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Published in:
Children's Participation in Child Protection

DOI:
[10.1093/oso/9780197622322.003.0006](https://doi.org/10.1093/oso/9780197622322.003.0006)

IMPORTANT NOTE: You are advised to consult the publisher's version (publisher's PDF) if you wish to cite from it. Please check the document version below.

Document Version
Publisher's PDF, also known as Version of record

Publication date:
2023

[Link to publication in University of Groningen/UMCG research database](#)

Citation for published version (APA):

Gonzalez Alvarez, R., ten Brummelaar, M., Lopez Lopez, M., Mallon, G., & van Mierlo, K. R. O. (2023). The Participation of LGBTQIA+ Children and Youth in Care in the Netherlands. In K. Križ, & M. Petersen (Eds.), *Children's Participation in Child Protection: International Research and Practice Approaches* (pp. 107-128). Oxford University Press. <https://doi.org/10.1093/oso/9780197622322.003.0006>

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The Participation of LGBTQIA+ Children and Youth in Care in the Netherlands

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Introduction

The United Nations reported that the progress in the achievement of human rights during the last decade was highly uneven (United Nations Human Rights Council, 2016). The 2030 Agenda for Sustainable Development promises to prioritize human rights for groups that are more vulnerable and marginalized, including children. The agenda stresses the importance of preventing discrimination and inequality based on distinctions of any kind (United Nations Human Rights Council, 2016). Member states have made advances to end the discrimination and violence against individuals based on their sexual orientation and gender identity expression (SOGIE). However, much work is still needed, as severe human rights violations are committed against people based on their SOGIE (United Nations Human Rights Council, 2015). Human rights violations based on SOGIE also affect children and adolescents. According to Article 2 in the United Nations Convention on the Rights of the Child (UNCRC), no young person should be discriminated against or excluded based on their age, race, sex, language, religion, political opinion, nationality, ethnic or social origin, disability, or other status (United Nations General Assembly, 1989, n.p.). Although the Dutch government has made significant progress in achieving children's rights over the last 30 years, there is still more work to be done. So far, progress has been uneven and often inequitable, as the most marginalized children are disadvantaged in terms of their material well-being, health and safety, education, behaviors and risks, and housing (UNICEF Office of Research, 2013).

Children's right to be heard is considered one of the four general principles of children's rights. However, this right is affected by inequality and systemic discrimination. Article 12 in the UNCRC claims that states must ensure to the child who is capable of forming their own views "the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child" (United Nations General Assembly, 1989, n.p.). Unfortunately, children's right to express their views on the wide range of issues that affect them remains unfulfilled due to systemic discrimination based on their identities and statuses (United Nations Committee on the Rights of the Child, 2009). Provisions such as Article 12 are essential elements supporting the children's participation movement.

The children's participation movement has had a strong reverberation within child protection systems (CPSs) in several countries. This movement has resulted in increased interest in research and development of policy and legislation (see, e.g., Bessell, 2011; Cossar et al., 2014; Cudjoe et al., 2019; Healy & Darlington, 2009; Toros et al., 2013; van Bijleveld et al., 2014). Various studies stress the importance and benefits of youth participation in the CPS. Children who participate in decisions affecting their lives experience more connection and commitment to decisions by the CPS (Woolfson et al., 2010) and an increase in self-esteem (Vis et al., 2011). Children's participation is associated with children experiencing agency and feeling in control (Bell, 2002; Leeson, 2007; Munro, 2001). Despite the mounting evidence showing the potential benefits of children's participation, children's involvement does not occur often enough in child protection. There is little evidence pointing to children's views making a difference in the decisions about their lives (Bessell, 2011; van Bijleveld et al., 2015). Several studies highlighted the many difficulties that impede integrating children's participation into practice (Dillon et al., 2016; Gallagher et al., 2012; Healy & Darlington, 2009; Holland, 2001; ten Brummelaar et al., 2018; van Bijleveld et al., 2019; Vis et al., 2012; Woolfson et al., 2010). These researchers have identified challenges at the individual level and the group and system levels. For example, one challenge at the personal level is for children to overcome prior negative experiences with participation. At the group level, prior research found that one challenge was a lack of safe and supportive environments, which are crucial in fostering children's participation. At the system level, one challenge includes the need for laws and policies concerning children's participation and rights. These barriers limit children's opportunities to

participate in decision-making processes (Abdullah et al., 2018; Bouma, 2019; Gal, 2017; Horwath et al., 2012; van Bijleveld et al., 2015).

Although most children in the CPS experience the difficulties and barriers of children's participation, specific groups are subjected to substantial disadvantages and marginalization within the system, including lesbian, gay, bisexual, trans, queer, intersex, asexual, questioning, and so on (LGBTQIA+) children and youth. Therefore, they could face challenges to be heard (Horwath et al., 2012; López López et al., 2021; Macpherson, 2008; Mallon, 2021; Shelton & Mallon, 2021). Children's sexual orientation and gender identity expression are potential sources of discrimination for these children. Discrimination might challenge accomplishing their fundamental rights, including their right to participation (Mallon, 2019; McCormick, 2018). Children need a safe, supportive, and friendly environment to participate (Cudjoe et al., 2019; Horwath et al., 2012). It is of utmost importance that child protection caseworkers and other practitioners develop a trusting and positive relationship with children to enable their participation (Cossar et al., 2014; Husby et al., 2018). However, research has recognized the CPS as a mostly unsafe and unwelcoming place for LGBTQIA+ children and youth (Mallon, 2021; McCormick, 2018). Except for some pioneering literature published in the 1990s (Mallon, 1998; Sullivan, 1994), the experiences and lives of LGBTQIA+ children and youth in the CPS have not received attention from social work researchers until recently (Kaasbøll & Paulsen, 2019; McCormick, 2018). Furthermore, most social work research about this topic published in English has been conducted in the United Kingdom and United States (Carr & Pinkerton, 2015; Cossar et al., 2017; McCormick et al., 2017; Wilson et al., 2014; Wilson & Kastanis, 2015). However, no studies explicitly address the participation of LGBTQIA+ children and youth in the CPS in the Netherlands.

This study seeks to fill the gap in the literature by examining how LGBTQIA+ youth and young adults in the Netherlands experience participation while they are involved with the CPS. The findings show that although the Dutch CPS is increasingly oriented toward the recognition and practice of children's and young people's participation, LGBTQIA+ youth experiencing out-of-home care still face challenges to meaningful involvement. This chapter will discuss a positive perspective, where practitioners were affirming and supportive of the needs of LGBTQIA+ youth, and a negative mindset, where they did not hear and consider children's voices and opinions.

LGBTQIA+ Children and Youth in Child Protection Systems

The scarce evidence about the experiences of LGBTQIA+ children and youth in the CPS leads us to four crucial conclusions (Mallon, 2019; McCormick, 2018). First, LGBTQIA+ children and youth seem to be overrepresented in the CPS and overlooked (Mallon, 2019, 2021; McCormick, 2018). Second, there is a systemic inability and unwillingness to recognize the presence of the LGBTQIA+ community in the CPS (McCormick et al., 2017). LGBTQIA+ youth often feel pressured to remain invisible and isolated. They feel like society and its institutions do not want to recognize their presence (Paul, 2018). Paradoxically, LGBTQIA+ youth are overrepresented in child welfare services and out-of-home placements (Baams et al., 2019; Fish et al., 2019; Irvine & Canfield, 2016; Mallon & Perez, 2020; Wilson & Kastanis, 2015). Third, identifying as LGBTQIA+ is often a reason that youths encounter the CPS. Although, at first glance, the reasons that children access the CPS do not seem related to their SOGIE, studies found that the cases involving youth's SOGIE play a significant role in their referrals for services (Mallon, 2001, 2019; Mountz & Capous-Desyllas, 2020; Woronoff et al., 2006). Many of these youth enter the CPS because they have experienced difficulties with their birth families related to their SOGIE (Mountz & Capous-Desyllas, 2020; Capous-Desyllas et al., 2018). Their families' lack of acceptance is one of the reasons LGBTQIA+ leave their birth families and out-of-home placements (Mallon, 1998; Wilber et al., 2006; Woronoff et al., 2006).

Third, LGBTQIA+ children and youth are often exposed to adverse and unwelcoming experiences in the CPS. LGBTQIA+ youth in care frequently need to hide their sexual identity and sexuality; they might become victims of harassment, violence, bullying, discrimination, lack of acceptance, and abuse (Cossar et al., 2017; Gallegos et al., 2011; Mallon, 1998, 2019, 2021; McCormick, 2018; Wilber et al., 2006; Woronoff et al., 2006). Staff and peers perpetuate this exposure to harassment and violence, and at times it is permitted by caretakers who are inclined to blame LGBTQIA+ youth for their mistreatment (Greeno et al., 2021; Mallon, 1998; Wilber et al., 2006; Woronoff et al., 2006). Moreover, LGBTQIA+ youth experience double standards. They are not allowed the same privileges, rights, and relationships as heterosexual youth (McCormick, 2018).

The limited research conducted by professionals in the field suggests that CPSs are frequently not well suited to providing a safe and affirming

environment for LGBTQIA+ children and youth. As a result, they fail to protect this group of young people from harassment and violence. For instance, certain states in the United States require LGBTQIA+ youth to participate in reparative or conversion therapies (Estrada & Marksamer, 2006). This creates a double standard that permits disciplining LGBTQIA+ youth for behaviors that hetero and cisgender youths are not accountable for (Mallon, 2019). Overall, the CPS fails to identify community support for LGBTQIA+ youth (Mallon, 1998; Mallon et al., 2006; Mallon & Wornoff, 2006; Wilber et al., 2006). Moreover, the support for LGBTQIA+ young people by CPSs appears limited by professionals' lack of knowledge and confidence in working with LGBTQIA+ children and youth (Cossar et al., 2017).

Lastly, LGBTQIA+ children and youth face permanency challenges. They experience a higher number of placements and instability, a higher likelihood to age out of foster care without adequate preparation for transitioning to adulthood, an overreliance on congregate care or group home settings, and a chronic shortage of competent staff and caregivers equipped to provide affirming care for them (Jacobs & Freundlich, 2006; Mallon, 2011, 2019; Mallon et al., 2002; McCormick, 2018). Therefore, young people's SOGIE affects their pathway into care and the stability of their trajectories in care.

Developing the knowledge base about the experiences of LGBTQIA+ children and youth growing up in out-of-home care is an essential step in creating safe and welcoming environments where children and youth can fully develop and thrive.

Children's Participation in the Dutch Child Protection System

The Dutch CPS is a family service-oriented system that focuses on strengthening family relationships and prefers voluntary out-of-home placements. When a placement is needed, family foster care is preferred above placing the child in a residential setting (López López et al., 2019). One of the most critical features of the Dutch CPS is its growing attention to policies and practices related to the participation of children, young people, and parents in child protection-related decision-making (Bouma et al., 2018; van Bijleveld et al., 2019).

Research shows that the professionals working in the Dutch CPS value children's participation, although they face challenges to implement it fully

(Bouma, 2019; Rap et al., 2019; van Bijleveld et al., 2014, 2019). First, there is a lack of clarity among professionals about what full participation entails and the specific ways in which the child should be provided with information, heard, and involved in care services. In addition, there are no clear guidelines in Dutch legislation and policy about how to engage children in decisions, and a coherent participation policy is still lacking (Bouma et al., 2018). Second, possibilities for children's participation differ depending on several factors and contexts; for example, there are more legal opportunities (via court orders) for children's participation in the cases of compulsory youth care when compared to voluntary youth care services (Rap et al., 2019). Additionally, older children seem to have more possibilities to participate than younger children (Bouma et al., 2018).

Third, professionals' views are vital in determining the implementation of children's participation. Professionals often see children's participation as a means to ensure the child's cooperation (as instrumental participation), while young people think that professionals should consider their opinions and explain their decisions clearly (van Bijleveld et al., 2014). Furthermore, professionals' image of children as vulnerable can hamper the participation process, although this vulnerability can also be a reason to advocate for child participation (Bouma et al., 2018; van Bijleveld et al., 2019). Finally, child protection conferences are still in development, and the whole process depends heavily on the organization in each municipality and professionals' commitment (Rap et al., 2019). Thus, despite the Netherlands introducing progressive legislation and policies to encourage children's and youth participation in care, and nongovernmental organizations and academia actively advocating for children's participation, there is still a long way to go for its full implementation in the CPS (Bouma et al., 2018; van Bijleveld et al., 2019).

LGBTQIA+ Children and Youth in the Dutch CPS

The Netherlands is considered an LGBTQIA+ friendly country, yet LGBTQIA+ communities experience discrimination and marginalization in Dutch society (ILGA-Europe, 2019). Regarding young people, research shows that LGBTQIA+ youth still have a marginalized position compared to their peers and experience discrimination and other forms of oppression (Bos & Sandfort, 2015; Felten et al., 2010; Kuyper, 2015; Pizmony-Levy, 2018). Within the CPS, the absence of a systematic registration makes it

difficult to know the number of LGBTQIA+ individuals growing up in care (de Groot et al., 2018; Emmen et al., 2014). According to different studies conducted in the Netherlands, professionals in the CPS usually do not register or discuss the young person's SOGIE (de Groot et al., 2018; Emmen et al., 2014; Taouanza & Felten, 2018). Systematic registration can be a controversial measure: on the one hand, it can make visible and normalize SOGIE. On the other hand, if not done sensitively, it could lead to more stigmatization. Furthermore, research suggests that professionals are not sensitive enough toward LGBTQIA+ young people and do not offer LGBTQIA+ youth affirmative practice (de Groot et al., 2018; Emmen et al., 2014).

In summary, the research evidence indicates that the Dutch CPS remains a relatively unwelcoming place for LGBTQIA+ children and youth, which could create additional barriers for the participation of this group in care. However, studies exploring the impact of their disadvantaged position and vulnerability on their participation and decision-making in the Dutch CPS are lacking.

Research Methods

This chapter explores the challenges and prerequisites associated with the participation of care experienced by LGBTQIA+ young people using data gathered from the Audre project (see also López López et al., 2021; González-Álvarez et al., 2021). The Audre project took a reflexive, flexible, and participatory approach. It included care-experienced LGBTQIA+ young people and stakeholders as project advisors throughout the research process (see, e.g., Bramsen et al., 2019; Schofield et al., 2019). The project sought to cast light on the experiences, needs, and wishes of Dutch LGBTQIA+ youth growing up in care. In addition, the project explored the opportunities and challenges for their participation while in care.

The ethics committee of the Department of Pedagogy and Educational Sciences at the University of Groningen approved the study in November 2017. The salient ethical elements were informed consent, privacy and anonymity, termination and withdrawal, the component of choice, compensation (gift card and travel cost), what happened after the interview, and data storage. One member of the research team was a trained care professional whom the Audre team relied on for consultation. After each interview, the group reflected as much as possible on how the interview process went. Later,

the team reached out to see how the youth were doing. The research team informed all participants that they could contact the research team after the interview if they wished to do so.

The Audre team consisted of a group of people (care-experienced young people, students, practitioners, and researchers) across the spectrums of SOGIE brought together by a moral commitment to reduce social inequality. The research team began recruiting participants in 2017 and finalized the interviews in 2019. The team utilized multiple recruitment techniques, including snowball sampling, recruitment via social media, personal contacts, youth care organizations, youth groups, and LGBTQIA+ advocacy groups to identify youth who were willing to participate in an in-depth interview about their experiences with the CPS. These efforts allowed the researchers to find 13 young people willing to share their life stories. The sample consisted of youth ages 15 to 28 years. Only one participant, who was 15 years old, required parental consent to participate in the study, which the team obtained. The young people had experienced different out-of-home services, including foster care, secure residential care, group homes, and independent living programs. Some participants were born into care or had been in care from a very young age; others entered care as adolescents.

Of the 13 youths we interviewed, four were transwomen, one a transman, one sometimes identified as a woman, and one was nonbinary. The other six young people did not discuss their gender identity in the interview. Additionally, regarding sexual orientation, four young people were gay, one was lesbian (she sometimes also referred to herself as gay), two were bisexual, one was pansexual, one was questioning, one "liked women,"¹ and one liked both men and women. Three did not disclose their sexual orientation. To our knowledge, no young person in the study identified as intersex or asexual.

Other characteristics of the sample included four young people having a bicultural background, one an unaccompanied migrant person who only stayed shortly in an asylum seekers' center, one of them dealing with a chronic illness, and another young person having autism. The study participants possessed a range of educational backgrounds, such as vocational education, secondary education, higher vocational education, higher professional education, and university education.

The research team used a semi-structured interview guide that included questions about the period before the CPS, the participants' time in care, coming out, contact with family and their social support network, experiences of discrimination, and their future perspectives. With a focus on

flexibility in their interviewing style, the research team remained open to following the young persons' topics during the interview. The researchers used open-ended questions such as these: Can you tell us something about why you left your home or were placed into care (focus on: did gender identity or sexual orientation play a role in this process)? Are people around you aware of your sexual orientation/gender identity? If so, how did they deal with it (family, network, wider environment)? Have you ever been discriminated against? If so, how did you experience it? Have you had negative experiences? How do you deal with it? What does your social network look like (friends and broader social environment)?

The interviewers conducted all but one interview (which took place via telephone) face to face. Each interview averaged 81 minutes. One participant was interviewed twice and shared multiple documents with the team, such as autobiographical writing. The research team asked the young people to choose where the interview should occur (e.g., at home, a park, or a restaurant). All the interviews were recorded with the participants' consent. After the interviews, the recordings were transcribed verbatim using the audio transcription program T4 and uploaded to Atlas.ti, version 8.4. Finally, the research team performed a reflexive thematic analysis. The team members met multiple times to discuss their analyses (Braun & Clarke, 2019). In the analyses, the team focused on the young person's stories about their participation in decision-making while in care, especially receiving information, being heard, and being involved.

Findings

In this section, we will discuss four main themes around the participation of LGBTQIA+ young people in care. The first theme is the importance of a supportive and affirmative environment for LGBTQIA+ young people and how this acts as a prerequisite for participatory practices. Second, we identified the youth's need to connect with practitioners (caseworkers or other staff members) to participate. The third theme that emerged from our data was how participation could occur by professionals preparing and informing young people before decisions. The fourth theme is the request of young people to have their own space and be supported by practitioners trained to address the needs of LGBTQIA+ youth. It is important to note that

the following information refers to youths' lives while in care, not their experiences before or after they were in care.

An LGBTQIA+ Affirmative, Supportive Child Welfare Practice

It is a prerequisite for the participation of LGBTQIA+ youth that practitioners in social work and education affirm their SOGIE. For instance, many young people expressed the need for an open, knowledgeable, and affirming social climate within their out-of-home care and school settings. One young person described it this way: "Some foster families, they don't know, and they cannot help you. My foster parents also didn't know, they couldn't help me, but they did their best to make me happy. They treated me as a real child. That is the most beautiful thing about them."

Some youths experienced supportive environments where they could be themselves, felt respected, and had "casual conversations" about SOGIE. Quite often, these affirmative environments were provided by affirmative practitioners, as this young person suggests:

That woman, I had a woman there [name of woman], and she, with her it was really, she was like "okay, we have to change your name in the system right now to a woman and to [own name]. I just don't see a man in you, so we have to do it now." And that has really helped me. If she hadn't been there, I wouldn't have come this far. And she has really, you know, she has really helped me a lot.

Despite these caring and supportive environments, some young people expressed that some caregivers and organizations did not provide the support they needed and showed a lack of awareness, knowledge, and sensitivity toward LGBTQIA+ youth. For example, this youth stated, "They're often not used to it" or "Those people don't know better, they just don't think about it." Practitioners did not know how to react appropriately, such as thinking in prejudicial ways, for example, thinking that every LGBTQIA+ person is the same. Alternatively, some professionals made heteronormative cisgender assumptions. The youths said, "They assumed I was a boy" or "They thought I wasn't sexually interested." The practitioners did not intervene when other youths made inappropriate or discriminatory remarks or

inappropriate jokes and negative comments, like homophobic slurs. One of the participants had this suggestion about how professionals should react in this situation:

Interviewer: How should it be done better [responding to negative comments by other kids in the group]?

Young person: Be stricter towards this. Just like bam! If they make a comment, bam, go directly to their room, you know. For half an hour, directly. Then, they know instantly, yeah, this is not possible. This is not possible.

Practitioners' lack of awareness, knowledge, and sensitivity impacted youths' openness about their SOGIE and the care they received. Children sometimes were not allowed to be or chose not to be open about their SOGIE with peers or practitioners. The former was especially the case for young trans people living in group care. Their caseworkers did not allow some of them to be themselves and forced them to sign a contract that stipulated they could not be open about their gender identity. If they were, caseworkers would take away their toys because they were not considered gender appropriate. Sometimes staff justified these actions by saying that other kids "cannot handle it" or that "it wasn't allowed by the church." One young person provided this illustration:

I wasn't allowed to talk about being a girl. I wasn't allowed to dress this way. Otherwise, I had to go back to my parents, where I was maltreated. Yes, I was allowed to talk about it with my supervisors, but they were like, yeah, they didn't entirely believe it. So, they denied it, and I wasn't allowed to be [a girl].

The young people felt that their lives were "put on hold." They found themselves either acting out or conforming. They had difficulties being themselves around caseworkers and making meaningful connections and did not feel "at home" or wanted to leave the care settings. One young person highlighted this dilemma with the following quote:

So with everything, in the group, I was someone else. And upstairs, in my room, I was myself. I was in my room every day after school. After dinner, I was upstairs, even after breakfast. I went to breakfast, and after that, I went upstairs again . . . just because, I mean, because I didn't want any difficulties

with the head of the staff. I mean, I didn't want any problems with her, so I stayed upstairs.

Some participants suggested that practitioners be open about their lack of knowledge and expertise. The youths believed that the caseworker should then refer them to LGBTQIA+ organizations or support groups. The participants mentioned it was necessary to provide LGBTQIA+ children and youth training to caseworkers and social work programs. Universities should add courses introducing human values to their curriculum. One young person observed:

And then again, some subjects within the humanistic, philosophical courses, here and there a course should be added in [students'] education, I would really say that that would really be a good thing. . . . I think it would really achieve something good, that more people would benefit from it [courses] than they thought in advance. Anyway, it helped me a lot. I think it really helps to find peace within yourself. And by dealing with certain life questions in an academic setting, especially in the context of youth care, . . . or something like that, also by creating your own image of how you feel about it, that you can find more tranquility and respect for the person you are treating. To offer room for that, because again, it's not just about what you want to do with your life. But also, how do you stand in life.

Positive Connections With Caseworkers

The young people felt it was crucial to connect with a caseworker who takes time for them and shows interest, makes an effort on their behalf, advocates for them, and sees them for who they are. This is how one of the participants described one of the social workers she had a meaningful relationship with: "And she was so sweet. . . . [W]e always talked and laughed and laughed and laughed." Most of the meaning and impact of their relationships with caseworkers only emerged when we examined the youths' personal stories in more depth. Some young people talked highly about practitioners who "stuck their neck out for them" or "went the extra mile," as this participant noted:

It was just like, like yeah, I had to, it [my placement] kept being extended and extended, and otherwise I had to go to a residential group somewhere in [name province], or [name province], or something like that. And then my foster dad said something like, “Yes, we’re not going to do that so you can stay here.”

When young people knew social workers for a more extended period, they felt more comfortable opening up to them. One of the participants told us: “One of them I’ve known for eight years, and the other one I’ve known for ten years, so I’ve known them already quite long. So, then talking about stuff goes easier.” In addition, finding a caseworker who openly identified as LGBTQIA+ was helpful, as this young person pointed out: “[The caseworker] is also gay, coincidentally. I only figured that out about half a year ago. . . . So in that way, I really can talk with him about this, about everything, everything I had surrounding me, you know. My environment was very suitable for this.”

Not all young people we interviewed felt that the caseworkers or decision makers “heard” them or took them seriously in decisions while they were in care. When they did not have a good connection with their caseworkers, youths felt that some decisions were made for them as if they did not have a genuine choice. Some young people expressed that they did not dare to speak up because they felt powerless, they feared the consequences, or caregivers told them not to. Other young people indicated that they felt heard when they spoke up or stood up for themselves.

Back then, I didn’t dare to say what I wanted. It was like everything I wanted to say was in my head and I, if I said something, it was something else. Now that I have matured, I have learned a lot of things. I have learned to give my opinion.

Most young people experienced multiple practitioners and environments before and during care: “The staff comes and goes,” one of the participants said. The different contexts differed in restrictiveness, influencing the decision-making space the young person enjoyed. Some young people had experienced these changes from a young age. The instability resulted in a lack of trust in people or in becoming selective about whom to trust. For example, one young person suggested using the staff turnover to his advantage by telling them “what they wanted to hear.”

Information and Preparation

Many of the study participants expressed that they were not sufficiently informed or prepared for decisions about their lives. They said there was a lack of information about why caseworkers made decisions about their care trajectory or life course. Often, the youths did not feel well prepared for the next step in their care trajectory, such as being placed out of home, being placed into a new facility or foster family, or transitioning from out-of-home care because these decisions felt sudden or abrupt to them. One of them recalled: "It didn't go well at my mother's place. It also didn't go well at my father's place. So they placed me in a secure facility. I'm like, well, that's quite a dramatic turn of events." A lack of information and preparedness often led to the young person's lack of understanding about what motivated the caseworkers to make certain decisions. One of the young people who had just recently transitioned out of foster care felt betrayed by her social worker and foster parents. She felt like the social worker did not give much thought to her decision's impact and "stepped over" her feelings. She said, "It's like . . . being stabbed in the back with a knife. It came completely out of nowhere. . . . Go and live on your own, have fun, goodbye! Yes, that's weird."

Young people had different experiences with receiving information on the topic of their sexual orientation and gender identity expression. Some of them did not express the need to receive information. They said that they had their resources, figured it out themselves, or felt "comfortable in their skin." Others would have found it helpful to have been able to select useful resources. For instance, according to one of the young people who stayed in residential care, it would have been helpful if practitioners of the facility would have taken the time to provide information or explore the information about the topic of gender identity together. She stated, "Just informing [me] about, looking for [information] together on identity, also what is healthy information and that sort of stuff." Another young person explained that he received information about sexual orientation from his therapist after he transitioned out of foster care. Some young people expressed frustration about being on a "waiting list" or having to wait for others to make decisions, such as receiving mental health care or starting their transition process while in care. "So yeah, shitty [names of the medical experts who helped with transitioning] to move on things. However, yeah, I have to wait for that. Furthermore, nothing special. Just waiting, waiting, and waiting."

Space for LGBTQIA+ Youth to Be Themselves

Another way young people expressed their need to have their views taken into consideration was by having “their space” and being supported to be themselves. As one young person said: “Give me my pride.” The youths also stated that they wanted two things: deciding what personal information to disclose and deciding what the timeframe looked like when disclosing that personal information. “They should have given me space, to be myself, to support me in this, to build a trusting relationship.” For instance, some young people sometimes felt pushed by caseworkers. One of the participants said:

You should, I mean, give them [children] the chance a bit to say it themselves. And not, I mean, push them, like “how are you?”, and okay, it can come from a good heart, but you shouldn’t push them. And that is what they did with me. They really pushed me, and it was like, they knew, they didn’t know what to do with it. So, I had to explain while I just started figuring things out myself. And I didn’t know everything yet, exactly, so I had to explain to them.

Conclusion

Based on our interviews with LGBTQIA+ youth in care, we suggest four critical prerequisites for enabling participatory practices that have a notable impact on these youth: an LGBTQIA+ affirmative and supportive environment; a positive connection between caseworkers or peers and LGBTQIA+ youth; information and preparation for decision-making processes, and giving LGBTQIA+ youth space to be themselves while having informed and trained caseworkers, or at least caseworkers who are willing to be trained.

Although LGBTQIA+ youth in the child welfare system have experienced greater acceptance and understanding in the past 30 years, many CPSs still actively discriminate against LGBTQIA+ youth (Cossar et al., 2017; Mallon, 2019; McCormick, 2018). In other cases, the inattentiveness of the systems to the needs of LGBTQIA+ youth will send a clear signal that they are not welcome or that the caseworkers are not fully competent to address their needs. As our findings suggest, although some LGBTQIA+ youth in care in the Netherlands encounter experiences of affirmation and acceptance, others still face negative experiences while in care, from denial of their identity to

overt acts of aggression against them. Besides directly adversely affecting the well-being of youths, these experiences impede their participation in the CPS.

A public CPS's commitment to LGBTQIA+ youth involves more than quick and shallow solutions, such as one-off training sessions, affirming posters, and books. It is critical to recognize that the internal structure of the system, as reflected in its written policies and public information materials, needs to be evaluated and changed (Estrada & Marksamer, 2006; Mallon, 2019; Wilber et al., 2006). Training and educational efforts may assist practitioners in developing their competence in working with a particular population. However, written policies, supportive supervision of child welfare practitioners, and the outside community's knowledge about the organization must change to effect genuine and long-lasting change for LGBTQIA+ youth.

Regardless of the systemic changes that must occur, the most potent influence in LGBTQIA+ youth's life is the personal contact with the people around them, including caseworkers, peers, and other competent and caring adults. The structure of the CPS can set the stage for an LGBTQIA+ affirming environment, where young LGBTQIA+ people can heal from trauma, socialize, learn, and find a safe place to be themselves. However, it is the LGBTQIA+ competent caseworkers who ensure that LGBTQIA+ youth experience an affirming setting. The youth will engage, connect with, and possibly disclose the most personal information to their caseworker. As previous research demonstrated, nurturing and enduring connections are fundamental to allowing meaningful participation (Cossar et al., 2014; Husby et al., 2018).

CPSs seeking to improve their services by removing barriers to meaningful participation can do so by cultivating LGBTQIA+ affirming environments where youth can be most fully and authentically themselves. This mission is vital for supporting LGBTQIA+ youth in care who have often experienced trauma within their family systems and communities so they will never have to undergo additional trauma from the system designed to protect them.

Reflection Questions

- (1) What are the barriers to participation that LGBTQIA+ youth might face?

- (2) How would you work with LGBTQIA+ youth to assist them in dealing with the issue of “not being heard”?
- (3) What two things could a CPS do to address the negative experiences reported by the youth who were part of this study?
- (4) What interventions would you encourage the CPS, education system, and mental health system to undertake to support youth and address the stress or trauma they have experienced from hiding their sexual orientation and/or gender identity expression from foster care providers?

Note

1. All the translations in this chapter are by the authors.

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