

Supporting Mental Health and Well-Being of LGBTQIA+ Children in Foster Care

Executive Summary

The Department of Health and Human Services (HHS) proposed a nation-wide rule that would try to ensure safe placements for LGBTQIA+ youth by requiring foster agencies and providers to offer training materials, foster parents to obtain cultural competency training, and providers to have review systems in place to house kids in safe and supportive environments, defined as free from hostility, mistreatment, or abuse on the basis of identity as well as recognizing gender identity and pronouns, allowing the child to express their identity, and facilitating child's the access to age-appropriate resources, services, and activities including gender-affirming care.

This policy brief is in support of this proposed rule. Substantial evidence that loving, supportive, and safe relationships can mitigate risks for social, cognitive, and emotional difficulties that can occur in trauma-exposed children. LGBTQIA+ youth are at high risk for maltreatment or abuse in foster settings. Despite the evidence that safe placement with accepting caregivers can serve as a protective factor for this population, the proposed rule is being opposed by some members of the Congress. This policy brief intends to offer information to illustrate the importance of this rule and propose solutions and recommendations.

Background

- Between 15.5 and 30.4 % of youth involved in the child welfare system identify as LGBTQIA+ (Baams et al., 2019, Dettlaff et al., 2018, Wilson & Kastanis, 2015).
- Sexual and gender minority youth in foster care experience disproportionately poorer outcomes in medical health, mental health, and well-being.
- LGBTQIA+ youth report significantly higher rates of mental health problems (i.e., depression, suicidality), trauma, substance use, psychiatric hospitalization, and major physical illness, compared to non-LGBTQIA+ youth (Baams et al., 2019, Dettlaff et al., 2018, Scannapieco et al., 2018, Wilson & Kastanis, 2015).
- LGBTQIA+ youth are less satisfied with their experiences in foster care than their cisgender and heterosexual peers (Wilson & Kastanis, 2015).
- LGBTQIA+ former foster youth reported feelings of dehumanization, depersonalization, voicelessness, entrapment, and institutionalization as part of their care experiences (Capous-Desyllas & Mountz, 2019).
- LGBTQIA+ youth often experience marginalization, discrimination, and a lack of acceptance in different phases of the contact with the child welfare system, from referral into the system to aging out or leaving care (Kaasbøll et al., 2021).
- Researched resilience factors to help mitigate negative experiences in foster care for LGBTQIA+ youth:
- Provision of affirming and nurturing relationships and emotional and instrumental supports by foster parents and providers (González Álvarez et al., 2021, McCormick et al., 2016, Schofield et al., 2019).
 - Training curriculum (adapted from Connecting; Haggerty et al., 2016) that focuses on building foster caregivers' and providers' knowledge and support of LGBTQIA+ youth (Salazar et al., 2023).
- There is strong empirical support that highlights the great need to ensure safe placements for LGBTQIA+ youth by requiring foster agencies and providers to offer training materials, to obtain cultural competency training, and for providers to have review systems in place to house kids in safe and supportive environments.

Policy Recommendations

There are two main critiques from opposing arguments:

- 1) The rule may be imposing on the religious freedom of providers or caretakers (Marshall et al., 2023; SAFE Home Act, S. 3438, 2023).
 - The proposed rule is **not** requiring parents to support long-term medical treatments (e.g., surgeries), but merely to put effort into understanding and showing respect to the foster youth, even if they disagree (Migdon, 2024).
 - Religious freedom is not to be used to discriminate or impose beliefs on those who do not share them (ACLU, 2024). As foster providers gain federal financial assistance, they are tied to following Title IX and cannot discriminate, or deny basic beneficence trainings, based on sex or gender.
 - Compliance may be improved if providers are given incentives to complete training and show efforts to supporting the mental health of LGBTQIA+ youth by following the proposed rules.
- 2) The rule may hinder recruitment efforts from foster families, many of whom are religious (Marshall et al., 2023; SAFE Home Act, S. 3438, 2023).
 - Efforts can be made to recruit affirming families, including special support or incentives to LGBTQIA+ and supportive families or more speaking engagements to advocacy organizations or supportive communities in which the need is explicated on (Capacity Building Center for States & Children’s Bureau).
 - Allow foster providers to explicitly state they do not wish to align with the rule, and strategic decisions for placement can be done based on this statement. With this in mind, under no circumstances should LGBTQIA+ youth be forced to participate in “conversion therapy” efforts as these have been shown to be significantly detrimental to mental health and have been condemned by every major medical and mental health association (Child Welfare Information Gateway, 2013; Independent Forensic Expert Group, 2020). Under these circumstances, the following recommendations should still be implemented:
 - Provide supportive and educating books, brochures, and posters in agency or care facility waiting rooms, as well as educational settings, to curate a safe space (Capacity Building Center for States & Children’s Bureau; SAMHSA, 2014).
 - Create a sense of normalcy about being LGBTQIA+, such as asking and learning about each person’s sexual and gender identities during intake processes, which can help keep better track of how many LGBTQIA+ youth are present in the foster system and place them with appropriate families (Capacity Building Center for States & Children’s Bureau).
 - Health-care providers who are competent in LGBTQIA+ concerns should be sought out by foster parents, and topics such as sexual health, transition-related treatment, and mental health should be regularly discussed in a nonjudgmental, frank, comprehensive, and compassionate way (Child Welfare Information Gateway, 2013).

Conclusion

Evidence shows that sexual and gender minority youth in foster care are overrepresented in this system and experience disproportionately poorer outcomes in physical and mental health and well-being. However, there is also plentiful evidence that resilience can be built through affirming and supportive foster placements and care. Therefore, **the proposed rule is a prime opportunity to enhance the wellbeing and life of the LGBTQIA+ foster youth.**