Moving a Child Welfare System
to Be More Affirming of the LGBTQ Community:
Strategies, Challenges and Lessons Learned
INITIATIVES FROM 2009 THROUGH 2016

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A NOTE FROM THE AUTHORS

This report is our best effort to concisely and honestly summarize Allegheny County's Department of Human Services' work to better serve the LGBTQ community over the last few years so that others can learn from it. We have provided a list of resources that were developed during this process at the end of the report. Please reach out if you think any of these documents — or a conversation with us — would be useful.

A Note About Language

Sexual orientation, gender identity and gender expression (SOGIE) are elements of identity that all of us possess. Lesbian, gay, bisexual, pansexual, asexual, queer and heterosexual are some of the terms used to describe identities related to sexual orientation. Transgender, gender diverse, genderqueer, gender fluid, agender, cisgender, man, woman and Two-Spirit are some of the ways people describe their gender identity. Terms related to gender expression include androgynous, feminine, masculine, etc. To simplify the use of language in this document, we use SOGIE to represent the broad frame of all possible sexual orientations, gender identities and gender expressions. LGBTQ (lesbian, gay, bisexual, transgender, queer and questioning) is an acronym that is used throughout this document to refer to all individuals who are not heterosexual or cisgender. In places where the 'Q' is left out of the acronym, this is done to reflect the actual name of a group or committee. Select terms related to sexual orientation, gender identity and expression will be defined in the glossary that starts on **page 4**.

ACKNOWLEDGMENTS

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GLOSSARY

Agender: A person who identifies as having no gender or being without any gender identity

Asexual: A person with little to no interest in sexual activity or attraction

Administration for Children and Families (ACF): A division of the U.S. Department of Health and Human Services

Affinity group: A group of people linked by a common ideology or purpose. Affinity groups promote an inclusive environment where all members are empowered to participate and succeed.

Allegheny County Human Relations Commission (HRC): Investigates discrimination complaints with the goal of ensuring equal opportunities for employment, housing and use of public accommodation facilities for all

Androgynous: A person who has a combination of masculine and feminine gender expression or the lack of gender identification; neither clearly masculine nor clearly feminine in appearance

Bisexual: An umbrella term for people who recognize their potential for sexual and/or emotional attraction to more than one gender

CSSP: The Center for the Study of Social Policy

Cisgender: Having a gender identity that aligns with a person's sex assigned at birth

Community Care Behavioral Health: A nonprofit Behavioral Health Managed Care Organization (BH-MCO), which manages the Allegheny County HealthChoices program on behalf of DHS

DHS: [Allegheny County] Department of Human Services, also referred to as "the Department" in the document

Gay: An identity term used by some men who are attracted to male-identified people; sometimes used by the general public to refer to all people who are attracted to people of the same gender

Gender diverse: Behavior or gender expression that does not match societal norms for people perceived to be male or female based on sex assigned at birth. (Other terms describing the same concept are gender nonconforming, gender variant, or gender expansive.)

Gender expression: The ways in which a person communicates gender identity to others through such things as behavior, clothing, hairstyle, voice, body characteristics, roles and other aspects

Gender fluid: A term used by some individuals whose gender identity may vary at different points in time

Gender identity: A person's internal sense of being male, female, some combination of male and female, or neither male nor female

Genderqueer: A term used by some individuals who identify as being between and/or other than male or female. They may feel they are neither or a little bit of both, or may simply feel restricted by gender labels.

getR.E.A.L.: (Recognize. Engage. Affirm. Love.) A CSSP initiative designed to help transform child welfare policy and practice to promote the healthy development of all children and youth. Sexual orientation, gender identity and expression (along with race, ethnicity and disability) are part of the identity formation that occurs in adolescence. CSSP focuses on needed improvements that are critical to ensuring that attention to healthy sexual development and gender expression is part of the framework child welfare agencies use to promote the healthy development of all children and youth.

Intersectionality: The theory that the overlap of various social identities, such as race, gender, sexuality and class, contributes to the specific type of systemic oppression and discrimination experienced by an individual

Lesbian: An identity term used by some woman-identified individuals who are attracted to other woman-identified people

LGBT(Q,A): Lesbian, gay, bisexual, transgender (queer or questioning, ally)

Non-binary: Describes genders that do not fall into male or female categories

Pansexual: An identity term used by individuals who recognize and honor their capacity to be attracted to others regardless of gender identity

PERSAD Center: A Pennsylvania-based human services organization whose mission is to improve the well-being of the LGBTQ (lesbian, gay, bisexual, transgender, queer and questioning) communities, and the HIV/AIDS communities. The center serves its target populations and their loved ones across western Pennsylvania, with service centers in Pittsburgh and Washington, Pa.

Queer: A historically derogatory word in the process of being reclaimed by the LGBTQ community as an umbrella term for LGBTQ identities. The term may also be used to describe an individual identity in which one experiences a fluid or flexible gender and/or sexuality, or rejects the use of other labels.

RFP: Request for proposals

Safety, Permanency and Best Practice Specialists (SPBPSs): A child welfare position that is responsible for mentoring staff on implementation of policies, procedures and standards of practice. They conduct a thorough review of individual cases and outline practice concerns, along with recommendations on ways to enhance practice. SPBPSs also make recommendations to child welfare administration for policy change or enhancement, along with identifying ongoing training and educational needs.

Safe(r) Spaces: A training designed to help individuals build self-awareness and explore their own internal biases in an effort to become a safe(r) space for work colleagues and others. The phrase "safe(r) spaces" is intended to denote the idea that very few, if any, spaces are completely safe for everyone and that we must continue to work toward creating spaces that can be as safe as possible, recognizing the potential for a space to become unsafe at a moment's notice. A Safe(r) Space designee is an individual who has completed the training and has pledged to work toward creating an inclusive and equitable environment that is free of bias, judgment, and potentially threatening actions, ideas or conversations.

Sexual orientation: An enduring pattern of romantic or sexual attraction (or a combination of these) to people of a different sex or gender, the same sex or gender, more than one gender, or none

SOGIE: Sexual orientation, gender identity and (gender) expression

Trans, trans* and trans+: All three of these terms are used as abbreviations of transgender and/or as ways to more explicitly communicate inclusion of the full breadth of people whose gender identities are something other than was expected of them at birth. Trans* came about in the 1990s and had a huge but relatively brief spurt of popularity in the early 2010s. Trans+ is a more recent variant that plays on the trend of adding a plus sign to terms like LGBTQ to denote greater inclusion.[1]

Transgender: Having a gender identity that does not align, according to societal expectations, with a person's sex assigned at birth

Two-Spirit: An identity term used by some individuals who have both a masculine and a feminine spirit; used by some First Nations people to describe their sexual, gender and/or spiritual identity

[1] The Radical Copyeditor's Style Guide for Writing About Transgender People. Available at https://radicalcopyeditor.com/2017/08/31/transgender-style-guide/

SUMMARY

In an effort to work toward providing culturally responsive and affirming services and supports to LGBTQ communities involved with Allegheny County's Department of Human Services (DHS), the first Department-wide LGBTQ work group began at DHS in June 2009. At the time, gender and sexuality were not openly discussed as a part of practice at DHS and the experiences and needs of LGBTQ communities were not well-understood.

Fast forward to the summer of 2016. At this time, DHS was three years into a partnership with the Center for the Study of Social Policy (CSSP) to pilot guidelines for managing information related to gender and sexuality. The initiative, getR.E.A.L., is aimed at improving healthy sexual and gender identity development for youth in the child welfare system. A full-time project manager dedicated to improving practice and with stronger relationships throughout the LGBTQ community led the effort. In addition, DHS:

- Began to address bias in the workplace

- Established an Advisory Council, later disbanding it and replacing it with other methods of engagement

- Developed written practice guidance related to gender and sexuality

- Implemented a train-the trainer program for the entire child welfare network, including partner agencies

- Provided case consultations

- Changed information systems to collect data related to gender and sexuality

This report is our attempt to honestly share our experiences during this time, as we worked to better understand and serve the LGBTQ communities of Allegheny County, with the hope that others can learn from our work. While progress was made, we still have a long way to go. As we report out in the midst of our journey, we will share with you some of our priority strategies, challenges and lessons learned from 2009 through 2016.

Foundational Elements

The following are some of the strategies and priorities we share in the full report. They are also the building blocks we believe are necessary to a successful change effort that addresses the diverse needs of LGBTQ communities.

- **Leadership buy-in** is required to make change in a meaningful way. Leaders who are truly bought in provide active support to facilitate project success. Examples of this type of support include: signaling an affirming agency stance, prioritizing project initiatives, providing resources, supporting policy change, holding staff and contracted organizations accountable to established standards, and providing project staff access to key stakeholders.

- **Dedicated staffing** provides the capacity for staff to develop expertise and thoughtfully implement an action plan through a process that is collaborative and well-communicated. This is necessary because this effort requires focused attention and energy on planning and strategy, engagement, content development, training, providing individual consultations and various other activities. It also enhances accountability since there is someone who holds responsibility for moving the work forward and is able to monitor tasks and actions for which others are responsible.

- **Guidance around practice** in the form of policies, procedures or standards of care is essential for supporting practice change. Clear, written guidance is critical for communicating expectations and holding staff and contracted organizations accountable to best practices. It also serves as the foundation for training materials and a consistent resource for staff as they encounter new or challenging circumstances in their work with children and families.

- The value of authentic **relationship-building** cannot be overstated. Investing the time and resources to build relationships with a wide variety of stakeholders is mutually beneficial and improves the quality and relevance of the work prioritized within a government body.

- **Integrating SOGIE into existing practice models** and systems is a must-have strategy for the work to be sustainable. In government systems, especially child welfare, there are numerous special initiatives and reform efforts that fade over time. The chances of efforts to improve practice related to SOGIE being taken seriously, resulting in better outcomes for children and youth, and being sustained over time, improve if best practices can be woven into the fabric of the core practice model and infrastructure, rather than being perceived as another add-on project.

- **Resources** are scarce in the human services sector, but they are necessary. Resource investments are needed both internally (staffing, supplies, training, outreach) and externally (contracting and investment in community-based services).

- **Commitment.** Finally, both personal and organizational commitment are needed to make real and lasting change. Transformation often comes through conflict, and progress is not always steady. Sometimes great strides follow on the heels of significant setbacks, and real commitment is needed to get through the challenging periods.

THE FRAMEWORK

This report describes the challenges, successes and lessons learned that came with the work of shifting perspectives about LGBTQ communities in a local government organization. Much of the work was focused on affecting change in the child welfare system, but progress in that arena created ripple effects that continue to foster change in other areas of DHS.

The report is organized into five sections. The first describes the organizational structure of the DHS and the social climate of the region. Each subsequent section reflects a different period of time during which the nature of the culture-change work occurring within DHS was substantively different, though the stages were not deliberately planned ahead of time.

The first four sections describe work that occurred in the past, while the fifth is forward-looking. The title of each section is a present-day reflection on what occurred during that time and how it contributed to the progress achieved over the last several years.

The **Background** section describes Allegheny County and its Department of Human Services to provide context for the later sections.

The section titled **Laying the Groundwork** outlines the early activities happening at a Department-wide level from 2009 through 2011. DHS's first LGBT work group, representing all DHS offices, investigated and formed recommendations for how DHS should address a number of priorities presented by leaders within the community.

Building Momentum describes efforts during 2011–2013. Lessons are shared from DHS's experience with its LGBTQ Advisory Council and the early efforts to develop a stronger base of knowledge within the Department.

Tipping Child Welfare encompasses 2013–2016 and focuses on activities accomplished within the child welfare system under the getR.E.A.L. initiative. The grant-funded pilot project allowed for the hiring of a dedicated staff person to lead culture and practice improvements related to gender and sexuality. We highlight key strategies and lessons learned from our assessment, engagement and implementation activities.

Sustaining & Growing lays out future opportunities and challenges to be addressed across DHS. This section highlights the work that remains, and we reflect on the key challenges that surfaced as we attempt to take the work to scale and expand into other service systems.

Background

ALLEGHENY COUNTY DEPARTMENT OF HUMAN SERVICES (DHS)

The Allegheny County Department of Human Services (DHS) was created in 1997 to consolidate the provision of human services across Allegheny County. In addition to its Executive Office, DHS encompasses Integrated Program Services, three support offices, and four program offices (displayed below).[2]

[2] During most of the time covered by this report, DHS consisted of five program offices. Consolidation in May of 2017 resulted in four program offices.

EXECUTIVE OFFICE

INTEGRATED PROGRAM SERVICES

SUPPORT OFFICES (AIMS, OCR, DARE)

CHILDREN, YOUTH & FAMILIES

INTELLECTUAL DISABILITY

BEHAVIORAL HEALTH

AGING
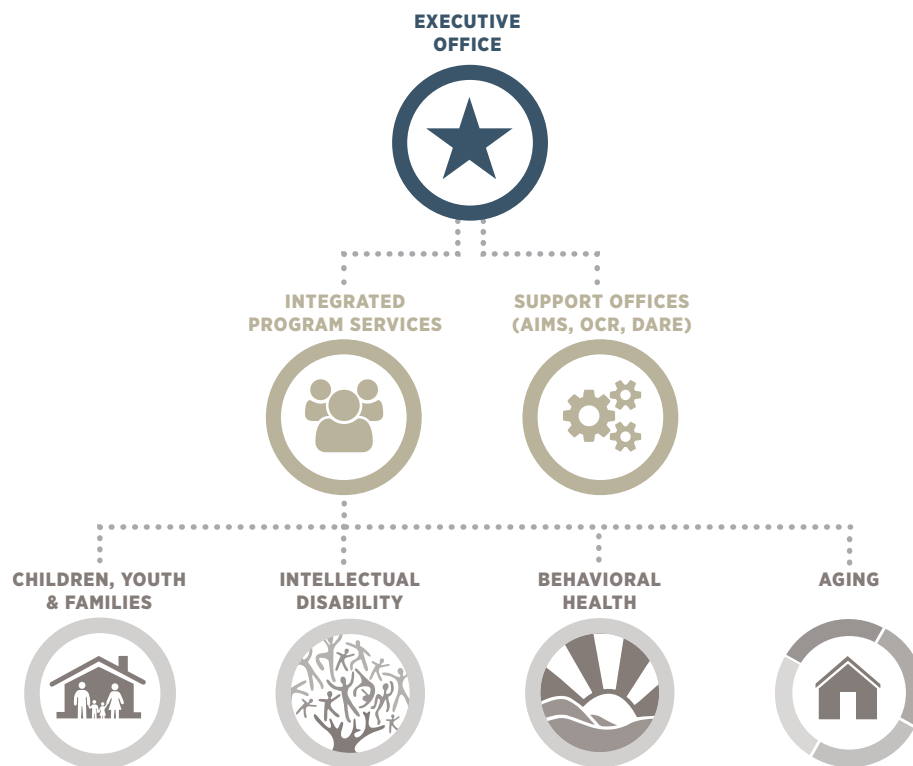
DHS is responsible for providing and administering publicly funded human services to Allegheny County residents and is dedicated to meeting these human services needs, particularly for the County's most vulnerable populations, through information exchange, prevention, early intervention, case management, crisis intervention and after-care services.

DHS provides a wide range of services, including: services for older adults; mental health, and drug and alcohol services (includes 24-hour crisis counseling); child protective services; at-risk child development and education; hunger services; emergency shelters and housing for the homeless; nonemergency medical transportation; and services for individuals with intellectual and/or developmental disabilities.

In any given year, DHS serves about 200,000 individuals (approximately one in six County residents) through an array of approximately 1,700 distinct services. Most services are administered through a network of about 300 contracted provider agencies.

ALLEGHENY COUNTY, PENNSYLVANIA

Allegheny County, home of the City of Pittsburgh, is one of 67 counties in the Commonwealth of Pennsylvania. The population size is approximately 1.2 million people, with about 300,000 living within city limits. The County's population is 82 percent white and 13 percent black. The percentage of people of color is higher within the City of Pittsburgh at 34 percent (26% black).[3] The City is ranked among the top 20 most segregated cities based on analyses of 2010 Census data.[4] The LGBTQ communities are geographically segregated by race in the same way as the general population.

Pittsburgh does not have an area that is recognized as the "LGBTQ neighborhood." Although many LGBTQ-serving bars and service agencies are in neighborhoods in the eastern part of the city (which are generally considered to be more "open"), there are not clear geographically safe spaces, particularly for queer people of color.

A countywide anti-discrimination ordinance inclusive of protections based on sexual orientation, gender identity, gender expression and marital status was passed on July 1, 2009, by the Allegheny County Council. As of May 2018, no statewide protections from discrimination based on sexual orientation, gender identity or gender expression (SOGIE) exist. The five counties immediately surrounding Allegheny County do not provide any legal protections from discrimination on the basis of SOGIE.

[3] U.S. Census Bureau. "Community Facts." 2015 ACS 5-Year Population Estimate. Available at https://factfinder. census.gov/faces/nav/jsf/ pages/community_facts. xhtml

[4] Baird-Remba, Rebecca and Gus Lubin. 25 April 2013. "21 Maps of Highly Segregated Cities In America." *Business Insider.* Available at http:// www.businessinsider.com/ most-segregated-cities- census-maps-2013- 4#pittsburgh-penn--black- people-stick-to-a-few-areas- on-the-east-side-4.

> ### Allegheny County Anti-Discrimination Policy
>
> The Allegheny County Department of Human Services does not discriminate against anyone on the basis of a protected class including: race; color; religion; national origin; ancestry or place of birth; sex; gender identity or expression; sexual orientation; disability; marital status; familial status; age (40 and older); use of guide or support animal because of blindness, deafness or physical disability.

Marriage equality came to Pennsylvania on May 20, 2014, after a U.S. federal district court judge ruled that the ban on recognizing same-sex marriages was unconstitutional.

Laying the Groundwork

June 2009 — Community leaders ask DHS to take action

Internal LGBT Work Group established

July 2009 — County Anti-Discrimination Ordinance passed

May 2011 — First LGBTQ Affairs Intern is hired

July 2011 — LGBTQ Work Group issues recommendations to DHS leadership

DHS expands Anti-Discrimination statement printed on outreach materials

August 2011 — DHS leadership commit to ongoing work and establishing an LGBTQ Advisory Council

September 2011 — LGBT Work Group disbands and a member is selected as ongoing LGBTQ Affairs Manager

THE LAUNCH OF DHS-WIDE EFFORTS

[5] Betty Hill (PERSAD Center), Emilia Lombardi (University of Pittsburgh), Marty Seltman (Metro Family Practice) and Adrienne Walnoha (Community Human Services)

In June 2009, a group of community stakeholders[5] approached DHS leadership to request that the Department examine and respond to a 14-point list of community questions and recommendations for serving LGBTQ individuals. Leadership agreed and assembled a work group consisting of volunteers from each DHS office to review the list of recommendations provided by community members. The work group was also charged with developing additional recommendations and action steps to be presented back to DHS leadership.

This was the official launch of Department-wide efforts to understand and address the needs of the LGBTQ communities. Prior to this, individuals working in various areas of the agency made efforts to influence services and office culture to be more inclusive, but there was not collaboration or agenda-setting across the Department. While not included in the scope of this report, their contributions made an impact and helped ready the Department for changes to come. This section outlines the activities, successes, challenges and lessons learned through the early process of beginning to examine responsiveness to LGBTQ communities across the Department.

[6] LGBT was the widely accepted acronym at the time the 14 points were drafted.

The 14 Points[6]

Community leaders submitted the following recommendations to DHS for consideration. These points served as the scope of work for the DHS LGBT Work Group from 2009 through 2011.

1. Investigate the inclusion of transgender people within homeless shelters.

2. Schedule transgender trainings for all DHS staff as well as program staff providing services within the community.

3. Reinforce the knowledge that Pittsburgh has an anti-discrimination law that includes sexual orientation, gender identity and expression.

4. Establish an LGBT advisory board.

5. Utilize signage to communicate that the safety and well-being of LGBT people is taken seriously.

6. Utilize measures that will allow people to identify themselves as LGBT, including in DHS data systems.

7. Develop written policies covering issues of respect, confidentiality, housing placements, bathroom and shower policies, harassment, and topics for intake conversation.

8. Develop policies regarding the confidentiality of people's LGBT status, which includes referrals made on behalf of that person.

9. Dress codes, if necessary, should be implemented fairly and be supportive of people's lives.

10. Examine LGBT people's usage and comfort with services. Examine the experiences of LGBT youth within child welfare; how are experiences of bullying and harassment handled?

11. Identify whether providers are available to provide for the community's needs.

12. Identify relationships with LGBT organizations.

13. Make available material that is inclusive of LGBT individuals.

14. Work to renovate bathroom and shower areas to allow for the privacy of ALL people as well as the provision of hygiene products to respond to a diversity of needs.

Staffing

The LGBT Work Group was led by the Senior Policy Manager who reported directly to the DHS Director. A call for work group members was sent out to leadership of each DHS office, and 21 staff volunteered or were selected from the eight DHS offices.

WORK GROUP PROCESS AND RECOMMENDATIONS

The 21 work group members split into subcommittees, each focusing on one or more of the 14 points. Items were grouped into like categories, which included: Advisory Group, Data Collection, Education and Training, Experiences of Consumers and Providers, Housing, and Policies and Procedures.

Staff engaged in research to address the issues but struggled to gain traction on several items because group members did not have enough direct experience to understand the current challenges of LGBTQ individuals within the community and the DHS service system.

Staff engaged in research to address the issues, but struggled to gain traction on several items.

The activities of this work group extended over a two-year period before their recommendations were presented to DHS senior leadership in July 2011.

The recommendations issued to DHS leadership through the course of the process included:

- Broadening the DHS non-discrimination statement to include marital status, sexual orientation, gender identity and gender expression

- Establishing an LGBTQ Advisory Council

- Collecting SOGIE data in DHS case management systems

- Educating DHS staff and the provider network on the protections included in the Allegheny County Anti-Discrimination Ordinance

- Training all DHS staff on how to provide services in a manner aligned with the anti-discrimination ordinance

- Developing policy or memoranda clarifying best practices and expectations for DHS staff and providers

- Supporting ongoing efforts of the work group to better understand consumer experiences and best practices

DHS leadership accepted some of the recommendations, including broadening the DHS non-discrimination statement, establishing an Advisory Council, and committing to continuing to support the work. Members of the work group recruited for and selected individuals to serve on the DHS LGBTQ Advisory Council, and two group members were identified to serve as Council facilitators. One would also serve as the LGBTQ Affairs Manager to continue to do the work at a DHS-level moving forward; at this time, the original work group was disbanded.

Challenges

- Group members lacked connections to, and an understanding of, our local LGBTQ communities. We explored the research but lacked local knowledge that extended beyond our personal experiences.

- Very few work group participants were openly LGBTQ.

- Work group members did not have sufficient knowledge of best practices for serving LGBTQ individuals, nor how they compared to the status quo within the DHS service system. As a result, we were not well-positioned to make substantive recommendations for improvements.

What Worked Well

- Work group members were primarily those who self-selected to help and were committed to the project. Members continued to serve as resources following the work, and were an early version of a network of advocates (called LGBTQA Champions) across DHS.

- The work group included members from each program area, bringing a range of perspectives.

- The executive director of the PERSAD Center provided LGBT 101 training for DHS senior staff and work group members.

- The process made DHS staff realize how little we knew and how much we had to learn.

- When the work group disbanded, a staff person was given the opportunity to continue the work moving forward.

Lessons Learned

- Establishing strong connections to the community is necessary for gathering information about the conditions in the community, best practices and how best to move forward.

- Capitalize on community leaders' interest in working with us, and actively involve them and invite them in to strategize about how we could work together.

- Intentionally keep internal work group members engaged in the work in following years.

- Be inclusive and intentionally maintain an intersectional frame (considering all aspects of identity), even when doing LGBTQ-focused work. For example, when the work group recommended to DHS leadership that the DHS Non-Discrimination Statement language be updated, the updates did not include language for all identities that had recently gained legal protections. The language had to be revisited and revised later, creating confusion and missing opportunities to educate people about their full protections.

- It is important to have committed and designated leadership to push this work forward. Even though we had a team of dedicated and interested staff on the work group, the work lagged when the staff managing the work was absent. As a result, it took two years to produce recommendations.

Building Momentum

October 2011 — Homeless system reviewed for LGBTQ inclusiveness

December 2011 — DHS LGBTQ Advisory Council established

February 2012 — (Internal) Guidance provided to child welfare for housing trans youth in congregate settings

June 2012 — Advisory Council releases DHS brochure for the LGBTQ community

DHS tables at Pride activities for first time

August 2012 — DHS launches monthly online Resource Newsletter

February 2013 — Council submits letter to DHS leadership regarding communication of County Anti-Discrimination Ordinance

June 2013 — DHS hosts Ally Celebration Party for staff during Pride Month

DHS participates in Pride March for the first time

Internal LGBTQA Champions group is formed

getR.E.A.L. partnership is established with the Center for the Study of Social Policy (CSSP)

In the two years following the work group's recommendations to DHS senior staff in 2011, many activities occurred that built the momentum to shift the DHS culture to be more affirming and open to discussing gender and sexuality. During those years, progress seemed slow and minimal. In hindsight, the activities that occurred were critical to developing the organizational readiness to launch deeper work in the following years.

The DHS LGBTQ Advisory Council, established in December 2011, played a key role in suggesting and motivating the actions that occurred during that period. This section begins by featuring the Advisory Council, and follows with an outline of the strategies used to deepen knowledge within the Department about health disparities and best practices.

Staffing

One staff person was designated to manage the DHS-wide efforts to improve services for LGBTQ clients. This staff person was located within one of DHS's support offices. No internal work group existed during this time, and the designated staff member did not experience any alleviation of daily work duties to dedicate time to this work. Most activities were staffed through intern support, fluctuating from one part-time to one full-time intern, depending on the time of year. A second DHS staff person assisted to co-facilitate the DHS LGBTQ Advisory Council.

DHS LGBTQ ADVISORY COUNCIL

The DHS LGBTQ Advisory Council was established to advise DHS Senior Staff on the human services needs of LGBTQ county residents. The three primary charges to Council members were:

- Bring human services needs of LGBTQ communities to the attention of the Council.

- Develop recommendations for how DHS should address issues of concern.

- Share information about DHS with the LGBTQ communities.

The member selection process was designed to form a council that was diverse across age, race, gender, sexual orientation, role and type of human services experience. Similar to other DHS advisory bodies, at least 51 percent of members were to identify as LGBTQ, 40 percent were to be recipients of DHS's services, and the remainder, except for one or two positions, were to be staff from the DHS network or service providers. The two open slots were filled by community members who brought strong, unique perspectives not represented by other Council members. Representatives of community groups not contracted with DHS were not eligible to participate unless they met other eligibility criteria.

The member selection process was designed to form a council that was diverse across age, race, gender, sexual orientation, role and type of human service experience.

The first few Council meetings were structured to provide members with a common foundation of knowledge and to gather their input to inform Council activities. DHS staff presented an educational overview of DHS, and a basic overview of health disparities, terminology and concepts related to gender and sexuality. The Council then participated in several activities to elicit concerns and priorities for issues to address, including grouping these priorities into categories. A final narrowing of categories informed the formation of three subcommittees: Needs Assessment, Cultural Competence Education/Training, and Outreach.

From the beginning, the Council struggled to gain traction and a clearly defined, shared sense of purpose. Despite its struggles, however, the Advisory Council's accomplishments and impact were significant. For example, the Council was responsible for encouraging DHS to participate in Pittsburgh Pride[7] activities and strengthen its community presence, members challenged DHS and spoke their truth even when it was critical of DHS, and members challenged each other and DHS staff to build their awareness and understanding of intersectionality. The Council can take credit for much of DHS's progress in this area, and its impact continues to be felt.

[7] Pittsburgh celebrates LGBTQ Pride each June with many events, including marches and community festivals.

While individual Council members had much to contribute, the Council as a whole did not have a clear sense of direction, and subcommittees did not take ownership of their focus areas. Meeting attendance was low, and members were of the opinion that the DHS facilitators spent an inordinate amount of time discussing ways to recruit and engage additional Council members. Recognizing the deficits in the model, DHS staff made the decision to dissolve the Council and replace it with a different avenue for engagement and community input (called the LGBTQ Community of Practice). This decision was not a reflection of the strength of the Council members, but rather a recognition that the Council was not positioned or designed appropriately to effectively engage with and influence DHS practice given the organizational structure at the time.

At one of the Council's final meetings, a member said to the DHS facilitators, "I am tired of talking to you. We know you are supportive. I came here to change hearts and minds, and we can't do that if we aren't interacting with other people." This message, taken to heart, helped to shape the development of the DHS LGBTQ Community of Practice. (See **page 30** for more details.)

Council Accomplishments

- Hosted a Town Hall meeting in which community members shared their concerns with a panel of DHS staff

- Published a brochure for the LGBTQ communities that spelled out how LGBTQ individuals should expect to be treated by service providers, and what to do if they were not served appropriately

- Encouraged DHS participation in Pittsburgh Pride and staffed an information booth

- Advocated for leadership to address challenges in the workplace, including strengthening communication about anti-discrimination protections

- Elevated issues in the DHS consciousness (e.g., the need for inclusive contract language, inadequacy of homeless shelters) that, while not immediately addressed, informed discussions and later resulted in program modifications

Challenges

- The Council structure was not an effective way to engage key stakeholders since many LGBTQ community groups did not hold a contract with DHS (and were therefore not eligible to serve on the Council).

- Some Council members and facilitators had less experience with discussions around intersectionality and systemic oppression. This was reflected in the language we used, and in how we approached and prioritized issues.

- Despite the effort and time commitment required to support the Council and LGBTQ-related efforts, no compensation or reduction in regular workload was provided to the DHS Council co-facilitators.

What Worked Well

- Participants were passionate and knew the needs of the communities.

- The Council provided a voice when staff within DHS did not feel comfortable speaking out.

- Members were willing to make themselves vulnerable by speaking their truth to each other and to DHS, despite a challenging power dynamic.

Lessons Learned

- Challenge traditional Council requirements and structures in order to get the right people to the table.

- Actively integrate the Council more closely into DHS work, rather than it serving as a stand-alone group with two DHS facilitators.

- Empower and provide the support necessary for Council members to lead.

- Provide staff who are facilitating or interfacing with the Advisory Council appropriate support, preparation and/or training to enhance their ability to effectively serve in their designated role.

- Rethink effective engagement, exploring how to approach all work from an intersectional lens that is informed by an understanding of oppression of marginalized groups.

- Hold more forums for conversation and community feedback.

SHARING RESOURCES AND CREATING AN INTERNAL NETWORK OF CHAMPIONS

DHS was encouraged by Advisory Council members to consider forming an affinity group for DHS staff. In 2012, we hosted an internal meeting to discuss the possibility; invited were all internal applicants to the Advisory Council, participants in the first work group, and other individuals who had expressed interest in the work. The atmosphere in the room was one of hesitance and fear. Several staff members said they did not feel safe enough in the workplace to participate in an affinity group or even an email group that would have a mailing list visible on the work email server. There was not a critical mass of LGBTQ staff interested in forming a group. Instead, the LGBTQ Affairs intern researched other possibilities, and the *DHS LGBTQ Resource Newsletter* was launched through MailChimp. This platform allowed us to communicate with everyone in a confidential manner, and people could subscribe or unsubscribe from the list as they desired. This strategy allowed us to share information with a wide network, but it did not provide the opportunity to build relationships or create an effective feedback loop.

Designed intentionally to address prior concerns, the LGBTQA Champions group was formed with an explicit invitation to allies.

In 2013, the concept of an affinity group was revisited. Designed intentionally to address prior concerns, the LGBTQA Champions group was formed with an explicit invitation to allies (the A at the end of the acronym) to participate. This explicit invitation was designed to serve two purposes: to let allies know they were welcome, and to provide a sense of safety for the LGBTQ staff who wanted to engage but were still worried about being outed in the workplace.

The invitation to participate was also introduced in an intentional manner. Staff were invited to join the Champions group at the same time that DHS hosted events within the main office building to celebrate Pride for the first time. We held an Ally Celebration Dessert Party to celebrate everyone who had contributed to a more positive environment at DHS, and hosted a table in the lobby of the building to invite staff to join us in the Pride March and sign up to be a Champion.

The invitation to participate in the LGBTQA Champions group was a success, and the energy in the room during the first meeting was one of excitement and openness — a marked change from just the year prior!

Members of the DHS LGBTQA Champions group were charged with taking an active role in the work being done across DHS to improve the workplace environment, as well as supports for recipients of service, with respect to sexual orientation, gender identity and expression. Activities have included the following:

- Promoting events, webinars and other opportunities for learning more about serving LGBTQ individuals to colleagues

- Educating colleagues about internal and external DHS efforts that promote inclusion of LGBTQ populations

- Identifying areas in which LGBTQ individuals are not receiving culturally responsive services from DHS

- Participating in community events to promote DHS efforts in this area

Challenges	• DHS staff work from several different sites, yet all on-site activities occurred at the main administrative building downtown due to limited capacity and resources. This made engaging staff from other DHS locations more challenging.
What Worked Well	• The online platform for information sharing allowed users the ability to participate confidentially, unsubscribe or change preferences as desired. • Taking time to understand group members' experiences and goals and growing with people over time developed members' ownership of the group.
Lessons Learned	• It is important to design spaces or communication channels for affirming individuals to network with each other or communicate back with the staff member leading the work. • Share resources that include actionable guidance that people can apply to their work. Provide structured support, such as learning groups or training, to increase the utilization of resources that require staff to set time aside to digest, such as lengthy written pieces or webinars.

KNOWLEDGE- AND RELATIONSHIP-BUILDING

One of the key lessons learned by the LGBT Work Group was that we had significant gaps in knowledge at DHS about what issues LGBTQ individuals faced in our service systems, how prevalent those issues were, and the best practices for addressing them. From 2011 to 2013, team members (LGBTQ Affairs Manager and graduate school interns) invested a great deal of time and energy in addressing these gaps through the following research and planning efforts.

Knowledge-Building

One of the first activities team members engaged in was creating an internal resource bank with the latest research on more than a dozen topics. This was used to identify best practices and draft informational briefs that highlighted key health disparities relevant to DHS consumers who are, or are perceived to be, LGBTQ. Briefs were shared with DHS senior staff and other stakeholders, as appropriate, to build awareness.

Most communication and information-sharing with stakeholders occurred through the monthly *DHS LGBTQ Resource Newsletter* (established in August 2012). The newsletter contains information about upcoming webinars and events, along with relevant research, news articles and resources. A static set of resources was also compiled and shared on DHS's public-facing website.[8] In 2013, a Resource Guide was added, developed by compiling all of the local resource guides we could find.

8 http://www.alleghenycounty.us/Human-Services/Resources/LGBTQ.aspx

Research

In addition to collecting information, the team invested time in research about ways to assess our environment, educate a workforce and change our systems. We visited several homeless shelters and developed a report of our findings, including suggested improvements based on best practices. We investigated the data fields in our information systems and identified opportunities for improvements. We evaluated several workforce surveys that had been implemented in other jurisdictions to determine which elements would be most relevant to include in a local survey. We also researched Train-the-Trainer models and methods for assessing and developing a list of "competent" service providers.

At the time, most of the efforts ended with a brief write-up of suggestions, stalling due to a lack of interest or staff capacity to implement recommendations. However, the research and information-gathering involved in those projects engaged DHS staff in thinking about LGBTQ populations and informed future work when the projects re-emerged with the implementation of the getR.E.A.L. initiative. (See **page 25**.)

Relationship-Building

Early relationship-building primarily occurred with members of the Advisory Council, organizations they represented and other institutional partners. For example, the project team connected with Community Care Behavioral Health, the Allegheny County Human Relations Commission, and professors engaged in research related to the LGBTQ communities at the University of Pittsburgh's Schools of Social Work and Public Health. We also connected with providers of housing services during an initial review of the homelessness system. These connections provided a good foundation, but the relationships were not maintained over time or actively built upon. See **page 28** for more information on the important role relationship-building played in the expansion of this work.

Challenges

- There was not any demand to drive the work. DHS staff did not reach out to ask for help, and the individual leading the work was not connected to direct practice staff or the community well enough to become aware of issues when they arose.

- Team members lacked expertise, especially related to serving individuals who identified as transgender.

- Staffing:

  - Interns were the primary staffers, which meant a lack of consistency and slow lead times to get projects off the ground. Part of that was by design, so that interns could focus on areas of interest to them, but time was lost in this process, and individuals were not able to make as much progress.

  - Without dedicated staff time from a project manager, interns and other temporary team members operated with minimal support, and follow-through on their projects lagged when they transitioned in and out of positions. Ongoing relationships with stakeholders remained weak because the temporary staff did most of the relationship-building.

What Worked Well

- A lot of research and information was gathered, building a foundation of knowledge that positioned the team to take advantage of opportunities to educate people when they arose.

- The effort and planning that went into several of the projects during this period (survey, Resource Guide, etc.) eased the workload when a full-time project manager was hired.

- While projects during this period were low-profile, they planted seeds throughout DHS, beginning to normalize conversations about gender and sexuality, and raising awareness among staff.

Lessons Learned

- Re-engage members of former work groups to help build the capacity of the team.

- Provide interns with more support and direction in the early stages of their projects to help them build momentum in their short-term placements.

- Have stable members, rather than interns, lead engagement activities to establish strong, ongoing relationships.

- Prioritize participation in more external engagement activities to help build and maintain relationships over time. Ensure engagement includes both community and institutional partners.

Tipping Child Welfare

July 2013	getR.E.A.L. initiative begins
	Full-time SOGIE project manager is hired
	Child welfare leadership change
August 2013	Launch community engagement activities
	Begin campaign to engage and educate system stakeholders
September 2013	DHS LGBTQ Advisory Council is disbanded
December 2013	Community of Practice meetings are launched
	Child welfare staff survey administered
April 2014	RFP released for Community Training Team
	Senior DHS leadership participate in training related to SOGIE, power and privilege
May 2014	Begin to conduct case consultations
June 2014	Help clarify and communicate HR grievance process
February 2015	Finalize training curriculum
May 2015	Child welfare Train-the-Trainers begins
August 2015	First six Standards of Practice related to SOGIE are released
	Child welfare designates a full-time diversity officer
March 2016	Comprehensive SOGIE data elements added to first DHS case management system
July 2016	Restroom renovations begin at DHS office located in downtown Pittsburgh
	getR.E.A.L. partnership with CSSP extended through 2019

[9] The guidelines and other LGBTQ-related child welfare resources can be found at www.cssp.org/reform/child-welfare/get-real/what-we-do/publications.

In February 2013, the Center for the Study of Social Policy (CSSP) offered DHS the opportunity to serve as the pilot jurisdiction for the getR.E.A.L. initiative. The initiative was designed to help transform child welfare policy and practice to promote the healthy sexual and gender identity development of all children and youth.

As the pilot site, DHS received a moderate amount of funding and technical assistance to implement and test the "Guidelines for Managing Information Related to the Sexual Orientation & Gender Identity and Expression of Children in Child Welfare Systems"[9] (see **Appendix A on page 52** for a list of the guidelines). The goal was to field-test the Guidelines to determine what it would take for a child welfare system to be able to implement them successfully before releasing them as best practices. An evaluation team has been using the implementation science framework since the project launch to assess the implementation of the Guidelines and identify the core implementation drivers necessary for sustainability.

The initiative launched in July 2013, the same month that Allegheny County's child welfare system experienced a transition in leadership with a change of deputy directors. The project kicked off through the transition, and the incoming leadership team was supportive of the work.

This investment signaled the tipping point for creating change in Allegheny County's child welfare system.

In summer 2013, project funding was used to hire a project manager for the getR.E.A.L. initiative who also serves as the advisor for all of DHS's sexual orientation, gender identity and expression (SOGIE) work (hereafter referred to as SOGIE Project Manager). This investment signaled the tipping point for creating change in Allegheny County's child welfare system. With a dedicated staff person came the opportunity for someone to develop expertise, engage community stakeholders, plan and coordinate work, and establish a dedicated team focused on SOGIE projects. While focused primarily on child welfare policy and practice, the activities of the SOGIE project team (see Staffing callout for details), impacts all of DHS because the child welfare office is one of four integrated program offices within DHS, and the team itself is positioned in one of the support offices serving all of DHS.

The project team developed a strategic plan at the outset, which evolved over time as the team learned new information and encountered unanticipated opportunities and obstacles. The initial plan included the following sections:

- Needs Assessment
- Readiness to Implement (HR issues, etc.)
- Implementation Activities (training, etc.)
- Quality Assurance
- Communication

New activities were added over time, but the primary changes to the plan were to implementation timelines. Some activities simply took longer than expected, and others were delayed due to competing priorities. With new leadership in child welfare came dozens of system changes.

While the changes delayed some implementation activities, such as training, they also presented opportunities for SOGIE to be integrated into agency priorities.

Much of the first year of work under the getR.E.A.L. initiative was dedicated to community engagement, needs assessment and planning activities. The project team dedicated time to building relationships, educating stakeholders about what to expect, learning about the current state within child welfare, and preparing for early implementation activities.

Early in the process, we established the getR.E.A.L. Steering Committee, which included representation from multiple roles and areas of practice within child welfare, as well as system partners such as the courts, child advocates, parent advocates, juvenile probation and contracted providers, as well as young adults who identified as LGBTQ and an adult with lived experience as the parent of an LGBTQ youth.

The purpose of the Steering Committee was to ensure that implementation activities were informed by the perspectives and expertise of multiple stakeholders within the child welfare system, and that there was a channel for communication between the SOGIE Project Manager and stakeholder groups.

A Request for Proposals (RFP) for a Community Training Team was released toward the end of the first year to support the development of a training curriculum for child welfare staff that focused on the basics of SOGIE. The Community Training Team worked with the SOGIE project team to develop a Train-the-Trainer curriculum, which was piloted and implemented throughout years two, three and four of the getR.E.A.L. initiative.

Staffing

The full-time SOGIE Project Manager was hired to focus primarily on work related to piloting guidelines for the management of information related to SOGIE in the child welfare system. She was located in a DHS support office, reporting to the LGBTQ Affairs Manager who had served as the lead for the DHS-wide LGBTQ work in the prior two years. With the onboarding of a full-time SOGIE Project Manager and the acquisition of the getR.E.A.L. grant, the LGBTQ Affairs Manager's work duties were adjusted to allow her to dedicate more time to this work, but she still contributed in a part-time capacity. In combination with continued intern staffing, the SOGIE project team was now staffed at about the equivalent of two to three full-time employees on a consistent basis. The team also had the support of the getR.E.A.L. Steering Committee to assist with essential tasks such as helping to develop the Standards of Practice and informing the training curriculum and implementation.

In addition to the development of the training curriculum, second-year activities focused heavily on developing practice guidance and preparing for training implementation. Requests for case consultations increased, and the SOGIE Project Manager worked to integrate SOGIE into other child welfare activities.

In year three and the early part of year four, all staff in child welfare received training while the SOGIE project team prepared to implement changes to the IT system to include SOGIE-related fields, continued providing case consultations, developed tip sheets, and managed several ongoing projects related to incorporating SOGIE into the child welfare structure.

LEADERSHIP BUY-IN

Support from the director of DHS, the child welfare deputy director and the rest of the child welfare leadership team is what made this work possible. Beyond matching the CSSP grant funding to engage in the getR.E.A.L. pilot, they provided support throughout the implementation process. The following are a few of the key activities that could not have happened without leadership backing. Many are discussed in more detail on following pages:

- Addressing issues with workplace behavior, including taking action through Human Resources
- Funding the Community Training Team and case consultation services
- Establishing a child welfare diversity officer position
- Providing access to the right people to move the work forward
- Adding anti-discrimination language related to SOGIE to provider contracts

One factor worth noting is that the SOGIE Project Manager took action that facilitated leadership support. For example, when she asked individuals in leadership to issue a written communication to staff or provider agencies, she also offered to draft the communication.

Other actions that facilitated leadership support included:

- Providing local data to validate the appropriateness of the recommended action
- Making change seem less scary by demonstrating where similar work had been implemented in the past
- Reminding people of the impact of inaction
- Making clear requests for what was needed and why

NEEDS ASSESSMENT

Needs assessment activities are ongoing and have occurred throughout the getR.E.A.L. project implementation; however, they were heavily concentrated in the first year of the initiative. Early findings helped to inform which strategies to prioritize, and data collected throughout the process confirmed why specific actions were necessary.

Methods included a caseworker survey; stakeholder interviews (including community members); focus groups with youth, caseworkers, supervisors and families; assessments of the office spaces; and case reviews.

[10] An Institutional Analysis is a set of qualitative diagnostic tools that seek to understand and address organizational and structural contributors to poor outcomes for children and families involved in the child welfare, juvenile justice and other systems. Using data and qualitative interviews, the Institutional Analysis examines how workers are organized to know and understand families and effectively intervene to support them. In other words, this approach makes visible the structures that shape, direct and determine workers' actions. It also shows how those structures can produce disparity and inequity based on race or SOGIE and overall poorer outcomes for certain subsets of children and families.

The CSSP team assisted in leading focus groups and key stakeholder interviews since they needed to collect baseline information for the evaluation. At the request of the SOGIE project team, they also engaged in additional activities, such as case reviews, to conduct a more thorough Institutional Analysis.[10]

Key findings from the Needs Assessment include:

- LGBTQ staff reported perceiving the work environment to be less welcoming, affirming and responsive to incidents than cisgender and heterosexual staff.
- LGBTQ youth in out-of-home care consistently experienced issues at school related to safety.
- There was a complete lack of recognition of SOGIE within case records for LGBTQ youth.
- Staff self-reported a lack of understanding related to gender.
- There was minimal understanding of how SOGIE intersects with race to shape the experiences of youth differently.
- Workers were unsure how to talk about or address concerns related to SOGIE with youth, and some of those who were affirming did not think we should be talking about SOGIE.
- Some individuals in management positions were not sure how to talk about the getR.E.A.L. initiative, its purpose and why it was important.

ENGAGEMENT

In Pittsburgh, it is all about relationships.

Early on in our getR.E.A.L. implementation, we made it a priority to talk with everyone who had a vested interest in the work we were embarking on around sexual orientation, gender identity and expression in child welfare. We met with LGBTQ-focused community organizations, contracted providers, individual community members, faith leaders — anyone who was willing to have a conversation about the work. And our community outreach was not always through traditional channels of community meetings and town hall events. The SOGIE Project Manager would meet anyone, anytime. Meetings were both informal — breakfast, lunch, dinner — and formal — business meetings, community events, affiliation meetings.

Building these relationships helped us on all levels of program implementation: needs assessment, planning, resource development, implementation, evaluation and continual quality improvement.

Community Engagement

Understanding the role of the community in DHS's work was paramount to moving the work forward and starting to shift culture. Allegheny County is fortunate to have a host of community resources that serve LGBTQ individuals. Unfortunately, many of them were not widely known within the system, and with limited resources, they did not always work together effectively. Building relationships with people holding a diversity of roles and experiences elevated DHS's awareness and connections to community supports, and created opportunities for community-based groups to learn more about each other.

Relationships we developed and strengthened over time have proven critical for learning about community needs, resources available to support individuals and families, current initiatives with which DHS could partner, and meeting people whose lived experience and expertise are critical voices and perspectives that we need to include in our work.

Engagement is not only important for DHS, but for the community as well. LGBTQ populations are less likely to trust governmental bodies, and it has only been through demonstrating that we are genuinely invested in making progress and better supporting communities that trust has strengthened and relationships have flourished. It is also helpful for navigating politics within the LGBTQ community. When segments of the community are at odds, we have been able to continue to work effectively with a diversity of individuals and groups because they see our investment in the whole community.

Challenges

- Building and maintaining relationships is time-consuming. While critical, this component of the work is hard to maintain with only one full-time staff person who has competing responsibilities.
- Government systems are not well-structured to participate in mutually beneficial relationships with individuals or grassroots organizations.
- DHS's engagement with LGBTQ organizations and individuals was not as strong prior to the SOGIE Project Manager demonstrating the value of connecting with the community.
- Meaningful engagement required substantial effort and resources from the SOGIE Project Manager.

What Worked Well

- The SOGIE Project Manager made relationship-building within LGBTQ communities a priority, regardless of institutional support.
- We emphasized transparency throughout the process (e.g., public posting for the SOGIE Project Manager position, issuing an RFP for the first training contract, development of Standards of Practice).
- The SOGIE project team learned more about contracting policies and procedures.

Lessons Learned

- Actively engaging people and organizations throughout the community is essential to this work.
- Engagement requires work activities that are non-traditional in local government settings, such as meeting people for lunch, dinner or drinks, and attending their events. Such activities need to be supported, and staff need to be able to flex their time.
- Be careful not to rely too heavily on word of mouth and/or networks of colleagues as a means for meeting new people; intentionally seek out people engaged in the work who are disconnected from your systems, and develop deeper relationships with communities of color early in project work.

DHS LGBTQ Community of Practice

The DHS LGBTQ Community of Practice (CoP) was the revamped structure of the original DHS LGBTQ Advisory Council, which was established to advise the director and senior staff of DHS on issues related to the human services needs of LGBTQ populations. The CoP served a similar purpose, but was also designed to be a space that fostered relationship-building and collaboration among stakeholders (with or without DHS involvement).

All DHS staff, provider agencies, LGBTQ community organizations and other interested individuals were welcome and invited to participate in the Community of Practice. CoP meetings were held quarterly with topical agendas announced in advance, and attendance ranged from 50 to 90 people. Each meeting included dinner, a presentation of educational information on the topic, presentations from individuals with lived experience, and discussion and action-planning in small groups. The CoP model effectively supported relationship-building, networking and shared learning among a diversity of community groups, providers and DHS staff.

Engaging System Stakeholders

Families served through child welfare are impacted by numerous stakeholders who are outside the purview of County child welfare services — attorneys, judges, psychiatrists, therapists, school administrators, juvenile probation, etc. Ignoring the role these stakeholders play in youth's and families' lives is not an option when trying to achieve system change, and as groups over whom DHS has no authority, engagement and resource sharing are the primary mechanisms for influencing policy and practice. Strategies to engage these groups included early information sessions to communicate openly about our efforts and how they played a role in improving outcomes for families; partnering with external experts to provide basic training from a shared professional perspective (legal); and joining work groups led by and including external system stakeholders to ensure that SOGIE considerations remained on people's radar.

Challenges

- DHS has no formal authority over important system partners (attorneys, judges, juvenile probation, etc.).
- Being an external partner makes it more challenging to elevate items on an agenda when there are competing priorities and busy schedules.

What Worked Well

- We were able to identify an ally or champion of the work in each stakeholder group.
- Relationships that the SOGIE Project Manager fostered with system partners helped open doors to conversations with additional stakeholders at the local and state levels.

Lessons Learned

- Strong partnerships are essential to improving systems for kids, and engaging partners early in the process is important for both relationship-building and the quality of work products.
- The messenger matters. Similar to most professions, people are more likely to respect and value messages communicated to them by individuals in similar roles (attorney, judge, etc.), rather than people who do not have a shared experience or perspective.
- Taking the time to respect and address concerns and challenges raised by partners facilitates successful implementation.

EDUCATING THE WORKFORCE

A value that we try to keep central in our work is the belief that staff are doing their best to serve people well. Each of us is working with a different set of information and experiences that shape how we think, feel and act, so that desire manifests differently with each person. However, that shared value among workers in the social services field provides common ground from which to build. Our approach for educating the workforce about gender, sexuality and the experiences of youth in our system has been one in which we attempt to step away from personal values and to source the information we communicate from credible, social science research.

[11] Child welfare staff are situated in five locations throughout the County.

The process to engage the child welfare workforce began with brief, one-hour overviews presented at staff meetings throughout the regional offices.[11] These sessions were designed to introduce staff to the work, letting them know what to expect, providing them with information about basic terminology, and sharing information about resources available to them when they had questions.

System partners, such as County solicitors, child and parent advocates, and judges, were also provided with short presentations that included an overview of the pilot guidelines and provided opportunities to ask questions. The author of the guidelines, a member of the getR.E.A.L. grant team, led several of these discussions.

After the initial outreach, most of the ongoing communication occurred with representatives of the workforce, through the child welfare getR.E.A.L. Steering Committee, updates at occasional supervisors' meetings, and email updates to the regional office directors. The expectation was that these representatives would share information with their colleagues.

One exception to this was the write-up of results from the child welfare staff survey completed in the first year of the grant period. A copy of the results was shared with all staff as a means of being transparent and letting them know their input was valued, but also as an educational tool so interested staff had access to some of the same information we were using to plan our strategies.

More formal communication increased in August 2015 when DHS issued its first round of written guidance for DHS and provider agency staff through a set of Standards of Practice. Shortly thereafter, child welfare staff were instructed to sign up for the mandatory daylong training about sexual orientation, gender identity and expression that was developed by the Community Training Team. The Standards of Practice and the training are described in more detail on following pages.

Staff were able to gain support and learn best practices through case consultations. Two different options were made available to child welfare staff. They could contact the SOGIE Project Manager, who had experience in child welfare and could help workers understand and carry out best practices. In addition, child welfare established a contract with the PERSAD Center enabling CYF workers to consult with a PERSAD staff member through various means as they address the needs of LGBTQ youth and their families.

Educating the Workforce — Practice Guidance

Putting practice expectations into writing was one of the most important actions taken to support workers. It was necessary because knowledge about best practices related to SOGIE is limited, and the culture within child welfare is one that is heavily policy-driven. In the absence of written guidance, workers are reluctant to change their practice. That reluctance can be fueled by both a lack of clarity and fear of being reprimanded for acting out of alignment with agency practice.

The effort to put guidance into writing was not easy. Members of the getR.E.A.L. Steering Committee came with differing views. There was a clear tension between wanting to push our system to appropriately serve LGBTQ youth and families, which requires knowing who they are, and a desire to protect LGBTQ youth from harm, which sometimes means holding information about their identity in confidence. We held several passionate and challenging conversations with child advocate attorneys about concerns related to confidentiality and striking the appropriate balance.

Ultimately, we knew as a group that inaction was not an option, so the task was to work together to carefully craft language that established the Standards for what was expected of practitioners, even if we knew people were not yet ready to provide that level of care. At the same time, we planned for how to implement the standards in such a way that youth would not be harmed in the process of educating staff.

If there is no written statement from agency leadership or practice guidance in writing, there is no standard to which contract monitors can consistently hold provider agencies accountable.

The process to develop guidance was rigorous. Starting with samples of policies developed in other jurisdictions, the SOGIE project team drafted guidance based on the Guidelines being piloted and existing best practices, tailoring them to suit the structure of our local child welfare system. The drafts were reviewed and revised multiple times over the course of several months based on discussion and feedback from a diverse set of stakeholders.

In addition to meetings within DHS, feedback was solicited at a public Community of Practice meeting that was dedicated solely to reviewing the Standards. Stakeholders included the child welfare getR.E.A.L. Steering Committee, DHS staff outside of child welfare, provider agency staff, DHS leadership and community members.

[12] DHS contract monitors provide oversight of contracted providers by periodically conducting on-site reviews and record reviews to assess adherence to the provider's contract, safety of clients, licensing, service quality, etc.

The Standards were approved and issued to DHS staff and contracted provider agencies in August 2015. Contract monitors[12] did not receive formal training on the Standards, but they were offered support from the SOGIE Project Manager if they needed help to understand and/or enforce them. Since that time, the Standards have been used to educate workers internal and external to DHS about best practices and hold them accountable to engaging in those practices.

In response to questions from workers, tip sheets continue to be developed to supplement the Standards of Practice. The tip sheets provide more detailed guidance about how to implement the Standards. Among others, topics include how to talk to a caregiver about the dangers of conversion therapy, and how to secure name and gender marker changes on public records and legal forms of identification.

Questions We Needed to Address

The following questions were some of the most challenging tackled by the project team in the process of developing the Standards:

- How do we balance the need to address and document SOGIE with the reality that some people may use this information in a way that harms youth?

- Is the written guidance a recommendation, expectation or requirement? How is it enforced?

- How do we craft language that is generic enough to apply to all populations and services, yet specific enough to be useful?

Educating the Workforce — Training

Training is the primary mechanism through which the Standards of Practice and baseline information about gender and sexuality are communicated to child welfare staff.

The Allegheny County child welfare network includes more than 500 County staff, staff of approximately 30 community agencies, attorneys, parents and child advocates. Training the network was a daunting task, but it was an opportunity to address a gap in our network, which was the capacity to offer and sustain up-to-date training on gender and sexuality.

Train-the-Trainer

With an eye toward sustainability, we issued an RFP for a Community Training Team to serve as an external body that would train, co-facilitate and certify County and provider agency trainers to deliver the curriculum. The selected Community Training Team worked collaboratively with the SOGIE project team to plan for and implement the training and certification process.

The Community Training Team referenced existing curricula, but ultimately developed a new curriculum for this training in collaboration with the SOGIE project team. The SOGIE project team simultaneously worked to finalize the SOGIE Standards of Practice, which were embedded into the curriculum.

The training was piloted with the child welfare getR.E.A.L. Steering Committee and other system stakeholders. Multiple adjustments were made, including moving the section on health disparities to the front of the training because it helped all staff, particularly resistant staff, understand why there might be value in participating in the training.

Implementation

Participants were provided with two and a half days of instruction on the curriculum and were paired with a member of the Community Training Team, who served as their coach and co-facilitated their first training. Trainers were offered coaching prior to the training, feedback following the training, and, if necessary, additional coaching for a second session. The assigned coach then issued a recommendation as to whether or not they should be certified to train independently. This process moved more quickly among contracted provider agencies than within child welfare because of competing training priorities for child welfare staff. This effort resulted in the certification of 55 trainers.

Training for all child welfare staff did not begin until a year after the trainers were initially trained. Because of the length of time between the trainers' own training and the rollout to child welfare staff, trainers were offered support to refresh themselves on the content of the curriculum. Trainings within child welfare were led by three members of the child welfare training unit, who had been certified as trainers on the curriculum, and other child welfare staff who had participated in the Train-the-Trainer process served as co-facilitators. These additional staff participated in part to build their own capacity to serve as resources to other staff within their offices on an ongoing basis, but also to provide co-facilitation for the child welfare trainers from people who were currently working on the ground.

Regional office directors, supervisors and specialists were trained prior to casework staff so that they were prepared to serve in a supportive role when the majority of staff were trained and began to try and implement some of the new information into their daily practice. The SOGIE curriculum was then added to New Hire Orientation Training to ensure that all incoming child welfare staff receive this information.

Challenges

- Competing priorities due to the volume of other system changes happening in child welfare resulted in training being pushed back by more than a year.
- Establishing a Standard of Practice for Documentation proved to be challenging, and guidance for workers was delayed.
- It was challenging to balance how to keep people informed and involved from the beginning, but not lose momentum when we were not able to provide training right away to people who wanted it.
- Achieving racial and gender diversity among trainers was difficult.

What Worked Well

- Investing in a Train-the-Trainer model broadened the base of staff equipped to deliver training.
- The Train-the-Trainer opportunity was offered to contracted provider staff at no cost.
- Engaging a diverse group of stakeholders in the development of the Standards of Practice contributed to success.
- Piloting the training prior to launch.

Lessons Learned

- Make clearer asks of those receiving briefings to report back to their offices. It may have been helpful to provide some talking points in writing.
- Prioritizing the completion of written guidance is critical.
- Some written guidance may be too high level to offer practical guidance to workers. Supplement with detailed tip sheets where necessary.
- Be more intentional about ensuring that there is racial diversity within training teams.
- Explicitly weave intersectionality throughout the training content to ensure that diverse perspectives and experiences are considered, even if the training teams are not diverse.
- Develop rigorous Train-the-Trainer selection and certification processes that assess individuals' generic training skills, allowing for better screening of applicants who are not strong trainers.
- The development of processes to support trainers and others leading culture-change efforts is imperative. Repeatedly facing opposition and resistance is draining, leads to burnout, and reduces a person's ability to be effective.

DOCUMENTATION

Changing the child welfare case management system to capture data related to gender identity and sexual orientation was at the heart of the getR.E.A.L. initiative. Forms and information systems either reinforce or get in the way of good practice. Most information systems are not designed to capture information related to gender, sexuality or family structures in an inclusive manner. Changing those systems is resource-intensive since factors such as an individual's name and gender often form the foundation of complex systems. To change one of those elements can have significant ripple effects.

Likewise, failing to make appropriate changes often causes ripple effects that negatively impact the people we serve. This is why prioritizing these changes is important in spite of the cost. When a system does not have the appropriate options to document someone's identity, the implicit message we send to that person and the worker serving them is that their identity, or relationship, is less valid than others. We also increase the chances that information central to someone's identity will be misplaced or misused, which can inflict harm (e.g., someone being addressed by the wrong name/gender).

The original hope was to update the case management system and begin collecting data in the third year of the work, but it became clear early on that changes would not come so quickly. The real challenge related to data collection has been determining what guidance should be given to workers about how and when to document, and how that guidance then impacts system design.

As we engaged with stakeholders and collected people's concerns, we realized that aligning our systems with desired practice was more complex than simply changing drop-down values in an information system. Early conversations to plan for case management system changes were bogged down by concerns that a youth's SOGIE information would be mishandled, and stakeholders struggled to separate concerns related to disclosure from those related to documentation, because documentation is a form of disclosure.

The practice implications were numerous, particularly at a time when more and more information is electronic and available to, or shared with, external entities. For example, guidance existing at the time did not address how to manage information for LGBTQ people who are not out to everyone who has access to the information system.

Questions We Needed to Address

The following list highlights some of the prominent questions stakeholders grappled with as we developed practice guidance and requirements for the design of the information system:

- **Who is informing the changes being made in the information system?** Is the youth voice represented? Are trans voices represented? Are people of color represented? Are non-binary individuals represented? Do the final requirements reflect their voices?

- **Who has access to the information system?** What is their level of education/savviness? Will they be trained? Will they know how to use the information? Are they aware of any existing guidance? Are they bound by it?

- **Will there be functionality built in to mark information as confidential** if necessary? Is it implemented in a way that does not automatically out the client?

- **What guidance is provided to workers?** Are they to always document, unless there is a compelling reason not to? Or are they to document only when they feel there is a compelling reason to do so? What are the pros and cons of that approach?

- **How do you manage safety risks related to outing the youth?** How should workers handle a situation where safety risks related to disclosure should be documented, yet documenting them increases the risk?

- **How will workers be held accountable for the proper use of documented information?**

IT Requirements

Changing an information system to be more inclusive around gender and sexuality requires more than changing a couple of drop-down lists. References to an individual's name, gender and relationships are embedded throughout systems and in documents generated from them.

The following recommendations are a highlight of some of the processes and requirements implemented in Allegheny County:

- Be thoughtful about the process of designing the changes for the system. Ensure that you have adequate input from diverse stakeholders in order to understand what is important to clients and workers.

- Collect information about gender and sexuality in a space that normalizes the information and makes it clear that it should be collected for all youth.

- Collect legal sex, sex assigned at birth and gender identity separately.

- Collect gender pronouns for all documented names, not just chosen names.

- Be thoughtful about which fields are mandatory, balancing the desire to collect information with the desire to collect accurate information.

- Identify when and where information from one screen feeds into other screens or forms. Make conscious decisions about which name, gender, etc., should auto-feed into those spaces.

- Collect information about when to use chosen name vs. legal name, and the associated pronouns, at an individual level so communication can be tailored to individual needs (e.g., court documents, case plans, communication with family, mailings to home).

Challenges

- Developing guidance related to documentation is complicated by the fact that other, external stakeholders have access to the information system (e.g., parent and child advocates, out-of-home placement providers). Some stakeholders whose role it is to serve the parents were open about the fact that they would out children to their parents if they saw the information documented (in violation of DHS Standards of Practice), leading to a re-evaluation of the level of access different stakeholders have to information.

- Changes to the data collection system — such as removing the assumption that all children have a mother and a father — are complicated (and therefore expensive).

- In a large institution with multiple information systems, changes frequently occur that impact SOGIE-related information, and a single project manager does not have the capacity to be involved in all activities (assuming they even learn about them in a timely manner).

What Worked Well

- Providing practice guidance and training prior to determining IT requirements for changes to the information system helped to ensure that changes were more thoughtful.

- We talked with trans community leaders who had collected information for their own programs and learned about what information to capture and which collection methods were most effective.

- The terms that were included in drop-down lists were more authentic because they were populated with results from our community surveys.

- Accountability from an external party (getR.E.A.L. funders) helped to prioritize changes that otherwise would have been challenging to get prioritized.

Lessons Learned

- Put best practices for the design of information systems into writing and disseminate diligently among individuals involved in IT requirements and change request processes.

- Try to leverage the opportunity to improve IT design related to other aspects of identity while modifying systems to better capture SOGIE-related information (e.g. race, disability).

GARNERING MORE RESOURCES AND SUPPORT

Implementing culture and practice change requires resources, and it is highly unlikely that resources will appear without efforts to seek them out. Two strategies that proved to be effective in Allegheny County were to boldly make the ask, and to not be discouraged by barriers.

Make the Ask

It is not always as simple as asking for something, but sometimes it is. After we laid the groundwork for culture change and began to see small shifts within our agency, additional resources and supports came in ways that we did not expect — but we still had to ask for them.

We asked:

- To hang a rainbow flag in the building lobby during the month of Pride

- For a customized professional banner and company T-shirts for the people walking in the Pride March, to show that we had institutional support for our presence

- For a member of the senior leadership team to provide welcoming remarks at each quarterly LGBTQ Community of Practice meeting

- For the DHS Director to send a memorandum to our contracted agencies stating his and DHS's support for the LGBTQ community

- To train our senior leadership team on how to be a Safe(r) Space[13]

- For funding to launch a Train-the-Trainer initiative within our child welfare system

And leadership said "Yes."

Turn Barriers into Opportunities

Sometimes the answer will be "No" when you ask for something. Be creative. Some of our most significant accomplishments came from turning challenging moments into an opportunity.

Policy

The Department was in the early stages of integrating policies across all program offices and creating "DHS policy" rather than policy specific to individual offices. In an effort to manage the scope of this undertaking, we were not permitted to create a "population-specific" policy.

Instead, we worked with the Policy team to figure out how we could still provide guidance and a clear agency position on issues related to sexual orientation and gender identity. The result was the creation of Standards of Practice. In the end, the Standards were a better fit since we were able to include more guidance, and DHS staff and providers are held accountable to them, just as they are to policies.

[13] A Safe(r) Space is someone who commits to actively making their environment more inclusive for all people. After individuals complete a Safe(r) Space training, they may elect to be designated as a Safe(r) Space within their workplace.

Pushback from Invested Stakeholders

As we began the work, some of our greatest pushback was from colleagues we expected to be our biggest supporters. Fortunately, we had developed relationships with a few of them, which helped us to understand the root of their concern. Often the resistance was due to people feeling left out, or a fear that children and youth would be hurt because the system was ill-prepared to serve people well. Identifying the reasons for their concern was critical in our ability to work together to develop solutions.

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SUSTAINABILITY AND BUILDING EXPERTISE

Having a dedicated full-time staff person is critical in many ways to influencing practice, but the capacity of one person is limited when you are trying to create change within a system that includes dozens of agencies and hundreds of staff. This section describes our efforts to build a network of advocates beyond our team, and what we have learned from that experience so far.

Integrating our Work

Our primary method for building sustainability has been to try to integrate SOGIE into existing projects or processes. Normalizing the conversation and embedding considerations related to SOGIE into other quality improvement efforts has been challenging, but each time it happens, the work feels less like an extra project or add-on, and more like agency practice.

A few examples of this integration include:

- Explicitly identifying the need to address how agencies will serve LGBTQ youth when responding to RFPs for foster care and psychiatric services

- Including the Introduction to Sexual Orientation, Gender Identity and Expression training in child welfare's New Hire Orientation

- Deliberately including LGBTQ teens as a focus population for the County's plan to recruit, engage and support resource families for teenagers (funded through the Administration for Children and Families' Diligent Recruitment of Families for Children in the Foster Care System program)

- Incorporating considerations related to SOGIE into the County's Quality Service Review process

- Asking questions related to gender and sexuality in youth surveys

Diversity Officer

In 2015, child welfare leadership created a new role and appointed its first Diversity and Inclusion Officer. The Diversity and Inclusion Officer is responsible for overseeing practice issues related to race, SOGIE, and immigrants and refugees. There is now clear, central ownership and authority within the office. This signals to staff who they can go to with any issues, and that inclusion is taken seriously and is not a temporary project. This role promotes both sustainability and integration, as the Diversity Officer is part of child welfare's senior leadership team.

Training of Trainers

Described in more detail on **page 34**, a Train-the-Trainer model was used to implement training within the child welfare system. While this model relies on trainers who have less experience, it was selected because it increases the capacity of our network to be able to meet the ongoing educational needs of staff over time.

Practice Specialists

In Allegheny County, casework staff are supported by units of staff who have specialized expertise, such as Safety, Permanency and Best Practice Specialists (SPBPSs); Quality Assurance staff; and Behavioral Health Specialists. These staff participate in family and child planning meetings, offer practice guidance on challenging cases, and conduct case reviews. Given the role of specialized units and their spheres of influence, the SOGIE Project Manager worked with these units to ensure that staff were trained early in the process, and that each unit has a SOGIE point person to participate in ongoing capacity-building activities.

LGBTQA Champions

The LGBTQA Champions are a group of staff across the Department of Human Services who self-selected to be "active allies" in the workplace. Asked to commit to attending at least two quarterly meetings per year, the Champions are offered opportunities to socialize and learn from each other, receive additional education and training, staff and participate in Pride activities, and support other LGBTQ-related efforts as needs arise. The group expands the SOGIE team's reach by serving as a network across all of DHS.

Challenges

- Staff who are interested in being supportive but are not equipped with the knowledge and language to do so effectively
- A general lack of command in the workforce of information about gender and the identities in the middle of the gender and sexuality spectrums

What Worked Well

- Integrating SOGIE into multiple, large child welfare reform initiatives helped to accelerate adoption.
- The structure of the LGBTQ Champions meetings was changed to include a training element each quarter.

Lessons Learned

- Invite guest trainers to speak on topics that are least familiar to the LGBTQA Champions group.
- Make it a priority to bring others in (to train, educate, etc.) to build relationships and diversify the perspectives to which people are exposed.
- Provide our Champions with clear "asks" and delegate responsibility (even when it is harder, if it will pay off in the long run).
- Build professional development and training into meetings.
- Integrate SOGIE into other projects whenever possible because it strengthens the work when others own it rather than it being perceived as one person's agenda.

Sustaining & Growing

Building momentum, gaining buy-in and being able to observe tangible changes in the workplace climate and practice are extremely rewarding. So you celebrate! People see the value in this work, they want it to happen, and so the toughest part is over! Right?

Not quite.

Reaching this point is like running up a long hill, and just when you think you are about to reach the top, you realize it was a false summit, and you still have a long way to go. So what do you do? You take a deep breath, dig deep and plow on. And you hope you make it. That is what this section is all about. We highlight the challenges and opportunities we face as we move forward with trying to institutionalize the progress made to date and expand it into other service systems.

INSTITUTIONALIZING CHANGE

We have made progress. Now we are trying to tackle how to make it stick, and how to help it grow so that affirming, culturally responsive practice related to gender and sexuality is embedded within the child welfare system. In this section, we share some of the existing gaps that we view as critical to address if we are to ensure that continual progress is not reliant on any specific individuals.

Expanding the Network: De-Centralizing Ownership

It is one thing to be assigned as your team's representative or point person for a project. It is entirely different to take ownership of a challenge and take personal responsibility for helping to develop solutions. One action is passive and often requires external accountability to ensure movement, while the other is active and driven by personal accountability.

To successfully expand our network, we need the latter. We need individuals throughout the organization who are self-motivated to take the initiative to be engaged, and to serve as leaders from wherever they are in the organization. This is important for two reasons. First, terminology and best practices are ever evolving, and individuals who want to help lead change efforts will need to seek out new information rather than rely on others to keep them educated. Second, new challenges and nuances to serving children, youth and families in a way that promotes healthy gender and sexual identity formation arise regularly. We need people as part of our extended team who are identifying and thinking critically about how to address challenges as they arise.

Expanding the Network: Reaching Supervisors

On a daily basis, supervisors influence caseworker practice through modeling, instruction and coaching. When caseworkers learn something at a training, the likelihood that it will stick is significantly impacted by whether that practice is reinforced or rejected by their superiors.

Individuals in management often have stronger experience with tackling tough practice issues than their staff, but they do not inherently have a stronger understanding of concepts related to gender and sexuality. For this reason, creating structures to support supervisors in growing their comfort and competencies related to SOGIE is essential to strengthening culturally responsive practices across the agency.

Expanding the Network: Moving into Other Program Areas

The need to enhance competencies within child welfare related to gender and sexuality is pressing, but so are needs in other service areas, such as homelessness, behavioral health and aging. The good news is that much of what has been accomplished to inform child welfare, such as the Standards of Practice and needs assessment tools, can be applied or adapted for another area. Still, some activities must start from the beginning, and leadership buy-in is a critical building block. As we move forward with limited resources and no shortage of need, we choose to invest energy where efforts have the greatest chance to make progress, which is where individuals in leadership champion this progress.

As we move forward with limited resources and no shortage of need, we choose to invest energy where efforts have the greatest chance to make progress.

Expanding into a new program area requires an additional investment in resources, and the type of ownership discussed earlier in this section is necessary. While experience and knowledge are transferable from one system to another, new resources must be dedicated to support training, staff time, case consultations, and potentially new contracts or funding for culturally responsive and affirming services. If additional dedicated staff are not hired or assigned to this work, the current system must be strengthened by decentralizing ownership and building supervisor support.

Expanding the Network: Case Consultations

Offering case consultations is an important role the SOGIE Project Manager plays because hands-on technical assistance on a real case both supports the individual or family we are serving and allows the workers to learn and grow from the experience, informing their future work.

However, it is not practical or sustainable to rely on one or two people to serve in this role. Some of the challenges to expanding this network include identifying individuals with the capacity to dedicate part of their time to conducting the consultations, and making sure those individuals understand the issues enough to provide appropriate support.

Community Capacity to Meet Diversity of Needs

As we educate the human services field, workers gain a greater awareness and are able to more readily identify LGBTQ clients who need support, but there are not clear pathways for how to

make appropriate connections for them. In addition to individual and family support for addressing conflict directly related to SOGIE, LGBTQ people need access to affirming providers across the full array of human services (e.g., in-home supports for older adults). For the majority of our system, it is within this array where there is a lack of information about where LGBTQ clients can turn for support.

Challenges become more apparent when we focus on the fact that the LGBTQ community is diverse, and culturally responsive services must be able to embrace and address all aspects of an individual.

Challenges become more apparent when we focus on the fact that the LGBTQ community is diverse, and culturally responsive services must be able to embrace and address all aspects of an individual. For example, we were recently asked by a community member, "Where can I go for mental health services where I will be understood and affirmed as a spiritual, black, same-gender-loving woman with a trauma history?" We had no answer, and to be able to answer this question and others like it requires us to transform how we evaluate and understand our system.

And once we know the unmet needs, how do we address them? Two of the most critical gaps for families involved with child welfare include support for parents and families of transgender children, and a pool of psychiatrists and psychologists with an understanding of gender identity to properly evaluate and treat children and youth.

Where there are resources in the community, they are often not well-known, well-funded or structured in a way that supports direct referrals. Figuring out how we build the capacity of our network is going to require effort from community stakeholders who understand the opportunities and challenges from multiple perspectives.

Contracts

As an administrative government body that contracts out the majority of its services to community agencies, DHS's primary role is in awarding and overseeing contracts. At the time of this publication, there is no language in the contract template forbidding providers from discriminating on the basis of sexual orientation, gender identity or expression, or language to hold provider agencies responsible for carrying out best practices as stated in the Standards of Practice.

While there is an anti-discrimination ordinance for the county, adding this language to contracts is important because it sends the message to providers that they will be held accountable to the County ordinance contractually, and the Standards provide clear agency positions on expectations for service provision.

[14] Specifications manuals describe program-specific requirements that providers must adhere to in order to contract with DHS.

In 2015, language was added to the specifications manual[14] for child welfare contracted providers, requiring them to comply with the Standards of Practice, and specifying that all service providers are "responsible for providing services to children, youth and families regardless of their sexual orientation, gender identity or gender expression. All sexual orientations, gender identities and expressions are to be affirmed, and no efforts shall be made to change any client's identity or expression thereof. The provider is responsible for ensuring that all staff will be trained on sexual

orientation, gender identity and expression within 6 months of employment." This addition was only possible because of strong leadership support. Staff were also mindful to minimize the burden on agencies to meet the new mandate, and the opportunity for provider agency staff to participate in the Train-the-Trainer program for free was offered in 2015 at the time contracts were issued.

An influential practice that is becoming more common within DHS is including SOGIE considerations in solicitations for services. Increasingly, proposing entities must identify in their bid how they will meet the needs of LGBTQ populations. This requirement provides important signaling and helps selection committee members be more mindful of inclusion when awarding contracts.

Adding SOGIE to Information Systems

One lesson learned, and a continuing challenge to address, is to work with the individuals responsible for building and maintaining information technology (IT) infrastructure so that

> **One lesson learned, and a continuing challenge to address, is to work with the individuals responsible for building and maintaining information technology (IT) infrastructure so that they understand why inclusive changes are important and how to appropriately design the fields.**

they understand why inclusive changes are important and how to appropriately design the fields. Their role is critical since IT is rapidly changing, and it is unlikely that a SOGIE team member could be constantly engaged in all IT design projects. This is especially challenging because the staff working on the IT system may not be within the organizational structure, or they may transition from project to project. Since this information shows up in different formats throughout a system, it is essential to go beyond handing key staff a list of drop-down field values, and instead help them understand why the current recommendations are what they are, and how and when to seek additional consultation.

PRACTICE CHALLENGES

The following ongoing challenges surfaced while training child welfare staff, and they are likely to surface in other service areas as well. How and when to address the challenges are part of ongoing planning efforts.

From Awareness to Action

Introductory training alone has a limited effect on practice. Often, participants walk away with a new awareness, saying, "You won't believe it! We just had this training last week, and I just got this child on my caseload who is transgender. What a coincidence?!" And that is a win, because now our children who were there all along are being seen. But their next question is, "Now what do I do for this family?"

While workers developed more awareness, they are not likely to have developed the skills necessary to address issues that now come to their attention due to their new awareness. With the awareness may also come pain, as they think back on kids who slipped through the cracks.

Supporting workers at this stage is essential, and full of questions: Do we develop more training? If we do, how quickly could we get back on the training calendar? Is it the best use of our time? Should we focus instead on training supervisors and clinical staff? How much can we rely on case consultations and staffings? How do we support workers when the challenges they face are not easy to address, such as the lack of community resources to refer families to?

Skill Reinforcement and Supervisor Support

Staff learning to incorporate new information into their daily practice is best reinforced and supported through quality supervision. While we work to address the SOGIE-related competencies of supervisors (addressed on **page 44**), a challenge that remains is that not all supervisors are equipped to provide effective supervision. The reasons for this are varied, and the impact extends beyond issues related to SOGIE. However, it is a challenge to successful implementation because staff who do not feel supported or are not given honest, productive feedback will find it harder to achieve personal growth.

Addressing Sensitive Matters

One challenge we encountered as we trained casework staff was the general discomfort some staff had talking about sexuality with clients at all, regardless of the client's sexual orientation. The SOGIE Overview training provided staff an opportunity to become familiar with and practice some terminology, but it did not address how to engage youth in a conversation about sexuality because we assumed those skills were addressed elsewhere in a worker's training.

We also encountered a common myth in which staff believed they were not supposed to talk with clients about some aspects of their identity that could be considered sensitive, such as religion. Trainers clarified that, while it would be inappropriate for a worker to impose their own faith on a client, they could absolutely explore a client's faith with them since it is often a source of strength. However, the prevalence of this misconception left cause for concern and raised questions about what else this belief may include (e.g., race), and is an area where staff could likely benefit from additional support.

STAFF SELECTION AND WELLNESS

Staff selection and support are critical to any change effort. It is especially critical when the nature of a position is to promote inclusion and best practices for populations that are marginalized in our communities and workplaces. Staff interactions around their work are often personal, by the nature of the work. Wellness must be intentionally monitored and cultivated to appropriately respect and value staff, prevent burnout, and continue to achieve progress through the intended processes and relationships. This section includes reflection on what we have learned and challenges we have yet to successfully tackle.

Staff Selection

Many people are passionate about culture change, but passion alone is not enough to make an individual the best choice to lead change efforts within a government system. Given our experience, we recommend seeking out a project manager (or leadership team) with the following qualities:

- Proactively and continually seeks information, knowledge, new understanding

- Strong writer and communicator

- Strong interpersonal skills

- Recognizes their own limits and triggers and is willing to connect individuals with other people when they are not the best person to assist

- Able to motivate others to join the effort

- Empathetic, good listener, meets people wherever they are in their understanding and acceptance of LGBTQ identities

- Organizationally savvy — able to evaluate and navigate environments and relationships strategically

When utilizing a team, it is important to ensure that all members or representatives of the work have a shared understanding of the vision and message.

Even with a great leader, the work cannot be accomplished by only one or two people. There are roles and opportunities for many to lead in different aspects of the change effort. When utilizing a team, it is important to ensure that all members or representatives of the work have a shared understanding of the vision and message.

It is also important to build a team that is racially diverse. We struggled to do this in the first few years of our work, and improving remains a priority. While there are many aspects of identity that shape what it means to experience life as an LGBTQ person, race is a powerful factor, so as a team that lacked racial diversity, we missed opportunities to connect with people in a more robust way.

Inclusive Workspace

The ability for staff members to be their true, authentic selves in the workplace is one of the most important and powerful factors that shapes an organization's culture. Creating equitable and inclusive environments for our workforce requires an intentional focus.

Efforts to make workplace environments more LGBTQ-inclusive must necessarily address inclusion more broadly. This requires more than non-discrimination hiring (though that's a good place to start), and includes intentionally ensuring that all staff identities are affirmed and celebrated within the workplace. If we do not address bias or barriers to access and promote understanding across race, ancestry, language, ability, gender and faith, then we are not creating a safe and inclusive workplace. And we certainly do not create safe places for LGBTQ employees, because LGBTQ people are black, Latino, women, disabled and Muslim.

Bias Exposure

One challenge we have encountered that we do not yet have strategies to address is how to best support staff experiencing repeated or chronic exposure to bias. Promoting affirming workplace environments and the use of best practices related to gender and sexuality is taxing work. There is often a personal significance or connection to this work for the individuals doing it, and creating change within systems requires that leaders continue to push boundaries and challenge the status quo while striving to genuinely understand others' perspectives. This includes interfacing with beliefs, values and people that are uninformed, offensive, triggering and sometimes deliberately hostile.

While we do not have the answers yet, there are a couple of things we have learned. First, it is better to have someone with you than to do the work alone. If only one person is charged with leading the change, it is a lonely place to be, even if there are allies in the organization. This is because the work is so personal and hard. To feel truly supported, someone else needs to be there in the fight with you, feeling the grind each day. This relationship is helpful for processing, providing support, and being afforded the space to step up and back as necessary to effectively engage. Second, desirable traits for the supervisor of a person leading culture change include supporting that staff person and having their back, helping to strategize, and promoting their self-care as much as you support the work they are doing.

It is also important to remember that leaders of this work are not the only ones impacted by bias. Our planning for how to support staff needs to include trainers, training participants and other bystanders who experience rejecting messages, particularly LGBTQ staff and others who have marginalized identities.

Impact of and Response to Current Events

When we come to work, we bring all parts of ourselves with us. We might try to mentally put aside the anxiety of a troubled relationship, or the grief of losing a loved one, but it is still with us — displayed or hidden, acknowledged or not. We often do not know the personal struggles each of our colleagues or staff members carries. The impact of some of these challenges may be mitigated if we are creating inclusive environments, reminding staff of resources available to them, and promoting wellness.

Yet the impact is different when events within the community result in shared loss, tragedy or triumph, particularly if it differentially impacts a historically marginalized segment of the population. Colleagues often have different reactions, and as people process what has happened, they navigate the workplace, carefully assessing with whom it is safe to share which emotions. It is our belief that organizations have an opportunity to demonstrate leadership by responding in these moments. They have a choice to clarify their stance and promote inclusion, or remain silent and allow existing tensions to simmer.

We believe this choice can have a profound impact on staff wellness and organizational culture, and that such responses could come in more forms than just issuing public statements. For example, what language was used to signal changes in human resources practices following the Supreme Court ruling on marriage equality, and what message did that send to all staff? Or, when public discourse is heavily charged with outrage over police brutality and racially charged hate crimes, what would be the impact of a message clarifying the agency's commitment to racial equity and sharing information about resources available for staff who need support? Creating a plan for when and how to communicate with staff in response to external events is an important opportunity to seize.

Conclusion

THANK YOU for taking the time to learn about our journey. Each community's dynamics are unique, yet we hope that you found aspects of our story and lessons learned that are applicable to your organization or community.

As we reflect on the progress we have made and the challenges that remain, several different elements surface as critical to moving the child welfare system to a place where LGBTQ youth and families are supported. These elements are outlined in **Figure 1**, with those where we have made significant gains to date highlighted in green. We have not achieved full implementation of our strategies and best practices, but progress has been made and processes are in place to sustain progress related to culture change, practice guidance, engagement and IT system alignment.

The elements highlighted in yellow are gaps in the system that we plan to address moving forward. Throughout implementation, we struggled to effectively engage youth in planning processes, and improving on this remains a priority. Additional needs that stand out include support for project staff; support for families of origin, particularly families of color; access to affirming resource families; and treatment services and supports that simultaneously affirm both SOGIE and other aspects of identity, such as race, ethnicity and faith.

FIGURE 1: Critical Elements of Change in the Child Welfare System

APPENDIX A: GUIDELINES FOR MANAGING INFORMATION RELATED TO THE SEXUAL ORIENTATION & GENDER IDENTITY AND EXPRESSION OF CHILDREN IN CHILD WELFARE SYSTEMS[15]

Summary of the Guidelines field-tested in Allegheny County, with support from the Center for the Study of Social Policy.

> *In the last decade, the child welfare profession has made significant progress toward the goal of developing competence to serve children whose actual or perceived sexual orientation is other than heterosexual, and children whose gender identity or expression is incongruent with their biological sex or with cultural expectations related to gender presentation. Despite this commendable progress, however, the field has not arrived at consensus about how and when to elicit or collect information related to young people's sexual orientation, gender identity or gender expression. Similarly, there are no clear guidelines navigating the tension between the need to disclose the information to appropriately serve children and the need to guard their privacy.*
>
> *In November 2011, the Putting Pride into Practice Project staff at Family Builders joined with Legal Services for Children to convene a two-day meeting of 25 individuals with broad child welfare experience to examine the circumstances under which child welfare personnel should seek, record and disclose information related to a child's sexual orientation or gender identity. The objective of the convening was to gather expert opinions that would guide the formulation of a set of professional guidelines. This document represents the culmination of those efforts.*

Guidelines

Collecting Information for Individual Case Planning

1. Intake forms and protocol should require child welfare personnel to document each child's biological sex, gender identity and gender expression.

2. Child welfare personnel should assess the extent to which each child's expression of gender matches or diverges from cultural and social expectations in the child's family and community.

3. Child welfare workers should document the gender identity of every child three years of age and older.

4. Child welfare personnel should determine the most appropriate time and manner of identifying each child's gender identity and expression, based upon the child's age, stage of development, cognitive abilities and personality, as well as the level of trust developed between the worker and the child.

5. Child welfare workers should document the sexual orientation of every child 10 years and older who can understand and discuss these issues.

[15] Wilber, S. (2013). "Guidelines for Managing Information Related to the Sexual Orientation and Gender Identity and Expression of Children in Child Welfare Systems," Putting Pride Into Practice Project, Family Builders by Adoption, Oakland, Calif. Available at https://www.cssp.org/reform/child-welfare/Guidelines-for-Managing-Information-Related-to-the-Sexual-Orientation-Gender-Identity-and-Expression-of-Children-in-Child-Welfare-Systems.pdf

Appendix A
(continued)

6. Child welfare personnel should identify the most appropriate time and manner of documenting the child's sexual orientation, based upon the child's age, stage of development, cognitive abilities, personality and readiness to discuss the issue.

7. Child welfare personnel should ensure that their understanding, and any documentation, of the child's sexual orientation and gender identity and expression remains current.

Collecting Information for Agency Assessment and Planning

1. Child welfare agencies should include sexual orientation and gender identity in the demographic data collected for each child.

2. Child welfare agencies should provide all youth in protective custody with the opportunity to complete an annual confidential survey evaluating the services they have received.

Recording Information

1. Child welfare personnel should record relevant and reliable information related to the child's sexual orientation, gender expression or gender identity in the case file.

2. Child welfare personnel should record information related to a child's sexual orientation or gender identity or expression in a court report only when the information is directly relevant to the issue to be decided by the court, the worker preparing the court report has discussed the matter with the child and obtained his or her authorization, and the worker has taken precautions to minimize unnecessary disclosure of the information to third parties.

Disclosing Information

1. Child welfare professionals should regard children as the principle owners of information related to their sexual orientation and gender identity and expression, and should actively involve them in decisions related to any disclosure of this information.

2. Child welfare professionals should identify and document a specific rationale related to the child's interests for every decision to disclose information related to the child's sexual orientation or gender identity.

3. Policies governing the management of information related to the sexual orientation or gender identity of children should be consistent with state and federal confidentiality laws, as well as agency policy and rules of court.

4. Child welfare agencies should consider adopting additional measures to prevent inappropriate or harmful disclosure of information related to children's sexual orientation, gender identity or gender expression.

Institutionalizing Practice

1. Agency policies, practices, training and supervision related to children's sexual orientation, gender identity and gender expression should be explicitly grounded in credible social science research and the foundational objectives of safety, permanency and well-being.

Appendix A
(continued)

2. Child welfare agencies should have written policies and procedures governing the management of information related to the sexual orientation, gender identity and gender expression of children and youth under their care.

3. Child welfare agencies should provide pre-service and ongoing training to all child welfare personnel regarding the agency's policies governing the management of information related to children's sexual orientation, gender identity and gender expression.

4. Child welfare agencies should ensure that all staff receive ongoing supervision and technical assistance on the management of information related to the sexual orientation, gender identity and gender expression of children and youth under the agency's care.

APPENDIX B: RESOURCES AVAILABLE FROM THE ALLEGHENY COUNTY DEPARTMENT OF HUMAN SERVICES

- Staff survey instrument

- Memorandum from DHS director to DHS staff and contracted agencies

- RFP for Community Training Team

- Child welfare SOGIE Overview training curriculum & trainer manual

- Safe(r) Space Training curriculum & trainer manual

- Guidelines for adding SOGIE data elements to IT systems

- Standards of Practice

  - Expectations

  - Communication

  - Serving

  - Disclosure

  - Housing

  - Referrals

  - Documentation

- Tip Sheets

- Brochure for the LGBTQ community

- "We support LGBTQ youth" poster designed by a young person

- Sign-up for *DHS LGBTQ Resource Newsletter*

APPENDIX C: FULL TIMELINE

June 2009 — Community leaders ask DHS to take action

— Internal LGBT Work Group established

July 2009 — County Anti-Discrimination Ordinance passed

May 2011 — First LGBTQ Affairs Intern is hired

July 2011 — LGBTQ Work Group issues recommendations to DHS leadership

— DHS expands Anti-Discrimination statement printed on outreach materials

August 2011 — DHS leadership commit to ongoing work and establishing an LGBTQ Advisory Council

September 2011 — LGBT Work Group disbands and a member is selected as ongoing LGBTQ Affairs Manager

October 2011 — Homeless system reviewed for LGBTQ inclusiveness

December 2011 — DHS LGBTQ Advisory Council established

February 2012 — (Internal) Guidance provided to child welfare for housing trans youth in congregate settings

June 2012 — Advisory Council releases DHS brochure for the LGBTQ community

— DHS tables at Pride activities for first time

August 2012 — DHS launches monthly online Resource Newsletter

February 2013 — Council submits letter to DHS leadership regarding communication of County Anti-Discrimination Ordinance

June 2013 — DHS hosts Ally Celebration Party for staff during Pride Month

— DHS participates in Pride March for the first time

— Internal LGBTQA Champions group is formed

— getR.E.A.L. partnership is established with the Center for the Study of Social Policy (CSSP)

Appendix C
(continued)

July 2013	getR.E.A.L. initiative begins
	Full-time SOGIE project manager is hired
	Child welfare leadership change
August 2013	Launch community engagement activities
	Begin campaign to engage and educate system stakeholders
September 2013	DHS LGBTQ Advisory Council is disbanded
December 2013	Community of Practice meetings are launched
	Child welfare staff survey administered
April 2014	RFP released for Community Training Team
	Senior DHS leadership participate in training related to SOGIE, power and privilege
May 2014	Begin to conduct case consultations
June 2014	Help clarify and communicate HR grievance process
February 2015	Finalize training curriculum
May 2015	Child welfare Train-the-Trainers begins
August 2015	First six Standards of Practice related to SOGIE are released
	Child welfare designates a full-time diversity officer
March 2016	Comprehensive SOGIE data elements added to first DHS case management system
July 2016	Restroom renovations begin at DHS office located in downtown Pittsburgh
	getR.E.A.L. partnership with CSSP extended through 2019