their families.

There are key elements in the project that make this material, and the delivery, distinct. Our Youth Acceptance Project training is based on a model we have implemented successfully for many years. The services are specifically designed to improve a youth's overall well-being by delivering support services to caregivers, family members and institutional staff in the youth's life. Our clinical services emphasize:

- Approaching caregivers and important adults in a culturally humble manner, as people who need additional information and personalized support to be the affirming advocating caregivers that LGBTQ+ youth need them to be
- Recognizing that caregivers often experience complex emotions in response to a youth's gender or sexual orientation and gender expression journey
- Believing that with the proper support caregivers can and do change
- Providing accurate information to refute myths and misinformation about gender expansive and LGBTQ+ identities
- Supporting caregivers in identifying their core beliefs and feelings about LGBTQ+ identities and helping them work through related emotions
- Advocating for youth and their families in various settings and communities

Our 20-hour training is intensive, engaging and interactive. The goal is to have participating providers complete the training ready to implement direct services with youth and families. During the 20-hour training, we review a structured curriculum in which we:

- Clarify statistics that drive critical family engagement work
- Identify common caregiver emotional and behavioral responses to a child's gender and/or sexual orientation journey
- Practice addressing common challenging parents' beliefs and emotions
- Train participants to administer a multi-faceted family affirmation assessment that will help clarify treatment goals
- Train participants to develop YAP case plans
- Specifically address supporting youth in their family of origin, as well as, foster homes and in congregate care settings
- Review best practice guidelines for supporting gender expansive and LGBTQ+ youth in the child welfare system
- Engage actively in role-plays and case examples to apply learned skills

Our trainers are experienced clinicians, who have years of experience working with children and families and the LGBTQ+ community. We have received consistent feedback that this training is highly valuable given its practical application, level of participant engagement, and the distinctly thoughtful way family resistance and/or rejection is approached.

In addition to the 20 hours intensive training, the program includes follow-up consultations. As informative and applicable as the training is, we realize that the effectiveness of the training is enhanced significantly by follow up consultations with experienced Family Builders clinicians. Our ongoing consultation model includes two hour-long phone calls a month between our clinicians and agency team members. We have found these calls very helpful in supporting both the case-carrying clinicians and their agency supervisors. The consultation is designed to continue to clarify the intervention model for practitioners and assist the providers and supervisors in delivering the assessments and interventions with fidelity. Current participants report that these consultation calls are a wonderful complement to their current agency supervision, and they are especially helpful in clarifying questions about individual cases, and/or the intervention model itself.

In summary, Family Builders offers highly qualified clinicians who deliver an engaging intensive 20-hour training, which details our successful intervention model and prepares agencies to be able to deliver critical youth support, and family engagement services. We enhance the intensive training by providing ongoing monthly case and model consultation to ensure that we are preparing clinicians to help caregivers be the affirming and advocating adults that gender expansive and LGBTQ+ youth need them to be.

The Reason for the YAP

Research has shown that family acceptance is an enormous protective factor for the long-term wellbeing of LGBTQ+ and gender expansive children and youth. Accepting family behavior is positively correlated with a myriad of mental and physical health indicators including increased self-esteem, social support, and general health status, as well as decreased depression, substance abuse, and suicidal ideation and behaviors among LGBTQ+ youth. Conversely, LGBTQ+ youth with higher levels of family rejection are more likely to report attempted suicide, higher levels of depression, illegal drug use, and engagement in unprotected sexual intercourse than youth whose families show accepting behavior. LGBTQ+ youth whose families do not show accepting behavior are significantly more likely to enter foster care or the juvenile justice system than heterosexual youth and LGBTQ+ youth whose families show accepting behavior.

Historically, when a youth was experiencing family difficulties due to their sexual orientation, gender identity or expression (SOGIE), child welfare and other agencies concentrated their efforts on supporting LGBTQ+ youth in situations away from their families – either by finding new families or keeping them institutionalized in group homes and other similar settings. The Youth Acceptance Project has shown that with concrete information, specific SOGIE-related support, and guidance, parents can affirm and support their LGBTQ+ and gender expansive children. Thus, families remain intact, and families previously separated can be reunified.

Target Population

The Youth Acceptance Project's approach is designed to work both with families of children already in the child welfare system and families of children at risk of entering the child welfare system. YAP interventions are designed to increase acceptance of LGBTQ+ children among parents/caregivers, foster parents, adoptive parents, extended family members, social workers and/or congregate care staff involved in a child's care.

The YAP approach is appropriate for children ranging in age from three to twenty-one years old. Within that range, referrals for preschool and elementary school-aged children usually stem from concerns with gender expansive presentation and/or gender identity concerns. Referrals for adolescents or transition-aged youth tend to be related to gender expansiveness or sexual orientation.

Guiding Principles

The Youth Acceptance Project adheres to the following guiding principles some of which have been borrowed and adapted from our esteemed colleagues at Impact Justice and National Center for Lesbian Rights:

- 1) Variations of sexual orientation, gender identity and gender expression are part of the normal spectrum of human diversity.
- 2) The increased risks faced by LGBTQ+ children are not inherent to their identities, but stem from the stresses of prejudice, discrimination, rejection, and mistreatment.
- 3) Like all children, LGBTQ children thrive and succeed when their families, schools and communities support and nurture their evolving identities.
- 4) Efforts to change a young person's sexual orientation or gender identity are ineffective, unnecessary and harmful.
- 5) A young person's SOGIE cannot be understood separately from their race, ethnicity, class, ability or immigration status, which together confer a mix of disadvantage and privilege that impacts their experiences, opportunities and health status.
- 6) Regardless of their personal beliefs, the employees and contractors of public systems of care are legally and ethically required to treat LGBTQ young people equitably and respectfully.
- 7) **With support and education, families can and do change.**
- 8) Given the intersectionality of sexual orientation, gender identity/expression and race; SOGIE related practices must be delivered from an anti-racism foundation.

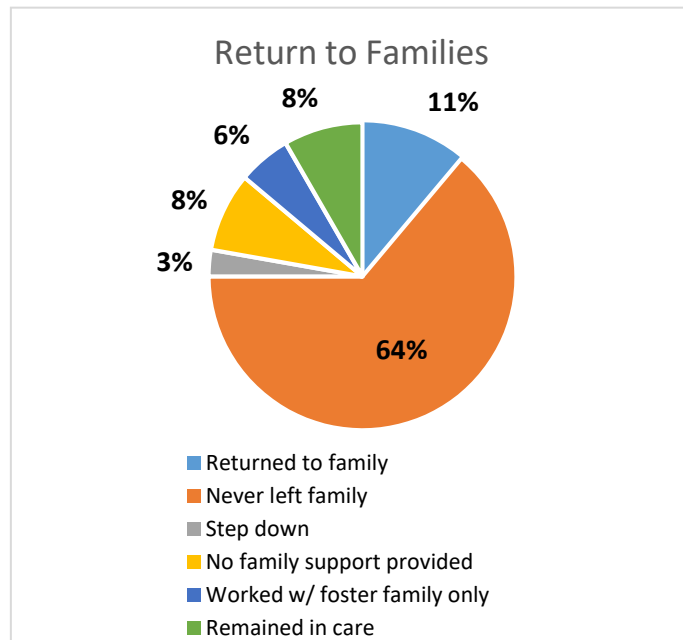
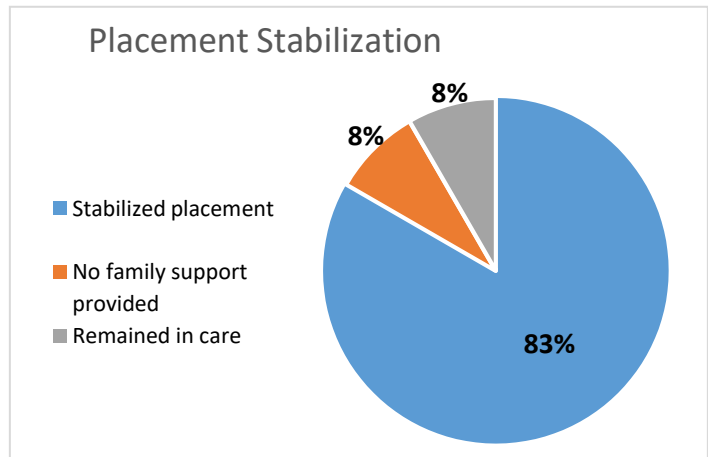
Family Builders Youth Acceptance Project

Family and Placement Stabilization

7/1/2018-2/28/2021

Family Builders' Youth Acceptance Project (YAP) has served **36 youth** in the past two+ years (last two fiscal years and this fiscal year to-date).

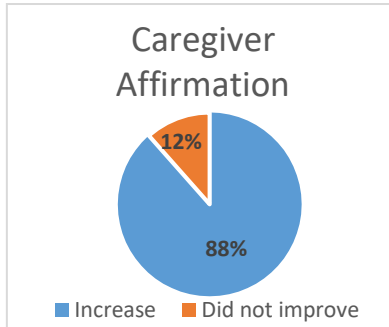
Placement within families stabilized for 30 youth. For three additional youth, the Youth Acceptance Project provided support to the youth only; in these instances, there was no opportunity to provide family support. In three additional cases, although support was provided to the family, the youth was not able to return home for a variety of reasons unrelated to their SOGIE.



Four youth returned to their families after being removed. 23 youth never left their families, were stabilized and the families became affirming of their children. One youth stepped down from congregate care into alternate permanent placement. And, in four instances, support was provided only to the youth as there was no opportunity to provide family support. In two additional cases, support was provided to the foster family and focused on placement stabilization. And as mentioned above, three youth were not able to return home even though support was provided to their families.

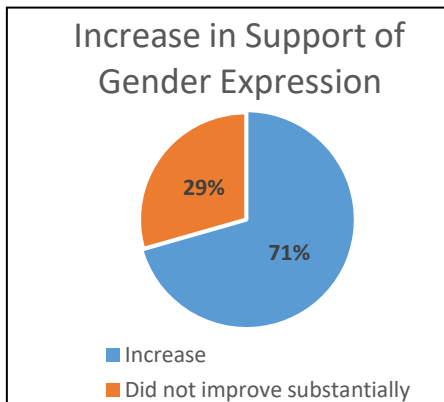
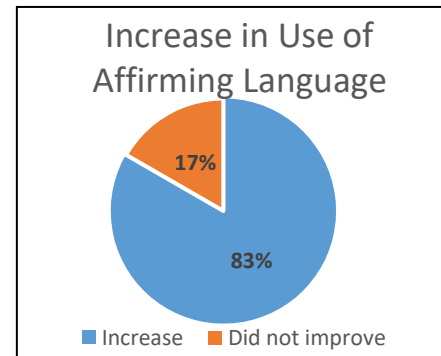
Case Results from the Caregiver Affirmation Abacus (2018-2021)

The data presented here is the result from Family Builders' *Caregiver Affirmation Abacus assessment*. This is a tool intended to measure the Youth Acceptance Project's impact on a caregiver's affirmation of their youth's identity over time. The goal is that increased affirmation of a youth's sexual orientation, gender identity and expression will have a positive impact on the youth's wellbeing and families remaining intact.



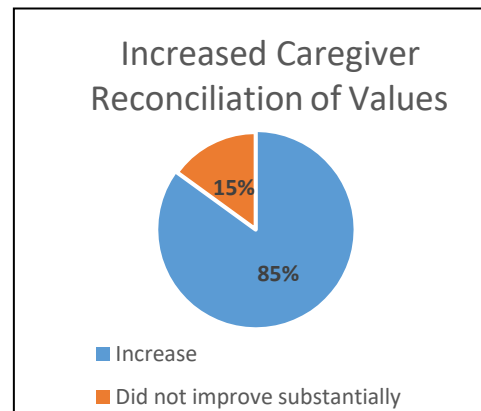
The Caregiver Affirmation Abacus devotes a section to caregivers' interaction with the youth. Research shows that caregiver affirmation of youth has a myriad of positive impacts on a youth's wellbeing. This data shows that during Youth Acceptance Project services, caregivers' affirmations in direct interactions with the youth increased in 23 out of 26 cases.

Upon referral, 18 caregivers were using language that was not affirming of their youth (wrong pronouns, use of dead name, misgendering). In 15 families, affirming language increased notably. In the other eight cases, non-affirming language did not present as an issue.



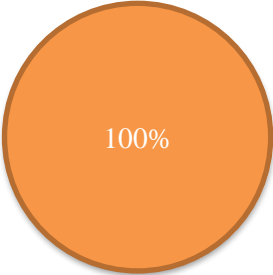
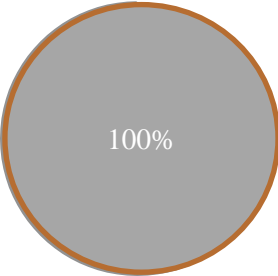
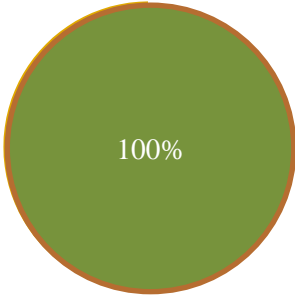
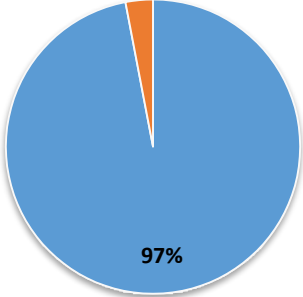
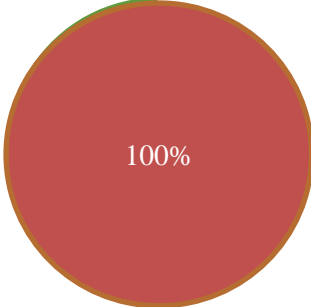
In many cases that are referred to the Youth Acceptance Project, the caregivers are not allowing their youth to express themselves fully in public (hairstyles, clothing, hygiene/ beauty products). Caregiver support of self-expression is very important to the wellbeing of gender expansive youth. Upon referral, 17 caregivers were not allowing youth to fully express themselves. In 12 of these families, caregivers' support of gender expression increased substantially over the course of services. In the other nine families, gender expression did not present as an issue.

The Youth Acceptance Project clinicians often work with the caregivers' reconciliation of their values (faith, science, family, community) in such a way that allows them to be affirming of their child. Upon referral, 20 caregivers had trouble reconciling their values with their child's identity. In 17 families, caregivers' reconciliation of their values with their child's identity increased in such a way that allowed them to be more affirming of their child. In six cases, caregivers' reconciliation of values did not present as an issue.



Data from the Child and Adolescent Needs and Services (CANS) Assessment (2013-2018)

The data below represents the results from the Child and Adolescent Needs and Services (CANS) assessment, directly measuring child wellbeing over time. This is based on data for 31 youth.

<h3 style="text-align: center;">Improvement in Overall Functioning</h3> <div style="display: flex; justify-content: space-around; align-items: center;">  <div style="text-align: left;"> <p>100% of youth served by YAP showed an increase in overall functioning, according to the CANS assessment.</p> </div> </div>	
<h3 style="text-align: center;">Reduction in Suicidal Gestures</h3> <div style="display: flex; justify-content: center; align-items: center;">  </div> <p>100% of youth who made suicidal gestures upon referral were no longer doing so at the end of YAP services.</p>	<h3 style="text-align: center;">Reduction in Self-Harm</h3> <div style="display: flex; justify-content: center; align-items: center;">  </div> <p>100% of youth who had been engaging in self-harm were no longer doing so at the end of YAP services.</p>
<h3 style="text-align: center;">Reduction in Risky Sexual Behavior</h3> <div style="display: flex; justify-content: center; align-items: center;">  </div> <p>97% of youth who had been engaging in risky sexual/dating behaviors showed a decrease in those behavior by the end of YAP services.</p>	<h3 style="text-align: center;">Youth who Continued School</h3> <div style="display: flex; justify-content: center; align-items: center;">  </div> <p>100% of youth served by YAP continued</p>



Stories from the Youth Acceptance Project

Marcus

Family Advocacy support services were initiated by Social Services after a youth (13 year old male) was removed from his home after being physically assaulted by his father for being gay. Youth Acceptance Project support services were initiated by the primary child welfare worker, in agreement with the youth's father.

At the onset of family support services father did not disclose what prompted his son's removal from the home, and instead spoke only of the immense love he felt for him, mixed with a rigid stance and lack of acceptance around homosexuality. Over numerous weeks and intense rapport building with the Youth Acceptance Project clinician, father began to openly share about his strong religious faith and the contradictions he felt on the subject of homosexuality. He also opened up about the intense pressure he felt being a employed part-time, a single father, raising a teenager on his own and his lack of local family support.

After learning how faith shaped and supported his everyday life, the YAP clinician utilized the tenants of his faith as an entry point towards fostering a more accepting attitude towards his son. The YAP service provider drew on self-reported strengths of his religious beliefs, such as love, acceptance and non-judgment and utilized these as topics for exploration of SOGIE. Father positively responded to the interventions and began seeing a larger picture where two things near and dear to his heart (his faith and his son) could be held. His son's sexual orientation did not have to threaten his commitment to his religious faith/community, and in fact his faith could help carry him through the inner conflicts he was experiencing. What was initially viewed as a barrier towards greater acceptance of his son (his faith), later became the pillar for which greater acceptance was made possible.

Once safety in the client/YAP provider relationship was established, a slow transformation began as well as the reunification with his son. Father eventually felt safe enough to discuss how his son was placed in out of home care. He also shared historical information from his own family of origin and the ongoing struggle he felt around truly accepting his son for who he truly was, and not for who he had hoped he would become. It was no small feat for father to allow himself to be vulnerable, nor culturally customary for him to reach out to a complete stranger and share his inner feelings.

With a solid and trusting relationship established, the work shifted; the focus became about emotional support, SOGIE education (sharing about risk factors,etc) and harm-reduction (reducing negative behaviors/engagement with son).

Over the following eight months, Father engaged in YAP support services twice monthly and he and his son began spending more quality time together. Father was more able/available to verbally express aspects of acceptance of his son's identity. Father was also able to acknowledge/tolerate the fact that his son was in a committed relationship with another boy. Despite still grappling with full acceptance, father was actively stretching his tolerance and was refraining from engaging in any harmful behaviors or negative language towards his son. His increased awareness of the real risk factors that his son faced without support, propelled him to make strides in his own personal development and positive treatment of his son.

The youth was eventually returned to the father's care and YAP services continued via phone for many months, until the family felt stabilized. Father expressed immense gratitude for the services and was aware that if future assistance was needed, he could reestablish the support.

Both Father and youth are on a continued journey toward SOGIE acceptance, and thankfully it is now a journey together rather than apart.

Manuel

Manuel ran away from home and was referred to the Youth Acceptance Project through the Emergency Response Unit. The YAP clinician started providing family support services to Manuel's mother, focusing on psychoeducation, emotional support, and mental health resources. The Family Advocate worked with Manuel's mother around his expansive gender identity and emerging sexual orientation. The YAP clinician also worked with Manuel's mother around her conflict between her love for her son and her religious beliefs. After four months, Manuel felt safe enough to go home, and eventually brought his boyfriend for dinner! There continued to be difficult hurdles, but his mother constantly reminds herself of what is most important: having her son home, feeling loved, and feeling safe.

Jordan

Jordan was 14 when they and their siblings passed through the Assessment Center and were referred to the Youth Acceptance Project due to them being openly transgender. The YAP clinician provided support services to both the youth and their siblings and mother. Jordan's mother vacillated over the years on acceptance of Jordan's transgender identity, although after education on the risk factors involved in lack of acceptance, she allowed Jordan to begin puberty blockers, and then eventually start hormone therapy. After HRT started, Jordan's mother regressed, and refused to call Jordan by their identified name, and dropped off from family sessions. After several months of continued support and effort from the YAP clinician, Jordan's mother calls them by their identified name and uses the appropriate pronouns. This really improved both Jordan's self-esteem, as well as their relationship with their mother. Jordan's mother even made some small efforts in advocacy for transgender equality!

Salima

Salima and her family became involved with child welfare because Salima's family struggled to accept their child as a transgender girl. There was significant conflict in the home. Salima, whose sex assigned at birth was male, wanted to receive gender affirming medical care, but her parents refused to consent to treatment. Her parents suggested bringing Salima back to their home country to consult with service providers there, and Salima expressed fear that if this happened, they would not let her return to the US. Salima began to act out to get removed from her parents' home or put in Juvenile Hall, where she believed she would be able to receive gender affirming medical care. The family was referred to YAP shortly after coming to the attention of child welfare. Initially, the father declined to participate in services, but the mother agreed. YAP worked with the mother for several months and she shared that work with the father on her own. After several months of work, there were significant improvements. The father consented to gender affirming medical care for Salima. The father gave Salima a purse for her birthday. And the father once helped Salima put on a wig. There were still occasional conflict in the home, but Salima's relationship with her parents improved and her needs were being met.

*All names have been changed for confidentiality.