

RESIDENTIAL GROUP CARE QUARTERLY

VOLUME 7, NUMBER 3

CHILD WELFARE LEAGUE OF AMERICA

WINTER 2007

Building a Lasting Agency: The Leadership Institute

By Letitia Howland

There was a time when we believed wholeheartedly that our program directors should not have the headaches that go along with running a child welfare agency, thinking they should be left to run excellent programs and take superior care of children. Sure, we'd get them together periodically, from all over the commonwealth, to inform them of hot topics, but it was thought that they didn't need to be involved in all of that big picture stuff. Largely due to a visit to the Stanford University School of Business, that time has passed for the Robert F. Kennedy Children's Action Corps. Driven by Ed Kelley, our President and CEO, we began a Leadership Institute to establish a culture of leadership within the RFK Children's Action Corps and ensure the agency's future success.

Two Weeks in California

In 2001, Ed Kelley was invited to take part in the Executive Program for Nonprofit Leaders at the Graduate School of Business at Stanford University. As stated on their website, this "program is designed to further the professional development of current and future leaders in the nonprofit sector." Those two weeks brought about a transformation in Ed and his philosophy of leading the agency for which he had served as Executive Director (prior to his change in title) for over 15 years. He saw that the agency had to grow from

focusing on the day-to-day to focusing on the big picture so that it could help children 50 or 100 years from now, and Ed recognized the leadership that such a shift would require.

In order to achieve this, he saw the enormous untapped potential in embracing philosophies that are commonplace in the for-profit world. Heading out to Stanford, Ed had been skeptical that these ways of working were transferable. Upon his return, he was positive that they were. His most immediate challenge would be to envelop his senior management team in his enthusiasm.

Getting the Leadership Institute off the Ground

After numerous lengthy discussions centered on the book *Built to Last: Successful Habits of Visionary Companies* by Jim Collins and Jerry I. Porras, debating its applicability, and overcoming the skepticism related to reading a "business" book, the senior team was beginning to catch Ed's enthusiasm and wanted to carry his ideas further.

They began to discuss involving many more people in this new way of thinking. They took the same approach and brought several layers of management into small discussion groups centered on *Built to Last*. This led to the formation of the Robert F. Kennedy Children's Action Corps' Leadership

INSIDE

For Our Safety: Examining High-Risk Interventions for Children and Young People

A new book incorporates information discussed at an international symposium on high-risk interventions.

—Page 4

Transforming Mainstream Residential Treatment Programs into Safe Environments for LGBTQ Youth

How the Jewish Board of Family and Children's Services created a safe community for LGBTQ youth.

—Page 5

Balancing the Scales: Targeting Disproportionality in Child Welfare and Juvenile Justice

Three communities show how disproportionality can be addressed.

—Page 10

Point/Counterpoint

Can residential facilities adequately serve gay, lesbian, and other sexual minority youth?

—Page 14

Traditions in Residential Programs

Rituals and traditions are crucial to developing successful residential treatment centers.

—Page 17

RESIDENTIAL GROUP CARE QUARTERLY

Volume 7, Number 3

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Institute and its charter.

The purpose of the RFK Children's Action Corps' Leadership Institute is to establish and nurture a culture of leadership in the agency that allows delivery of service and program management in line with the agency's Core Values. Through education, development, and team building, the Institute seeks to ensure the continuity of leadership by helping every Institute member to reach his or her full potential.

Setting New and Higher Expectations

The first Leadership Institute meeting involved 44 agency leaders—roughly 10% of our staff. We chose anyone with the word “director” in their title. This included assistant directors whom we had previously not involved in agency-wide discussions. We expected all of them to participate in high-level discussions around *Built to Last* and how it applied to the work we do. As a group, we developed our core values and purpose statements. Our board endorsed both of these key documents. All of these were good first-step exercises, but they would not develop the long-term culture of leadership for which we were striving. We needed to do more.

We began a discussion around

agency needs, both short- and long-term. This involved the entire Institute, not just a group of senior management in our central office, and it led to several sub-groupings of needs. Committees were formed to address the needs, and these committees are now the lifeblood through which our leaders have the opportunity to develop and stretch their leadership skills.

The chairs of these committees are specifically not part of our senior management team. They are expected to lead their group of 9–10 toward the goals laid out by the larger group. In order to do so effectively, they must leverage and develop their skills in areas such as vision, project planning, strategic thinking, facilitation, critical thinking, organization, and presentation skills. One-third of those eligible have acted as committee chairs.

These leaders are expected to exhibit these skills in Leadership Institute settings and also throughout their work in all aspects of the agency. Roles have expanded to include agency-wide responsibility across all levels.

Supporting Staff in Their New Environment

Concurrent with “raising the bar,” we have provided tools and support to our

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leaders as they've stepped into their larger roles. The Leadership Institute continues to meet regularly and a component of every meeting centers on professional development. These have ranged from having various board members come to share their experiences and perspectives to inviting consultants who've worked with us on public speaking skills, relaxation techniques, grant writing, and so on. We continue to identify and deliver professional development opportunities to our members, both formally and informally. Each time a member is stretched in to a new area of leadership, and supported in that effort, we are helping them to develop professionally.

Results

As a result of all of these efforts, we have achieved significant change in our organization. The underlying and overarching difference is that we have dramatically improved communications and involvement across the agency. This is no longer a place where decisions are made among the top leaders and then

handed down from on high. Instead, policy and procedure changes now happen from the bottom up.

We have overhauled our evaluation process and form; developed an agency-wide orientation program along with the procedure surrounding attendance; revamped the way our program reviews are done; continued to improve the functioning of the Leadership Institute; documented expectations and guidelines; and dramatically expanded our media exposure. We are now poised to improve both the computer and fiscal management skills training that we deliver.

In addition to the above, we've had an additional 19 members attend an abbreviated course at Stanford's Graduate School of Business (and have sent several members of our board). Thirteen members are working with our board in developing our multiyear strategic plan. Twenty-one members have attended national conferences, with many of those presenting at the conferences. Over 50% of Institute members have participated on a nation-

al level. And, in the spirit of leadership development, of the 19 positions that have either turned over or been added to the Institute, over one-third have been filled by internal promotions.

Looking to the Future

While we are certainly proud and excited about our accomplishments to date, we are even more excited about the possibilities that lie ahead. With each change, we learn more and incorporate that knowledge into what we do as we move forward, and we believe we have only scratched the surface of possibility.

This was adapted from an article published previously in the April 2006 edition of Common Ground, Volume XXI, Number 1. This article is reprinted with permission from Common Ground, the newspaper of the New England Association of Child Welfare Commissioners and Directors, Boston.

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For Our Safety: Examining High-Risk Interventions for Children and Youth

By Michael A. Nunno, Lloyd Bullard, and David M. Day

From June 1 to 4, 2005, an international symposium entitled *Examining the Safety of High-Risk Interventions for Children and Young People* took place on the Cornell campus in Ithaca, New York. The symposium was cosponsored by Cornell's Family Life Development Center in conjunction with Stirling University, Stirling, Scotland, and the Washington, DC-based Child Welfare League of America.

More than 90 researchers, policy-makers, attorneys, advocates, and intervention system providers from throughout the United States, Canada, England, Wales, Scotland, Australia, and Ireland participated in this symposium. The professions represented were from social work, law, medicine, psychology, and education. Papers were presented on topics such as the legal, ethical, and historical uses of physical restraints and seclusion, their safety; their psychological and emotional impact; and guidelines for their development and their use, as well as clinical and organizational strategies likely to reduce their use in children's treatment facilities.

In the spring of 2007, CWLA will publish *For Our Safety: Examining High-Risk Interventions for Children and Young People*, edited by Michael Nunno, David M. Day, and Lloyd Bullard, a book born out of the papers and the presentations of this symposium. All the contributors and the book editors participated in the symposium.

Rather than reiterate and reproduce the presentations and papers at the 2005 symposium, the authors incorporated much of the discussion, learning, and new research discussed at the symposium into each chapter. This effort is unique in that it is one of the few volumes devoted entirely to the subject of,

and the risks associated with, restraint and seclusion. After the introduction, the book is divided into five sections: young people and physical restraints, theoretical and historical issues, ensuring safety and managing risk, reducing restraints through organizational change, and broader social influences.

The book is written for anyone interested in learning from the expertise and experience of a broad spectrum of North American and British academics, scholars, agency directors, clinicians,

This effort is unique in that it is one of the few volumes devoted entirely to the subject of, and the risks associated with, restraint and seclusion.

quality assurance personnel, and crisis management systems experts. Although the book's point of view is varied, it is biased towards the emerging international consensus to reduce restraints and seclusion to only those matters that involve immediate safety (British Institute for Learning Disorders, 2001; Child Welfare League of America, 2002; National Executive Training Institute, 2003). The editors selected the chapters because they represent the best work delivered at the Cornell symposium, and, likewise, represent the best information available at this point in time. The contents challenge the reader to move the field to fewer, safer, and more appropriate uses of restraints and seclusion.

The editors and publishers hope this volume will contribute to the discussion

of the appropriate use of high-risk interventions such as restraints and seclusion and improve the general quality of children's residential treatment services through safe and harm-free environments. Those who want to learn more about addressing the impact of aggression and violence in residential care settings within the context of evidence-based practice and the national and international impetus to reduce the use of restraints and seclusions will benefit from this book. It is intended to help the reader to convert his or her information needs related to practice and policy into answerable questions and to track down or uncover the best evidence with which to address them. The reader can then undertake a critical appraisal of this best evidence, as well as its validity, impact, and usefulness, and apply the results to his or her own practice and policy decisions. The reader can also take the information and evidence presented and find ways to improve upon these practice and policy decisions.

References

- British Institute for Learning Disorders. (2001). *BILD code of practice for trainers in the use of physical interventions*. London: Author.
- Child Welfare League of America. (2002). *CWLA best practice guideline: Behavior management*. Washington, DC: CWLA.
- National Executive Training Institute. (2003). *Training curriculum for the reduction of seclusion and restraint* (3rd ed.). Alexandria, VA: National Technical Assistance Center, National Association of State Mental Health Program Directors.

Transforming Mainstream Residential Treatment Programs into Safe Environments for LGBTQ Youth

By Caroline Peacock, Randi Anderson, and Lenny Rodriguez

This paper describes the steps taken to transform a mainstream residential campus at the Jewish Board of Family and Children's Services (JBFCs) into a safe place for lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth. The purpose of this paper is to provide other residential programs with concrete steps and the nuts and bolts that will help them attain a safer campus for the betterment of all youth and staff.

JBFCs is a large social service and mental health agency based in New York City, providing services throughout the five boroughs and Westchester County, and serving more than 65,000 clients annually from all religious, ethnic, and economic backgrounds in 185 programs. In addition to several group homes, the Residential Division includes a campus in Westchester County, north of New York City, that provides treatment for children referred through the child welfare, juvenile justice, and mental health care systems from the surrounding areas. On this campus, there are approximately 270 youth.

The Problem

Approximately 5%–10% of the general population is estimated to be LGBTQ. On a campus of 270 kids, estimates would suggest that 13–27 are LGBTQ. Because LGBTQ youth are at disproportionately higher rates in out-of-home care, however, the estimate might be as many as 54 (20%) (Lambda Legal, 2006). Indeed, this is what our informal assessment indicated—that about 20%

of the children on the campus were LGBTQ.

The primary goal of residential programs is to provide a safe, secure, and structured environment for children and adolescents who have been referred through the child welfare, juvenile justice, and mental health care systems. As a result of the trauma most of the residents have endured in their lives (Abramovitz, 2003), many of them pres-

We realized these youth were more often teased, harassed, and treated differently by other residents, and sometimes by staff.

ent with severe behavioral problems that lead to safety concerns on the campus. Many residential programs, therefore, are constantly working to secure a safe environment. In fact, on our campus, we have adopted an entire model of treatment that addresses safety in its physical, psychological, social, and moral domains: The Sanctuary Model (Bloom, 1997).

Due to our very mindful approach to creating a safe environment for residents, we came to realize not all our residents were equally safe—namely, our LGBTQ youth. We realized these youth were more often teased, harassed, and treated differently by other residents,

and sometimes by staff. In a slow, thoughtful manner, we proceeded to take steps to change this environment based on the advice of experts (Mallon, 2001) and our own will to improve the campus. Although presented in a linear manner, much of this work happened simultaneously.

Creating an LGBTQ Therapeutic Group

Our first step was to create a therapeutic group for LGBTQ youth and youth who wanted to learn more about these issues. We began on the residential treatment center campus (the program for children referred by the child welfare and juvenile justice systems) in the girls' unit. In confidence, some residents expressed they would like a place to talk about their feelings without feeling the pressure of negative, homophobic feedback.

We began the process of starting a therapeutic group for the residents. We started with the girls for two reasons: There were many more girls than boys who were openly questioning their sexual orientation, and, at this time, it was too threatening for the boys to be a part of such a group. In general, we found boys are less likely to be openly LGBTQ (or out) due to more intense homophobia.

We offered this group to all girls, rather than just the girls who were out to their therapist or milieu counselor, by announcing the formation of the group in a community meeting when all residents were present. We then gave each

girl a sheet to fill out privately with her therapist to indicate if she would like to be in the group.

The initial announcement produced a lot of discussion—both positive and negative. Many girls stated aloud that they were not gay and made homophobic jokes. We did our best to respond to these statements in an appropriate manner, while understanding some of the most vocal girls may have been those questioning their orientation and therefore feeling anxious about the topic being discussed openly.

The group was open to anyone interested in learning more about LGBTQ issues, as long as they could be supportive and nonjudgmental; therefore, we had both LGBTQ and heterosexual youth in the group. We received about 10 positive replies out the 30 girls to which the opportunity was offered. This number went down to eight because of discharges and hospitalizations. We had a formal intake with each girl to find out if she would be able to participate in the group and support the other members by abstaining from homophobic or unsafe language. The group had a psychoeducational component so residents could learn useful information about LGBTQ issues. The second half of each group was dedicated to discussion.

In a 12-week format, the following topics were covered: LGBTQ Definitions; Myths and Facts; Coming Out; Homophobia and Heterosexism (external and internal); Dealing with Families and Friends; Dealing with Loss/Acceptance of Change; Being Healthy LGBTQ Youth (physically, psychologically, and socially); The Strengths Perspective—Feeling Proud and Being Strong; Looking to the Future (what adulthood will be like); and Group Closure.

Two social workers were facilitators—one an out lesbian, and one a heterosexual woman. The group facilitators were forthcoming about their sexual orientations when asked, which showed the residents people could be open and confident about being gay, and heterosexual people could be important supports for LGBTQ youth.

The group was also supported by a milieu counselor, which ensured appropriate supervision requirements and allowed for an immediate intervention if any behavioral problems occurred. Confidentiality was maintained, and the residents were told the facilitators and milieu counselor would not share information discussed with other residents or staff. The group was successful in that the girls were able to learn about different aspects of being LGBTQ and discuss their feelings.

We encountered one obstacle during the group about Being Healthy LGBTQ Youth. We decided it was important and appropriate to discuss safe sex with the girls and present a way of creating dental dams (a safe sex contraceptive to prevent passing on STDs and HIV). The method required the use of latex gloves. We had the support of the director of the campus and went ahead with the lesson. As can be imagined, the girls were excited to learn about this and wanted to share the information with their friends. There was a reaction to the unit among the staff, and they forbid the residents access to latex gloves. This was discussed with the director and resolved.

Creating an LGBTQ Campus Task Force

After a few meetings with staff to discuss ways to improve the treatment of LGBTQ youth, we soon realized we needed a policy or set of expectations. During training about working with LGBTQ youth (provided by outside consultants), many staff members expressed that, because of their religion, morals, or values, they could not be supportive of LGBTQ youth. We had little knowledge, resources, or support as an agency or campus to affirm when it was necessary for staff to support and accept LGBTQ youth. Our first task, therefore, was creating guidelines. Eventually, the group started to work on other issues, and we received support from the administration to be a formal task force.

Once we had formal support, we were able to diversify our participants. Representation from all parts of the campus and all disciplines was important. Not surprisingly, some individuals

were not eager to have more work to do or be associated with an LGBTQ task force. Although some individuals may have been personally comfortable with LGBTQ youth and staff, they were concerned about reactions from other staff members. Due to the formal approval of the task force by the administration, however, and the directive that each part of the campus have representation, we received sufficient representation.

The task force worked on several projects, described below.

Guidelines

We started by devising a list of areas that would need to be covered in the guidelines, including discrimination, harassment, language, gender expression (clothing, accessories), sexual health education, and training. Clarifying each of these areas was a labor-intensive process. In fact, the guidelines took a surprising two years to finalize. They were reviewed and edited multiple times by our campus Senior Management Group. We engaged the assistance of our legal counsel and corporate compliance officer to create a solid document that was not in conflict with the larger agency's work.

When we created the guidelines, we were mindful they could be a work in progress and amended as necessary.

The JBFCs Children's Residential Division Guidelines for Working with Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) Youth in Residential Treatment follow:

JBFCs Children's Residential Division aims to create an environment that is respectful, supportive, and accepting of all sexual orientations and gender identities. To this effect, no effort should be made to alter a youth's sexual orientation or gender identity.

Youth in residential treatment require milieu, individual, and group treatment that supports healthy emotional, physical, and psychological development. We recognize that adolescence is a time for questioning many aspects of personal development, which may include sexual orientation or gender identity. Therefore it is necessary for us to provide all employees with educa-

tion to help our residents deal with related issues as they emerge and to provide residents with access to information to assist with their personal development.

JBFCS Children's Residential Division does not tolerate professional practice that is based on societal, institutional, or personal prejudices. JBFCS Children's Residential Division acknowledges the social stigma that many LGBTQ youth may experience and thus endeavors to provide a therapeutic environment that rejects such stigmatization by following these guidelines.

1. JBFCS Children's Residential Division is developing a training program to educate employees on working with LGBTQ youth in residential treatment. This training will provide employees with information about the ways that societal and personal bias may affect their work and steps they may take to work in a respectful, supportive, and accepting manner.
2. JBFCS Children's Residential Division is developing a human sexuality curriculum for residents that include general information about sexual orientation and gender identity.
3. On an individual basis, treatment teams will review the needs of gender variant youth (such as transgender youth). For example, treatment teams will consider requests by gender variant youth around issues such as preferred names, pronouns, and participation in gender-specific activities, taking into consideration the health and safety of the specific resident, and where necessary, other residents.
4. LGBTQ youth have access to medical education regarding safe sex and other issues that may apply to their sexual orientation and/or gender identity. LGBTQ youth are provided with protection against sexually transmitted diseases upon their request.
5. LGBTQ youth in our care will receive respectful, supportive, and accepting clinical, milieu, and medical treatment from staff.
6. JBFCS Children's Residential Division seeks to protect all residents in its care from physical and emotional harm, including but not limited to LGBTQ youth.
7. JBFCS Children's Residential Division will not tolerate name-calling, derogatory language, taunting, threats or acts of violence,

or horseplay in relation to anti-LGBTQ sentiment. Should any such incidents occur, they are to be addressed directly and immediately.

8. Inappropriate verbal exchanges from employees to residents are not tolerated and are addressed in supervision and documented in the personnel record. Employees found engaging in inappropriate behavior will be subject to disciplinary action up to and including termination.
9. Program procedures are amended as needed to reinforce these guidelines for treatment and compliance purposes.
10. Regardless of sexual orientation or gender identity, it is the Children's Residential Division policy that sexual activity is not permitted on campus. Consequences for same-sex sexual activity are the same as for heterosexual sexual activity.

External LGBTQ Task Forces

As social innovators, the campus task force decided to create the first mainstream residential program guidelines for practice with LGBTQ clients. We knew that for effective practice to be adopted and replicable in other programs and agencies, it would have to be codified and supported by some of the foster care partners, such as our government funders as well as the residents' legal advocates.

We began to build new and innovative networks with a broader range of community supports. For example, the task force facilitator was invited to participate in both local networks with government and agency providers and to become a member of Lambda/CWLA Advisory Network started by CWLA and Lambda Legal. She also became a member of the Administration for Children's Services LGBTQ task force and made sure the youth were also represented at these meetings.

Participation in external task forces was crucial to transforming our own campus for several reasons. First, participation gave insight into the governing bodies' expectations regarding working with LGBTQ youth. Second, participation provided networking opportunities, which resulted in local experts visiting our campus as trainers and consultants.

Third, participation made our cam-

pus known to the governing body as an agency concerned with the well-being of LGBTQ youth. Fourth, the meetings included a youth group, which provided an opportunity for our youth to participate in a positive LGBTQ-oriented activity. Finally, participation provided us with resources, such as posters and books, for our campus. Participation in external task forces was an essential step in our transition to a safe environment for LGBTQ youth.

Training

Until this point, we had occasional outside consultants provide optional training through the JBFCS Child Care Professionalization Institute, which was the training entity for all milieu staff. The task force facilitator took on the role as trainer, and it soon became apparent that this training should be mandatory as a part of the child care training certificate course that all milieu staff must receive. When the training was optional, only those who were curious to learn more or had a vested interest attended. We were missing the individuals who really needed the training—the individuals who had personal values in conflict with supporting LGBTQ youth. Making the training mandatory was a crucial step in the process.

Because many of the participants felt very uncomfortable participating in training concerning this topic, it was necessary to make the experience as safe, interesting, and enjoyable as possible. One way of doing this was through interactive games. We made use of the *CWLA Knowledge Assessment Tool* (CWLA, 2005), which provides trivia questions. We put the questions into a Jeopardy-like format and broke participants into teams. Participants who had been uncomfortable with LGBTQ topics before the game became competitive trying to figure out the correct answers to LGBTQ trivia, thus making great strides in changing their attitudes toward the subject.

The training covered the following topics:

- introduction of trainer and participants and purpose of training;
- policy-based practice (review of

guidelines and other professional organizations' statements regarding working with LGBTQ youth);

- trivia game with CWLA *Knowledge Assessment Tool*;
- terminology;
- myths and facts;
- discussion of what to do in certain situations, such as when a child comes out or when derogatory language is used;
- other ways to create a safe environment, such as posters, language, and books;
- questions; and
- evaluations and closing.

This was the LGBTQ 101 training, with the purpose of introducing the language and explaining the expectations of staff when working with youth. As is customary, the training has since changed and will continue to change over time based on the needs of the staff and residents.

Diversity Film Series

In the ongoing work of the task force, it became apparent much of the homophobia was not being addressed by the guidelines and groups for LGBTQ youth. This is because we had not focused on the cause of the homophobia—the youth who held negative beliefs about their LGBTQ peers. We began a Diversity Film Series, which brought together all different youth to discuss issues of diversity. Each month a different film highlighted a diversity issue, whether race, ethnicity, class, sexual orientation, or other issues. This was a useful way of allowing residents to come to their own understanding about similarities of oppression. Many youth realized that bigotry, whether based on sexual orientation or race, was hurtful and harmful. The Diversity Film Series helped to create a safer place for all youth.

Youth Participation in Outside Programming

An important aspect of residential treatment is connecting residents to programs and services in their communities so that when they are discharged from care they are not left without support.

This is especially important for LGBTQ youth, as they might find it very difficult to know where to go to find other LGBTQ youth and adults who can support them.

Through Internet searches and networking, we were able to come up with multiple programs residents could attend in their communities. Additionally, we allowed residents to attend whenever there were dances or pride events. This helped residents see themselves mirrored in the LGBTQ people in their own communities and feel confident about their own sexual orientation and gender identity.

In creating new programming, it was important to interface with other LGBTQ community resources so we could provide long-term support for the youth and their families.

Networking and Resources

We made use of networking services and resources throughout the entire process of making the residential program more safe and supportive for LGBTQ residents. When we started the process, our primary sources of information were the residents themselves. Their experiences and stories provided valuable insight into understanding the types of homophobia and discrimination they were experiencing in their lives, both with their families and in our own programs. They also provided us with a wealth of networking information within the LGBTQ communities.

When we began looking at the problem, two other agencies had LGBTQ programs, but no programs had begun to address the needs of LGBTQ youth without separating them from the general population. There were also no integrated services for LGBTQ youth at the RTC level of care.

In creating new programming, it

was important to interface with other LGBTQ community resources so we could provide long-term support for the youth and their families. Networking also enabled us to showcase a model of integrated treatment that could be replicated in other agencies' practice.

The linkages and resources we have created have helped our staff understand the needs of the youth and how we can best serve them. It also has allowed us to have the most up-to-date literature, toolkits, and information available. Through the Internet, online libraries, resources of clients and their families, literature reviews, articles, and journals, we have been able to incorporate cutting-edge and effective treatment for a group of residents that can be replicated in any agency.

Role of Leadership

Leadership support is essential to creating a safe environment for LGBTQ youth in a congregate care setting. Leadership support legitimizes the activities and sets a positive tone for them throughout the organization. This provides the necessary endorsement of any initiatives when work must be done with individuals who are ambivalent or opposed to LGBTQ issues. People in leadership positions can also provide access to funds for LGBTQ programming and resources. As we covered under the guidelines earlier, support by senior management was crucial in the approval of the guidelines. If we did not have support from management, we could not ensure they would follow through with passing on the expectations to their supervisees.

Pride Event

With leadership support, we had our first annual LGBTQ Pride Event in June 2006. This event was open to residents, staff, and visitors who wanted to support LGBTQ youth. It took several months to plan, and we included residents in the process. We held it in June as this is Pride Month, and we had T-shirts made that read "You have the right to be yourself—The JBFC Westchester Division First Annual LGBTQ Pride Event."

Residents provided the entertainment through poetry, dance, and song. We invited community leaders to be a part of our celebration, including a representative from the city's Administration for Children's Services, as well as two keynote speakers from the Anti-Violence Project, a national organization that works with victims of homophobia and violence.

The community leaders' participation sent a message of support to the children and reemphasized to staff that the issue is serious and warrants attention. We had 110 individuals attend the event, and most were heterosexual youth who were present to support their peers.

Expansion to the Greater Agency

As the residential division of the agency began to experience great success in developing a model of practice with LGBTQ clients, other divisions that also worked with LGBTQ clients felt the entire agency should have a similar model of practice and also should directly address the homophobia and lack of resources that LGBTQ clients and staff have faced in many of our programs. At the same time, our agency had long established itself as an innovative leader in addressing racism at all levels of operation. This resulted in an executive decision to support the LGBTQ staff members and move forward with the creation of an LGBTQ task force that would focus primarily on creating better provision of services for our LGBTQ clients.

The associate executive director contacted the five employees who had expressed an interest in creating the task force, and we spent several months discussing our mission and how to prioritize our goals. We also had to address the reality that homophobia did exist in the agency at institutional levels, professional/treatment levels, and personal levels between employees and clients. We decided our mission statement was to create a safe environment for all LGBTQ staff and clients as well as provide the highest standard of care to all clients.

In developing the focus of the task force, we realized that—as a sectarian

agency—there would likely be opposition from many religious communities we are affiliated with. It became clear we would have to develop an extensive, sensitive training system and begin to network with our religious partners who could help us with strategies for change and buy-in by some of our more religious programs and partners.

Our first step was to meet with the division directors and administrators to get buy-in and their support that formally acknowledged our model of change. Once that occurred, we needed to create a larger task force that would represent all of the divisions of the agency. We sent e-mails to employees from every division to invite their participation in the task force. Currently, we have a task force that includes 15 members from almost every division of the agency.

Our second step has been creating agency guidelines. We asked all employees to share their experiences, needs, and any other discussion regarding practice with LGBTQ clients and employee concerns. We set up a confidential e-mail address where employees could forward any information they wanted to share with the task force while we worked to create agencywide guidelines.

Our next steps will be to build our training component and develop mechanisms for acquiring cutting-edge treatment in working with LGBTQ clients. Though many obstacles still need to be addressed, the innovative work done within the Residential Division, as well as the buy-in and support from the executive administration, have been key elements in creating and developing a model of culture change that is being replicated throughout our agency and available for any other multiservice agencies.

Next Steps

Taking these steps to create a safe environment for LGBTQ youth has been a transformative experience for the staff and residents involved. We are constantly looking forward to our next steps, which will involve new programming opportunities, pride events, and training innovations to better our campus.

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References

- Abramovitz, R., & Bloom, S. (2003). Creating sanctuary in residential treatment for youth: From the well-ordered asylum to a living-learning environment. *Psychiatric Quarterly*, 74, 119–135.
- Bloom, S. (1997). *Creating sanctuary*. New York: Routledge.
- Woronoff, R. (2005). *Knowledge assessment tool*. Washington, DC: CWLA. Available online at <http://cwla.org/programs/culture/glbqtknowledge.htm>.
- Lambda Legal. (2006). *Getting down to basics: Tool kit*. Washington, DC: CWLA. Available online at www.lambdalegal.org.
- Mallon, G. (2001). *Lesbian and gay youth issues: A practical guide for youth workers*. Washington, DC: CWLA Press.

Balancing the Scales: Targeting Disproportionality in Child Welfare and Juvenile Justice

Second of two articles by Michelle Y. Green

This is the second article in the two-part series from Children's Voice about disproportionality originally published in 2003. The first part appeared in the Fall 2006 issue of Residential Group Care Quarterly.

The facts are well established: Juvenile crime is decreasing significantly, but the number of juveniles in confinement continues to climb. The juvenile justice system confines far more minority youth than can be justified by their offense rates. And African American children show up more often and languish far longer in child welfare systems than do white children, despite lower incidences of abuse and neglect by race.

Communities nationwide are grappling with these stark facts, but several are addressing the problems of disproportionality with promising results. Three different communities show what is possible using a mix of strategies that includes interagency collaboration, systems rethinking, accurate data collection and analysis, cultural competency, and community involvement.

Less than a System

In 1992, the Annie E. Casey Foundation launched the Juvenile Detention Alternatives Initiative (JDAI), awarding \$2.25 million over three years to five urban jurisdictions. "The foundation historically has had a commitment to juvenile justice reform, particularly as it relates to kids placed out of home," says Bart Lubow, Casey Foundation Senior Associate. "We saw there was a major crisis emerging in juvenile justice, defined by overcrowding. That, com-

bined with a significant overuse of detention, was the first step in a slippery slope."

Casey is now involved in what Lubow calls the "dissemination and replication phase" of JDAI. "We've disseminated the strategies used in the JDAI sites; replication is aimed at creating a growing mass of places that implement these changes and demonstrate their efficacy," says Lubow. Replicating JDAI's success on a statewide scale—as is now being done in Delaware, Georgia, Illinois, New Hampshire, and New Mexico—has never been done before, according to Lubow. "It presents a challenge all its own," he says.

Inspired, in part, by the interagency collaboration and data-driven policies that had so radically transformed previously funded work in Broward County, Florida, JDAI sites have sought to demonstrate that communities can improve their juvenile detention systems without jeopardizing public safety.

"Multnomah County [Portland] came into the process in a pitched battle—a lawsuit over overcrowding," says Vincent Schiraldi, President of the Justice Policy Institute in Washington, DC, and coauthor of the Casey report *Reducing Racial Disparities in Juvenile Detention*. "The state had passed a draconian ballot initiative for the punitive treatment of offending adults and children that whipped up public sentiment," Schiraldi says.

Yet the community had several advantages. Following the passage of the Juvenile Justice and Delinquency Prevention Act's disproportionate minority confinement (DMC) mandate, Oregon already had been targeted as

one of five places to study, and considerable work was under way. Today, as a result of focused, sustained attention, Multnomah has emerged as a national model in reducing racial disparities in the juvenile justice system.

In 1990, Latino youth in Multnomah were more than twice as likely as white youth to be detained (34% versus 15%). Asians, African Americans, and Native Americans were detained 47%–60% more often than white youth. Common to other jurisdictions, Multnomah's juvenile justice "system" was a group of autonomous agencies, each with its own funding pools, policies, procedures, and philosophies. "It was a misnomer to call it a system," Schiraldi says. "Multnomah had to get system players to work together to be more than a sum of their individual parts."

An earlier attempt to do just that—form a DMC committee—failed after several changes in leadership and other factors produced few results. Once leadership stabilized and JDAI efforts began, however, a more effective policymaking collaborative rolled up its sleeves and got to work. At the outset, the cross-agency team of judges, defense attorneys, prosecutors, public defenders, probation officers, detention counselors, school officials, and researchers decided to make the questions surrounding the disparate treatment of minorities integral to all of its discussions. "And by getting data that showed disproportionality at every step of the way," Schiraldi says, "they were able to pinpoint exactly what they needed to do."

The team worked more than a year to develop a risk assessment instrument

(RAI) that, according one team member, “was not to eliminate the use of detention, but rather to make sure the ‘right kids’ were detained.” For example, the RAI replaced the criteria “school attendance” with “productive activity,” recognizing that many youth of color might not attend school but were working or in training programs.

Because “good family structure” might show bias to minority youth who might not come from traditional nuclear families, the RAI asked if an adult were willing to ensure the youth’s court appearance. The RAI eliminated the term “gang affiliation” altogether. “Prior arrests for car theft is pretty objective,” Schiraldi explains, “but labels like ‘gang affiliation’ often get kids of color in trouble.”

Each step along the juvenile justice continuum was examined through the filter of disparate treatment, whether by chance or by choice. Given the data that minority youth generally experienced more restrictive outcomes when represented by overburdened public defenders, the county hired four part-time trial assistants to aid in discovering and identifying appropriate community-based programs and resources. The county contracted with local providers to establish a series of detention alternatives—from shelter and foster care to home detention—that diverted youth from being returned to custody for violating their terms of release. It infused resources into the community to help replace the supervisory functions of parents, such as day and evening reporting centers.

The county developed and implemented a sanctions grid—a range of options that line staff can use for youth who violate probation. The grid allows discretion according to the seriousness of the violation and the youth’s risk status, allowing detention only when other sanctions have been tried first. Decisions to detain youth who violate probation must be approved by the supervisor and an alternative placement committee.

Multnomah initiated pretrial placement planning to improve case processing and reduce unnecessary detention. In this plan, arresting officers complete

reports the same day juveniles are charged. County probation staff distribute police reports, RAI scores, and discovery to attorneys and prosecutors the following morning. By 11:30 A.M., representatives from probation, prosecution, and defense meet to discuss the juvenile’s level of risk and alternatives to detention. At a 1:30 P.M. detention hearing, the probation office makes a recommendation to the court, which is usually accepted, for detention, an alternative, or release. A pretrial placement coordinator does daily quality control checks to make sure youth are processed without delay and staff apply the RAI uniformly. “Multnomah forced itself to play by its own rules,” Schiraldi says. “They appointed case facilitators to expedite the process, with high-level staff overseeing risk assessment scores done by probation officers.”

Between 1994 and 2000, the number of youth admitted to detention dropped by half for both African American and Latino youth.

What were the results of these and other reform strategies? In 1994, there was an 11 percentage point difference between African Americans (24%) and whites (13%), and a 10 percentage point difference between Latinos (23%) and whites, in the likelihood that an arrested youth would be detained. By 1995, with the new RAI in place, the gap for both African Americans and Latinos, compared with whites, dropped to 6 percentage points, despite a voter referendum mandating that all youth be held before trial and be tried in adult court for certain crimes.

By 2000, the gap dropped to 3 percentage points for blacks (12%), and 2 percentage points for Latinos (11%), compared with whites (9%). Between 1994 and 2000, the number of youth

admitted to detention dropped by half for both African American and Latino youth.

So who pays for all this? “It costs about \$50,000 a year to keep a kid locked up,” Schiraldi says. “Do the math. When you have 33 kids locked up instead of 96, that’s a lot of money.” In Multnomah, the Casey Foundation helped seed the program, and the county gradually picked it up. Schiraldi stresses that the key is pooled funding by community and agency stakeholders who are engaged in designing and implementing the plan.

“The JDAI experience tells communities there is a way through this,” Schiraldi says. “You now have a pretty good package to take to your state or foundation to get started. You can tell them, ‘There’s gold at the end of this; we have a good plan, but it’s going to cost a little money to get there.’”

Slaying the Hydra

In a community where Latinos comprise one-third of the youth population but two-thirds of the detention population, it was clear where the work surrounding disproportionality needed to begin in Santa Cruz County, California. In the early 1990s, Californians expressed heightened fear about youth crime and immigration. Proposition 187, which disqualified undocumented residents from attending public schools or using public hospitals, exacerbated conditions for Latino youth.

In this turbulent climate, Santa Cruz County, 85 miles south of San Francisco, began its JDAI experiment. John Rhoads, then Santa Cruz’s Chief Probation Officer and now a Casey Foundation Consultant, had watched JDAI efforts in Multnomah County with keen interest. He also brought with him several years’ experience as deputy chief probation officer in Sacramento County—another JDAI site. Convinced the problem was beyond the scope of a single agency, Rhoads co-convened a task force with the county’s Latino Strategic Planning Collaborative and Latino Affairs Commission.

When the task force started looking for problems, they found them. The 42-

bed detention facility was overcrowded 365 days a year. Children of color ages 10–17 represented 64% of those detained in the county’s secure juvenile detention facility on any given day, but only 33% of the general population. Minority youth experienced a protracted release process for drug treatment facilities, languishing sometimes five to six months before placement. And although Santa Cruz had risk-based detention criteria, the measures weren’t applied uniformly or objectively. “There were many heads to this Hydra that needed to be cut off to move toward fairness,” says Judy Cox, local project coordinator for JDAI in 1997 and now county chief probation officer. “No one strategy would reduce this problem, because it’s the result of a lot of factors.”

Among the justice agencies participating in the task force, only the probation department embraced reducing DMC as a key organizational objective. Under Rhoads’s leadership, the department began the deliberate process of uncovering what was causing children of color to be treated unequally. “It was like peeling an onion,” Cox says. “We measured who was brought to our front door by ethnicity and found that something in our decision-making processes and practices was exacerbating the problem.”

The department appointed a work group to develop a plan to address DMC. It mapped key decision points and examined data on arrests, booking, detentions, and program placements by ethnicity and reviewed outcomes to mark progress or areas for improvement. What they found, how the department responded, and how well they’ve succeeded demonstrates the power of a single agency to effect widespread change.

The department appointed a cultural competence coordinator to oversee reform efforts and develop an agency cultural competence plan. Caseloads were inventoried to determine the cultural and language profiles of clients. Finding that 46% of the juvenile caseload was Latino, the department made shifts in recruitment, hiring, and training. Now, 44% of juvenile probation officers are bilingual, 33% are bicultur-

al (Latino-Anglo), and staff receive ongoing cultural sensitivity training.

In tandem with other stakeholders, the department developed objective criteria to rid its RAI of racial bias. Thus, the decision to hold a child in secure detention is now based on quantifiable risk factors, such as severity of the current offense or past record of delinquent acts, rather than subjective judgments.

Family involvement has also helped reduce DMC. Customer surveys, information sessions, and written materials help families understand agency processes and programs. Parents sit on planning councils and serve as advocates who connect with other families going through the system. A bilingual, bicultural specialist conducts family confer-

What they found, how the department responded, and how well they’ve succeeded demonstrates the power of a single agency to effect widespread change.

ences to help develop service plans. And families take part in cultural celebrations at juvenile hall, day treatment programs, and other site-based programs.

To guarantee court appearances and ensure medium-risk youth did not re-offend while in the community, the agency collaborated to provide wrap-around services and detention alternatives such as electronic monitoring, culturally based programs for first-time alcohol and substance users, school-based and residential drug treatment programs, peer courts, neighborhood accountability boards, youth development services, and family preservation programs, all of which helped reduce DMC by eliminating gaps in services to youth of color.

To what degree has the sustained work of this one agency made a difference? The percentage of Latino youth in secure detention dropped from 64% in 1997 and 1998 to 53% in 1999 and to

50% in 2000. During that time, the average daily population in juvenile hall fell from 62 to 34 and the average length of detention from 27 days to 9 days. The percentage of Latino children committed to the California Youth Authority in Santa Cruz County plummeted from 84% in 1998 and 1999 to 33% in 2000—the precise number of Latino youth in the general population.

Families for Kids

As the juvenile justice system strives to reduce DMC and promote equitable treatment for all, so the child welfare system has the Herculean task of reducing the disparate treatment of minorities within its ranks. Foster care is one example. Nationally, children of color comprise 63% of children in the foster care system, nearly twice their representation in the general child population. And minority children stay in foster care longer than do white children. In 1999, African American children comprised 15% of the U.S. child population but 45% of children in out-of-home care. When children need out-of-home care, most African American children (56%) are placed in foster care, while most white children (72%) receive services designed to keep them in their own homes.

The experiences of children of color in North Carolina’s foster care system paralleled those of children nationwide. African American children constituted approximately 28% of North Carolina’s child population, but in 1997 accounted for 55% of children in foster care. But the Families for Kids (FFK) initiative, and an aggressive, statewide agenda to reverse the status quo, are making a difference.

“The disproportionality we were experiencing in North Carolina was a result of poor system performance,” says Chuck Harris, chief of the Children Services Section, North Carolina Division of Social Services (DSS). “We had a number of kids growing up in foster care. Much of the disproportionality was around African American children, the largest minority in the foster care system by far.”

With a three-year, \$3 million grant

from the W.K. Kellogg Foundation, DSS elected to participate in FFK in 1995. Part of a national initiative by the Kellogg Foundation to eliminate the backlog of children waiting for permanent homes, FFK was designed to promote adoption and reduce the amount of time children spend in foster care. Its goals include

- accessible support for all families;
- a single coordinated assessment process;
- one case manager or casework team per family;
- stable foster care placement; and
- a permanent home for every child within one year.

Working in partnership, DSS, the University of North Carolina at Chapel Hill School of Social Work, and the North Carolina Child Advocacy Institute conducted 11 community forums across the state to identify system-wide barriers to permanency and decide what needed to be accomplished. Although reducing disproportionality was not a stated goal, stakeholders acknowledged that discrimination against minorities did exist in the system and that reform was needed. “We began with a vision of what our system ought to be and a challenge of what we could achieve,” Harris says. “It was a vision that was very hard to argue against.”

DSS selected eight counties as lead sites, chosen on the basis of size, demographic diversity, and willingness to embrace innovative means to improve outcomes for families and children. By 1998, three more counties had joined the reform effort, and 76 had accepted DSS’s challenge to reduce the backlog of children who had been in foster care for more than 12 months. “We agreed long-term foster care was not a permanency option in this state—end of discussion,” Harris explains. “We took it out of our policies and forms as an option. It had become a default for ‘we don’t know what to do.’”

Making effective use of system performance data was key to their efforts. “The way we were collecting data really didn’t allow us to measure the performance of the system,” says Adolph Simmons, DSS System Performance

Coordinator. “When we began this process, we were unable to provide county-specific data to describe the experiences of children who enter foster care. Developing the capacity to collect and analyze meaningful data on the performance of our system has greatly improved our ability to identify our strengths and target our improvement efforts.”

Performance teams allowed county DSS agencies to better understand the data. Performance coordinators helped counties monitor system performance and gather information on staff-worker ratios, patterns of initial placement, length of stay, children’s experiences in nonfamily settings, reentry, and stability of placement. When FFK funding for the performance coordinator positions

In Families for Kids counties, about half of the children initially entering out-of-home placement in 1995 were African American, compared with slightly more than 40% of the children in 1998.

expired, several counties began funding the positions themselves.

A statewide database enabled counties to follow each child who came into their care each step of the way. Detailed reports allow DSS to monitor progress to reduce disproportionality. A probability of placement report allows all 100 county DSS offices to assess the likelihood that an African American child reported to them will come into foster care. County departments can compare data with other counties and the state as a whole.

Each county must account for its foster care backlog. “We’ve made having a backlog a bad thing,” Harris insists. “We have taken the position that this is an embarrassment for our system, and it’s not okay. Each year, every single frontline worker and supervisor signs a statement saying we will make this a priority this year.”

County departments that make significant progress are recognized with awards and written letters to county commissioners and board members. Staff are encouraged to create personal expressions—poems, narratives, artwork, and compact discs—that share why permanency is important for children. Counties regularly engage communities with meetings and celebrations.

Within eight months, lead counties had reduced the number of children in their backlogs by 5%. And African American children represent a smaller proportion of children being placed statewide: In FFK counties, about half of the children initially entering out-of-home placement in 1995 were African American, compared with slightly more than 40% of the children in 1998. Length of stay in FFK counties also decreased for black children: In 1994 an estimated 60% were still in placement one year after custody; by 1997, the percentage decreased to about 45%. “Statewide, we have made good progress reducing disproportionality in the foster care population...but we still have work to do,” Harris says.

A second round of the FFK initiative, called FFK2, is under way in North Carolina, garnering the support of old and new partners, including CWLA. “It takes a concerted effort, with explicit goals to measure and a willingness to adopt a philosophy that, as a system, we want to learn and do better,” Harris says. “Despite critics who say the foster care system is in chaos, that it’s unmanageable, the truth is, you can manage it.”

This was adapted from a Children’s Voice article originally published in the January/February 2003 issue.

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Q: *Can residential facilities adequately serve gay, lesbian, and other sexual minority youth?*

This Point/Counterpoint originally appeared in the Summer 1999 issue of Residential Group Care Quarterly, Vol. 1, No. 3.

POINT: Youth-serving agencies often initiate good-faith efforts to increase sensitivity to gay, lesbian, and other sexual minority youth, but are unable to maintain or sustain these efforts due to resistance from clients, staff, administrators, or the community.

By James Lasher Murphy

Today, the quality of care and services to young people is being monitored more closely than ever, and clients within the child welfare system have opportunities to provide input and feedback into the services they receive. Cultural issues, gender biases, and socioeconomic background information are a few areas of which service providers are more aware, and they are taking steps to ensure proper and thorough education for staff. We pride ourselves as professionals in treating the individual and in providing nondiscriminatory services to all clients. Or do we?

What about the population of sexual minority youth? There is an unspoken—and in some cases, spoken—discrimination against this population. Although we readily acknowledge that adolescence is a time of identity confusion and discovery, we seem to close the door on exploration of sexual identity if it includes the possibility of a teen being lesbian, gay, bisexual, transgendered, or questioning (LGBTQ).

Many agencies strive to address this deficit, but, unfortunately, many more give just this idea lip service while continuing to ignore this population's needs. Every child welfare organization I have encountered over the past 19 years advocates and supports an environment that is open, accepting, and healthy. When it comes to working with LGBTQ youth, however, this may only be the written and spoken tenet of an organization, rather than being true in practice.

Discrimination decisions can be made throughout an agency, including at the levels of the executive director, the board of directors, and supervisory and line staff. In most cases, however, a similarity exists: One or two individuals allow their personal prejudices, ignorance, or fears to affect

see POINT, page 16

COUNTERPOINT: Regardless of the barriers youth-serving agencies face in addressing the needs of gay, lesbian, or other sexual minority youth, they must revise their agency philosophies to better serve this population that find themselves lost in many agencies.

By Gerald P. Mallon

Over the past few years, several authors have enumerated the needs of lesbian, gay, bisexual, transgendered, and questioning (LGBTQ) youth and identified the obstacles that youth-serving agencies face in addressing their needs. Using the experiences of Green Chimneys Children's Services, a mainstream child welfare agency that has moved toward becoming LGBTQ-affirming and inclusive, I offer recommendations on how agencies can move toward changing their organizational culture in a similar fashion.

Youth-serving agencies, already challenged in substantial ways, tend to exhibit a range of sensitivities to sexual minority youth. At one extreme, some agencies openly discriminate against this population; at the other extreme are those who are affirming in their approaches and advocate strongly for the needs of LGBTQ youth. Most youth-serving agencies fall somewhere in the middle. Usually, if an agency initiates an effort to become more affirming of and to better serve this population, this occurs when the agency encounters its first openly gay youth. A more proactive stance, preparing staff to work with diverse groups of youth, is rarely established without a precipitating incident.

Youth-serving agencies may come into contact with LGBTQ youth for several reasons: family conflict, health or mental health of the youth, school problems, out-of-home placement, or any combination thereof. The scope of these issues requires that all youth-serving agencies become knowledgeable about and sensitive to the needs of LGBTQ youth—and all agencies have the ability to do this. The vulnerability of LGBTQ youth, particularly at times when they come to the attention of youth-serving agencies, is yet another reason youth

see COUNTERPOINT, page 15

providers should be prepared for working with this population. The least opportune time to increase one's knowledge about a service population is when they arrive at the agency in a crisis and are in need of immediate assistance.

Efforts to increase sensitivity to LGBTQ youth cannot be sustained in an environment that does not explicitly encourage such undertakings. As agencies struggle to demonstrate their commitment to diversity, they must also be willing to include sexual orientation into that continuum. In doing so, they begin the work necessary for creating a safe and welcoming environment for all clients, not just LGBTQ youth.

Once this stance is set, the organization's culture can shift to clearly include LGBTQ concerns, and it becomes possible for youth workers to learn about, advocate for, and provide affirming services to LGBTQ youth. Although some agency administrators, boards, and staff may object to specific LGBTQ sensitivity awareness or to programs specifically geared toward this population, fewer individuals should take exception to overall approaches designed to increase worker competence in working with all underserved clients.

The appreciation of diversity is a key element in this process. Diversity efforts in organizations have used a variety of components to increase worker competence in meeting the needs of a varied client population, including in-service training, nondiscrimination policies, culturally specific celebrations, advocacy, client-staff groups that explore diversity, and efforts to create a climate that welcomes all people. An LGBTQ approach could be integrated into any one of these areas. A community-based youth center commemorating Latino History Month with a potluck dinner comprising dishes from various Central and South American countries could just as easily celebrate Pride Month by inviting a speaker to discuss the events that led to the civil rights struggle for LGBTQ people.

Youth-oriented agencies must also be committed to creating a safe environment for all youth. Enacting a zero-tolerance policy for violence, weapons,

emotional maltreatment, slurs of all types, and direct or indirect mistreatment conveys to all clients their safety is a priority. A hearty stance against violence of all types, including verbal harassment, sends an important message to all youth: "We will protect you to the best of our ability. You will not be blamed for being yourself. Those who offend are the ones who will be dealt with because their behavior is unjustified."

All youth benefit from youth workers who are open, honest, and genuine. Everyone benefits from philosophies that indicate an agency's willingness to address difficult issues head on. Giving clients and staff permission to raise controversial topics signals that all people associated with the agency will be treated with respect and dignity.

Only through intentional and deliberate organizational culture shifts—true transformation—can a climate supportive of LGBTQ youth be developed. Several agencies throughout the U.S. and Canada have successfully created organizations where LGBTQ youth are welcome, feel safe, and have their needs met. This takes neither huge amounts of money, tremendous time commitments by staff, or other expensive overtures. It does, however, require commitment from board members, administrators, and other key organizational players, including youth and their families.

Concrete Strategies

- **Hiring supportive employees.** During interviews, prospective staff should be asked to address hypothetical scenarios to gauge their sensitivity to sexual minority youth. Agencies should explain their antibias policies to new staff during the recruitment process.
- **In-service training.** In-service diversity and sensitivity training should be integrated into overall, ongoing training. Professionals comfortable and skilled with this content should conduct the training.
- **Integrating policies and public information materials.** Training alone is insufficient. Antibias policies should be reviewed and, if nec-

essary, revised, and the agency's public information materials must be specific about its efforts to be inclusive and nondiscriminatory.

- **Welcoming strategies.** Create a safe, affirming environment by using books, posters, and program materials to suggest safety.
- **Advocacy efforts.** Staff and administrators need to be prepared to advocate for the needs of this population, both within the agency and the community.

A particular LGBTQ client might trigger a plethora of attention at one time, only to fade from view when the next pressing issue presents itself. Dealing with LGBTQ youth issues in an intermittent manner is a mistake. The needs of sexual minority youth should not be viewed as the issue du jour of youth work; sexual orientation issues are too vital to continue to be overlooked.

Organizations must continue to diligently develop training, assess their own ability to respond to the needs of LGBTQ youth, and address new approaches to competent practice with these youth and their families. For an organization to be consistently sensitive to the needs of its clients, it must create affirming environments and transform existing ones. If organizations are guided by the principles that embrace diversity, and can translate these into concrete action, they can better serve sexual minority youth.

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their perspective and make a decision based on discrimination. These fears affect the implementation of confidentiality laws and compromise the quality and consistency of the care provided. Ultimately, in such situations, the clients suffer.

Sometimes this leads to overtly discriminatory policies. One agency had a recommendation from its legal advisor (also a board member) to segregate clients with communicable diseases (specifically HIV/AIDS) from the general population within their community-based residential group home programs. Although the intent of this recommendation was to address overall client needs, this not only directly contradicts federal legislation on this topic, but also ignores the basic principles of universal precautions.

Often, though, an agency's resistance to LGBTQ youth is subtle. For example, an agency may advocate tolerance and diversity in principle, but prohibit the display of posters promoting an acceptance of alternative lifestyles in adolescent residential facilities. Some agencies limit their sexual educational programs to a message of abstinence; this is especially close-minded, since many youth in care have either already been or are currently sexually active and need a broader range of both education and understanding.

Agencies with more comprehensive sexuality education programs often ignore issues of alternate sexual orientations. What is the message to staff and clients when agency policies require equality, and programmatic practices contradict this by suggesting certain lifestyles are not acceptable or should not be displayed in the open? How can staff address their own fears and prejudices when these biases are reinforced, and in some cases initiated, by the organization for which they work?

Youth-serving agencies that attempt to accommodate the needs of LGBTQ youth may also encounter objection from other sources. Surrounding communities, often already wary of or even hostile toward programs that serve the needs of maltreated children, may become even less receptive of such programs if an agency's open stance on

same-sex relationships is revealed. Clients themselves may be intolerant of sexual minority youth. And of course an agency cannot expect to educate the community or its clients without a staff fully committed to and supportive of a nondiscriminatory environment.

We cannot necessarily blame staff, management, or board members for what they feel and believe. They should be held accountable, however, for how they act. As professionals, we are charged with educating ourselves and understanding the issues with which our clients are dealing while remaining open-minded, nonjudgmental, and non-prejudicial in our work. It is important for us as professionals to create healthy, safe, and accepting environments for the children in our care. In these environments, we need to deliver services that are consistent, nonjudgmental, and ethically responsible. Only then can we expect to impact clients' lives in a positive, productive manner.

Educating ourselves today is easier than ever. The explosion of information now accessible on the Internet has placed an enormous array of resources at our fingertips; this includes information on and resources for LGBTQ youth. The Sexual Minority Youth Assistance League (SMYAL) in Washington, DC, has thorough, quality information on general resources, resources for parents and friends, safer sex, STDs and HIV/AIDS, and schools, as well as information about youth groups, support groups, and Internet resources. The organization provides information on its own programs and services; it also happens to be the organization that provides the posters that were disallowed in adolescent residential group home programs. Visit SMYAL's website at www.smyal.org; phone, 202/546-5940; TTY, 202/546-7796; e-mail smyal@aol.com.

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In the next Residential Group Care Quarterly Point/Counterpoint...

Question:

Does the trend toward shorter residential stays represent best practice?

Point:

Residential services face increasing pressure to shorten length of stay. This is minimizing the fact that adequate time must be allocated to identify and address individual children and family needs while in residential placements. Children and families also need time to build trusting relationships and adequately address their behaviors and achieve their treatment goals.

Counterpoint:

Residential services are costly; shorter, more intensive services can be just as effective for children and families. Residential agencies should be more focused on conducting assessments quickly and developing individualized treatment plans that reunify children with their families and collaborating with the placing agency on creating other permanence options for children as soon as possible.

Traditions in Residential Programs

By Bill Powers

Within every successful residential treatment center for children and youth lies a carefully constructed and orchestrated series of rituals and traditions. Some of these are imported directly from the surrounding culture. For example, celebrating holidays or birthdays looks very much like the celebrations found in any other family or home.

Some traditions and rituals, however, are almost always unique to a particular residential treatment center. The construction and implementation of these rituals and traditions deserves further exploration.

For example, within the Bonnie Brae community, the third week in August is when we pack up and head to Canada for our summer vacation. It has been so for the past 25 years. Within the framework of this traditional summer vacation are some closely observed rituals. Vans are always packed the night before departure. Cottages, consisting of staff and residents, travel in pairs to the border. Once over the border, everyone stops at the same gift shop to exchange currency.

Several years ago, we introduced a new tradition. On the next-to-last day of the vacation, all staff and residents meet for a Canadian maple syrup pancake breakfast at a remote log cabin restaurant.

Why create traditions? Why follow rituals? For children who have bounced from home to foster home to shelter to detention, rituals and traditions provide a welcome sense of security. For children who have struggled to follow the simple daily schedule we take for granted, rituals and traditions reinforce a sense of order in an otherwise chaotic environment. For staff members, rituals and traditions provide a welcome break from routine existence and can be used to teach, heal, and have fun with the children in their care.

What makes for successful rituals and traditions in residential programs?

First, someone on the staff side of the house needs to “own” the ritual or tradition. For example, our annual summer Canadian vacation is owned by our residential director. When other staff despair of the many logistical problems encountered in moving 180 staff and residents across an international border, our residential director rolls up his sleeves and plunges headfirst into problem resolution.

When the owner of a particular tradition moves on, we must take care to find a suitable replacement. Without consistent ownership, rituals and traditions slowly erode and are eventually discarded as just too much work.

Since we are working with children and youth, rituals and traditions must also include a fair amount of fun. For many years, we have had a tradition of an annual holiday play, staged for the entertainment of our residents, staff, and families. To reward our players, we began several years ago to take all involved in the production to New York City for dinner out and to watch a performance of the Blue Man Group.

This one-time reward has now become an annual tradition. We park in the same lot, eat at the same restaurant in Little Italy, and attend the same performance each year. (On this last point, I speak from personal experience, as I have been on every one of our five trips and can now perform Blue Man Group routines from memory.) The players thoroughly enjoy themselves, and we have residents asking to be part of next year’s performance before we have even returned to campus.

Planning and attention to detail are two other key factors to having successful rituals and traditions. It is no accident that I meet personally with all of the New York-bound players and staff two days before the big trip. At this meeting, I provide the schedule, menu, theater seating chart, and even a map so there are fewer questions on the day of the trip. I also stress the voluntary

nature of the trip and encourage players to drop out if they have serious doubts about their ability to handle the trip. Involving your residents in the preparation for a ritual or tradition goes a long way toward ensuring its success.

How do I as an administrative type justify the expense of a summer vacation in Canada or an annual trip to New York City? In addition to the underlying rationale for rituals and traditions, I also justify the expense based on the enormous positive gain from the success of these rituals and traditions. In other words, we have learned to work these traditions for all they are worth and perhaps a bit more.

For example, campus-wide conversation about the Canada vacation usually begins three or four months before the trip and reaches a carefully orchestrated crescendo the week before the trip. Often, one of our veteran residents will begin talking by describing the size of the fish he caught last year in Canada. Or another resident will compare one morning’s breakfast with the Canadian breakfast he had last summer. This conversation feeds on itself, and by the week of the trip, everyone—staff and residents—are anxiously anticipating the trip. Following the trip itself, we have two or three months of happily shared positive memories.

So, to summarize, successful rituals/traditions in residential settings require

- ownership,
- careful planning,
- attention to detail,
- involvement of residents in preparation, and
- attention to the marketing of such events, both before and after they occur.

Remember that without positive rituals and traditions, life for children and youth in residential settings could be a very bleak landscape.

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