



Progress Towards Building an Affirming and Supportive Child Welfare System: getREAL in Allegheny County

FINDINGS FROM AN INSTITUTIONAL ANALYSIS

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**Center for the
Study of Social Policy**
Ideas into Action

Introduction

In July 2013, the Center for the Study of Social Policy (CSSP) and the Allegheny County Department of Human Services (DHS) entered into a three-year effort to better support children and youth achieve healthy sexual and identity development. Recognizing that information was a critical piece of effectively improving practice, the County agreed to field test the *Guidelines for Managing Information Related to the Sexual Orientation and Gender Identity and Expression of Children in Child Welfare Systems (Guidelines)*. The field testing was intended to show the broader child welfare field what it takes to shift practice towards regularly gathering information related to sexual orientation, gender identity, and expression (SOGIE) and how using the information appropriately can improve practice and outcomes. Allegheny County was approached to work on this partnership with CSSP's getREAL initiative because the County is viewed as a "model child welfare system;" has had long-term, stable leadership; and has a data warehouse and staff organization that managed data effectively. This three-year effort turned into a six-year effort with the generous support of the Wellspring Philanthropic Fund and Allegheny County.

In the first year and the fifth year of this effort, CSSP conducted an Institutional Analysis (IA). The first use of the IA analyzed the ways in which DHS was organized in 2013-2014 to support the implementation of the *Guidelines* and improve practice to support the healthy sexual and identity development of youth, with a particular focus on LGBTQ+¹ and gender expansive youth. Most recently, in June 2018, CSSP conducted a second IA. The intention of this IA was to examine institutional changes that have occurred on the journey to implement the *Guidelines* and what, if any, practice changes have occurred. The IA also captured some of the current experiences of LGBTQ+ children, youth, and families who interact with the child welfare system since the implementation of getREAL.

Allegheny County DHS leadership committed at the very beginning of this project to transparency and in sharing their journey more broadly with the field. This IA report is one piece of information about their journey. The County itself published accounts of their efforts to affirm and support LGBTQ+ children, youth, and families. The University of Houston, Graduate College of Social Work, has evaluated the implementation of the *Guidelines* and will also be publishing information about the effectiveness and impact of implementing the *Guidelines*. We are grateful for Allegheny County DHS leadership's commitment to taking the bold steps to implement the *Guidelines* and to share their lessons learned with the field.

Institutional Analysis

The IA is grounded in a branch of sociology known as institutional ethnography. This method produces "accounts of institutional practices that can explain how workers are organized and coordinated to talk about and act on cases."² In child welfare, each "case" includes an individual child or children and their family members (usually their parents or other formal or informal caregivers and other children living in the home). The data collection and analysis used in the IA attempts to uncover the experience of individuals as they encounter institutions and provide an understanding of how the institutions are organized to act in certain ways and recognizes that sometimes these ways are not aligned with their desired outcomes. The IA is grounded in the viewpoint of family members—children, fathers, mothers, and other primary caregivers.

The IA is a process used to understand how systems contribute to or exacerbate positive or negative outcomes for particular populations.³ The focus of the IA is on the policies and practices implemented by institutions, and their unintended consequences for families, *not* on the behaviors of individual actors such as judges, police, or social workers. By examining *how* something comes about, rather than looking at individuals involved in the work, the IA process aims to reveal systemic progress and challenges, and to produce recommendations for systemic change. IA findings have to be supported by multiple data sources to be considered valid. Although specific case examples are used to illustrate particular findings, they represent common occurrences, not rare events.

A trained IA Review Team, consisting of four members, conducted data collection both on- and off-site. In June 2018, the IA team conducted focus groups with and interviewed youth who identified as LGBTQ+; interviewed caseworkers, supervisors, judges, attorneys, and community providers; and reviewed 18 case files of youth who had been identified by workers in the KIDS computer system as something other than cisgender and/or heterosexual. A full list of activities appears in the table found at the end of this report.

Lived Experience

The first aim of an IA is to gain an understanding of the experiences of the individuals and families needing help and who have come to the attention of public systems and their community-based partners.

Based on case files, interviews, and observations, the IA found the following about the lived experiences of youth who identify as LGBTQ+ in Allegheny County:^{*}

- Youth who identify as LGBTQ+ and are in out-of-home placement settings continuously reach out to parents and family members even when these family members are rejecting of their sexual orientation and/or gender identity. Youth often visit with their family and want to have phone calls or otherwise interact with their parents, siblings, and extended family. Some have found a way to have a relationship with their family, some have not.
- Youth involved with Allegheny County Office of Children, Youth, and Families (CYF) value case workers who are authentic and accepting. Some youth have such workers. One youth described feeling affirmed by her worker and comfortable enough to text pictures of herself to her worker when she dressed “as a girl publicly for the first time” and went to her first PRIDE parade.
- Youth have a variety of experiences in congregate care. However, youth and attorneys reported there are some affirming congregate care placements. One transgender girl reflected on her stay at a group home saying “there was love there.” She described being placed with girls and that staff helped her style her hair.
- Youth feel a burden to proactively disclose their sexual orientation and/or gender identity, rather than responding to a question from a worker. Case files show that workers are not consistently talking with youth about SOGIE even in cases where youth disclose their sexual orientation and/or gender identity.
- Youth are having encounters with adults in the community that are high risk. For example, workers documented in some case files that youth reported meeting older men on Grindr and in the community to have sex. Three youth interviewed for the IA reported experiences in the community of being asked by adult men to have sex for money.⁴ Two youth interviewed reported they had been raped in the community and one youth disclosed being stalked by an older man on her way back and forth to school. For example, a case note from a team meeting about a youth who identified as gay stated: *“he has met [older men] online for potential sexual encounters and that [youth] is exhibiting signs of other dangerous behaviors in regards to his lifestyle choice.”* In a different case of a youth receiving support services in his home, the mother called the worker for help because she *“discovered [on Grindr] several conversations with adult men that indicated [youth] had been having sexual relationships with them as well as sharing nude pictures.”* This information was reported to the police, but it was unclear what additional supports were provided to this family regarding this high-risk situation.
- Youth are getting some support related to their SOGIE. For example, in three different cases there was documentation of lawyers actively advocating for youth around their SOGIE needs. Youth are fairly consistently getting linked to Persad Center, a community-based provider specializing in services and supports for LGBTQ+ children, youth, and families.
- Youth are coming into care due to “parent-child” conflict. Examples detailed in case files include: a mother who kicked youth out of home *“due to being transgender;”* a mother who choked youth because of SOGIE; both parents physically violent with youth; youth reported parents made *“anti-gay comments”* and ultimately kicked the youth out; step-father physically abusive about the youth’s gender expression; and *“mom says sexuality is a choice and doesn’t agree with [youth’s] choice.”*
- Youth have interrelated and often complex needs. For example, 10 youth from the case files had documented significant mental health issues, with at least three youth making suicide attempts. Three youth had significant cognitive delays impacting their ability to learn, process information, and function.
- Youth are experiencing harassment at school and in the workplace. Sometimes youth and parents are not clear if the harassment is racial discrimination or transphobia or both (specific to cases involving African American transgender female youth).
- Parents are concerned about youth’s education but not considering how SOGIE issues may be impacting school, e.g., attendance, performance, bullying, etc.
- Two youth experienced efforts at conversion therapy by their families before coming into care. For example, father *“admits to realizing [youth] was gay by the time [youth] was 7 and attempted to take [youth] to a program in ‘attempt to get the gay out of him.’”*
- Youth are looking for supports. Two youth were looking for gay friendly churches. Youth

* This report honors the identities of youth by using the pronouns which youth themselves identify. The singular “they” is used where a youth has not identified their pronouns to their caseworker.

in focus groups stated: “[we] wish we had a space or a group where we could just talk about relationships.” CYF is not currently organized in ways that support these needs.

Again, these findings are limited due to the scope of the IA. More detail behind some of these findings will be included later in the report. We also encourage CYF to continue to find ways to regularly obtain feedback from youth about their experiences receiving support with their healthy sexual and identity development.

Findings

System Progress

As mentioned previously, CSSP conducted an initial IA in 2013 - 14 to support the planning for the implementation of the *Guidelines*. In 2018, CSSP found several positive improvements, including:

- Cultural shifts within CYF so that SOGIE is recognized and discussed;
- Beginning efforts to collect data about SOGIE;
- Improvements in CYF and DHS infrastructure to support SOGIE of children, youth, and families served;
- Innovation/adaptation into other areas of practice to support assessment and services related to SOGIE; and
- Stronger partnership with Persad Center.

Each one of these elements is further described below.

Cultural shifts

The IA found culture shifts at DHS, and CYF in particular, in two primary ways. First, the work force, as a result of mandatory training, case consultations, and other information sharing events, have a *common*

language to talk about sexual orientation and gender identity and expression (SOGIE). The workforce is aware of and uses the acronym SOGIE and knows of the getREAL project. Staff in different offices describe feeling more able to have respectful discussions about SOGIE among each other and especially with those having different viewpoints and perspectives.

Second, the IA team found many *visible signs of welcome and affirmation* for LGBTQ+ individuals. At the DHS Smithfield office, a poster now hangs in the lobby stating “We support LGBTQ+ youth.” This poster, designed by a youth involved with CYF, has a prominent place in the lobby, but isn’t the only sign of welcome and affirmation. Brochures with information about supports for LGBTQ+ youth are also in the lobby and at different points throughout the year either a rainbow pride flag, showing support for diverse sexual orientations, or a transgender pride flag, showing support for diverse gender identities, is hung in the lobby. Gender neutral bathrooms have been built in all offices. These single staff bathrooms are also accessible for people with disabilities.

Beginning efforts to collect data about SOGIE

The KIDS data system has been amended to include methods for ensuring that the youth’s SOGIE is documented. Workers are required to engage with children and youth about their gender identity; for older youth, workers are expected to also engage with youth about their sexual orientation. There are mandatory data entry fields for sexual orientation and gender identity in KIDS. However, workers are in varying stages around documenting SOGIE—at the time of this review less than 25 percent of cases had these fields filled out, with many selecting “did not ask” as an option. In 13 of the 18 cases reviewed for the IA, the youth’s sexual orientation or gender identity was recorded correctly; in three cases the worker had

Positive Engagement with Youth and Documentation of SOGIE

In one of the cases the IA team reviewed, the case worker documented several discussions she had with the youth about SOGIE. Initially, she asked the youth their gender identity and the youth stated, “it’s confusing right now but I guess I would rather be a guy but I’m fine being addressed as a girl.” The case worker recorded that she told the youth she will address the youth any way they want her to and asked the youth if they have a male name they use, which the youth then provided. The case worker then asked the youth how their parents are with their gender identity and the youth stated that their parents are fine with it but the youth does not bring it up a lot because “it’s awkward.” The case worker clarified whether it is awkward for the youth or the youth’s parents, and the youth stated it was awkward for themselves. The case worker let the youth know of some community resources (i.e. PERSAD and GLCC). The youth stated that they were unaware of these resources. The case worker let the youth know of some of the services they offer and pulled up the website to show them. The case worker stated she could reach out to them if the youth would like her to, and the youth “appeared interested”. The case worker asked the youth whether they are sexually active, and the youth stated they are not. The youth told their case worker that they are interested in girls.

accidentally entered the data incorrectly and in two cases the worker had mislabeled transgender youth (one was labelled gender fluid and one was mistakenly identified as male/lesbian). Further, in case notes, there was minimal evidence that workers are talking to children and youth about their SOGIE. In cases involving gender fluid or transgender youth, some workers are using chosen name and pronouns in case files and others are not.⁵ Additionally, it appeared in case files and from interviews with youth that workers engaged once with youth about their SOGIE, but not on an ongoing basis.

Improvements in CYF and DHS infrastructure to support the SOGIE of children, youth, and families served

In order to ensure accountability around welcoming and affirming children, youth, and parents who identify as LGBTQ+ or gender expansive, DHS wrote and disseminated several *Standards of Practice* related to LGBTQ+ youth including:

- Communication Related to Sexual Orientation, Gender Identity and Expression (August 2015);
- Expectations for Serving LGBTQ Individuals (August 2015);
- Understanding Disclosure Related to SOGIE Information (August 2015);
- Working with LGBTQ Individuals: Professional Expectations (August 2015);
- Making LGBTQ appropriate referrals (August 2015);
- Housing and placement with LGBTQ individuals (August 2015); and
- Documentation of Information related to Sexual Orientation, Gender Identity, and Expression (SOGIE) (January 2017).

In addition to Standards of Practice, numerous tip sheets have been created. Workers knew that they were supposed to follow the Standards of Practice, however, most did not appear to know about the tip sheets that had been created. Many of these tip sheets answer the ongoing questions workers have about how to engage youth about their SOGIE.

DHS also enhanced their contracts and the knowledge of the contracted providers. Now when DHS contracts with providers, each contract contains nondiscrimination language related to SOGIE. Contracts also required all providers to receive training on SOGIE. Further, three of the contract monitors have achieved the training and knowledge to be trainers on SOGIE for the department. As a result of this increased infrastructure, contract monitors have been able to rectify situations when youth have been harassed or discriminated against in group care settings.

All CYF workers received *training on SOGIE* and

Accountability through Contract Monitoring

A youth shared his sexual orientation with other youth in his group home over lunch. The cafeteria worker shared information related to his SOGIE with others in an inappropriate manner. When this came to the attention of the contracts monitor, DHS realized that all staff needed SOGIE training, not just those who work more directly with youth, and required the agency to ensure everyone received SOGIE training and knew about the Standards of Practice.

supervisors and Human Resources ensured that those who resisted the training understood that the training was a requirement of their job. CYF now has SOGIE champions in every regional office. By having this training, most staff report a shared understanding and language around SOGIE. Although staff still want support in engaging youth around their SOGIE, for the most part, staff confirmed the need for and importance of the training to their work. Some staff reported an increased competence or reflected they were more open to increasing their competence to support LGBTQ+ children, youth, and families.

Staffing to support SOGIE work has changed over the last five years. The getREAL Project Manager has been a consistent presence through the duration of this initiative. Many reported that she is particularly talented at building relationships across DHS and in the community to spread the getREAL work. Although the Project Manager's supervisors have changed, she has been able to continue this work without interruption. She has looked for and taken advantage of opportunities to make visible LGBTQ+ and gender expansive children and youth involved with child welfare, she has consulted on numerous cases with SOGIE concerns, and she has coached many case workers and supervisors in their understanding, assessment, and delivery of services related to SOGIE. Her influence and knowledge have left a remarkable imprint on the policy and practice work, particularly within CYF. However, as addressed later, there are concerns about how the work will be sustained if she leaves.

There are other staffing opportunities that have the potential to greatly impact this work. The Project Manager has built a cadre of SOGIE champions located in every regional office. CYF created the position, Diversity and Inclusion officer, who is responsible for overseeing racial equity, SOGIE, and immigration efforts. This position shows an institutional commitment to this work. As of yet, most of this officer's time has been focused on analyzing and supporting

new strategies to deal with racial inequities in the child welfare system. The getREAL Project Manager has thus largely been solely responsible for the SOGIE work. Recently, in 2018, DHS hired a new Senior Leader of Equity and Inclusion for the entire Department of Human Services. This person has responsibility for providing strategic direction for all equity efforts including SOGIE, racial equity, and immigration across all the DHS and reports directly to the DHS Director.⁶ This is a structural change that has elevated the work to a higher level and bodes well for sustaining and institutionalizing the work.

Stronger partnership with Persad

Over the last several years, DHS has built a strong relationship with Persad Center, a community-based agency supporting LGBTQ+ children, youth, and families. Everyone interviewed knew about Persad Center and several workers talked about the benefits of Persad services for their clients. In addition to working with children, youth, and families struggling around SOGIE, Persad is a community partner with DHS for trainings on SOGIE and has contracted to recruit homes that will be affirming of LGBTQ+ children and youth.

While the work with Persad has deepened, the getREAL Project Manager recognizes the need to have stronger relationships with other community-based agencies that are comfortable and welcoming for LGBTQ+ youth of color. The IA team heard the need for such a community partner also from two LGBTQ+ youth of color, who in particular mentioned working with Project Silk.

Innovation/adaption into other areas of practice to support assessment and services related to SOGIE

As part of implementing the Guidelines, the getREAL Project Manager worked with other managers to improve practice. When the IA was conducted in 2013, the Child and Adolescent Needs and Strengths Assessment (CANS) tool did not have a way of recognizing the dynamic of a youth's SOGIE in the case. The only area where anything related to SOGIE might have been identified was in one item, "sexual development." The review team found that the only SOGIE issue documented were recorded as "gender dysphoria" for youth struggling with their gender identity or who identified as transgender. Since that time, the getREAL Project Manager and others worked to amend the CANS tool so that those conducting the assessment had a means of assessing if SOGIE was a dynamic in the case. This revised tool was piloted in the fall of 2017 and staff using the tool reported an initial struggle in engaging with youth around SOGIE,

but then an ease in having the conversation, and that the tool assisted them in having "conversations we would never have had."

Allegheny County also periodically conducts Quality Service Reviews (QSR) to assess the quality of their practice with children, youth, and families. The getREAL Project Manager joined the team of individuals that conducted these reviews and representatives from the Commonwealth of Pennsylvania to develop guidance on how to inquire about the SOGIE of children, youth, and families and determine whether SOGIE was an element in the case. It was determined that the QSR team was not yet ready to do this more intensive inquiry so the 2017 pilot directed the QSR team to inquire about whether parents and youth when age appropriate had been asked by system actions about their SOGIE, faith, and race and if these clients had not been asked, would they like to have been asked. Some reviewers reported having no problem engaging youth in conversations about SOGIE, while others struggled and wanted more practice. These innovations require pacing and ongoing support to be sustained and hold promise in supporting practice change to better assess and service LGBTQ+ and gender expansive children and youth.

All of these efforts have made some positive impacts on youth. Youth in focus groups described being placed according to their gender identity. A transgender youth talked about her placement in a shelter and that "there is love there." She felt supported by staff who talked and joked with her, and helped her with her hair and clothes. Youth felt affirmed by their lawyers and described their lawyers advocating for them specifically around issues related to SOGIE. One youth talked about his foster parents saying negative things about people who are gay. "I told my lawyer and my foster parents stopped."

Widespread knowledge and visibility of SOGIE also has resulted in changes to the courts. The IA team heard from multiple sources that the courts are better at supporting transgender youth as exemplified by using correct pronouns and chosen names as well as understanding the need for timely approvals for medical treatments.

Other changes that are important to youth include amending the policy regarding clothing vouchers. Previously, in an effort to prevent fraud, a foster family was given a clothing voucher for the youth. The receipts for clothing were expected to correspond to the youth's sex assigned at birth. Now clothing vouchers are no longer linked to gender and, for example, a youth whose sex assigned at birth is female can buy boxer shorts from the boy's department. This may



seem like a minor systemic change but the impact on the young person is huge in terms of affirming who they are and healing the trauma they have experienced.

System Challenges

System transformation that results in consistent and improved outcomes for children, youth, and families is a multi-year endeavor. While much progress has been made in shifting the culture and policies of DHS and CYF, and youth interviewed have noted improvements, more work still remains to implement the Guidelines and ensure SOGIE is inquired about, recognized, and affirmed. Change in child welfare is a long and ongoing journey and no one understands this better than the Director, Marc Cherna, who is unique in his long-term tenure as director. Stable leadership is critical to successful, sustained improvements.

Continuing to improve DHS and CYF infrastructure to support full implementation

The workforce still struggles to have developmentally appropriate conversations with children and youth about SOGIE. Thus, the workforce is not capturing accurate and comprehensive SOGIE data which compromises the ability of DHS and community partners to ensure all children and youth are adequately supported and affirmed. Efforts to educate the workforce and hold staff accountable for accurate and consistent data entry of SOGIE are still needed.

As Allegheny County has continued to reduce the use of congregate care, there is a need for an increased number of affirming and supportive homes. The IA found that youth have a mixed experience in relative and nonrelative foster home placement. One

youth described living in a conservative, religious (nonrelative) foster home that “said bad things about being gay”. This youth told his lawyer and worker, the foster parents stopped. However, this youth still experienced punishment around his gender expression, e.g., having his cell phone taken away for dyeing his hair blue. In case files, workers documented the rejection that youth experienced by family members with whom they were living with or visited, but the work to support youth in these circumstances was not there (or at least not consistently documented). Workers expressed concern about how best to honor family belief systems that may run counter to affirming LGBTQ+ youth and still support and affirm these youth. Some workers also expressed concerns that foster homes are documented as affirming, but below the surface are not supportive of LGBTQ+ or gender expansive children and youth.

Frontline staff still need adequate support to assess how the SOGIE of children and youth may be a dynamic in the family and relevant to supporting safety, permanency, and well-being of children and youth. The CANS pilot and the QSR tools are promising means of supporting the workforce in improving practice related to SOGIE. Other efforts should include seeking and incorporating case consultation in planning and services when needed and getting adequate supports from supervisors.

Continuing work to support community partners

The IA review team met with some, but not all, community-based providers and heard reflections on their effectiveness from other stakeholders. Overall, community partners are aware of CYF’s commitment to learn about and support the SOGIE of all children and youth. Community partners have received training on

SOGIE, however some work remains in order to build the practice of engagement on SOGIE issues when children and youth are living with family. The IA heard that one community-based agency's leader does not support workers asking about SOGIE for children and youth. In part, this leader has concerns about the child welfare system becoming too involved with a family system and undermining family functioning. Repeatedly, some of the workers in this community-based agency are willing to work with families to support the SOGIE of children and youth, but are following the lead of the director. More work between CYF and this particular agency is needed. The work must require more than training but rather conversations and a deepening partnership to fully implement the changes needed. The issues that drive the reluctance need to be heard and addressed so that the lives of children and families can be supported effectively.

Community-based partners who conduct home studies indicated that the current format is not helpful in giving a worker a sense of whether a family will be affirming, let alone what concrete support they will need even if they want to be affirming. Agencies are resistant to using a new home study assessment because they receive payment to do the SWAN assessment used throughout the Commonwealth. The owners of this assessment are reportedly resistant to adapting it in order to meet the need to assess if a family will be affirming and what kind of support they will need. Hopefully this can be resolved soon. The need for affirming families and the support they need to care for LGBTQ+ children and youth is even more critical with the move to reduce the use of congregate care embedded in new federal legislation. LGBTQ+ youth are often overrepresented in congregate care, in part because of the lack of affirming family homes and supports that has resulted in multiple failed placements and unfortunately often increased behavioral issues for the young people as a result. Persad Center is a key committed community partner and has the potential to support the SOGIE work

on a long-term basis. With adequate resources they can have the capacity to recruit, support, and retain the affirming families needed. Currently with a very limited staff, Persad provides training to DHS and the community, case consultations when needed, and is recruiting foster homes that will be affirming of LGBTQ+ youth. However, the county recognizes that one community-based agency with a small number of dedicated staff is not sufficient to meet the myriad of needs. That said, this is part of a larger strategy to build capacity within all of the contracted providers so that youth and families can have culturally responsive supports wherever they go.

Finally, work is needed with community partners to increase safety of LGBTQ+ youth in the community. The IA found that youth are not consistently safe in school. Information in case files and from youth themselves show that LGBTQ+ youth experience bullying and harassment at school. While some schools have supportive and affirming spaces, Gay Straight Alliances, and effective administrations, other schools in Allegheny County do not. Some workers and foster parents work to support LGBTQ+ youth in school when they are unsafe, but this is not consistently done. Youth expressed frustration that some group homes are in neighborhoods where they felt unsafe and experienced harassment. Youth described feelings of safety in the group homes. When walking or taking public transportation in the community they described being unsafe and targeted because others know that they are foster youth and vulnerable. Some older youth also experienced discrimination and harassment in the workplace and expressed the need for information and support about how to navigate and address employment discrimination.

Increased Accountability for DHS and community providers

Further progress to transform the child welfare system to implement the Guidelines and transform



practice requires building on the improved mechanisms of accountability. The IA found pieces of accountability—e.g., Human Resources and leadership supporting all workers in getting SOGIE training and a significant increase in the completion of performance evaluations. Human Resources and leadership worked through issues of employees’ resistance to being trained on SOGIE. In addition, Human Resources is working with supervisors and staff to improve the performance evaluation tool. There is a continued need for further mechanisms of professional development and accountability to be explored in order to ensure all workers and agencies are given the resources to provide consistent quality practice and are held accountable. The guidance provided and improvement must include enhanced supervision and stressing continuous quality improvement with the workforce and community providers based on results from qualitative reviews and feedback from LGBTQ+ clients.

Attending to race and SOGIE

DHS is working to address racial disproportionality and disparities, particularly of African American children and youth in the child welfare system. The County is also designing and providing supports for immigrant children, youth, and families. These three strands of work—getREAL (SOGIE), racial disparities, and immigration—are largely siloed efforts despite being located under one person at CYF. This position and this work is new and innovative. New York City and Los Angeles have recently developed similar positions/offices of equity and it may be helpful for Allegheny County to connect to these jurisdictions for cross learning, specifically learning about when to focus separately on these different, but interrelated aspects of identity and experience, and when to be looking holistically at how they impact children, youth, families, and communities.

Attention must also be paid to the larger racial dynamics and history of racism at play with individuals, organizations, and communities. For example, the IA team heard that white SOGIE trainers and workers encountered push back from some African American workers and community providers and these trainers did not feel equipped to talk about race and SOGIE. The IA team heard from informants that talking about LGBTQ+ issues is a “white norm;” “not part of our religious tradition;” that “African American families don’t talk about this, [it’s] not something you bring up, in our church that’s not ok.” Some African American workers were frustrated by their white peers’ inability to counter this and their reliance on African American workers to address their peers. This needs to be addressed and white SOGIE trainers and workers need additional support to handle these dynamics in training sessions and in practice.

Recommendations

During the course of the IA, the review team heard many recommendations freely offered by youth and workers involved with CYF. This alone is progress in that these recommendations were given openly and honestly, with the hope that they would be heard as progress has been made but there is more work to do.

DHS has multiple means of collecting feedback from youth including surveys, Quality Service Reviews, and conversations with Youth Support Partners. These efforts are important, however, the youth we spoke to in a focus group ask for additional and more regular opportunities, such as focus groups, to provide feedback to the Department. Four key recommendations from youth were:

1. Youth wanted workers to initiate conversations about sexual orientation and gender identity and not always feel like they had to be the ones to proactively tell the worker about their identity.
2. Workers in Independent Living programs and caseworkers should talk about and teach regularly information about sexual health. “Nobody is talking about it.” This could occur in the context of youth discussions about sexuality and relationships.
3. “Workers or someone should be talking with us about healthy relationships—sexual and platonic.” Youth wanted to engage in discussion beyond just safe sex.
4. Transgender youth wanted more information about how to access hormones. “I didn’t know the system could pay for hormones until my roommate told me so I asked the worker [to help me].”

Workers also offered feedback about resources they needed to accomplish better SOGIE work to benefit children, youth, and families. Workers recommended:

1. More opportunities to practice engaging children, youth, and adults about SOGIE. Suggestions included: “lunch and learns,” reinforcement in trainings, and reminders in supervision and in written materials.
2. Booster trainings about SOGIE and how to engage on SOGIE—suggestions included short one-hour trainings in small groups; well-designed and tailored to adult learners; more interactive trainings.
3. Incorporating stories of youth into other materials so there is more exposure to youth voice and experience.
4. Finding opportunities for LGBTQ+ youth to be involved in other work with staff—panels, speaker’s bureaus, other initiatives—so that staff develop knowledge, empathy, and relationships with these youth.
5. Providing workers with a protocol about talking

- with parents about their child's SOGIE.
- Continued efforts to recruit and support affirming homes for LGBTQ+ youth, especially youth who are transgender.

Allegheny County has made significant system changes moving toward system transformation. In order to sustain the changes made to date and continue efforts to transform policy, practice, and partnership, the following is recommended:

Focus on helping workforce understand gender (vs. sexual orientation)

From the information collected, IA reviewers determined that CYF staff and professional partners have become more comfortable thinking about and having conversations about sexual orientation. However, most still struggle with understanding gender, especially when someone's gender does not match their sex assigned at birth. Workers and others also expressed confusion about individuals who do not identify as either male or female, or who may identify as gender fluid.

Continuously communicate about SOGIE data collection to workforce and partners

Workers were not clear about the purpose of collecting data about the SOGIE of youth. People interviewed by the IA were concerned about what was the purpose of gathering this information, if and how the information was being protected and, in general, the safety (for the youth) of having this information documented. Other partners expressed frustration that documentation would result in labeling children and youth and follow them in a detrimental way throughout their time involved with CYF. Others expressed concern that this was private information and that only families should have these conversations with children and youth, not workers. These are elements of conversations that need to continue and develop and reflect the progress made and the opportunity for real transformative change in this area.

Continued support for staffing getREAL and other efforts to affirm SOGIE

Many individuals interviewed were worried that the getREAL efforts and other efforts to support inquiry into and affirmation of SOGIE would not be sustained if the current getREAL Project Manager left. DHS and CYF should consider how to increase the role and support of current SOGIE champions and case practice specialist in each of the regional offices, and to ensure that the position of getREAL Project Manager is institutionalized.

Enhancing SOGIE Training

In addition to the overall recommendations of staff about enhancing their learning and competency around SOGIE, several informants provided specific feedback about how to improve the current SOGIE training. These suggestions included:

- Targeted training and interventions to those still not inquiring or documenting SOGIE;
- Adding more simulations (to practice what is taught);
- Spending less time on terminology and more on enhancing practice, especially on supporting workers' ability to ask about SOGIE; and
- Building in a self-care group for the SOGIE trainers and space to debrief.

As mentioned earlier, the SOGIE trainers need to be supported in dealing with racial dynamics in the training. All SOGIE trainers need to be supported in speaking up and countering when those being trained invoke culture as a reason to not discuss SOGIE or to be rejecting towards children, youth, and families.

Continuing to build mechanism for professional development and accountability at all levels

As previously described under system challenges, DHS needs to ensure that strong mechanisms to support professional development go hand-in-hand with systems of accountability. This is needed for both agency staff and community partners. DHS and its partners need to develop a similar supervision model grounded in tools that assess professional development of staff along with resources for staff to improve. Periodic reviews should measure professional development, provide work plans for improvement, and—when improvement still does not occur—steps should be taken to ensure accountability for lack of development. This kind of process needs to be grounded in outcome measures to ensure all children, youth, and families achieve equitable services and outcomes.

Conclusion

The IA found that Allegheny County made remarkable strides to change their child welfare system to better affirm and support LGBTQ+ children and youth. Allegheny County's commitment to transparency and sharing their journey to transform their system is commendable and will help advance the work of others in the field.

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Citations

¹ LGBTQ+ is used in this report to refer to lesbian, gay, bisexual, transgender, and queer individuals; the plus symbol is included to recognize those for whom these labels do not accurately describe their sexual orientation or gender identity such as two spirit, gender expansive, and gender nonbinary individuals.

² Pence, Ellen and Smith, Dorothy. (unpublished). *The Institutional Analysis: Matching what institutions do with what people need.*

³ Typically, an Institutional Analysis includes pinpointing problematic outcomes for families through reviewing data such as the disproportionate representation of children of color in child welfare and the outcome disparities they experience. The data analysis is followed by a range of qualitative information gathering activities including interviewing a small set of caregivers and their system helpers to get a deep sense of their experiences and their needs, and directly observing daily interactions with families in their homes, child welfare offices, in juvenile courts, and in the provision of services. Interviews and focus groups are also conducted with system and community leaders and staff. Policies, procedures, and a sample of case files are

examined. The IA application in Allegheny County omitted some of this process. For example, outcome data were not examined, and families were not directly interviewed or observed in interactions with staff.

⁴ These incidents are particularly concerning given the high risk for youth in foster care to experience sexual exploitation/sex trafficking. Nationally, over half of children and youth who have experienced commercial sexual exploitation/trafficking were involved with child welfare systems (estimates range from 60% in California to 85% in New York City and 98% in Connecticut). Child welfare systems across the country are still learning and testing best practices to prevent the sexual exploitation of children and youth in their care.

⁵ Of these 18 cases, six children were identified as white, 10 as African American, and two had the race/ethnicity missing.

⁶ After completion of this IA, the getREAL Project Manager and the Diversity and Inclusion Officer now report to the Senior Leader of Equity and Inclusion for DHS.

⁷ For a more thorough description of these core standardizing methods, see the forthcoming article from Ellen Pence and Dorothy Smith, *The Institutional Analysis: Matching what institutions do with what people need.* Publication forthcoming.

⁸ For example, in an IA study in a different jurisdiction, the IA found that as a result of numerous tragic child deaths, subsequent media coverage, and the impact of this on agency leadership and workers, workers' behavior was driven by a culture of fear. That is, based on multiple interviews with a wide variety of professionals, workers felt compelled to remove children or were hesitant to return children to their families not because the children were unsafe or at high risk of maltreatment, but because they feared liability should something happen to that child as a result of their actions or inactions.



The Institutional Analysis Methodology

The body of work supporting the IA suggests that there are at least eight primary, or core standardizing methods⁷ of child welfare systems that organize how workers get to know families, work with them, and have the capacity to act in a way that supports safety, reunification or alternative permanency, and nurturance. Problems in any one or combination of these methods can interfere with achieving positive outcomes for all families. The methods explored in an IA include:

- 1. Mission, purpose, and job function**—Agency missions translate into case management practices and worker job descriptions. The IA examines how mission statements, worker’s job descriptions, tasks assignments, and defined job functions match the reality of what will work for individuals and families who are being “processed as a case” within and across systems.
- 2. Rules and regulations**—The IA examines how laws, regulations, and other governmental requirements and local policy drives workers’ practices. The IA looks to see how regulations act to enhance or limit the worker’s ability and capacity to intervene effectively with families.
- 3. Administrative practices**—Administrative practices coordinate the relationship between the institution (represented by the worker) and the client; as such, they can enhance the worker-client relationship or impede it. These practices include internal administrative policies, protocols, and procedures such as team decision making meeting protocols, assessment tools, decision making panels, formats for case plans and court reports, and case recording.
- 4. Concepts and theories**—Institutional values, theories of change, conceptual frameworks, and assumptions undergird and guide policy, administrative tools, and job expectations and duties. IA analysts are trained to look for the operative theories at all points of intervention.
- 5. Education and training**—The IA examines how education, training, and skill development for workers and supervisors, educational requirements, mentoring opportunities, and participation in local, state, and/or national forums shape how workers think about, talk about, and act on a family’s case.
- 6. Resources**—Management allocates resources to support both workers and clients. Resources include everything necessary for workers to carry out their job responsibilities and for children and families to receive effective services and supports to enhance children’s safety, permanency, and well-being. Resources are not limited to budget dollars, but also include such things as interventions to improve parenting, visits from workers, health care services, home assistance, tutoring, emergency funds, child care, substance abuse evaluation, and treatment and staff time (as measured by worker caseload).
- 7. Linkages**—Organized linkages connect a worker to other practitioners with prior or subsequent involvement in the case. For example, an IA might examine how information collected by a hotline worker influences the work of the investigative worker. The IA examines how successfully management has built procedures for communication (passing along critical information about families) among workers, among providers, and with family members.
- 8. Accountability**—The IA examines the accountability structures and processes in an organization to determine how workers at each point of case processing are held accountable for the well-being and success of their clients. Additionally, the IA looks for accountability to other workers and practitioners and to the overall intervention goals.

Allegheny County Data Collection

Activity and Timing	Purpose
<p>April - June</p> <p>Big Picture Interviews</p> <p>(5)</p>	<p>Interviewed DHS and CYF leadership and community leaders from the agency, courts, and partner provider agencies to obtain a better understanding of issues such as collaboration, community strengths and challenges, court structure, missions, and directives of the department and its partners.</p>
<p>June</p> <p>DCFS Case Review</p> <p>18 Cases</p>	<p>Case-based analysis was done to examine the alignment with policy and how the workers come to know families and share information about families. In addition, the case records provided a window into the lived experience of families.</p>
<p>June</p> <p>Individual interviews (8) and group interviews (8) with CYF staff, community partners, and youth</p> <p>1 Group Interview with youth who identify as LGBTQ+</p>	<p>The interviews were designed to understand the everyday case processing and managing routines of staff. Interview participants were selected to gain perspectives from the provider community, system partners, and staff who were currently processing cases as frontline staffs and who were considered by the agency to be competent staff.</p>