

3/40 Blueprint: Needs Assessment

Needs Assessment



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3/40: Project Blueprint Research Team

Alan J. Dettlaff, PhD Principal Investigator¹
Henrika McCoy, PhD Principal Investigator²
Sarah Narendorf, PhD Co-Investigator¹
Christopher G. Mitchell, PhD Investigator²
Micki Washburn, PhD Research Scientist¹
Anjali Fulambarker, PhD Research Assistant²
Jesse Holzman, MA Research Assistant²
Aissetu Ibrahima, PhD Research Assistant²
Emalee Pearson, MSW, MPH Research Assistant²
Andrew Repp, MSW Research Assistant²

We would like to thank and acknowledge our Technical Expert Group for committing their time and efforts for the duration of this project:

Simon Costello
Katie Doyle
Cassie Franklin
Parys Hall
Megan Gibbard Kline
Roxane Jack
Adam Jacobs
Elliot Kennedy
Jerry Peterson
Stephanie Senter
Jama Shelton
Benjii (Donald) Stewart
John Van Zandt
Rob Warmboe
Tim'm West

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Bill Bettencourt
The Center for the Study of Social Policy

Jonathan Lykes
The Center for the Study of Social Policy

Kristen Weber
The Center for the Study of Social Policy

Ellen Kahn
The Human Rights Campaign Foundation

Alison Delpercio
The Human Rights Campaign Foundation

Graphic Design

Patrick Falso, Allegro Design Inc.

¹ Graduate College of Social Work, University of Houston

² Jane Addams College of Social Work, University of Illinois at Chicago

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Alan J. Dettlaff
Henrika McCoy
Jesse Holzman
Micki Washburn
Emalee Pearson

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Jane Addams College of Social Work at the University of Illinois at Chicago

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Introduction

Background and Significance

National studies estimate there are between 1.6 million and 1.7 million youth ages 12 to 17 who experience homelessness each year (Toro, Dworsky, & Fowler, 2007). Among those youth, it is estimated up to 40% identify as lesbian, gay, bisexual, transgender, and/or questioning (LGBTQ; Ray, 2006). While family conflict is common across all runaway and homeless youth (RHY), research indicates LGBTQ youth are more likely than youth who are not LGBTQ to report family rejection and being kicked out of their homes due to their sexual orientation or gender identity (Durso & Gates, 2012). In addition to family rejection, abuse may contribute to homelessness for LGBTQ youth. In one study, homeless LGB youth were 1.5 times as likely to have been abused by family members when compared to LGB youth who are not homeless (Walls, Hancock, & Wisneski, 2007). In addition to homelessness, higher levels of family rejection among LGBTQ youth can lead to other negative health outcomes such as depression, substance abuse, and risky sexual behavior (Ryan, Huebner, Diaz, & Sanchez, 2009).

Age and developmental stages of LGBTQ youth may also play a role in their risk for homelessness. LGBTQ youth may be at particular risk for homelessness because they come out at a young age (Ray, 2006). Undergoing earlier sexual identity development may also lead to LGBTQ youth becoming homeless because they are cognitively



less developed and running away from home is used as a coping strategy. In one study, LGBTQ homeless youth developed their sexual identity approximately one year before those that did not become homeless (Rosario, Schrimshaw, & Hunter, 2012).

Although all homeless youth face challenges to their well-being, LGBTQ youth face even greater challenges, including victimization, substance abuse, mental health issues, and risky behaviors. Compared to homeless youth who are not LGBTQ, LGBTQ homeless youth have significantly higher levels of depressive symptoms (Cochran, Stewart, Ginzler, & Cauce, 2002) and are at higher risk of suicide attempts. In one survey, 62% of LGBTQ homeless youth had a history of suicide attempts

as compared to only 29% of other homeless youth (Van Leeuwen et al., 2006). LGBTQ homeless youth use substances more often (Cochran et al., 2002; Noell & Ochs, 2001) and are more likely to experience sexual victimization than other homeless youth (Van Leeuwen et al., 2006; Whitbeck, Chen, Hoyt, Tyler, & Johnson, 2004). Furthermore, a greater number of LGB youth report participating in survival sex (e.g., trading sex for food, shelter, or a place to stay) than heterosexual youth (Van Leeuwen, 2006; Whitbeck et al., 2004).

Another factor that distinguishes LGBTQ homeless youth is the discrimination they may face during contact with RHY providers. Due to discrimination, after becoming homeless, LGBTQ youth are more likely to live on the streets than utilize housing services (Berger, 2006).

Transgender Youth

Studies estimate up to one in five transgender individuals either needs housing or is at risk of losing housing (Minter & Daley, 2003). When transgender youth experience homelessness, they may be particularly vulnerable to exclusion or discrimination by systems (Spicer, Schwartz, & Barber, 2010). Issues including bed assignment, bathroom use, and safety require special consideration when providing services to transgender RHY (Yu, 2010), yet the extent to

which providers have addressed such issues is unknown.

Youth of Color

Studies have identified LGBTQ RHY are disproportionately youth of color. For example, a recent survey of youth in New York found among the homeless youth who identified as LGBTQ, 44% were Black and 26% were Hispanic (Freeman & Hamilton, 2008). LGBTQ youth of color may be at increased risk of family rejection due to homophobia in their ethnic communities, or when their gender identity conflicts with accepted gender roles (Reck, 2013). They may also face discrimination upon contact with providers, particularly from those located in predominantly White communities (Reck, 2009).

The 3/40 Blueprint: Creating the Blueprint to Reduce LGBTQ Youth Homelessness

This Needs Assessment was conducted as part of a larger project, *The 3/40 Blueprint: Creating the Blueprint to Reduce LGBTQ Youth Homelessness*. That project was funded as a collaborative agreement with the Family and Youth Services Bureau (FYSB) of the Administration for Children, Youth, and Families to build the capacity of transitional living programs (TLPs) that serve LGBTQ youth who are homeless. As a part of this project, a Technical Expert Group (TEG) was assembled to provide ongoing consultation and input on all tasks throughout the project's four years. The TEG consisted of 14 national experts in the RHY and LGBTQ fields, including LGBTQ RHY providers, consumers/youth, advocates, and researchers.

Objective of this Needs Assessment

This Needs Assessment is based on 27 focus groups conducted between September and October 2014. They were held at nine TLPs located around the United States, selected based on their diverse demographics. The TLPs:

- Varied by geographic location (e.g., the Northwest, West, Southwest, Midwest, South, Northeast, and Southeast)
- Had experience serving LGBTQ youth, although levels varied
- Had experience serving LGBTQ youth of color



- Varied by location type and population size (i.e., large urban, mid-size urban, and rural)
- Varied in population demographics (i.e. sites served predominately White youth and youth of color including African Americans, Hispanics, and Native Americans)
- Provided varied services (i.e. LGBTQ-exclusive, LGBTQ-inclusive, and non-LGBTQ specific)

At each of the nine sites, separate focus groups were conducted with LGBTQ youth who currently

were, previously had, or potentially would receive services from the TLP, direct service providers at the TLP, and /or TLP administrators.

To our knowledge, no research has directly explored how youth conceptualize safety. This report seeks to address this gap by: 1) summarizing how youth define, and describe, feeling safe and affirmed and 2) exploring how providers create a safe and affirming environment.



Creating a Safe and Affirming Agency

How Youth Conceptualized Safety

The following section describes how youth conceptualize safety within an agency setting. Youth primarily focused on two types of safety:

- Emotional
- Physical

EMOTIONAL SAFETY

In the following section, emotional safety is defined as the supportive and affirming relationships providers develop with youth. Youth from all nine agencies described the importance of feeling emotionally safe and suggested feeling such when they:

- Had access to staff members who “truly care”
- Were being respected by others

Access to Providers who Truly Care

Youth described knowing providers truly care about them, and their well-being, when staff went above and beyond their standard job requirements. They suggested caring providers do not just work for a paycheck, but are genuinely interested in their well-being. Two youth from different organizations provided examples of how they knew providers were authentic in their actions and concerns.

“You can kind of tell by the staff. *They’re not here for the paycheck*, which is one thing that really gets me. When I walked in here and was introduced to a couple of people, I can just kind of tell that when they do genuinely ask, ‘Hi, how are you?’ they mean it, instead of just like, ‘My shift is over in half an hour.’”

“It felt good that the staff *weren’t here just to work*. They were here because they care about you, because they actually liked the job they were doing. They’re not here because, ‘Oh, I need a job.’ They are in their job because they care, not because they make the money. Trust me—social work does not pay at all. I’ve run into a couple staff who don’t care, who sit there on the phone all the time and they don’t really pay attention to any of us. But most of the staff, when you need something, we’ll go in and it’s like, ‘Yeah, what can I help you with?’ They’re really understanding and stuff.”

For youth, caring did not only mean being physically present, but also actively engaged. They associated providers’ daily interactions and check-ins as evidence of truly caring.

Being Respected

Youth varied in their definitions of respect. Some described respect as affirmation of their identities, while others discussed respect as being recognized as an adult. During the focus groups, many youth described incidents where previous providers or agencies neglected to affirm their identities. For example:

“Well, I mean, there was a time when I went to sort of a rehab program, but they were very transphobic and they refused to call me by my preferred pronouns. I was actually *actively discouraged from transitioning* at one point, at least one point, and it was just generally not a very supportive environment. And I think here it’s a lot different because all the staff is really great, and they’re really fun to be around, and they don’t really care what your orientation is or what your gender is, and they *just accept you* for who you are.”

Because many youth have had negative experiences at organizations, having their identity accepted and affirmed by providers was a distinguishing characteristic of agencies they viewed as creating a sense of safety. Furthermore, youth felt free to be themselves when providers did not constrain or make assumptions about their identities.



“It’s the first time that I’ve ever, like, *actually felt like myself* because out there it’s kind of like I have to mask it up. Everyone just thinks I’m this kind of like, straight, or whatever their view of what normal is, but here I just, I can act like however I want—actually be myself. And to live with people that are in the community, it’s very comfortable.”

Being respected was also connected with being recognized as an adult. For example, one youth compared their current experience at an agency to a prior experience:

“It [previous agency] sucked so much, the staff there were really condescending, and like never had time for you—they just like just brushed you off, and if they didn’t see you or talk to you all day they really didn’t give a shit. And here it’s just like they’re *not condescending*, they’re very like, ‘What are you up to? What are you doing tomorrow? You want to go? Let’s go do that.’”

“They’re just giving me the opportunity to live my life how I want to—on my own, in an adult way, and they treat me like an adult. I don’t feel like I’m a little kid looking for a place to stay. They make me feel like this is my home. This is what it’s going to be for now. This is how it’s going to be. I feel comfortable.”

KEY FINDINGS AND IMPLICATIONS

- Youth identified agencies as emotionally safe when providers truly cared and respected them and their identities.
- Truly caring was associated with providers’ genuine interest in youth well-being, physical presence, and active engagement with youth.
- Youth felt respected when providers affirmed their identities and treated them as adults.
- Providers should be aware of how their language and actions can stigmatize and pathologize LGBTQ youths’ identities.
- Agencies should consider how providers interact with youth on a daily basis. Those interactions provide the foundation for building trusting and collaborative relationships with providers.

PHYSICAL SAFETY

Youth primarily described physical safety in two ways:

- Being protected from violence and threats of violence
- Being in a stable environment

Protection from Violence and Threats of Violence

Many youth described previous experiences with violence at home and other agencies.

“I’ve been in another TLP, and it was horrible. I wasn’t able to *be myself*. I’d wake up and my roommate was homophobic, and like, I remember this one time I was making dinner and this guy came up to me to ask me questions. And then he started quoting Bible verses to me—it was just very uncomfortable. So to be able to live in a household where I can *be myself*—where I wasn’t able to do that with my own family and the other place I was at—it feels like *stability*.”

I guess when I first moved in, because I really didn’t know a lot about this [TLP], I still had fear that my dad would come around. I originally moved in because my dad had hurt me. I won’t say what happened, but I moved in. I was so afraid that he would come find me and do whatever he did again and it was just scary. Then I came to really know the staff and they reassured me because this is *private property*, he’d be trespassing on private property and you know, he would go to jail for it.

For those youth, their TLPs provided a sense of physical safety and security that was previously lacking in their other living arrangements. Having safety and stability also reduced their worry about the threat of violence. This was particularly important because having to worry about physical safety can be emotionally and physically draining.

“I feel like, when you’re walking the streets, no matter who you are, you have to have a very strong demeanor to survive in a city like this. You have to be a very strong person. You have to, like, show your tough stuff and have tough skin and everything. And I feel like here *I just feel at home*. So at home, I feel safe and I don’t have to worry about that. *I can just be happy and be free*.”

Stable Environment

Youth suggested being in a stable environment helped them to feel safe. They identified stability as having their basic needs met and having clear, transparent, and universally enforced policies and rules. For example, according to one youth:

“What do I mean by safety? I don’t know, like, *having a bed, having somewhere to sleep, something to eat, a shower, clothing, stuff like that.*”

Another youth described a common and negative situation they experienced while staying at their TLP. While their TLP had a strict policy about clients having friends spend the night, the policy was not universally enforced. Depending on the youth and staff member, a client might be allowed to have a friend sleep over with no repercussions, while another youth might experience consequences, including being released from the TLP.

“So I’ve been in situations that—I’ve seen it for myself—situations that people are doing things that they can get kicked out for, like when people sneak people in. That’s, like, our number-one problem because some kids have a relationship with these staff, and these *staff are on their side*. I’ve had that happen to me and everything, so that’s what gets me mad. But every situation I see, I don’t go straight to the staff because they *don’t do nothing.*”

In contrast to the aforementioned negative experience, a different youth highlighted how universally enforced policies can help a youth feel safe, secure, and supported.

“I like how defensive the staff is toward our side. Like, they don’t allow anyone to call anybody a faggot. They’re helping everybody and they’re very awesome about that. They’re supportive of all causes and all, like, really kind and they *all stand for the same thing*. They all want to help us.”

KEY FINDINGS AND IMPLICATIONS

- Youth identify TLPs as being physically safe when youth feel protected from physical violence, threats of violence, and are provided with stable living conditions.
- Youth describe feeling stable and secure when they have their basic needs met and when agencies have clear, transparent, and universally enforced rules and policies.
- TLPs can provide youth with sense of physical safety. For some, that experience might have been lacking in their previous living arrangements.
- Some providers may have varying standards and expectations which might lead to inconsistent enforcement of organizational rules and policies.
- A lack of clear, transparent, and universally enforced rules can perpetuate a youth’s sense of instability and contribute to youth feeling the system is unfair.



HOW AGENCIES CAN SUPPORT PHYSICAL AND EMOTIONAL SAFETY

There are four ways youth felt their agencies contributed to their physical and emotional safety.

They highlighted the importance of:

- The physical and material environment
- Organizational policies
- The presence of providers with comparable identities
- Providers having knowledge of LGBTQ identities and using affirming language

Physical and Material Environment

Youth highlighted how the physical and material environment contributed to feeling physically and emotionally safe. Many emphasized the importance of their TLPs' physical and material components such as locked doors, private space, duty staff, and cameras.

"I do feel safe. I don't have any problems, the *building's locked*. We have a fob, so you have to have this to get into the building. So you feel pretty safe and the area is pretty good."

"You're buzzed into the buildings, you know? The people aren't going to try to like, snatch you or something. There are *security cameras* all around."

"I feel like I've never had a sense of *privacy* or the ability to make choices for myself. I didn't feel like I had that much agency and now I feel like I do. I have *my own space*, my own room. Not everyone at [the TLP] does, but I feel like I'm glad that they have a policy where if somebody is trans and they can, they'll give you your own room so you can have your own privacy."

Organizational Policies

The two organizational policies commonly discussed included:

- Confidentiality policies about a youth's housing location
- Anti-violence policies

Two examples of how the confidential housing locations can contribute to youth feeling physically and emotionally safe are as follows:

"*Nobody knows where you're staying*. So, for example, if it's a runaway that was in a really bad situation, they can't be found because they keep that discreet. So it makes them feel safe that way as well."

"The apartments are pretty and in good locations, as in *safe, confidential places*. It's very quiet—I feel safe where I am. I can relax and go to school."

Youth also highlighted the importance of agencies' anti-violence policies and the importance of staff enforcing them. For example:

"[Providers] make it pretty clear that they *won't tolerate hate* towards other people, especially if it's towards your preferred gender or your sexuality. That is not okay at all. I feel like they enforce that pretty well."

"They have a *gay rights bill* that I thought was amazing the second I heard about that. I was like, 'Yep I'm going to this program.' Then also the staff and everybody are very oriented on making sure there's no bullying, and they're very polite and proper and everyone in the community of the TLP is really nice to me and doesn't care that I'm gay."

Comparable Identities

Youth linked the presence of staff whose identities were similar to theirs with feeling physically and emotionally safe. They primarily described sexual orientation, gender, race, and ethnic identities as the key characteristics they share with staff. For example:

"I think one thing about this program that helps to create that sense of safety is like, there's a *diverse group* of not only the youth, but the staff as well. I know having a queer member of staff really made me feel a lot more comfortable."

For youth, diversity symbolized a safe and affirming agency culture. Seeing diversity amongst staff and youth at their agency helped youth feel welcomed and affirmed. In addition, when providers had common identities with youth, they felt they were more likely to be understood and have someone who could relate to their experiences.

"I would have preferred to see more staff that look like me or have experienced homelessness—or that *can identify with* you being LGBTQ. Most of the time, staff are not familiar with your culture—whether it's the culture of homelessness or the culture of being LGBTQ. It's almost like they're going to feel like they could never be in the situation that you're in."

“I just felt like she doesn’t know. That particular person didn’t know what I was going through because she probably didn’t have to live in a homeless shelter with 20 other people. As a Black cisgender woman, [she] probably doesn’t have to feel unsafe coming from work late at night. I feel like I’m more in danger because I identify as a trans person and a lot of times people don’t know—are you a boy or girl—so that puts me in a position to be unsafe, especially walking out at night.”

In addition, some youth emphasized the importance of having peers at the agency who also identified as LGBT.

“I met some other LGBT youth who I can kind of *relate to*, who were like either older or my age. Who I can say, ‘Oh they’re older, they’ve gone through this, they know what it’s like.’ I went to a group while I was in the group home and that’s when I first met my best friend, Tommy*. He’s gay, too, and he is amazing. He’s older and I really like that. He’s done a lot with his life and he is gay, and he’s gone through some of the same stuff, so it’s nice to know somebody can relate.”

Other youth suggested it was not important for staff to share common identities with them. Generally, youth who indicated shared identities were less important were from TLPs located in more rural areas, and/or the staff members were predominately White and heterosexual. Rather than highlighting the importance of shared identities, those youth emphasized the importance of providers being open minded and respectful. For example, when asked if sharing a similar identity with a provider was important, one youth stated:



“I don’t think so, because a lot of the staff here are really open and respectful. I work with someone who is a Christian and I’m a Native American and she’s always willing to listen and they’re *open-minded*.”

Provider Knowledge

A number of youth highlighted staff having knowledge about identities as key for creating a safe and affirming environment. They suggested when staff were knowledgeable about LGBTQ identities, they created an “open space” where youth could talk freely about their identities, and experiences without having to stop and teach providers along the way.

“Staff don’t ever question my name, and a lot of people do. When I came out as gender neutral, the *staff didn’t question it* at all. They were just like, okay.”

“I remember having a talk with one staff and I didn’t know how to use my right words—because I knew she was straight, but I didn’t know if there was a certain way to talk to her or even anybody else that didn’t understand my lifestyle. Finally she told me, ‘Just open up. You’re okay. You’re in a safe zone. Talk however you would talk normally.’ So that was really helpful.”

Youth also stated providers using LGBTQ inclusive language was a way to achieve relatability.

“They know we are a group of younger LGBT people, so a lot of the staff stay up-to-date with our lingo that we use. They stay relatable by communicating to us in a certain way and using our lingo. They’re just like one of us when they’re here, you know? But they still manage to keep their professional and authority figure at the same time, which is definitely hard to do.”

Both youth and staff acknowledged LGBTQ youth had a tendency to seek out LGBTQ-identified providers or staff with a reputation for being supportive and affirming.

“The agency as a whole? They are definitely a safe space. In this space, everybody’s a counselor. Everywhere you turn, there is somebody you can talk to—you can feel like you are not going to be judged.”

“I don’t have to cry because I’m bi—which I don’t even think I’m bi anymore. I think I’m just straight-up lesbian. Anyway, I don’t have to feel ashamed anymore. Like, yeah, I realize I’ve been judged by other churches in my past for being this way, but I’ve found another church that accepts

me for who I am, not what I am. Same thing with this place. I love the fact that I can be who I am and what I am and don't have to feel ashamed about it or nervous or shy or scared. I can be open about it and open-minded as well with others—where I can have that open heart and mind, so others can talk to me. I know that they have an open ear, so I can talk to them. Mentally safe is where I don't have to feel bullied. I don't have to worry about dressing a certain way so I can fit in here because I just can be me.”

KEY FINDINGS AND IMPLICATIONS

- Youth highlighted physical and material aspects of the agency environment, such as the presence of locks, private spaces, staff on duty, and cameras, when describing safety.
- Organizational policies also contributed to youth feeling safe and secure from physical and emotional violence; for example, having anti-violence policies and keeping the location of a youth's housing private reduced youths' fear of external threats.
- Youth looked to providers who were open-minded, consistent, and knowledgeable for support, information, and affirmation.
- Some youth indicated having providers who shared similar identities (e.g., sexual orientation, gender, race, or ethnicity) helped to foster a safe and affirming environment through shared experiences and acceptance.
- Alternatively, other youth emphasized the importance of providers being open-minded versus the importance of having a similar identity.
- When providers were knowledgeable about LGBTQ identities, and affirming and inclusive language created an “open space,” youth felt like they could talk freely about their identities and/or experiences without being judged.
- Youth from rural and urban areas might look for different provider characteristics.
- When youth felt physically and emotionally safe, it helped them to focus on additional goals such as schooling.
- Seeing diverse identities within an agency symbolized a safe and affirming culture.
- Agencies should proactively educate

and train their staff to meet the needs of LGBTQ youth and facilitate an affirming and supporting environment. Doing so will eliminate the need for youth to educate staff about their identities.

- Finding an open and non-judgmental adult is key to feeling emotionally and physically safe in an agency.
- LGBTQ-inclusive language shifts and changes over time; therefore, providers should expect and be open to change.

How Providers Create a Safe and Affirming Environment

Like youth, providers also focused on physical and emotional safety. However, they articulated different means of achieving those goals. They highlighted eight key strategies that could create a safe and affirming agency environment:

- Truly caring and taking action
- Acceptance, providing judgment free-zones, and creating open spaces
- Constructing family-like relationships
- Having comparable or similar identities
- Agency policies
- Symbols
- Being knowledgeable
- Agency hiring practices

TRULY CARING AND TAKING ACTION

Youth and providers emphasized the importance of staff truly caring and taking action to support youth. This approach can be reflected in providers actively engaging with youth.

“I think, when you come to TLP, the staff is constantly out in [youths'] space. It's not just, 'Go to the offices and sit behind a desk, we are separate. Tell me what your problem is and I have the solution.' There's *not a lot of degrees of separation* in our space and everybody here. I see the constant back-and-forth, the *constant engagement*. When I walk across the day room, they can come up at any time and ask a question. Because I think it is that kind of *family aesthetic* that happens as well. And I think that is totally relatable—it's grounding for them. It's a very open space where I think there is a lot of shoulder-to-shoulder, which is so unique to them in their day-to-day lives.”

Providers also demonstrated to youth they truly care through modeling, and by consistently taking actions to support and affirm youth by interrupting various forms of violence.

“All inappropriate behavior, regardless if it’s transphobia or homophobia or queer phobia—whatever it is—just *being consistent in modeling appropriate behavior* in situations. I had a disruption in group yesterday. It was a very sensitive topic on HIV. Somebody disclosed in the group and then this person just got a barrage of questions about what it’s like being HIV positive—some of them were not so nice and some of them were curious. I literally had to say, ‘You can just go, you’re not welcome in a group because this is a very sensitive subject and I need it to be a safe place for everyone, and you’re making it unsafe so you need to go.’ I don’t feel like I have to explain myself in those situations. You know what you just did was rude, mean, and vicious—not okay, period.”

Similar to youth, providers also suggested consistent, casual engagement and interactions with youth helped to demonstrate providers truly care about youth well-being, and also served as another way to bond and develop a rapport.

“There are always opportunities to really work on that rapport, even simple things—a bus ride or taking them to an event. We sit in the bus with them or the van. Just hanging out on the patio area, just chillin’, that kind of thing. *Very casual conversations*. I think that’s really key in all this, and just showing them who you really are. A lot of our youth have trust issues, so just really proving to them who you are and that you can be trusted.”

Staff and administrators also showed youth they cared by actively participating in LGBTQ social justice events and working toward LGBTQ-specific legislation.

“We also *worked hard for legislation* to make sexual orientation part of the non-discrimination laws in our state, and we did get that done in 2007. We also worked really hard and were very visible on the anti-bullying legislation that passed. You get your name out there when you do public policy advocacy, and we are pretty much the only child-serving, child-welfare agency that stuck its neck out. We also filed an amicus brief when the marriage equality issue was before our Supreme Court.”

KEY FINDINGS AND IMPLICATIONS

- Providers suggested one strategy for creating a safe and affirming environment is by truly caring and taking action to support and affirm youth.
- Staff and administrators demonstrated to youth they cared through their actions, whether it was being physically present, being actively engaged, or simply engaging in daily conversations.
- Providers’ descriptions of being truly caring were consistent with youths’ descriptions.
- Providers noted the importance of taking action to protect and interrupt violence.
- Providers also discussed participating in LGBTQ social justice events and working toward LGBTQ-specific legislation indicated to youth they cared about LGBTQ youth and larger LGBTQ issues.
- Providers can build rapport and trust through their everyday interactions with youth.
- Agencies need to develop strategies to address safety issues that arise from their peers

SHOWING ACCEPTANCE, PROVIDING JUDGMENT-FREE ZONES, AND CREATING OPEN SPACES

Some providers emphasized the importance of being nonjudgmental and intolerant of judgmental stances. They also discussed the importance of creating a feeling of acceptance.¹

We accept them as they are, you know—just welcoming—and however they identify is what we go with.

“We’re a very diverse culture here, and when you have that, you have a sensitivity that whatever you believe, you kind of leave that at the door and just accept people for whoever they are.”

Interestingly, the agencies that emphasized the importance of creating an accepting and judgment-free zone tended to have fewer LGBTQ staff and resources available to them from their networks.

1. Some agencies used words that suggested their spaces were affirming to LGBTQ youth. However, some of the stories and dialogue shared by administrators, staff, and youth in the focus groups suggested otherwise.

Other agencies identified the importance of creating open spaces for youth to share their identities, discuss their needs, and learn from their experiences at the TLP.

“I *made a choice* to put myself in a situation that wasn’t safe and this is the result. We frequently have clients talking with our case managers and with our managers about decisions they make. Like, ‘Oh I drank too much and I met somebody and here are the choices I made.’ Then they *talk about how that was safe or unsafe* and how they could do it differently. I think the youth don’t have the opportunity all the time to run their process through with anybody. So we do a lot of work with them around how they keep themselves safe.”

Providers also engaged in other practices, such as allowing openness and meeting youth where they are, so they can feel safe enough to fail. Those strategies created a space for youth to grow and learn from their mistakes. Some providers accomplished that by having youth see them as people who have also faced barriers, made mistakes, and overcome obstacles.

“I let them know that *we are just as human* as they are. Like, when I hear someone say, ‘You know I couldn’t have done that,’ I say, ‘You know, sometimes I can’t do it either.’ And reaffirm to them that, *you’re not alone*. Let’s see how *we can both work on it together* and what we can do to move forward with that. So I always try to affirm.”

“I think a big part of all our programming is that we don’t want people to think that failure is bad or failure means what they thought it meant—so that they *know you can mess up*, you can do that problem wrong, you can put the wrong thing on your resume, and you can maybe wear that kind of inappropriate outfit to an interview. We are going to talk about the consequences because *we all do things wrong at some point*. That doesn’t have to mean that you are stupid, or that you aren’t funny, or whatever they feel has been attacked by what they have done.”

The aforementioned quotes illustrate how some providers guided youth through their process of decision-making, rather than telling youth what to do or dismissing their choices as poor. Providers also allowed space for youth to be autonomous, be vocal, and trust their own intuition.



“Part of it is having awareness ahead of time to anticipate needs and to create a safe space. In anticipation of their needs, I think equal part of it is having *safe space for them to say what their needs are* and *being able to adapt* and grow and develop to meet the needs of the individual and also the group.”

Rather than assuming youth have specific needs because of their identities, some providers supported using individualized approaches.

“In terms of creating a safe place for LGBT youth, there should definitely be validation and support. And also enough room for *understanding and listening* because some of them are struggling with varying parts of their identity—whether they are rooted and already know, or are working through that, questioning and, like, figuring that out. Different *multiple intersections* of their life might be troubling for them, so I think a lot of it, too, is on an *individualized basis*, like getting to know that person and really supporting them through what is most difficult in that moment, or easy, or just offering advice.”

KEY FINDINGS AND IMPLICATIONS

- Providers created open spaces for youth to learn from their mistakes by relating to them and sharing their own missteps.
- Some providers emphasized the need to guide youth through decision-making, rather than telling them what to do or blaming them when they made mistakes.
- Providers allowed space for youth to be autonomous.
- Creating open space for youth allowed them to control their own lives. The support and affirmation of providers, and absence

of being dictated to, stigmatized, or having their autonomy removed, was important in accomplishing that, and related to their growth and transformation.

- Providers from agencies with fewer LGBTQ staff and resources available tended to emphasize the importance of acceptance and no judgment. Acceptance was seen as a stepping stone toward affirmative practices rather than a final outcome.
- Agencies with more LGBTQ staff and resources highlighted the need to create open spaces where youth could freely share their identities, discuss their needs, learn from their experiences, and show acceptance and no judgment.
- The importance of acceptance was clearly discussed; however, providers had different ideas about what actually indicated acceptance. Thus, agencies should be reflective and identify their definitions of acceptance (i.e. Do they mean only accepting certain kinds of LGBTQ youth, or understanding the complex and intersecting identities of all youth and providing them with equitable services to meet their individual needs?)

CONSTRUCTING FAMILY-LIKE RELATIONSHIPS

Some providers linked family-like relationships to safety. They suggested one way to create a safe and affirming environment was through a youth's family-like relationships:

"We've had quite a few kids at the shelter that have considered the staff at the shelter kind of like *surrogate parents* when they're being rejected at home over some of these Sexual Orientation, Gender Identity, and Gender Expression (SOGIE) issues. One young man in particular, when we first met him, was kind of questioning that he was bisexual and finally came to terms with being gay. And his dad was just a redneck to say the least—kind of a scary individual. But one of our staff organized his graduation party, complete with bulletin boards and photos and all of that stuff, because he didn't have the support at home or really the means. He kind of credits that connection as keeping him alive during that stretch, and on to college and different things. So it gets quite personal, I think, with some of the kids that stay at the shelter."

Many providers highlighted their own positive relationships with youth. In other cases, it was highlighted how youth could provide support and stability for their peers in the program.

"It's a *family of choice* that they're building. They really build that with each other here. Lots of youth that I talk to talk about how they were originally not letting people in for a really long time. Here is a place where they really start to break down those walls with each other. They are close with us, they talk to us, but their relationship with each other is just like this fierce, strong love and family that they create. It's incredible."

KEY FINDINGS AND IMPLICATIONS

- The use of family-like relationships was one way of creating a safe and affirming environment for youth.
- One way providers and peers engage in positive relationships and provide a stable support system is through family-like relationships.
- Since many youth lacked strong permanent supportive relationships with their families of origin, providers highlighted the importance and need for positive role models and permanent social support for LGBT unstably housed youth.

HAVING COMPARABLE OR SIMILAR IDENTITIES

Some providers indicated having staff and administrators who shared similar identities with youth was helpful. Providers highlighted three ways in which having similar identities to youth helped to promote a safe and affirming environment. They served to:

- Create an immediate sense of security and safety upon entering a TLP
- Facilitate a discussion about sexual orientation and gender identities (SOGI)
- Create and disseminate knowledge about identities to youth and providers



Importance of Feeling Safe on Arrival

Providers suggested having diverse staff created a sense of safety and affirmation when youth arrive at TLPs. In response to how to create a safe and affirming space for LGBTQ unstably housed youth, two administrators from two different TLPs placed value on diversity and responded:

“I don’t think this is required, but I think this is just something that happens—the *diversity of the staff*. When [youth] are able to see staff members that identify as trans or gay or lesbian or gender non-conforming or straight, they feel like, ‘Oh this is an environment that I’m going to feel comfortable in.’ The people that are creating the safety in this place identify in ways that are maybe not the social norm.”

“*Diversity*. Just seeing different people. Our staff is diverse, and I think when the clients come, it’s all different type of clients here, so I think just seeing the different groups and the different people.”

Facilitating Comfort and Discussion about Sexual Orientation and Gender Identities

Diversity and shared identities were also important because they helped to facilitate a youth’s disclosure of their identity. Staff described

using their own shared identities to bond with youth, highlight commonalities, and facilitate discussions about SOGI. Providers stated being out showed a youth the agency environment was safe and affirming, and made it easier for youth to feel comfortable and safe when disclosing their identities.

“I believe that one of the things that works—is really good—is they are happy with how we *relate to them*. So whether it is case management or youth developers that either *identifies as LGBTQ* or they have experience and they have firsthand seen the difficulties of the community, if you have such people around them, then it’s a plus.”

Some providers believed LGBTQ providers experienced fewer barriers than staff who were not LGBTQ, when trying to bond with LGBTQ youth.

“Barriers that I have experienced? I can say that there are different ones. To be completely honest, it’s a bit *more difficult to identify with the LGBTQ youth when you don’t identify as LGBTQ*. Our coworkers that do identify as LGBTQ have a little bit of an advantage or an edge I would say because they get to live and then go through the situations that they go through. In my case, since I don’t identify as LGBTQ, then it is a little harder.”

In some organizations, there were attempts to embed the discussion of SOGI into agency-wide activities.

“So, all of our meetings that involve folks who work in this program—we do introductions with our name, our preferred gender pronoun, and then whatever else. It’s a *very big norm* here that we can just be like, ‘Hi, this is my name, I prefer she, her, and hers pronouns.’ It’s something where I don’t want folks to assume the pronoun I use just because of how I look, because that’s not necessarily aligned. So it’s a big norm here, *where we do self-disclose our pronoun preferences as they change*. We have separate staff meetings and meetings with our youth every week. We have a community meeting. So our young people, at the community meeting, for a year they may identify as she, her, and hers and then one day they can be like, ‘I prefer she and they.’ That becomes a change in how they are self-identifying and then also them bringing that to the group too. So it’s like a process. Sometimes I’ll talk to them and they’ll be like, ‘I’m considering identifying differently.’ I’ll be like, ‘Cool.’ Then it gets to a point where they bring that to their peers—where they’re like, ‘Okay, I prefer you actually do call me this or use these pronouns when talking to and about me.’”

Importance of Providing Information and Knowledge to Youth and Providers

Providers identified the importance of having LGBTQ providers educate youth and other providers.

“I get a lot of those [SOGIE] conversations. I’ve had a varying amount of clients. I’ve had clients that are on the transgender spectrum. I’ve had them on the homo spectrum, in the asexual spectrum. A lot of times there’s, like, a lot of *questions about my personal experience* with, like, coming out or navigating relationships or navigating family dynamics. So I think they really *want to hear what that was like* because for some of them, they struggle. They think that these parts in their life might be just them, like, partying, like, having fun and, like, not taking life seriously. So for them to see an adult functioning and healthy and able to live their life in this way, it’s like, ‘Oh okay, that’s like a real thing. Like, that can happen.’ So, I think just having conversations and being real with them, that it might suck and it really is not fun sometimes. These are the things that happen. There is discrimination that can take place—and just letting them know it’s part of it but if you keep your chin up or whatever, you can get through it. So I think a lot of that is *relating and helping them see that there is light in the tunnel* if it is hard now.”

“I think, because we do employ young people that are part of the community, they have their finger on the pulse much more than I do. So I may check in with one of our younger outreach workers

and say, ‘What do you think about this language, because I seem to be hearing it a lot?’ I think we *have the benefit of being part of that community ourselves.*”

Other agencies did not rely on their LGBTQ staff as topic experts.

The other piece that I think is really nice is that it’s not—we have LGBTQ staff and we’re not saying, ‘Well, you should train everybody around LGBTQ things because,’ no, we’re modelling the behaviors that we want our young people to know about, so we’re using community resources to bring those in.

KEY FINDINGS AND IMPLICATIONS

- Having providers who shared similar identities to youth helped to create a safe and affirming environment.
- It was important to create an immediate sense of security and safety when youth arrived at a TLP.
- Facilitating discussions about SOGI was helpful.
- It was useful to create and disseminate knowledge about identities.
- Providers described diversity as a symbol for safety. For example, the presence of a diverse group of providers and youth suggested to clients the space was affirming and accepting of various identities.
- Providers described how they used their own shared identities to bond with youth, such as highlighting commonalities and facilitating discussions about SOGI.
- Provider openness about their own identities helped to create a safe space and opportunity for youth to share theirs.
- Providers suggested being out indicated to youth the agency environment was safe and affirming; this made it easier for youth to feel comfortable and safe disclosing their own identities.
- Providers highlighted how having LGBTQ providers on staff helped them to educate youth and other providers.
- Providers also thought it important to have staff who identify as LGBTQ because of

their unique perspective and ability to provide information and knowledge about SOGI.

AGENCY POLICIES

Providers discussed how their policies, ranging from informal to formal policies, were read, signed, acknowledged, and practiced by providers and youth. Providers focused on their policies about inclusion and confidentiality of their data-collection process.

Inclusion policies included addressing when a couple is a couple, human rights, anti-violence (zero-tolerance), and ally contracts.

“A *couple is a couple* regardless of their gender; I think that it has worked well because it’s just a general policy. I think having that inclusion has worked really well, and staff has been really open and inviting to all youth that have come in.”

“We have an agency *human rights* policy that applies to all clients, staff, volunteers, board members, visitors, and others who come to the agency and are served through or work for the agency or are in governing roles. It’s very explicit in terms of rights—we treat LGBTQ issues as human rights issues, and we welcome full inclusivity and participation.”

“There’s two things that are *zero tolerance policies*. One is physical violence. You will automatically lose your bed. The other one is transphobic behavior or comments. That’s something that’s really spoken about a lot and drilled in, so the clients all know that coming in. When they come to the program, they meet with management and they have that conversation. It’s in their handbook that they get. It’s also a conversation and the implementation is by the line staff walking around in all the spaces to make sure those types of behavior, any transphobic behavior, is not tolerated.”

“Upstairs we do the *straight ally contract* as part of our intake. We are not only here to serve LGBT-identified people, especially upstairs in the youth center. I think it’s 40% are straight identified. But they do have to be able to maintain a safe space for the LGBT people that come here assuming this is their space. So they developed a *straight ally contract*. If I don’t identify as LGBT, then am I identifying as an ally? I’m filling out a contract that identifies why I’m an ally, and they have to make a little statement about it.”

Providers also discussed confidentiality policies as pertained to data-collection, and how the information is shared in group discussions.

“The only way they’d be able to know is if we tell them that this is a safe place and we continue to reiterate this is a safe place. What you say here will stay. Even when we start groups, it’s something we just constantly reiterate *what we say stays here*. It seems like they’ve done a good job. I haven’t seen, witnessed them using things that they’ve said in classes against each other. It seems to be working.”

Providers also highlighted the importance of consistency and transparency.

“The education needs to be on the front end. As I’m entering the program, we’re talking about the policies and we’re educating why we have these policies and what they mean. Then people are walking in and knowing what they need to.”

“So if they see me consistently calling out people who are saying inappropriate things, I think that lets them know the behavior they’re going to find acceptable or unacceptable. And specifically, in the classroom they know, ‘Oh, this isn’t going to be my typical classroom experience. I’m not going to be bullied in here, and if it happens one time then that is it.’ So, genuine and being consistent.”

“I work at transparency. If you’re going to tell them, ‘No, you can’t do that,’ in most cases, of course, it’s all a gray scale depending on what it is. So having a conversation about why you can’t do that compared to just, ‘No! That’s not right,’ or ‘No! You can’t have that, because of such and such this is why.’ So being as transparent as possible.”



KEY FINDINGS AND IMPLICATIONS

- Providers focused on policies about inclusion, such as addressing how couples are defined, human rights, anti-violence, and ally contracts.
- Providers discussed confidentiality policies as they pertained to the data collection process and respecting the information being shared in group discussions.
- Policies not fully enforced and supported by staff led to confusion and misinformation throughout the agency.
- Agencies should think about the ways administrators and staff are educated and trained.
- Providers who were transparent and consistent in their expectations and rule enforcement helped to create a safe and affirming space for youth to grow and learn. Thus, agencies should have clear and transparent policies that are explained to youth when they arrive at the program, versus after an incident has occurred.
- Many of the policies described appeared to have positive effects. However, others failed to support the creation of safe and affirming spaces for LGBT youth. Several TLPs provided examples of policies that excluded LGBT youth and often led to pathologizing and further stigmatization.

SYMBOLS

Providers mentioned having visual symbols the LGBT community could identify at their agencies, which would serve as a means of demonstrating their agency is a safe and affirming space.

“We have a *sticker right by the door* when you come in that is kind of placed at a good spot, so that it’s eye level and it’s one of those ones—I don’t remember what it has on it—but it’s either the triangle or it’s *something that they’ll notice as a safe and welcoming place*. And some of us have stuff in our offices as well, kind of the visual stuff.”

“Where we do our services, there are *flags of all different types*. We have lots of *affirming language* all over. Everyone who changes all the bulletin boards and puts up the art it’s just clear, at least to me when I am walking around, like, ‘Yeah, this is a welcoming, affirming space for everybody and celebrating all different types of identities.’”

“Displaying that it is a safe space is just as important as allowing them to come into a safe space. If you don’t set the environment and let that be verbalized physically, environmentally, and in all ways and forms, then I wouldn’t know if was a safe space.”

Symbols were not only inclusive of material items such as posters, flags, and stickers. Providers also suggested the language used in pamphlets, intake forms, websites, and daily life could also demonstrate an agency is safe and affirming.

“‘What is your preferred gender pronoun?’ Just being asked that question for someone who is gender non-conforming, *that question itself creates a safety* and a place like, ‘Oh, I’m not going to automatically be assumed to be a gender or have to force myself to be in a gender.’ That’s an example of one question. The same is true with sexual orientation. It’s not automatically assumed if you’re talking about a crush on a boyfriend or girlfriend.”

Providers stated symbols are one of the most important ways an agency can convey they provide a safe space for LGBTQ youth.

“It’s all about safety and a lot of times, the youth say that they’re *looking for a sign*. They want to see *that triangle on your desk*, they want to see a *sign in your window* because they don’t want to approach, they don’t feel safe to approach if they don’t see something visual.”

“Well, working with homeless youth and street-involved youth, I feel like, to survive, they walk through the world and are constantly testing and feeling for what you have and what you don’t have and being mindful of being safe in those spaces. I feel like the *visuals are really helpful*.”

KEY FINDINGS AND IMPLICATIONS

- Providers mentioned using material symbols, language, and program diversity as a means of symbolizing their agency was safe and affirming.
- Providers highlighted the importance of having visual symbols the LGBT community identifies with.
- Providers noted the importance of the language used on documents and social media to demonstrate the agency is safe and affirming.

- Providers believed symbols were one of the most important ways an agency can convey they are a safe space for LGBTQ youth.
- The use of LGBTQ inclusive language also helped convey an agency is safe and affirming.

KNOWLEDGEABLE PROVIDERS

Understanding the Community

Understanding the larger community where the agency is situated was one way providers used knowledge to facilitate safer environments and experiences for youth.

“So, even if we don’t have a bed for them at the shelter or an apartment for them in housing, they can come in and get a hot meal. They can get something warm to drink. They can get a food bag to take home. They can get all kinds of hygiene items. If they’re parenting, they can get diapers and formula. They can get a clothing voucher. They have access to our computers and all the applications we have. So we’re trying to meet youths’ needs in very concrete ways. I feel like we’re trying to send a message that we know there are lots of things they need to start their path toward more stability when they’re homeless. And there are a *lot of different ways they can start working with us*. It doesn’t have to be that they jump in full-fledged and join one of our programs. They can check us out for a while before they kind of commit.”

While couch surfing, doubling-up, or staying in a tent is not ideal, it was not uncommon. There were strategies for finding shelter, especially in a community where housing was extremely limited. To reduce the burden for individuals who were relying on the resources of others while staying with them, and to enable youth to remain in their location, agencies tried to meet some basic needs (e.g., food, hygiene products, laundry soap). By knowing and understanding the community they serve, they were helping to meet youth needs.

Being knowledgeable and proactive also created safer and more affirming environments. For example, one provider illustrated how they worked with a transgender youth before they entered the program to insure their identities were being affirmed and their needs were being met.

“We had *meetings with that individual youth before they entered the program*. It was kind of, ‘This is what the program looks like,’ ‘How can we better serve your specific needs?’ So we didn’t have somebody come into the program and then kind of go, ‘Oh!’ while they were still here. We kind of *did it beforehand*, which was nice. Staff worked together on having everything be very accommodating for that person.”

Rather than handling situations as they occurred, providers emphasized the importance of being prepared and trained to meet the needs of youth before they walked through the door. This strategy enabled youth to not be put in positions where they had to explain to or teach providers.

“For me, it’s having *staff that are well educated* on the issues that LGBTQ people face. So, when our young people come into our program, more often than not, they *don’t have to educate us on issues* that they’re facing. Individual circumstances are so different, *but a lot of us have experience* in working with LGBTQ populations and so we understand how the world can be different for them. And we are accepting and affirming of those differences and recognize that those experiences for them are real.”

Importance of Creating an Open Space Where Providers Can Learn

Rather than assuming providers knew everything, providers tried to create open spaces where their staff could learn and ask questions.

“*We want a learning and affirming environment*. So, I mean, there’s been times when I’ve heard someone say something and I kind of cringed. Then I go and have a conversation and they’re like, ‘Oh my gosh, oh, I didn’t want that to be that way—I’m going to really pay attention.’ So it’s all learning—I have staff all the time who come and it’s open to ask questions. *There’s no expectation that everyone knows anything*, and that you can ask questions. There have been lots of questions, particularly around gender and young people who are identifying as transgender, but just creating environments—to me that is a huge part of it.”

KEY FINDINGS AND IMPLICATIONS

- Providers discussed knowledge and training as one way they work to create a safe and affirming environment for LGBTQ youth.
- Understanding the larger community in which an agency is situated, is one way providers used knowledge to facilitate safer environments and situations for youth.
- Providers described how being knowledgeable and proactive can create safer and more affirming environments for LGBT unstably housed youth.
- Providers emphasized the need to create spaces where staff can ask questions and learn.
- When providers are proactive, youth are not forced or put in positions where they have to explain or teach providers about their identities.

AGENCY HIRING PRACTICES

Hiring practices were not an original focus of the focus groups, but providers identified them as important in creating a safe environment. Agencies used various means to determine whether individuals they hire are culturally competent and able to work with youth who access their services.

“I think *staff should be educated on LGBT youth and issues overall* that they might encounter or questioning sexuality. I think *staff should be briefed initially when hired* and everyone should know the staff is prepared to talk with LGBT youth and help them work through issues or be able to point them toward resources.”

“What is required of us is to make sure when we’re hiring people that they’re able to provide safety. They may not know it all, but they’re *open to training*. I can say they would *fit into the team* and be open to be able to be trained in all these areas. That’s a big part of the hiring process. I can’t emphasize that enough.”

“When you really are doing things like *positive youth development* and *strength-based work*, you do look for *people who are very different*. You look for people who are interested in asking questions and *interested in listening and not being the hammer*.”

“Questions about LGBT are included in the hiring process and in the interview process—questions relating to LGB youth, questions related to transgender youth. I’ll ask how comfortable people are with working with that population, whether or not they can identify strengths and challenges those populations face.”

“One of the questions we ask in interview, ‘If you were *given the option to run any type of engagement group* with the young people in TLP, and resources were not an issue, *what group would you do?*’ You get a lot out of that answer. You hear a lot about what their passion is. You also hear about what they expect from you. Yeah, that’s a great question to ask. Selection is a big part of it.”

“During the interview process, we will *pose a question on the level of comfort* that prospective employee has with that to make sure that we are making our expectations clear to them. And, actually, sometimes we’ve had potential employees say things like, ‘I don’t have a problem with it.’ And sometimes I’ve said to them very directly, ‘Don’t be offended by this, but it’s not about whether you have a problem with it. It’s about whether you communicate messages to other people that you are safe and respectful. It’s not about you. It’s about how other people who might be LGBTQ are going to respond to you, and particularly as a youth counselor or service provider.’”

KEY FINDINGS AND IMPLICATIONS

- Agencies worked to make their environments safe and affirming for LGBT youth through varied hiring practices.
- Agencies should examine whether their hiring practices and policies are conducive to creating safe and affirming environments for LGBTQ.
- It is important for new hires to be culturally competent and open to learning.

Barriers to Creating a Safe and Affirming Agency

Youth-Identified Barriers to Feeling Safe and Affirmed

Youth generally reported feeling safe and affirmed at their TLPs. While youth described an array of experiences where they felt unsafe or unsupported, their examples tended to be due to experiences at other organizations or housing programs. However, at least one youth from every program described an experience that made them feel unsafe, unsupported, or not affirmed at their current agency. Thus, the following section explores the barriers to safety that youth mentioned; although they may not necessarily apply to their experiences seeking services from TLPs. Youth described various situations that led them to feel unsafe or not affirmed, but there was little overlap in their descriptions of perceived barriers to safety. The four re-occurring barriers identified include:

- Peers
- Providers
- Organizational-level factors
- External factors

PEERS

Many youth described previous experiences at other organizations where their peers would harass them or ask inappropriate and condescending questions. Comparing their previous experience at a different TLP to their current living situation a youth stated:

“I’ve been in another TLP and it was horrible. I wasn’t able to be myself. I’d wake up and my roommate was homophobic and, like, I remember this one time I was making dinner and this guy came up to me to ask me questions. And then he started quoting Bible verses to me—it was just very uncomfortable. So, to be able to *live in a household where I can be myself*—where I wasn’t able to do that with my own family and the other place I was at—it’s feels like *stability*.”

Many youth recounted negative experiences with peers. Youth from four agencies provided examples of how peers at their agency used homophobic or transphobic language and lacked knowledge about the LGBTQ community.

“The only problem I have is when it comes to the age group. That’s mainly because *most of the heterosexuals that come here are usually homophobes*. So, I mean, with staff members, I don’t have a problem. But it’s different when it comes to peers. It gets very annoying dealing with peers because *most of them were raised up in a very stereotypical Christian-based society where it’s wrong to be homosexual* and I’m going to hell and all of that and it gets really tiring to hear that. Most of the time, it’s just the usual, ‘Why are you gay? Why aren’t you straight? Why don’t you think this is attractive?’ And all that stuff. And some people just telling me to not look at them when I’m not even looking at them. It hasn’t gone to the point where I feel my life is in danger or I don’t feel safe. *I just get really, really annoyed to the point where I don’t feel comfortable.*”

In general, LGBTQ youth described not internalizing their negative interactions with other youth and they suggested their peers’ behaviors were the result of their lack of knowledge. Despite the resilience of LGBTQ youth, those unfavorable peer interactions had many adverse effects and often left youth feeling uncomfortable. Their relationships with peers were not only influenced by their peers’ level of knowledge, but also the relative number of LGBTQ youth at an agency. One youth described how their interactions with peers shifted depending upon the number of LGBT people at their TLP.

“Usually no one is making a big deal of it. At first it wasn’t that big of a deal because not many were talking about it and I was with more LGBT-related people at the time. But once they were gone, I had to deal with more people that weren’t into it.”

KEY FINDINGS AND IMPLICATIONS

- Many youth describe peers being a primary barrier to feeling safe and affirmed. LGBTQ youth characterize their peers as homophobic and transphobic. LGBTQ youth interpret their peers’ negative behaviors as evidence their peers lack information and knowledge about SOGIE.
- Although LGBTQ youth are resilient, negative interactions with peers leave youth feeling uncomfortable.
- Factors such as peers’ level of knowledge

and the relative number of LGBTQ youth at an agency influence the relationships LGBTQ youth have with their peers.

- LGBTQ youth interpret their peers' negative behaviors as evidence their peers lack information and knowledge about SOGIE.
- LGBTQ youth are not able to feel safe and affirmed in their own environments because of the negative interactions with peers.
- Agencies should create a safe and affirming environment by providing all youth with information on SOGIE.

PROVIDERS

LGBTQ youth experienced violence and harassment from their peers and providers who perpetuated violence against them by stigmatizing and/or pathologizing LGBTQ identities and by perpetuating heteronormativity and/or cisnormativity. Youth highlighted four ways providers created or perpetuated unsafe and/or unaffirming spaces:

- Violence and harassment
- Inadequate knowledge and training
- Lack of privacy
- Lack of transparency and consistency

Violence and Harassment

Physical and verbal aggression from providers was relatively rare. One youth described incidents where providers used homophobic and/or transphobic language, asked inappropriate questions, and became physically aggressive. Other youth reported multiple negative interactions and various forms of violence with providers.

“There was this one person, a staff member who is no longer here, just being rude out of the blue, I guess. Several people recognized it. Then *I got moved to the hospital because I felt unsafe around him* or whatnot. *He cussed me out but hit me, too, at the same time—but he didn’t say anything, like, racist or say anything like that.*”

Recalling a separate incident, the same youth stated:

“I’m going to be honest with you—certain staff here, they be *asking me questions that really is not appropriate*. Like, one day I was talking to this one female peer or whatever and she videotaped me using a vibrator. So then [a staff member] was asking questions and saying, ‘Does that hurt?’ or whatever, and then he said something different after that. I’m not going to say it. The situation was like he was hitting on me, but I wasn’t even into him, like, to be honest with you.”

Inadequate Knowledge and Training

Youth from several TLPs described how provider lack of knowledge perpetuated heteronormativity and cisnormativity at other agencies.

“When I was in a southern state, I stayed at an agency and there was only maybe like five or six people that actually identify as LGBTQ. So it was like they were always try to change me for who I am. They be like, ‘Oh you need to start acting like a girl!’ I’m like, ‘But I’m a guy!’ So it was so hard to get them to understand. They just need to, like, sit down and talk to you and see why you are the way you are, instead of trying to change who you are. They should just accept it and maybe learn by watching the community instead of just judging.”

One youth recounted having issues with a specific staff member because of their sexual orientation or gender identity.

“I know there is one of the on-calls that’s a little bit ignorant about trans stuff, but that’s not his fault. It’s just him sort of not knowing about certain things.”

Privacy

The last barrier related to providers was the lack of privacy youth experience inside of a program. One youth described how staff members used to walk freely in and out of the youth’s personal space. They stated:

“It’s very easy walking into your apartment. They can’t do that. They changed that. Like, the staff can’t just come walk to your door and walk in. They used to do that.”

KEY FINDINGS AND IMPLICATIONS

- Each of the examples youth shared involved providers failing to affirm and accept transgender identities. Youth were aware of how transgender youth are treated differently or have different experiences accessing services.
- Often due to a lack of knowledge, as well as the pathologization and stigmatization of sexual and gender identities, there was a sense of distrust and discomfort between LGBTQ youth and providers. Thus, providers should be aware of how their language and actions can perpetuate stigmatizing and pathologizing behaviors.
- Agencies should consider the daily interactions of providers with youth. Those interactions provide the foundation for building trusting and collaborative relationships.
- Youth recalled negative interactions with staff, which suggested staff biases might be latent and not easily unveiled by youth, staff, or administrators.
- The lack of clear, transparent, and universally enforced rules perpetuated youth sense of instability and/or contributed to youth feeling the system was unfair.

ORGANIZATIONAL-LEVEL FACTORS

There were two ways the culture of and practices employed by agencies perpetuated or caused youth to feel unsafe, unaffirmed, unstable, discriminated against, or stigmatized.

- Lack of transparency and consistency within an organization
- Agencies did not talk about sexual orientation and/or gender identity

Lack of Transparency and Consistency within an Organization

Youth and providers described how transparency and consistency were important for creating a safe and affirming environment for LGBTQ RHY. Policies not fully enforced and supported by providers led to confusion and misinformation throughout the agency. One youth described a situation where a lack of transparency prevented them from feeling safe.

“I feel like, some of the organizations, they’re *quick to kick you out for little things*, like, let’s say you’re not doing chores or you’re not coming in at curfew and stuff like that. Like, instead of just saying, ‘Oh, you’re a rotten kid because you’re not doing that,’ people should look at why is it that you’re doing that. It’s just the right questions need to be asked instead of just assuming, like, you’re a bad kid or something. Stealing, in my opinion, it’s taken more lightly than when people break curfew or don’t do their chores or when people steal or fight or just disrespect you. Like, I had an incident where the boy was a gay boy and he touched me inappropriately. I almost got into a fight with him but I decided not to in that second because—I ended up punching the wall and walking away because I didn’t want to risk losing my bed. But at that moment, they made it seem like ‘Oh, I’m the bad person for defending myself.’ I almost got kicked out but then they ended up fighting for me to stay but it’s just like the first reaction—it’s not even that I had to, like, fight but it’s like, why am I seen as a bad person for defending myself? Why can’t I defend myself? Then afterwards I didn’t want to show up. Like, I spent days without going back there because I didn’t know if he was there or not. I didn’t want to be put in that position where I wanted to hit him, so it’s like, I try to ask, did they get discharged? And they’re like, ‘Oh well, we can’t disclose that information.’ We can only tell you about you, so it’s like, I don’t know if he’s still living in the house or not. Yeah, so it’s, like, problems like that. If there’s issues with things not being cleaned, you need to deal with that on its own level. But other *situations where it has to do with the safety of this space, you need to worry about that more*, because at the end of the day it could escalate into something serious. And it’s sad that you’re only going to care about it when you might lose your job. These are actual people’s lives, so I think people need to look at it people’s lives instead of like, ‘Oh this is the resident.’ Like who is the resident? They have a story. They have a name. This isn’t jail.”

The absence of consistency and transparency when creating and enforcing rules contributed to youth feeling unsafe and distrustful. A youth from a different agency shared a similar story about the inconsistency of rules inside their TLP.

“That’s, like, our number-one problem because some *kids have a relationship with these staff* and whatever and these *staff be on their side*. I’ve had that happen to me and everything, so that’s what gets me mad. That goes back to the *favoritism* part when certain staff be messing with these people. But then, like, when that person starts up with me or whatever, that staff and the other person that they socialize with says, ‘Maybe like you got go,’—they be like on their side, period. So that’s *why I don’t trust*. I have a lot of trust issues. I don’t like talking to a lot of people.”

Agencies Did Not Talk about Sexual Orientation and/or Gender Identities

Youth from six of the TLPs demonstrated having no information or misinformation about the LGBTQ community, sexual orientation, and/or gender identity. Perhaps this was the result of TLPs neglecting to openly discuss issues surrounding SOGI, or integrate those perspectives into their services. Many youth demonstrated a need for information about SOGI.

For example, during focus groups at one TLP, youth had many questions about sexual orientation and gender identity. When the focus group facilitator arrived, a youth asked “Do you support LGBTQ individuals or are you against them?” The facilitator answered, “Not only do I believe and work toward equality, I also identify as queer.” That interaction led to the youth talking about their own identities and asking several questions about the meaning of certain identities and what they might include. Another participant explained their fiancé, who was also present during the focus group, previously identified as bisexual but currently identifies as gay. The partner shared he was no longer bisexual and felt more comfortable with men, although sometimes felt attracted to women. This concept seemed confusing for some, and the group went on to discuss how such feelings were possible and whether someone who is gay could be sexually attracted to women.

During the focus group at another agency, it became clear how a youth’s lack of information about identities might have constrained their ability to have multiple or different identities. This was reflected in a number of questions and comments:

“What does ‘binary’ mean? What does ‘pronouns’ mean? Okay, that is what that means. I did not know what that meant. What’s ‘cis’? So if I am born as a female can I consider myself as a male? But I don’t have a penis, so I can’t be transgender—really? But then you would have to get surgery for that? And you would be considered as transgender—not male? I mean look at me. I look like a dude. I have muscular neck, arms, everything and the only thing that’s not a dude is my breast and vagina, basically—sorry.”

KEY FINDINGS AND IMPLICATIONS

- In some instances, agency culture and practices, inconsistent policies, and a lack of transparency led to youth feeling unsafe or unaffirmed. Practices included a lack of transparency and consistency within the organization, and a failure to talk about sexual orientation and/or gender identity.
- The subjectivity of agency policies led youth to feel as though favoritism influenced some decisions and caused feelings of distrust between the youth and providers. These feelings reflect a need to have clear policies and rule enforcement.
- Some youth had no information or misinformation regarding the LGBTQ community, sexual orientation, and/or gender identity. This highlights a tremendous need for providers to openly discuss sexual orientation and gender identity with all youth.

EXTERNAL FACTORS

Youth described external factors that prevented them from feeling safe and affirmed within the TLP.

- Lack of knowledge about affirming TLPs
- Lack of knowledge about affiliated agencies or work locations

Lack of Knowledge about Affirming TLPs

In order to access services and resources, youth must know programs, services, and resources exist. Another barrier that emerged was how youth struggled to find information about programs that serve LGBTQ unstably housed youth.

“Being a lesbian got me into this program. I never knew there were programs like this.”

Lack of Knowledge about Affiliated Agencies or Work Locations

Youth also described barriers that exist outside the agencies. This was especially true for youth affiliated with more affirming and supportive TLPs. One of the most common barriers described was the lack of support, affirmation, and safety from affiliated agencies. Youth from two different agencies expressed that sentiment.



“Today, I was over there at the [program]. I was filling in for a kid, so I had to be in classes today and one of the guys in there, I guess he’s straight. We had to do some lip exercises—some vocal exercises. When you are saying your stuff, you have to make sure your face is relaxed and you’re even with your speaking because it was a debate, so you have to do public speaking. The guy didn’t want to do it—so the guy didn’t want to do the facial exercises, he didn’t want to do the lip roll thing, bbbbbb. He didn’t want to do it so he said, ‘Uh, that’s gay, uh, that’s gay.’ He said it like two different times and there was another girl there that identifies LGBT and I saw her face and she was like, ‘If you don’t shut up.’ She was ready to pop. So, I said to her, ‘Just let it go, some people are ignorant.’ He’s a cool guy nonetheless, but it’s like little stuff, little rhetoric like that.”

“I’ve had employers straight up tell me we’re not hiring a trans. I really wish I had gotten that recorded. From the school, the college just asked me not to use the bathrooms at all. Just everything is—not everything, but so many places and so many people don’t get it. I could go on about this all day if I really wanted to. But there are places and people that just don’t get it.”

KEY FINDINGS AND IMPLICATIONS

- The two external factors youth highlighted are:
 - Lack of knowledge about affirming TLPs
 - Lack of knowledge at affiliated agencies or work sites
- In order to access services and resources, youth must first know programs, services, and resources exist. Thus, another barrier that emerged was how youth struggled to find out information about programs that serve LGBTQ unstably housed youth.
- In addition to barriers that can arise within TLPs, youth also described barriers that exist outside the agency; this was especially true for youth affiliated with more affirming and supportive TLPs. One of the most common barriers these youth described was the lack of support, affirmation, and safety from affiliated agencies.

- Future research should explore how LGBTQ youth find out about resources and programs.
- Although only two agencies had youth that described not knowing about resources and programs that served LGBTQ unstably housed youth, it is important agencies think about the ways they reach out to the community at large.

Provider-Described Barriers to Constructing a Safe and Affirming Environment

Providers highlighted four key factors needed to understand the barriers to creating a safe and affirming space for LGBTQ RHY:

- Peers
- Providers
- Organizational-level factors
- External factors

PEERS

Providers from six TLPs discussed peers as a primary barrier for LGBTQ youth feeling safe and affirmed. The providers suggested youth insensitivity and misinformation about SOGI perpetuated the stigmatization of LGBTQ youth. Providers did address those situations differently. Some agencies were also unsure how to handle incidences of hate language.

KEY FINDINGS AND IMPLICATIONS

- Peers were a primary barrier for LGBTQ youth feeling safe and affirmed. It was suggested peers were insensitive and stigmatized youth because of misinformation about SOGI.
- An additional barrier was likely agencies' lack of clarity regarding how to manage hate language.

PROVIDERS

Only a few providers acknowledged the role they played in pathologizing and stigmatizing LGBTQ identities. By perpetuating heteronormativity and cisnormativity, providers continued to stigmatize and pathologize LGBTQ identities. Those

responses created spaces where LGBTQ youth felt unsafe or un-affirmed. Providers can become barriers to constructing a safe and affirming environment when they:

- “Other” LGBTQ youth
- Perpetuate misinformation or lack knowledge about sexual orientation, gender identity and gender expression (SOGIE)
- Are not transparent and consistent

“Othering” LGBTQ RHY

By relying on normative assumptions about SOGI, providers created identity divisions which constructed heterosexual and cisgender youth as the norm and made LGBTQ youth “other.” In constructing those identity divisions, heteronormativity and cisnormativity were used to perpetuate stereotypes and the pathologizing of LGBTQ youth. Two administrators from the same organization explained the challenges faced by an organization when trying to create safe spaces for unstably housed LGBTQ youth.

Administrator 1: I think the challenge that affects us here—well, in my program—is when we do meet someone that comes in that is, like, gay or you know, *they can convert another female to start liking girls.*

Administrator 2: Because I know we've dealt with that issue, not like, “Oh, you know, I don't want to be around her,”—it's more of, I think they're intrigued or just interested or maybe the young lady is giving another young lady attention. So the majority of our clients here they lack attention and feel like they lack love, so I think when another female shows an interest in a client that is not gay, it's very fast where, you know, the *young lady will switch over.*

Those providers drew from stereotypes which framed lesbian youth as sexual predators when verbalizing their concerns about the client milieu. They characterized lesbians as actively trying to convert other young women by tempting them with attention and love. Those statements were grounded in a belief of only two sexual orientations, heterosexual and homosexual, and they privileged heterosexuality by assuming it is the normative sexuality from which individuals deviate. By constructing sexual orientation as a dichotomy, the administrators excluded the potential for youth to have identities outside of

the gay/straight dichotomy (e.g., bisexuality, asexuality, and pansexuality).

Another way providers established identity divisions was through pathologizing certain identities, such as in situations where providers felt LGBTQ youth were deviating from traditional assumptions of gender. For example, when describing a youth in their organization, a staff member stated:

“The things that I have heard in the past from, I guess, the heterosexual community is, you know, sometimes when they’re out in public, *the flamboyant gay kids shake their booty and draw a lot of attention*. And I recall one young man told me, ‘I don’t mind being with them. I’m okay, but when we’re out in public, I don’t think that all of that is necessary, bringing negativity into it.’ So I think it’s more of trying to get the lesbian, gay, transitioning, bisexual, questioning community—did I say that right? [Group laughs.] Trying to get them to understand that yeah, you’re accepted as you are but there is still—your actions and your behavior affects everybody around you, you know. Takes a lot of time. *They want us, everybody else to adjust to them but they’re not willing to adjust to the heterosexual community, if that makes sense*. So sometimes it brings up a conflict, you know.”

That dialogue exemplifies how SOGI are often intertwined. Labeling gay youth “flamboyant gays” perpetuated the stereotype that gay men are more effeminate and less masculine or less “man” than their heterosexual counterparts. It also privileged masculinity over femininity by making heterosexual men dominant and women, feminine identities, and gay identities subordinate.

Providers also used those identity divisions to legitimize the exclusionary practices and policies that systematically stigmatize LGBTQ unstably housed youth. Staff members suggested LGBTQ youth are not “mindful” of the heterosexual community in or outside of the program. Staff were asked what was articulated to LGBTQ young people during these situations.

“Mainly, just, you know, try—for me, it’s *trying to educate them* that, you know, you are who you are but when you’re in an environment with other people, the way you are can reflect on or can cause a person to have judgment or not want to be around you because *you’re not respecting who they are as a heterosexual* but you want them to respect who you are, and you don’t want to be apart but these are similar things that might push people away from you when they don’t want to be pushed away. You know, this is normal. Me as a person, I don’t like loud people. So when people

are loud, I tend to not want to hang with them, you know. [Staff laughs]”

Similarly, a staff member from a different agency shared a different opinion.

“[LGBTQ and non-LGBTQ youth] have to figure out ways to work together. But at the same time, we have to let the LGBTQ clients realize, like, the same way that they’re needing to compromise and understand where your feelings are—you have to do some compromising. You have to understand you’re not the only one that lives in this space. And the same way that *you don’t want to be uncomfortable, you have to look on the other side of things*. So it gives them another different perspective.”

Providers worked with LGBTQ youth to fit into heteronormative and cisnormative society by delegitimizing their identities. By viewing heterosexual identities as the norm, those providers made legitimate assimilationist practices which taught LGBTQ youth how to fit into heteronormative society. In addition to supporting LGBTQ-assimilationist practices, staff also embraced the homophobic message of, “It is okay to be gay—just don’t flaunt it.”

Holding Misinformation or Lacking Knowledge about SOGIE

In slightly less than half of the agencies, providers lacked knowledge or were misinformed about the LGBTQ community and youth. In two of those agencies, providers suggested staff and administrator knowledge, beliefs, and actions could be a barrier to LGBTQ youth feeling safe and affirmed.

“We had a recent hire that is fantastic in many ways. But I think, particularly around transgender youth, he will need some coaching and education. But it was also around that underlying feel of is this person coming from a place of judgement? Or is this like judgement that this is a bad thing? Or is this person coming out of like, ‘Maybe I don’t know and I’m like wanting to explore that,’ or, ‘I want to look at this and this kind of worries me.’ One of his issues was, ‘I’m not so sure about hormone replacement or hormones stopping puberty because I think developmentally, like, where do we make decisions?’ I think that’s where those are good conversations.”

While providers did not directly identify their own lack of knowledge as a barrier, there were numerous incidences where providers demonstrated they lacked knowledge or were misinformed about gender identities:

Facilitator: Are there things you can think of that you would like to know more about or have thought in the past, “It would be good if I knew more about this?”

Staff 1: Okay, so *when they get dressed up, I would want to know what does that do for you?* Like, I mean, what does that do for you? How does that make you feel, you know?

Facilitator: What do you mean, “dressed up?”

Staff 1: Like drag. Like, when some do drag or whatever. Like, what does that do for you? I don’t know. I mean, I don’t know what to say.

Staff 2: They just express that. A lot of the education comes from them.

Staff 1: And if that’s the case, then even have them sit down and express that to us, because I don’t know if everyone—

Staff 2: In the shelter, they do. I mean, like he was saying, we’ve only had a few, a handful, but the ones that do dress in drag or the males that dress like the women, they tell us why. It’s fun. They like the way women dress. I mean, there’s not a whole bunch behind it.

Not only did providers lack information, but sometimes they used incorrect terminology and non-affirming language.

“For my program, I manage our Street Outreach, we have living options for them. So if they are *transgendered* or still questioning whether or not they’re male or female, we don’t automatically just put them with the girls or with the boys. We do have a private room.”

Providers used language that othered and pathologized LGBTQ individuals by using the word “normal” to refer to individuals who did not have LGBTQ identities.

“I would say that we probably could do better with training. I think that we could do a little better with training and just knowing the kids. [LGBTQ youth] do deal with some different issues than *normal* youths.”

Lack of Transparency and Consistency

Despite many agencies identifying peers as a barrier to constructing a safe and affirming environment, providers responded to that issue differently. Some agencies had providers who were unsure of how to handle incidences of hate language, while other agencies had firm guidelines that dictated how providers should respond to issues of violence or peer harassment.

“All of the young peoples’ beliefs and *how they were raised can be a barrier* that brings up a lot of issues. You know? Some people, very Bible thumping, raised ‘gays are bad,’ like, you know, you’re going to hell. That kind of thing is what they meet up with, so it’s us talking to both sides about, ‘Those are your values. This is a person. You need to be respectful of this person,’ and then also saying, ‘This is a person you’re going to run into, you know, and be prepared on how you’re going to react when we’re not around to help process the situation,’ or so on.”

Unfortunately, in the aforementioned statement, it was unclear which youth was being told they needed to be prepared to react, the LGBTQ youth or their peer. While it is important LGBTQ youth learn how to respond to discrimination, hateful and insensitive language should not be normalized within a program setting. If the onus was being given to the LGBTQ youth to respond appropriately, or change their behaviors so as to make their heterosexual peer feel more comfortable, putting the responsibility on the LGBTQ youth only served to stigmatize and pathologize the youth.

An administrator from a different agency described how they responded when LGBTQ youth used a potentially offensive word. Once again, it appeared the responsibility fell to the LGBTQ youth to adjust their behavior versus explaining to the heterosexual youth that their statement included an inappropriate and potentially offensive word.

"I think the other thing that can be difficult is maintaining a space that is LGBT safe and affirming and where *young people are not using the word faggot*. I, as a gay man, may be really comfortable calling my friend over here a faggot or a dike. So sometimes it can be harder in an LGBT environment to rein those in, because it's part of their language and their culture of how they communicate with each other. But then they're sitting there with somebody who is straight identified who says, 'How come I can't use it?' So I think there's an inherent challenge with us being an LGBT organization, and the predominant population that we have, to curb their natural reactions. We try to do it in a way that we're educating them around the importance of empowerment and respecting yourself. What that looks like, and what it means for our community to be able to be seen by the outside world that it respects itself and each other."

KEY FINDINGS AND IMPLICATIONS

- Providers can become barriers to constructing a safe and affirming environment when they "other" LGBTQ youth, lack transparency or consistency, or are misinformed or lack knowledge about sexual orientation and gender identity.
- Some providers created identity divisions

between gender non-conforming, transgender, and/or cisgender youth by privileging cisgender youth safety above the safety of transgender and/or gender non-conforming youth.

- Some providers framed gender non-conforming identities as a pathology, placing everyone at risk.
- Providers often lacked identity-affirming policies and practices, which contributed to further stigmatization of gender non-conforming youth and suggested their identity was invalid and dangerous.
- Although providers didn't directly identify their own lack of knowledge as a barrier to constructing a safe and affirming space for LGBTQ youth, there were many incidences where providers demonstrated they lacked knowledge or were misinformed about the LGBTQ community and youth.
 - Providers from some agencies used incorrect terminology and non-affirming language.
 - Providers used the word "normal" to refer to individuals who did not



have LGBTQ identities, and thus their identities were presumed to be natural and healthy. This was quite different from LGBTQ youth, whose identities were constructed in opposition to normal and viewed as abnormal or deviant.

- When providers responded to issues between peers, their responses varied. Some were unsure about how to handle incidences of hate speech, while others had firm guideless that dictated how providers should respond.
- Talking with both parties could be viewed as a possible intervention; however, providers need to ensure LGBTQ identities are being affirmed and supported when doing so. They should not stigmatize and pathologize LGBTQ youth during conflict by having them make their heterosexual peers feel comfortable. The focus should be on the peer's negative behaviors, language, and/or actions.
- Language could be used to oppress, stigmatize, and pathologize LGBTQ youth. This practice could be the result of providers lacking information or knowledge surrounding SOGI or unconscious biases.
- Rather than just explaining to LGBTQ youth how heterosexuals can misinterpret language such as “faggot,” “queer,” or “dike,” providers should explore how it might be useful to have a conversation that focuses on the power relations that are evoked when heterosexuals use such language.
- It is imperative that youth, staff, and administrators understand that different individuals have different relationships to words based on their identities and social locations. Thus, providers should have direct discussions about who can reclaim a previously disparaging word and what role allies can play in supporting a group's choice to reclaim a word.
- Educating heterosexual youth was a primary intervention that agencies used when dealing with homophobic and/or cis-sexist language. While education was highlighted by a majority of TLPs, most

used education as a reactive response to disparaging language, as opposed to a proactive approach. Providers should be proactive and address homophobia and transphobia before issues occur and proactively train all youth to be allies.

ORGANIZATIONAL LEVEL

In comparison to youth, who highlighted only two agency-level barriers (i.e., lack of transparency and consistency within the organization, and the lack of dialogue about SOGIE), providers identified multiple agency-level barriers including:

- Exclusive policies
- Conflicting demands
- Organizational change
- Physical environment
- Resources

Exclusive Policies

Providers were not the only sources of the heteronormative and cisnormative ideology in TLPs. Some TLPs continued to embrace policies and practices that were constructed and legitimized within heteronormative and/or cisnormative frameworks. Discussing barriers they faced when trying to implement safe and affirming spaces for all youth, the following conversation occurred:

Provider 1: The old-school notion of TLPs is that we were to not have people have sex with each other. We try to prevent the joining happening—contact in general. So I think working with that mindframe, though, sometimes, like, sets us back—because, again, you want to treat everybody equally and fairly but that concept of being who you want to be day-to-day can change and then we don't really have, in the rules, a leeway to kind of say, “Okay, you can switch rooms here and here depending on, you know, like today this is what you identify.” There's not that fluid or that ability to be fluid. And the room-sharing concept is where you get into the space and rules sometimes don't go along with who you really are. I guess, in general, TLP programs, you are meant to fit the box, not the box fits you. And that's just in general, not even LGBTQ. Like, in any issue that you have with a specific individual, they have to fit this box, not we fit them.

Provider 2: We've really, really, really, really struggled with that—like the mandates that are passed down to us about peer-to-peer interaction, and our desire to be able to have youth feel feelings that they feel for one another,

and validate those feelings, and let them express those feelings. Isolating youth across, you know, boys on one side and girls on the other, in a living room, does not teach kids how to have healthy relationships. And then when you throw in LGBT youth into the mix, specifically a lesbian or a gay youth, a lesbian girl or a gay young man, and then they get to be on the same side with all of the same youth that they're potentially attracted to, now everybody's like, "well, wait a minute, you know, Little Johnny can't be over here with Little Suzie, but Little Joey can be with Johnny and Stevie and Andy." So that's been really challenging for us as well, trying to implement some sort of sex-positive framework into a larger sex-negative system.

Some, but not all, agencies had inclusive policies. Other TLPs neglected to have policies that helped to affirm transgender youths' identities.

Staff: I think we've had once, only once, we've had one that actually wanted to go—he was a male—but he wanted, because he was dressed like a female, wanted to go in the restroom, in the girls' restroom. We're like, no. Regardless, you still need to go to the men's restroom.

Host: Okay. Is there a policy about that? What was the reasoning behind that?

Staff: Just the gender.

Host: Okay. So the youth are required to use the gender that they were assigned at birth and not the gender that they identify with?

Staff: Mm-hmm. Because he wasn't really, I guess, you know, had changed his sex, I don't think. He just wanted to be a female and dress like a female.

That provider documented how their TLP constructs identified divisions between "real" women and transgender women. Although the provider suggested their agency policies are dictated by a youth's gender, it was clear the agency either conflated gender and sex assigned at birth or defined gender by one's genitalia.

Bathroom assignment and the refusal to use preferred pronouns were not the only means providers used to invalidate transgender and gender non-conforming identities. In an attempt to legitimize agency exclusion policies which prevent transgender and gender non-conforming youth from wearing makeup and dresses, an administrator stated:

"We've got some good rules in place as far as clothes. That can be an issue sometimes with them. But we don't allow girls to wear dresses, no makeup period, so that kind of keeps everything okay, too, because they don't think that they're getting singled out or they can't wear makeup because the girls can wear makeup. Or dresses or skirts. If they want to wear female clothes, they're going to have pants on and a shirt on. Girls have to have a shirt and pants."

Rather than affirming transgender and gender non-conforming youth identities, the program created a policy which controlled the expression of gender.

LGBTQ youth were not only stigmatized by providers constructing their identities as inherently pathological, but they were further stigmatized by practices that ignored gender—and sexual orientation-based violence stemming from cisnormativity and heteronormativity. Since most TLP policies were not designed with LGBTQ youth in mind, providers were forced to respond reactively. This placed the responsibility to act on individuals—allowing individual subjectivity to enter into decision making processes.

Host: What barriers are present to LGBTQ youth feeling safe and affirmed?

Admin 1: Their peers.

Host: Can you talk more about that?

Admin 1: Peers who are not open and non-judgmental and being called names, ostracized, talked shit about because of their identification.

Host: And in situations like that, what would be the response of you all? Like, how does a TLP respond to situations like that?

Admin 1: They don't, as far as I'm concerned.

Admin 2: I mean, I'm sure they attempt to intervene at a level, but as far as consequences, because the young people are adults and there is not—it doesn't jeopardize housing—it's not punitive in that way. I'm sure it would probably be more utilizing the skills—the staff have been trained to use our problem-solving and decision-making model or sometimes mediation work. But above and beyond that, I don't know.

Two other barriers were also discussed regarding policy: confidentiality and the information a youth had to share in order to receive services. For example, providers stated:

“We’re confidential, yet if we get a 16 year old, I’m sorry, you might not feel safe with your parents knowing where you are but we have to tell them.”

“We’ve had some trans youth that have come through another program enter this program, and when they come through they feel like they have to give us their legal name and not their preferred name because they haven’t changed their name yet, so this is technically still their name.”

Conflicting Demands

In order for TLPs to maintain their legitimacy as programs that serve unstably housed youth, they must balance the conflicting demands of multiple stakeholders beyond the youth they serve, including:

- Staff
- Administrators
- The LGBTQ community
- Government agencies
- Funders

This section provides a few examples of how agencies have to negotiate the multiple, and often times competing, demands and needs of their stakeholders.

Staff

Providers and youth may understand safety differently. Highlighting how language shifts and changes over time, an administrator stated:

“There is an older population at the center that remembers when some of these words were hate words and now they’re empowering words. So how do you create that and recognize that change and *support both people?*”

Administrators

At times, staff and administrators described not always being on the same page. For example, a group of staff stated:

Staff 1: Our CEO and our COO, they have a heart for the population they’re serving, maybe too much. Maybe that’s it. You’re like, “Listen, I cannot do this. Don’t ask me to do this. You can’t do this.” [They say] “Go save them. Get them all. We can’t.”

Staff 2: We don’t have the room.

Staff 1: We can’t do that. We have the formula now. These are the rules now. You can’t—right. You have the protocol.

Staff 3: They’ll go out into the community and meet someone and be like hey, I got a kid for you. Call the kid to—no, you can get a job and so on, right. They make connections and they’re like I’ve got a kid for you and they come back here and say get this kid to call this person.

While the administrators were viewed as having good hearts, they appeared to be unaware of the constraints their agency and staff were under when trying to meet the needs of unstably housed youth.

LGBTQ Community

A staff member from an agency that provided services specifically to LGBTQ youth talked about the transition and community backlash received when their organization chose to be more inclusive.

“Yeah, similar work and maybe more familiar with the rainbow housing like, why did you take that away? That’s what we wanted. We’re like, well, we’re innovative. We’re inclusive and this is what they want and this is what we’re going to do, so we do get a lot of pushback from the community.”

Government Agencies

Government agency requirements appeared to be a significant challenge for some TLPs. Providers described conflicts between government requirements and what LGBTQ youth needed to feel safe and affirmed in an organizational setting. When discussing gender issues related to room placement, two administrators stated:

Admin 1: Yeah, so I think finding some type of—if the feds can come up with some type of language to support TLPs to be able to allow gender non-conforming youth to be able to feel comfortable in their room in their gender identity of choice. Because everyone gets really confused about it. I think we are fine with it internally, but any time someone comes and looks at our program, they’re like, “What’s happening? How does this work? How do you get licensing?” Yeah, finding some way that doesn’t cut out this whole segment of the population by changing some type of policy.

Admin 2: It’s usually us, the adults, that are uncomfortable. The young people are perfectly comfortable in their world. I think creating policies that allow youth to identify what they’re comfortable with in the program to work accordingly. Because a young woman can say, “I am not comfortable being in a room with anyone but other young women,” and a program can

make that happen, but that doesn't have to mean that has to be the policy across all of the rooms.

Funders

Meeting funders' expectations and demands was another large barrier agencies experienced. Funding had an enormous impact on the programs and services being offered. Due to external funding pressures, one TLP that had previously provided services primarily for LGBTQ unstably housed youth shifted to what they referred to as a more inclusive and identity-neutral framework. An administrator shared:

"There was a lot of debate on both sides as to what was the best decision. Was it beneficial to keep it as its own stand-alone program or was it beneficial for it to be an inclusive kind of environment that, if a pot of money came in, it could be used across the board so that the individuals didn't receive any less than another young person in the program? The organization, I think, too, had established a reputation in this community for serving LGBTQ youth and trying to do it well, so we had funders that were willing to support it. But I think that—and I'm making—speaking more than they want me to, but I think [funders] didn't want the organization to be perceived as only serving LGBTQ youth."

Similarly, another administrator described how funding cuts forced their program to drop services specific to the LGBTQ community.

"Years ago, we offered LGBTQ-specific support. We had a staff member who did youth groups and provided individual support to parents, families, caregivers, and did community education. We don't have that anymore, and basically we're not funded to do that, and it was also very hard for us to transition that role in this community. We tried it with a couple different staff people and it just didn't work out. But we do get calls from people wanting to know, 'Hey, we have a family member, they think their child is questioning,' or their son is gay, or that kind of thing, you know—do you have support people? And I can always refer to one of our therapists or our family support specialists at the shelter, but basically I don't feel like we have in-house an individual who has a high level of expertise and that level of coaching and support for parents and caregivers, as well as youth."

Organizational Change—Training Staff and Updating Policies

TLPs are under constant pressure to change and adapt to external and internal demands. Program changes and high staff turnover were both described as additional barriers for insuring consistency within a TLP setting. A staff member stated:

"When the different policies change, you always just happen to know about it way after the fact. I think now [administrators are] trying to do a better job of trying to let us know when things are going on, but *different policies change*—especially with the recent budget cuts and stuff—and *things are getting lost from programs and you don't really hear about it until we're losing that*, 'Oh okay. Good to know.' That's my issue."



Similarly, a staff member from a different organization documented how organizational change did not always trickle down to staff, especially new hires.

“We have a safer space committee, that used to focus specifically on LGBTQ youth but now it’s kind of evolved as a larger committee with different sub-committees. So there is still a sub-committee that focuses on LGBTQ stuff. About two years ago, that committee pushed for and was able to create an LGBTQ ally development training. Some consultants came in and interviewed our participants and our staff. And so it’s something that all staff did at the time, which was really great. But since then, this is probably winter of 2012 and 2013, and *I don’t think that training has happened since then for any new staff* and there is pretty high turnover here. People come and go so it would be great if it could be happening again.”

In addition to administrators not communicating program changes to staff, or setting up structures that ensured all staff received the same training, staff turnover also created a challenge. When discussing barriers to creating a safe and affirming space for LGBTQ unstably housed youth, an administrator shared:

“Attrition, staff attrition. Report building and developing a connectedness with the young people and staff turnover. It’s a reality of the field that we’re in and not only staff attrition, young people attrition. They come and go as well, so.”

Physical Environment

At times, a TLP’s physical environment served as a barrier. While providers felt they could construct safe and affirming spaces in parts of their agencies, some providers described struggles when trying to make changes across the organization. For example, one staff member explained:

“I’m talking about agency-wide *right now*. [LGBTQ youth] talked about the center. It is a very gender-normative place that guys are playing video games with cars and the girls are in the corner gossiping. So they talked about wanting to see things brought into that space where there were opportunities for them to come in and not be a guy playing a video game or a girl in the corner talking with other girls.”

Similarly, another staff member stated:

“I think sometimes, with the nature of integrated spaces, people that are perceived as non-normative are often on the margins. So I think there might be times where the young people might feel like they’re not part of the larger group—only because it’s hard to align sometimes when you’re like in 17- to 21-year-old age bracket—you’re figuring things out. And there’s, like, hard rules about masculinity, femininity, and gender and how to be a teenager and how all this plays out. So I think, just the underlying nature of that, sometimes is that folks that are LGBT or are questioning internally, they might not feel able to be, like, 100% open all the time for fear of, like, judgment or whatever.”

Bathrooms are an additional physical environmental barrier for creating safe and affirming spaces for LGBTQ youth. Organizations have limited space and limited resources; thus some TLPs described bathrooms being an additional barrier for constructing a safe and affirming space for LGBTQ youth. For example, an administrator shared:

“So, yeah, the way our Street Outreach Program is set up, at the present time they don’t have a dedicated space specifically to them. They have a shared space. So, unfortunately, they have to use the bathroom that’s kind of in the main hallway that also, like, our shelter kids use. And we have had a transgendered youth who was a boy, identified as a female though, that would use the female restroom, which can be tricky when you have minors that use that bathroom as well, so that’s been an issue that we kind of had to work through.”

Lack of Resources

A lack of resources was the most common barrier providers described facing. The types of resources ranged from the need for more housing to the need for more LGBTQ adult mentors. The following are examples of the way providers discussed their lack of resources.

Housing

“I’d say space, but that probably goes for everyone. We’re limited. We only have so much housing, so probably space, especially if they need their own place. That means more space to assist them.”

Staff 1: In our TLP program, we have, like, five beds. That’s it. We serve everyone in those five beds. If we—without the beds—well, basically,

if we have a transgender who applies for the program and is in inception, we normally probably wouldn't put him in with the four guys, so we'll put him in the one bedroom. We only have one bedroom.

Staff 2: So you have to wait.

Staff 1: So you have to wait if someone is occupying it. Then, you know, who knows along the way how it's going to be, so. Sometimes we lose contact. Sometimes they go somewhere else.

More LGBTQ-Specific Programs

"So, lack of programs is huge. Having, with so few programs, it's hard to tailor them always to the needs of the youth. Like, folks from rural backgrounds have different needs than folks from urban backgrounds. Like, those are different experiences, different educational levels, things like that."

LGBTQ Adult Mentors

"I would say mentoring from LGBTQ adults, or, if there's a safe heterosexual adult, that would be fine. When I say heterosexual adults would also be fine as long as they're safe and inclusive, if that was acceptable to the youth. The youth might say, 'No, I want somebody who is like me. Right? I want somebody who can be a role model for me.' And that's a different deal. So depending on if the youth is okay with it or not, I think that could be okay. Yeah, shelter for sure."

Mental Health Specialists

"And the other piece is finding therapists, good therapists, that can work with our youth. I mean, we have therapists that are trained and working with transgender youth, LGBTQ, but they're not trained in the homeless piece and, you know, the other piece surrounding it, just the day-to-day issues that they're going through."

"But I think if people are not feeling safe within, it's hard to feel safe externally if you're not feeling safe internally. So I also think, unfortunately, in the area that we're in, I don't know that there's a lot of mental health professionals that, I don't want to say are willing or able or maybe qualified to—there's limited mental health professionals that are qualified to, I mean, really work with LGBTQ. A lot of times, there's a diagnosis or dual diagnosis and, unfortunately, we don't have a lot of those over there."

KEY FINDINGS AND IMPLICATIONS

- Compared to youth, who highlighted only two agency-level barriers, providers identified multiple agency-level barriers including:
 - Exclusive policies
 - Conflicting demands
 - Organizational change
 - Physical environment
 - Resources
- Providers were not the only sources of the heteronormative and cisnormative ideology in TLPs; some TLPs continued to embrace policies and practices constructed and legitimized within heteronormative and/or cisnormative frames.
- A lack of resources was the most commonly occurring barrier described by providers. Those resources ranged from the need for more housing to the need for more LGBTQ adult mentors.
- TLPs were under constant pressure to change and adapt to external and internal demands that created challenges in meeting expectations.
- Program changes and high staff turnover were barriers to ensuring consistency within a TLP setting.
- At times, a TLP's physical environment was a barrier in itself. While providers felt they could construct safe and affirming spaces in parts of their agencies, some did describe struggling to make changes across the organization.
 - Bathroom needs were one example of a physical environment need where there were barriers to creating safe and affirming spaces for LGBTQ youth.
- As the providers documented, working within the constraints of a larger system based on heteronormative and cisnormative assumptions of gender and sexuality was a large barrier when creating safe and affirming spaces for LGBTQ youth. Federal rules and regulations helped guide the creation of TLP policies, and providers must also meet funding expectations.

Therefore, while agencies may have wanted to create affirming spaces for LGBTQ youth, they were limited in their ability to do so.

- In order for TLPs to maintain their legitimacy as a program serving unstably housed youth, they must balance the conflicting demands of multiple stakeholders.
- By refusing to use youths' desired pronouns and denying them access to the bathroom that aligns with their gender, TLPs perpetuated the stigmatization of transgender youth.
- By preventing youth from expressing their gender, they were implying a youth's behavior and/or appearance was deviant or something was wrong.
- Administrators illustrated how the absence of LGBTQ-integrated policies forced providers to respond reactively. Rather than focusing on the role of the organization in meeting LGBTQ youths' needs, the responsibility fell to individual providers.
 - When the organizational structure remained neutral, it became the responsibility of individuals to ensure LGBTQ youth were affirmed and safe.
- Without systemic support (e.g., anti-violence policies), providers had limited options when needing to handle youth violence, particularly when it involved homophobic and/or transphobic language. Individual providers were left responsible for interrupting and responding to abusive language.

EXTERNAL ORGANIZATIONAL

Some providers discussed external organizational barriers that constrained their agencies' abilities to create safe and affirming spaces for LGBTQ RHY, including the lack of:

- Affirming and supportive community partnerships and referral agencies
- Community support and larger social issues

Lack of Affirming and Supportive Community and Referral Agencies

In addition to lacking their own LGBTQ-specific programs and mental health providers, agencies described lacking strong, supportive, and affirming partnerships with other organizations where they could refer youth for additional services (i.e. employment training, educational tools, mental health and physical health, or LGBTQ-specific). Providers described struggling to know whether external organizations were safe and affirming for their LGBTQ clients, as well as lacking resources to fully investigate the organizations to which youth were referred. Two providers shared:

"In addition to money, I need to have the time to prioritize meeting the needs, meeting the unique needs of my LGBT youth. And as a person in this agency who is asked to be a leader in these services, and who wants to be a leader in these services, I fail my LGBT youth every day because I've got 200 other people up top pulling on different strings that are taking my time and attention away from this. And so, if I had those resources, a huge part of that would be, at some level, creating integrated services, but people who are specified to provide those services within the larger system. Because, you know, to ask Rebecca* to go out and find out all the resources in our city, and make a list, and have coffee with all the preachers and find out if they're actually inclusive or if they're assholes. And have coffee with all the therapists and find out if they're actually inclusive or they just want some more money. You know, she doesn't have that time."

"I feel like, sometimes we know that a certain organization is well equipped to work with LGBTQ youth of color. And other times they are maybe not so well equipped. We have no understanding of their capacity, but we will make a referral. And so, for GED things we will often make referrals within this specific community because there are different charter schools that, like, a lot of those people have also undergone the LGBT Ally Development training. For employment, we referred one youth to this program which is down the street. The whole program is trying to develop a group of coders who don't fit the image of what a normal coder is supposed to be. And so there were staff looking to recruit diverse participants. So there are some spaces that we know are very safe that address employment and education but there are other spaces that we don't have as good of an idea. But we need to make some kind of referral."

Lack of External Community Support and Larger Social Issues

One of the largest resources TLPs described as being missing was community support. In general, the community and larger social issues were described as huge barriers for creating safe and affirming spaces for LGBTQ youth. Many agencies described attempting to do outreach, hold community educational events, or attend community discussions related to LGBTQ youth and unstable housing. Some of their experiences and perspectives on larger social issues were as follows:

Administrator: It seemed like, for a while when the PFLAG group was really going well, and we had the GSA at the high school, that it seemed like there was a more accepting atmosphere. And then, for some reason, all of a sudden things changed in the community and it kind of went back the other way, or at least that was kind of some of the feedback that we were getting from a few of the people that were really involved in those groups. And I'm not sure what that was about really, but it made it difficult for us to then find staff people that could make the groups continue. We tried to make an effort to keep them going and different things but they just kind of petered out.

Provider: I think one of the struggles that I see is that the representation of the LGBT people currently in the fight, especially for gay marriage, is very whitewashed. So it's very, like, White middle class, like, upstanding citizen gay men, you know, or like, two mostly White or light-skinned lesbians with a baby, right? So it's very nonthreatening people. But we have our kid who has, like, piercings and stuff like that, and so I think it really separates into like "I'm not homophobic; I support these good gays who are like me but these homeless kids, like, these homeless gays, they must have done something that really put them in that position or something." When one message is being given of like, "These are the folks that you should support," I feel like it really leaves so many other people behind, especially the youth that we serve. I don't think that they are being represented well or at all.

Staff 1: I think, like, misconceptions. So just, like, ignorance. A general ignorance in large populations which can breed all sorts of questions and misunderstandings and things like that. So, feeding into things, like, recognizing what a safe space looks like and how it looks different for different people. I think that is a knowledge and awareness that, if that's not your experience then you wouldn't be mindful of those things. And I think that that can create a lot of spaces, the work place, the home environment, and teen centers and agencies where those discrepancies

come up. And so just a general lack of awareness is the most pervasive thing.

Staff 2: A barrier that I see in the house is that we can't control what is happening outside the house. We live in a big metropolitan city and often times, there was an incident with one of our youth that happened out on the street late at night. They were assaulted or something happened because of their identity and that's something, unfortunately, something we can't protect. I met with this client and sort of worked on an emotional level with them but beyond that I told them there is legal services and stuff that we can do the educate and help you deal with that, but it is a shame that the rest of the world isn't as safe and friendly. That, to me, is an obvious barrier.

KEY FINDINGS AND IMPLICATIONS

- Some providers discussed how external organizational barriers constrained their agency's ability to create safe and affirming spaces for LGBTQ RHY. Those external barriers included the lack of:
 - Affirming and supportive community partnerships and referral agencies
 - Community support and larger social issues
- Agencies often lacked their own LGBTQ-specific programs and mental health providers, as well as strong, supportive, and affirming partnerships with other organizations where they could refer youth for additional services.
- A lack of community support was one of the largest resources TLPs described as missing. In general, the community and larger social issues were described as large barriers for creating safe and affirming spaces for LGBTQ youth.
 - Ultimately, agency barriers can have a detrimental effect on LGBTQ RHY, and that impact must be identified and addressed.
 - Agencies must partner and take advantage of their specific strengths in order to be effective service providers.
 - The community must also be engaged if a TLP is going to be successful.

Disclosure of Sexual Orientation and Gender Identity (SOGI)

How Do Youth Describe Their Experiences Disclosing Their Sexual Orientation or Gender Identity to TLP Staff?

HOW DO YOUTH REMEMBER PROVIDERS ASKING ABOUT SOGI?

Youth from five agencies recalled providers asking them about their SOGI during the intake process. Those descriptions varied across organizations. Some recalled completing a survey or application which asked about SOGI.

“They actually do an application, which is okay. Like, it’s not something that was a big deal to me, but it might have been a big deal to other people. Honestly, I would not recommend putting that in any other applications like that because the fact that when you’re turning it in, [questions about SOGI are] on the front page and everyone can see it.”

In contrast to agencies that asked youth about SOGI through a survey or application, other youth recalled providers asking them directly.

Youth 1: “Hi, how are you? What’s your preferred gender?” Stuff like that. Not like, “Oh are you gay? You’re straight?” Not like that. [Laughter] The correct way. They was like, “What’s your preferred gender? What do you prefer to be called?”

Youth2: They’ll ask you in person, like, while they’re doing the interview and then they’ll have it where you can write it down so they always remember it—like, your preferred gender and what you want to be called or who you are, instead of keep asking you every time they see you.

KEY FINDINGS AND IMPLICATIONS

- Youth from five agencies recalled providers asking them about their SOGI either through a written survey/application or during an interview.
- Youth’s varying accounts regarding how providers ask, or do not ask, about SOGI suggest that agencies use different means to collect data about LGBTQ identities.

How Do Youth Respond to Being Asked about SOGI?

Not all youth disclosed their sexual orientation and/or gender identity. More than 25% of youth reported they did not disclose their sexual orientation and/or gender identity right away or never disclosed it at all. Some youth suggested they did not disclose because they felt their sexual orientation and/or gender identity was obvious, or it did not matter. For example, two youth from different agencies stated:

“We did [feel safe] but we didn’t [disclose]. I thought it was kind of obvious. [Host: Why do you think it was obvious?] Well with me it’s probably not. I’m gay, but I don’t look like it honestly. If you were just to look at me for the first time, you wouldn’t think so. But he—I think it’s pretty obvious with him. He and I are engaged now, so if you would have known that, it would have been pretty obvious.”

“I just didn’t tell anyone. Like, it wasn’t something I felt that was, like, important to say because it’s—I was in this situation and I had to figure out how to deal with it and it had nothing to do with my sexual orientation, it had nothing to do with gender identity. It was just, I’m in a homeless situation, this is a place that’s helping me out, and I’m going to take it, you know. It wasn’t like—I don’t think I talked about my sexual orientation until I spoke to my case manager.”

The second reason youth suggested they did not disclose was because they were unsure of their SOGI or unsure of how to talk about it. A youth described:

“It would have been—it definitely wasn’t within the first year I was here, because I was still trying to figure out who I was. Like, once I got here and I was on my own, I thought I was lost. I didn’t know who I was. I didn’t know what I was doing, anything. It took me probably about a year and three months to figure out who I actually was. They helped me understand that being bi is—there’s nothing wrong with it—to like other women. That also goes back to why I connect with women so well, is because I’m a lesbian and I’m cool with it.”

Similarly, a youth from a different agency recalled the first time they told someone from their TLP about their sexual orientation. They reflected:

“It was with one staff and I was nervous, because I didn’t know how to ask about it. I didn’t know how to ask if something was wrong with me. Because I thought something was wrong with me. I never pictured myself liking my same sex. So I went to one staff because honestly I thought she was like me growing up, where we always dress like a dude but we like guys. That’s how I thought. I never really judged. I never judge people. Whenever I told her I think I might be liking girls, that’s how I said that. I was like ‘Is something wrong with me?’ Then we sat down and I was like ‘are you gay?’ Like I didn’t know how to ask her that so I just said ‘are you gay?’ and she said, ‘I consider myself as a queer.’ I was like ‘oh, okay, what is that?’ And then she explained it to me. Like, I didn’t know all this. And so it was helpful because I still didn’t know about being with another girl and so it was helpful to learn little stuff like that and knowing that I could open up so much and ask her these questions.”

KEY FINDINGS AND IMPLICATIONS

- More than 25% of the youth we spoke to described not disclosing their SOGI to providers right away or ever.
- Youth did not disclose for two reasons:
 - They felt they did not need to disclose because their sexual orientation and/or gender identity was either obvious or did not matter. This highlights the need for providers to be transparent about the reasons why information about SOGI is important.
 - They were unsure of their sexual orientation and/or gender identity, or how to talk about it.
- It is important for providers to talk to all youth about SOGI, since some youth are still in the process of figuring out their identities and/or lack information about SOGI.



FACTORS THAT INFLUENCE YOUTH DISCLOSURE

While participants never disclosed their identity, most of the participants in these focus groups did. Those youth described six factors that contributed to them talking about SOGI or disclosing their own identities:

- Feeling comfortable with themselves and their identities
- Feeling like disclosing is not a big deal
- The TLP was LGBTQ affirming and supportive
- Having staff who cared
- Transparency
- Providers use information to provide services

Feeling Comfortable with Themselves and Their Identities

One of the reasons youth suggested they disclosed their sexual orientation and/or gender identity to providers was because they felt comfortable with themselves and their identities. For example, when asked if they felt comfortable disclosing their sexual orientation and/or gender identity during intake a youth explained:

“Yes, and that’s because *I was already comfortable myself*. I noticed that if you are uncomfortable, other people won’t be comfortable with you. But if you are specifically talking about the agency, no there were no issues. There was no, ‘Oh, you’re gay,’ you know what I mean? This is an LGBT center. I don’t care because I have an HRC sticker on my phone. I carry it around in my hand and I always walk around with this because it’s a symbol to me of equality and stuff.

Feeling Like Disclosing Is Not a Big Deal

Whereas some youth described feeling comfortable with their own identities, other youth suggested they disclosed their sexual orientation and/or gender identity to providers because SOGI “didn’t matter” or “wasn’t a big deal.” For example, one youth shared:

“Well, coming in here, if anyone ever asked, *it wasn’t a big deal for me*. I felt like it *didn’t matter* if I said anything because everyone else here was in the same group. And that’s the whole point of a place like this, too, is to support us.”

The TLP was LGBTQ Affirming and Supportive

As the previous quote illustrated, another key reason why youth felt comfortable disclosing was because the organization itself was LGBTQ

specific, a majority of the staff and providers were LGBTQ, and/or the TLP had a reputation for affirming and accepting LGBTQ identities. Asked what made them initially feel comfortable and safe enough to disclose their identities, a youth explained:

“Just mostly that *this is specifically an LGBT program*. And also, just that the staff were really awesome generally. Yeah, the *fact that there are other people that have some of my same identify stuff that’s going on* that are living here.”

Two youth from a different agency similarly suggested:

Youth 1: I think our situation is, like, a little bit different. Aren’t we one of the new TLPs that just has made it LGBT?

Youth 2: I think so, yes.

Youth 1: In that case, *I feel like since we already know this* and when we come here it’s already known—it’s, like, a fact. So if you’re here you’re going to be a part of the LGBT community. You’re going to be whatever you say you are.

Organizations do not have to be LGBT specific for youth to feel safe and comfortable disclosing. For instance, one youth described feeling comfortable talking about their SOGI because the agency had a reputation for being LGBTQ affirming and inclusive. They shared:

“Well, I mean, *knowing about this TLP before*, I mean, *I knew that they very much openly support the LGBTQ community*.”

Sharing comparable identities with staff and other youth helped LGBTQ RHY to feel safe. Thus in addition to helping create a safe and affirming environment, sharing common identities with providers also helped youth feel secure during disclosure. A youth recalled their experience coming out to staff members.

“[I came out as] non-gender conforming, like, six or seven months ago. The staff were really okay with it and really chill about it. And then when the staff came back here, the only one that I’ve ever really known, non-gender conforming, they were really excited for me and stuff.”

Having Staff Who Cared

Youth impressions that staff are caring, affirming, and welcoming were factors that facilitated disclosure. Two youth described the characteristics of a provider they both felt comfortable talking to.

Youth 1: I think the first person I came out to was the person that was taking care of me in the Street Outreach Program at the time.

Youth 2: It was Stephanie*.

Youth 1: Yeah, it was her. Everybody can talk to her. She's cool.

Host: What makes that person cool?

Youth 1: Well, one, she's a *very calm, collected person*. She just has that personality where you can actually just say whatever you want and she'll be okay with it.

Youth 2: Yeah, I mean, if it's wrong, she'll be like, "you know, you need to think about it or, you know." It's all about tone of voice. And *she actually seems interested* when you talk to her, you know, about what's going on. And she'll ask you, like, "How are you doing?" or "How is school?" or "How was your day?" That's actually something I think is essential for any teenager.

Youth 1: Yeah, that's one thing. *You really need to show that you care.*

Transparency

The last factor that aided in youth feeling comfortable disclosing their sexual orientation and/or gender identity was transparency. Youth described feeling more comfortable disclosing their SOGI when they understood why the provider was asking for the information and how it would be used.

"I don't think I'd have a problem with writing it on paper *just because I'm okay with who I am*, but I know there was a point where I wasn't okay with revealing it. I can see why they'd want [information about SOGI] and *I feel like, if they made it clear why they want it, it would help people to be like, 'Okay, well, here you go.'*"

Providers Used Information to Provide Services

In addition to describing the need for transparency, youth also suggested the information agencies collect should somehow benefit them. When asked what they like about their agency's data collection process, two youth from different organizations shared:

"I like the fact that the staff here provide with us some resources and, just, community outreach support as well. I think that's very helpful."

"I think that if [other TLPs] would deal with things that we actually have to face as like a community, like when, because there's a lot of these organizations ask you, 'Are you in a relationship?' They'll ask you if you're sexually active. Questions like that. At first, it feels like awkward and, 'Why do you want to know my business?' *But then, if you're going to ask that, actually give people help and tools and stuff like that. Show them what does a healthy relationship look like—what does an abusive relationship look like.*"

Rather than just collecting data for funding purposes, it appeared agencies actually used the data they collected to provide youth with services.

KEY FINDINGS AND IMPLICATIONS

- Youth who disclosed their sexual orientation and/or gender identity to providers described six factors that influenced their decision to disclose:
 - Feeling comfortable with themselves and their identities
 - Feeling like disclosing was not a big deal a big deal
 - Understanding their TLP was affirming and supportive of LGBTQ youth
 - Having staff who cared
 - Transparency
 - Providers used information to provide services
- Youth described feeling more comfortable disclosing when an organization was LGBTQ specific, a majority of the staff and providers are LGBTQ, and/or the TLP had a reputation for affirming and accepting LGBTQ identities.

- Youth perceptions of staff as caring, affirming, and welcoming were factors that facilitated youths' disclosure.
- Youth felt more comfortable disclosing their SOGI when they understood why the provider was asking and how the information would be used.
- Youth emphasized the need for transparency. Providers should be forthcoming about who the data will be shared with, and any confidentiality policies.
- When youth are able to see the purpose of collecting data, they might be more willing to share the information being sought.
- Furthermore, youth suggested the data agencies collected should be linked to services.
 - Since youth identified the reputation of an agency (e.g., whether it was an LGBTQ-specific agency or known for being a LGBTQ-inclusive and supportive agency) as a primary factor that influenced their decision to disclose. Providers should be aware of their agency's reputation in their community.
 - Notably, agencies with a reputation for being LGBTQ specific or LGBTQ inclusive might be able to collect more accurate data about youths' SOGI.



How Do Youth Want to Be Asked about SOGI?

Youth had numerous ideas about how they thought questions about SOGI should be asked.

“IT’S DIFFERENT FOR EVERYONE”

There was no consensus regarding how youth wanted to be asked about SOGI. In fact, youth mentioned the way they wanted to be asked varied and depended on multiple factors. They also suggested not all youth might be as open or comfortable discussing the topic.

“Like I said, *it’s different for everyone*. I don’t know he feels. I know he’s really shy about it and he doesn’t really like to come out because people will judge him about it. And I think that’s because that’s how the peers make him feel. But, like, for me, it’s just like, you know, it’s gotten to the point where it’s like—I mean, I used to be shy about it and I used to be really timid about it but I’m really straightforward about it.”

“DON’T ASK”

Two youth suggested the best way to ask about SOGI was to not ask at all, and let the youth disclose if and when they felt comfortable.

“Obviously, I am a shy person when it comes to my orientation because of how I feel that people are going to treat me. *I have to make sure I wait for a while and actually get to know the person*. Because I have kind of made mistakes where I got too comfortable and just said something and then it just kind of went downhill from that. So, I mean, it really depends on the type of person. *It would just be better for the person to not ask at all and let the actual person that’s going through the program say it on their own*. Because if they’re a straightforward person, they’re just going to tell them. If they don’t want anyone to know, they’re not going to want anyone to know.”

ASK CASUALLY OR LESS DIRECTLY

Two youth didn’t want to be asked at all, whereas three felt there were better ways providers could talk to youth about their SOGI. Rather than being asked about SOGI in a formalized or standardized manner, some wanted to be asked less directly or more casually.

Youth 1: I don’t know if they should have to ask your specific orientation. *I think they should just say like, “Do you think you’re part of like a sexual minority,” or something like that.*

Youth 2: Yeah, I agree with that. Because I remember when I was on my intake, I mean, I felt mostly comfortable, but it was just like really up front. I felt like, initially, kind of like, “Oh, that was unexpected, but okay.” But I felt like there were definitely maybe other people that, if they were just to ask them up front, they might hesitate and say something else or just feel really uncomfortable about it in general.

Youth 1: Well, like I said, like, sexual minority, saying “Do you think you’re part of a sexual minority?” Or something along those lines. *Like, not specifically asking, “What is your sexual orientation?” Because that’s a little too personal.*

Similarly a youth from a different organization suggested:

“I guess, just kind of *casually bring it up*, like, talk to them in a casual conversation. I don’t know how to do it because I would be okay with being asked, but some people might not be. So you could just casually drop by and say, ‘So, how about Ellen DeGeneres?’”

DON’T ASK PUBLICLY

Privacy and confidentiality were recurring themes in provider and youth focus groups. Youth highlighted the importance of asking about SOGI in a confidential setting. Two youth described how their agency asks youth about their SOGI:

Youth 1: They actually do an application, which is okay. Like, it’s not something that was a big deal to me but it might have been a big deal to other people. *Honestly, I would not recommend putting that in any other applications like that because, like, just the fact that when you’re turning it in, it’s on the front page and everyone can see it.* [Host: Okay. So you were saying that you don’t think people should ask that on the application.] At least not on the front page.

Youth 2: I can agree with not publicly because there are people who fit into not straight gender identities that are not out, not okay with it. *But would be more okay with it if it was like, “Okay this is really just demographic, not public.”*

TRANSPARENCY

Transparency was a key mechanism that helped to create a safe and affirming environment and facilitate the disclosure of LGBTQ identities. Youth described feeling more comfortable disclosing their sexual orientation and/or gender identity when they understood why the provider was asking and how the information would be used. Youth highlighted the need for providers to be

transparent during data collection. For example, one youth stated:

“I can see why they’d want it and I feel like, if they made it clear why they want it, it would help people to be like, ‘Okay, well, here you go.’ Basically, well, what I’m getting out of it is—the importance of this is to see what kind of youth are becoming homeless to get that demographic. So just say that, ‘For this purpose, we are asking you these questions. Feel free not to answer them if you feel uncomfortable, but for these reasons it is important for you to give us these answers. But it’s totally cool if you don’t.’”

KEY FINDINGS AND IMPLICATIONS

- There was no consensus between youth regarding how they wanted to be asked about SOGI. They insisted there was no one way, rather, the way youth want to be asked might vary.
- Two youth suggested a provider should not directly ask youth about their sexual orientation and/or gender identity, but rather let youth disclose if and when they felt comfortable.
- Other youth felt providers should ask youth about SOGI indirectly or through casual conversation, instead of asking them in a more formal or standard fashion.
- Youth highlighted the need for confidentiality when talking to providers about SOGI.
- Youth emphasized the need for transparency. They suggested agencies should make clear why they are collecting data and providers should also state how the data will be used.
- Youth suggested the data agencies collected should be linked to the services youth received.
- Providers need to be aware not all youth feel comfortable talking about SOGI.
- Notably, when youth are able to see the purpose of collecting data, they might be more willing to share the information with providers.

How Do Agencies Collect Data about SOGI?

DATA COLLECTION

Table 1 (Appendix) summarizes how data was collected across agencies. Most agencies did not have a streamlined or standardized process for collecting information about a youth's SOGI. Most agencies used several forms, databases, and methods to collect data; some had overlapping questions. Additionally, when and how providers asked youth about their SOGI seemed dependent on how each youth was referred to the program. No two agencies were similar in their data collection process. Questions varied across agencies. Agencies also had different policies regarding if and how they updated their databases, and how the information would be translated into federal databases.

DISCREPANCIES IN HOW PROVIDERS ASKED YOUTH ABOUT SOGI

Youth from three TLPs did not recall being asked about their sexual orientation and/or gender identities; however, providers from their corresponding agencies insisted they were asked. Table 2 (Appendix) summarizes the discrepancies between how administrators, staff, and youth talked about data collection (i.e., where questions about sexual orientation and/or gender identity were asked). In addition to the discrepancies between providers and youth, there were times where administrators and staff disagreed regarding if and how youth were asked about SOGI. For example, at one agency both administrators and staff seemed unclear about when, how, and what data were collected.

KEY FINDINGS AND IMPLICATIONS

- Agencies were inconsistent in how and what they asked youth about their SOGI. If they did ask youth about SOGI, it was often collected during the intake process.
- Most agencies did not have a streamlined or standardized process for collecting information about youths' SOGI. Most agencies used several forms, databases,

and methods for collecting data, some of which had overlapping questions.

- When and how providers asked youth about their SOGI seemed dependent on how each youth was referred to the program.
- Agencies also had different policies regarding if and how they updated their databases and how the information translated into federal government databases.
- There were a few discrepancies between youth and providers about whether youth were asked about their SOGI. However, there were even larger discrepancies between providers within the same organizations (i.e., administrators and staff). While most providers agreed about when youth were asked about SOGI, they disagreed about how youth were asked.
 - Agencies should re-evaluate, on a yearly basis, the process by which providers ask youth about SOGI. Yearly evaluations should examine the language being used to ensure it is inclusive.
- There should be a mutual understanding between administrators and staff regarding how data will be collected. Agencies should explore ways to standardize and streamline the data collection process to ensure all youth are talked to about SOGI.
 - The lack of a standardized and streamlined data collection process may pose potential issues for the validity and reliability of the information being collected and reported. For example, the information collected from asking youth "Have you had a same-sex relationship?" may be different than the information captured by asking a set of questions that asks youth about the various components of sexuality such as behaviors, identity, and orientation.
 - In order to standardize the data collection process, agencies should think about training providers regarding how to accurately and

appropriately talk to youth about SOGI and use inclusive language when talking with youth about SOGI.

What Challenges Exist Regarding Collecting SOGI Data?

Providers identified several challenges they experienced during data collection regarding youths' SOGI, including:

- Data collection tied to funding
- Issues with confidentiality

DATA COLLECTION IS TIED TO FUNDING

Over two-thirds of the TLPs mentioned data collection is tied to funding. Providers suggested the link between data collection and funding created several barriers for agencies, including:

- Forcing youth into boxes
- Further stigmatization and pathologization of LGBTQ identities
- An intrusive data collection process
- Wasting resources on data collection

Databases Are Not Proprietary and Are Not Inclusive

Providers who received federal and non-federal funding were responsible for collecting information and reporting it to their funders. Often, data collection required providers to complete standardized databases which had a limited set of identity categories. One provider stated:

“Some of those databases that we have to use to report things aren’t as inclusive because they’re not ours.”

The lack of inclusive categories forced providers to make choices about how youth fit into boxes. While one agency described following the federal guidelines for reporting and collecting data, five other agencies described struggling to figure out how to negotiate the federal guidelines for reporting while still collecting accurate and affirming data. An administrator stated:

“We update it every year. Every year we sit down with the staff and different levels of staff to see what they think the youth would prefer to use to

identify. We have to collect this information so, what is the best way, right now, to do it based on the language that they’re using? *Then we also have to align somehow with everything that we have to report to, and because we allow them to identify in so many different ways, it can be sometimes difficult.* So we’re guessing and merging but I think it’s more important that they be able to identify and that they’re comfortable than it is that we get the 100% accurate data.”

Similarly, staff members from an agency that used open-ended questions to capture youths' SOGI said:

Staff 1: It’s a little challenging. Sometimes they want to put, sniper [Laughter] “Explain to me what ‘sniper’ is, please?” And then there’s Batman, Care Bear, unicorn. So there’s that challenge. Which maybe not necessarily a challenge because you then get to engage them. *“What does that mean to you and where does it fit in this box that we really have to talk about? For funding reasons we really have to talk about this box.”*

Staff 2: It’s really a resource issue in terms of allocation of resources, being able to report that to the feds.

Further Stigmatization and Pathologization of LGBTQ Identities

Although providers did not want to force youth into boxes, the lack of inclusive categories in external databases created a double bind for providers; they could either affirm youths' identities or provide data which could help secure their agency's funding. Thus, funding and creating a safe and affirming environment for LGBTQ youth were at odds.

One way staff members reduced the conflict between affirming youths' identities and providing funders with their desired information was to remove youth from the process. Rather than providing youth with the identity categories that matched funders' databases, the agencies provided youth with a wide range of categories, and then translated youth answers into the funder's categories. Although it was seen as one solution, one staff member described the internal conflict they experienced during that process.

“It is complicated because to have that conversation with youth, which I have never done because if you check that box, okay. On one hand what am I telling you every day? I’m telling you that, ‘Yes, you are a woman. You don’t have to tell people that you are a trans woman, you can say ‘I am a woman.’” And on the other hand, I’m like, but wait—what’s written? I’m not saying that. But if I were to talk to you and be like, ‘No way, I need you to check this box which I understand is for funding or a grant or reporting or research.’ *But it’s complicated, because I’m going to other them.* The other part of that is wanting to have conversations about why you don’t need to be ashamed, that you check the trans woman box. Or identify as a trans woman because there are a couple lines of thinking on that. Some people are like, ‘I don’t ever have to tell anybody and you don’t have that right.’ And there are some people that are like, ‘I would never not tell anybody because I’m a part of this community and I’m pioneering and I’m doing XYZ.’ So it varies wildly amongst that particular population. *So I don’t know. If someone checks a female box, I’m putting in female. Because ultimately one, we talked about, I’m not questioning your gender, whatever you tell me I’m taking it because I want you to know that no one else should be questioning it. And that everywhere else you go and check a box, I don’t want people questioning you.* It’s really complicated.”

According to providers’ statements, the current data collection process for external organizations had a tendency to perpetuate the stigmatization of LGBTQ unstably housed youth. The lack of inclusive identity categories led to the elimination of some identities and the over- and under-reporting of others. A one provider shared:

“[The feds] do, like, year-end statistics, but all of the methods of data collection to my knowledge are quantitative and not qualitative. *So it only works for folks who can check a box that works for how they identify and doesn’t—I think doesn’t take into account the complexity of identity and the complexity of experience and that.*”

Thus, funders’ requests for information about youths’ identities and previous experiences often led to an emphasis on putting youth into boxes in order to legitimize the allocation of funds to specific groups.

The Data Collection Process Is Invasive

In addition to stigmatizing LGBTQ identities, data collection was viewed by some providers as too invasive, especially when the information was asked at intake. For example, one staff member stated:

“There is a question, and it’s sort of prefaced with this, ‘You have the right to refuse to answer this question if you choose.’ And, ‘This question is asked because of a specific grant.’ I think is what it says. So that it’s sort of framed in a way that it’s not appeared as being nosy. Because I think that sometimes you’ve come in and it might be the, ‘Why are you asking all this stuff that’s really personal?’ And like, ‘Why do you need to know that?’ *That’s one of the ways that we’ve kind of tried to help with that is just to explain that we’re not asking this information to be nosy.* We’re asking because it’s important to a funder. It’s important for us to be able to serve you in the best way possible, and so there’s a lot of questions that can be really personal on those. I’m sure if you looked through them at all, we ask things about survival sex, we ask questions about



domestic violence and sexual abuse, and things like that that are really private. So we try to make sure that the youth know that there's questions that they don't have to answer if they don't want to, and that we're asking not to be nosy but because we want to figure out what their needs are."

As the above staff member suggested, one way to mitigate the invasiveness of data collection is to highlight the importance of securing personal information for funding. Providers and youth emphasized transparency as a factor that could help facilitate the creation of a safe and affirming environment for youth as well as the collection of accurate data. However, some providers felt using transparency, emphasized the importance of collecting data for funders, posed some problems. For example, a provider discussed why their agency chose not to have youth fill out the external funder's reporting systems.

"So we take our good intake and then we translate it the best we're able to into the crappy reporting system. *Because I feel like it can be really invalidating for a youth to sit down in front of a crappy reporting system and say, 'I know that you identify these ways that aren't at all validated through our system, but we have to use this and this is really important to us. It pays our paychecks.'* And we give them all these excuses why the larger system won't validate their identity, and then we say, 'So try to just pick one.' That can be a really unempowering experience for a youth, so we usually just translate the best we're able. I have no idea if that's best practice or not. I would love to include them in it. It's sort of a lose-lose."

Wasted Resources

Agencies funded through multiple organizations had to submit independent reports to each funder. Although many questions agencies were required to answer (e.g., What percentage of your youth identify as LGB? What is the racial composition of your clients?) were similar, agencies were required to input all their data into funder-specific databases. Because providers had to record the same data in multiple systems, some providers described data collection as time consuming and suggested data reporting detracted resources from the agency. For example, administrators from one TLP shared:

Admin 1: *The other issue is that our staff is already required to enter data of a similar nature into other database systems, RHYMIS, HMIS. I don't know if you're familiar with HMIS but you may have heard about that. The Homeless Management Information System that the state or feds require us use for HUD and other housing programs. That program, as far as I'm aware, right now it does not talk to any other database programs, which is really hard on agencies because it's already expensive and very time-consuming to use. And for us to have to enter things two and three times for one person is just kind of ridiculous.*

Admin 2: *It's hard because we blend multiple funding streams, and that means often people are reporting to multiple online systems in one form or another, and that gets really, really time intensive and complex and hard then for us to have, in addition to that, a single agency system that people are entering into. I feel like the complexity of state, more so than federal—because I think the states ask for more data than the feds, except for HUD—the complexity and the disorganization around the state HMIS system has actually interfered with our ability as an agency to put effort into consolidating our data internally because we've spent so much time complying with the state system that we have not had time to put into our internal system, and that is a major problem.*

ISSUES SURROUNDING CONFIDENTIALITY

Issues surrounding confidentiality were directly discussed at two agencies which were located in rural communities. The following quotes exemplify providers' concerns about data collection and confidentiality.

"So we collect that data and then one of the things that's really a challenge for us and we get a ton of questions about, especially in some of our other programs, *is how do you protect that data? When I'm subpoenaed for a youth's logs and intake information because there's been an allegation or whatever, how do I protect the information around his sexual orientation and gender identity in a way that is best practice but also meeting the requirements of the subpoena?* And that's been a huge challenge for us. You can't redact in a subpoena the information that you're providing in a subpoena. So we want to collect it, which however America says we should collect it. We've read those standards, we are collecting it, but now the protection piece is a whole other side of this coin."

"I'll just tell you something that's currently making me sick and gnash my teeth and pull hair out. *There's a movement in our state—which is a progressive state mind you—to release client-level data to multiple parties, including funders.* And I think that is grossly wrong, especially because HMIS does ask us for sexual orientation information. There is no reason for those people

to have that information. It's none of their business. And then, because HUD is mandating coordinated assessment, which affects not just federally-funded agencies but also state-funded agencies, because the state has picked up on wanting to comply with coordinated assessment because they administer some of those federal pots, so the state then is part of coordinated assessment. *And that means there's going to be agency data sharing at a certain point.* Which means if, I'll just give an example, if you come from a small community and they have a coordinated assessment agency and your auntie works there, and you come to this TLP for services, your sexual orientation information at some point is going to then be available to that auntie in that agency—who may or may not be, can I just say, a rabid evangelical, you know. Or maybe [the youth] hasn't disclosed it."

"We found with the data sharing stuff in our county right now, our street outreach program does enter everything in the Service Point. We're just not asking the sexual orientation question but asking gender. But we worked with a young person who identified as trans but was not out to other agencies, but had signed a release around that, and so that was a huge barrier. *How do you update that information and how do we then have accurate data for us to know. But, again, keeping the confidentiality of your clients.* So that was a huge barrier in tracking that young person's experience because we didn't know when they first came in and then they disclosed later, and then it was like, now how do we do this? *And for us it's like, with the data sharing, it's we're sharing information with, like, the adult shelter. It's not just internal-wise. It's we are sharing that information elsewhere, which then impacts our services if we update it.*"

KEY FINDINGS AND IMPLICATIONS

- Providers from two-thirds of the TLPs mentioned their data collection and funding streams were tied. That relationship created several barriers for agencies including:
 - Forcing youth into boxes
 - Further stigmatization and pathologization of LGBTQ identities
 - Intrusive data collection
 - Wasting resources during data collection
- The data collection process was viewed by some providers as too invasive, especially when the information was being asked at intake.

- Because providers had to record the same data into multiple systems, some providers described data collection as time consuming and suggested the data reporting process negatively impacted agency resources.
- Providers who received federal and non-federal funding were responsible for collecting information and reporting it to their funders. Often, data collection required providers to complete standardized databases which had a limited set of identity categories and forced providers to make choices about how to fit youth into predetermined boxes.
 - The lack of inclusive categories in external databases created a double bind for providers; they could either affirm youths' identities or provide data which could help secure their agency's funding.
 - The lack of inclusive identity categories also led to the elimination of some identities and the over- and under-reporting of others.
- Funders requests for information about youths' identities and previous experiences often led to youth being placed into boxes in order to legitimize fund allocation to specific groups.
- Funders should revisit how they ask providers to collect data about youth identities. Rather than forcing youth into boxes, they should explore how data about youth identities can be better captured.
- Funders, especially at the state and federal levels, should explore combining databases so agencies can save time when reporting data.

Meeting LGBTQ Youths' Needs

How Do Youth Talk about Their Goals?

Youth were asked to describe how they envisioned their life after leaving their TLP. Almost every youth clearly articulated long- and short-term goals. For example, one youth explained:

“Well, I’m going to go to college, I’m going to try to just do work, I’m going to try and date, just kind of mingle with people, find a great group of friends. Stuff like that. Part-time employment. I’m going to go to Disaster Medical Assistance team for two years and then somewhere else. I want to be a children’s aide or work with people who have Down’s syndrome or autism. Or, like, a play therapist. I think that would be cool.”

Youth goals primarily focused on three areas:

- Education
- Employment
- Stability and Independence

EDUCATION GOALS

A majority of youth discussed education goals that ranged from completing a GED to pursuing higher education. The following quotes highlight some of the ways youth described their education goals.

“My goals are to try to get back into college and try to get my bachelor’s in science. I want to be an RN so one day I will work in a hospital.”

“My short-term goal is to graduate in the spring of next year and then move onto getting my bachelor’s and master’s in human service to become a social worker. Then, after that—in the middle of that—I’m going to be working and starting my own nonprofit organization helping LGBT community.”

“I’m trying hard to pass this math. I took the GED test and I failed math. So once I get past the GED process, I’m going to go to college. I’m going to start my way up to owning my own construction company. I’m going to work for somebody else until I get up there. I see myself going for construction or architecture or something.”

Many of the youths’ educational goals were strongly linked to their career aspirations. Some youth viewed education as a means to achieve their career goals.

CAREER AND EMPLOYMENT GOALS

Youths’ occupational goals varied and included audio engineering, dance, nursing, social work, entrepreneur, teachers assistant, art history, fashion design, music, and business.

“My goals are just to get my bachelor’s in exercise science and graduate. If I don’t go overseas then be I want to be in the sports field. That’s what I really want to do since I was younger, when I found my sport—basketball.”

While many youths’ goals were linked to education; although, not every youth’s career aspirations required obtaining higher education. One youth stated:

“I’m more, like, artsy, like a musician. So for me for me it’s just, I like to play the guitar and stuff so I see myself touring the world with a band.”

While youths’ occupational and educational goals were diverse, many of their goals highlighted a desire for stability, flexibility, and/or creativity.

“My goal is to get a salaried job. I’m tired of getting paid hourly. And to get out of the community college that I’m in now and transfer to a school that has my major of art conservation or art history.”

“My goals are to hopefully very soon go back to college and go for a bachelor’s degree in fashion design and whatnot. I really want to travel the world. I really want to do that. I want to get my passport and whatnot and start getting out of the US and just going out and seeing new areas. I can never stay here all my life. I could never.”

“For me, after my GED, because I already have a job lined up, prior to the GED I was working with the department of employment services. I was doing film editing and camera work and all that stuff. So after that I will continue doing that because I want to go to school for audio engineering but its job, money, everything—I love it. That’s a beautiful thing. That’s about it.”

STABILITY AND INDEPENDENCE

Youth also emphasized stability and independence as two additional goals for the future. For example, two youth from two different agencies stated:

“I want him and me to actually have jobs, maybe have a house or something and then a vehicle. After a while I want to go to Minneapolis. He

wants to go into dance school. I'd go to a tech school, like computers. Stabilized, at a good spot in my life where we accomplish what we're trying to accomplish. Maybe we can make it. Just have a place and be on our feet."

"Well, by the time I age out I want to have a stable job and have a plan for being self-sustainable, I guess, and get back into school. I'm currently in a—well, I just got into a tech program that is run by this agency, so that's a resource I didn't initially know about until I was here."

INCHOATE GOALS

Some youth reported still being in the process of developing and establishing their goals. Two youth from different agencies stated:

"I found I want to go to college but I'm not sure when to go. I haven't figured it out. Maybe business, but I'm not sure yet."

"For me, I guess they can't really help me at this moment because I don't even know what I want to do. I know I'm an artistic person. I'm just into a lot of different type of art categories to where I'm not sure exactly what fits me best. [Staff/providers] know I like to draw so they've been helping me out with that. They tell me certain things like, there's this certain art thing that's going on that you might want to go to, or some art exhibit, or something. But, I mean, I'm not just into drawing and stuff. I'm into music. I'm into a lot. It's just that's the main thing I'm having problems with."

KEY FINDINGS AND IMPLICATIONS

- Youth are at various stages of their goal development. A majority had clear detailed goals, while some were still in the process of figuring out their education and career aspirations.
- Youths' educational and career goals varied.
- Most youth had career aspirations that were linked to traditional notions of education. Other youth described pursuing their career aspirations through alternative means such as job training programs.
- Youth felt supported and successful when they were able to construct their own goals during their own time frames. Providers should examine how they help youth

develop goals.

- Providers should challenge their assumptions about traditional goals and aspirations since not all youth want to pursue traditional employment or education goals.

Services Youth Received that Have Been Helpful for Them in Achieving Their Goals

The following section highlights the services youth received while at their TLPs which were helpful in achieving their goals. Each subsection focuses on a specific goal or objective and the specific services or supports an agency provided. The subsections include:

- Goal formation
- Education/employment goals
- Independence and stability

GOAL FORMATION

Having youth set goals, regardless of stage of development, was a key objective at TLPs. Two youth highlighted different approaches providers took during the goal development process. Describing the agency environment and how providers worked to meet their needs, one youth stated:

"Soon as I came to [TLP] I feel love for real—all the different categories, all the different programs that they have. All the staff are great—it's *not just some children's transaction*. They understand that this is your life. They *work with you* and *you build together* to greater independence which is the whole point of the program—to become more independent, to become a better person."

In contrast to the youth-centered approach described above, another youth described a different approach providers take.

"I feel like different organizations they'll *try and make goals for you*. They *think you're, like, stupid*. Like, 'Okay, you can make any goal you want in this program. It can even be tying your shoe!' Like, I did hear somebody say that before. I was just, like, really?"

That youth saw the goal development process as infantilizing and suggested providers patronize youth by constructing goals for or suggesting goals to them.

KEY FINDINGS AND IMPLICATIONS

- Agencies should be aware of how their providers work with youth to develop goals.
- Youth described two ways providers helped them create goals: youth-centered and provider-centered processes.
- Youth felt more supported when providers took a youth-centered approach during their goal development process.

EDUCATION AND EMPLOYMENT GOALS

Youth highlighted five ways agencies worked to meet their needs and help them work toward accomplishing their educational and career goals. Youth emphasized the need for:

- General resources, options, and support
- Individualized and specialized resources and supports
- Physical and material resources
- Life skills
- Resources provided through community partnerships

General Resources, Options, and Support

Youth from five agencies highlighted how organizational resources and support helped them to meet their education and employment goals.

When asked what their program was doing to help them achieve those goals, one youth said:

“So I just experienced this today with like six people over at the center. I went over there and talked to my case manager. I talked to her about wanting to go to the *medical building*. And then I *went over to the GED room* and they talked to me about like different aspects of what schools I can go to. ‘What professions do you like?’ What professions look like, how much schooling, how much does it cost? ‘Oh, maybe we can help you pay for it.’ Awesome. Got information there. *Went over to the employment program*, and they were able to talk to me about the different programs. There are different programs that you can go work for, there’s different programs that if you work for them they’ll pay for your schooling, there’s different jobs that you can get, positions. *So it was just like I was able to talk from a financial spectrum, an educational spectrum, and the support spectrum.* And I think all three of those really encourage me to stay, to really get my ass up at five a.m. tomorrow to make my way over to the center by nine just so I can like take this little class. So it’s, like, so inspiring.”



For many youth, their educational and career aspirations were closely linked. Rather than having to travel to multiple locations to get medical, educational, employment and financial resources, the agency provided a one-stop shop service model. By having concurrent access to educational, employment, and financial resources, youth were able to access various information and supports necessary to begin working toward their goals.

In addition to being provided multiple resources, youth also highlighted the importance of support while working toward their goals. One youth shared:

“Well, I mean, currently I am trying to get a job, which is going pretty well actually. That was sort of helped by an internship that’s also through this agency. And after that, probably trying to get my own place. And *staff here are really helpful* in those regards to just giving me a lot of resources and helping me along the way and *really getting behind everything.*”

While resources were immensely important, youth also suggested there was a need for ongoing support.

Individualized and Specialized Resources and Supports

As illustrated previously, youth articulated the need for multiple resources, supports and services that were individualized and specialized, perhaps through accommodations. Youth from two agencies expressed how their TLP supported their own individual learning needs, rather than forcing them to conform to traditional notions of education. When describing how they did not originally think they needed a GED, one youth explained how their agency accommodated their learning and test taking needs.

“I really didn’t think I needed one but apparently I need to get my GED. They’re helping me get my GED. Right now we’re looking for a place where I can actually do the GED test because *I work well by speaking out my problems.*”

Providers also supported clients’ goals by providing youth access to alternative forms of education such as training, certificates, and internships. One youth, who wanted to have their own construction company, described the training received through their agency:

“There are a lot of services here. I received my construction certification, my OSHA, my first aid, and CPR.”

In addition to accommodations, youth suggested specialized staff and services also helped to support their individual needs and goals.

“They have this program where you go in there and talk to, like, an *employment specialist* and they will help you find a job. Every Thursday they take us for, like, job searching and stuff. And, like, if you do have an interview, they’ll, like—they have, like, a little closet specifically for, like, business attire so you look professional and all that. And, like, it’s just very helpful. They actually help you find a job. Like, my first job they helped me find it, so, like, it’s just very helpful. They kind of want us—they build that up for us so that we take advantage of it, so that, like, we can, we choose, we decide if we want a job, we want to work. We’re really that motivated, and they have all of that there for us.”

Physical and Material Resources

One of the ways youth conceptualized physical safety was through stable living conditions (i.e., having a bed, food, shower, clothing, etc.) Not only did youth suggest stable living conditions increased their sense of safety, but it also increased their opportunities to work on and achieve their goals. Describing some of the services they received that helped them achieve their goals, two youth from different agencies suggested:

“I came here and it was, like, they helped me overcome every barrier, like, the homelessness, and then graduating, for example. They’d help me on my homework, they provide you with *internet access* so you can do homework, you know, they do stuff like that. If you need a *bus pass*, they’ll provide you with that.”

“One day I had an interview and they *gave me an ATM card to go get a shirt*. I was like, hmm, you don’t really get gift cards from other places.”

Life Skills

In addition to resources, supports, and stability, one youth highlighted the importance of life skills learned from while at their agency.

“They *teach you why education is so important* and how to pursue what you want to do in education. They *teach you why jobs are important*, how to keep a job, how to get a job. They teach you about budgeting. They teach you media literacy classes. They’re trying to *teach you how to do, like, the main things* in life—job, school, there’s also things like safer sex and promoting individuality and telling you it’s okay to be yourself.”

Resources Provided through Community Partnerships

Youth from two agencies highlighted how agencies were able to help meet their needs via community partnerships. A youth described the resources they received through an external organization partnered with their TLP.

“They’ll help you out *financially*. They’ll help you with, like, your books, maybe, like, supplies and stuff—the *back-to-school thing*. That was really nice. They not only provided for our TLP, they provided for the community.”

Similarly, a youth from a different agency illustrated how their TLP set up a series of interviews with Warner Brothers.

“They try to help you. Like, with the *Warner Brothers job* that I had over this past summer. It was, like, a big group, and they talked to the people and they *set up interviews for all of us*. And I got hired. So, I mean, they’ll look at places that are, like, looking to help out the LGBT community.”

KEY FINDINGS AND IMPLICATIONS

- Youth described five ways providers helped them work toward accomplishing their educational and career goals:
 - Resources, options, and support
 - Individualized and specialized resources and supports
 - Physical and material resources
 - Life skills
 - Resources provided through community partnerships
- While access to resources, supports, and services was important, youth highlighted the need for them to be individualized and specialized such as through accommodations or access to alternative forms of education.
- Youth suggested stable living conditions increased their sense of safety and opportunities to work on and achieve their goals.
- Learning life skills from an agency was important.
- Having agencies provide access to multiple resources and avenues for success helped to empower and motivate youth while also allowing for individual agency.
- Providers need to be aware of the multiple pathways to success because traditional means of goal attainment, such as high school and college, might not work for all youth.
- Agencies can increase opportunities for youth to focus on their additional goals by providing youth with a safe, secure, and stable living experience.

STABILITY AND INDEPENDENCE GOALS

Youth highlighted two ways agencies worked to meet their needs and helped them work toward stability and independence. They emphasized the need for:

- Resources and connections
- Life skills
- Independent housing

Resources and Connections

Permanent and supportive housing was a key component for youth to maintain their independence and stability. Two youth from the same organization described how the agency helped them meet their housing needs through resources and connections.

“They’re just, like, *giving me a list of places* to check out and stuff through the YMCA—just a list of places that have openings. And they are also working with me through another program which helps people with *financial difficulties*, because that’s what’s made it hard for me to get an apartment. Because I’ve had apartments in the past and it just kind of fucked myself over because of it.”

“It seems like they do a pretty good job at actually *helping people make the transition* out of here when they need to. And, for example, they have one program, that’s a one-year thing where you just pay it through here and come as long as you have the job.”

Life Skills

Youth also emphasized the importance of life skills and highlighted a TLP’s housing/financial program which helped them to save money.

“When you get paid, *they take 60% of your check*. Technically that’s rent as what they would call it but they would *put it into a savings account* and it’s savings, like, you can’t get it to go out to eat or something. It’s, like, a savings and you *get it back when you move out*. So it’s there for, like, emergency needs only. Say you bought a car, or you want to buy a car, or if you bought a car and your car breaks down. That’s what it’s there for. It’s there for emergency backup because, you know, if you have no money and you don’t save any money, then what are you going to do when something happens? You know, so they take 60% of your check when you get paid. You know, they have rules in place to teach you, like, what life is supposed to be about. They have chores, you know. They—they require a certain amount of job searching hours to show you what it’s like in real life to do this.”

Many youth described learning various skills through their participation in a TLP. Highlighting the array of life skills learned, a youth reflected:

“So I've actually gotten so much help. For example, having a place to do laundry because I still to this day don't know how to go to an actual laundry place and how to work that stuff. One staff is supposed to help me with that. We're supposed to make a date. But having a place to do my laundry and also thanks to another *staff, she actually taught me how to fold clothes*. I never learned in my whole entire 21 years of living. It was very helpful. Now I'm *learning to keep my house clean* and now it's, like, spotless because I'm never there. It's just all that stuff. At first I was ashamed. I was scared to even ask for help because I didn't know how to fold my clothes. I didn't know how to do my own laundry. It was just so hard and now, like, my dentist, thank god, I have a—my orthodontist. He considers himself gay and it was so helpful because he understands me, but then at the same time *he's also teaching me how to keep up with my oral hygiene*, like, learn to brush, learn to floss, because I didn't have that chance growing up. I didn't know how. No one ever taught me. No one ever bought me that stuff and he did, so it was really awesome. Then having them as well, having little shampoos and conditioners and toothpaste, toothbrush, when I didn't even have any of that. I think my first day they got me a huge bag of, like, cleaning supplies. I thought that was awesome, because I didn't have that support from anybody else to give me that and they did.”

Independent Housing

Finally, two youth from the same organization suggested individual housing units, such as apartments, also helped to facilitate youth independence and stability.

Youth 1: I don't get why TLP programs have it to where you're having roommates. And I don't get that because isn't this independence. That's not really independence when you're going ahead and you can't live on your own. They give you the option here. That's why you have to have that little maturity to get into here.

Youth 2: I agree. I think they give you *your own space*. They give you the *sense of responsibility* to where, like, this is your home. You need to take care of it. You have to follow the rules. We're going to make sure you're following the rules, but they also give you the sense of trust, like, after you've been following the rules. They're like, “Okay, we trust you. We're going to check up on you less because you earned our trust and you're being responsible. You earned it.”

KEY FINDINGS AND IMPLICATIONS

- Youth emphasized the need for:
 - Resources and connections
 - Life skills
 - Independent housing
- Their ability to feel independent and stable was enhanced by having permanent and supportive housing.
- Having access to resources, connections, and life skills classes helped youth to develop a sense of independence, agency, and stability.
- Some youth felt individual housing units such as apartments also helped them to facilitate independence and stability.
- It is important to acknowledge the necessity of access to resources in the success of LBGTO RHY; thus, all efforts should be made to ensure access to those resources.

How Youth Described Providers Being Helpful for Them in Achieving Their Goals

The following section highlights how youth perceived providers' support and what they found helpful in achieving their goals. Each subsection focuses on a specific goal or objective and describes the ways in which youth felt providers helped them achieve their goals. The subsections include:

- Goal formation
- Education/employment and career goals
- Independence and stability

GOAL FORMATION

Providers Are Positive

Setting goals was a key objective in TLPs and many youth were at various stages of their goal development. Youth suggested one way providers supported them during the goal development process was by being positive. For example, a youth who had been struggling with identifying and meeting future goals stated:

“To be honest, I feel like I'm still—like, I haven't really accomplished any of my real set goals yet, so that's still something that's *really a process*. I guess an example would be one of the staff was just really good at *motivating me* and *making me*

feel more positive about things, when generally that's really difficult. So any little bit of progress I have made is kind of a result of that.

EDUCATION GOALS

Education was a primary goal for many youth and it was strongly linked to youths' career aspirations.

Youth suggested providers helped them work toward their educational goals in two ways:

- Helping them overcome barriers
- Providing support and resources

Helping Youth Overcome Barriers

Navigating educational institutions can be tricky. Youth suggested one way providers helped them work toward their educational goals was by helping them to overcome the barriers they experienced within educational institutions.

"I'm having trouble getting my high school transcript and I need it in order to enroll into community college. Because I only have 20 more credits of college, and I sent them two requests and I still haven't got nothing yet. So a staff is helping me with it. She called them and they said she's going to have to fax over the proof that I got a money order and then they're going to mail it to me. So that helps me a lot because even though I can't get it on my own they're here to help me get it."

Providing Support and Resources

In addition to helping youth navigate the bureaucracy of the educational system, youth also described how staff members supported them by providing support and resources. Youth from two different organizations illustrated how providers from their agency helped them work toward their educational goals.

"I'm an English major, so when I have to papers and I write them, [a provider] helps me review it so I can get an A."

"Staff went to my graduation. They were there to cheer me on. When I was working on my graduation speech and I was really nervous, [a provider] was like, 'Hey, you need to practice it.' So she gathered everybody and was like, 'You guys need to listen to this because she needs to practice.'"

EMPLOYMENT AND CAREER GOALS

Youth had diverse employment and career goals.

They suggested providers helped them achieve their goals by:

- Being consistent and supportive
- Providing them with opportunities to gain experience
- Being honest and holding them accountable

Positive, Consistent, and Supportive

When describing how providers helped them work toward their employment and career goals, youth highlighted the importance of providers being positive, consistent, and supportive. Explaining how their life coach helped them work toward their employment goal, one youth described:

"Like, they've been checking up on me. Like for, when they tell me to search for jobs or whatever they have me write a list of what jobs I apply for or if I talked to the job or whatever. They keep checking on me just seeing how I'm doing. Great."

Providing Youth with Opportunities to Gain Experience

Supporting youth to pursue traditional forms of education was not the only way providers assisted youth who were working toward their career aspirations. One youth who was interested in photography explained how providers presented them with opportunities to gain exposure, build their network, and gain experience. They shared:

"Sometimes [providers will] call me up and they'll be like, 'Hey, can you shoot an event?' Like, I shot the back-to-school event. They really encourage me to do what I like to do. I've already accomplished so much while I'm here. I mean, I graduated. I'm in college now—to get my associate's. But I plan to transfer to a four-year [college] and just be a photographer and they're actually helping me with that. One of the staff members talked about an internship with the newspaper, so that's, like, really great for me, you know."

Being Honest and Holding Youth Accountable

Being honest with youth and holding them accountable was another way youth suggested providers helped them work toward their goals. Two youth from different agencies described:

"[The providers] set multiple goals. One to graduate high school, one to save money, the other one to get a job because when I moved

here, I didn't have a job. I didn't want a job. I didn't care to have a job. But they were like, 'You know, living here and part of life is that you have to have a job—so get one.' It's pretty much what they said. They didn't care if I didn't want one. They didn't care if the economy is so poor that there were no jobs out there. Go out and find one because that's what needs to happen and I did. My first job was at Adventure Land working during the summer. I was like 'I fucking hate this life.' Excuse my French. But it was like, they just, [providers] don't cheat you. *They don't lie around the ways of life.* They say, 'Hey, this is how life is. Go out and get a job. Go to school.' And, you know, 'Take care of yourself because that's what you've got to do. No one is going to do it for you.'"

"Well, the one that's helpful for me is—they've been helpful as, *if I ever slack off on anything, they're on my ass about everything.* They don't get off of me unless I get it done. Like, if I even let it slip a little bit, they'll get on my ass and just, like, be on me until I get it done. Like, before I had my job and I was still doing paperwork for the internship I'm in, they were on me all the time. And then I get lazy when it comes to paperwork, and they're just on me all the time about it, telling me, well, you have no excuse not to do it. They'll make me sit there with that until I get it done. I mean, I like it. It gets annoying at the time, but afterwards I like it because I actually get things done."

STABILITY AND INDEPENDENCE GOALS

In addition to education and employment, youth also emphasized stability and independence as two additional future goals. They suggested providers helped them work toward independence and stability by being positive, supportive, and consistent.

Positive, Supportive, and Consistent

Youth identified providers who were positive, supportive, and consistent as key personnel that helped them achieve their goals. Two youth described how providers' positive support gave them the strength and confidence to continue working toward independence and stability. These two youth stated:

"Well, they helped me look for apartments and stuff, and she's helped me to just *keep up, like, a positive attitude* when things are, like, going wrong. Or when I get anxious or something, she just helps me through that. She's just *really positive and genuine.* She sends good positive vibes my way."

"When I moved here, I really didn't know what my life was going to be like. I thought I was going to have the crappiest life ever. But, you know, now that I'm out and I'm on my own, you know. I've

said a couple times, 'Oh, I'm not ready to be on my own,' but she—*everybody assured me that I am ready.* It took me a year and a half to be ready. It may be scary, it may be like, 'Oh, well, you know, I'm on my own. I'm not supposed to be successful the very first time, you know.' That's why they're actually still in my life. So, they just *helped me gain the confidence* that life was going to be okay no matter what, so."

KEY FINDINGS AND IMPLICATIONS

- Youth suggested providers helped them work toward their educational goals in two ways:
 - Helping them to overcome barriers
 - Providing support and resources
- Youth had diverse employment and career goals and suggested providers helped them achieve their goals by:
 - Being positive, consistent, and supportive
 - Providing them with opportunities to gain experience
 - Being honest and holding them accountable
- Providers helped them work toward independence and stability by also being positive, supportive, and consistent.
- Youth faced many barriers when trying to achieve their educational goals. It is important for providers to be aware of those barriers so they can work with youth to help them to achieve their goals.
- In addition to facing barriers, LGBT youth may lack the cultural capital needed to navigate educational and employment institutions. Youths' statements suggested providers helped youth meet their goals by preparing them to enter institutions by equipping them with the cultural capital needed.

What Needs of LGBTQ Youth Are Being Unmet?

While youth generally described most of their needs as being met, some youth identified gaps between their needs and the services or supports TLPs offered. This section examines those unmet needs related to education, employment, and recreation.

EDUCATIONAL NEEDS

Funding

Several youth described struggling to find funding for their education. For example, when asked to describe services or needs that were not being provided, one youth stated:

“People that don’t have their papers or people that aren’t from here, *it’s very hard to get, like, grants* and stuff to go to school. It’s almost impossible because I know, like, I’m from here and still having problems with the schooling, so it’s just, like, *funding for education.*”

While some agencies had financial resources or services to help with funding for school, agencies’ ability to support the financial needs of youth seeking higher education varied.

EMPLOYMENT AND CAREER NEEDS

Jobs

Youth from four agencies highlighted the need for more jobs. While LGBTQ youth described wanting to work and pursue their career aspirations, several youth described struggling to find jobs. Two youth shared:

“I wish they had *more job* things here besides just, like, the two main ones they have. Because, like, to get the job, I had to go through the YMCA. I got right doing it, but it’s, like, I wish this agency had more programs for people.”

“One service I think they should have is *giving us jobs*. [Laughter] It’s kind of like Truman when he, during the great depression, just created jobs out of nowhere, like railroads and road jobs. I think they should have that.”

Youth also suggested it would be helpful if TLPs had strong ties to employers who would hire them.

“It would be neat if they could say go out and somehow get employers to kind of—how do I phrase this—to have opportunities for people that live here or in any part of the agency. To have

employers maybe directly hire some people out of here. There’s really nothing like that right now. It’s kind of just, look for what you can find on your own. I mean, the couple of programs that they do have that are paid here, they’re not permanent.”

Similarly, one youth suggested the need for LGBTQ-specific employment training and jobs.

“I think there should be a job program for LGBT where they give us training. And like you said, people are trans and stuff like that, where they have to worry about being judged when they try to get a job and all that. I think they should have their own community of jobs. I think everything will grow from there. But it’s not necessarily within this program. I feel like that is something that this agency should work on as a whole.”

Some youth thought of their agency as a potential employer. When discussing the potential for their agency to hire them to help with their camps, two youth suggested:

Youth 1: This agency would have to have a big camp. Since it’s just, like, a few people in the program in the city they could *offer part-time jobs*.

Youth 2: Especially on break. Because I know in college you get, like, a big break and I think they should send the [youth] who are looking for a job up there for experience, number one. Not just all about the money. And you could see there’s other things besides what you want to do. Maybe you may want to change your mind but they have a big headquarters upstate. They *should bring us more up there* but they do but not all the time.”



RECREATIONAL NEEDS

More Fun Outings

Finally, in addition to unmet educational and employment needs one youth identified a need for more recreational outings. They recalled:

“There’s services I used to like before. They *used to have outings all the time*. They don’t have them no more because a lot of people were acting up so they stopped that. We don’t get Six Flags no more, nothing. Yeah, they used to take us to Six Flags. We didn’t have to pay. They paid. But they stopped doing that because of all the bad things that’s been happening.”

KEY FINDINGS AND IMPLICATIONS

- Youth described struggling to find funding for their education.
- Youth highlighted the need for more jobs.
- Youth suggested the need for more recreational outings.
- While some agencies had financial resources or services that helped with funding for school, there was a clear need for additional financial support for youth seeking higher education.
- Agencies should be aware of the barriers youth face when attempting to find employment. Providers should help youth find safe and affirming employment opportunities.
- Agencies should explore opportunities to engage youth in recreational activities.

What Do Providers Perceive to Be the Unique Needs of LGBTQ Homeless Youth?

This section focuses on providers’ understanding of LGBTQ RHYs’ unique needs. Although many of the needs providers described are relevant to all RHY, providers emphasized these needs as specific to LGBTQ RHY because of the disparate level, type of discrimination, and stigmatization they experience.

DISCRIMINATION

Central to the providers’ discussion about the unique needs of LGBTQ RHY, is the providers’ beliefs about the multiplicative and disparate levels of discrimination and stigmatization LGBTQ youth experience.

“I think, on the male-to-female spectrum for those that might be transgender but assigned at birth, there are a very unique set of challenges around just, like, social acceptance, employment—just navigating the world is really tough. It’s hard because simultaneously, while we are helping these young people being independent, we also need to help teach in some way facilitate resiliency because sometimes things are really hard and, I mean, I know that I have some days when I can’t even—I don’t even know how I would do that. Like, how I would get through my classmates calling me trans-faggot? My university telling me I can’t use any bathroom and I have to leave the building. What is that? So that is a really, really unique need that I think is really specific to young women who are trans. I think with LGBT people, depending on how non-normative they are, it can vary whether its employment or just, like, social acceptance or navigating through, like, family dynamics and stuff like that. I think it really depends.”

SAFE, SUPPORTIVE SPACE

Although providers argued all youth need safe, supportive, permanent housing, providers suggested it was especially important for LGBTQ RHY because of the disparate level of victimization, abuse, and discrimination they have experienced. Providers discussed the need for safety in two ways. First they described the need for a safe space where youth can live without the fear of victimization.



“Well, at least at Outreach, our kids—correct me if I’m wrong on this—but I think it’s more of a *need for a safe space* and somebody who will listen if you need to talk about something. And I don’t necessarily mean ‘safe’ in terms of, like, I can be who I am, but just, like, *nobody’s going to pick on you*. One of our biggest issues is, like, kids who stay at this nearby adult shelter and they, like, constantly get picked on.”

“The staff was talking about a need for a little more space, more housing, especially for say, like, a transgender person who may not feel comfortable being put in with a male or female just based on where they are in the process, and they typically put them in an apartment by themselves so they’re, you know, happy with that transition. They need more of that available.”

Second, they described LGBTQ RHYS’ need for housing; the need to have constructed a space where youth can be themselves and have their identities embraced and affirmed.

“I had an experience with a young person where I actually overheard this group of clients having a conversation in the dining room and one of them said, ‘You know that feeling you have when you just walk in here and you just feel safe?’ They were like, ‘What do you mean, like, security?’ She’s like, ‘No, no, like you can *just be who you are safe*.’ I was imagining being a transgender or female who is walking down the streets of Hollywood and what all the feelings that had with the discrimination, abuse and then just walking into the TLP and that’s exhale of, ‘I’m home. I’m safe. I’m comfortable.’”

More Privacy

In addition to LGBTQ youths’ need for a safe supportive space, one provider suggested transgender youth might need more privacy than their cisgender peers.

KEY FINDINGS AND IMPLICATIONS

- Providers suggested LGBTQ RHY need safe and supportive housing to reduce the fear of victimization and to provide a space where LGBTQ youth feel like they can be themselves.
- Providers also believed privacy might be an additional need for transgender and/or gender non-conforming youth.
- Agencies should examine how their housing structures, policies, and practices reduce the fear of victimization and help to foster an environment where youths’ identities are celebrated, supported, and affirmed.
- Agencies should understand transgender and/or gender non-conforming youth may have additional needs, and should provide them with a platform to share those needs with providers.



UNIQUE EDUCATIONAL NEEDS

As a result of the disparate level of discrimination and stigmatization LGBTQ youth experienced, one provider suggested LGBTQ youth may have unique educational needs.

“If they were bullied at school, they may be reluctant to go back to school and finish. So, at times we may have to find *alternative educational institutes*, whether it be online GED classes or alternative certification programs for high school diplomas and stuff like that.”

UNIQUE EMPLOYMENT NEEDS

In addition to LGBTQ youth having unique educational needs, as a result of high levels of discrimination and stigmatization, providers from three agencies also suggested LGBTQ youth might need specific employment supports and resources.

“I think one of the things that we’ve seen in other places is that young people who identify as trans *don’t necessarily know what they can and can’t put on their job applications*. So if I identify as a woman and you see me and you think I’m a man, is that going to be a problem for you, you know, which is a setup.”

KEY FINDINGS AND IMPLICATIONS

- Providers suggested LGBTQ RHY might have unique educational and employment needs due to the disparate levels and types of discrimination they experience.
- As a result of discrimination, stigmatization, and bullying, LGBTQ may need access to alternative educational programs.
- Providers also suggested LGBTQ RHY might need additional supports and guidance when seeking employment.
- Providers need to be aware of the disparate level of discrimination and stigmatization experienced by LGBTQ RHY when compared to their heterosexual peers, when seeking access to education and employment.

PERMANENT CONNECTIONS

Permanent connections were the most discussed unique need of LGBTQ RHY providers described. Many administrators and staff believed LGBTQ

youth have a unique need for permanent connections because of the lack of family and peer support. Providers from each of the nine agencies emphasized the need for permanent connections.

A Safe Adult or Person

As a basic need, many providers emphasized the requirement for LGBTQ youth to have a connection to safe and supportive person. For example, two providers described:

“I think one of them might not even be their need—it is just something that would help them, is people are more knowledgeable and respectful of them. And I think that is a big one. But as it pertains to them and the needs that they may have, I believe that youth have *psychological needs* because they go through many things that they *need somebody to talk to* and they need somebody that they can express their emotions with.”

“I do think, though, they really need *somebody who is a touchstone*. They need a safe adult who they know they can come back to and *ask for help* when they hit challenges or really get into trouble.”

While having a safe and supportive person in their life is a need for all youth, providers asserted it was especially important for LGBTQ youth because of the lack of support received from their peers and families. Providers believed the presence of a safe and supportive person could provide youth with psychological stability, emotional security, and someone to turn to for advice and support.

Connections with People who Share Common Identities

When discussing the need for permanent connections, through supportive and affirming individuals, some providers highlighted the importance of having a community or being able to relate to other individuals who shared common identities.

“From an emotional level, I think they *need to feel accepted and supported and safe*. I don’t remember who explained it this way, but for me it really clicked. The idea that if I am discriminated against because of my race or my religion or my gender, I’m 17 years old, and I go to school and some kids at school *pick on me because of my race*. I go home and share that with my family and they all share wisdom with me, talk about their experience and *it’s a shared experience* that I feel

supported in. If I am LGBT, I go to school and I am *discriminated against because I am LGBT* and then I go home and *my family doesn't understand* either and they may also discriminate against so I think there's this isolation that comes and then they come here."

Similarly, a provider from a different organization stated:

"A lot of the LGBTQ youth that are homeless aren't accepted by their parents or their family or their household because they are LGBTQ. *They didn't grow up in a LGBTQ family.* So I think *leadership and LGBTQ activism* would probably be the biggest thing that I would say would need to be added."

In addition to the importance of sharing common experiences, providers also suggested sharing common identities was an important characteristic of role models. For example, two providers explained how LGBTQ youth needed role models and mentors. They stated:

"*They need somebody to walk alongside them who knows what they're going through.* And once they look at the person walking next to them, they can see that quote-unquote mentor they can mimic. Then, once you separate from them and lead them onto their own path, then they can, you know, okay, this was a component that was missing before I said I was fine and self-sufficient. Now I see what I actually was missing and what I actually need."

"It goes back to that needs piece. Our *youth need role models and mentors* that look like them and identify like them. And all of the mentoring programs, according to our states mentoring partnership, all the mentoring programs in this state match people based on career choice. So when I had Little Johnny at shelter who wanted to be an organic farmer and happened to be gay, he got matched with Joe who had never—you know, a 68-year-old farmer who had never met a gay person before."

Connection with a Community and Peer Support

Many providers emphasized the need for LGBTQ support groups and access to LGBTQ communities.

"I think, with this age, transitioning-aged youth are at a time in life—regardless of their sexual orientation or gender identity—where they are trying to connect with the community and, I think in particular, LGBTQ youth may not be aware of *resources out there that could benefit* them specifically."

"I think, in terms of *peer social support*—I think we are also really good at talking to the youth about normativity and just changing the frame in which they look at things. A lot of our youth were kicked out of their home or foster care. My coworker was saying, we talk to them about the fact that this isn't strange. They have a lot of people around them who *don't have this nuclear or biological family* and it's okay for them to think of this new chosen friend as family and what that looks like and trying to acknowledge that maybe it's unfair that you can't go to your family. Of course it is but this is community building and this is how marginalized groups have survived for hundreds of years. By taking into account who they are and where they come from. Knowing that those things aren't bad or weird and then moving forward. I think those conversations come up multiple times a day. Like, oh man if I could just call my dad for—you're right, that would be so much easier, but you can't do that and that sucks, I'm sorry. What are we going to do? How can you stop feeling bad for something thing that's not your fault."

Rather than pushing youth toward traditional ideas of nuclear families, those providers emphasized the need for community and peer support in addition to chosen families.

Building Family Support

Providers from most agencies asserted the primary reason youth leave home is due to a lack of affirmation and support, familial violence, or discrimination. Providers suggested the lack of family support, as a result of an LGBTQ youth's sexual orientation or gender identities, created a need to redevelop ties to their families or origins or create chosen families. One provider stated:

"I think as far as, like, a mentorship program, or a family. *Some of these youth do not have families* at all and they're coming from families that disown them and don't want them. I think we do a good job of being a family base during the week, but they also need that *real family base* that goes on during the weekend, and Sundays and Mondays where they can get a home-cooked meal or something. I think that is very important, even after they leave this program to be kind of the check-in kind of thing where, 'Hey, are you going to school? Yes I'm going to school.' To kind help develop them even after the program is over."

Since providers believed LGBTQ RHY lacked connections to their families, two agencies described the need to support the families of LGBTQ youth. One provider shared:

“Where I see it is, a lot of our programming needs to be geared towards younger and younger youth because *I am just thinking of the rejection that they face from family members very early on in their lives really affects them* and it’s very painful, and how do we as a community and an agency create those larger, bigger conversations and help support families? I think you were right in that sometimes the family is afraid for their child, and a lot of their reactions which we see as very punitive and angry or whatever, I think it’s sometimes fear. It’s fear that if you’re a gay or lesbian or a transgender youth that you’re going to be hurt somehow, or you’re not going to be okay, or you’ll never have a family and you’ll never be loved, and they’re trying to get their kid to conform because they believe that’s the only way they can have a life.”

KEY FINDINGS AND IMPLICATIONS

- Providers discussed permanent connections as occurring in four ways:
 - Developing a connection to a safe adult or person
 - Connecting with people who share common identities
 - Connecting with a community and having peer support
 - Building family support
- Providers suggested the lack of permanent connections and the ability to share common experiences and identities with others could leave youth feeling isolated and alone.
- Providers believed the presence of a safe and supportive person could provide youth with psychological stability, emotional security, and someone to turn to for advice and support.
- Providers suggested access to LGBTQ communities and peers was important for both permanent connections and gaining knowledge and access to resources.
- Providers observed a need to support and provide resources to the families of their LGBTQ clients.
- By building relationships and developing a

community, youth might be able to begin to understand how they are not alone in their experiences.

LGBTQ-INCLUSIVE HEALTH CARE

Providers identified LGBTQ-specific health care as important. Providers from 7 out of 9 agencies emphasized the need for health care which is affirming, knowledgeable, and supportive of LGBTQ identities as a primary need for LGBTQ RHY.

Mental Health Care

Providers suggested LGBTQ youth have unique mental health care needs because of the disparate level of stigmatization, discrimination, abuse, and rejection they can experience. Three providers explained:

“I also feel like there are also *mental health impacts just because of homophobia*. So I don’t think that kids who are LGBTQ have more mental health issues than anyone else because of their sexual orientation, I think it’s because of homophobia, and I feel like that is not adequately understood at many levels of our community and our world in general.”

“*I stress mental health* because a lot of them, there’s some mental health issues and Medicaid or insurance issues as far as, you know, treating them and *helping them become whole*. Getting that counseling and therapy that is needed because a lot of the *abuse and rejection issues*, they can be dealt with.”

“I would say the mental health piece or some sort of *counseling* around that. And that’s to *help with coping skills* and—because they often have a lot of—the youth have been greatly impacted and it’s almost, like, wow. They’re just so *easily triggered by injustices*. A lot of *esteem stuff* going on regardless. So the mental health piece, access to healthcare, affordable.”

In addition to needing access to affirming and supportive mental health care providers, staff and administrators argued all RHY need access to affordable health care with culturally competent providers.

Sexual Health

Many providers emphasized the need for LGBTQ-inclusive sexual health training and discussions. Some providers reported many youth did not receive adequate sexual education; thus, they

suggested holistic and comprehensive sexual education was needed.

“I see a lot of need for many of our young women. We have a whole safer sex thing that’s, like, a consistent class, part of our Life Skills Academy. I give dental dams. Most young women are like, “Pfft, whatever,” you know. I just think there could be a lot more done around the sexual health of young women who are having sex with women.”

Some providers also described the need for more sexual health care services because they believed LGBTQ RHY were at a greater risk for STIs.

“I think that’s a great example of services. I mean, you might provide the same overall services for everybody, so a heterosexual youth can also go get tested, but there might be certain risks or certain safety precautions associated with LGBTQ youth that you might think like, oh, well let’s—I’m going to do this because you had this experience.”

Transgender-Inclusive Health Care

Finally, providers emphasized the need for transgender-inclusive health care. This included access to hormones, resources for gender-related surgeries, and access to mental health care providers who could work with transgender, gender-queer, or gender non-conforming youth.

“*The biggest thing is hormones.* To see a foster care person be able to go to the doctor and the state pays for it, that’s great. But then you have a homeless youth or LGBT youth who wasn’t provided those services, who have to take illegal hormones. That was huge for me because it’s the same kid.”

“Or a youth who is scheduling *breast augmentation surgery* for a few months from now and trying to figure out the logistics of that and finding ways to support them. Like, *trying to lead them to resources.*”

“Some of the kids that are transgender are really kind of *battling over their gender identity*. For some reason, that seems to be, like, just an *extra burden psychologically*. So we see some just off-the-chart behaviors, emotions, things that can be tough to handle just in our shelter environment. So maybe kind of mental health needs that are a little more extreme and sometimes even dangerous and helping the kid. And then some of those kids are probably misdiagnosed with depression and some other things where that’s not necessarily the root issue.”

SELF-ESTEEM

Related to the need for LGBTQ-inclusive mental health care, providers from two agencies also described a need to build LGBTQ RHY self-esteem. Some providers insisted LGBTQ RHY self-esteem was the first need that should be addressed. For example, one provider stated:

“I think if they first get here, regardless of where they’re coming from, a lot of times this is the first time they’re really out and open about who they are and so they come here and then we’re, like, ‘Okay, go get a job or go enroll in school.’ It’s hard enough just going out of the house, let alone sitting in a classroom, focusing on the education and what they’re learning. I think they’re less likely to be successful. *If we allow them to build up that self-esteem first*, then they go out and they feel powerful. They feel confident. They know that they can go home and talk about it and they have friends. In the education center upstairs, they’ll do campus visits. They’ll go and visit the school with the group.”

KEY FINDINGS AND IMPLICATIONS

- Providers describe the need for three types of LGBTQ-specific health care:
 - Mental health care
 - Sexual health
 - Transgender-inclusive health care
- Providers suggested LGBTQ RHY needed access to more mental health services as a result of the disparate level of stigmatization, discrimination, abuse, and rejection they can experience.
- Providers believed LGBTQ RHY need access to holistic and comprehensive sexual education, in addition to sexual health care services for preventive sexual health care and testing.
- Providers asserted transgender RHY needed access to transgender-specific health care, including access to hormones, resources for gender-related surgeries, and access to mental health providers who are trained and competent to meet the specific needs of transgender and gender non-conforming youth.
- Providers emphasized the need to build LGBTQ RHY self-esteem.
- Agencies need to acknowledge the specific

health care needs of LGBTQ RHY youth. Providers can help facilitate positive experiences between LGBTQ RHY youth and health care providers by screening physicians in advance.

LEGAL SUPPORT

The final unique need providers described was finding legal support for LGBTQ RHY youth. Providers suggested youth needed access to legal support for in order to: 1) obtain legal identification documents, such as birth certificates and state IDs and 2) have help changing their legal identification documents to align with their identities. Two providers explained:

“I also think there needs to be something in place where—when a lot of these kids are turned away from their homes, they literally have to run—and they’re *not able to get all their vital documents* and they have a *hard time getting their birth certificate* because they don’t have an ID to get a birth certificate. They can’t get a birth certificate because they don’t have any forms of identification.”

“I recall we had one transgender who happened to be a junior and of course they were going from male to female and truly dressed female, beautiful female, and every time they would go to look for employment and they got to the job or whatever and it’s time to turn in the ID and it says junior and people are, like, you know? What’s what? Eventually they found the legal help they needed to drop the Y, add the I, and drop the junior. So just finding legal assistance for all of them.”

KEY FINDINGS AND IMPLICATIONS

- Providers observed LGBTQ RHY needed access to legal support for two reasons:
 - To obtain legal identification documents, such as birth certificates and state IDs
 - To help change their legal identification documents to align with their identities
- Agencies should be aware of LGBTQ RHY specific legal needs and understand their state’s specific processes for applying for legal identification, legal name changes, and changing their legal sex/gender designation (e.g., birth certificates).

How Are Providers Trained about the Needs of LGBTQ Youth?

This section explores how TLPs trained their providers to meet the needs of LGBTQ RHY. First is a summary of survey data about the percentage of providers at each agency who received LGBTQ-specific training, as well as the average number of training hours. Second is a summary of the various ways providers were trained to meet the needs of LGBTQ RHY. Third is a description of each training technique.

LGBTQ-SPECIFIC TRAINING

Using survey data collected from administrators and staff, we found agencies varied in the percentage of providers who had received LGBTQ-specific training and the number of training hours received. Table 3 (Appendix) summarizes the differences between and within agencies.

There was substantial variation, within and across agencies, in the percentage of staff and administrators who received LGBTQ-specific training, and the number of hours of LGBTQ-specific training received. On average, the percentage of administrators who received LGBTQ-specific training was slightly higher than the percentage of staff who received training (84% vs. 80%). While a higher percentage of administrators received specific training, on average, staff received more hours of training than administrators.

SUMMARY OF THE TYPES OF TRAINING PROVIDERS RECEIVED

Providers were asked to describe how their staff were trained to meet the needs of LGBTQ youth. Consistent with the results from the surveys, there was little to no consistency among agencies in how providers were trained to meet the needs of LGBTQ RHY. Table 4 (Appendix) summarizes the various ways agencies trained their staff to meet the needs of LGBTQ RHY.

DESCRIPTIONS OF THE TYPES OF LGBTQ TRAINING PROVIDERS RECEIVED

Agencies described five ways staff were trained to meet the needs of LGBTQ unstably housed youth:

- New employee training
- In-house LGBTQ-specific training
- In-house LGBTQ-integrated training
- External LGBTQ training or seminars
- Other/informal systems of training

New Employee Training

Some agencies included an overview of LGBTQ RHY as part of their new employee training.

Providers from two agencies said:

“When you’re a new employee you do your new employee orientation and you have to go to our other location for a whole week and they do a series of training for the five days and that includes CPR. They do *Therapeutic Crisis Intervention*. They do *LGBTQ overview*. We’re required. We had a division director who huge advocate LGBT. We were not allowed to work here unless we took LGBTQ training sensitivity.”

“We have what you call a NET training, New Employee Training, and for the past three or four years we have training surrounded specifically working with LGBTQ. We had two program managers that used to conduct the training, [staff members] used to conduct LGBTQ training. And now our New Employee Training has added it to their training. Yeah, and it’s required and mandated. All staff to go through that.”

In-House LGBTQ-Specific Training

Eight of the nine agencies provided training that specifically addressed LGBTQ RHY. In-house LGBTQ-specific training differed across agencies and varied in their content, length, and frequency. Some training focused on a more general overview of LGBTQ RHY, while others addressed more specific topics such as how to talk about SOGI or how to be an ally.

“We had a more in-depth [training] about *the different ways [youth] identify themselves and what are the current terms, current updated situations they find themselves in*. And in reality, how can you *navigate through an interview with them and how to respect them in the best way possible*. How to know, for them there is not only he or she or Z, you have other ways of referring to them, depending on what they prefer.”

“The Safe Zone [training] has two levels. But that could potentially be, like, a one day, too, like a different piece of the conversation—one on *[LGBTQ] 101* and then a, *What does this look like in practice situation?*”

A majority of providers described how LGBTQ-specific training tended to be a one-time course which was offered sporadically. For example, some providers stated it had been years since an LGBTQ-specific training had been offered at their agency.

“Well, I remember many years ago, Stephanie Grey* came over and did training on how to work with LGBTQ youth. She has not done one of those trainings here in quite a few years but she’s really an expert in that field, in that area, so *she did train some of us clinicians on how to work with those—with that population*. But yeah, I wouldn’t say anything about frontline staff.”

Some agencies drew from community resources to offer continuous training for their staff.

“Then there is training that we offer, like, *online training* as well as *internal access to training* that is ongoing and the training has been amazing. Some of them are, like, *youth paneled training*. Some of them are just a *different organization that shares their training around that population*.”

“So training, we’re very fortunate. *We have a Transgender Resource Center* which is here. So all of our *staff receive training from the Transgender Resource Center*. We’re actually *getting ready to do another round of training with the LGBTQ Resource Center*.”

In-House LGBTQ-Integrated Training

Some agencies also offered more general training which integrated LGBTQ topics. Agencies had two different approaches when integrating LGBTQ topics into training. First, agencies utilized training that had LGBTQ sub-topics. The training did not focus primarily on LGBTQ youth, but rather had a small component which acknowledged some aspect of SOGI.

“There was also a larger training that all staff is supposed to do at some point that is called *Power Positive Youth Development Training*, which is, like, a 50-hour training. That’s supposed to be an all-encompassing training. It addresses so many different pieces of the work that we are doing. And *working with LGBTQ youth of color is built into that*.”



For this approach, agencies integrated LGBTQ topics into training by utilizing an LGBTQ lens when creating and executing training. For example, one administrator described:

“Every training that we do is in view with LGBT awareness, sensitivities, education. [Interviewer: All the training?] Yes. Of everything that we do, because of the organization we are. We are an LGBT organization, so it’s part of all our conversations. It’s part of everything.”

In contrast to LGBTQ-specific training, LGBTQ-integrated training tended to be offered with more regularity.

“[We] require people to, you know, just as you would take a sexual harassment yearly training that we’re taking. We’re taking very seriously our cultural competency and diversity [training], and that LGBT is included in that, and people are cannot just to go to one time training because things change. I feel, like, around gender particularly.”

External LGBTQ Training

At some agencies, providers highlighted how their agencies provided them with access to external training through nearby coalitions, organizations, or universities. For example, a provider from one TLP described how all staff are members of a local homeless coalitions. They shared:

“We’re also a member of a Homeless Coalition and they also send out emails to let us know when there are different training happening. We pay membership dues so we can always go to those trainings.”

In addition to attending the agency recommended external training, some providers sought out additional training to bolster their understanding of the LGBTQ community.

“It doesn’t work for all of us, but *I go to training a lot*. I work with organizations—with many organizations throughout the area—that deal specifically with LGBT community and how do we *reduce the risk of HIV* in our population? So I’m constantly providing training to other organizations. We have some here and I go to a lot outside of here and, in fact, I’m going to one tonight that’s being hosted by the city’s AIDS Coordinator’s office. And it’s the same thing, *how do we better serve our population* and how do we instill and how do we reeducate about HIV because we have been educated about HIV for 40 years now and it’s still happening, so how do we reeducate? And so that’s the training specific tonight but I’m at training twice a month.”

Other/Informal Systems of Training

In addition to the more formal and standardized training offered by agencies, some TLPs utilized more informal techniques to train their staff about how to meet the needs of LGBTQ RHY. Two agencies used committees or task forces to help

create awareness and facilitate discussions about LGBTQ RHY.

“We have a *safer space committee*—it used to focus specifically on LGBTQ youth and staff members—but now it’s, like, kind of evolved as a larger committee with different sub-committees. So there is still a sub-committee that focuses on *LGBTQ stuff*. About two years ago that committee pushed for and was able to create an *LGBTQ ally development training*.”

Similarly, an administrator from a different agency highlighted how training can occur through more informal conversations.

“We have *lots of conversations amongst our staff around language, the power of language, and creating space where people call each other*—we have a young person right now who prefers the pronouns *them and they*, and we see staff struggling sometimes because they’re just not used to using those words—and that we have a safe space where people can say actually they, oh yeah, they da-da-da-da-da.”

Providers suggested they did not only learn from informal interactions with other providers, but they also gained knowledge and training from interacting with youth. Two staff members from different agencies stated:

“I mean *our members train* us every day. We don’t know how to serve them unless they train us how to do that and I think that is one of the unique things for all of us are our TLP, our drop-in clients, our drop-in members. I learn so much from them. Just watching them, we were able to take a few on a camping trip and that was one of the most stressful things I’ve done at work, but also one of the most enlightening, most self-realizations. It was just and amazing. It was really, maybe, 25 hours because it ended abruptly but it was so intense and so beautiful and watching them, I can’t even put words to it, it was really awesome.”

[Facilitator: Okay. How do the people in this agency know about pronoun choices?]
“Transgender class. I attended the class with the youth and that was a whole new world to me. I had no knowledge of that before. So I would love to do a training maybe even twice a year because that is a community I had never tapped into before. I thought that was honestly my first exposure.”

KEY FINDINGS AND IMPLICATIONS

- Using data collected from surveys and 8 of the 9 focus groups, we found no consistency across agencies in how providers were trained to meet the needs of LGBTQ youth.
- There was substantial variation within and across agencies in the percentage of staff and administrators who received LGBTQ-specific training, and the number of hours of LGBTQ-specific training providers received.
 - On average, the percentage of administrators who received LGBTQ-specific training was slightly higher than the percentage of staff who received training.
- Agencies differed in the percentages of providers trained and the number of hours of training received, and they varied by the mechanisms through which staff and administrators were trained.
 - Agencies relied on five mechanisms to train their staff:
 - New employee training
 - In-house LGBTQ-specific training
 - In-house LGBTQ-integrated training
 - External LGBTQ training or seminars
 - Other/informal systems of training
- Agencies employed various training techniques which ranged from more formal standardized training (e.g. Safe Zone Training, Trans 101, Crisis Intervention, etc.) to informal conversations between providers and/or between providers and youth.
- One way agencies can help ensure all new staff members receive LGBTQ-specific training is to incorporate it into their new employee training.
- Agencies should discuss the benefits of having LGBTQ-specific and LGBTQ-inclusive training.
- One way agencies can diversify and increase the frequency of training is through cross-training with other nearby agencies or by utilizing online and/or community-based training.

How Do Providers Describe the Services They Provide to LGBTQ RHY?

Providers discussed the array of services offered. Several frameworks and approaches agencies utilized to meet the needs of LGBTQ RHY emerged. These approaches were not mutually exclusive, but rather several agencies used multiple and sometimes competing frameworks for working with LGBTQ RHY (e.g., providers from some of the same agencies would describe a one-size-fits-all model while others insisted their agency used an individualized approach). This section begins by describing the spectrum of LGBTQ services TLPs offered and ends with the additional approaches providers utilized when working to meet the needs of LGBTQ RHY.

THE SPECTRUM OF LGBTQ SERVICES

Agencies utilized various approaches to meeting LGBTQ RHY needs. Some providers emphasized the importance of LGBTQ-exclusive services, others highlighted integrated services, and a few insisted their organization used identity-neutral services. Rather than understand each approach as separate and/or mutually exclusive, it is helpful to think about the approaches as a spectrum. Most agencies fall somewhere between offering LGBTQ-specific, LGBTQ-integrated, and identity-neutral services.

LGBTQ-Specific Services

One-third of the TLPs were identified as LGBTQ-specific because they offered LGBTQ-specific housing and services and/or were focused on meeting the unique needs of LGBTQ RHY. Highlighting the benefits of providing specific services that met the unique needs of LGBTQ RHY, providers from the three LGBTQ-specific agencies described:

“The whole space—you, like, walk in *the space and it's decorated. It's clearly an LGBTQ space.* And, historically, it's been an LGBTQ space in the community, so we carry that history with us. So youth coming in have that knowledge, which is fantastic and it kind of sets the groundwork for that. Our staff works really, really, really hard to create that *communal space that can talk about LGBTQ issues*, understanding that our population of youth are both LGBTQ-identified as well as ally-identified. So it gives us a lot of *opportunities to really discuss and have those larger conversations around what it means to be an ally in this community and how we can support the LGBTQ youth.* We are currently working on continuing LGBTQ programming that really addresses the challenges that our youth face.”

“I think part of the beauty is that it is an *isolated bubble of LGBT people*, because I think that one of the great things about this place here is that in a lot of ways, *they are free from their oppressor* and that a lot of times straight people, whether intentional or not, like, are an oppressor, you know?”



“For trans members, we also *help them transform their external appearances* from male to female or female to male. And I’ve learned that we fully support them and be liberal for the things we provide for them to hair to makeup to clothing. I have learned that they need a lot of assistance in terms of how they look externally because every day they look at themselves in the mirror and say, ‘Oh my god, am I going to pass as a female today or as a male?’”

“Just the acceptance of LGBTQ that the program itself has created specifically for gay and lesbian youth, and I think, even for those who do not identify, they’re still able to come in and we still treat them normally. We don’t treat anyone with special privileges or we don’t make them feel outcast.”

In addition to the TLPs that were identified as LGBTQ-specific, three additional agencies also suggested they provided exclusive services for LGBTQ RHY youth. For example, two providers stated:

“There is the *Safer Space Committee*, as I said, and [youth] can be part of the board for that program, too, just to figure out how to make it a safe space or safer. Then there is a *program that is specifically for LGBTQ* and it has their own staff and everything else, just like we do here. But they focus on—not so much inward as outward—like, gathering the youth of the community and then finding where they are and then getting them to work towards helping others. And in that same sense then they receive information on health, testing, how to navigate their environment, all of those things.”

“I’m kind of more of the camp that thinks that, like, *separate services are helpful*. I think it’s really helpful because I think sometimes the nature of integrated spaces, certain voices aren’t heard or some people are just quiet or nervous or whatever the reason for whatever. So I think, sometimes when you take those folks out and have a different kind of talk or whatever, they feel more safe to open up and to say things that they might not feel safe in the entire group to do. This goes across the board for not just, like, LGBT but also, like, boys’ and girls’ groups or if we wanted to do something with different races, like excluding White people. I think that would be helpful because the same idea. Like, *sometimes it’s hard to talk about things when there are certain people around*, so I think in that way it can be really helpful.”

LGBTQ-Integrated Services

Agencies that used LGBTQ-integrated services incorporated LGBTQ sub-topics or discussions into the general services all youth received. In other words, those services did not focus

primarily on LGBTQ youth, rather they had a small component which acknowledged some aspect of SOGI. Talking about the sexual education program they offered at their agency, a provider described:

“Making Proud Choices is actually scripted in for all sexual orientation and gender affiliations. It doesn’t have to specifically identify. The state and Teenwise scripted it, so that it’s good. Sort of inclusive. It’s pretty gender-neutral. And it’s pretty sexual orientation-neutral. It can apply what they’re teaching in the curriculum, that we pretty much read verbatim, is developed in a way that it’s neutral.”

Similarly, a provider from a different organization described how they embedded LGBTQ topics into their life-skills classes.

“We have Life Skills groups that the transitional living programs throughout Youth and Shelter Services are required to provide for the TLP participants. Next month will be—and we plan these several months in advance—our next month will be on LGBTQ. I guess I could say, as far as the TLP programs, we have the opportunity to educate once a month. Our agency is using our Life Skills group as a way to educate the TLP participants in that area. I can’t speak for the other TLP programs because we don’t use the same format for group topics, but I know that at least our branch of the agency is utilizing our Life Skills group to educate all of the participants. And it’s good because it brings everyone together. And I’ve noticed in the Life Skills groups, of course, we have people coming and going, but we have had some longevity, and it’s nice when we do have longevity, it doesn’t matter what the topic is, the LGBT youth that we have in the program seem to be receptive and willing to share their experiences based off of whatever we are instructing. So that’s been kind of fun to do.”

Providers felt integrated services were beneficial because they allowed for open discussions between LGBTQ youth and their heterosexual peers. For example, one provider recalled a recurring discussion about pride.

“[We] have those conversations about pride being a celebration and here’s why. Like, this is why pride is important to our community. So *engaging those allies* in that conversation, because a lot of our allies are like, ‘Great, it’s a party!’ But, you know, explaining the history behind that and it’s not just about having a party, it’s about celebrating our history and celebrating the challenges and the people we have lost, and allies get to take part in that. And we have that conversation around being thankful that they don’t need that. A conversation that we very frequently have, even when it’s not pride, we

were actually having this conversation last night, it was around pride and the comment was made, 'Well, why don't we have a straight pride?' And so *engaging in those larger conversations about privilege* and it's a really great thing we don't have a straight pride and that you don't need that, you know, and why that's important. Our youth counsellors have amazing conversations that rival any philosophy classroom in any college."

Similarly, a provider from a different organization reported integrated services had the potential to bring youth together and find similarities between them.

"The particular youth we have now, we have 12, and it's amazing how, when you sit with a person that you didn't know anything about before, they be like, 'Oh, I found that.' How, because a straight person who had their own fears about an LGBTQ person, now they sit with them and they're just alike. So we seen that yesterday. And they're helping one another and this is how you begin to change things. We see it. Yesterday, we had one of us going through something. They all got up, gay, straight, no matter what they were, hugging this young person. It was just a beautiful thing to see, and those are the changes you want to see in the world so everything changes."

Outsourced LGBTQ Services

Not all agencies had the resources necessary to meet LGBTQ RHY specific needs. One agency which lacked LGBTQ-specific and LGBTQ-integrated resources referred LGBTQ youth to an external organization which specialized in working with LGBTQ youth. When asked if their model worked, agency providers stated:

Provider 1: I always thought that the more people that they have to talk to, and the more outlets that they have, the better—especially with TLP youth because they're with us for so long and they're with the staff and you're kind of, like, a second parent. You know how, sometimes you can talk to other people outside from your parents, and so I feel like they get a lot out of [the LGBTQ-specific agency] because they're able to go there. They don't live with the people here and so they're able to just go there and—

Provider 2: Have something in common.

Provider 3: I think one of the issues that I can see with doing an LGBT group here is that, as petty as it may seem, but you all know that this would happen, if we have a group that's just specifically for LGBTQ kids, the kids that do not identify with LGBTQ are going to have a problem because they're going to feel like, "Well, why do they get special treatments? Why do they get this?" But it

also almost doesn't kind of fall in line with what our agency does and that we're all-inclusive. Where, if we send them to [the other agency], and that's exactly what they specialize in, it seems like, ethically, we're doing them a better service than trying to reinvent the wheel here.

Identity-Neutral Services

Providers from four agencies suggested their agency used an identity-neutral approach to serve LGBTQ RHY. Similar to color-blindness, identity-neutralism embraces a post-gay/post-gender rhetoric which suggests sex and gender identities are becoming increasingly irrelevant. TLPs that embraced identity-neutral services and practices claim to treat everyone equally while utilizing a one-size-fits-all approach in working with unstably housed youth. For example, providers from two different agencies shared:

"So, we don't have anything specific [for LGBTQ RHY]. It's more what we offer to one, we're going to offer to all."

"I don't typically ask any of my clients regarding, you know, like, how is your personal romantic life? Like that's just—if they bring it up, like, sure, we'll talk about it, I'll be supportive. But no matter how they identify, that's just not something I focus on with my clients. It doesn't really pertain to their homelessness and finding a new place for me. I mean, if that comes up, great."

Within identity-neutral TLPs, administrators and staff view their policies, programs, and practices as comprehensive and inclusive. Taken at face value, inclusive programming sounds beneficial or ideal, but in identity-neutral TLPs, "inclusive" is a code for serving LGBTQ youth in a heteronormative/cisnormative framework. When probed about why their TLP defined everyone as the same, or believed LGBTQ and heterosexual youth have the same needs, one provider explained:

"I think one of the issues that I can see with doing an LGBT group here is that, as petty as it may seem, but you all know that this would happen, if we have a group that's just specifically for LGBTQ kids, the kids that do not identify with LGBTQ are going to have a problem because they're going to feel like, 'Well, why do they get special treatments? Why do they get this?' But it also almost doesn't kind of fall in line with what our agency does and that we're all-inclusive. Where, if we send them to [the other agency], and that's exactly what they specialize in, it seems like,

ethically, we're doing them a better service than trying to reinvent the wheel here."

KEY FINDINGS AND IMPLICATIONS

- We found services offered to youth varied by TLP. While the services provided differed across agencies, they utilized several frameworks and approaches to meet the needs of LGBTQ youth.
- When asking providers about the specific services they offered to help meet the needs of LGBTQ RHY, agencies were on a spectrum which included using:
 - LGBTQ-specific and LGBTQ-integrated services
 - LGBTQ-specific or LGBTQ-integrated services
 - Outsourced LGBT services
 - Identity-neutral services
- Agencies that used LGBTQ-integrated services incorporated LGBTQ sub-topics or discussions into their general services received by all youth. Those services had a small component which acknowledged some aspect of SOGI. Providers felt those services were beneficial because they allowed for open discussions between LGBTQ youth and their heterosexual peers.
- Not all agencies had the resources necessary to meet LGBTQ RHY specific needs. One solution was to refer LGBTQ youth to an external organization which specialized in working with LGBTQ youth.
- Identity-neutrality embraced a post-gay/post-gender rhetoric, suggesting sexual and gender identities were becoming increasingly irrelevant. TLPs that embraced that approach claimed to treat everyone equally while utilizing a one-size-fits-all approach.
 - Identity-neutral approaches might delegitimize the lived experiences of LGBTQ youth by failing to acknowledge how heterosexism and cis-sexism are imbedded into larger social structures and, often, the organizations that serve them.

- TLPs that utilized identity-neutral approaches might also fail to recognize how identity-neutral services cater to heterosexual and cisgender youth and further privilege heterosexual and cisgender youth.

ADDITIONAL APPROACHES TO MEETING THE NEEDS OF LGBTQ RHY

Individualized Models

Providers from all nine agencies emphasized the importance of using an individualized approach when working with LGBTQ RHY. Individualized approaches assume all youth are different and have different needs. Thus, agencies that utilized individual approaches tended to view youth as experts of their own situations and experiences. Providers from three different agencies shared:

"I think what's working also is that we are a small program. We believe in the rules, but it's more I want to say à la carte here. We give them what they need. It's no papers here. We come in with the regular intake forms but we, really, *this program is really designed around a specific person and what they need*, so that's why I think they're so empowered here. We have a lot of success when they leave here because this is a very small program. We definitely cater to that person's need."

"I think that the clients that we work with, they come from a number of different—*there's a number of different issues* that we have to deal with the clients—and as far as a gay client or an LGBTQ client, if that is something that they are dealing with and they talk to us about it, then we address it. The same way, you know, if there's a client that comes in with depression or if a client deals with an eating disorder or if a client has a stealing problem, *we just kind of deal with whatever it is that they bring to the table* to try to make them whole, so to speak, and to give them peace of mind and to make them feel like there's nothing wrong with them. We don't necessarily single them out."

"My first thought is that we made a real commitment to make sure our services are very individualized. Meaning, we don't have a lot of rules other than, like, violence and things like that that apply to everybody. *We really try to really individualize our work* so that we can be sensitive to the cultural and the emotional and psychological needs of each person, and we've been pretty specific about that, which makes it sometimes harder."

Providers used different methods and practices to enact youths' plans. For example, one agency described using "wraparound" groups as a means to help youth meet their individualized goals.

"So, we do an individual service plan and that's kind of, like, *person centered*, and there are *different ways that different case managers go about that*, you know, like doing Casey Life Skills Assessment. So it just gets a baseline of where they're at in different categories. [Then] we try to get the youth to identify who they want to be part of their *wraparound*. Usually that's a person that they respect and supports them. It can be a relative, service provider. It can be a friend. Usually when they come to us, they have been trying to access services and some—they might have a case worker at DSHS for example. So we have all of these different people. So we're all on the same page—so we're not reinventing the wheel or whatever—and then just trying to come up with what works best. That seems to be a real—just so helpful to have everybody in the room and then you should see how resourceful these youth are, because sometimes you can start out with, maybe, twelve people in the room, you know. But usually there are service providers, case managers, program managers, life skills coordinators, health professionals. Then we just come up with a plan and say this is what we'll do. Then we'll meet, like, on an as-needed basis, depending on what that looks like for the youth."

Many providers also highlighted the benefits of individualized approaches.

"[Individualized service plans] really allows us to *kind of dig in deep* with those youth and really *meet them where they're at* and have them *self-identify their strengths*, which I think is so important. Especially when working with a youth, we often talk about them and we don't give them their voice. Like, I was just saying, our youth are very intelligent and have had to advocate for themselves. They've been on the streets. I mean, they have survived and we celebrate their strength, and looking at that from that evidence-based practice, evidence-based approach."

Individualized approaches tended to be youth-centered. Youth were able to self-identity their own strengths and needs; furthermore, in addition to focusing on youth identified strengths and needs, individualized service plans also allowed for agency.

One-Size-Fits-All Models

When compared to individualized service models, one-size-fits-all models had a standardized approach to working with youth. While no agency

fully embraced a one-size-fits-all model, providers from a few agencies described certain policies and practices that emphasized a streamlined and standardized approach for all youth. For example, when talking about how they worked with transgender and gender non-conforming youth, an administrator from one agency stated:

"We've got some good rules in place as far as clothes. That can be an issue sometimes with [transgender/gender non-conforming youth]. But we don't allow girls to wear dresses, no makeup period, so that kind of keeps everything okay, too, because they don't think that they're getting singled out or they can't wear makeup because the girls can wear makeup. Or dresses or skirts. If they want to wear female clothes, they're going to have pants on and a shirt on. Girls have to have a shirt and pants."

In contrast to the positive ways providers described individualized models, most providers insisted one-size-fits-all models were not effective. Two providers from two different agencies shared:

"But I think the individualized nature is really, like, the only way to go. *I can't imagine this program being standardized, like, one way for everybody* because a lot of things would fall through the cracks. People would miss important things about themselves and I think we would just, like, miss really integral and wonderful parts about these people."

"I think there's an inherent danger, sometimes, when you do have some services for LGBTQ that it's almost like, all right, this is what you do. If you have a LGBTQ youth, this is what they need. It's almost, like, you don't treat them individually. Just because they're LGBTQ, they don't have individual personalities. This is what you do with them. They're gay. Here's what you do with gay people."

Strength-Based Models

One third of the agencies described using strength-based approaches. Strength-based approaches focused on youth's agency, self-determination, and strengths. For example, two providers from different TLPs stated:

"Which really allows us to *kind of dig in deep* with those youth and really *meet them where they're at* and have them *self-identify their strengths*, which I think is so important. Especially when working with a youth, we often talk about them and we don't give them their voice. Like I was just saying, our youth are very intelligent and have

had to advocate for themselves. They've been on the streets. I mean, they have survived and we *celebrate their strength*, and looking at that from that evidence-based practice, evidence-based approach.”

“Our program is *very strength based* and we just wrap around. We always talk about, like, ‘Let’s, like, go through your strengths.’ *The key is that by the end of their 18-month stay that they have, like, pages and pages of all these things that they’re good at* and then we talk about things that they have *recently succeeded at*, whether it’s getting out of bed that day, making it to the meeting or as big as, like, getting a job and enrolling in classes.”

Youth-Centered Models

Similar to strength-based approaches, youth-centered approaches focused on youths’ agency and allowed youth to advocate for themselves. Over half of the agencies used youth-centered approaches to help meet the needs of LGBTQ RHY. When describing how their agency is pro-youth, one provider stated:

“*Pro-youth just means putting the youth first in the priority first. I mean, there are policies and there are things in place but if your main goal is making sure that the youth are first, regardless*”

Likewise, a provider from a different agency described how they worked with their youth clients.

“Now that I think about it, I think that the most training that we do have is engaging with them. I think I have learned so much about everything just from basic engagement. Just from having a group with them, from having one-on-one conversations, going on outings to, like, being in the transitional program for so many years, like, so many years, *aha, a year. And, like, really being able to engage with them. Where are you going to get the most? Talking to them about what they need and what types of things we can do.* I know we run our leadership program, which has those conversations about what exactly do we feel that we need here, how can we move forward? That right there is like, ‘Oh, okay. That was something new that we didn’t even realize.’”

Youth-Directed Models

The last approach providers mentioned was youth directed. Youth-directed approaches used youth clients as educators and mentors. Three of the agencies described how they utilized their youth and worked with them to become leaders. Two providers from different agencies described:



“Just even speaking this week, *I always try to find ways for youth to be mentors for each other.* It doesn’t have to be a big mentor program. Like, we are going down to the midnight mission and there were four other girls who have been there six times and three of them who have never been there. We are going to skid row—terrifying and re-traumatizing. It’s a really scary thing. So I asked the girls who had gone down there before, ‘Hey, we have three new people in the van, can you tell them about where they are going? In fact, while I’m driving can you tell them where we are going, what we are going to do, and so I gave her the job of telling the three.’ Every time we are in a situation like the van I say, ‘So and so is new here today, it’s, like, day three for her. Can you guys introduce yourselves to her and vice versa because everybody’s been new in the van?’ That kind of a thing.”

“They have, like, different meetings that are regularly scheduled, sometimes weekly, monthly, like, community meetings every week. Then they have that life skills where people come out and teach different groups or—and then they come out and they provide resources in terms of employment. *Sometimes it’s youth led, too.*”

KEY FINDINGS AND IMPLICATIONS

- In addition to the specific approaches providers described using to meet the needs of LGBTQ RHY, administrators and staff also described using more general frameworks for working with youth regardless of their sexual orientation. Those additional models included:
 - Individualized
 - One-size-fits-all
 - Strengths-based
 - Youth-centered
 - Youth-directed
- Providers from all nine agencies emphasized the importance of using an individualized approach when working with LGBTQ RHY, which assumed all youth were different and had different needs. Those agencies tended to view youth as experts of their situations and experiences, and the approach allowed youth to self-identity their own strengths and needs.
- One-size-fits-all models used a standardized approach when working with youth. While no agency fully embraced a one-size-fits-all model, and most providers insisted one-size-fits-all models were not effective, providers from a few agencies described certain policies and practices that did embrace this approach and emphasized a streamlined and standardized approach.
- Strength-based approaches focused on a youth's agency, self-determination, and strengths.
- Youth-centered approaches focused on a youth's agency and allowed youth to advocate for themselves.
- Youth-directed approaches used youth clients as educators and mentors and some agencies described how they worked with their youth to become leaders.
- Providers should be aware of how their agency works to meet the needs of LGBTQ RHY. Even though not all agencies are able to provide LGBTQ-specific services in-house, providers should examine the potential to make all of their services LGBTQ-inclusive.
- Agencies should be aware of how one-size-fits-all models might perpetuate the exclusion and stigmatization of LGBTQ RHY.

What Are the Challenges in Meeting the Needs of LGBTQ RHY?

This section explores the challenges providers experienced when attempting to meet the needs of LGBTQ RHY.

Challenges in Meeting the Physical and Material Needs of LGBTQ RHY

Providers suggested they experienced several challenges when attempting to meet the physical and material needs of LGBTQ RHY. Providers described feeling limited by their own agency's lack of access to physical and material resources. For example, providers from several different agencies insisted a major challenge was a lack of available housing.

"If we have—even if we—in our TLP program, we have, like, five beds, that's it. *We serve everyone in those five beds*, so if—I mean, everyone. So if we—without the beds—well, basically, if we have a transgender who applies for the program and is in inception, we normally probably wouldn't put him in with the four guys so we'll put him in the one bedroom. We only have one bedroom. So you have to wait."

Similarly, a provider from a different agency stated:

"I think the concept in the TLPs is you want to make the most out of your money, meaning that *you want to provide the most amount of service*—you want to serve the largest amount of population that you can per year, so therefore, you're going to *cram your space*. I mean, yes, we would love to give single rooms to everybody. But we can't because it's not always possible. You have to share rooms. And then that goes back into the confinement of, you have to be put in a space right from the beginning, so that's the first barrier."

In addition to providers feeling they lacked enough housing and space for youth, providers also described how material and physical resources were unequally distributed. For example, one provider illustrated how foster youth have access to more material and physical resources than some of their LGBTQ clients.

"You know how hard it is for us. *A young person has a dream and we can't even help them fulfill the dream*. Like, they want to play the piano. We have to find something that somebody is going to donate. *In foster care, you want to play piano, no problem*. We'll pay for that. That's where we

struggle. *Lack of services for them*. Support services for anything basically."

KEY FINDINGS AND IMPLICATIONS

- Providers experienced several challenges when attempting to meet the physical and material needs of LGBTQ RHY including:
 - A limitation in their agencies' access to physical and material resources; for example, providers suggested their agencies lacked enough housing and space for youth
 - The unequal distribution of material and physical resources
- There was a clear need for more housing. Federal and state funders should explore how they can allocate funding and resources since providers believed LGBTQ RHY often received less support and services than their heterosexual peers or those in foster care.

Challenges in Meeting the Educational Needs of LGBTQ RHY

Providers highlighted two different challenges to meeting the educational needs and goals of LGBTQ:

- Disparate levels of discrimination and stigmatization
- A lack of strong policies preventing bullying and harassment in schools

Discrimination and Stigmatization in Educational Institutions

When described the challenges experienced when meeting the educational needs of LGBTQ RHY, providers continuously emphasized the disparate level of discrimination LGBTQ RHY experienced in educational institutions. Some providers described challenges for LGB youth, but most addressed the specific barriers transgender and gender non-conforming youth faced in traditional school settings. For example, providers from two different agencies recalled incidents when their

transgender clients were prevented from using the bathroom at school.

“We have one young person who—there’s a whole bathroom issue at the community college. *They’ve been told that they can’t use this bathroom.*”

“The issue had been *that a transgendered youth wasn’t really allowed to use either bathroom at the high school during the day*, so some teachers had sort of made an accommodation where they could use a staff bathroom or something. And then there was some issue that came up with that. *So ultimately the youth just changed schools.* But that was definitely a factor for that youth, ‘What bathroom am I going to use?’ Or, if there’s a school trip, ‘What hotel room am I in if I’m going somewhere overnight? Because I identify as male but my birth certificate says that I’m female.’”

In addition to providers highlighting the inaccessibility of school bathrooms for transgender and gender non-conforming youth, one provider also described how educational practices such as online platforms, emails, and class rosters also created additional barriers for transgender and gender non-conforming youth. They explained:

“A big struggle for transgender youth is that their name [is associated] with their email. So if you have an online class and a lot of any classes, even in-person classes, there is probably some sort of online platform that is part of it, right? *And most schools, it’s really hard for them to change it to the name that they recognize themselves as. So they are instantly outed to their peers as being trans.* Every time they log in, they see that and they have to face that every single time they do that so that becomes a barrier for them to have education. So that’s a barrier that trans youth face that cisgendered youth don’t face.”

Lack of Strong Policies Preventing Bullying and Harassment in Schools

Providers from one agency highlighted the need for strong policies which supported the inclusion of LGBTQ youth into academic institutions. Some state-level legislation has begun to address bullying and discrimination based on an individual’s perceived sexual orientation and gender, but providers suggested those laws and policies were not being adequately enforced. A provider stated:

“From an education perspective, *the state passed a law a few years back that says that you can’t bully each other because of perceived or known sexual orientation*, and it also says that all teachers have to be trained. But *the legislature stops short of putting any teeth to the law*, and so there’s *no consequence for a school who chooses not to train its teachers*. I get an email a week from a school district that’s reacting to a crisis because they didn’t bother to be proactive and, you know, nine times out of ten that client ends up with us because they had to run from school.”

KEY FINDINGS AND IMPLICATIONS

- Providers faced two barriers to meeting the educational needs and goals of LGBTQ RHY:
 - Disparate levels of discrimination and stigmatization
 - A lack of strong policies preventing bullying and harassment in schools.
- Providers emphasized the disparate level of discrimination LGBTQ RHY experienced in educational institutions.
- Providers highlighted the inaccessibility of school bathrooms for transgender and gender non-conforming youth and described how educational practices such as online platforms, emails, and class rosters create additional barriers for transgender and gender non-conforming youth.
- Some state-level legislation has begun to address bullying and discrimination based on an individual’s perceived sexual orientation and gender; however, those laws and policies were not being adequately enforced. There needs to be stronger policies and laws that address the disparate level of discrimination, stigmatization, and harassment experienced by LGBTQ RHY in educational settings.

Challenges in Meeting the Employment Needs of LGBTQ RHY

Discrimination and Stigmatization in Employment

Providers also emphasized the disparate level of discrimination and stigmatization LGBTQ RHY faced in the workplace when compared to their heterosexual peers. Administrators and staff provided examples of how transgender and gender non-conforming youth experienced additional barriers in the workplace.

“I think, culturally, for someone who is transgender and they present themselves as a certain gender and they have to go out there in the workforce and then change that—I think that’s a big problem, because if I’m naturally biologically female but I now identify as a male, there’s no way I should be going out into the workforce and *have to go through all these hoops and feel unsafe because people are talking about me or I’m being called names or I can’t just express who I am when I’m at work.*”

“We get a lot of people that want to hire our kids and they are perfectly competent and comfortable and have worked with LGB before but *suddenly, ‘Well, what do you mean your name badge needs to be a different name than what’s on your ID?’* It’s ignorance more than anything. We definitely do run into some very discriminatory practices. A lot of what we run into is ignorance, people who are looking for, “Well, how do I do it and it still fit within the policies?”

“It’s tough, because we want them to be who they are. We’re not trying to change people. *We want these guys to be individualized and be proud of who they are, but on the other hand, when they go look for jobs there is discrimination.* There are things that happen, so it’s really a tough balance. I think we struggle with that a little bit because *we do preach to be yourself and be who you are, but when that person goes to get a job or its just they’re not getting the job.*”

KEY FINDINGS AND IMPLICATIONS

- Providers emphasized the disparate level of discrimination and stigmatization LGBTQ RHY experienced in the workplace when compared to their heterosexual peers.
- The laws and policies designed to address employment discrimination based on an individual’s perceived sexual orientation and gender are not being adequately enforced. Thus, there needs to be stronger policies and laws that address the disparate level of discrimination, stigmatization, and harassment LGBTQ RHY experience in the workplace.



Challenges in Meeting the Permanent Connection Needs of LGBTQ RHY

Providers described three barriers impacting their ability to meet the permanent connection needs and goals of LGBTQ RHY:

- A lack of general social support
- Lack of peer support
- Challenges within families

Lack of General Social Support

Some providers suggested many LGBTQ RHY lacked strong positive permanent connections to others.

“I ran across it a lot. My survey that I give out has a section about like, ‘I have an adult I can turn to if I am in an emergency situation.’ A lot of times, *they sort of have nobody, an adult or parent or anybody to help them with that.* And so I’m always puzzled with how I can help them with that. I keep thinking mentorship, you know, but here we can’t actually offer that service because there’s a liability associated with it. *So I always thought having some kind of mentorship even just for LGBTQ youth* would be wonderful just to have somebody share a life with and can who offer advice to them.”

Some providers also highlighted how LGBTQ youth are constrained and put down by the people around them.

“I feel, like, from what I feel and what I have seen and experienced, most of the time they are very knowledgeable, they are very driven, they know what they are doing, they go for what they want, they work, they do all of these things and it is just people around them that don’t allow them to grow and be okay in their area. So if the environment can be better, I feel that they can be better as well.”

Lack of Peer Support

Providers also insisted a dearth of peer connections and supports was also an additional barrier. Administrators and staff from several TLPs suggested LGBTQ RHY have limited access to positive peer interaction inside the agency and in the community.

“ I do also think it would be really important for there to be *some safe LGBTQ peer support* that has some facilitation to it, and yet I don’t really know if there’s a safe place in this community where kids feel like they get that. “

Similarly, a provider from a different organization stated:

“I feel like that’s something we’re lacking on [peer supports]. I think we do a great job of saying, like, staff is welcoming, staff is open, talk to staff. We offer other resources through classes. We have safer sex. We had the transgender class and we have the transgender resource center but *we don’t have an individualized group in our transitional living program that’s, like, LGBT, like, you could meet or you could talk to your peers.* So we kind of leave that to them, to reach out on their own, to reach out to other youth in the program or reach out to youth outside the program. But I do wonder about. *I think our youth come to staff as their resources and sometimes they probably want more acceptance from their peers but we don’t specifically address that.*”

Consistent with the providers’ statements, multiple administrators and staff suggested the lack of space for peers to interact, in addition to the absence of peer support groups, created additional challenges to helping youth create strong positive support networks of peers. Many providers pointed out a need for LGBTQ-inclusive spaces where youth could interact and share their experiences. When discussing the lack of LGBTQ-specific spaces in their communities, providers reflected on how two local gay bars were the only spaces for youth to interact with other LGBTQ individuals.

Provider 1: Well that’s the referrals that we make. I mean, that is the option. There are two bars, you know. Meet people outside of there. [Says sarcastically.]

Provider 2: It’s not very appropriate for my 15-year-old youth.

Provider 3: It’s really not appropriate for my 11-year-old youth.

Provider 4: It’s not appropriate for our transgender youth who—

Provider 1: Are struggling with substance abuse, or, yeah.

Provider 4: Or have the potential to be struggling with it.

Provider 5: Or have no other options and have nowhere to sleep, then they’re going to go hang out at there.

Challenges within Families

Providers described the barriers stemming from LGBTQ youths' families or the lack of support they received from their family of origin.

“So I've done a lot of work specifically with LGBTQ youth—less with homeless and a lot LGBTQ youth—and something that I think is really different, that LGBTQ youth experience that other youth don't experience, is that an *LGBTQ person doesn't necessarily come from an LGBTQ family*. So, like, an African American person, right, like, they more than likely were raised with a family that is going to be like, ‘This is some of the things that you might experience in the world. This is a community that we have. These are methods of resilience. This is a rich history and these are things that they can be brought up with potentially, you know.’ And with LGBTQ youth, there really isn't that, like, *an LGBTQ youth didn't necessarily come from an LGBTQ parent* who is going to be like, ‘Okay, when you go to a business affair, you might not be able to bring your partner,’ you know, or things like that. So they weren't necessarily raised with the methods of resilience for things that they would face in the world.”

“It seems like their *families are less accepting on a large scale*. They tend to be less accepting of them choosing that quote-unquote alternative lifestyle, and so that family abandonment that Sue* talked about seems to run deeper than what it would in some of the other races. They're not going to forgive. They're not, unless you decide to change and be straight. I can only speak for African Americans and how it's an issue for most of them, not all. There are African American families that are accepting of the children being gay, but the majority is less forgiving and accepting. They're not going to forgive. They feel like they'll just disgrace the family and that you're the outcast.”

“With Hispanic, it's me being a Native Hispanic man, the way the families are raised out here, it's a family approach, so everybody knows everybody's business. So you get in trouble, the aunt knows about it, uncle—I mean it's a family affair. Everybody knows about it. *The situation with LGBTQ, they lose the whole family*. They pretty much have nobody after they were to self-disclose or come out. They lose everybody. It's just not mom or dad or uncle. So again, tradition plays a big part of it out here.”

KEY FINDINGS AND IMPLICATIONS

- Providers described three challenges in meeting the permanent connection needs and goals of LGBTQ RHY:
 - A lack of general social support
 - Lack of peer support

- Challenges within families
- LGBTQ RHY need additional supports for building strong permanent relationships; thus, agencies should explore how they can build peer interaction into their programming.
- Additionally, agencies should also think about how local and national LGBTQ organizations can help build a sense of community amongst LGBTQ RHY.

Challenges in Meeting the Health and Mental Health Needs of LGBTQ RHY

Lack of LGBTQ-Inclusive Health Care Professionals and Services

Providers from four different TLPs described how the lack of LGBTQ-inclusive providers and services created a significant barrier for LGBTQ youth. Several administrators and staff asserted many health care providers lacked knowledge and training about how to work with LGBTQ RHY. For example, two providers stated:

“The *therapists are waxy-waney*. I train a lot of therapists. I do ethics training with therapists, and I get a ton of therapists who really want to be—they want to meet the needs of LGBT youth. *They either don't know what those needs are or think that those needs are just the same*. A lot of therapists say, ‘Well, you just treat everyone the same.’”

“And the other piece is finding therapists—good therapists—that can work with our youth. *I mean, we have therapists that are trained and working with transgender youth, LGBTQ, but they're not trained in the homeless piece* and the other piece surrounding it, just the day-to-day issues that they're going through.”

As a result of health care providers' dearth of knowledge, LGBTQ RHY might experience additional trauma, discrimination, and/or stigmatization when seeking health care services. For example, two providers described how their clients experienced awkward situations with health care professionals.

“*I think in the medical world, it's still a very large challenge in our area*. I would say *most of the medical providers in the area equipped to handle LGBTQ clients are their own private practices and they may not take, like, Medicaid or Medicare*. So *our youth don't have access to them*. So they end

up in these situations where their health may not be being managed as well as it could be, where they have to have awkward conversations about, 'Well, I'm a transgender youth, I don't need a pap smear.' *They have to have these incredibly awkward conversations.* We have many youth who have talked about having to defend themselves to their providers and it shouldn't be that way. I mean, there's, like, a couple of examples around—we've had a couple of lesbian-identified youth who have had to literally sit and argue with their medical providers about them not being pregnant and not being sexually active in that way, and so have these really intense conversations that aren't productive and don't build that trust with their providers."

"And a lot of it, I think, from hearing from the youth that I've worked with, it's not intentional. It's them not having the knowledge or have done work behind it. *I think that's the challenge is finding doctors that are knowledgeable.* And then *putting the youth on the end of being that teacher.* 'I've got to teach you, I've got to provide you all this information. And, no, no, I'm really here because I need some medical attention.' But *they are basically the ones that are providing and educating the doctor and it should be different.* It should be the other way around. And how much time that I spend—I'm talking about four youth that I have had experiences with where we literally sat and just talked about the doctor, the impact, and putting together strategies about what that looks like. And then out of the four, to have two say that they would like to have support, someone to go in with them to talk to the doctor, and the doctors tell them, 'Well, you really don't need anyone because I'm here to help.' And just going back and forth, it's just so challenging, I think, for the youth. Because, for me, I don't have to go to a doctor and tell the doctor all these things about me because I identify as a woman, and how impactful it is for someone else, a youth who is struggling, who is homeless, trying to get that attention?"

As a result of the lack of competent and LGBTQ-inclusive and affirming health care professionals, providers struggled to find health resources for LGBTQ clients. One provider explained the need for a list of competent and accessible health care providers for LGBTQ RHY.

"I would love for us to network more in the community, because when we talk about resources, we typically mean the platform of services as far as mental health, you know, CVP [sic]. I would like to see more of a *focus geared towards a state-by-state list of services and doctors that are sensitive* because the issues that youth have brought back to me is just phenomenal. It's like, 'What doctor is asking you these questions?' We've had *several youth that went to doctors that really didn't have a really good understanding of what they had been through and*

what they're thinking about their identity. So I would love to see just more specific resources and not just say, 'Oh, we're needing resources,' but be more specific and very strategic in looking for that."

KEY FINDINGS AND IMPLICATIONS

- Providers described how the lack of LGBTQ-inclusive health care professionals and services created a huge barrier for LGBTQ youth.
- Administrators and staff asserted many health care providers lacked knowledge and training about how to work with LGBTQ RHY. This led to LGBTQ RHY experiencing additional trauma, discrimination, and/or stigmatization when seeking health care services.
- There was a clear need for LGBTQ-inclusive and supportive health care professionals and services.

Internal Challenges to Meeting the Needs of LGBTQ RHY

Providers highlighted four more general barriers that existed within the structure, policy, and practices of TLPs:

- A lack of in-house LGBTQ-specific/LGBTQ-inclusive services
- Exclusive policies
- Training
- An absence of providers who shared similar identities with youth

Lack of In-House Services

Providers from a majority of agencies highlighted the need for more services that were tailored to the specific needs of LGBTQ RHY. For example, two providers from different organizations shared:

"We do get calls from people wanting to know, 'Hey, we have a family member, they think their child is questioning,' or their son is gay, or that kind of thing. 'Do you have support people?' And I can always refer to one of our therapists or our family support specialists at the shelter, but basically *I don't feel like we have, in-house, an individual who has a high level of expertise and that level of coaching and support for parents and caregivers, as well as youth.*"

“I would love having a job training program. Right now we have job placement and job support and all that. I think that works, but I think some of our youth, it would be great to be actually provide job training for them in something specific and then job placement that goes along with that. Like, at a coffee shop or a bike shop. Something where they actually learn a specific skill and practice working in-house here in a safe space because we do have some youth that have a lot of trauma, a lot of fear. If we could provide more of that in-house, I think that would be actual job experience with us, short term, three months and then we transition you into something out in the community. I think that would definitely be amazing.”

Exclusive Policies

When describing barriers to meeting the needs of LGBTQ RHY, some providers suggested agency-specific policies did not support the needs or goals of LGBTQ youth. Two providers described how one-size-fits-all models had a tendency to disadvantage LGBTQ RHY. They said:

“So, we have something where our young people, within a certain amount of time we want them to have some sort of employment even if it’s, like, super part-time. But we want them to be able to build on that toward when they leave here so they can be self-sufficient, right? But when you have a White cisgendered gay man and a transgender woman of color, who is going to get a job, you know? And it’s hard to have the same policies across the board in terms of fairness while also simultaneously recognizing that the world is unfair and that one person might job hunt for two years, harder than someone else does and so it’s not necessarily based on how hard they’re working or their merit or their ability.”

“I’ve been working for the agency six and a half years, and I’ve been in this position almost two. But it seems like the participants or potential participants that we get, some of our program guidelines are—I don’t want to say too strict because they’re set for them, I mean, they’re set to help them succeed. But when you get someone that’s coming from being able to do what they want when they want or having to do what they needed to do, and sometimes that’s not the most positive, it seems like it can be restrictive for them.”

Training

Providers from five TLPs asserted training was an additional challenge within their agency. Administrators and staff suggested the lack of LGBTQ-specific training and the absence of strong training policies created additional barriers to meeting the needs of LGBTQ RHY.

“So as far as training is concerned, I know that’s one of the efforts we’re making, really trying to find a training curriculum that is appropriate for serving LGBTQ youth as well as youth—LGBTQ youth that are struggling and how staff can be sensitive and supportive and engaging.”

“I think, also getting more staff trained on working with transgender youth. We have transgender youth that’s coming into the program and I don’t think the needs of the youth are getting met at certain levels, because the newness of having so many transgendered youth in our program is very new to staff.”

Some providers suggested a need for training specific to their organizational role.

“Even from the beginning, it is even a challenge in a sense of getting training specific toward some of our roles. I know, for a lot of us it would be easier to get training specific to, like, health education or specific to case management. But I know, starting as a youth advocate it was a challenge to find out, how do I do these different types of things? What could actually work and couldn’t work? I think a part of that plays in being LGBT specific and that there’s not been as many trainings towards that.”

Providers also emphasized the need for training policies. For example, providers from the same agency stated:

“I think the larger issue is that the training that folks receive: A) doesn’t happen often enough; and B) isn’t mandated. It’s voluntary.”

“I think the whole idea that a lot of direct service staff are trained but maybe not their supervisors—there is a disconnect between supporting staff doing the work and the training that supervisors have received. And I think that’s why there is such a push to get more administrative-level folks trained so that way you can support the staff even more.”

Lack of Providers who Shared Similar Identities

The final internal barrier providers described was the need for providers who shared similar identities with youth. These providers explained:

Provider 1: If you’re a young gay person of color and you show up at any of our [city] services, you are not going to see another person of color. We’re struggling here to come up with a handful of people of color that work for our agency, and I think if you’re talking about multiple marginalizations in youth that are trying to access our services, there you go. “When I didn’t

see myself reflected on the marketing materials for this agency, I knew it wasn't a safe place to go for counselling when I was a young gay youth because I didn't see any gay youth." Now don't tell me that you can't look like a gay youth because I looked like a gay youth, and I didn't see myself reflected on those materials and I didn't see myself reflected in that staff. Now it's a little bit better here and there, but it's pockets.

Provider 2: Yeah, it's hard to say that we're safe when like, 'Oh, you don't know what I went through,' and we don't. Like, I am a straight, White female. I can't say that I know what you've been through. And we can still have an important relationship but, yeah, when they're not having someone who they can relate to on a more personal level, that's just really hard for some of them.

- Providers from five TLPs asserted training was an additional challenge within their agency.
- Administrators and staff suggested both the lack of LGBTQ-specific training and absence of strong training policies created additional barriers to meeting the needs of LGBTQ RHY.
- Agencies should examine their policies and practices to ensure they are inclusive and support the needs of LGBTQ RHY.

KEY FINDINGS AND IMPLICATIONS

- Providers described four general barriers existed within the structure of the TLP which impacted agencies' abilities to meet the needs of LGBTQ RHY:
 - A lack of in-house LGBTQ-specific/ LGBTQ-inclusive services
 - Exclusive policies
 - Training
 - The absence of providers who shared similar identities with youth
- Some providers suggested agency-specific policies did not support the needs of LGBTQ RHY.

External Challenges to Meeting the Needs of LGBTQ RHY

Providers highlighted four external barriers that impacted the ability for agencies to meet the needs of LGBTQ RHY:

- Funding
- Unequal access to services
- A lack of external resources
- Discrimination, stigmatization, and a lack of acceptance outside of the agency setting

Funding

Providers from three agencies described feeling constrained by funding and/or funders. One agency received LGBTQ-specific funding had to make drastic changes after their funding was cut.



“So I feel like—*years ago we offered LGBTQ-specific support*. We had a staff member who did youth groups and provided individual support to parents and families and caregivers and did community education. *We don’t have that anymore, and basically we’re not funded to do that*, and it was also very hard for us to transition that role in this community.”

Similarly a provider from a different agency stated:

“I think that all of the services that we provide need the resources required to provide the *quality of service that our LGBT youth experiencing homelessness deserve*, and sometimes they’re getting that, and sometimes they’re not, and sometimes it’s our fault, and *sometimes it’s the funders’ fault*.”

Funders also influenced the types of services offered. For example, pointing out the challenges their agency experienced with state-level compliance and funders’ rules, a provider shared:

“I was going to say, *a lot of it is problematic around licensing laws*. I mean, even with the program that we’re starting, they said that we have to label bathrooms, one a boy and one girl. And we’re, like, ‘These are single-use bathrooms. Why can’t they just be anything?’ They said, ‘No. For licensing, you have to label the bathroom this way.’ I’m like, ‘Well this completely goes against all that we’re trying to do here.’”

Unequal Access to Services

Providers from three agencies also suggested they felt constrained by funders and compliance offices, and were limited by the disparate access to services for LGBTQ youth.

“See, I think all of us come from also working dual programs here. We used to have a foster care and there was so much entitlement and so many services they were able to receive, and then on [the housing LGBTQ RHY] side, there was none. There was just none. It was not even a level playing field. I just want to level the playing field with all youth, no matter what orientation or anything else. Just level the playing field for everybody.”

“You know, for the state to get involved, they have to be willing to take charge. So there are a lot of options if they’re in state custody. There are fewer options [for LGBTQ RHY]—to me. I think this is why we see more and more LGBT kids ending up in higher levels of care. It’s not because they actually need that level of care, *it’s because there are not enough options and we waited too long*, and so they might have been exposed.”

“There’s a lot of talk about our transgender youth because not for the gay, lesbian, and bisexual youth that gets done. *We have so many people in our community coming to be able to help us provide the support that get the LGB part of it, but there’s much less education around the transgender part of it, the T part of it*. So I think that’s kind of the next frontier.”

Lack of External Resources

Providers highlighted how many communities lack LGBTQ-specific and/or LGBTQ-inclusive resources and supports. Two providers explained:

“Like right now, for example, if somebody was like, ‘I’m thinking I’m identifying as this,’ and then they say, ‘So you’re going to help me out with this?’ And I’m going to be like, mm, like my own personal resource frame of mind, *we don’t have too much*. For example, *I can’t tell you a single transgender support group* that I’m familiar with and that’s just me putting it out there. I know some resources, I’m good with lots of other things, but I think it’s what you experience in the community. So if I did have a youth right now that came to me and said, ‘I think I’m, you know, what can you do to help me?’ I’m going to be like, ‘Let me get back to you on that.’ Which I will follow through, but I think right there off of my—if you asked me right now to help you get food, I will boom, boom, boom, boom. I can tell you every single place. Again, *just having that knowledge base* to be able to assist and really effectively help the youth. You can’t call United Way 2-1-1 and say, ‘Hey, I need this type of support group,’ but I can call and say, ‘Hey, I’m being beaten up, I need this type of support group.’ So [other agencies’] resources even, in general, don’t really say this is safe places or this is where you can go to be supported. Like, if I don’t have a single staff that identifies as LGBT, then it’s like, me trying to find—and I think that’s just limited. I feel like that resource, again, isn’t spread throughout the community or isn’t well-known.”

“I mean, in the city, we’ve had trans support groups pop up and go away a dozen times in the last five years. They’ll pop up, they’ll be great, the facilitator will move to Oakland. They’ll pop up, they’ll be crappy. They’ll be a meat market, you wouldn’t want to send your kids there anyway. They’ll pop up, they’ll be meeting in a church, a church member will get mad, they’ll get kicked out of the church and have nowhere to meet, they go away. And so our reality here is grim, and I can only imagine what that means for the kids in rural areas. You know, if this city can’t sustain a support group.”

Discrimination, Stigmatization, and a Lack of Acceptance Outside of the Agency Setting

Providers also argued LGBTQ RHY experienced disparate levels of discrimination and stigmatization.

“I think also, just this understanding *that everything outside of here is so much harder for them*. We had a young person, a transgender woman who was in our TLP, and I had gone to lunch and was about two blocks down. She was coming towards the center as I was walking back from lunch. We ended up walking together for these two blocks. *In those two blocks, several people screamed horrible things at her*. It was just a reminder for me of it is so hard for them just to be who they are.”

KEY FINDINGS AND IMPLICATIONS

- Providers highlighted four external barriers that impacted the ability for agencies to meet the needs of LGTBO RHY:
 - Funding
 - Unequal access to services
 - A lack of community resources
 - Discrimination, stigmatization, and a lack of acceptance outside of the agency setting
- State-level and federal funders need to be aware of how their policies and procedures negatively affect the ability of TLPs to meet the needs of LGBTQ RHY.
- The larger community can have detrimental effects on the experiences of LGBTQ RHY.



Impact of Sexual Orientation and Gender Identity (SOGI) on Youth Goals

How Do Youth Describe the Ways in which SOGI Impacted Their Ability to Achieve Their Goals?

In order to help assess the unique needs of LGBTQ RHY, youth were asked to describe how SOGI impacts their ability to achieve their goals. Youth described their SOGI identities as impacting their:

- Social life, social network, and permanent connections
- Employment and careers
- Access to organizations
- Personalities, characteristics, and general well-being

Social Life, Social Network, and Permanent Connections

Many youth suggested their identities impacted their peer and familial relationships. For example, one youth described how others use their identities to “other” them.

“They get the *stereotype*, ‘Oh, gay people play basketball for that school.’ So sometimes it’s kind of annoying. At times, they’ll set you back from everyone else but you won’t see it. But you see it by acts, not verbally. So sometimes it’s kind of hard because you can’t have the boy look going in there. So when you go there you have to have this, ‘I’m one of you’ look.”

Two youth described how their identities contributed to them losing family and friends. They recalled:

“It was really tough, and now I just got—actually just last week on Sunday—I got *discriminated or disowned by my adopted family*, so it was really hard. They said that they’re pissed at my siblings, told them not to let me visit and see them because I am setting a bad influence to the kids, telling them that same-sex is okay. It was just really hard to hear that. Then, like, I haven’t had a problem since except for that.”

“My whole entire dad’s side of my family, they’ve all disowned me or I’ve lost them because of further incidences of me being gay. Friends, you lose lots and lots of friends.”

Some youth suggested their identities negatively impacted their social lives. Others saw their identities as ways to connect with others and join

communities. For example, when asked about a time when being LGBTQ helped them to achieve their goals, one youth stated:

“Well, I do meet people at LGBT conferences, who talk to me and stuff, that I still contact. It’s just nice to have someone to talk to.”

Similarly another youth stated:

“The gay community is huge, so that’s, like, a lot of resources right there. I’m from another city, so I didn’t really see a lot of the gay community then. But I came here and the first job that I had here was at a swimming pool and, like, one of the swim instructors was also LGBT and he was like, ‘Oh, you’re part of the family.’ And that was, like, the first time I’ve ever heard that, you know. And, like, they even have a neighborhood, and they throw events like that, and it’s just really cool.”

In addition to youth describing how their identities helped them build networks and social supports, one youth suggested being positive impacted their ability to build strong relationships. They shared:

“They always say that if you’re gay and you’re with someone, you kind of have that strong relationship bond with someone you love. You guys are stronger. You guys won’t always go through the hardships that straight couples go through. Yeah, you go through them but, like, you guys work them out better and accomplish more.”

Employment and Careers

Youth suggested their identities impacted their ability to meet their employment and career goals. One youth described how their various identities intersected and influenced their ability to navigate and fit into the art world. They stated:

“I’ve worked with different arts organizations and it depends on the community. People think there’s just one art world, but there’s so many and some don’t even overlap. So it’s, like, you *kind of have to find your tribe* because I’ve been in different art communities and even though it’s, like, people think, ‘Oh, it’s the cool thing to be gay in the art world,’ but then people are still—*you still face patriarchy and misogyny*. It’s hard for women in the arts. *If you’re a woman they’ll disrespect you* or if they perceive you to be a woman. Not everybody understands what it means to be trans. Like now, even though there’s a lot of things going on in the art world where they’re trying to

discuss gender identity, it's *really from a White lens*. They just feel like, 'Oh I have it just as hard as you. My parents cut off my trust fund. I deal with the same things you deal with, so.' I think that's what it is, especially networking when you have to depend on somebody else to make business and stuff like that. I feel like it's hard because you want to be true to yourself but you also need to be liked by the people. That's what, like, I guess your career is dependent on, so it's kind of hard finding that balance. Like, are you going to be true to yourself and at the same time appeal to them so they can give you money?"

In addition to identities influencing their ability to navigate and fit in, one youth described how their identities prevented them from gaining access to employment. They shared:

"Well, it is a little harder to get a job as a trans person. Even though there are anti-trans discrimination laws, people don't really want to deal with it. So they tend to *pass over perfectly good resumes* just because the person is trans or something like that, which isn't that good."

Even when a youth gained access to employment, they described how they faced additional barriers once they were hired. A youth recalled:

"My old boss would go ahead and not let me pick up anything heavy because I'm gay. The second that my work found out I was gay, they didn't know until they asked me and they weren't letting me pick up anything heavy because I'm gay and I may hurt myself."

In contrast to some youth who described being hindered by their identities, one youth illustrated how stereotypes might help them achieve their goals. A youth shared:

"Well, considering the stereotype that gay people are good with colors and all of that stuff, yeah. I kind of always wanted to be a fashion designer, and the stereotype that gay people love fashion is a huge thing."

Access to Organizations

Some youth highlighted how their identities granted them access to organizations and services. Two youth stated:

"I don't think I would have been able to be in the other organization that brought me here if I wasn't LGBTQ. I in this city, they put a lot of emphasis on being LGBTQ and being homeless because it's, like, we get it, like, the worst."

"Since I am gay, I was referred to the center, to the internship program at the hospital, and now I know what I want to do for my career."

Personalities, Characteristics, and General Well-being

Some youth suggested certain characteristics and abilities were inherent in their identities. For example, one youth stated:

"I think because I'm trans it really benefits my personality. I don't know what it is, but I feel like, a lot of times LGBT people have a very natural happiness to them, like, we just always seem so happy. Like, I'm always a happy person, like, even when I'm not happy, I'm happy, you know? So I think my happiness and positivity definitely benefits me in my life."

Similarly, another youth suggested:

"Gay people are just more open, they're more happy. Even though most of the time they have to deal with stupid people, I guess to say. But it's just out of all the people I know, out of all the types of people I've met, LGBTQ has to be the most open, most vibrant."

In addition to identities shaping personalities, two youth highlighted how the barriers and struggles they faced because of their identities led to positive outcomes. They shared:

"Our struggle, I feel like, motivates us to be successful so that we can earn that respect because we have to earn our strength in society. Yes, so our struggle in a way definitely benefits us in being successful because it makes us to want success because we want respect and we want great lives."

"I mean, I think that being a member of, like, the LGBTQ community is, like, it gives you real life experiences and it gives you a different perspective on life that privileged people would not have. Like, you know people are oppressed. You know how not to offend people and you know how not to, I guess, inconvenience people even if, like, you'll get, like, straight people that aren't being mean to you or discriminating on purpose. They just don't know. Like, non-binary people, straight people, or cis people sometimes don't know that they, like, need to ask. It gives you more sensitivity, like, more empathy towards people."

LGBTQ Identities Have No Influence on Goal Achievement

While some youth felt their identities impacted their ability to meet their goals, seven youth suggested their identities did not impact their ability to achieve their goals. For example, when asked, “How does your sexual orientation or gender impact your ability to achieve youth goals?” One youth responded, “It doesn’t.”

KEY FINDINGS AND IMPLICATIONS

- Youth suggested their sexual orientation and/or gender identities impacted four aspects of their lives:
 - Social life, social network, and permanent connections
 - Employment and career
 - Access to organizations
 - Their personality, characteristics, and general well-being
- Most youth provided examples of how their sexual orientation and/or gender identities impacted the relationships they had with their peers and families.
 - Some youth described how others used their identities to “other” while others suggested their identities contributed to them losing family and friends.
- Youth also described how their SOGI positively impacted their relationships with others.
 - Youth illustrated how their identities helped them create and form communities, build networks and social supports, and build positive strong relationships with others.
- Youth reported their identities had a negative impact on their ability to meet their employment and career goals.
 - Youth highlighted how their identities intersected and influenced their ability to fit in and navigate their workplace and career trajectories.
 - At times, youth felt their identities prevented them from gaining access to employment opportunities and created additional barriers if they were hired.

- Youth observed their identities helped them gain access to organizations (i.e., LGBTQ spaces).
- Some youth did not express feeling as if their identities had any impact of their ability to meet their goals.
 - SOGI must be acknowledged as leading to both positive and negative experiences.
 - Youth should be allowed to identify their own feelings, beliefs, or experiences regarding the impact of their SOGI.

TABLE 1: When and How do Providers Collect Information about Youth's SOGI?						
Agency	When do providers ask youth about SOGI?		How do they ask youth about SOGI?		What type of information is collected about SOGI?	
	Administrators	Staff	Administrators	Staff		
1	During the application process. There were multiple interactions with youth including two interviews.	During a youth's assessments. Youth completed three assessments throughout their time in the program. During the application process, providers asked youth about their sexual orientation.	Providers got to know youth and helped them complete an extensive application which included a personal statement. There was a section which included questions about SOGI.	Information about a youth's gender identity was collected differently depending on the tool providers used. (i.e., some forms asked about gender identity and only provided the options male/female, while a different form included a more expansive list of gender identity choices.) Staff suggested information about a youth's sexual orientation should only be collected if a youth self-disclosed.	<ul style="list-style-type: none"> Gender assigned at birth Gender identity (female, male, transgender man, transgender woman) 	<ul style="list-style-type: none"> Gender identity (male, female)
					<p>Overview</p> <p>Administrators insisted their data collection process was streamlined and standardized. Staff members suggested there was no systematic data collection process in place. While administrators had a clear understanding of the process, there were disagreements between staff members about the data collection process.</p>	

TABLE 1: When and How do Providers Collect Information about Youth’s SOGI?

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	Administrators	Staff	Administrators	Staff	Administrators	Staff	
2	Administrators asked youth about SOGI during intake.		Providers disagreed about how they asked youth about SOGI. Some suggested they do not ask youth, since the information was collected during the youth’s application process. Other providers stated they asked at intake process. Finally, others suggested they just asked youth about their preferred gender pronouns.		<ul style="list-style-type: none"> Sexual identity Gender identity Preferred gender pronoun (PGP) 		While providers described asking youth about SOGI, some described the process as a “little intrusive.” Others did not feel data collection was intrusive and described the importance of asking youth about SOGI upfront.
3	After meeting with youth, providers conducted an assessment which included questions about SOGI. Providers suggested they ask youth about SOGI three times. First they ask during admission, again during the assessment process, and third, information about SOGI was also collected at discharge.		Providers attempted to meet with youth prior to conducting their assessments. They suggested by meeting youth before completing the assessment, they built a rapport which helped to reduce youths’ discomfort when completing the assessment. When asking youth about SOGI, providers read off a screen and provided youth with multiple options.		<ul style="list-style-type: none"> Sexual orientation Gender identity “What is listed on your birth certificate?” 		This agency recently revamped their internal database; thus, there was no clear consensus, between providers about when, what, and how data were collected related to SOGI. They also had a training program regarding how to appropriately collect SOGI data.

TABLE 1: When and How do Providers Collect Information about Youth’s SOGI?

Agency	When do providers ask youth about SOGI?		How do they ask youth about SOGI?		What type of information is collected about SOGI?		Overview
	Administrators	Staff	Administrators	Staff	Administrators	Staff	
4		During the intake process.	Administrators Youth self-reported and the information was then transferred into the agency’s internal database.	Staff		<ul style="list-style-type: none"> Sexual orientation Gender Identity 	There was a very streamlined process for collecting SOGI information. In order to decrease the amount of paper work youth needed to complete, the agency continuously reevaluated their data collection process.
5	During the intake process, youth completed the agency’s internal survey.	During the intake process.	Administrators stated the only question they ask about sexual orientation was, “have you had a same-sex relationship?” When youth were asked about their gender, they were only given the options male or female. They did note there was the option for a provider to select transgender on their internal database.	Staff members suggested they asked youth directly. They read questions from the agency’s internal survey which included a question asking youth how they identify.	<ul style="list-style-type: none"> Have you ever had a same-sex relationship? Gender (male, female) 	Sexual orientation	There were some discrepancies between how administrators and staff described asking youth about SOGI. It was not clear what questions were actually asked. However, administrators and staff indicated the only way they knew if a youth was transgender was if that youth self-identified—youth were never directly asked about their gender identity.

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6	Administrators and staff stated they asked youth about SOGI during intake.		Administrators and staff stated their questions about SOGI were derived from Runaway and Homeless Youth Management Information System (RHYMIS) or the Homeless Management Information System (HMIS). The intake form did ask about gender and sexual orientation. Written under the questions about SOGI, the intake form stated "This information helps us get specific funding for specific groups. Thank you for sharing."		<ul style="list-style-type: none"> • Gender (male, female, other) • Sexual Orientation (heterosexual, gay/lesbian, bisexual, undetermined, I don't want to answer) 		The questions youth were asked depended on the services they were accessing. Providers suggested most of the services youth accessed did not ask questions about SOGI. In comparison, staff talked about not understanding the purpose of asking youth about their SOGI since it had no effect on the services received. After losing their FYSB funding, this agency was forced to make some substantial changes to their organization and service provision. When they were receiving FYSB funding, they did ask youth about SOGI across most programs. Staff seemed especially concerned with the link between the questions they asked youth and the funding received.

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7	The data collection process began at the youth center.		At the youth center, youth completed a written intake form that asked for demographics. The information that was collected was then recorded in their own internal database and reported to both Runaway and Homeless Youth Management Information System (RHYMIS) and the Homeless Management Information System (HMIS).		<ul style="list-style-type: none"> Sexual orientation (multiple options) Gender Identity (multiple options) Gender pronoun (multiple options) 		There was a standardized and streamlined data collection process. Administrators and staff understood the data collection process and reported similar answers when asked about how information about SOGI is collected. To ensure the agency was using inclusive language to capture youths’ identities, they evaluated their data collection process yearly.

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8	Administrators asked youth about SOGI during at intake. Sometimes case managers followed up with youth and asked them more questions.		Providers generated their questions about SOGI from their funders’ data collection requirements. They reported to Efforts to Outcomes (ETO), Runaway and Homeless Youth Management Information System (RHYMIS), and the Homeless Management Information System (HMIS). Youth were asked about SOGI in different ways. Providers stated sometimes youth were asked to write it down and other times youth were just asked. Additionally, youth were asked to provide copies of Social Security cards, state identification, and medical record numbers.		<ul style="list-style-type: none"> • Are youth LGBTQ? • When did you start identifying as LGBTQ? 		Data collection was standardized and derived from their funders’ data collection requirements.
9	Administrators were unsure whether data were collected about SOGI. Some administrators suggested information about SOGI was collected at intake, while others suggested it was collected at discharge.	Staff indicated they asked questions about SOGI during intake.	Administrators were not sure how youth were asked about SOGI.	Staff suggested while questions about SOGI were not on their intake form, they provided youth with a separate form which did ask about SOGI. The form included different checkboxes from which to select.	Administrators were unsure of what was asked.	<ul style="list-style-type: none"> • Gender • Sexual orientation 	There were many discrepancies between how administrators and staff described the data collection process. Additionally, there was also no consistency between staff or administrators about how data were collected or how youth were asked about SOGI.

Table 2: Significant Discrepancies between Administrators, Staff, and Youth			
Agency	Administrators	Staff	Youth
1	“Yeah, [we ask about SOGI on] the survey.”	“[We ask about SOGI on] an intake questionnaire.”	“No, they didn’t ask about it, I think.”
2	Admin 1: [We ask at] intake. Admin 2: Not anymore. Admin 1: Oh, we’re not? We’re not giving assessments anymore? Admin 2: Nope. Wait. I think sexuality, yes. I think sexuality is on our bio page. Admin 1: Gender isn’t on it? Admin 2: It’s not listed.	Staff 1: We do [ask]. Staff 2: We do it at intake and it’s not a question on our intake form. We’ll just kind of ask or hey, I’ll say, “Check this,” or “Have you identified?” or “What is your identity?” Staff 3: I don’t know. I can’t remember. [Group laughs] Staff 2: Right, so I just ask in general or I just say—I’ll say, “Fill this out.” So it would be like a checkbox from a different form and I’ll say “Check this. Fill this paper out.” So they’ll have to go through and check it on their own but I won’t be like, “What do you like? Do you like boys?” No. I’m not going to say that.	“Well, technically, when I came here they didn’t ask me [about SOGI] because the organization that brought me here told them everything about me. I didn’t have to answer the question. [Host: But they never asked you?] They never asked me that.”
3	“It’s asked in a second assessment, or what we call a second interview, but it’s an overall assessment that’s kind of a criterion of whether or not the participant is even brought into the program. It’s asked on that. It’s also asked upon intake. There’s a screen that says, ‘What do you identify?’ and you’re supposed to read off the options. We were trained that we’re not supposed to just be like, ‘Do you identify as being straight?’ It’s not how you do that, you know.”		“They didn’t ask if I was gay. It was really just standard, by the book. They just had us fill out like a mental health evaluation, get us settled in, get us used to the routine and stuff like that. They take an interest, but nowhere on that interest thing does it ask, ‘What’s your sexual preference?’”

Table 3. The Percentage of Providers Who Received LGBTQ-Specific Training and the Number of Training Hours Received

Agency	Position	Number of staff/ administrators interviewed	Percent of pro- viders who have received >1 hour of LGBTQ RHY specific training	Average number of hours of LGBTQ-specific training
1	Staff	7	57%	3.0
1	Admin	4	75%	16.8
2	Staff	5	100%	2.25
2	Admin	5	80%	5.4
3	Staff	8	88%	43.9
3	Admin	3	100%	13.8
4	Admin/Staff	13	100%	17.3
5	Admin/Staff	7	57%	40.0
6	Staff	5	80%	13.8
6	Admin	3	67%	16.7
7	Staff	4	75%	5.5
7	Admin	3	100%	4.3
8	Admin/Staff	3	100%	123.3

TABLE 4: Agency Training Comparisons

Agency	New Employee Orientation Specifically Addresses LGBTQ Youth	In-House LGBTQ-Specific Training	In-House Training which Integrates SOGI	External LGBTQ-Specific Training or Seminars	Additional Training Not Specific to SOGI	Other	Accountability Structure to Evaluate
1	N/A	N/A	N/A	They hosted an annual RHY conference which included discussions and training related to LGBTQ RHY youth.	Motivational Interviewing	N/A	N/A
2	N/A	They offered an LGBTQ-specific training three or more years ago.	N/A	N/A	Providers received a generic training on sensitivity.	Staff reported LGBTQ-specific training was very minimal.	N/A
3	N/A	All staff completed "Trans 101," a three-hour training.	All of the training was integrated with SOGI or were developed from an "LGBTQ lens."	Staff completed training offered by Child Youth and Family Services.	Online Trauma Informed Training with 11 modules including: CPR, harm reduction, motivational interviewing, crisis intervention, and relationship grouping.	Providers suggested they learn a lot from their youth.	They were consistently reflective and adaptive. Staff meetings were used as a chance to role play issues that have arisen or could arise.

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4	N/A	Two levels of Safe Zone training. They had training about how to administer their intake forms and how to have discussions with youth about SOGI.	N/A	Some providers attended the annual Foyers McNeal conference, which hosted multiple different types of training. Some providers attended local RHY summits.	N/A	They had a diversity taskforce with a LGBT committee.	They held quarterly staff meetings to review their agency's strategic plan, which lists their goals and outlines how they will work toward meeting the needs of all RHY (including LGBTQ).
5	It included a discussion about LGBTQ.	They had in-house trainers who conducted LGBTQ-specific training.	Mandatory cultural competency training was co-facilitated by an outside agency. The first training was intense and addressed intersectionality. There was a desire to complete a second round. The training involved hands-on learning and role playing.	They offered access to online training. They participated in cross-training (different organizations offered to host various training).	N/A	Staff stated they had no training specific to LGBTQ youth.	N/A

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6	N/A	An outside consultant was brought in a number of years ago. The consultant trained clinicians about how to work with LGBTQ RHY youth. They used the curriculum "Moving the Margins" from the National Association of Social Workers .	N/A	Offered access to online training courses. Some providers attended community meetings or coalition groups which discussed SOGI. Providers suggested the meetings provided an open forum for learning.	Providers completed problem-solving, decision-making, and mediation training. Administrators suggested staff use training when determining how to intervene or respond to homophobic and transphobic situations between youth.	N/A	N/A

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7		<p>Staff received training from the local transgender resource center.</p> <p>The agency was preparing for their second round.</p>	<p>Cultural competency training which included discussion about LGBTQ.</p>	<p>N/A</p>	<p>N/A</p>	<p>They prided themselves on using community resources to help training staff.</p> <p>They used informal conversations to train and educate staff.</p> <p>Staff suggested they learned a lot from the transgender training course offered to youth.</p>	<p>Yes</p>
8	<p>A week-long training which included CPR, Therapeutic Crisis Intervention, and an overview about LGBTQ persons.</p>	<p>All staff had to complete a training about LGBTQ sensitivity.</p> <p>The nearby LGBT center offered a workshop during the past year.</p>	<p>N/A</p>	<p>Providers paid membership dues to a nearby coalition on homelessness which offered training. Providers also had access to training through a local collage.</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>

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9	N/A	Ally training, for providers was previously offered. New staff had not been trained. They offered a three-hour training about how to work with LGBTQ youth.	Positive Youth Development Training (50 hrs.) with a component about LGBT youth of color.	N/A	N/A	They had a Safe Space Committee which included an LGBTQ subsection.	Administrators consistently asked staff and youth about what the agency needed, including training.

**JANE ADDAMS
COLLEGE
OF SOCIAL WORK**



UNIVERSITY of
HOUSTON

GRADUATE COLLEGE of SOCIAL WORK

