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2SLGBTQ+ Experiences with the Province of British Columbia's Ministry of Children and Family Development

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Abstract

To operationalize British Columbia's Ministry of Children and Family Development's (the Ministry) Corporate Commitment to respect and affirm the sexual orientation, gender identity, and gender expression (SOGIE) of the children and youth they serve, an understanding of the unique needs of 2SLGBTQ+ youth is required. **Background:** 2SLGBTQ+ youth connected to Ministry supports are under-supported and hugely over-represented. The impact of racism and colonization cannot be overstated with regards to compromising the well-being of Indigenous and other racialized youth and those who are members of the 2SLGBTQ+ community. The 2SLGBTQ+ population is inherently diverse, and studies have indicated that there are varying needs within those populations. Experiences with social service supports are impacted by discrimination from staff, foster families, fellow youth, and other programming in ways that are unique to 2SLGBTQ+ service users. Further, these service users, particularly racialized ones, have a far greater likelihood of experiencing adverse childhood events, making them even more vulnerable to poor health outcomes (e.g., mental health, substance disorders). **Methods:** Eight qualitative semi-structured interviews were conducted, transcribed, and then coded using thematic analysis. **Results:** Some youth had experienced a combination of positive and negative interactions with the Ministry and related supports, while some reported wholly negative and traumatizing experiences. All participants noted that respecting diverse gender identities, fluidity of gender, transgender and or non-binary identities was essential. Participants discussed the positive impact of the use of correct pronouns, the need for workers ready to work with youth with more complex needs, the usefulness of receiving support from not only an adult member of the 2SLGBTQ+ community and also a kind and present ally, and better training and removal of inappropriate staff and foster families for more supportive placements for 2SLGBTQ+ youth. Our participants also identified not feeling empowered in decision making regarding their own care and identified that participating in their own care would improve their knowledge of their rights. The overall finding was that participants felt in the dark about their rights, their care plans, and were excluded from making decisions about their own lives. These experiences informed the participants' current negative attitudes towards the Ministry which needs to be improved upon. Other themes include ableism and ageism among Ministry workers, the harm of the non-recognition of SOGIE, and non-SOGIE aspects such as the shortcomings of the child welfare system and staff attitudes. By not encouraging any conversation related to SOGIE, the Ministry is increasing internalizing oppression and the isolation felt by many 2SLGBTQ+ youth. **Discussion:** Immediate steps are needed to prevent further harm, including educating all staff regarding the Ministry's Corporate Commitment, educating all clients about the complaints process, informing social workers that they do not have the right to determine the pronouns or names of children and youth, nor the ability to determine if clients are ready to access gender affirming care. Furthermore, the Ministry needs to repair the relationship with the 2SLGBTQ+ community. Ministry is uniquely positioned to support 2SLGBTQ+ children and youth with some of the mental health challenges they face. If the agency fully embraces SOGIE affirming care, it may play a key role in reducing the high rates of negative mental health outcomes, substance use and suicidality in this population.

Keywords: 2SLGBTQ+, Children and Youth, Ministry of Children and Family Development (MCFD)



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Introduction

Recently, there have been multiple calls for the Province of British Columbia's Ministry of Children and Family Development (the Ministry) to improve support for 2SLGBTQ+ children and youth. The 2019 Final Report of the National Inquiry on Missing and Murdered Indigenous Women and Girls has outlined the need for a range of specialized services for this population (i.e., mental health support) and the Representative for Children and Youth (2019) has advocated for the Ministry to develop policy and practices to ensure that "every child... have their gender identity, gender expression, chosen name and pronouns respected and affirmed." In response to these calls, the Ministry has developed a Corporate Commitment (see Appendix A) to respect and affirm the sexual orientation, gender identity and gender expression (SOGIE) of the children and youth they serve. To operationalize this Corporate Commitment and improve services in all areas of the Ministry, an understanding of the unique needs of 2SLGBTQ+ youth is required. This research was initiated to discover the needs of 2SLGBTQ+ youth in British Columbia and to determine how Ministry services may be improved, as understood by the 2SLGBTQ+ people who have received services from the Ministry.

For this study, the research questions that informed the literature review, interviews, and data collection were: (1) What do people with lived experience (i.e., 2SLGBTQ+ individuals) require to feel supported by the Ministry of Children and Family Development? (2) In what ways can the Ministry promote supportive environments and services for 2SLGBTQ+ children and youth? (3) From the perspective of individuals with lived experience, how can the Ministry best operationalize its Corporate Commitment to improve services for 2SLGBTQ+ children, youth and families?

Terminology & Language

In this report, we will use the term "2SLGBTQ+" to refer to any person who is a sexual minority or gender diverse. This includes people who are Two-Spirit, lesbian, gay, bisexual, trans or transgender, queer, questioning, intersex or asexual. Similarly, at times we have used the acronym "GSM" to refer to children and youth who are gender and sexual minorities. When

When discussing sexual orientation, gender identity and expression, we will use the acronym SOGIE. For definitions of these terms please refer to Appendix B. When we refer to Ministry employees, including social workers, youth workers, and clinicians we will use the term "Ministry staff member" if we are not specifically stating the type of worker and making recommendations for all individuals employed directly by the Ministry. To recognize the unique relationship and obligations that foster parents hold in supporting youth, when we are referencing foster parents, we will specifically name "foster parent" in the report.

In order to protect the identities of our research participants, we have anonymized and changed identifying details. In recognition of the importance of pronouns as highlighted by the participants, we have not altered the pronouns of the participants. At the beginning of each interview, we asked the research participants, "What are your pronouns?" The pronouns that were identified by the participants will be referred to as the "correct pronouns" in the report. We will use the term "incorrect pronouns" to refer to pronouns that were not stated to be the participants' pronouns.

Political Climate & Legislation

In the months during which we have conducted this research, we have noted great shifts in the political climate regarding the ability of children and youth to determine their own gender identity and seek gender affirming healthcare. The Infants Act, BC provincial legislation that explains the legal position of children under 19 years of age, includes the ability for children and youth to consent to healthcare, including gender affirming healthcare, if a healthcare provider assesses them as having the necessary understanding to give consent, after which the child or youth is deemed to be a "mature minor." There is a troubling trend in other nations to implement legislation that prevents youth from accessing gender affirming healthcare. Recently, some cases in BC have gone to court where a non-consenting parent has tried to overrule the body autonomy of youth deemed capable to make decisions about their gender affirming care by their care providers. In

December of 2020, the United Kingdom's High Court ruled that children under the age of 16 are not likely to be able to give consent regarding gender affirming treatments. This ruling has stopped any youth in the United Kingdom under the age of 16 from accessing hormone blockers or hormone replacement therapy. As we conclude our report in April of 2021, in the United States, the state of Arkansas has enacted legislation preventing doctors from providing gender-affirming care to youth under 18 years of age and roughly 30 states are considering similar legislation. While the courts in BC have recently upheld the rights of transgender youth to access gender affirming healthcare, we recognize that we cannot take these rights for granted and that within this province there is a sizeable group of activists who are protesting this legislation and demanding more restrictions for youth seeking gender affirming care. We hope that our findings contribute to the growing field of research that highlight the importance of youth having access to gender affirming care and we emphasize the need for the individuals, agencies and government Ministries that provide services for children and youth to continue to advocate for youth to have agency regarding their healthcare related to their gender identity.

Literature Review

While there is a small but growing body of literature that explores the experiences of 2SLGBTQ+ children and youth placed with foster parents or in group homes, this literature review also includes reports and studies that represent the experiences of 2SLGBTQ+ youth who may be involved in any aspect of the Ministry's programs including Indigenous Child & Family Development, Child Welfare, Child Care Services, Services for Children and Youth with Special Needs, Adoption and Permanency, Youth Justice, Deaf and Hard of Hearing Services, Child and Youth Mental Health, and Youth and Family Services. When studies have not included all variations of sexual and gender minorities, we have indicated this through adjusting the term "2SLGBTQ+" to accurately capture the sexual and gender minorities included in the study. For example, a study only including lesbian, gay and bisexual youth will be referred to as "LGB" youth.

Inadequate Formal Support

2SLGBTQ+ youth are not receiving the care they require from established systems in our society. Instead of seeking professional support, many 2SLGBTQ+ youth prefer to turn to informal sources of support including chosen family members and friends, and this may be exacerbated among youth who experience intersecting oppressions or who come from communities and cultures who are less tolerant of 2SLGBTQ+ identities (Hailey et al., 2020). In a study of Black 2SLGBTQ+ youth, non-biological or "chosen" 2SLGBTQ+ families were identified as major sources of support for youth who faced racism from the 2SLGBTQ+ community and homophobia and transphobia from their biological or adoptive family and society at large (Hailey et al., 2020). While this study didn't specifically include the experiences of 2SLGBTQ+ youth receiving services from the Ministry, it does indicate the importance of facilitating community connections for 2SLGBTQ+ youth, particularly Indigenous, Black and youth of colour. 2SLGBTQ+ youth may not feel comfortable sharing their identities with professionals who could facilitate their access to gender affirming care. One study indicated that for transgender youth who have a family doctor, only 15% of youth felt comfortable discussing their healthcare needs related to being transgender (Veale et al., 2015). The study also indicated that transgender youth avoided seeking healthcare that was not related to their gender identity, including mental health concerns (Veale et al., 2015). The reasons why youth were not comfortable seeking medical care were not explored, although the study indicates that youth may benefit from receiving support to navigate the healthcare system and assist them with interactions with healthcare providers.

Appropriate formal supports may not be available where youth need them most. 2SLGBTQ+ youth in rural areas and on rural reserves are unlikely to be aware of and gain access to SOGIE resources in urban centres. When rural youth do connect with these services in urban centres, service providers may not be effective at building rapport to make rural youth feel welcome, because the experiences and needs of

rural youth are generally different when compared to urban youth (Saewyc et al., 2017).

Colonization & Racism

Examining the available literature regarding 2SLGBTQ+ youth, research that specifically focuses on Indigenous and Black 2SLGBTQ+ youth of colour is lacking. In one US study of former foster youth who identify as 2SLGBTQ+, Mountz and Capous-Desyllas (2019) noted that the majority of the youth they interviewed were Indigenous, Black or people of colour. Considering the over-representation of Indigenous youth in the care of the Ministry, it is essential to incorporate an intersectional lens in order to understand the needs of 2SLGBTQ+ youth that the Ministry serves. In one study of homeless and street-involved Indigenous 2SLGBTQ+ youth in BC more than two-thirds of participants indicated they had been in government care previously (Saewyc et al., 2017). More than 60% of the youth indicated a close family member was a residential school survivor and 61% of 2SLGBTQ+ indicated they were survivors of sexual abuse, while 68% were survivors of physical abuse (Saewyc et al., 2017). 35% of Indigenous 2SLGBTQ+ youth have been sexually exploited, a significantly higher rate than their Indigenous heterosexual and cisgender counterparts (Saewyc et al., 2017).

As documented in the final report of the National Inquiry into Missing and Murdered Indigenous Women and Girls (MMIWG), many Indigenous 2SLGBTQ+ youth leave their traditional territories due to unaccepting attitudes or violence in response to their sexuality or gender identity and the lack of 2SLGBTQ+ services in rural areas (2019). The final report of the 2019 NIMMIWG, in addition to other recent studies, documents the lack of support Indigenous 2SLGBTQ+ individuals face when arriving in urban areas and attempting to connect with the 2SLGBTQ+ community (Saewyc et al., 2017). Indigenous 2SLGBTQ+ youth have reported facing homophobia from services meant to support them, such as emergency shelters, and encountered colonial racism and a lack of cultural activities and Indigenous specific programming from 2SLGBTQ+ community organizations (Saewyc et al., 2017). Indigenous 2SLGBTQ+ youth who reported engaging in cultural

activities had lower rates of attempted suicide, self-harm and substance abuse and had higher self-reported mental health ratings (Saewyc et al., 2017). The final report of the NIMMIWG (2019) indicated that due to negative experiences with service providers, 2SLGBTQ+ individuals frequently do not seek the support they need when facing violence or health challenges, and when they do seek support, they feel forced to choose between identifying as Indigenous or 2SLGBTQ+.

Some studies and reports have indicated that for some Indigenous youth, romantic relationships offer an escape from violent family life or inadequate government care (NIMMIWG, 2019; Ristock, 2019). Unfortunately, Indigenous 2SLGBTQ+ youth experience higher rates of intimate partner violence and have little access to culturally appropriate 2SLGBTQ+ resources for intimate partner violence (NIMMIWG, 2019; Ristock, 2019). While the literature reviewed clarifies some of the challenges faced by Indigenous 2SLGBTQ+ youth, further research is required to understand the needs of Indigenous 2SLGBTQ+ youth when accessing services provided by the Ministry.

Diversity within the 2SLGBTQ+ Population

One challenge when considering the creation of specialized supports for the 2SLGBTQ+ population is the inherent diversity within the population. As addressed above, incorporating an intersectional analysis including colonization and racism when working with 2SLGBTQ+ youth is essential. Additionally, understanding the differences within the 2SLGBTQ+ population is important in understanding how to design and deliver services. While reports and studies have indicated that transgender and non-binary youth have poorer mental health, higher levels of substance use and experience more violence when compared to their cisgender 2SLGBTQ+ counterparts (Craig et al., 2020), there is considerable diversity within transgender and non-binary people's experiences (Newcomb et al., 2019). Studies that examine the diversity within 2SLGBTQ+ youth indicate that the populations who may need the highest level of support for mental health, trauma and substance use are transgender women and non-binary youth

who were assigned male at birth (Newcomb et al., 2019). While the research does not clearly indicate why these disparities exist within the transgender and non-binary youth population, it does document that transgender women and non-binary youth assigned male at birth experience more gender-based violence, are more likely to live in poverty and have a higher likelihood of participation in sex work when compared to other 2SLGBTQ+ youth (Newcomb et al., 2019). These stressors may contribute to worse health outcomes for these youth.

Pansexual and bisexual youth may be another population within the 2SLGBTQ+ population that require specialized supports as they have been documented to have higher rates of adverse childhood experiences (ACE) than lesbian or gay youth (Craig et al., 2020). Unfortunately, the articles reviewed do not examine why this disparity exists or indicate what supports may be appropriate for this population.

Violence and Trauma

Higher rates of ACEs are documented among the 2SLGBTQ+ population. One 2020 study of youth from the US and Canada noted that a considerable number of 2SLGBTQ+ participants reported multiple ACE including emotional abuse, emotional neglect and residing with a family member with mental illness (Craig et al., 2020). 2SLGBTQ+ participants rated higher levels of ACE in almost every category compared to their straight and cisgender counterparts, and pansexual, transgender and Indigenous youth had significantly higher levels of ACE (Craig et al., 2020).

Physical violence is an unfortunate reality for many 2SLGBTQ+ youth. One in three 2SLGBTQ+ youth reported that they had been physically threatened or harmed because of their 2SLGBTQ+ identity (Trevor Project, 2020; Veale et al., 2015). While school may provide supportive resources for some youth, more than half of transgender and non-binary youth experienced bullying in a school environment in the past year (Veale et al., 2015). These studies indicate that 2SLGBTQ+ youth are likely experiencing, or have experienced, some ACE's related to their sexuality or gender and require a specialized trauma-informed

approach when receiving support.

Mental Health & Substance Use

National surveys completed in the last two years in Canada and the US outline the challenges faced by 2SLGBTQ+ youth. In a Canadian survey of trans youth, two-thirds of youth reported self-harm in the past year and more than one in three had attempted suicide (Veale et al., 2015). In the US, according to the Trevor Project's National Survey on LGBTQ Youth Mental Health 2020, 40% of LGBTQ respondents seriously considered suicide in the past twelve months, 68% of youth reported symptoms of generalized anxiety disorder in the past two weeks and 55% reported symptoms of major depressive disorder. Transgender and nonbinary youth reported higher rates of suicidality, anxiety and depression (Trevor Project, 2020). These surveys also indicated the positive impact of gender-affirming behaviour; when transgender and nonbinary youth's gender was affirmed by those around them most of the time, mental health outcomes significantly improved (Trevor Project, 2020; Veale et al., 2015). These surveys did not meaningfully analyze racial data and further exploration of intersecting identities is needed to understand the mental health of 2SLGBTQ+ youth who are impacted by racism and colonization. Unfortunately, few studies exploring mental health or substance use of 2SLGBTQ+ youth involved with child and family services in Canada or the US could be located. Substance use disparities are consistently documented between 2SLGBTQ+ youth and their straight and cisgender counterparts, indicating that 2SLGBTQ+ are at high risk for alcohol use disorder, hazardous marijuana use, cigarette smoking and stimulant use (Newcomb et al., 2019). In a US-based study, Mountz and Capous-Desyllas (2019) explored foster youth's trajectories through care and identified that mental health and substance use disorders present in both family of origin and youth were significant factors in 2SLGBTQ+ youth entering care. While national surveys on 2SLGBTQ+ youth mental health and substance use clearly demonstrate the need for additional support in these areas, additional literature is required to understand the diversity of experience within the 2SLGBTQ+ population.

Homelessness

Through analyzing information about homeless 2SLGBTQ+ youth, the Ministry can identify the ways in which 2SLGBTQ+ youth may be falling through the cracks of the Ministry's current supports. Unfortunately, one of the pathways into homelessness for 2SLGBTQ+ youth is involvement with child welfare services and, related to this, escaping a violent and/or intolerant family of origin, foster parent or group home situation. According to one survey of homeless youth in Canada, 57.8% of youth indicated they had previously been involved with child protection services (Gaetz et al., 2016). 47.2% of youth had been placed in foster care or group homes (Gaetz et al., 2016). 2SLGBTQ+ youth had higher rates of Ministry involvement than their straight and cisgender counterparts, and Indigenous youth were more likely to have had involvement compared to other racialized communities and white people (Gaetz et al., 2016). This report may indicate that 2SLGBTQ+ youth are more likely to enter into homelessness than other youth due to experiences of homophobia or transphobia during Ministry housing placements.

Connection to Child Welfare Services

2SLGBTQ+ youth are over-represented in care (Decker, 2014; McCormick, 2018; Nourie & Harris, 2018; Powell et al., 2016). 2SLGBTQ+ youth are more likely to end up in care settings, such as group homes rather than foster homes, because 2SLGBTQ+ youth are often labelled as "unadoptable" (Wilson et al., 2016). 2SLGBTQ+ youth were more likely to access Ministry services for two main reasons: Most commonly, families that would not otherwise have been involved with the child welfare system stopped housing their 2SLGBTQ+ child due to homophobia/transphobia; secondly, up to 40% of homeless youth are 2SLGBTQ+ and reported leaving their family home due to family violence or rejection based on transphobia, biphobia, homophobia, and heteronormativity (Alvarez, 2019; McCormick, 2018; Ontario Ministry of Children, Community and Social Services, 2018; Powell et al., 2016). These studies revealed a major theme: Youth with diverse SOGIE were not welcome in their family home. Experiences of discrimination informs the unique needs of

2SLGBTQ+ youth in care.

McCormick (2018) clarifies another unique part of this minority group: While other minorities, such as racial minorities, may go home to a family who shares identity and provides solidarity, 2SLGBTQ+ youth often go home to families that don't understand their experiences and furthermore may be phobic of them. 2SLGBTQ+ youth are also more likely to be referred to Ministry services when they are bullied at school, where they are often more harshly punished than their hetero or cisgender counterparts (McCormick, 2018). One-third of 2SLGBTQ+ students who dropped out of school did so to avoid harassment from classmates (McCormick, 2018). In a 2018 study reported by McCormick, gay and transgender students were considerably more likely to receive harsh disciplinary action from the school administration than their counterparts, even though they were less likely to be the aggressors. Increased punishment leads to higher rates of struggling in or not completing school, escalating the likelihood of being connected to school support workers, therefore increasing Ministry services referrals.

Experiences with Child Welfare Services

2SLGBTQ+ youth shared unique experiences of discrimination from their foster homes, social workers, and fellow clients. The broad understanding of studies shows that 2SLGBTQ+ youth have generally experienced "heightened levels of mistreatment, isolation, and rejection" (Paul, 2018, p. 98). "Foster parents and child welfare professionals receive intensive training on numerous topics; however, few states mandate specific training on issues related to SOGIE" (McCormick, 2018, p. 23).

Traditional social service programs often do not affirm LGBTQ identity and may not be safe spaces for clients (Powell et al., 2016). Most findings concluded that there was "inadequate training" related to SOGIE (Alvarez, 2019, p. 232).

More traditional child welfare services such as substance abuse treatment, mental health services, and parenting classes may not be as effective as psychoeducational interventions addressing the role that family acceptance plays, as well as intensive family therapy to address tension, hostility, and

rejection in the family unit (McCormick, 2018, p. 19). One author noted that most New York state agencies did include some kind of sexual orientation training (Decker, 2014). Presumably, sexual orientation training lacks gender identity and expression training and could be a sign that the training lacks relevance for the many 2SLGBTQ+ youth who identify outside of the gender binary. For example, up to a 21% of youth in some interviews identified as transgender or non-binary (Bochicchio et al., 2020).

Acceptance within group homes or foster homes was a significant challenge for 2SLGBTQ+ youth (Bachicchio et al., 2020; Ontario Ministry of Children, Community and Social Services, 2018; Paul, 2018) and 2SLGBTQ+ youth had much higher rates of impermanence within foster or group homes. They also reported higher instances of bullying from co-clients in group homes and were often moved along by foster parents or requested to leave when foster parents enrolled them in conversion therapy (Paul, 2018). It should also be noted that 2SLGBTQ+ youth have much higher rates of suicidality if exposed to conversion therapy (Paul, 2018).

Existing Recommendations from Youth

June Paul's (2018) research captured some youth recommendations as part of an extensive study exploring 2SLGBTQ+ youth transitioning from care to independent adulthood. Paul's interviews came up with several key recommendations including conducting evaluations of child welfare professionals and foster parents regarding their SOGIE competency, providing SOGIE training for child welfare professions, facilitating youth's connection with GSM peers and networks, and providing access to SOGIE affirming supports for youth (2018).

Promising Practices in Ontario

The Province of Ontario's manual, *Serving LGBT2SQ Children and Youth in the Child Welfare System: A Resource Guide* (2018) offers a set of promising practices. This manual outlines several steps child welfare ministries, staff members and foster parents can take toward accomplishing the goal of supporting and affirming 2SLGBTQ+ children and youth connected to services (Ontario Ministry of Children, Community and Social Services, 2018). The report highlights

affirming practices including: fostering 2SLGBTQ+ allies in child welfare services; demonstrating respect in conversations with LGBT2SQ children and youth; supporting families who are struggling with their child's identity; developing intake, assessment and service planning processes for LGBT2SQ children and youth; using inclusive language and tools; creating affirming placements, programs and activities for 2SLGBTQ+ youth and supporting 2SLGBTQ+ children in youth in care and transitioning into adulthood (Ontario Ministry of Children, Community and Social Services, 2018). The report also highlights steps organizations and ministries can take to create an affirming structure, including creating affirming environments, creating affirming policies and building a culture of open communication and learning regarding SOGIE competency (Ontario Ministry of Children, Community and Social Services, 2018).

Research Methods

Theoretical Framework

Intersectional feminist theory and queer theory were used in this study to analyze the experiences of 2SLGBTQ+ youth who received supports from the Ministry. Kimberlé Crenshaw (1991) developed intersectional feminist theory to understand the layering of gender and racial oppression experienced by Black women. This theory was essential in understanding the impact of the multiple identities that 2SLGBTQ+ youth navigate when receiving services from the Ministry. In addition to intersectional feminist theory, the researchers drew on queer theory to inform the fluid and non-binary conceptualizations of gender and sexuality that were used throughout the research (Tilsen, 2015). Using both queer and intersectional feminist theory, the fluid and nuanced identities of 2SLGBTQ+ youth facing systemic power structures are understood and their needs and rights are highlighted.

Sampling

In this study, the student researchers conducted eight qualitative interviews with research participants. Research participants were selected based on purposive sampling and preselected criteria relevant to the research study. The first eight potential research participants who responded to the

recruitment poster and who met the inclusion criteria for the study were invited to be interviewed. Of the initial eight potential research participants, we completed six interviews. Two potential research participants did not respond after additional study information was shared with them. The researchers then invited the next potential research participants to participate in the study, in the order that the research participants had initially emailed inquiring about the study. In total, there were 12 potential research participants who responded to the study, with two who did not respond after receiving an invitation to be interviewed, and two who we were unable to invite to complete an interview because we had reached the maximum number of interviews in our study. The sampling process concluded when the maximum number of participant interviews had been completed.

Recruitment

Potential research participants were reached through a recruitment poster distributed within the Ministry by Lara Blazey, the Ministry research sponsor for this study. Lara Blazey distributed the poster to the Youth Advisory Committee, Youth Outreach and Empowerment Team and the Ministry Youth Advisor to share with Ministry staff members and the programs they were affiliated with including child welfare, child and youth mental health, childcare programs, special needs support and youth justice. Student researchers distributed the recruitment poster within 2SLGBTQ+ youth and adult serving programs, clinics and non-profit organizations in BC. The student researchers included their UBC email addresses on the poster in order for prospective research participants to inquire about participating in the study. Student researchers then verified if the prospective research participants met the inclusion criteria. An honorarium of \$20 was provided to research participants upon completion of the interview.

Inclusion & Exclusion Criteria

In order to be included in the study, we required the prospective research participants to be 19 years of age or older. Additionally, research participants needed to identify as 2SLGBTQ+ currently or

formerly. This included individuals who were currently or who were previously questioning their gender or sexual identity. Research participants also needed to indicate that they had received services when they were under the age of 19 from any Ministry agency including Child and Youth Mental Health, Child Protection Services, Child Care, Youth Justice, etc. Any individuals who did not meet all of the inclusion criteria were excluded.

Data Collection Methods

Data was collected from research participants through semi-structured interviews conducted remotely using the software Zoom. The interview audio for the interviews was recorded using the software program QuickTime. The interviews were then transcribed by the student researchers.

Method of Analysis

Student researchers used thematic analysis to inductively code the interview transcriptions. Initially, the student researchers descriptively coded four of the eight interviews and compared the codes and developed a list of approximately 50 common codes that were identified within the interviews. Using the list of common codes, the student researchers completed the remaining interviews, adding additional codes as required when new content was encountered in the interviews until reaching data saturation. The student researchers then identified commonalities from the identified codes and recoded the interviews using code categories, codes and subcodes. The main codes that were identified were Ministry experience (positive), Ministry experience (negative), participants' needs, participants experience and suggestions from participants. After re-coding the interviews, the student researchers met and identified major themes in the codes which are outlined in the findings for this study.

Participant Demographics

In total, the student researchers completed eight interviews with research participants. The ages of the participants ranged from 19 to 48 and six of the participants were 29 or younger. Two of the participants were 19. Five of the participants identified as white or Caucasian, seven had primarily received Ministry services in urban communities in BC

and six identified as transgender and/or non-binary. None of the research participants identified as Indigenous. The research participants had received a wide range of Ministry services including services from Child & Youth Mental Health, Foster Placements, Children & Youth with Support Needs, Youth Justice Service & Youth and Family Services, in addition to Ministry contracted services including services from the Canadian Mental Health Association.

Findings

The researchers identified several key themes throughout the interviews including the need for SOGIE affirming care, the need for Ministry staff members and foster parents to be “ready for anything” with a non-judgemental attitude and the need for youth to be active participants or “co-pilots” in decisions regarding their access to gender-affirming healthcare and other Ministry services. Additionally, we identified themes in the interviews that indicate that SOGIE related stressors were not the most difficult part of receiving services from the Ministry and explore the current attitudes towards Ministry services amongst our participants. Finally, we outline the 2SLGBTQ+ youth’s rights and the Ministry worker responsibilities which were identified as important by the participants. The most important theme we identified when analyzing the interviews was the need for SOGIE affirming care.

2SLGBTQ+ Youth Need Gender & Sexual Orientation Affirming Care

In the interviews we conducted, our research participants had a range of positive and negative experiences regarding being affirmed with their gender and sexuality. In some instances, it appears that Ministry support people may have been attempting to support the youth but did not have the knowledge or skills to affirm their sexuality or gender. Some participants had exceedingly negative experiences with social workers, clinicians and foster parents where the adults actively engaged in discrimination against the youth. Discrimination occurred through resisting or stopping the youth’s efforts to medically or socially transition regarding their gender, promoting transphobia or homophobia and/or doubting the youth’s ability to know and

understand their own gender identity or sexual orientation. We wanted to include some of these stories in order to highlight the severity of the negative impact that the Ministry has had on some 2SLGBTQ+ youth that received services and to highlight the need for a comprehensive review of current practices within the department and the need for the Ministry to begin to build a more positive relationship with the 2SLGBTQ+ community.

The Importance of Pronoun Competency. By far the most common experiences faced by transgender, non-binary and gender creative youth was the inability of Ministry staff and foster parents to use their correct pronouns. Our participants encountered more success with Ministry staff and foster parents using their correct name that aligned with their gender identity and expression and not the name they were assigned at birth, often referred to as a “deadname” by those in the 2SLGBTQ+ community. A participant noted,:

When I first got into her care and I started living with her I was still going by my deadname, so she was actually pretty good with trying to use my new name... She wasn't the best with gendering me correctly in terms of her use of pronouns. I was kind of like, "I use he/him pronouns" and she would constantly misgender me whether that was at home or in public... and in public especially.

In some instances, foster parents continued to use the wrong pronouns for youth for long periods of time which increased youth’s experience of gender dysphoria. When the wrong pronouns were used by the foster parent in public settings, people who were unknown to the youth such as grocery store cashiers were informed indirectly that the youth was transgender or gender non-conforming, which presented a safety risk for the youth. For example, if a transgender youth who was assigned male at birth identifies with being a girl and the youth’s gender expression is interpreted as consistent with cisgender girls, bystanders would expect the foster parent to use the pronouns she and her. If a foster parent uses the pronouns he and him for the youth, some bystanders may then understand that the youth is 2SLGBTQ+ and therefore the youth could become a target of phobic violence or discrimination. While some participants

attempted to engage in educational conversations with Ministry staff members or foster parents to encourage them to use their correct pronouns, they became disheartened when the foster parent or Ministry staff member would continue to use the wrong pronoun for them.

In all instances described to us by our research participants, incorrect pronoun use caused youth receiving services to experience more distress and confusion regarding their SOGIE. A participant shared that after years of people in their life using the wrong pronouns, they have become less sure of their gender identity and decided to change their pronouns back to the ones that Ministry staff members defaulted to:

At one time I was transgender. I used he/him pronouns. But that was very difficult for me. It added more stress for me. Having to identify all the time. And people said the wrong ones and I didn't know what to do. So I just stopped doing that. Now I'm just really confused (Participant).

Fluidity of Gender Identity & Expression. One participant noted, "they need to know that things are fluid, gender and feelings about gender are not fixed." In particular, non-binary youth struggled in their exploration of gender while receiving services as they felt their non-binary identities were too complex for their care providers to understand. Another participant said,

I think part of why it took me a while to realize [I identify as non-binary] is because of an overall lack of understanding of nonbinary genders within the ministry and my experience of being in care. I found it to be just a lot easier kind of like playing with the basic binary understanding of gender and not having to constantly explain what non-binary is and like, yeah, pronouns can be they them and singular and that whole kind of thing. Trying to save myself that emotional labour to have to like explain my identity, you know (Participant).

Some participants identified that they had needed to come out multiple times regarding their gender and sexuality and to experiment with SOGIE and found little understanding or support from Ministry staff and foster parents. Instead, their fluidity and self-discovery were seen as an indication that they weren't mature enough to understand their identities.

Incidences of Transphobia, Homophobia and other Experiences of Discrimination. Many of our research participants encountered discrimination from the workers and foster parents that were supposed to be supporting them. We wanted to outline some of these experiences to convey the extent of the detrimental practices that have occurred and are likely ongoing within Ministry services. In one of the most blatant stories of transphobia faced by a research participant, one former youth who received services explains how their Ministry social worker stopped their foster family from using their new name and pronouns:

So, I went to one, I think it was a respite home for a couple of weeks. And I asked my foster parents to start calling me by a different name, because I didn't like the one that I had anymore. And I can't remember what their response was, I don't think it was particularly negative at the time, but they did say that they had to check with my social worker. And as soon as they did that, my social worker came by and sat down and said that I wasn't allowed to change my name, and that he was not going to respect my pronouns. And he would be calling me by the wrong pronouns, and again, by my dead name... and he said that all of my foster parents would, would be doing the same, that they would not be allowed to use my proper pronouns and my proper name (Participant).

Another youth noted how the reaction from their foster parent had indicated she was not accepting of 2SLGBTQ+ people who were open about their identity, and instead, she sent clear messages that her tolerance of these identities was conditional:

Like when I told her just like "yeah, I am not straight," her expression was like she had just seen a ghost, yeah... It was interesting 'cause like this one previous foster kid that she had turned out to be gay and like he is essentially the only gay person that she likes or like would approve of and even then, it was like, I don't care what he does as long as he like doesn't talk about it in my home kind of thing, period (Participant).

Participants shared that in addition to facing discrimination based on SOGIE, they also encountered discrimination from intersecting mental health challenges, neuro-divergence, trauma, and ableism

which inhibited Ministry staff from acknowledging youth's diverse SOGIE and undermined the youth's ability to self-determine their gender and sexuality. Neuro-atypical youth and youth with mental health conditions were told they were not able to know that they were 2SLGBTQ+:

For those of us who are disabled or vulnerable to ableism and any type of discrimination... sadly, I was one of them who received a lot of backlash, especially when I came out... I dealt with ableism, ageism, transphobia and homophobia. I was considered too young to make these decisions (Participant).

Another participant who had come out as gay to their Ministry clinician shared with us that their clinician had informed their care team that they were not gay, but instead were confused about their sexuality due to their mental health and were identifying as a sexual minority "for attention." The youth was not included in this conversation. This participant shared how they would call the Ministry after hours line for support when experiencing homophobic taunts from their foster siblings:

I called the emergency goddamn line so many times... And you know what, they were really nice, they really cared. But you know it never transmitted into anything. [Even though] the person records that they could hear people making homophobic taunts to me in my placement. I was treated like it was my problem for being gay. Like how dare I just expect to be gay and not have homophobic taunts thrown at me... There was a worker who was encouraging the taunts by like, teaching them passages out of the bible that were against gay people (Participant).

Many participants also experienced discrimination based on their SOGIE that was not as blatant but also had devastating impacts on their mental wellness and the development of their SOGIE. These experiences may be considered microaggressions, which a growing body of literature documents has a cumulative negative impact on people who live with minority stress. While many of our participants clearly noted that they recognized in these instances the Ministry staff members or foster parents were not trying to be homophobic or transphobic, the impact

was negative regardless.

Lack of SOGIE Affirming Care. A lack of understanding of 2SLGBTQ+ experience and needs negatively impacted the quality of care that youth received from Ministry supports. One transgender participant noted that when they had come out to their worker, their worker had stated they didn't know how to support them and suggested they look online for resources. The majority of Ministry staff did not seem aware of resources for 2SLGBTQ+ youth and many participants were left to seek out support using their own research skills and their peer networks, often leaving large gaps in the care and support the youth received.

Additionally, all of the research participants we interviewed stated that they encountered the assumption from Ministry staff and foster parents that all youth were cisgender and heterosexual unless the youth had previously disclosed regarding their SOGIE. It was left up to the youth to begin these conversations regarding their SOGIE and pronouns and some youth, if they weren't sure if their worker was accepting of 2SLGBTQ+ identities, chose never to disclose their gender or sexual orientation, despite sharing with researchers that they would have appreciated having had someone to talk to regarding their gender and sexuality, especially during periods when they were exploring these identities:

The incidence of like, I guess, transphobia, I experienced at school I never really talked about. Even like my transitioning, like, when I was like, 15, I never talked about that with my worker. Because I felt... I guess I didn't feel comfortable enough... I felt like, like that it was strange or out of place [to bring it up] (Participant).

Other participants who were open to sharing their SOGIE with their workers received mixed messages. Some workers were supportive and open in the moment a youth disclosed, but then would not bring it up again and left the youth to wonder if their SOGIE was an appropriate thing to ask for help with:

They always say, like, well, you know, you can tell me anything. But they never say oh, you can tell me about this specific thing, right? Like, just be like, oh, would you like to talk about your identity? Like, I know you're having trouble with that. Or oh, do

you need resources for LGBT people? Or like, you know, you can tell me about it if you are [2SLGBTQ+] or whatever (Participant).

Examples of SOGIE Affirming Support. Some of the participants had positive experiences with Ministry staff members who assisted with important goals like coming out to their parents, completing gender-affirming surgeries or legally changing their names:

When I had top surgery I was 18 so I was still in care and the social worker I had was amazing with that and yeah like... she was able to set up a hotel stay and transport to and from and she was able to get a support worker to go with me, I think it was like a two or three day stay there, and she helped fund the stay there and helped with whatever kind of supplies I needed (Participant).

Even if the workers were unaware of specific 2SLGBTQ+ resources, identities or language, most participants noted that they had positive experiences with Ministry staff members and foster parents who listened, were open to learning from the youth and helped them seek out support. "They did the best they could with offering me gender affirming resources with trans care BC and trying to talk to those who were, you know, misinformed."

"Ready for Anything"

The second theme identified in the interviews was an approach that some support people had offered which was particularly helpful for the 2SLGBTQ+ youth. Many participants described positive experiences with workers who had similar traits including a non-judgemental attitude, a demonstrated willingness to learn from youth and being open to the complexity of intersecting needs related to 2SLGBTQ+ identity and exploration and mental health and substance use challenges. As one participant shared, Ministry staff and foster parents need to be prepared to "support youth who like, aren't the cookie-cutter shape, who aren't like, normal."

Many of the individuals who the youth identified as helpful were youth workers or workers in contracted agencies such as the Canadian Mental Health Association. These workers were sometimes thought of as a friend or an extension of the

participants' family network and appeared to go above and beyond what was expected of them including showing up for the youth or the youth's family when they were in crisis:

And she was like, a friend more than she was like, a youth worker, right? Like, she would show up, like, in the middle of the night at 3 am if she had to... just really making us feel like, you know, she actually cared about us (Participant).

Several of the participants found these "ready for anything" qualities in the staff members that worked in community organizations, including programs run by the Boys & Girls Club. Participants indicated that these programs created a culture of non-judgmental acceptance and safety through implementing clear rules about non-derogatory language and respecting different gender and sexual identities that allowed them to feel safer in these spaces than in foster placements, group homes or in meetings with their social worker or clinician.

Intersections of SOGIE Needs, Mental Health & Substance Use. Unfortunately, when youth struggled with their mental health and substance use, this was at times interpreted as indicating they were not able to make decisions regarding their gender identity or sexual orientation. In contrast, our participants identified that the impact of discrimination and lack of access to SOGIE affirming care was a contributing factor to their poor mental health and struggles with substance use. These experiences highlight the importance of 2SGLBTQ+ youth having access to support people and services who are able to understand their needs holistically and comprehend the negative impact of discrimination on the mental wellness of children and youth.

While a participant indicated that their clinician had tried to support them, they felt that the clinician was unable to understand the complexity of their needs:

I think that the problems I was having were pretty multifaceted. So [my clinician] could really only help me in a direct approach, like, if I was depressed, he would want to know why I was depressed and like, we would try and come up with ways for me not to be depressed. But if you don't kind of take into account the underlying causes of why you feel the

way that you feel you can't really do anything about it. So, he did want to help, but he wasn't really experienced with, like, all the issues I was facing trying to figure myself out as a queer young person (Participant).

In other instances, the complexity of the youth's needs appeared to result in Ministry staff members avoiding the youth, seemingly viewing the youth as too complicated to provide services for:

[My social worker] was not supportive of my gender variance, especially. He was not supportive of some tough decisions I had to make to survive. He wanted to see me as little as possible, he did not return my calls. He would leave the office early if he knew I was coming in. So he didn't have to see me. He was not forthcoming about services. If I asked about a service that someone else told me about, he would lie to me. He's the worst (Participant).

While this openness to complexity and understanding of intersectionality was a stated need of the participants, it was also a value and an ideology that was embraced by the participants. Most participants made thoughtful comments regarding what they had learned from Indigenous people, women and other 2SLGBTQ+ people in their lives and how their experience receiving services was informed by their ethnicity and racialized identity. Several participants shared that the services that included women, 2SLGBTQ+ people and Indigenous people in staff and leadership roles were valued environments for them. Many participants who were non-Indigenous emphasized the importance of integrating anti-Colonial approaches into child welfare and other Ministry programs.

Youth Need to be Co-pilots in Their Own Care

The third theme we identified from our interviews was the desire for youth to be co-pilots in their own care. The researchers identified the metaphor of being a co-pilot because the participants stated that considering their age and level of development, many did want support from Ministry staff members with decision making and identifying their options regarding SOGIE. Unfortunately, often youth felt that decisions were being made about their care without

their priorities being considered seriously. Transgender and non-binary participants stated that when they had shared their goals related to medical or social transitions, they were questioned regarding their ability to make these decisions:

I wanted to start testosterone and she, since I was like 15 at the time when I was trying to pursue the transition, she essentially was like no you're too young or like no you're not ready without really trying to consult with me about it. She wouldn't talk to me and be like hey, are you sure (Participant)?

Because of the lack of collaboration and support from Ministry staff members, youth were left to independently seek out gender-affirming care and resources regarding gender and sexuality, a process that many youth found overwhelming:

I wish we had conversations about gender and sexuality. Just in general, because it was something that, like, I said to [my clinician], but we didn't talk about how it felt or how, how I could explore it in in safe ways. I think it would have been nice to feel like I had someone who was on that exploration with me. Rather than, like having me just have to kind of go off on my own and then return back just just to kind of update about it (Participant).

Another important co-pilot for the participants regarding their SOGIE exploration and development were other youth who were gender or sexual minorities. Youth who were able to connect to youth groups specifically for GSM youth found these resources to be incredibly important in receiving affirmation regarding their SOGIE and accessing information regarding gender-affirming care services. Some youth had one friend who identified as a GSM who became a source of emotional support and information regarding SOGIE and the services available. In some instances, the adults involved in running these groups also became important sources of support for youth.

For youth who did not receive SOGIE support from Ministry staff members or foster parents, GSM peers were the primary source for information regarding gender-affirming care options. While many youth learned of excellent resources through their peer networks, some youth missed out on important

services or learned about support programs years after they initially needed them.

Housing Impermanency & Homelessness. Another realm of support that our participants stated they would have liked more agency over was their housing placements. The participants who were in foster placements and group homes mentioned several moves between different placements, citing that the reasons they wanted to leave their placements were frequently related to experiences of neglect, homophobia and transphobia. One of our research participants requested a new foster placement due to sexual assault. When the youth reported to their social worker that they needed a new placement, if the youth's request was not dismissed, the worker would require them to continue living in the setting where they were experiencing discrimination (or in the one instance, assault) for several weeks before a new placement was found. Some youth reported that they chose to enter into homelessness during these periods while they were waiting for a new placement as they were unable to tolerate the hostile living environment. Sometimes the youth were open about their reasons for needing a new placement with their social worker, but sometimes the youth would emphasize other reasons for wanting to leave the placement, such as a desire to live in a different area, because they were unsure if the worker would support their need to leave due to homophobia or transphobia or believe their experience of assault.

“Not Even the Worst Part” - Experiences Related to SOGIE not the Worst Part of Ministry Services

While participants we spoke to all indicated that more support regarding their SOGIE would have been beneficial, challenges related to their SOGIE were only one aspect of what the youth were facing. Many youth were also experiencing high levels of distress regarding their family of origin, living with the impacts of complex trauma and facing severe challenges with their mental health and substance use.

Elements of care essential to the wellbeing of all children and youth, which include unconditional positive regard, kindness, strengths-based care, trauma-informed care and regular support and communication from Ministry staff members were seemingly lacking for many of our research

participants and had a more negative impact on their lives than their lack of access to SOGIE affirming services:

My needs were not so much around my sexuality or gender, I was suicidal. Severely suicidal. I needed someone to be intentional and caring. They mostly weren't. I didn't experience different needs that I was aware of, just needed intentional, mindful support (Participant).

One participant outlined how being in care had long lasting effects on her opportunities in life:

I live in poverty and have always lived in poverty... I had such a disadvantage, and no one ever stepped up to help. I didn't qualify for tuition being covered, and I, and many people fall through support systems and are totally left behind... The system needs an overhaul (Participant).

Current Attitudes Towards the Ministry

Another theme that the researchers identified throughout the interviews were the ongoing negative view that the participants held regarding the Ministry. One person who was interviewed shared that they do not speak about their time living in care and receiving services from the Ministry and instead, refer to that period of their life as when they were homeless, because of the great amount of shame and negativity that they were left with from their negative experiences with their Ministry social worker who refused to use their correct name and pronouns. The participant continues to live in fear of running into their social worker, years after they stopped receiving services from the Ministry; “I feel like if I saw him now, I would just probably fall apart.”

Several participants believe that their mental health as an adult was greatly compromised by their experiences receiving services from the Ministry and cited specific experiences as triggering the onset of mental health conditions. One participant had such a negative experience with the mental health services provided by the Ministry that they avoided seeking support for their mental health challenges for many years into adulthood.

The majority of the participants, while recognizing the need to improve support for current 2SLGBTQ+ youth receiving services, felt that positive change within the Ministry was unlikely.

Youth Rights & Worker Responsibilities

The final theme the researchers identified from the interviews was the need for youth to have understood their rights regarding their SOGIE and their rights as children and youth receiving services from the Ministry.

Service User Rights. Unfortunately, many of the participants we interviewed were not aware of their rights as a Ministry service user. While there is a formal complaint process within the Ministry that youth can use to raise concerns regarding the services they receive, not all of the participants were aware of this complaint process when they were receiving services or how to initiate a complaint. Several of the research participants stated that they had used the complaint process to raise concerns regarding how they or their family members were being treated by the Ministry and they found the follow-up process to be inadequate. Participants described never hearing back from the Ministry after filing a complaint or having a short interaction with a Ministry staff member investigating the complaint, and after this investigatory conversation, they were not informed of any impact or follow-up resulting from their complaint. Participants stated that as a youth who was facing inordinate stress resulting from strained familial relations, discrimination in their foster placement and mental health and substance use challenges, expecting the youth to navigate this process without support placed an inordinate onus on 2SLGBTQ+ youth who were attempting to advocate for their needs and rights while receiving services.

[What would be helpful would be a] complaint process that people actually use properly and the ministry actually treats seriously and like a guarantee that they'll actually look into each complaint. At least pretend to believe what you say to them about their own staff. Yeah, and just make it easier for you to access advocacy [support]. If I had known about the Representative for Children and Youth, I would have contacted them a lot more but it was never explained to me what they did or how to get in touch with them (Participant).

The participants also spoke of feeling confused regarding their relationship with Ministry staff

members and what resources were available to them. They spoke of how they would have appreciated staff members clearly explaining their role and outlining what supports were available, including how to raise concerns and file a complaint. Several participants stated that Ministry staff members had never informed them of the services that had been created for former youth in care. Some discovered these supports through their peer networks while others missed out on services completely.

For participants who had been involved in court proceedings, their participation in court seemed particularly confusing and traumatizing. Participants detailed court involvement for a range of reasons including extending a care order, participating in a trial against a family member who had assaulted them, and court proceedings related to the participant's criminal activities. Participants spoke of all of these court proceedings in a way that indicated they were unsure of what their rights were, and they did not know how to seek legal counsel or support to advocate for their needs.

SOGIE Based Rights. Generally, participants were also not aware of their rights regarding their SOGIE. The majority of our participants encountered staff members at the Ministry who were also not aware of their legal rights and who were not informed on how to support youth in advocating for them. For example, there was a participant who was attempting to have their legal name changed while the Ministry was their official guardian. The participant had requested support from their Ministry social worker and then didn't hear back for many months and had to follow up with their Ministry team lead regarding the process. Their social worker then informed them that legally, the Ministry was unable to sign the Legal Change of Name Application to grant the youth the ability to change their name. The youth then sought support from a community agency who connected them with a lawyer who facilitated the name change. Other youth encountered Ministry staff who were resistant or avoidant with supporting youth in goals related to medical transition, without explaining that if the youth did not have a legal guardian who could provide consent, that under the Infants Act of BC, the

youth could be assessed by a healthcare provider to determine if the youth could provide “Mature Minor” consent for these procedures.

Additionally, all of the participants we interviewed received care from the Ministry after 1996 when the Canadian Human Rights Act was amended to include sexual orientation as a prohibited ground of discrimination. Several of the participants we interviewed received care after 2017 when gender identity and gender expression were codified into Canadian Human Rights legislation. Despite the fact that gender, sexual orientation and gender expression were codified into human rights during some of the participants' time receiving services from the Ministry, Ministry staff members seemed unaware of these rights and how to support youth in exercising them. Participants who shared concerns related to discrimination based on SOGIE were usually dismissed and some youth chose to not bring up these concerns due to the lack of support and understanding from Ministry staff regarding their SOGIE in general. No research participants had Ministry staff members initiate conversations with them to proactively assess for discrimination based on SOGIE, even when the youth they were working with were open with Ministry staff regarding their identity as a gender or sexual minority.

Discussion

The findings of this research project largely indicated that the Ministry has not managed to adequately support 2SLGBTQ+ youth nor do they have a protocol for how to address these needs. In light of the newly signed Corporate Commitment and the NIMMIG and RCY calls to action, significant changes must be implemented in order to provide the care that Ministry involved children and youth need and have a right to be offered.

The experiences shared by research participants exposed a disturbing lack of knowledge amongst Ministry staff members and foster parents regarding the legislated rights of GSM children and youth. It also indicates that the skills and knowledge needed to support 2SLGBTQ+ youth were predominantly absent from the Ministry staff members who provided services to the participants. The research

highlights how in most instances when 2SLGBTQ+ youth needed support regarding their SOGIE, Ministry staff members had little to no understanding of SOGIE concepts, relevant services or the pathways for youth to advocate for their rights. In some instances, it was the very people who were employed by the Ministry to support these youth who were actively preventing the youth from exercising their rights by stating they were too young, too mentally ill or too involved with substances to understand their own identities as 2SLGBTQ+ youth or their SOGIE related needs. This indicates that Ministry staff members were not aware of the rights children and youth of any age may be granted through the Infants Act if they are deemed a “mature minor,” a piece of legislation that Ministry staff members should know intimately. Alternatively, Ministry staff may have been aware of this legislation but acted in line with their own misgivings regarding the ability of children and youth to access gender affirming care. Considering the current political climate, it is likely that some Ministry staff members and foster parents may have strong negative beliefs regarding transgender children and youth and it is the Ministry's responsibility to actively prevent personal prejudices from negatively impacting the services the 2SLGBTQ+ youth receive.

In the more positive examples, Ministry staff were responsive to the youth's request for support and attempted to learn about services and facilitate SOGIE affirming support when requested. While these instances were cited as very positive by the participants, being responsive to the needs of youth receiving services should be the absolute minimum level of acceptable service within the Ministry and not the gold standard. While none of the research participants were receiving services when the Corporate Commitment was signed by the Ministry, unless the commitment was accompanied by extensive SOGIE competency training for all Ministry staff members and foster parents, it is unlikely to have made a significant impact for the 2SLGBTQ+ children and youth receiving services. Considering the poor integration of human rights for GSM in

Ministry services, despite the fact that these rights have been legislated in Canada and B.C. for several years, Ministry staff members and foster parents will need significant support and assessment in order to improve their service delivery related to SOGIE.

Many youth who receive services from the Ministry do not have supportive adults in their lives who can consistently advocate for their needs, and this is particularly true for 2SLGBTQ+ youth because SOGIE related stressors may be negatively impacting their relationships with parents and other caregivers. While many participants in this study demonstrated tremendous self-advocacy skills by resisting SOGIE based discrimination and fighting for their needs with Ministry staff and foster parents, what would have greatly benefitted these youth was if Ministry staff members had become the adults in their lives who were advocating with them for their rights and needs. This should be the role of every employee of the Ministry. Instead, for some of our participants, the Ministry staff members and foster parents became more hardships they had to overcome and additional sources of homophobia and transphobia that they had to heal from as adults.

Beyond the need to address and stop transphobia and homophobia, including microaggressions, all research participants identified SOGIE affirming care as important and helpful for them, which lined up with findings from existing literature (Paul, 2018). The existing literature also stated these supports to be life-saving interventions. While SOGIE affirming care includes actions such as having a positive and supportive reaction when youth disclose their SOGIE and using the correct name and pronouns for youth, it also incorporates an understanding of the minority model of stress into services for 2SLGBTQ+ youth. The minority stress model suggests that GSM face unique stressors related to their identity and that GSM have negative health outcomes related to these stressors. Minority stress is incorporated into service provision when providers ask questions related to common areas of stress for GSM youth including experiences of discrimination, challenges related to coming out and navigating 2SLGBTQ+ relationships and communities. Our participants highlighted the importance of

Ministry staff actively assessing and asking questions regarding the youth's experience as a 2SLGBTQ+ person including any SOGIE based discrimination they may be facing. SOGIE affirming care would also support the youth with understanding the diversity of gender identities, expressions and sexual orientations. Additionally, SOGIE affirming support also assists youth in connecting with 2SLGBTQ+ communities and supports them in achieving their goals regarding social or medical transitions. Many of these suggestions are highlighted in existing guides for providing services to 2SLGBTQ+ youth including the Province of Ontario's manual, *Serving LGBT2SQ Children and Youth in the Child Welfare System: A Resource Guide* (2018).

While the literature reveals that 2SLGBTQ+ youth are more likely to end up in care and then also have more traumatic experiences in care due to SOGIE based discrimination in group homes and foster placements (Decker, 2014; Nourie & Harris, 2018; McCormick, 2018; Powell et al., 2016), there was a lack of documentation in the existing literature of child welfare social workers demonstrating transphobia, homophobia or heteronormativity, which the majority of the research participants noted occurred for them in their experiences receiving services. Unfortunately, our participants' experiences of impermanence in foster or group home placements and periods of homelessness aligns with the existing literature documenting the high number of placements and high numbers of 2SLGBTQ+ homeless youth (Bachicchio et al., 2020; Gaetz et al., 2016; Paul, 2018).

The literature review and research participants revealed a major theme; youth with diverse SOGIE were often not made to feel welcome; be it in their family home, foster home, with a CYMH clinician, and/or Ministry social workers (Paul, 2018; Powell et al., 2016). This discrimination informs the unique needs of 2SLGBTQ+ youth in care and emphasizes the need for 2SLGBTQ+ focused foster homes and the need for support for 2SLGBTQ+ youth to leave their housing if they are experiencing discrimination. Additionally, youth need to be able to end relationships with phobic and discriminatory workers.

Most of the research participants had experiences

that aligned with the literature review, including encounters with bullying, mental health and substance use challenges, experiences of homelessness and unmet needs related to their SOGIE (Bachicchio et al., 2020; Ontario Ministry of Children, Community and Social Services, 2018; Paul, 2018).

Participant recommendations largely aligned with the existing literature that documented 2SLGBTQ+ youth recommendations, facilitating connection with GSM peer groups, better training and evaluation for staff regarding SOGIE, intersectionality and the provision of SOGIE affirming support (Paul, 2018). Particularly aligned with the findings from this research were conclusions from the 2018 report on 2SLGBTQ youth in care from The Province of Ontario, which highlighted the following insights and recommendations for providing affirming services: Allies are important; demonstrate respect in conversations with LGBT2SQ children and youth; support families who are struggling with their child's identity; develop intake, assessment and service planning processes for LGBT2SQ children and youth; use inclusive language and tools; create affirming placements, programs and activities for 2SLGBTQ+ youth. There were also several findings in this study that were not found within the literature review. The participants who had experienced challenges with the Ministry regarding their SOGIE expressed that while 2SLGBTQ+ competent care could be potentially lifesaving, it would be best served alongside other supportive interventions that were lacking in their care such as unconditional positive regard, more check-ins with their Ministry workers, a sense of agency over their own care, an understanding of their rights and access to advocates.

Another finding not reflected in the existing literature on this topic was the participants' ongoing negative perception of the Ministry. While to some degree it is understandable that the participants may have a negative perception of the Ministry because they associate the Ministry with some of the most challenging periods in their lives, our participants were clearly able to identify the reasons they continued to have a poor relationship with the Ministry. The participants who shared their stories

with us described multiple experiences where they experienced SOGIE based discrimination from Ministry staff and foster parents, felt like their needs as 2SLGBTQ+ youth were not prioritized, felt not listened to and felt that the care they received was transactional and sub-standard. While some participants noted the Ministry's ongoing attempts to ask for feedback from former youth in care, they did not perceive the Ministry to have made any significant changes since they had stopped receiving services. This finding highlights the importance of the Ministry making efforts to repair relations and develop partnerships with the 2SLGBTQ+ community in order to increase their competence and continue to learn in relationship with 2SLGBTQ+ people. One participant suggested that the Ministry should attempt to have floats in BC Pride Parades to begin to develop a presence in the 2SLGBTQ+ community. Through improving connections with the 2SLGBTQ+ community, the Ministry may also be able to recruit more 2SLGBTQ+ workers within the agency and better support and care for the 2SLGBTQ+ staff who are currently working in the ministry.

One aspect of mending relations may include humility and recognition from the Ministry regarding their limited understanding of the needs of 2SLGBTQ+ children and youth. Acknowledging that the Ministry will never be the expert on SOGIE affirming care, another important element of improving relations with the 2SLGBTQ+ community may involve the Ministry contracting out aspects of SOGIE education for Ministry staff and foster parents to agencies within BC that have developed positive relationships with 2SLGBTQ+ communities, who prioritize leadership, feedback and employees from 2SLGBTQ+ communities and who are positively regarded by service users, such as TransCare BC and PRISM (VCH). TransCare BC was mentioned positively by several of our participants. Forming positive working relationships with 2SLGBTQ+ agencies may positively impact the Ministry's perception in the 2SLGBTQ+ community.

Another unique aspect of our research was the Canadian context. While the majority of the existing literature on 2SLGBTQ+ youth receiving services has

been conducted in the United States where rights are less secured, in Canada, youth have clearly defined rights that have been codified in provincial and federal law regarding gender identity, expression and sexual orientation. Unfortunately, these rights have not translated into clear differences in practice in child welfare workers that are discernable when comparing our findings with the existing literature. Considering the legal context, child and youth-serving ministries within Canada should be embracing their role as the facilitators of youth learning more about their rights as GSM and championing these rights for youth.

Consistent with the existing literature that documents the poor mental health and high rate of suicidality of 2SLGBTQ+ youth (Trevor Project, 2020; Veale et al., 2015), many participants shared stories that highlighted severe challenges with mental health during periods receiving services and afterwards as adults. The severity of these mental health challenges cannot be overstated, with several participants sharing that they had been suicidal as youth and/or hospitalized due to mental health challenges or an attempt to end their life. Considering the documented positive impact that SOGIE affirming therapy and care has for youth who are 2SLGBTQ+, the Ministry, a government body that includes mental health services, could play a key and life-saving role in providing SOGIE affirming mental health services to this youth population. Every effort should be made to provide the best evidence-based therapeutic treatment for this population and to ensure that every encounter with ministry staff members is SOGIE affirming. SOGIE affirming care is suicide prevention for 2SLGBTQ+ children and youth.

Limitations

The implications of this research are limited due to the number and demographic composition of the research participants we completed interviews with. Despite the small number of interviews, the researchers did find that data saturation was reached when conducting coding and data analysis with minimal new codes created while coding the final interviews. It is unknown if the results of the research could be applied to the majority of 2SLGBTQ+ youth in care. There is a low likelihood that the study's

research participants represent the diversity of the 2SLGBTQ+ population who have received care from the Ministry. Due to the limited data collected by the Ministry regarding children and youth's SOGIE, there is currently no way to compare the demographics of our research participants with the demographics of the 2SLGBTQ+ youth who receive services in BC. Specifically, our research was lacking participants who identified as Indigenous, transfeminine and had limited participation of people of colour.

Another limitation of the study is that the research participants were no longer receiving services from the Ministry and therefore could not speak to the current experience of 2SLGBTQ+ youth receiving services. Ministry competency regarding the provision of 2SLGBTQ+ affirming services may not be static throughout time and the researchers would assume that as 2SLGBTQ+ competency and awareness increases in medical services, educational services and in general society the care provided by the ministry would improve over time. Unfortunately, the experiences of many of our participants who ranged in age from 19 to 48 included obvious acts of discrimination from Ministry staff members. While the researchers hope that these are exceptional situations where youth experience discrimination from Ministry staff members directly, the stories from our participants did not indicate this and there is little indication that services have significantly improved for 2SLGBTQ+ children and youth who are currently receiving support from the Ministry.

Findings may also be skewed as 2SLGBTQ+ people who had the most outstanding experiences, either positive or negative, with the Ministry may have been particularly motivated to participate. Additionally, considering the high rates of suicidality, substance use and homelessness in this population, 2SLGBTQ+ youth who were not effectively supported by the ministry may be less likely to have survived to adulthood or to have achieved enough stability in adulthood to have secure housing with internet access that would facilitate them learning about the study and provide them with the means to be able to participate. Due to COVID-19 there was limited opportunity for in-person recruitment of participants

and many services that support 2SLGBTQ+ people have changed their service access model to online only. Therefore, the recruitment methods may not have been effective for recruiting individuals currently experiencing homelessness.

The study is likely missing input from several potential participants who would have met the inclusion criteria. Some 2SLGBTQ+ people may have had such negative experiences with Ministry services that they have little trust or willingness to connect with other agencies, including the agencies that were distributing information regarding this study. Former service recipients may have felt that sharing their feedback would be pointless considering their negative perception of the Ministry's ability and willingness to improve their services. Additionally, as outsiders to the community of people who identify as former youth in care, the researchers may not have been trusted by some potential participants regarding our abilities to conduct this research.

Future Research

Additional research to solicit feedback from specific populations that are likely to be over-represented in receiving supports from the Ministry is necessary to ensure that the development of 2SLGBTQ+ supports are informed by the children and youth who are over-represented and who are the most marginalized by the Canadian Government and oppressive forces in society. Considering the over-representation of Indigenous children and youth in care across Canada, feedback and consultation is needed from Indigenous 2SLGBTQ+ children, youth and adults who received services from the Ministry.

In addition, when considering the documented oppressions that transgender women and transgender or non-binary people who have a feminine gender expression (also referred to as transfeminine people) individuals encounter in society, it is key to seek feedback and guidance from transwomen and transfeminine individuals who had received services, including and centring the experiences of transfeminine individuals who were also Indigenous, Black or people of colour. Bisexual youth are also a population that has worse mental health outcomes

compared to other groups within the 2SLGBTQ+ community and additional research targeting the needs of bisexual youth would assist the Ministry in ensuring this population of youth also received appropriate support. More research is also needed to improve the Ministry's understanding of the pathways into homelessness that 2SLGBTQ+ children and youth follow. Considering the high number of 2SLGBTQ+ youth and young adults who enter into periods of homelessness and the likely over-representation of 2SLGBTQ+ youth in care, one can conclude that current Ministry practices and services are not creating housing permanency or security for 2SLGBTQ+ children and youth or the young adults they become after services end. If implemented, the recommendations in this report will likely reduce 2SLGBTQ+ youth's motivation to leave their housing placements. Given the high likelihood of traumatic events occurring for youth and young adults experiencing homelessness, further research is needed to comprehensively understand the connection between 2SLGBTQ+ youth receiving Ministry services and 2SLGBTQ+ youth entering into homelessness, as every effort should be made to prevent homelessness from occurring.

Implications for Policy & Practice

The following recommendations are from the present study's participants. They were either clearly stated recommendations or they came from stories participants shared regarding the challenges they encountered with Ministry services. These recommendations are provided by the student researchers and do not represent the Ministry.

Support Youth Rights and Clarify Worker Responsibilities.

- Complete an internal review of current practices regarding the existing support and services for 2SLGBTQ+ children and youth in Ministry programs. Immediately end practices that are discriminatory.
- All Ministry staff members should clearly introduce their role to children and youth and identify what services and supports are available for the child or youth.

- All youth receiving services should be made aware of their rights as service users and informed of the Ministry complaints process, as well be given information and access to advocacy and a transparent complaints process.
- All youth interacting with the Ministry should be given information regarding the support available from the Representative for Children and Youth.
- All Ministry staff members should be informed it is not their place to assess if the child is capable of deciding their SOGIE but rather it is their job to support the youth's exploration and connect the youth to appropriate services including gender-affirming care, 2SLGBTQ+ peer groups, and support groups.
- All Ministry staff members should be educated regarding the Infants Act and the ability for healthcare providers to accept consent regarding medical services from "mature minors." Additionally, information regarding how to support youth in seeking a legal name change should be provided to Ministry staff members.

Provide SOGIE Affirming Care

- Ministry staff members should resist heteronormativity and cis-normativity and work with the awareness that any child and youth may be gender diverse or a sexual minority and most children and youth will explore their sexuality and gender identity to some degree.
- Ministry staff members should be required to address SOGIE based discrimination immediately as a condition of their employment.
- Increase Pronoun Competence - Ministry staff members and foster parents should ask each child and youth their pronouns, consistently use the correct pronouns and document the correct pronouns. Ministry staff members who are unable to use correct pronouns should receive immediate training and support until they are pronoun competent.
- Once Ministry staff members have SOGIE competence, they should initiate conversations about their willingness to discuss gender identity and sexual orientation with all youth and clearly state they are someone who youth can talk to

about these topics and state that they are willing to support youth in connecting with services and groups related to SOGIE.

- If youth do share regarding their SOGIE, Ministry staff should continue to ask questions about their experience related to SOGIE in the future. Youth may interpret a lack of follow-up as workers not being comfortable with the conversation.
- The Ministry should develop specialized teams or staff members, lead or informed by 2SLGBTQ+ people who received services, who can offer support for 2SLGBTQ+ children and youth and Ministry staff members who need support with SOGIE competency.

Provide SOGIE Competency Training

The Ministry should provide ongoing SOGIE training for all Ministry staff and foster parents that is developed by a SOGIE competent contracted organization or agency (not the Ministry) that includes content on:

- SOGIE affirming care, with special attention regarding working with children and youth with fluid and non-binary gender identities, with Two-Spirit and transfeminine youth and with bisexual youth.
- Pronoun competency.
- The rights of youth related to SOGIE, including their rights under Human Rights legislation and rights to gender affirming care (Infants Act).
- The diversity of needs regarding medical and social transitions; Not all youth will want surgery or hormones and not all youth will want to transition to a binary gender.
- The fluidity of gender, sexuality and pronouns and for some youth, how these may change multiple times and there is no end destination in their exploration of their identities.
- How 2SLGBTQ+ youth's mental health is exacerbated by lack of SOGIE affirming support and care and the correlation between GSM youth and higher rates of mental health and substance use.
- Existing services for 2SLGBTQ+ children and youth and how to refer youth to these services.
- The importance of peer support and how to

facilitate connections to 2SLGBTQ+ communities & peer networks.

Prevent Housing Impermanence & Homelessness

- Assess actively for SOGIE based discrimination in housing placements and other environments. Speak directly with youth and ask about their experience.
- Provide immediate respite when requested for 2SLGBTQ+ youth facing discrimination based on SOGIE in their place of residence.
- Create 2SLGBTQ+ only specialized group homes for youth who need respite from 2SLGBTQ based discrimination in housing environments.
- Consider facilitating the creation of a 2SLGBTQ+ dedicated foster agency, modelled after “Five/Fourteen” in Ontario.

Repair Relationships with 2SLGBTQ+ Individuals and Communities

- The Ministry should acknowledge harm that has been done towards 2SLGBTQ+ individuals who received services from the Ministry.
- The Ministry should continue to invite feedback from 2SLGBTQ+ children, youth and adults who are receiving or who previously received support from the Ministry. When ethically appropriate, provide remuneration for feedback and consultation.
- The Ministry should implement improved and additional supports and services for 2SLGBTQ+ children and youth receiving services and publicize these changes. Invite ongoing feedback from 2SLGBTQ+ service recipients and the wider 2SLGBTQ+ community.
- The Ministry should develop a relationship with 2SLGBTQ+ communities including providing additional supports for 2SLGBTQ+ people who were formerly in care, developing partnerships with 2SLGBTQ+ community organizations and supporting the efforts of 2SLGBTQ+ activists fighting for 2SLGBTQ+ rights.
- The Ministry should recruit, hire, retain, promote and support 2SLGBTQ+ individuals working within the Ministry, including workers on the front lines, in policy and in management, prioritizing those who have received services.

Recognizing the recommendations presented may require several years for the Ministry to implement, the researchers have highlighted six recommendations that would have a large impact and we deem to be achievable to implement immediately or within the remainder of 2021. Considering the high rates of suicidality in this population, the researchers advocate for immediate changes to be implemented to improve services for 2SLGBTQ+ children and youth. SOGIE affirming care is suicide prevention for 2SLGBTQ+ children and youth.

Priority Recommendations

Seven recommendations for immediate implementation are as follows:

1. Contract a SOGIE competent agency such as TransCare BC or PRISM (VCH) to develop a mandatory online training regarding SOGIE competence to support the Ministry staff members and foster parents in increasing their SOGIE competency. TransCare BC has developed a training for healthcare workers which may be an excellent starting point for the Ministry.
2. Include assessments for homophobia and transphobia in existing safety measures and risk assessments completed for children and youth receiving services from the Ministry.
3. All Ministry staff members, foster parents, children and youth interacting with Ministry services should be made aware of the Ministry’s Corporate Commitment and each office, group home and foster home should have the Corporate Commitment posted in a place that is visible for staff, foster parents, visitors and children and youth receiving services.
4. Mandate all Ministry staff members and foster parents to ask children and youth what their correct pronouns and name are. Mandate staff to document the pronouns and name and then with the child or youth’s permission, share the correct name and pronouns with support team members. Provide support and training to staff and foster parents regarding pronoun competence.
5. Collect data regarding SOGIE for all children and youth receiving services from the Ministry. Train

Ministry staff members to ask children and youth about SOGIE in an affirming way.

6. Develop a list of appropriate 2SLGBTQ+ agencies, support programs and resources for GSM children and youth and disseminate to all Ministry staff members and foster parents.
7. Utilize existing literature and begin implementing existing recommendations regarding the needs of 2SLGBTQ+ children and youth, including the Province of Ontario's 2018 manual, *Serving LGBT2SQ Children and Youth in the Child Welfare System: A Resource Guide*.

Conclusion

As highlighted by the experiences of our research participants in this study, there are many changes the Ministry must make to improve their services for 2SLGBTQ+ children and youth and provide services consistent with the Corporate Commitment and the existing legal rights for children and youth. Ongoing SOGIE competency training is required urgently for Ministry staff members and foster parents in addition to increased monitoring for SOGIE based discrimination amongst Ministry staff, foster parents and group home settings. Beyond tolerating and accepting SOGIE identities in children and youth, the Ministry needs to support staff members and foster parents to learn how to provide SOGIE affirming care as this was cited as improving the wellbeing of all participants in our research. Additionally, providing services in a non-judgemental, flexible and responsive way that acknowledges the complex challenges that 2SLGBTQ+ children and youth may encounter is an important quality of service provision to promote in all Ministry programs and foster placements. The Ministry should ensure that 2SLGBTQ+ children and youth have agency and direction over the exploration of their gender identity, gender expression and sexual orientation. As an agency that has been developed to advocate for the rights and wellbeing of children and youth, the Ministry has a key role in ensuring that every child and youth in BC has the opportunity to access support for this potentially difficult journey. Considering the Ministry also provides mental health services to children and youth, the Ministry is in a unique position to use SOGIE affirming care within

their mental health services as a therapeutic tool to support 2SLGBTQ+ youth, who statistically have poorer outcomes than their peers regarding their mental health. As poor mental health is a result of the ongoing stressors experienced by GSM children and youth, including transphobia and homophobia, every effort should be made by the Ministry to ensure staff members and foster parents are not exposing 2SLGBTQ+ to discriminatory actions or attitudes and instead, are actively advocating to increase safety and acceptance for the youth amongst their families of origin, their housing placements and their communities.

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Appendix A

MCFD Corporate Commitment

MCFD Supporting 2SLGBTQ+ Children, Youth and Families Corporate Commitment (signed May 28, 2020)

Freedom from discrimination based on sexual orientation, gender expression and gender identity is a basic human right. In recognition of this fact, the Ministry of Children and Family Development (MCFD) commits to respect and affirm the sexual orientation, gender identity and gender expression of all children, youth and families that we serve. MCFD recognizes that respect for 2SLGBTQ+ people must acknowledge the intersection of identities and, in particular, be grounded in a commitment to reconciliation with First Nations, Inuit and Metis peoples.

MCFD is committed to delivering policies, practices and training to promote inclusive and supportive environments that honour the sexual orientation, gender identity and gender expression for 2SLGBTQ+ children, youth and families.

Supporting 2SLGBTQ+ Children, Youth and Families Corporate Commitment

Under this commitment, Ministry staff are expected to:

- Recognize and respect the diversity of all sexual orientations, gender identities and expressions
- Protect and preserve the dignity and rights of children, youth and families as outlined in the BC Human Rights Code
- Be informed about how sexual orientation, gender identity and gender expression impact one's lived experience
- Apply leading practices and approaches to our work that meet the needs of 2SLGBTQ+ children, youth and families
- Affirm gender identity and gender expression by consistently using a person's chosen pronoun (e.g. she/her; he/him; they/them) and names

Appendix B

Ministry 2SLGBTQ+ Terms Resource

The following 2SLGBTQ+ terms have been provided by the Ministry and have been updated using the Government of Ontario's 2018 "Serving LGBT2SQ Children and Youth in the Child Welfare System: A Resource Guide" in addition to the expertise of the researchers.

Understanding terminology is instrumental for creating supportive, respectful and safe environments for 2SLGBTQ+ children, youth and families. It also sets the foundation for staff to use inclusive language that does not assume an individual's sexual orientation, gender identity or gender expression. Key terms that Ministry staff are to be aware of are defined below. Note that these definitions may evolve as more research becomes available.

2SLGBTQ+ is an acronym (each term defined below) standing for the sex assigned at birth, sexual orientation, gender identity and gender expression of two-spirit, lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual. The '+' demonstrates inclusivity of the diverse community. There are many different acronyms that may be used by various communities. It should be noted that acronyms like these may combine sex assigned at birth, gender, gender identity, gender expression and sexual orientation attributes into one community. This combination may or may not be appropriate in all circumstances. It is also important to recognize that gender identity and gender expression can be fluid.

"2S"/Two-spirit (also Two Spirit or Two-Spirited) is an umbrella term that reflects the many words used in different Indigenous languages to affirm the interrelatedness of multiple aspects of identity, including gender, sexuality, community, culture and spirituality. Prior to the imposition of the sex/gender binary by European colonizers, many Indigenous cultures recognized Two Spirit people as respected members of their communities and accorded them special status as visionaries, healers and medicine people based upon their unique abilities to understand and move between masculine and feminine perspectives. Some Indigenous people identify as Two Spirit rather than, or in addition to, identifying as LGBTQ.

Sexual orientation and romantic orientation are terms used to describe an individual's pattern of romantic or sexual attraction. Sexual orientation may include sexual attraction to the same gender (**gay** or **homosexuality**), a gender different than your own ("**straight**" or **heterosexuality**), both men and women (**bisexuality**), all genders (**pansexual**), or neither (asexuality). People may also experience romantic attraction to some or all of the genders they have experience sexual attraction towards and may wish to engage in romantic relationships such as dating with one person (**monogamy**) or multiple people (**polyamory**), or they may not experience romantic attraction and choose to abstain from romantic relationships (**aromantic**).

- **Lesbian** is a term describing a woman who is romantically and sexually attracted to other women.
- **Gay** is a term describing a man or woman who is romantically and sexually attracted to the same gender. Historically, this word has referred to men who are romantically and sexually attracted to other men.
- **Bisexual** refers to a person who is sexually attracted not exclusively to people of one particular gender.
- **Pansexual** refers to a person who experiences attraction to individuals with diverse sexes/ assigned sexes, gender identities, and gender expressions.
- **Asexual** refers to an individual who may not experience sexual attraction or desire to engage in sexual activity
- **Aromantic** refers to an individual who may not experience romantic attraction or a desire to engage in romantic relationships

Sex Assigned at Birth (or sex) refers to a person's physiological characteristics. A person's sex is most often designated by a medical assessment at the moment of birth. This is sometimes referred to as "biological sex" although many transgender individuals believe this term to be inappropriate now as some anti-transgender activists use it to emphasize physical sex characteristics over gender identities.

- **Intersex** people are born with any of several variations in sex characteristics (e.g. chromosomes, gonads, anatomical features, sex hormones, or genitals) that do not fit with typical biological conceptions of "male" or "female" bodies. Being intersex relates to biological sex characteristics and is distinct from a person's sexual orientation, gender identity or gender expression. An intersex person may be straight, gay, lesbian, bisexual or asexual and may identify as a female, male, both or neither.
- **Gender** refers to the roles, behaviours, activities, and attributes that a given society may construct or consider appropriate for the categories of "men" and "women". It can result in stereotyping and limited expectations about what people can and cannot do. In general, when people refer to their "gender", they can be referring to both their "gender identity" and "gender expression". Gender identities can be fluid. Gender terminology is a quickly-evolving term and it is best you ask an individual how they define gender for themselves.
- **Gender expression** refers to the various ways in which people express their gender identity. For example: clothes, voice, hair, make-up, etc. A person's gender expression may not align with societal expectations of gender. It is therefore not a reliable indicator of a person's gender identity.
- **Gender identity** is an internal and deeply felt sense of being a man or woman, both or neither. A person's gender identity may or may not align with the gender typically associated with their sex.
- **Cis or Cisgender** refers to a person who identifies with the gender they were assigned at birth.
- **Trans or transgender** refers to a person whose gender identity differs from what is typically associated with the sex they were assigned at birth. It includes people who identify with binary genders (i.e. trans men and trans women), and may include people who do not fit within the gender binary, i.e. non-binary, genderqueer, agender, etc.
- **Non-Binary** refers to a person whose gender identity does not align with a binary understanding of gender such as man or woman. A non-binary gender identity may include man and woman, androgynous, fluid, multiple, no gender, or a different gender outside of the "woman—man" spectrum.
- **Agender** is an umbrella term encompassing many different genders of people who commonly do not have a gender and/or have a gender that they describe as neutral.
- **Asexual** refers to a person who does not have sexual feelings or desires.
- **Genderqueer** is an identity commonly used by people who do not identify or express their gender within the gender binary. Those who identify as genderqueer may identify as neither male nor female, may see themselves as outside of or in between the gender binary (e.g. "male to female"), or may simply feel restricted by gender labels. Not everyone who identifies as genderqueer identifies as trans or nonbinary.
- **Gender Creative** is a term sometimes used to refer to children or youth who identify and express their gender in ways that do not align with the social expectations associated with the sex assigned to them at birth (sex/assigned sex).
- **Gender Diverse** is an umbrella term for gender identities and/or gender expressions that differ from cultural or societal expectations based on assigned sex. Individuals may identify and express themselves as "feminine men" or "masculine women," or as androgynous, outside of the categories "boy/man" and "girl/woman." People who are gender non-conforming may or may not identify as trans.

- **Gender Fluid** refers to the potential for change in ideas, experiences, and expressions of gender at an individual and/or societal level. This concept recognizes the potential for individual movement within a gender spectrum when it comes to self-presentation or expression. Some people may choose to identify as gender fluid.

Plus (+) represents a broad classification intended to encompass a wide spectrum of identities related to gender and sexuality. For example:

- **Queer** is an umbrella term for people whose sexual and/or gender are not heterosexual and/or are not cisgender.
- **Questioning** refers to being unsure of where one's primary attraction or gender identity lies. Some questioning people eventually come out as 2SLGBTQ+; some do not.

Ally refers to a person, often heterosexual or cisgender, who supports equal rights and gender equality for 2SLGBTQ+ children, youth or adults.

Intersectionality recognizes that people are members of more than one community at the same time and live multiple, layered identities. An individual's identity may include but is not limited to race, class, gender identity, gender expression, sexual orientation, age and/or ability. An individual may differ in their experiences, needs, concerns and barriers based on their own intersecting identity factors

Appendix C

Semi-Structured Interview Questions

1. MCFD Experiences

Can you tell me about the services you received from MCFD when you were a youth or child?

Prompt: We are interested in your experience with any MCFD service, including Child Welfare, Child and Youth Mental Health, Child Care programs, Children and Youth with Special Needs Supports, etc...

How long were you involved with services from MCFD?

2. Quality of Care

What stands out about your experiences with MCFD?

What was helpful about the services you were connected to? What was not helpful?

3. 2SLGBTQ+ Supports

Would you feel comfortable sharing with me how you identify in terms of gender and sexuality?

How were your needs different as a 2SLGBTQ+ youth?

Were staff informed about how to address your experiences of transphobia or homophobia?

Prompt: (If yes): How did that impact you?

Prompt (If no): How might things have been different if this had happened?

How did the MCFD program or service you were involved in support your development as a 2SLGBTQ+ youth?

Prompt: What supports were given to assist you in understanding your gender or sexual identity?

How important is it to receive support from people who also identify as 2SLGBTQ+?

Prompt: Did you receive support from any 2SLGBTQ+ adults as a youth?

Overall, how helpful were the services you received from MCFD?

4. Best Practices

Thinking about the care you received from any person or support agency, what worked best for you as a 2SLGBTQ+ child or youth?

What do you wish every 2SLGBTQ+ youth receiving support from MCFD would have access to now?

Many studies have shared how important it is for youth to feel affirmed by the adults in their life regarding their gender identity and sexuality. What ways worked best for you or would have worked best for you for adults to affirm your gender and sexual identity?

Prompt: How would you have liked to be asked about your pronouns?

Prompt: How would you have liked to learn more about sexuality and gender?

Prompt: How could people working for the ministry have indicated they were a safe person to talk to about gender and sexuality?

Prompt: If there was a workshop on gender and sexuality for youth, what would you like it to include?

5. Conclusion

Is there anything important we have missed in our discussion today?

Do you have any feedback about the experience of participating in this interview?