

KNOW YOUR RIGHTS: LGBTQ+ VIRTUAL YOUTH SUMMIT

NOVEMBER 10, 2020

SUMMARY REPORT

PUBLISHED DECEMBER, 2022



ACKNOWLEDGEMENT

This summary report is based on notes from a virtual summit for LGBTQ+ youth in the Illinois Department of Family Services' (DCFS) care on November 10, 2020. The summit was hosted by Pride Action Tank and the Illinois LGBTQ+ Roundtable, a collaborative of organizations and individuals who work with and on behalf of children and youth in our state's child welfare system. Pride Action Tank's mission is to improve the health, safety and progress of individuals and groups within the LGBTQ+ community by inspiring, supporting and leading collaborative action that improves policy, service, access and community dynamics in the core areas of housing, health, safety, financial security, youth and aging."

We would like to thank the DCFS Purchase-of-Service Providers that partnered with us: Cunningham Children's Home, Hoyleton Youth & Family Services, Lawrence Hall Youth Services and Nexus-Indian Oaks Family Healing.

We would also like to thank the Pride Action Tank interns who worked on this report at various times: Abby Creek, Gabby Latham-Kapitz and Jessica Ogwumike, the report's principle writer.

Lastly, we thank the youth participants who trusted us with their stories, leaned into their vulnerability and showed us, once again, that they know what they need and have wisdom to contribute.

Report contact: Kim L. Hunt, Executive Director, Pride Action Tank, khunt@aidschicago.org

BACKGROUND

By law, each young person in foster care has the right to receive a copy of The Foster Children’s Bill of Rights and have it reviewed with them when they enter care – there is evidence that this is happening less than 55% of the time (1). Young people in care are unfamiliar with the Bill of Rights, because of its inconsistent and ineffective delivery. This process breakdown directly impacts their wellbeing in the Department of Children & Family Services (DCFS) system, and it is an especially pertinent issue for sexual and gender minority youth. According to young people’s insights, 1) efficacious delivery of the Bill of Rights, 2) assembly of a youth-led coalition to reform Bill of Rights procedures, and 3) creation of updated Bill of Rights materials – are three necessary steps toward improved outcomes and effective communication with youth.

Lesbian, gay, bisexual, transgender, and queer-identifying (LGBTQ+) youth are overrepresented in the child welfare system and face unique challenges that affect their mental health (2) as well as increase their risk of ending up in the criminal justice system (3, 4). LGBTQ+ youth experience higher rates of discrimination, instability in placements, decreased family support, and lack of access to affirming healthcare services (5). Additionally, LGBTQ+ youth in the child welfare system were found to experience more issues with education (4), and they were more likely than heterosexual youth in care to change schools one or more times within two years (6). LGBTQ+ youth in Illinois child welfare were also found more likely to often hate or always hate going to school (6). Despite the clear need for support, existing resources for LGBTQ+ youth in care are inconsistently provided and poorly communicated by caregivers.

The Foster Children’s Bill of Rights Act and DCFS’s LGBTQ+ policy in “Appendix K” provide broad protections for LGBTQ+ youth in DCFS care on paper; however, many youth in the system are unaware of these protections or how to file grievances if they feel it necessary, and there is woefully insufficient guidance to workers and caregivers about their role in protecting youths’ rights. A performance audit conducted on DCFS’s compliance with its obligations to protect LGBTQ+ youth found that over half of the files in the DCFS system had no documentation of the Bill of Rights ever being reviewed (1). Only 3.9% of the files had all the necessary documentation to show full compliance (1). As young peoples’ sentiments elucidate, delivery of the Bill of Rights - in the minimal instances in which it is provided – is generally ineffectual. By providing it to youth when they are in crisis, such as at the time of removal from their communities of origin, the current procedures for Bill of Rights delivery leave youth with no sense of what the protection of their rights would look like in real life.

DCFS lacks a formal process of identifying LGBTQ+ youth or factoring youth identities into care placement assignments. The audit describes the DCFS Child/Caregiver Matching Tool, which has not been updated since 1999, and is the only form required to be used in assessing placements (1). It is wholly inadequate for factoring LGBTQ+ identity into placement determination, having

no questions pertaining to sexual orientation, and only one regarding gender identity that conflates “gender identity issues” with “inappropriate sexual behavior, sexual abuse, and excessive and/or public masturbation”(1). The audit revealed that this already structurally heterosexist tool is in fact used only 7% of the time for all young people, meaning that 93% of the time it can be assumed that young people’s placement designations are rendered through uncertain means (1). The DCFS system lacks the atmosphere of safety and trust necessary for youth to share their sexual orientation and gender identity data. Having no procedures for safe integration of such data while respecting youths’ privacy rights, the current matching process undermines the stability of placements for LGBTQ+ foster youth. The absence of these mechanisms directly affronts the wishes of these youth for their futures.*

“I hope to someday be adopted by an LGBTQ family and become a paleontologist.”

Simply having theoretical legal protections in place is not enough to ensure LGBTQ+ youth in the foster system are receiving the quality of care they deserve. We must work with youth to identify and address key issues, creating actionable improvements to the standard of care for all youth in the system.

Intersectional Frame

While LGBTQ+ children and youth are overrepresented within the child welfare system, this overrepresentation spans across marginalized communities. Children of color, particularly Black youth in Illinois, children with disabilities, and children from poverty backgrounds are also significantly overrepresented. For example, Black youth make up about 43% of the children in the Illinois child welfare system, despite Black people only being 14% of the total Illinois population (7, 8). Research suggests that youth who identify with multiple marginalized groups experience compounded challenges with discrimination, mental health, and placement permanency (9, 10).

Youth do not simply carry a singular identity, but often hold identities from multiple overrepresented and marginalized communities. As such, it is instrumental that advocacy and service organizations work in collaboration to build resources and materials that are accessible to all children, youth, and families.

YOUTH SUMMIT PROCESS

The LGBTQ+ Virtual Youth Summit was organized by Pride Action Tank (PAT) and the Illinois LGBTQ+ Roundtable. Youth participants were sought through networks of DCFS Purchase-of-Service (POS) Providers, with an emphasis on partnering with POS providers in diverse geographical regions across the state of Illinois.

*Note: Illinois Public Act 102-0543 went into effect in 2021 and requires 10 state agencies, including Department of Children and Family Services (DCFS), the Illinois State Board of Education and the Department of Juvenile Justice to collect and report on several demographic data points, including sexual orientation and gender identity. Initial reports were due July 1, 2022. DCFS supplemented its initial report with a survey report of just over 14% of youth in care that focused on sexual orientation, gender identity an expression. This report was released October 31, 2022.

Ultimately, four POS providers agreed to partner on the youth summit:

- Lawrence Hall Youth Services, Chicago
- Nexus-Indian Oaks Family Healing, Kankakee County
- Cunningham Children’s Home, Champaign County
- Hoyleton Youth & Family Services, Salem County

These POS partners recruited youth participants and coordinated youth participation at their sites. POS partners were given stipends for their work, and youth were provided with stipends and dinner to show respect for the time that youth devoted to the summit. The summit was facilitated by the Executive Director of PAT, Kim Hunt, and two additional Roundtable members, David Fischer of Quo Vadimus, LLC and Ghirlandi Guidetti of ACLU Illinois. On-site POS staff helped youth through the summit.

Limitations

It should be noted that the youth participants in these summits were all at point-of-service providers willing and eager to engage on this subject matter. It can be assumed that the quality of care these youth receive and their ability to communicate their stories may not be indicative of the overall experiences of youth at other caregivers and congregate care settings. Youth with other point-of-service caregivers could have entirely different, and possibly worse, uncaptured experiences and concerns. Other point-of-service caregivers may have declined participation in these activities because they’re concealing adverse treatment that could jeopardize their contracts with DCFS. Even with representing the most affirming of the state’s institutional facilities, the youth attendees’ experience is still substandard. Additionally, the summit did not include youth in foster homes.

Agenda

The summit took place over Zoom on November 10, 2020, for four hours, with about 20 youth participants. Youth participated in small group discussions focused on two items: 1) an overview of existing knowledge and experience with the Bill of Rights and 2) ideas for improving the Bill of Rights.

The goals of the summit were to:

- Center the voices of LGBTQ+ youth in DCFS care to understand their experiences with DCFS and their rights, and
- Develop a plan in collaboration with youth to effectively communicate rights to youth in care throughout Illinois.

The summit began with icebreakers and activities to build community, after which the participants were given an overview of Appendix K and the rights of LGBTQ+ youth in Illinois DCFS. Youth were then provided with the DCFS Bill of Rights, and asked prompts regarding their experience with the Bill of Rights, including:

- Do you remember receiving the Bill of Rights?
- What (if anything) did you know about the Bill of Rights before today?
- Have you been in a situation where the rights of you or someone you know as an LGBTQ+ youth were not upheld?

The youth then had the opportunity to develop “I Know My Rights” materials, both for LGBTQ+ youth and all youth in care and develop an empathy map that envisioned a fictional youth in care moving through the system.

KEY FINDINGS

There were multiple key takeaways from this summit. A common theme was that LGBTQ+ youth are not being adequately protected with the existing policies, at least in part because the policies are not put into real practice. The following key findings showcase this phenomenon in more detail:

Need for a universal way to communicate the rights of LGBTQ+ youth

Existing knowledge of the Bill of Rights varied greatly within the group. Some participants did not know anything about the rights of LGBTQ+ youth prior to the summit, while others reported learning a little bit about them at their placements (1). Many participants were also unaware of the LGBTQ+ specialist in DCFS and were either unaware of how or afraid to file grievances when their rights were not respected.



Figure 1. Example of “Know My Rights” materials developed during the summit.

“I wish I had all of this information before. It made me feel good reading it because it felt like people cared about me a little bit.”

Need for a more memorable/substantial LGBTQ+ Bill of Rights

Many participants reported they did not remember receiving the Bill of Rights and of those who did remember, they often said they misplaced or forgot about it. For those who did remember receiving the Bill of Rights, they stated it was given to them with a stack of other papers, so it was minimized in importance, easily overlooked, and obviously was not discussed with the youth in a meaningful way. There was also a consensus around the need for an LGBTQ-specific section or separate document altogether.

“The Bill of Rights was just a piece of paper given to us with a bunch of other papers at the same time, so it didn’t seem like something that was important.”

Youth’s recollections of their initial intake into DCFS care illustrates the emotional context in which they currently may receive the Bill of Rights if it is ever presented to them. Most youth articulated their separation from their families and communities of origin as traumatic, regardless of the quality of the relationships from which DCFS removes them. In addition to that emotional stress, many youth described scenes and feelings indicating great psychological distress.

“I don’t know who I was before I got into DCFS, I don’t know what kind of kid I was. I caused a lot of trouble when they took me away from my mom, and maybe that’s why they wouldn’t let me go back? Because maybe I was always a bad kid? I can remember my mom wiping my cheeks. My mom is who I want to be with, and I was taken away from her.”

The emotional context gleaned from youth’s narratives, especially knowing how trauma fragments memory, further clarifies why delivery of the Bill of Rights at initial intake is largely ineffective (11). Amidst the flurry of other feelings and pain, it is understandable that most youth cannot remember the Bill of Rights if it’s delivered at intake, and they are not sufficiently exposed to it during their subsequent experiences in care.

Need for better education and training for staff working with LGBTQ+ youth

Many of the youth participants disclosed experiences they have had in which staff members did not respect their rights and at times, harassed them. Some youth reported feeling uncomfortable talking to their caregivers about issues and others felt afraid of negatively affecting their relationships if they did file grievances.

“I was afraid to file a grievance because I didn’t want my case manager to get upset with me or lose their job.”

Youth described treatment from staff in which rights were violated, but youth didn’t know of options to rectify their situations. Youth expressed feeling powerless in the face of adult staff’s positions of authority, with one trans youth in care even naming a willingness to physically defend herself. Without familiarity with the Bill of Rights and how to leverage existing legal protections, youth are left to their own devices and describe a sense of helplessness in the system.

“They disrespect you and act like they can fight kids. If they want to act like they can fight kids, then let’s go. You want to act like you’re gonna drop your keys, let me help you drop them.”

“Some staff will say things like ‘I don’t need to respect you because you’re a child.’ They don’t listen to you or treat you like a person...they don’t respect your pronouns.”

“It feels like it’s so easy to get hired here, but then it’s difficult to get them fired.”

“I’m worried my caseworker will be a barrier to my future, because I don’t think she accepts me for who I am.”

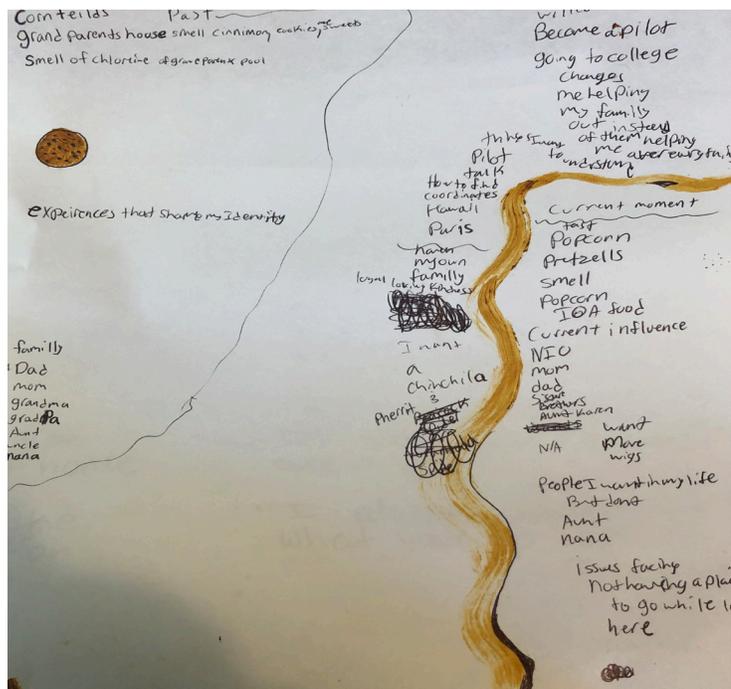


Figure 2.

Illustration from LGBTQ+ youth in care.

BILL OF RIGHTS

The second portion of small group discussions was focused on creative ways to improve the Bill of Rights by making it more accessible and memorable. Youth provided ideas for general sections of the Bill of Rights, how it should be delivered, and innovative ways to make the information more accessible.

General Sections

There was an emphasis on the need for an LGBTQ-specific Bill of Rights, either as a dedicated section or as a separate document entirely.

Participants discussed sections they would like to see in this, including:

- Access to transition related medical care (i.e., hormone therapy)
- Resources for LGBTQ+ youth such as support groups and LGBTQ+ drop-in centers
- Contact information for the LGBTQ+ specialist
- An emphasis on their right to privacy

Youth recurrently described access to gender expression-supportive resources as a component of their navigation of DCFS care that could determine their future success. An LGBTQ-specific Bill of Rights should be tailored to these stated priorities to best meet LGBTQ+ youth's unique health needs.

"I'm worried about not having resources like money to be successful with my transition."

"Some resources that might get me to my future include getting on testosterone, getting a chest binder, and getting out of here."

"These LGBTQ groups are very helpful, so you don't feel so alone."

Delivery of the Bill of Rights

Participants agreed that their caseworker or another trusted adult should be the one to review the Bill of Rights with them. They also discussed reviewing it both on the first day of their arrival and again once they have had time to settle in. Additionally, they suggested having a separate meeting specifically for reviewing the Bill of Rights; they did not specify the frequency of these meetings and further youth input should be secured to build out this practice.

"ACR [administrative case review] is not a good time to review it because we already get too much information at those meetings. It's too easy to lose it in all of the other papers."

Innovative methods of delivery

As discussed earlier, the current Bill of Rights is easily overlooked or forgotten about, so the participants brainstormed different solutions to this accessibility issue. The first suggestions were to use color and pictures to bring attention to it. Participants also agreed that each placement should have a designated place to display the Bill of Rights, such as a wall with folders for information. They also emphasized the need to make it accessible for people with disabilities.

Some creative ways to deliver the Bill of Rights to improve accessibility were the following:

- Phone cases
- Stickers
- Posters
- Billboards
- A YouTube video explaining it
- Newspaper
- Smartphone app
- A book that features a character navigating their rights

NEXT STEPS & RECOMMENDATIONS

The youth's insights from this summit should be used to supplement and further stress the importance of the DCFS performance audit's recommendations. The audit explicitly demonstrates that there are major gaps in DCFS caseworkers' training and minimal accountability for executing protections for youth. To navigate these gaps, we can turn to the lived experience of those most closely impacted by these breaches in support. They offer a road map we can follow to ameliorate the disparities LGBTQ+ youth in care experience.

1. **Efficacious delivery of the Bill of Rights.** The most immediate next step is to ensure that youth in care are receiving the Bill of Rights and having their rights explained to them in a developmentally appropriate way.

This action requires that DCFS ensure all department and private agency caseworkers review the Bill of Rights with all youth in care within the first 30 days of coming into care, every six months prior to the administrative case review, and annually as is required by statute and department procedures.

This action requires thorough monitoring of delivery to ensure the execution of these exact procedures and continuous quality surveillance consistently collecting youth feedback.

2. **Mobilize a youth-led coalition and act based on their input.** DCFS must convene a coalition of organizations to guide the development of materials that are accessible to all youth in care, including youth of color, youth with disabilities, LGBTQ+ youth, English language learning (ELL) youth, etc. DCFS must commit time and resources to implement the accessible, youth-driven solutions developed by the coalition. And most importantly, DCFS must honor and respect the work of these youth by acting on their input and explaining what DCFS did or changed in response to that input.

3. **Implement an updated Bill of Rights to meet youth needs.** DCFS must work with POS providers to develop their own Bill of Rights materials that reaches their specific youth population, mobilizing the creative suggestion of youth participants.

With these youth entrusted in state care, it is the state’s responsibility to support them in attaining their goals. Instead, child welfare involvement persists as an impediment to their success. As one youth shared of her vision for her life, she “want[s] to be a person who came here [to Indian Oaks] and changed [her] life around,” overcoming the barrier she inherently perceives her time in care to be. Another young person stated that “getting out of [DCFS care]” would be a key determinant in his ability to reach his desired future. When he said this, everyone else in the group nodded and verbalized affirmation. The facilitator of the conversation addressed this response and asked, “How many people wish they could get out of here?” Everyone in the group immediately raised their hands. This occurrence reiterates the performance audit’s finding that running away from placements was the most common significant incident examined in the 2017-2018 calendar years (1). These youth’s perception of child welfare history as innately detrimental to one’s prospects is supported by inordinate data, but it does not have to be the case. By implementing specific and tangible measures now, LGBTQ+ youth can experience care they don’t need to *escape* in order to succeed.

“DCFS shipped me off and there’s nothing else you can do; they dump you like trash. DCFS can give you money for college, but it isn’t enough. You need to show you care and think I have a future.”

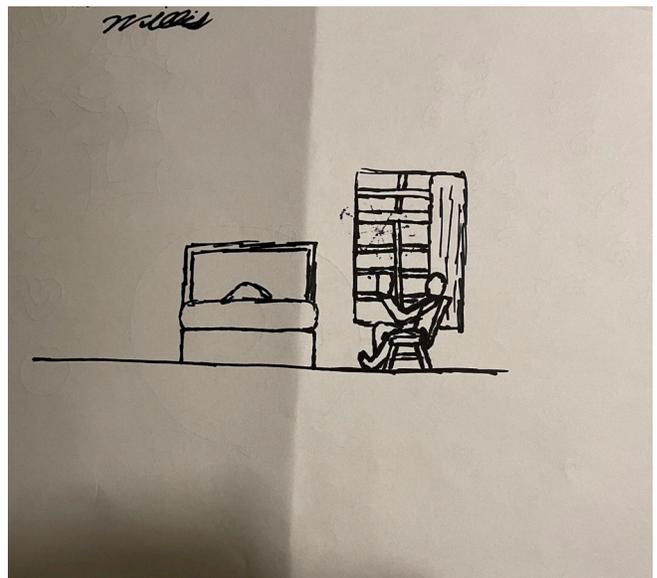
Figure 3.

Illustrations from LGBTQ+ youth in care.



Figure 4.

Illustration from LGBTQ+ youth in care.



The following vignettes amalgamate the reflections of real LGBTQ+ youth in care into a narrative demonstrating the potential impact of Bill of Rights revision and proper dissemination.

Scenario 1

Mara (age 15) is a Black trans girl who has been in DCFS care for the past eight years. In her time in care, she cannot recall the Bill of Rights. She is being harassed by a security officer in her group home, who hurls transphobic remarks at her and makes inappropriate statements about her body. She finally responds to him. She says she will be reporting him. He responds, “How are you going to do that? And who’s going to believe you over me?”

Mara is discouraged because she truly has no sense of how to protect herself from him. She feels that her caseworker would simply direct her to keep her head down, as she has been told before. Mara feels depressed and anxious and endorses having suicidal ideation. She is hospitalized for her symptoms. She wonders if psychiatric hospitalization will be her only hope for reprieve from her unsafe reality. In psychiatric hold, she is not treated much better than she is at her group home, but she doesn’t feel she has other options.

Scenario 2

Mara (age 15) is a Black trans girl who has been in DCFS care for the past eight years. In her time in care, she has been told her protections and been walked through the Bill of Rights several times. She may not know it verbatim, but she knows she can reference it again on several billboards around her group home. She is harassed by a security officer in her group home, who hurls transphobic remarks at her and makes inappropriate statements about her body. She tells him that she will be reporting him. He responds, “How are you going to do that? And who’s going to believe you over me?”

But Mara knows how to navigate this situation. Before reporting him, she refers to a book she was given at intake about a character who uses the Bill of Rights to resolve an unsafe situation. She knows her options, and she knows she does not need to put up with unfair treatment.



References

- ¹Mautino, F.J. (2021). Performance Audit of the Department of Children and Family Services LGBTQ Youth in Care. *State of Illinois Office of the Auditor General*.
- ²Wilson, B. D. M., & Kastanis, A. A. (2015). Sexual and gender minority disproportionality and disparities in child welfare: A population-based study. *Children and Youth Services Review, 58*, 11-17
- ³Irvine, A., & Canfield, A. (2016). The Overrepresentation of Lesbian, Gay, Bisexual, Questioning, Gender Nonconforming and Transgender Youth within the Foster to Juvenile Justice Crossover Population. *American University Journal of Gender, Social Policy & the Law, 24*(2), 243–261.
- ⁴Martin, M., Down, L., & Erney, R. (2016). Out of the Shadows: Supporting LGBTQ youth in child welfare through cross-system collaboration. Washington, DC: Center for the Study of Social Policy.
- ⁵Baams, L., Wilson, B. D., & Russell, S. T. (2019). LGBTQ youth in unstable housing and foster care. *Pediatrics, 143*(3). doi:10.1542/peds.2017-4211
- ⁶Cross, T.P., Tran, S., Hernandez, A., & Rhodes, E. (2019). The 2017 Illinois Child Well-Being Study Final Report. Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign
- ⁷Illinois Department of Children & Family Services. (2021). *Youth in Care by Demographic* (Rep.) Retrieved from <https://www2.illinois.gov/dcfs/aboutus/newsandreports/Documents/subdemogr.pdf>
- ⁸U.S. Census Bureau (2019). Illinois Quick Facts. Retrieved from <https://www.census.gov/quickfacts/fact/table/IL/PST045219>
- ⁹Grooms, J. (2020). No home and no acceptance: Exploring the intersectionality of sexual/gender identities (lgbtq) and race in the foster care system. *The Review of Black Political Economy, 47*(2), 177-193. doi:10.1177/0034644620911381
- ¹⁰Morton, M. H., Samuels, G. M., Dworsky, A., Patel, S. (2018). Missed opportunities: LGBTQ youth homelessness in America. Chapin Hall, University of Chicago.
- ¹¹van der Kolk, B. A. (2014). The body keeps the score: Brain, mind, and body in the healing of trauma. New York, NY: Viking. UK: Penguin Publishing.

