










# Queer Affirmation Maturity Model

A tool for child welfare organizations to improve their capacity to affirm LGBTQIA2S+ children and youth

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## About this tool

Use this maturity model to gauge your organization's capacity to meet the needs of queer children and youth, and to chart progress to a higher level of readiness to provide affirming care. Affirming care is more than protecting against abuse, it is joyful recognition and acceptance.

The maturity model is organized into 6 sections to match 6 pillars of queer affirmation. While we have separated affirmation into these pillars, in practice they are deeply interrelated and making change will require efforts across all pillars.

This maturity model was developed from research based on review of secondary materials as well as 51 semi-structured interviews with:

- Queer youth who have been in foster care
- Policy and legal advocates
- Queer education experts
- Public and private child welfare agency staff
- Resource families who had cared for queer children and youth

### 1 Leadership Priority

Organizations with leadership buy-in to queer affirmation have higher uptake and impact. Leaders must name queer affirmation as a core organizational goal, and coordinate across the entire child welfare ecosystem to ensure organizational support of this ongoing work.

### 2 Staff capacity

Education and training on sexual orientation, gender identity and expression (SOGIE) are fundamental to staff affirming queer children and youth. With robust education and training from experts, staff from all backgrounds can build confidence and expand their capacity for queer affirmation.

### 3 Growth mindset

A growth mindset takes additional work, trust, and a group effort to recover from missteps. This path leads to a culture of resiliency which helps foster queer affirmation from all corners of an organization.

### 4 Data systems

Strong data systems include infrastructure both to capture needed information for tracking and to normalize components of queer affirmation, including privacy and referrals to appropriate programs and services.

### 5 Resource families

Any family can become affirming and all families can advance in their capacity to meet the needs of queer children and youth as long as they are willing, open, and connected to the right resources and supports. Affirming families are made, not found.

### 6 Services and programs

Affirming services and programs can support prevention, reunification, community and peer support, and access to gender-affirming medical and mental health providers – they are foundational to fully meet needs for queer children and youth.

## How to use this tool

Whether on your own, in pairs, or small groups, employees from all levels of an organization can use the maturity model as a catalyst for discussion and collaboration.

- 1 **Learn key terms**, in particular, the acronym SOGIE (“SOH-jee”) stands for sexual orientation, gender identity, and expression.
- 2 **Locate growth areas** in your organization with the highest need to improve. As you make your way through the pillars, review each component of queer affirmation. Look across the 3 levels of growth – initial, emerging, optimizing – and identify your organization’s current capacity. Use the right column to mark 1 - 3 and/or take notes. It’s common for your organization to have different levels of capacity across different components.
- 3 **Explore recommendations** across the 6 pillars and resources that correspond to the growth areas. At the end of each pillar’s section you will find related resources to refer to in preparing to implement change.
- 4 **Implement** recommendations to move your organization up in its capacity to provide affirming care for queer children and youth.
- 5 **Chart progress** in your organization to assess what is working and what needs improvement. This work is always in process and never fully complete, meaning even the optimizing level will require ongoing efforts.
- 6 **Refine** and add to this maturity model. There might be components your agency would like to add, which is very welcome! Add to this as you learn more about what queer affirmation looks like at your agency.

## Get to know the acronym: LGBTQIA2S+

L

### Lesbian

A woman who is attracted to the same gender



G

### Gay

Attraction to the same gender; used as an umbrella term for same-gender attraction



B

### Bisexual

A person who is attracted to people of more than one gender



T

### Transgender or trans

A person with sex and/or gender that does not correspond to their sex assigned at birth; also used as umbrella term for all non-cis gender identities and expressions



Q

### Queer or Questioning

We use the umbrella term “queer” to refer to any SOGIE that is not the normative – i.e., heterosexual (or straight) and cisgender

I

### Intersex

An umbrella term that describes sex characteristics that fall outside the boy/man or girl/woman binary



A

### Asexual

A person with no interest in sexual relationships



2S

### Two-spirit

An Indigenous or American Indian and Alaskan Native (AI/AN) term for a person with both masculine and feminine spirit, historically considered sacred and valuable



+

### Plus

Not everyone has a label, and there are many other sexual orientations and gender identities not listed here

## Key terms

We cannot provide an exhaustive set of definitions for all terms. Here we provide an overview of the terms we use in this tool, and on page 9 we link to existing glossaries for further reading.

### General definitions

#### **SOGIE**

This acronym SOGIE (“SOH-jee”) stands for sexual orientation, gender identity, and expression. Everyone has SOGIEs, but it’s often presumed that everyone is heterosexual or straight and cisgender, i.e., their gender matches their sex assigned at birth

#### **LGBTQIA2S+**

This acronym stands for lesbian, gay, bisexual, transgender or trans, queer, questioning, intersex, asexual, and Two-spirit; the plus at the end of the acronym indicates that these are not exhaustive since there are other terms and ways to express SOGIEs

#### **Queer**

We use the umbrella term “queer” to refer to any SOGIE that is not the normative, i.e., heterosexual or straight and cisgender; although the term was once an insult it has been reclaimed by many in the LGBTQIA2S+ community

#### **Questioning**

A person unsure about their attraction or gender identity

## Sexual orientations

### **Sexual orientation**

A person's physical, romantic, and emotional attraction to other people – sometimes called sexual orientation or sexuality

### **Heterosexual or straight**

A person who is exclusively attracted to people of the “other” gender in the binary man or woman

### **Lesbian**

A woman who is attracted to the same gender

### **Gay**

Attraction to the same gender; used as an umbrella term for same-gender attraction

### **Bisexual**

A person who is attracted to people of more than one gender

### **Asexual**

A person with no interest in sexual relationships

## Gender identities and expressions

### **Sex**

The physical traits people are both born with and that develop, including chromosomes, genital anatomy, and secondary sex characteristics; sex is assigned at birth when a newborn's genitals are visually inspected and they are typically announced to be either male or female

### **Gender**

The social, cultural, and behavioral aspects of being masculine and/or feminine; most societies use a system of gender that is a binary in which everyone is expected to be either a boy/man or a girl/woman but many exceptions exist

### **Gender identity**

How a person identifies their gender

### **Gender expression**

How a person expresses their gender, including how the person dresses and behaves

### **Cisgender or cis**

A person with sex and/or gender that corresponds to their sex assigned at birth

### **Transgender or trans**

A person with sex and/or gender that does not correspond to their sex assigned at birth; also used as umbrella term for all non-cis gender identities and expressions

### **Nonbinary or genderqueer**

A person with gender not captured by the binary options of boy/man or girl/woman

### **Genderfluid**

A person whose gender is fluid, variable, or changes

### **Intersex**

An umbrella term that describes sex characteristics that fall outside the boy/man or girl/woman binary

### **Two-spirit**

An Indigenous or American Indian and Alaskan Native (AI/AN) term for a person with both masculine and feminine spirit, historically considered sacred and valuable

## Glossaries

### Guides

[Genderbread Person V.4](#)

[The National Center for Youth with Diverse Sexual Orientation, Gender Identity & Expression Glossary](#)

### Hubs with links and referalls

[Centers for Disease Control and Prevention Health Considerations for LGBTQ Youth Terminology](#)

[GLAAD Glossary of Terms: LGBTQ](#)

[GLAAD Glossary of Terms: Transgender](#)

[It Gets Better Glossary](#)

[PFLAG Glossary](#)

# 1 Leadership Priority

Organizations with leadership buy-in to queer affirmation have higher uptake and impact. Leaders must name queer affirmation as a core organizational goal, and coordinate across the entire child welfare ecosystem to ensure organizational change.

## Locate growth areas

	1. Initial	2. Emerging	3. Optimizing	Notes
<b>Organizational Priorities</b>				
<b>Definition of safety</b>	Definition of safety does not include a specific reference to queer affirmation	Definition of safety includes a vague or general reference to queer children and youth, without specifics on how to address the needs of queer children and youth	Definition of safety is centered on affirmation of all sexual orientations and gender identities and expressions (SOGIEs) including queer SOGIEs	
<b>Leadership agenda</b>	Leadership agenda has not named queer safety or affirmation as a priority	Leadership agenda may name queer safety and/or affirmation a priority in some contexts	Leadership agenda names queer safety and affirmation as priorities in most contexts	
<b>Leadership knowledge</b>	Leadership may not have completed any queer-specific education and rarely speaks about it	Leadership may have completed some queer-specific education but only sometimes speaks about it	Leadership is well-versed in queer education and frequently speaks about it	
<b>Funding, programs, and initiatives</b>	Leadership has not or is unwilling to seek funding for programs and initiatives related to queer affirmation	Leadership is willing to or has attempted to seek funding for programs and initiatives related to queer affirmation but has not yet succeeded	Leadership successfully seeks funding for programs and initiatives related to queer affirmation	

## Locate growth areas

	1. Initial	2. Emerging	3. Optimizing	Notes
<b>Queer safety's place</b>	Queer safety priorities, if they exist, are collapsed with other kinds of identities and differences, i.e., DEI and antiracism initiatives	Queer safety priorities might be separate from other kinds of identities and differences, i.e., DEI and antiracism initiatives	Queer safety and affirmation priorities have their own focus separate from other priorities, i.e., DEI and antiracism initiatives, as well as being recognized as intersecting with race, ethnicity, and other kinds of difference	
<b>Documented Policies</b>				
<b>Resource family requirements</b>	No resource family policy requires resource families to affirm queer children and youth	Resource family policy requires families to affirm queer children and youth, but some non-affirming families are still approved	Resource family policy requires families to affirm queer children and youth, families are offered training and support to become affirming, but unwilling families are not approved	

## Locate growth areas

	1. Initial	2. Emerging	3. Optimizing	Notes
<b>Integration of kin-first initiatives and queer affirmation</b>	No identified policy integrates kin-first initiatives and the commitment to queer affirmation, i.e., staff discretion is used to weigh kin-first and queer affirmation concerns	Policy integrates kin-first initiatives and the commitment to queer affirmation, but it lacks nuance, and might be seen as either/or, i.e., either kin is affirming or there is no placement	Policy integrates kin-first initiatives and the commitment to queer affirmation with a high degree of nuance; policy requires including youth preferences about their unique existing relationships (e.g., if a youth trusts kin to learn to become affirming)	
<b>Room assignment policy</b>	Room assignments are always based on sex assigned at birth	Room assignments are not pre-determined based on sex assigned at birth and sometimes take gender identity into account	Room assignment are not pre-determined based on sex assigned at birth and decisions are youth-led, taking gender identity into account	

## Explore recommendations

### How might leadership standardize affirming practices?

- Define agency principles that include affirmation
- Require asking pronouns, names, and discussing confidentiality
- Empower youth by following their lead whenever appropriate
- Follow expert guidance on how to hold conversations about SOGIE with different ages and developmental levels
- Rely on experts to train all and return for ongoing learning
- Assign trained supervisors to track and coach on queer affirmation
- Seek funding to support these initiatives

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### How might leadership create new policies for common issues?

- Provide affirming care to all children and youth, and not only for those who have identified as queer
- Require non-affirming families be offered training and support, but refuse to approve anyone who won't commit
- Create a protocol for room assignments in cases of trans or nonbinary children or youth that is co-led with the children and youth
- Integrate kin-first initiatives and a commitment to queer affirmation with nuance
- Provide opportunities for all caregivers, including kin, to learn and advance skills in queer affirmation

## Refer to resources

### Guides

[Human Rights Commission: Guidance for the Placement of Transgender, Nonbinary, and Gender Expansive Youth in Congregate Care](#)

[Moving a Child Welfare System to Be More Affirming of the LGBTQ Community: Strategies, Challenges, and Lessons Learned from Allegheny County DHS](#)

[Progress Towards Building an Affirming and Supportive Child Welfare, Report by Center for the Study of Social Policy](#)

[Supervisors' Guide to Coaching Staff on Talking about Sexual Orientation and Gender Identity](#)

### Hubs with links and referrals

[Children's Bureau LGBTQIA2S+ Resources](#)

[Child Welfare Capacity Building Collaborative Creating LGBTQ Affirming Initiatives](#)

[National SOGIE Center Quality Improvement Center](#)

[Trevor Project Resilience and Mental Health Among LGBTQ Youth](#)

## 2 Staff capacity

Education and training on sexual orientation, gender identity and expression (SOGIE) are fundamental to staff affirming queer children and youth. With robust education and training from experts, staff from all backgrounds – whether working in public or private agencies, as attorneys, judges, CASAs, or at community-based organizations – can build confidence and expand their capacity for queer affirmation.

## Locate growth areas

	1. Initial	2. Emerging	3. Optimizing	Notes
<b>Staff attitudes</b>				
<b>Personal views of queerness</b>	Some staff think queerness is immoral and most see queer people as needing to conform to a binary of male or female, man or woman, straight or gay	Almost no staff think queerness is immoral, but some may still see trans people as needing to conform to a binary of man or woman, i.e., trans people are “born in the wrong body” and must transition to the “other” sex	Staff think that all SOGIEs are valid and normal, and that trans people may express themselves expansively including and beyond the binary of man or woman	
<b>Visibility and comfort of queer staff who are out</b>	Queer and trans staff who are out may feel tokenized	Queer and trans staff who are out are sometimes called on to be experts in empowering ways	Queer and trans staff are celebrated, not burdened, and feel heard and affirmed in the workplace as their authentic selves	

## Locate growth areas

	1. Initial	2. Emerging	3. Optimizing	Notes
<b>Staff knowledge</b>				
<b>SOGIE</b>	Staff have no standardized knowledge of SOGIE, think of SOGIE as something that only applies to queer people, and that individual SOGIEs do not change throughout the lifecourse	Some staff have standardized knowledge of SOGIE foundations, recognize that everyone has SOGIE, and understand that individual SOGIEs develop throughout the lifecourse	Almost all staff have standardized knowledge of SOGIE foundations, recognize that everyone has SOGIE, and understand that individual SOGIEs develop throughout the lifecourse	
<b>LGBTQ2SIA+</b>	Only some staff know what the letters of the acronym stand for, and most are unaware of the differences between different queer identifications, (e.g., confuse gender identity and sexual orientation)	Most staff know what the letters of the acronym stand for, are aware of the differences between queer identifications (e.g., distinguish gender identity from sexual orientation)	Most staff know what all of the letters of the acronym stand for, their distinctions, and think of queer sexual orientations as distinct from queer gender identities and expressions; staff readily bring in new terms as soon as they are learned	

## Locate growth areas

	1. Initial	2. Emerging	3. Optimizing	Notes
<b>Dysphoria, pronouns, and deadnames</b>	Staff largely do not understand gender dysphoria, the need for pronoun choice, and to avoid deadnames	Staff somewhat understand gender dysphoria, the need for pronoun choice, and to avoid deadnames but may not understand how it connects to risks of physical and emotional harm	Staff widely understand gender dysphoria and deadnames and how misgendering can lead to elevated risks of harm and suicide, and they champion affirming children and youth names and pronouns	
<b>Staff training</b>				
<b>Training cadence</b>	Trainings may not happen at all, or if they do, they may be outdated or one-off occurrences without time to debrief or practice new learnings	Trainings happen more than once and are somewhat updated, but may not be required for all staff so may not reach those staff who are the least familiar with SOGIE topics, and opportunities for debriefs and practice may only occur with training	Trainings are frequent, up-to-date, required for all staff, and followed up with debrief sessions and recurring times to practice and refine learnings	

## Locate growth areas

	1. Initial	2. Emerging	3. Optimizing	Notes
<b>Training approach</b>	Trainings are taught by instructors who lack expertise and may result in little or no engagement from staff	Trainings are taught by experts, but not executed in a way that all staff engage deeply with training content, pushback may be difficult to deal with or avoided altogether	Trainings are taught by experts, including lived experts, with robust processes for hesitation, reference evidence-based or evidence-informed sources, are designed and facilitated so that all staff feel safe to ask questions and result in deep engagement	
<b>Training content</b>	Trainings prepare staff to be aware of diverse SOGIE but training may not influence staff practice	Trainings prepare staff to discuss SOGIE with children and youth and to refer relevant services	Trainings are developed by or with experts, prepare staff to discuss SOGIE with children and youth in supportive and age- and developmentally-appropriate ways, and refer to relevant and necessary services	

## Explore recommendations

**How might staff capacity improve queer affirming attitudes, knowledge and training agency-wide?**

- Institute practical, frequent trainings that include case studies and examples to establish new habits and gain confidence in ongoing learning
- Adapt or adopt existing trainings from queer experts
- Require trainings to reach those who need it most
- Train staff in small groups for better ratios; in-person or online are both effective
- Support ongoing learning with coaching and supervision
- Require that staff integrate youth empowerment, especially for SOGIE definitions and disclosure

## Refer to resources

### Guides

[I Heart the Singular They](#)

[Lambda Legal and Child Welfare League of America Basic LGBT Policies, Training & Services for Child Welfare](#)

[The Safe Zone Project Trainings](#)

### Hubs with links and referrals

[Human Rights Campaign All Children - All Families Training Program](#)

[National SOGIE Center Workforce Initiatives and Trainings](#)

[The Sexualitree](#)

## 3 Growth mindset

An organization that can understand its gaps and works to actively fill them with help from those with more expertise is an organization that is ready to grow. A growth mindset takes additional work, trust, and a group effort to recover from missteps.

## Locate growth areas

	1. Initial	2. Emerging	3. Optimizing	Notes
<b>Conversations about SOGIE with children and youth</b>	Only some staff consistently ask about SOGIE, and often only when they assume children and youth are queer	Most staff consistently ask about SOGIE with all children and youth who are 14+	Almost all staff ask children 3+ about their gender identity, all youth 14+ about their SOGIE, and staff work to help youth feel conversations about SOGIE are welcome	
<b>Staff initiative to self-educate</b>	When confronted with unfamiliar terms, staff ask queer children and youth to explain and do not know when or how to seek information on their own	When confronted with unfamiliar terms, staff are learning what to ask children and youth to explain versus what to seek information about on their own	When confronted with unfamiliar terms, most staff have a strong sense of what to ask children and youth to explain versus what to seek information about on their own, and know how to find credible information	
<b>Comfort and resilience with SOGIE conversations</b>	Staff avoid talking about SOGIE or struggle to cope with discomfort, and may not take responsibility for their own discomfort	Staff are hesitant to cause unintended harm and sometimes avoid critical conversations but are learning to tolerate discomfort	Staff are comfortable with SOGIE discussions, confidently share their own pronouns, and when there is discomfort they acknowledge it and name how they will move forward	

## Locate growth areas

	1. Initial	2. Emerging	3. Optimizing	Notes
<b>Staff attitude to missteps</b>	Staff are uncomfortable when missteps (e.g., misgendering) occur, and they may go unaddressed or punished without opportunity for recovery and learning	Some staff are comfortable when missteps (e.g., misgendering) occur, and they kindly correct colleagues at appropriate times, offering opportunities for recovery and learning	Most staff support each other in recovering and learning from missteps (e.g., misgendering), frequently correcting each other at appropriate times as part of the workplace culture	
<b>Restorative grievance process</b>	No grievance process exists for children or youth to raise experiences of harm	A grievance process for children or youth to raise experiences of harm exists but it escalates staff fears of messing up	A restorative grievance process for children or youth to raise experiences of harm exists, facilitates transformative repair, and connects staff with additional learning and coaching	

## Explore recommendations

**How might a growth mindset foster a safe learning environment and resilience practices?**

- Foster increased psychological safety to normalize asking questions, giving feedback, and staff trust
- Develop a culture of resilience where everyone accepts that missteps are inevitable, and can bring reflection, learning, and growth
- Set an example by apologizing and admitting missteps (eg. misgendering); this is beneficial for staff and youth alike

## Refer to resources

### Guides

[American Public Human Services Association: Building Trust](#)

[The Social Transformation Project: Difficult, Courageous Conversations](#)

[Toolkit to Support Child Welfare Agencies in Serving LGBTQ Children, Youth, and Families](#)

### Hubs with links and referrals

[Recognize Intervene Support Empower \(RISE\) Los Angeles LGBTQ Center for Training, Coaching and Capacity Building](#)

[Unicorn Solutions: Coaching, Training, and Consultation](#)

## 4 Data Systems

Strong data systems include infrastructure both to capture needed information for tracking and to normalize components of queer affirmation, including privacy and referrals to appropriate programs and services. In this section we shorten the SOGIE acronym to SOGI since experts assert that there is no meaningful reason to record gender expression.

## Locate growth areas

	1. Initial	2. Emerging	3. Optimizing	Notes
<b>Pronouns and name tracking practices</b>	Staff default to using assumed pronouns and legal names and do not see the need for tracking	Staff confirm and track pronouns and names but infrastructure to record may be confusing, unused, or only completed for queer children and youth, and not for all	Staff always confirm and track pronouns and names and system allows for intuitive data entry and display	
<b>SOGI data tracking infrastructure and design</b>	Data system for tracking SOGI is non-existent, or confusing	Data system for tracking SOGI exists, but may not separate out different SOGI markers (e.g., sex, gender identity, sexual orientation); the absence of an option to keep data confidential means staff may accidentally out queer children and youth	Data system for tracking SOGI exists, separates sex, gender identity, trans identity, and sexual orientation; staff track disclosure status to prevent outing children or youth accidentally, and the tracking system includes an option to keep data confidential when necessary	

## Locate growth areas

	1. Initial	2. Emerging	3. Optimizing	Notes
<b>Design and supervision of data tracking</b>	Data system does not track data entry compliance	Data system may track missing data but staff and supervisors do not receive reminders or updates	Data system tracks missing data, staff receive reminders, supervisors receive updates so they can keep tabs on compliance and easily offer support	
<b>Use of data tracked in the system</b>	SOGI data are not being tracked	SOGI data are tracked, but their use is not necessarily in the service of better outcomes for queer children and youth	SOGI data are tracked and they are only used in the service of better supports and outcomes for queer children and youth	
<b>Inclusive language in form design</b>	Forms do not use inclusive terms (e.g., pronouns include he/she/they/ze)	Forms sometimes use inclusive terms (e.g., pronouns include he/she/they/ze)	Forms consistently use inclusive terms (e.g., pronouns include he/she/they/ze)	
<b>Incorporation of feedback on form design</b>	Agency makes no effort to update processes and forms to better affirm, or it only occurs because individual staff take initiative	Agency requests feedback on processes and forms but updates are not systematized and some staff may still use older versions of forms	Agency frequently requests feedback from staff, children, youth, and families on processes and forms and integrates urgent changes quickly	

## Explore recommendations

**How might SOGI data tracking improve staff capacity to be affirming and refer youth to appropriate resources?**

- Appoint a small team or add designated roles across divisions to continually champion SOGI data tracking
- Record SOGI of all children, not only those who identify as queer
- Audit processes and forms regularly then update accordingly
- Incorporate suggestions for improvement from queer youth as soon as they arise
- Create SOGI prompts that distinguish between sex, gender identity, trans identification, pronouns, and sexual orientation
- Include an option to hide data fields for youth whose SOGI status is confidential
- Flag when data are missing or incomplete
- Roll data collection system out with training to all staff
- Create low-lift changes to capture SOGI data and confidentiality status — even a simple spreadsheet can make an impact

## Refer to resources

### Guides

[Allegheny County example of SOGIE documentation](#)

[Bloom Works Sample SOGI Tracking Spreadsheet](#)

[Podcast Series on Collecting Data on SOGIE in Child Welfare](#)

[Safe and Effective SOGI Data Collection Resource Guide from NASMHPD and National SOGIE Center](#)

### Hubs with links and referrals

[National SOGIE Center - Data Collection](#)

[The Williams Institute](#)

## 5 Resource Families

Any family can become affirming and advance in their capacity to meet the needs of queer children and youth as long as they are willing, open, and connected to the right resources and supports. Affirming families are made, not found.

## Locate growth areas

	1. Initial	2. Emerging	3. Optimizing	Notes
<b>Assessing willingness and ability to be affirming</b>	Staff may not understand the harm of placing children and youth in non-affirming homes, and they ask resource families whether they will accept queer children or youth, but the choices are only yes or no, and there is no mention of affirmation	Staff generally understand the harm of placing children and youth in non-affirming homes, and they ask resource families whether they will affirm queer children or youth, but don't yet know how to assess whether families need support or training	Staff understand the harm of placing children and youth in non-affirming homes, they ask resource families whether they will affirm queer children and youth, assess whether they need support or training, and connect families to supports as needed	
<b>Affirmation requirement</b>	Resource families are not required to agree to affirm queer children and youth so those who don't yet or don't outwardly identify as queer are at high risk of being placed with non-affirming families and suffering less stability	Resource families may be encouraged or even required to agree to affirm queer children and youth, but unwilling families are still approved so some children and youth who don't yet or don't outwardly identify as queer are at high risk of being placed with non-affirming families and suffering less stability	All resource families are required to agree to affirm queer children and youth and non-affirming families are required to go through programs that will help them learn about affirmation so all children and youth, whether or not they have identified as queer, are placed with affirming families	

## Locate growth areas

	1. Initial	2. Emerging	3. Optimizing	Notes
<b>Pre-service and in-service training</b>	Trainings in queer affirmation may not exist, may be difficult to access, infrequently offered, and/or insufficiently engaging or interactive	Trainings in queer affirmation exist but are only required pre-service, infrequently offered, and/or insufficiently engaging or interactive, and staff are unsure how to train or support families in becoming more affirming	Trainings in queer affirmation are required pre-service and in-service and are offered frequently in interactive formats with ongoing coaching and resources in place for those becoming more affirming	
<b>In-placement support</b>	Families who need support becoming affirming can sometimes access information	Families who need support becoming affirming can access information and guidance	Families who need support becoming affirming can easily access specialized services, information, and guidance on demand from professionals	
<b>Recruitment approach</b>	Resource family recruitment occurs primarily at events that are discriminatory or not welcoming to queer families	Resource family recruitment occurs mostly at straight- and cis-dominated spaces, but at least sometimes at queer-specific events (e.g., Gay Pride Parades)	Resource family recruitment occurs at straight- and cis-dominated spaces as well as queer-specific events, community, and commercial spaces	

## Locate growth areas

	1. Initial	2. Emerging	3. Optimizing	Notes
Marketing materials	Marketing materials do not include any depictions of queer couples or families	Marketing materials include depictions of queer couples or families as the primary way to attract affirming families	Marketing materials include depictions of queer couples or families as just one of many strategies to attract affirming families	

## Explore recommendations

**How might families be identified, recruited, trained, and supported to be more affirming?**

- Offer support and training for all families to become affirming and do not approve families who are unwilling
- Bust myths about actual disqualifiers for fostering
- Help shift the views of those only seeking adoption to consider fostering
- Hire queer recruiters and recruit at queer events
- Diversify marketing materials and modernize recruitment methods

**How might trainings create clear pathways for families to become affirming?**

Trainings should:

- Clearly distinguish SO from GIE to target knowledge gaps
- Be updated with new terms and medicine
- Be engaging, memorable, and practical
- Distinguish queerness from other kinds of diversity
- Support families but not create barriers or delays to approval
- Partner with experts and prepare families to find further resources

## Refer to resources

### Guides

[Bloom Works Resource Family Personae](#)

[Identifying LGBTQ Affirming Homes](#)

### Hubs with links and referrals

[AFFIRM Caregiver Curriculum](#)

[Family Acceptance Project](#)

[Help! My Kid Just Came Out](#)

[PFLAG Resources](#)

[Trust Based Relational Intervention](#)

## 6 Services and Programs

Affirming services and programs are foundational to meeting needs for queer children and youth, by facilitating prevention, reunification, community and peer support. Access to gender-affirming medical and mental health providers are critical to children and youth thriving.

## Locate growth areas

	1. Initial	2. Emerging	3. Optimizing	Notes
For families of origin				
<b>Education, training, and support</b>	Education, training, and support programs are not offered to families of origin	Some education, training, and support programs are extended to families of origin in some languages, but they are not standardized or evaluated	Comprehensive education, training, and support programs in relevant spoken languages are extended to families of origin to facilitate prevention and reunification; programs are standardized and evaluated	
<b>Integrating faith and queerness</b>	No programs that affirm religious and queer identification are offered	Some programs affirm religious and queer identification	Programs affirming religious and queer identification are widespread and accessible	

## Locate growth areas

	1. Initial	2. Emerging	3. Optimizing	Notes
<b>For resource families</b>				
<b>Willingness to affirm requirement</b>	Contracts with child placing agencies make no reference to requiring that resource families be willing to affirm	Contracts with child placing agencies require that resource families be willing to affirm, but their ability is not well evaluated, they receive no support to become affirming, and they are sometimes licensed anyway	Contracts with child placing agencies require that resource families be willing to affirm, and their ability is effectively evaluated, and agencies provide support for growth	
<b>Training and support requirement for resource families including kin</b>	Training for queer affirmation is not required as part of contracts with child placing agencies	Training and support for queer affirmation are encouraged but not implemented as part of contracts with child placing agencies	All contracts with child placing agencies are required to offer training, support, and ongoing coaching about queer affirmation that is standardized, evaluated, and high quality	
<b>Family therapy</b>	Family therapy is inaccessible, i.e., may require long waiting periods, be located far away, or unavailable online	Family therapy is generally accessible but finding affirming providers remains difficult	Family therapy is readily accessible and most families can find affirming providers	

## Locate growth areas

	1. Initial	2. Emerging	3. Optimizing	Notes
For children and youth				
<b>Gender-affirming and queer-competent medical care</b>	Gender-affirming and queer-competent medical care is inaccessible, i.e., may require long waiting periods, be located far away, or unavailable online	Gender-affirming and queer-competent medical care is generally accessible but finding affirming providers remains difficult	Gender-affirming and queer-competent medical care is readily accessible and most children and youth can find affirming providers	
<b>Individual therapy</b>	Individual therapy is inaccessible, i.e., may require long waiting periods, be located far away, or unavailable online	Individual therapy is generally accessible but finding affirming providers remains difficult	Individual therapy is readily accessible and most children and youth can find affirming providers	
<b>Connections to peers</b>	Peer programs for queer children and youth may be rare, inaccessible, or unknown to staff and families	Peer programs may have limited availability and accessibility, or may not be widely-known among staff to provide referrals	Programs for queer children and youth to meet and connect with peers are available, accessible, and known to staff who make referrals frequently	

## Locate growth areas

	1. Initial	2. Emerging	3. Optimizing	Notes
<b>Groups for intersecting identities</b>	Programs for queer children and youth with other intersecting identities (e.g. people of color, people with disabilities, etc.) are rare, inaccessible, or unknown to staff and families	Programs for queer children and youth with other intersecting identities (e.g. people of color, people with disabilities, etc.) are sometimes available, accessible, and known to some staff	Programs for queer children and youth with other intersecting identities (e.g. people of color, people with disabilities, etc.) are available, accessible, and known to staff who frequently make referrals for them	
<b>Connection to supportive queer adults</b>	Programs for queer children and youth to connect with supportive queer adults are unavailable	Programs for queer children and youth to connect with supportive queer adults are available, but not all staff know about them or make referrals for them	Programs for queer children and youth to connect with supportive queer adults are available and most staff know about them and make referrals for them	
<b>Transportation to services and programs</b>	No transportation or access assistance is available so queer children and youth and their caregivers are entirely responsible for ensuring access to services and programs	Some transportation or access assistance is available but queer children and youth may face a burden in accessing services and programs	Transportation and access assistance are widely available so queer children and youth are able to actively, frequently, and easily access services and programs	

## Explore recommendations

**How might services and programs meet the highest expectations of queer affirmation?**

- All partner contracts require an affirming approach
- All partners – including those responsible for pre-service training – train in queer competence
- Licensing agencies prepare families to advocate for affirming medical care and access to competent providers
- Faith-based providers are held to the same standard of queer competence

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**How might services and programs better cater to the needs of families and kin?**

- Service arrays include training and coaching for families of origin and kin as prevention or to facilitate reunification
- Family therapy and interventions are available to assist all caregivers
- Ensure access to programs that center youth comfort and hold peer support groups for youth, families, and caregivers
- Provide access supports for those in more remote areas, including remote options and transportation

## Refer to resources

### Guides

[Group for the Advancement of Psychiatry: Faith Communities and the Well-Being of LGBT Youth](#)

[The Queer and Transgender Resilience Handbook](#)

### Hubs with links and referrals

[AFFIRM Caregiver: A Compassionate Approach for Caregivers of LGBTQ+ Populations](#)

[Evokate Health & Wellbeing: A Guide to Mental Health Action](#)

[Foster Youth to Independence](#)

[GSA Network](#)

[GSA Out for Safe Schools](#)

[Movement Advancement Project: Family Support Resources for Families of Transgender & Gender Diverse Children](#)

[National Queer Therapists of Color Network](#)

[New Avenues For Youth](#)

[Q Christian Fellowship](#)

[The Good Fruit Project: A Christian Case Against LGBTQ Change Efforts](#)

[Transgender Legal Defense & Education Fund List of Gender Clinics](#)

[Trans Lifeline](#)