

COMPARATIVE ANALYSIS OF TRANSGENDER YOUTH POLICY IN MARIN COUNTY CHILD
WELFARE

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by

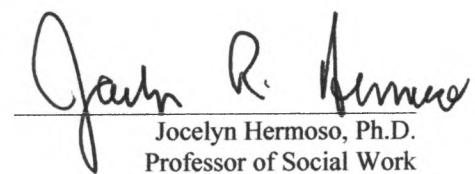
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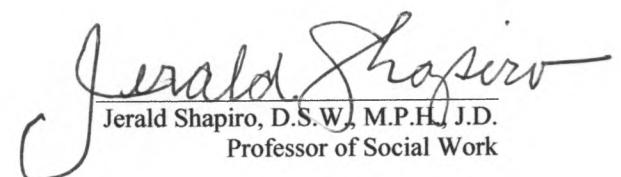
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CERTIFICATION OF APPROVAL

I certify that I have read Comparative analysis of transgender youth policy in Marin County Child Welfare by Andrew Richard Strobel Peasley, and that in my opinion this work meets the criteria for approving a thesis submitted in partial fulfillment of the requirements for the degree: Master of Social Work at San Francisco State University.



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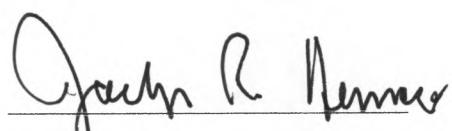
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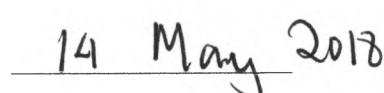
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Youth who identify as transgender are among the most vulnerable populations to come into child welfare system. Child welfare agencies may not have the policies in place to meet their needs, deliver appropriate services and most importantly, keep them safe. This comparative policy analysis aims to look specifically at the Marin County Child Welfare Agency and what policies are in place that currently protect and serve transgender youth and to develop practice recommendations to better serve this vulnerable population. Currently there is little specific policy with regard to transgender youth in foster care at the state and federal level, and no specific policy and /or protocols in Marin County Child Welfare system. Given that most local policy comes out of state mandates driven by state and/or federal policy, there is a need for a significant policy development that speaks directly to the needs of transgender youth in the child welfare system. Especially with regards to access to appropriate gender affirming medical care and mental health services. The majority of policy that did speak specifically to transgender youth in the child welfare system addressed training of service providers and caregivers with regards to the unique needs of transgender youth. Local agencies, like Marin County Child Welfare, could use this existing policy to further develop awareness campaigns, training programs, as well as adoption of more sensitive and inclusive practices. The consideration and implementation of such policies can provide important standard of care guidelines for social work practice.

I certify that the Abstract is a correct representation of the content of this thesis.



Chair, Thesis Committee



Date

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Problem Statement

Youth who identify as transgender are among the most vulnerable populations to come into child welfare system. Transgender youth experience higher rates of suicide, higher rates of harassment in K-12 education, at work and in public, as well as higher rates of homelessness and significant family rejection (Love, 2014). Child welfare agencies may not have the policies in place to meet their needs, deliver appropriate services and most importantly, keep them safe.

According to data on the number of “Lesbian, Gay, Bi-Sexual, and Transgender (LGBT) youth in general, and the transgender population at large indicates that the transgender population is disproportionately represented in the foster care system” (Turner, 2009, p.553). Given this indication and the significant vulnerabilities and special needs of this population, the question remains as to whether the child welfare system is equipped to meet the needs of transgender youth. More specifically, my research will address the questions as to whether Marin County child welfare is equipped to meet the needs of transgender youth in the child welfare system.

With this question in mind, this comparative policy analysis will look at current policies in Marin County that address the needs of transgender youth in foster care. This analysis will occur by developing and utilizing a framework that takes into consideration the unique needs of the transgender population and screens current policies for their ability to meet the needs of the transgender community. Once current policies have been assessed for their ability to serve the needs of the transgender community, any gaps in service that could be addressed by policy implementation will be discussed.

Given the disproportionate amount of transgender youth being served by the child welfare system, and the mandate from such policies as the Adoption and Safe Families Act of 1997 and Fostering Connections Act of 2008, to “go beyond ensuring that basic safety levels are met and focus on improving and monitoring child wellbeing outcomes” (Rosanbalm et al., 2016), attention must be paid to whether or not the child welfare system, Marin County child welfare specifically, is equipped to meet the needs of this vulnerable population.

Chapter one gives an explanation of the problem at hand, presents the research question along with the research goals and objectives of this research project. Chapter two provides a literature review of the child welfare system and transgender youth, which will guide the comparative policy analysis and the recommendations. Chapter three explains the theoretical framework created and used by the researcher to conduct the comparative policy analysis. Chapter four defines any variables being studied. Chapter five discusses the research methodology used in the comparative policy analysis, as well as the researchers' research paradigm. Chapter six provides an analysis and discussion of the findings of the comparative policy analysis. And finally, chapter seven, will conclude the research project and discuss the implications of this comparative policy analysis.

Literature Review

The previous chapter discussed the potential challenges that the child welfare system may have providing for the needs of the transgender youth population that it serves. This chapter will provide a review of the literature with regards to the child welfare system as well as the needs of transgender youth within that system. This research aims to inform this comparative policy analysis as well as any recommendations that result from this research.

There are a number goals set out for children and families when working with the Child Welfare System. From ensuring a child's safety and wellness, to creating permanency for children and families. Meeting the unique needs of an individual child and/or family can prove quite challenging, depending on the specialized needs of a given individual or group. Policies are put in place to see to it that the Child Welfare System does what it was designed to do and meets the needs of its clients. However, certain populations have needs that require specific knowledge and training and as it stands, it is unclear whether the Child Welfare System is equipped to serve all of its clients.

Youth who identify as transgender not only have to deal with powerful internal processes of acceptance and exploration, but they also face abuse, oppression and discrimination, from external sources at significantly high rates. To address these challenges, it is essential that transgender youth receive appropriate, targeted services that address their specific needs. It is also important to focus on the protective factors and coping strategies that are already being used and to find ways to support and implement these on a broader scale.

Given that transgender youth are disproportionately represented in the child welfare system (Turner 2009), these systems need to be particularly aware of the vulnerability of transgender youth and the strengths and needs of this population. In this literature review I will analyze current challenges facing transgender youth in foster care. I will highlight areas of significant need, existing and potential protective factors, as well as the role intersectionality plays in supporting transgender youth. I will also review policy designed to protect and serve transgender youth, as well as strategies already being used to address these

challenges. Finally, I will attempt to address ways in which the child welfare system might better serve this population.

Child Welfare Policy

The Child Welfare System is a complex system that was born out of a need to ensure the safety of children when family and/or community systems were unable to do so. At its core, it is a system designed to keep children safe and families together. The Child Welfare System is influenced by policy at the federal, state and local levels. In their article, *The bleak prospect for public child welfare*, Schorr (2000) reports that during the twentieth century, “public child welfare has progressed from a system that was sparse and rudimentary to one that was better organized and professional (or aspiring to be professional)” (p.124). The Child Welfare System was developed to ensure the safety of children in the United States. Over time, the goals of the Child Welfare System have grown to encompass not just safety, but also permanency and well-being. However, as Rosanbalm et al. (2016) states, “the goals of safety and permanency have traditionally taken precedence and have been the principal indicators of success in child welfare” (p.1). These goals, or tenants, guide the policy and practice of the Child Welfare System.

As Rosanbalm et al. (2016) reports, “child welfare policies, such as the Adoption and Safe Families Act of 1997 (ASFA) and the Fostering Connections Act of 2008, mandate that child welfare agencies go beyond ensuring that basic safety levels are met and focus on improving and monitoring child wellbeing outcomes” (p.1). Indicators were developed to be able to measure well-being outcomes. To track these indicators and ensure that needs are being met, the Child and Family Services Reviews (CSFR) is tasked with examining the effectiveness of the delivery systems at the state and regional level (Rosanbalm et al., 2016). Placement changes, adoptions, emancipations and other exits from the child welfare system are tracked and used to measure system effectiveness. Child welfare policies continue to evolve. While the three tenets of child welfare are considered to be child safety, permanency, and well-being, within these tenets, other objectives and priorities continue to emerge.

Local policy development and implementation often takes place after new state laws are passed and counties are mandated to comply. An example of this is when California Senate Bills (SB) 855, in

2014, and 794, in 2015, were passed. SB 855 “clarified that [Commercially Sexually Exploited Children (CSEC)], including those who trade sex to meet their basic needs, may be served by child welfare and created the CSEC Program, funding participating counties to develop multidisciplinary CSEC responses” (California CSEC Policy Compendium, n.d.). SB 794 went even further by requiring “all county child welfare and probation agencies to create protocols to identify, report, document, and serve CSEC and at-risk children” (California CSEC Policy Compendium, n.d.). Because of this state legislation, counties were tasked with developing policy reforms to address an area of need. Marin County now has a screening tool in place to identify potentially commercially sexually exploited children (CSEC) and a protocol in place for responding to youth who are identified or suspected of being CSEC.

In the state of California, responsibility for child welfare services, falls to the California Department of Social Services (CDSS), however, as it stands, the responsibility for development and implementation of child welfare policy lies with county agencies (i.e social service and county welfare departments) (Fox, Frasch & Berrick, 2000). Child welfare services include a wide array of government and non-governmental organization(NGO) providers. In a smaller county such as Marin County, the number of government and NGO service providers will be significantly lower than larger counties such as neighboring San Francisco or Contra Costa County. If policy and protocols do not exist, what will drive the development and utilization of service providers for certain vulnerable populations who have yet to be specifically named in child welfare policy? Youth who identify as gender non-conforming and/or transgender are one of these such vulnerable populations whose needs have yet to be specifically and thoroughly addressed in Child Welfare Policy.

A Growing Need

Fox et al. (2000), reports that “child abuse and neglect are serious and growing problems in California and the rest of the nation” (p. 9). As the number of cases of abuse and neglect continue to grow, more and more children are coming into care as dependents of the court, or foster youth. Children can enter the Child Welfare System as soon as they are born. This is an important piece to consider when discussing gender identity and expression with regard to foster youth. In an article entitled, *Policy perspective:*

Ensuring comprehensive care and support for gender nonconforming children and adolescents, Dowshen et al. (2016) states that “gender identity begins to develop and solidify as early as ages 2–5, so children often begin to express gender nonconformity at this young age” (p.78). For this reason there is a need for gender inclusive practices and services from a young age. Whether or not a youth identifies as transgender or gender non-conforming at age 2, they should feel safe doing so and be surrounded by a supportive environment that facilitates their gender expression in a safe and inclusive manner. In order for this to be possible, the child welfare system, must identify and address the needs of transgender youth and design and implement policy based on these needs.

Much like the child welfare system, society is constantly evolving and changing. Dowshen et al. (2016) reports that although there have been societal advances in the treatment of lesbian, gay, bisexual, and transgender (LGBT) individuals, “LGBT youth often continue to experience significant challenges accessing the services they need to grow into healthy adults. These obstacles can be particularly difficult for youth who identify as trans* or gender Nonconforming” (p.75). The role of the child welfare system is to ensure dependent children are growing into healthy adults and the primary way this is achieved is through access to resources and services. However, as we see, access is not necessarily available to all. In a recent memo published by the National Center for Lesbian Rights (NCLR) (2016), it was stated that:

The vulnerability of [Transgender/Gender Non-Conforming (TGNC)] children, and the harms they suffer as a consequence of family rejection and social marginalization, are well-documented. Due to pervasive rejection and bias in their homes, schools and communities, TGNC children experience high rates of depression, suicidality, substance use, physical and sexual victimization, and homelessness. Family conflict, verbal harassment, school bullying, and physical assault constitute the harsh daily reality for too many of these young people. Social conditions for transgender girls of color are particularly brutal. (p.3)

The NCLR (2016) outlines some of the key areas where transgender youth are especially vulnerable and where more focus and attention is needed. The following sections of this literature review will explore areas of vulnerability for transgender youth.

Appropriate Training for All Service Providers

In an article entitled "*I Am My Own Gender": Resilience Strategies of Trans Youth*, Singh, Meng & Hansen (2014), describes several factors leading to developing resilience within transgender youth. The "ability to self-define and theorize one's own gender" (Singh et al., 2014, p.211) was a major factor leading to resilience among this population. That is, being able to use their own words to describe their gender identity and expression, rather than have their identity defined by someone else, allowed transgender youth to have a sense of becoming more themselves (Singh et al. 2014). As noted in a brief by the National Center for Lesbian Rights (NCLR) (2016), "the process of discovering and naming their gender may be more nuanced or complex, unfolding over time" (p.5). Tishelman et al. (2015) explains that "many gender variant individuals have lived in a chronic state of conflict between self-understanding and physical being, with a continual misalignment between others' perceptions of them and their internal self-perception of gender" (p. 37). The NCLR (2016) highlights a service provider's objective is "not necessarily to definitively label the child's gender identity, but to listen to the child's experience and to honor and support the child's gender as that child currently describes and expresses it" (p.5). This ongoing process can take time and may not be limited to a weekly therapy session, or a monthly check in with a social worker, and should be something that can be ongoing and facilitated and/or supported by all service providers.

Transgender youth in the child welfare system can have contact with multiple service providers a day in a range of capacities including but not limited to, social workers, foster parents, doctors, educators, non-profit agency workers, therapists, court appointed special advocates and residential counselors. For this reason, Dowshen's (2016) call for creating interdisciplinary teams to work with transgender youth and their families, would be fitting in the Child Welfare setting. Teams of appropriately trained professionals, working together, would allow for better collaboration to address the unique needs of the youth and provide any and all gender affirming services and treatment needed.

Access to Appropriate Medical Care

Access to appropriate medical care for youth who identify as transgender has many potential challenges. Safer et al. (2016) points out that "in addition to the usual care, transgender patients often

require medical interventions such as hormone therapy and/or surgery” (p.168). There can be many barriers to receiving these treatments. Safer et al. (2016) reports that “the biggest barrier both to safe hormonal therapy and to appropriate general medical care for transgender patients is the lack of access to care” (p.168). Transgender patients report a significant lack of providers with experience and/or expertise in transgender medicine (Safer et al., 2016), further highlighting the need for appropriately trained service providers. Furthermore, as Safer et al. (2016) highlights, transgender treatment is “not taught in conventional medical curricula and too few physicians have the requisite knowledge and comfort level” (p.168). This knowledge gap can lead to patient unease as well inappropriate medical interventions and/or recommendations.

The situation for transgender foster youth attempting to access and receive appropriate medical care can be even more challenging. Turner (2009) states that “delaying or interrupting gender-affirming medical care for transgender youth in foster care has devastating effects on the youth’s physical and mental health” (p.4). As Turner (2009) explains, “over time, transgender youth may develop “hate and disgust” toward their genitalia, and feel a sense of extreme desperation as their bodies continue to develop the characteristics of the undesired gender” (p.4). For youth who have already begun gender affirming medical treatment, but are denied services after coming into the child welfare system, the results can be quite serious. Turner (2009) states that “a MTF transgender individual who has taken feminizing hormones and stops unexpectedly will experience such physical symptoms as nausea, vomiting, cramps, headaches, hair loss, and breast tenderness. Additionally, mental side effects of hormone cessation include severe depression and suicidal ideation” (p.4). Initial access to appropriate medical services, as well as access to pre-existing services, can have serious medical and mental health implications for those who are unable to receive the medical services they require.

Safer et al. (2016) reports other barriers to receiving appropriate medical care include: financial barriers, discrimination, lack of cultural humility by providers, health system barriers and socioeconomic barriers. Safer et. al (2016) states that “while some of these health care barriers are faced by other minority groups, many are unique and many are significantly magnified for transgender persons” (p.168). Given the

range of barriers that exist, Dowshen et al. (2016) recommends a range of changes to support the medical care of transgender people including: improving physician education, creating interdisciplinary treatment teams, supporting a more gender-inclusive care environment, expanding coverage for gender affirming care, and supporting and expanding research around transgender medicine and treatment.

Mental Health Support

Given the myriad of challenges and stressors that transgender youth in the child welfare system may face, mental health support could be beneficial to help process and support the youth around any number of these issues. From learning to self-define one's own gender, deal with family relationship issues, processing lived trauma and developing coping and self-care strategies, the availability and role of mental health support is extremely important in the lives of transgender youth in the child welfare system.

The most recent version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) (2013) uses the term “Gender Dysphoria” to refer to the “distress that may accompany the incongruence between one’s experienced or expressed gender and one’s assigned gender” (p.451). The DSM -V (2013) clarifies that not all individuals will experience this distress solely because of the incongruence between experienced/expressed gender and sex assigned at birth. Other individuals may also experience distress if the desired gender-affirming physical interventions, such as hormone therapy or surgery, are not available (DSM V, 2013). The DSM V (2013) highlights the possibility that the distress experienced as a result of gender dysphoria is multi-faceted and could be due to many, potentially overlapping, factors. Turner (2009) reports that in adolescents diagnosed with gender dysphoria, the youth may experience a “rapid and dramatic developmental process, physically, psychologically, and sexually” (p.559). Youth experiencing gender dysphoria have also been shown to struggle with emotional and behavioral challenges, which makes therapy an important piece of any treatment plan (Turner, 2009).

As seen in the previous section on Access to Appropriate Medical Care, many of the concerns and challenges related to accessing medical care are also directly related to mental health challenges and the need for mental health support. In a study by Grossman & D'Augelli (2007), it was found that transgender youth:

Whether MTF or FTM, are at risk for suicidal ideation and life threatening behaviors. Almost half of the transgender youth in the study thought seriously of taking their lives, and half of those related these thoughts to their transgender identity. One quarter reported a suicide attempt, with almost three quarters of those youth relating their first or only suicide attempt to their transgender identity, while the remaining youth attributed subsequent attempts to their being transgender.

(p.534)

Transgender youth might seek or be referred to mental health services for any number of reasons. The World Professional Association for Transgender Health (WPATH), states that “regardless of a person’s reason for seeking care, mental health professionals should have familiarity with gender nonconformity, act with appropriate cultural competence, and exhibit sensitivity in providing care” (WPATH, 2018). This highlights not just the importance of access to mental health services, but that those services are provided by appropriately trained service providers.

Safe and Inclusive Housing

When discussing housing for youth who identify as transgender, current trends for placing transgender foster youth in out of home foster placements must be taken into consideration. Olson (2009) reports that “transgender youth are more likely than their peers to be placed in group foster homes because they are often rejected by their own families and are less likely to be adopted by or temporarily placed with private families” (p.27). According to Olson (2009), transgender youth are often placed in group homes rather than with foster families as placement with foster families is often not an option for transgender youth because appropriate placements are lacking. Olson (2009) goes on to highlight the dire situation that exists in finding appropriate placement for transgender youth:

Despite the need for safe placements for transgender foster youth, there are currently only a few group homes in the United States specifically designed to meet the needs of LGBT youth, including Green Chimneys in New York City, the Waltham House in Waltham, Massachusetts, and GLASS in Los Angeles and Oakland.* In practice, transgender youth are often sent to unfriendly group homes which reject the minor's deep-seated sense of identity, insisting that he or

she dress and act in conformance with his or her birth sex.' Studies have shown and many professionals agree that this is very harmful to adolescent development. (p.27)

Recent legislation (Continuum of Care Reform AB 403) has significantly decreased the number of residential programs (i.e. group homes) in California, as well as the amount of time a youth can spend in a group living environment. However, given how recently AB 403 has been implemented, the effect on housing transgender youth is still unclear. Whether or not group living exists or foster parents are specially trained to provide for the needs of the transgender youth, it is important to consider the wants and needs of the particular youth when arranging placement for a youth in care. Rosanbalm et al. (2016) states that "conducting a comprehensive assessment is a critical and necessary requirement for child welfare caseworkers in order to obtain an accurate and thorough understanding of children's needs and strengths within the contexts of their living and caregiving environments" (p.12). Foster youth are often left out of the conversation around decisions that most heavily influence their lives. It is important that their voices are heard and factored in to any decisions being made.

Support Developing Supportive Social Networks

An issue that relates to both the placement needs of a transgender youth as well as the need for support around developing and navigating relationships with family and friends, is the experience of social isolation and rejection experienced by some transgender youth. As Dowshen et al. (2016) states, "when gender nonconforming youth experience rejection and isolation, it can have devastating consequences for their physical and emotional health and well-being" (p.76). The experience of feeling rejection and isolation could be considered an inherent piece of the Child Welfare System. Coupled with the added challenges that can face many transgender youth, the result can be devastating. Identifying protective factors and supports that address potential feelings of social isolation and or rejection are important to supporting transgender youth in foster care. One factor positively influencing resilience in transgender youth identified by Singh et al. (2014) was "navigation of relationships with family and friends" (p.212). In their survey of transgender youth, "participants described supportive families as a source of resilience. [A transgender youth] shared feeling both surprised and confident as a result of his family's support" (Singh et

al., 2014, 212). In another recent survey by Singh (2013), 84% of respondents reported family and friendship networks “closely influenced” respondent’s evolving sense of racial/ethnic and gender identity (p.696).

In a text entitled, *Voices of former foster youth: Supportive relationships in the transition to adulthood*, Singer, Berzin & Hokanson (2013) state that “social supports in the lives of youth aging out of foster care point to various benefits of relational networks for transitioning youth, including the provision of information and support, influencing self-worth, and as a foundation of trust upon which new relationships can be formed” (p.2110). It is important to acknowledge however, that compared to non-foster youth, foster youth have many more supports from “non-parental” adults and that these adults are often child welfare professionals (Singer et al., 2013, p.2113). This, again, highlights the need for appropriate training for all service providers who come into contact with youth in the child welfare system.

Intersectionality

The previous sections discussed individual areas of need where transgender youth experience challenges and where additional support could be warranted. However, even though the researcher attempted to group areas strength and need together, it is clear that none of these issues truly can, or should, stand alone. In Singh’s (2013) text, *Transgender Youth of Color and Resilience: Negotiating Oppression and Finding Support*, “100% of respondents reported being unable to separate their racial and ethnic identity from their gender identity” (p.696). Singh (2013) also highlights the importance of recognizing that not only are factors influencing identity multi-faceted and highly connected, but that they are also fluid. Singh (2013) reported that all 100% of respondents shared that they had changed their gender identity and racial and ethnic descriptors over time. While there is currently limited research on transgender youth of color in the U.S., Singh (2013) reports that there is “emerging evidence that the intersections of racism and transprejudice may place these youth at high risk for many interpersonal and environmental stressors” (p. 691).

While the challenges identified in this research were chosen based on their relevance to the lives of transgender youth, not all transgender youth will experience all of these challenges. However, youth who

identify as transgender, are vulnerable to barriers that influence their quality of life. According to Singh et al. (2014), “these barriers may reside in social and family structures, employment discrimination, health care access, or schools” (p.208). These barriers become compounded when considering that many other minority groups face similar barriers and that they become “significantly magnified for transgender people” (Safer et al., 2016, p.168). When we consider transgender youth in the Child Welfare System and the reported outcomes for youth exiting out of the Child Welfare System, the challenges become compounded further.

In an article entitled, *Developing strategies for positive change: Transitioning foster youth to adulthood*, Graham, Schellinger, & Vaughn (2015) highlight that “youth who age out of foster care are less likely to complete high school or graduate from a postsecondary education program and they are more likely to experience financial difficulties, unemployment, homelessness, incarceration, and teen pregnancy than their non-foster peers” (p.71). Given that data has shown that children of color are disproportionately represented in the Child Welfare System (Harris, 2014) as is the transgender population (Turner, 2009), we must take an intersectional approach when addressing needed systemic changes to address current challenges.

In the next chapter the theoretical framework of this research will be discussed. This will include a discussion of the feminist paradigm and issues relating to formal power and authority, repression and structural inequality. The researcher’s subjectivity and positionality, in relation to the research will also be discussed.

Theoretical Framework and Subjectivity

As I engage with this research project, it is important to remember, as D'Cruz & Jones (2004) point out, that "social work research, like all research, never happens in a vacuum" (p.29). So, no matter the issue being addressed, it is difficult, if not impossible, to control for all influencing factors to concentrate on one area of research on its own. It is important to acknowledge that as MSW student in the Title IV-E track, I have a particular interest in the needs of the youth and families served in the child welfare system. This interest will not only inform my research, but will also affect my subjectivity and bias. I have also worked with foster youth in the group home setting, the school setting and I am currently an intern with the Marin County Department of Children and Families. I also have specific experiences working with transgender youth in the child welfare system and in doing so have dealt secondhand with some of the many challenges that this vulnerable population experiences when coming into contact with the child welfare system. My range of experiences will affect my understanding of the research phenomena that I wish to understand. However, in accordance with the feminist research paradigm, the goal of this project, will be to give voice to the needs of a population that may not currently be heard. It will focus on systemic inequalities that exist, especially with regard to gender and attempt to focus on ways to address and remedy said inequalities.

Because of this I have a difficult time envisioning a positivist paradigm ever being successful in a social setting, or for that matter any paradigm, that suggests a phenomenon, especially a social one, could be looked at on its own. As D'Cruz & Jones (2004) state, "being aware of different ways of knowing is fundamental to understanding why and how any research – particularly social research – has both political and ethical dimensions that cannot be separated from a discussion of techniques or research methods" (p.29). These dimensions cannot be separated and must be taken into consideration and incorporated into the lens of the researcher to gain an accurate understanding of any social phenomenon.

For this research project, I plan to consider policy around transgender youth in the child welfare setting. The developmental, social, political issues that are tied to the experience of, and policy developed to deal with, transgender youth is incredibly complex and continuously evolving. Incorporating a

paradigm, that not only allows for all the complex factors to become a part of the research and aid in the analysis, will be critical.

Connecting the child welfare system to the discussion increases the complexity dramatically. Not only are we exploring one complex issue, but then we place it within the context of a system that has its own long history of evolution and power dynamics. Child welfare policies and priorities continue to change and shift as those in power decide what and where resources should be allocated. As a would be CPS worker, this researcher must also realize and be aware that his own positionality and bias may be influenced by these same forces that have historically shaped child welfare policy. As D'Cruz & Jones (2004) remind us, "colonizers' versions of knowledge have become legitimized as truth as a consequence of their formal power and authority" (p.52). Being aware of how the power the child welfare system has in creating policy and how that influences the individuals I will be researching is key and cannot be ignored or separated from the conversation.

Because of these factors, approaching my research through a feminist paradigm will be most effective. Per D'Cruz & Jones (2004) the feminist paradigm states that, "knowledge comes from a commitment to affirming women's knowing, rediscovering links between personal experience and structural inequality, building collective insights among women which deepen their sense of identity, interconnectedness, and extending their analysis of repression and how that repression is internalized (p.51)." These points must be considered in order to explore the power dynamics that exist within the child welfare system and its policy developments, or lack thereof, pertaining to transgender youth. I must not only attempt to identify the structures that exist that may have been put in place to oppress or silence a certain group of people, but strive to make their voice and their concerns heard. For this reason, a feminist paradigm will be most effective as it exists to not only explore and deconstruct power dynamics, but to give voice to those who have historically had no voice.

Therefore, by attempting to capture the voice of the transgender youth population, and to capture existing collective knowledge, through a review of literature will be paramount in developing the comparative policy analysis framework used to analyze existing transgender youth specific child welfare

policy. Capturing firsthand knowledge and experiences of this population and relating them to the current state of child welfare policy will enable this researcher to use existing collective insights, important factors related to transgender identity, as well as identify areas of repression and inequality.

Variable Definition

The previous chapter discussed the theoretical framework used by this researcher to develop the comparative policy analysis framework used in this comparative policy analysis. The previous chapter also explored and discussed this researcher's positioning and subjectivity with relation to this comparative policy analysis. This chapter will discuss terminology used throughout this thesis.

When it comes to a list of terms used within the Child Welfare system, terms are constantly changing and evolving to become more comprehensive and inclusive. The same goes for terminology used to describe people who identify as LGBTQ or consider themselves a part of the broader community of allies. That being said, this list is not a comprehensive list and is meant solely to provide definitions for some of the more commonly used terms throughout this document.

The second section of this chapter will address the identified needs of the transgender youth community and how these needs were grouped into categories to allow for clearer comparative policy analysis.

Terms

Transgender: Describes a person who identifies as a gender that differs from the sex that they were assigned at birth.

Advocate: "A person who actively works to end intolerance, educate others, and support social equity for a marginalized group" (Killerman, 2017, p.3).

Gender binary: The idea that there are only two genders and that every person is one of those two.

Gender variant: "Someone who either by nature or by choice does not conform to gender-based expectations of society (e.g. transgender, transsexual, intersex, gender-queer, cross-dresser, etc)" (Killerman, 2017, p.9).

Gender identity: "The internal perception of one's gender, and how they label themselves, based on how much they align or don't align with what they understand their options for gender to be. Common identity labels include man, woman, genderqueer, trans, and more. Often confused with biological sex, or sex assigned at birth" (Killerman, 2017, p.9).

Transition/Transitioning: “The process of change that a trans person undergoes to fit with their preferred gender identity. These changes range from name-changes, bodily changes in physical appearance, to sex reassignment surgery” (Killerman, 2017, p.16).

LGBTQ: Lesbian Gay Bisexual Transgender and Queer and/or Questioning. There is no “correct” acronym and different individuals will prefer different abbreviations, acronyms and shorthand. However, the acronym “LGBTQ” is used widely throughout scholarly literature and appeared frequently in literature reviewed by this researcher.

Foster Youth: Youth have been designated dependents of the Child Welfare System by the judicial system.

Child Welfare: “California's child welfare system is a continuum of overlapping programs and services available to children who have been abused or neglected, or who are at risk of abuse or neglect” (Fox et al., 2000, p. 3).

Grouping of identified needs for policy analysis

Appropriate training for all service providers: Appropriate training refers to more than just social workers being trained in best practices when working with transgender youth. It also means helping transgender youth to build self-determination and provide support as transgender youth develop and practice the ability to self-define one's own gender. The term service providers, extends to more than just social workers, applying to medical and mental health providers, educators, and foster parents and residential staff.

Mental Health Support: Mental health support refers to supporting assessment and access to appropriate mental health services. Some areas of focus may include processing trauma as well as developing self-determination and practicing the ability to self-define one's own gender.

Access to Appropriate Medical Care: Access to medical care that is appropriate given the unique health care needs of a transgender youth.

Safe and Inclusive Housing: Housing that allows a youth to freely express their gender identity. If housing is gendered, then placement will be assigned based on the youth's gender identity. Housing staff and/or foster parents will be trained in best practices around working with transgender youth.

Support Developing Supportive Social Network: Professional support in connecting with and maintaining supportive relationships with family, friends and supportive community members.

In the next chapter the methodology of the research study will be discussed.

Methodology

Research Design

The previous chapter discussed terminology used throughout the research and defined categories used to group indicators to be considered within the comparative policy analysis framework. This chapter will discuss in detail the methodology of this comparative policy analysis.

For this research project, a comparative policy analysis will be conducted to identify current policy strengths and needs with regard to serving youth who identify as transgender within the child welfare system. Specifically, this researcher hopes to address the question of whether Marin County child welfare is equipped to meet the needs of transgender youth in the child welfare system. Through a thorough review of the literature, current strengths and needs of transgender youth, in and out of care, will be identified. These needs will be used as criteria for evaluating current child welfare policy.

As Kraft and Furlong (2017) state in their book, *Public Policy: Politics, Analysis, and Alternatives*, “the first step in any policy analysis is to define and analyze the problem” (p. 119). The comparative framework this researcher will develop and use, will help to visualize current policy strengths and gaps in current policies as they pertain to serving the needs of transgender youth. Kraft and Furlong (2017) highlight that “constructing policy alternatives is perhaps the most important stage in the policy analysis process” (p. 121). Using the comparative policy analysis framework this researcher will be able to identify gaps, address social work implications and make recommendations for best practices moving forward.

Analysis

Because there are multiple policies in place used to ensure the needs of the youth in the child welfare system are met, multiple policies will be analyzed using the framework. These policies will range from the U.S. constitution and federal policies to state and local legislation. The policies will be compared to identify how thoroughly they meet the identified needs of transgender youth. Once the needs of this population have been identified, they will be grouped by type. For example, mental health support, access to trained service providers, ability to self-define one’s own gender, and developing self-determination, will

fall into the category of *Appropriate training for all service providers*, in the comparative policy analysis. Indicator grouping and definitions were outlined in the previous chapter, Glossary of Terms. Through the use of the comparative policy analysis framework, this researcher will be able to make child welfare policy recommendations to help the Marin County child welfare system better meet the needs of the transgender youth it serves.

Table 1. Comparative Policy Analysis Framework

Policy	U.S. Constitution	Adoption & Safe Families Act (AB 458)	Fostering Connections Act	Continuum of Care Reform (AB 403)	CA SB 731
Appropriate training for <u>All</u> Service Providers*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental Health Support**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to Appropriate Medical Care***	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe and Inclusive Housing****	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Support Developing Supportive Social Network *****	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total Factors	1	0	0	2	2

* This policy helps transgender youth build self-determination and provides support to transgender youth for their development and their ability to define their own gender

** This policy advocates for access to mental health services specifically tailored to the unique needs of a transgender youth. Some areas of focus may include processing trauma as well as developing self-determination and practicing the ability to self-define one's own gender.

*** This policy helps facilitate access to medical care that is appropriate given the unique health care needs of a transgender youth.

**** This policy promotes housing that allows a youth to freely express their gender identity, is assigned based on the youth's gender identity, and mandates housing staff and/or foster parents will be trained in best practices around working with transgender youth.

***** This policy supports transgender youth in connecting with and maintaining supportive relationships with family, friends and supportive community members.

Through the use of this comparative policy analysis framework, this researcher hopes to identify where current policy supporting the needs of transgender foster youth exists, and where there are gaps and areas for further development. By identifying the factors within this comparative policy analysis framework (i.e. appropriate training for all service providers, mental health support, access to appropriate medical care, safe and inclusive housing and support developing supportive social networks) this researcher hopes to develop a clear view of current transgender youth child welfare and create recommendations for future policy development that fully addresses the outlined areas of need.

In the next chapter the policy analysis framework will be used to examine if and how current child welfare policy is able to meet the needs of the transgender youth population in the child welfare system and the comparative policy analysis findings and themes will be discussed.

Analysis

This chapter will present and analyze current child welfare policy from the federal, state and local levels. The policies will be analyzed using the comparative policy analysis framework presented in the previous chapter.

There is a plethora of policy that influence protocol development, decision making, and prioritization in the child welfare system. From large and over-arching federal and state policies to smaller, very specific, local policies. This analysis will examine some of these policies and their influence and ability to support the needs of transgender youth in foster care.

1st and 14th Amendment

When considering the policies that affect transgender youth in the child welfare system, I will begin from the top, by highlighting parts of the American constitution that are used to defend and support the needs of transgender youth. The 1st Amendment, which highlights our right to free speech, has been brought up as means to protect the rights of transgender youth to express their gender identity freely while in foster care (Olson, 2009). Olson (2009) states that “prohibiting a young person living in a group foster home from expressing his or her own gender identity violates the minor’s 1st Amendment right to free speech” (p. 34). Olson (2009) goes on to further argue that forcing a transgender youth to take on an unfamiliar identity, is referred to as “compelled speech” and is also a violation of the 1st Amendment.

The 14th Amendment has two clauses that have been used to support the needs of transgender youth in the child welfare system, the due process clause and the equal protection clause. It has been argued that refusing to allow a foster youth living in the group home setting to express their gender identity, through either their choice of clothing or the way they behave, is a violation of the due process clause (Olson, 2009). Olson (2009) argues that there are two reasons why this is a violation:

First, a minor in a group foster home has a liberty interest in expressing his or her gender identity and there is no legitimate reason to infringe on that interest. Second, states have an affirmative duty under the Due Process Clause to care for and protect foster youth in state custody. Forcing

transgender youth to conform to traditional gender norms can cause serious emotional harm. (p. 39)

Furthermore, the Equal Protection Clause prohibits foster homes from imposing rules or requirements that would require a youth to dress or behave in a manner that is inconsistent with their gender identity. As Olson (2009) points out, “such a requirement unconstitutionally discriminates against the youth on the basis of gender and would not pass intermediate scrutiny” (p.46). However, it is important to remember that these policies are not specific to transgender youth and Olson (2009) only uses them to make a case for protecting the rights of transgender youth in foster care. Neither the 1st or 14th Amendment specifically name or address the needs of transgender youth.

Parts of the 1st and 14th Amendments could be used to argue for the rights of transgender youth in foster care, but they do not explicitly protect, advocate for, or support the needs of transgender youth in foster care. If caregivers and advocates were aware of these rights (i.e. appropriately trained) and implemented them with respect to the above interpretations, there might also be cause to say they support safe and inclusive housing for transgender youth. However, as they currently stand, the protections are not explicit and fall short of supporting the needs of transgender youth in the child welfare system. If state and local agencies used the spirit if these amendments to create recommendations for transgender specific child welfare policy, the impact would be much greater.

Adoption and Safe Families Act 1997

The Adoption and Safe Families Act (ASFA) of 1997 was “enacted to clarify that the safety of children is the premier goal of the child welfare service system and that the pressure to preserve or reunify families should not compromise child safety” (Fox et al., 2000, p.5). The Act sought to extend the available period of reunification services for parents whose children who were in foster care (Fox et al., 2000). It also recommended permanency planning steps (i.e. legal guardianship and adoption), for children who would be unable to reunify with their parents (Fox et al., 2000). While many of the changes the Act mandates and recommends ae designed to support the permanency of children in the child welfare system, the Act does not specifically speak to sexual orientation, gender identity, gender expression, or transgender/gender non-

conforming people. While some might argue that the above-mentioned protections could be applied to the transgender foster youth population, as it stands, ASFA provides no specific support and/or recommendations addressing the factors included in this researcher's policy analysis framework.

The California Foster Care Non-Discrimination Act (AB 458)

In 2004, policy emerged that began to specifically name the population addressed in this comparative policy framework and address their needs. This policy was the California Foster Care Non-Discrimination Act (AB 458). According to Olson (2009), "California is the only state that has enacted a law that explicitly protects LGBT youth from discrimination in foster care" (p.30) According to AB 458, "foster children are harmed by discrimination based on actual or perceived... sexual orientation [or] gender identity...whether that discrimination is directed at them or at their caregivers" (Chu, 2003). However, according to Olson, "the Act [AB458] does not specifically define what constitutes discrimination on the basis of gender identity" (p.30) and therefore makes it difficult to address and remedy.

AB 458 states that youth in the child welfare system "have a right to equal access to all services, placement, care, treatment and benefits of the foster care system, without discrimination or harassment on the basis of sexual orientation or gender identity" (Olson 2009, p.30). AB 458 requires that group home administrators receive training on the rights of foster youth with regards to access to services and discrimination based on sexual orientation and/or gender identity (Chu, 2003). AB 458 also requires training of group home staff, as well as pre and post placement training of foster parents around the rights of foster youth with regards to access to services and discrimination based on sexual orientation and/or gender identity (Chu, 2003). AB 458 states that if foster parents or relative caregivers are unable to provide care to a youth "without discriminating on the basis of actual or perceived...sexual orientation [and/or] gender identity... then foster parents and relative caregivers should notify the child's social worker and seek additional training, counseling, or other assistance" (Chu, 2003). AB 458 reasons that any change in placement is traumatic for a child and should be avoided at all costs. So rather than a change in placement, the law seeks to support foster parents and relative caregivers with necessary training so that the caregivers in turn are better able to support the needs of the youth.

This policy begins to address the needs of transgender foster youth through advocating that services providers have appropriate training. It also addresses access to services (be it medical, mental health, or other) and protects against discrimination based on actual or perceived sexual orientation or gender identity. However, it does not specifically outline or support services geared towards the needs of the transgender foster youth population. Nor does it discuss what services should be available. There is no mention of appropriate services or gender affirming services. So, while the policy does speak out against discriminating against a youth based on sexual orientation or gender identity, it does not go much farther.

Fostering Connections Act of 2008

Another significant piece of federal legislation that was passed in the last ten years, was the Fostering Connections Act of 2008. The Act does not specifically speak to sexual orientation, gender identity or expression. However, it requires that states that:

In consultation with pediatricians, other experts in health care, and experts in and recipients of child welfare services, a plan for the ongoing oversight and coordination of health care services for any child in a foster care placement, which shall ensure a coordinated strategy to identify and respond to the health care needs of children in foster care placements, including mental health and dental health needs. (Weller, 2008)

Bevel (n.d.) argues that services listed in the Act, should be specific to the needs of transgender youth. This could include mental health support specific to trauma experiences as a result of a youth's gender identity. It could also include gender-affirming medical care. Bevel (n.d.) also argues that the Fostering Connections Act of 2008 can be used to support maintaining transgender foster youth in the homes of relatives, through requiring notification of adult relatives, as well as encouraging reasonable efforts to keep siblings together.

Much like previous child welfare policy, the Fostering Connections Act of 2008 does not speak specifically to the needs of transgender foster youth. However, it could be used to advocate for access to appropriate medical care and mental health services as well as to help support a youth in maintain contact with family members, and developing supportive social networks.

Continuum of Care Reform (AB 403)

The Continuum of Care Reform (AB 403) was a comprehensive reform targeted at meeting the physical, mental and emotional needs of foster youth that focused specifically on reducing the number of group homes, moving away from long term group care and increasing foster youth placements in family settings (Stone, 2015). Much like previous policy (i.e. The California Foster Care Non-Discrimination Act-AB 458), the Continuum of Care Reform outlined specific training for group home staff, administrators, foster parents, relative caregivers and Non- Related Extended Family Member's (NREFM's) with regard to a youth's rights and protections against discrimination on the basis of gender identity. However, the Continuum Care Reform (AB 403) has addressed the need to train foster families in "cultural competency and sensitivity and related best practices for providing adequate care for children across diverse ethnic and racial backgrounds, as well as children identifying as lesbian, gay, bisexual, or transgender" (Stone, 2015). Specifically naming the transgender population as well as highlighting the need to "understand cultural needs" (Stone, 2015) of transgender youth is a new addition to child welfare policy that specifically addresses that transgender youth have unique needs that warrant special training to ensure that they are met. AB 403 also adds "child and adolescent development, including sexual orientation, gender identity, and gender expression" (Stone, 2015) to the of topics to be covered in caregiver training.

California Senate Bill 731 (SB731), Foster children: housing: gender identity

In 2015, the same year the Continuum of Care Reform (AB403) was passed, California passed Senate Bill 731 (SB 731), Foster children: housing: gender identity. SB 731 was a bill that was passed specific to the rights of foster youth with regards to their gender identities as it pertains to their housing options. Like previous legislation, SB 731 outlined specific training for group home staff, administrators, foster parents, relative caregivers and NREFM's, with regard to a youth's rights and protections against discrimination on the basis of gender identity and the need for foster youth to have "caregivers and child welfare personnel who have received instruction on cultural competency and sensitivity relating to, and best practices for, providing adequate care to lesbian, gay, bisexual, and transgender youth in out-of-home care" (Leno, 2015). What differentiates SB 731 from previous policy is that SB 731 specifically addresses

the right of a child in foster care to “be placed in out-of-home care according to their gender identity, regardless of the gender or sex listed in their court or child welfare records” (Leno, 2015, p.1). The law requires the State Department of Social Services to adopt regulations that reflect the provisions set forth in the law.

Discussion

Only recently has there been any policy with language specifically identifying and speaking about the needs of transgender youth. The majority of the policies reviewed, make statements regarding a youth’s protections against discrimination based on gender identity. More recently the policy begins to identify that transgender youth may have a unique set of needs and requirements and that providers should be trained to better support this population. Policies also speak to the need for appropriate training for all caregivers and service providers.

Through the lens of my comparative policy analysis, only the most recent Child Welfare Policies (AB 403 and SB 731) directly identify the transgender population in legislation. All other policies speak in generalities with regard to the needs of foster youth or youth in foster placements, but do not identify how the needs of different groups of youth vary based on personal identity, culture, background and experiences.

Appropriate training for All Service Providers. As mentioned previously in this research, the category ‘Appropriate training for All Service Providers’ is designed to identify policy that helps transgender youth build self-determination and provides support to transgender youth for their development and their ability to define their own gender through appropriate training of all service providers.

The Continuum of Care Reform (AB 403) addresses the need to appropriately train caregivers with regards to the cultural needs of the transgender population. While it does not give any examples on what those needs may encompass, by specifically addressing that transgender youth may have specific needs related to their specific backgrounds, this policy goes further in advocating for appropriate service provider training than any previous policy. Like AB 403, Senate Bill 731 (SB 731), Foster children: housing: gender identity, also highlights that foster youth have the right to have “caregivers and child

welfare personnel who have received instruction on cultural competency and sensitivity relating to, and best practices for, providing adequate care to lesbian, gay, bisexual, and transgender youth in out-of-home care" (Leno, 2015). Policy continues to become more specific with regards to training of caregivers and service providers (i.e. child welfare personnel) and what this training should entail. However, there is still room for expansion within these policies. Including mandates for other service providers (i.e. mental health practitioners and medical providers) to receive training on working with transgender clients and cultural considerations to be aware of in order to more fully support the needs of transgender youth. Calling for the training of other 'service providers' might also positively impact other areas of this comparative policy analysis that were found to be lacking in necessary supports for the transgender youth population in foster care (i.e. *Access to Appropriate Medical Care & Mental Health Support*), by informing these other professionals about the unique needs of the populations they serve.

Safe and Inclusive Housing. 'Safe and Inclusive Housing' addresses the need for housing that allows a youth to freely express their gender identity, is assigned based on the youth's gender identity, and mandates housing staff and/or foster parents will be trained in best practices around working with transgender youth.

This analysis highlighted that both the 1st and 14th amendment of the U.S. constitution contained elements that could be used to argue that a transgender youth in foster care has the right to safe and inclusive housing. And research exists that makes a case for ways in which these amendments might be used to protect the right so of transgender youth in care. However, the amendments themselves do not specifically address the needs of transgender youth, nor do they specifically name that population.

The mandate for appropriate training for all service providers, in AB 403, also reflects an increase in efforts made to provide transgender foster youth with safe and inclusive housing through ensuring that caregivers are aware of the rights and unique needs of the transgender youth population they are working with. The language in SB 731 goes even farther than previous legislation, with regards to advocating for the needs of transgender or gender non-conforming youth, by specifying that all youth in foster care "be placed in out-of-home care according to their gender identity, regardless of the gender or sex listed in their court or

child welfare records" (Leno, 2015, p.1). This policy takes specific steps designed to promote a feeling of safety and inclusivity for a transgender youth in foster care, by both incorporating the youth's voice into the housing decisions as well as ensuring that caregivers are adequately trained and supported to provide for the unique needs of the transgender youth in their care. However, given that this is very recent legislation, there is a need for follow up research on the impact of these policies with regard to a transgender youth's feelings of safety in their foster placements.

Access to Appropriate Medical Care. When discussing 'Access to Appropriate Medical Care,' this researcher was examining policies that help facilitate access to medical care that is appropriate given the unique health care needs of a transgender youth. While access to services was mentioned in several policies, through the lens of this comparative policy analysis, the language used was in no way specific to transgender foster youth, nor could it easily be used to support that population. The challenges transgender youth may face accessing trans-specific, gender affirming, medical services are significant. Insurance companies, medical provider, mental health workers (who often times must consent for certain gender affirming procedures), act as "gatekeepers" and restrict access to necessary and appropriate services.

This gap in policy also sheds light on the fact that medical providers may not have the training necessary to meet the needs of their transgender patients. No current child welfare policy mentions the specific medical circumstances that may be a part of a transgender youth's development, necessary considerations that may exist, or the need for gender-affirming practices when working with transgender youth. Given this serious lack of policy, there is significant cause for concern regarding the ability of the child welfare system to provide adequate medical care for the transgender youth it serves. It also raises the question of priorities within the child welfare system and brings to light age-old problems of discrimination, repression, and the disenfranchisement of vulnerable populations.

Mental Health Support. Policies that addressed 'Mental Health Support,' in the context of this comparative policy analysis, were policies that advocate for access to mental health services specifically tailored to the unique needs of a transgender youth. Some areas of focus may include processing trauma as well as developing self-determination and practicing the ability to self-define one's own gender.

Mental health support is available to most foster youth through Katie A., if they meet the requirements. However, as mentioned above with regard to medical providers, there is no policy regarding the need to provide clinicians, or any medical professionals, to be trained in culturally sensitive practices and a cultural understanding of the needs of the transgender foster youth population. By making these types of services available, transgender youth are more likely to receive services that are engaging as well as appropriate to their lived experiences. However, as mentioned previously, this researcher wonders whether engagement in services is the ultimate goal and what other priorities may be taking precedence when it comes to allocation of resources.

Support Developing Supportive Social Network. Finally, policies that supports transgender youth in connecting with and maintaining supportive relationships with family, friends and supportive community members were examined through this comparative policy analysis.

Given the significant impact a lack of social relationships supports can have on foster youth, coupled with the additional challenges that some transgender youth have with developing and/or maintaining relationships with friends and family, there is a need for policy that supports the needs of transgender foster youth in developing supportive relationships with family members and friends. Many child welfare policies discuss efforts to maintain children in homes and extend reunification service timelines in order to increase chances that children will be able to reunify with their parents. However, there is no specific policy that addresses the unique needs of the transgender youth population. There is nothing that speaks to the potential for traumatic experiences within family dynamics relating to a youth's gender identity nor is there mention of policy supports to work with families around issues that arise regarding a youth's gender identity. Again, the reoccurring theme of providing general guidelines for services to be provided to children within the child welfare system, with no acknowledgement of the unique circumstances and cultural considerations that come into play for different groups of people.

Considering that local child welfare agencies, like Marin County Children and Family Services, generally only create new policies and protocols after receiving state and/or federal mandate to do so, it is imperative that these trans-specific policies begin to be written at the higher levels of government so that

they can be disseminated to local agencies and be put into practice.

The following, and concluding, chapter of this research will exam limitations of this research, discuss the implications for social work, as well as plans for reporting the findings of this comparative policy analysis.

Conclusion

The goal of this comparative policy analysis was to determine if Marin County child welfare is equipped to meet the needs of transgender youth in the child welfare system. While there is no local policy in Marin County that addresses the specific needs of transgender youth in the child welfare system, there are policies at the state and federal level that speak directly, and indirectly, to the needs of this population. Through a review of the literature, this researcher identified areas of need where transgender youth could benefit from further support and advocacy. The policy analysis framework was then used to analyze current child welfare policies and their ability to support the identified areas of need. The majority of the policy spoke to the need to train providers and caregivers about the rights and protections against discrimination held by transgender youth, as well as the culturally sensitive practices and training that should be used when working with transgender youth. These policies were directly related to appropriate training for all service providers as well as safe and inclusive housing. However, they were by no means comprehensive.

There was no policy that spoke specifically to access to appropriate medical care for transgender youth or mental health support with a focus on the specific needs of the transgender population. There was also no policy that directly spoke to working with families and/or friends of transgender youth to support the youth in developing supportive social networks. Because of these findings, there is still significant legislative work to be done in ensuring that the needs of transgender youth in the child welfare system are being met to ensure their safety, permanency and well-being.

Limitations

There were several limitations to this comparative policy analysis. The first being that there is a plethora of policy and legislation that regulates the Child Welfare System. However, very little policy is specific to transgender youth in the child welfare system. That being said, the analysis utilized several examples of policy that “could” be applied to transgender youth in the child welfare system, rather than policy that “is” explicitly used to meet the needs of transgender youth in the child welfare system. Secondly, there is limited research available that is specific to the transgender community. There is a growing body of research with regards to the LGBTQ community, however, transgender specific research

is still an area that needs expansion. Because of this, the literature review, designed to identify needs of transgender youth in the child welfare system, was based on limited data and could possibly have been more thorough if there was more transgender specific data available. Without more social research, developing policy and best practices informed by communal knowledge and lived experiences will be a real challenge. Because of these findings, there is a serious need for future research designed to explore the experiences and needs of the transgender community.

Social Work Implications

Currently there is little specific policy with regard to transgender youth in foster care at the state and federal level, and no specific policy and/or protocols in Marin County Child Welfare system. Given that most local policy comes out of state mandates driven by state and/or federal policy, there is a need for a significant policy development that speaks directly to the needs of transgender youth in the child welfare system. Especially with regards to access to appropriate gender affirming medical care and mental health services.

The majority of policy that did speak to transgender youth in the child welfare system addressed the need for all service providers and caregivers to be appropriately trained with regards to the rights and unique needs of this population. Local agencies, like Marin County Child Welfare, could use this existing policy to further develop awareness campaigns, training programs, as well as adoption of more sensitive and inclusive practices.

The preparation of social workers to work with vulnerable populations, such as transgender youth, in the child welfare system should begin before workers even enter the field of child welfare. Bachelor of Arts in Social Work (BASW) and Masters of Social Work (MSW) programs should provide extensive training and curriculum related to the unique cultural considerations that exist when working with transgender youth, especially given that such education is mandated of foster families, group home staff, and other caregivers. Social workers should be resources for these previously mentioned caregivers and therefore, their training in providing inclusive, gender affirming support and access to services should be extensive. This training should begin at the University level and continue at the professional level.

Given the current state of policy with regards to transgender youth, there is a real need for social workers and other providers to take it upon themselves to provide a gender inclusive practices and services in their work. Until larger state and federal mandates are developed, it will fall to individual workers and providers to implement gender inclusivity and sensitivity in their own practices. A myriad of resources on best practices when working with transgender individuals are available online and in the community.

This is especially important for anyone operating in the role of social worker. The National Association of Social Workers (NASW) Code of Ethics states that social workers should not only seek to end discrimination based on gender identity or expression, but that social workers should also work to be aware of their own biases that could impact their ability to serve this population as well as seek education to better understand the nature of issues related to gender identity and expression (NASW 2017). Therefore, even if policy does not currently exist, there is a call to action for social workers to step up and make changes in their own practice to better serve transgender youth in the child welfare system.

Finally, social workers should also advocate and lobby for legislative changes that would increase awareness, knowledge and support for the needs of the transgender youth population in the child welfare system. It is this researcher's opinion that only through high level policy change will there truly be the means to see comprehensive policy and protocol development at the local level.

Plans for Reporting

The findings of this comparative policy analysis will be available at the J. Paul Leonard Library at San Francisco State University. This researcher will also share the findings and recommendations of this comparative policy analysis with the Marin County Department of Children and Family Services.

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