

Sexual Orientation, Gender Identity & Expression Resource Guide

For Children’s Residential Providers and Caregivers

This guide is intended to inform and provide best practice suggestions for Children’s Residential Providers and Caregivers relating to Sexual Orientation, Gender Identity and Expression (SOGIE) while ensuring the health and safety of children during out of home care and during their transition into young adulthood. Throughout this guide, the term “caregiver” will refer to all licensed, certified and approved children’s residential providers, and the term “children” will refer to both children and nonminor dependents. A glossary of terms related to SOGIE has been compiled and placed as an [appendix](#) to provide a context and meaning for the language used in this guide. This guide is not an exhaustive treatment of this subject and cannot be used as a substitute for understanding and complying with the regulations, standards and statutes governing all caregivers.

The Children’s Residential Program’s mission is to protect and improve the lives of all children who reside in community care facilities through the administration of a transparent licensing system that is collaborative, fair, and supportive of families. The vision of the program is to approve, license, and guide caregivers who can provide Quality Parenting and Core Services to children through Technical Assistance and Support from the Children’s Residential Program and its counterparts, that inspires and motivates successful residential services and permanency for children.

Caregivers are encouraged to do research, receive additional training, ask questions, and practice having candid conversations with trusted people, including children in their care, to become more comfortable discussing SOGIE in positive ways that are age and developmentally appropriate to children in care. The more SOGIE is talked about, the more comfortable it will become to discuss it.

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The Power of Language

What is SOGIE?

The acronym SOGIE is defined as Sexual Orientation, Gender Identity and Expression. SOGIE is something that all people have and express – including children in care – and it is therefore important that caregivers feel comfortable talking about SOGIE related issues and feel capable of providing a safe and supportive environment.



The development of SOGIE is universal and normal, and healthy development of SOGIE is essential to a child's well-being. Every child has a sexual orientation that falls somewhere on a spectrum which may include, but is not limited to, heterosexual, bisexual, gay, and lesbian. Likewise, every child has a gender identity that falls somewhere on a spectrum that includes boy/man, girl/woman, non-binary, genderfluid, and more. SOGIE is one of many domains of human development that is supported or undermined by the behavior and attitudes of key adults and institutions in a child's life.

While SOGIE is universal in that it affects us all, the focus when SOGIE is addressed is typically on people with expansive SOGIE, such as Lesbian, Gay, Bisexual, Trans, Queer or Questioning, Intersex, Asexual, and other (LGBTQIA+) individuals. Creating a safe and supportive environment for all children means broadening the scope and shifting the focus of SOGIE to be a normal part of everyone's life. In addition, it means counteracting any division between children in care based on whether they fit into cisgender/heterosexual gender norms or not. Statistics show children who have a SOGIE that falls on the LGBTQIA+ spectrum are overrepresented in the child welfare system, many of them because of rejection based on their SOGIE ¹. As part of our work to improve the care and services provided to LGBTQIA+ children in care, it is important to support a healthy development of SOGIE. The intention of this guide is to provide some support in that endeavor.

¹ See [Statistics](#) section within this guide.

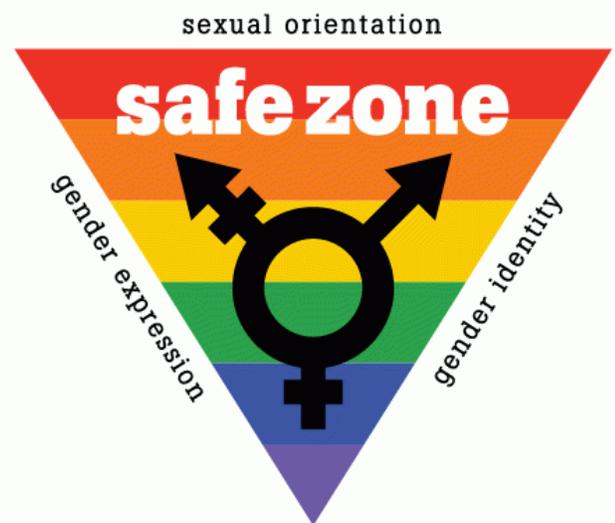
Pronouns and Why They Are Important

Words have **power**. Using the correct name and pronouns for all the children in your care shows the children that you respect them and care about their well-being and safety.

Language shapes **culture** and culture shapes **language**. Just because people are often use to thinking of pronouns, gender, and names in binary ways does not mean it has to stay that way. If you change it, it changes.

Honor another person's **reality** and show them the same respect you would expect for yourself – that the people around you call you by your name and use appropriate pronouns.

Pronoun Examples Include			
She	Her	Hers	Ella
He	Him	His	Él
They	Them	Theirs	Ellx
All			
None/ Name			



A person who asserts their pronouns should be referred to using those pronouns, whether it aligns with the sex they were assigned at birth or not, and independent of what anyone else's assumption is. Commonly used pronouns are: she/her/hers, he/him/his, and they/them/theirs (singular they). Whether we are conscious of it or not, many of us use the singular they pronoun without even thinking about it when we do not know a person's gender. If a child asks you to use a pronoun that does not align with your expectations or assumptions, take the time to practice on your own so that you are able to address them correctly.

Refer to the terms and meanings in the attached appendix as you read this resource guide. Many of these terms remain changeable, fluid, and/or self-defined. Our list is based on language previously published by the California Department of Social Services (CDSS), language discussed with our stakeholders, as well as academic external sources, but we do not claim to have a definitive or all-encompassing list.

Statistics

LGBTQIA+ Children Enter Foster Care at Higher Rates

It is estimated that children identifying as LGBTQI+ make up 7-11% of the general population, yet they comprise larger proportions of individuals receiving child welfare services². According to national research by the Center for the Study of Social Policy ([Out of the Shadows Report](#)³):

- 22.8% of children in out-of-home care identified as LGBQ⁴
- 57% of youth⁵ in out-of-home care who identify as LGBQ are youth of color
- 19.6% of youth in out-of-home care identifying as LGB were moved from their first placement at the request of their caregiver, compared with only 8.6% of heterosexual youth being moved for this reason
- 44.8% of LGB youth were moved from their first placement due to the perceived need for lower levels of care, while 65.5% of heterosexual youth were moved for this reason
- 12.6% of LGB youth were moved from their first placement to higher levels of care, compared with 9.8% of heterosexual youth

LGBTQIA+ Children Experience Higher Rates of Bullying and Violence

LGBTQIA+ children and those perceived as LGBTQIA+ are at an increased risk of being bullied. It is important to know what our children have faced prior to placement, keeping in mind the risks that face the LGBTQIA+ and Trans and Gender Nonconforming (TGNC) children of today, and the impact that rejection can have. As a result of rejection, and other factors, by family, caregivers, providers, and peers, LGBTQIA+ and TGNC children experience higher rates of homelessness, depression, suicide, and violence. Below are some statistics that illustrate the severity of these issues. Results from the [2017 Youth Risk Behavior Survey](#) show that, nationwide, U.S. high school students who self-identify as lesbian, gay, or bisexual (LGB)⁶ report:

- 33% having been bullied on school property and 27.1% cyberbullied in the past year, versus their heterosexual peers (17.1% and 13.3%, respectively)

² Dettlaff A.J. & Washburn M. (2016). *Sexual minority youth in the child welfare system: Prevalence, characteristics and risk*. Forthcoming.

³ Martin, M., Down, L., & Erney, R. (2016). *Out of the Shadows: Supporting LGBTQ youth in child welfare through cross-system collaboration*. Washington, DC: Center for the Study of Social Policy.

⁴ Note: the different initialisms in this section refer to the actual groups that have been included in the research and that is why different ones are used in different places. As an example, this initialism, LGBQ, means that Lesbian, Gay, Bisexual and Queer or Questioning children have been included in the research.

⁵ Note: The term “youth” is used in some places this section to match the wording in the research findings.

⁶ Laura Kann, PhD; Tim McManus, MS; William A. Harris, MM; et al. Youth Risk Behavior Surveillance-United States, 2017. *MMWR Surveill Summ* 2018;67(No.8).

- 10% reported not going to school because of safety concerns, versus their heterosexual peers at 6.1%

Compared with other students, negative attitudes toward lesbian, gay and bisexual (LGB) persons may put these children at increased risk for experiences with violence⁷. 'Violence' can include behaviors such as bullying, teasing, harassment, and physical assault. Results from the [2015 National Youth Risk Behavior Survey](#), show that, nationwide, U.S. high school students who self-identify as LGB report:

- 10% were threatened or injured with a weapon on school property
- 34% were bullied on school property
- 28% were bullied electronically
- 23% of LGB students who had dated or went out with someone during the 12 months before the survey had experienced sexual dating violence in the prior year
- 18% of LGB students had experienced physical dating violence
- 18% of LGB students had been forced to have sexual intercourse at some point in their lives⁸

LGBTQIA+ Children, Family Rejection, and Health Risks

Research has also found that parents and caregivers play a critical role in their lesbian, gay, bisexual and transgender (LGBT) children's health and well-being⁹, families help protect against suicidal behaviors¹⁰.

LGBT young adults who reported high levels of family rejection during adolescence were:

- 8.4 times more likely to report having attempted suicide
- 5.9 times more likely to report high levels of depression
- 3.4 times more likely to use illegal drugs, and
- 3.4 times more likely to report having engaged in unprotected sexual intercourse compared with peers from families that reported no or low levels of family rejection.

⁷ Coker TR, Austin SB, Schuster MA. [The health and health care of lesbian, gay, and bisexual adolescents. External Annual Review of Public Health 2010;31:457–477.](#)

⁸ Kann L, Olsen EO, McManus T, et al. [Sexual Identity, Sex of Sexual Contacts, and Health-Related Behaviors Among Students in Grades 9-12 – United States and Selected Sites, 2015.](#) MMWR Surveill Summ 2016; 65(9): 1-202.

⁹ Ryan, C., Huebner, D., Diaz, R. M., & Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay and bisexual young adults. *Pediatrics*, 123(1), 346-352.

¹⁰ Ryan, C., Russell, S. T., Huebner, D. M., Diaz, R., & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child and Adolescent Psychiatric Nursing*, 23(4), 205-213.

Questions and Answers

One important aspect of providing children in out-of-home care with adequate support, is to be open to learning and re-examining assumptions and ideas that we already carry with us from our own background, upbringing, and understanding of the world. Considering the legal protections for children regarding SOGIE, and children on the LGBTQIA+ spectrum, caregivers are obliged to put in the work to arrive at acceptance and respect and to act consciously around the related issues.

This section is intended to raise awareness about some common myths and misconceptions related to SOGIE facing children in out of home care.

Questions	Answers
Can children identify their SOGIE before they are teenagers?	Every child has their own unique timeline for when they identify their SOGIE. Many people who are cisgender and/or heterosexual may not be aware of whether they are thinking about or identifying their SOGIE at all, as it is normalized into a kind of invisibility. Some children have an awareness of their SOGIE at an early age, and some children start thinking about it in their teens. Some children grow into adulthood conforming to expectations of SOGIE consciously or subconsciously, and do not acknowledge or recognize their own SOGIE until later in life.
If a child did not tell me they are LGBTQIA+, can I assume that they must not be?	Even though children in your home or facility are not openly or visibly LGBTQIA+, this does not mean that there are no LGBTQIA+ children in your home or facility. Despite the child being provided an environment where SOGIE is acknowledged as a normal passage of growth, the child may not have come from a previous environment where that was the case. Even if they did, they may still choose not to disclose that they identify as LGBTQIA+ for several reasons – they are worried about your reaction; they fear for their safety in other contexts; or simply because they are still trying to figure it out for themselves.
If someone in my care who identifies as a girl wants to bring over another girl who they have identified as their girlfriend, should I allow it?	Every child in care is allowed age-appropriate social activities and enrichment, and when it comes to children who identify as LGBTQIA+ it is important for you to examine whether you are applying double standards. This comes back to the perceived invisibility of being cisgender and heterosexual. Take the time to compare your decisions and directions regarding LGBTQIA+ children to the decisions and directions you give children with any other SOGIE. For example, if you allow a girl of the same age who identifies as straight to spend time with a boyfriend, then make sure you allow any LGBTQIA+ children the same type of freedom.

Questions	Answers
Is a child required to disclose their sexual orientation, gender identity or expression upon intake/ admissions?	The sharing of SOGIE information by any child is voluntary and a child may decline to disclose any of their SOGIE information. Children who identify as cisgender or heterosexual may not have considered that this information may be asked of them, and, similarly, staff may not consider asking or noting the SOGIE of children who they assume to be cisgender or heterosexual. We often make the wrong assumptions about someone based on appearance and therefore it is important to include all children in these conversations. As for LGBTQIA+ children, there are many factors they will consider before disclosing their sexual orientation and gender identity, including that they may be risking discrimination and harassment by revealing this information to others. Do not make assumptions based on appearance or your own expectations. Labeling the child in a manner that is inconsistent with how they see themselves causes unnecessary harm. Caregivers need training and most importantly practice around asking for SOGIE-based information from all children.
Upon a child disclosing their SOGIE, when can a social worker or probation officer disclose that information?	The information shared by the child, including their sexual orientation and gender identity, is confidential, unless the child gives permission to disclose it or it is otherwise authorized/required by law. The child’s social worker/probation officer should explain to the child when and why the sharing of SOGIE information would be essential to advancing the objectives of their case plan, which includes safety, permanency and well-being. The social worker/probation officer should inform the child during engagement of services, and when age-appropriate, of the possibility for their case record information to be shared with other legally authorized individuals, including but not limited to, the courts, school, medical services, and/or agency staff. WIC 827.
If I believe a child in my care who has not disclosed their sexual orientation or gender identity to me is LGBTQIA+, should I change my behavior accordingly?	Evaluate what you base your belief on – the truth is that a person’s exterior or their behavior does not tell you about their SOGIE. Do not pressure them or try to find out if they do not self-disclose any SOGIE information. It is always up to the child what they wish to disclose or not. If there are things you would not do/say/allow if you knew there was someone who identified as LGBTQIA+ present, then you should not do/say/allow them in general. In short: Never assume that you know anyone’s SOGIE, and always assume that there may be LGBTQIA+ children, family members, or staff present – whether they have disclosed as much to you or not. Practice using gender neutral language with all children all the time.

Creating a Safe Space and Being Inclusive

It is important for caregivers to create a safe and affirming environment for all children, independent of their SOGIE. All children can thrive when they feel supported. Caregivers play a unique role in assuring children feel physically and emotionally safe and when they have that safety they can explore and express their SOGIE in a healthy, affirming manner. Below are some strategies a caregiver can use to begin bringing inclusivity and gender-affirming care to their home or facility.



Communicate

- Accept and respect all children as they are, regardless of how they identify, reveal or conceal their sexual identity. It is not uncommon for LGBTQIA+ children to experience different levels of rejection, which makes it important to clearly communicate support for them.
- Allow children to speak about their SOGIE on their own terms.
- Make it clear to children in your care that developing SOGIE is a normal and natural part of everyone's life, and that it is okay to talk about related issues.
- Signal acceptance of a broad SOGIE spectrum through use of inclusive language, open allyship, pictures, signs and cultural representation in your home or facility.
- Use the name and pronouns (e.g. he/she/they) your children identify with.
- Use gender neutral language as much as you can, and especially when asking children about things such as relationships (i.e. instead of "do you have a girlfriend" ask "is there anyone special in your life?").
- Avoid double standards: allow your child space to discuss feelings of attraction and engage in age-appropriate romantic relationships, regardless of their SOGIE.

Support

- Caregivers can send a message that no one should be treated differently because of who they are or are perceived to be. Make that a conscious part of your own behavior and lead by example.
- Respond to your children in an affirming way, understanding the way people identify or express themselves may be fluid and change over time.
- Find ways to educate yourself on terminology and research questions that come up as they arise; do not expect children to educate you beyond what relates specifically to their needs.

- Provide interpersonal support to children by providing a safe space to talk about their SOGIE and navigate personal decisions about disclosing or concealing it with others.
- Ensure the children are connected to affirming medical care and counseling with SOGIE informed providers.
- Encourage the children to engage in activities that interest them, regardless of whether these activities are stereotypically associated with a specific gender.
- Invite the children's partner or LGBTQIA+ identifying friends to family and facility or home gatherings.
- Affirm children in your home or facility by providing access to their preferred clothing, grooming, and hygiene products.

Protect

- Protect the privacy of all children. Be careful not to disclose or discuss a child's SOGIE with others, without the child's prior permission, unless there is a need and you are permitted to do so by law or court order.
- Caregivers should be prepared with ways to advocate and intervene when they hear slurs or negative comments based on SOGIE from any children or agency staff.
- If you have Trans or Gender Non-Conforming (TGNC) children in your care, be aware of situations specific to their needs that may increase discomfort or pose a threat to the child's mental health or physical safety, such as:
 - needing to use public restrooms; being required to participate in sports or water/beach activities with peers; situations requiring the use of legal or identification documents that have not yet been updated to align with their identity; health care situations that include examinations and questions where the staff are not culturally competent or only partially competent in dealing with TGNC children; family situations with people in the child's life that do not affirm their SOGIE, name, and/or pronouns.

Get Involved

- Step up, step out, and connect with local community resources, services, and programs for children who want to explore their SOGIE.
- Facilitate social-emotional learning activities at home or facility to encourage culturally aware peer-relationships and help children develop empathy of diverse backgrounds.
- Identify and connect children to an adult mentor within the community of their choice.
- Educate yourself about LGBTQIA+ cultural history, California legislation, and community programs so that you are ready to be a resource to any child in your care whose SOGIE falls on the LGBTQIA+ spectrum, or who is exploring and questioning their SOGIE.

Policies & Procedures

- Make it clear to all staff, family members and children in the home or facility that misgendering, isolation, jokes, slurs, or hate speech based on gender, gender identity or expression, or sexual orientation will not be tolerated. Some ways to make this clear include: Adding SOGIE protection to House Rules and comprehensively implementing a non-discrimination policy consistent with personal rights and which includes SOGIE protections throughout the program.

- Make available appropriate supports and resources to caregivers who are struggling to affirm children whose SOGIE falls on the LGBTQIA+ spectrum.
- For a child who discloses they are LGBTQIA+, caregivers should explore the needs of the child, and any risks to the child, and determine how best to support that child.

Access to Affirming Services

- When accessing health services collaborate with gender affirming Mental Health Professionals and Medical Personnel for children to access affirming services¹¹. Research local providers and seek out feedback from the LGBTQIA+ community, as some providers who declare themselves supportive and LGBTQIA+ competent may not meet expectations.
 - Medical situations are often very hetero- and cis-normative, meaning medical professionals often assume that all their patients are straight and cisgender, which leaves LGBTQIA+ patients in a position of having to disclose a lot of personal information or details just to be treated appropriately.
- One way to find out whether a provider is supportive and inclusive is to ask about their procedures to ensure that a child that comes to them for care is addressed using the right name and pronouns even if their legal documents do not match. Providers who have TGNC competence will have procedures in place to ensure clients are not misgendered or misnamed.
- If the child is TGNC, make sure you know whether they want to disclose that or not.
 - Communicate with them regarding their expectations before a doctor's visit to make sure they are aware of what could be expected in terms of having parts of their body seen or touched by medical staff, and to determine how you can support them in that type of situation.
 - If the legal documents of a TGNC child do not match their name and pronouns, be ready to advocate for them and correct the providers that you meet should they misgender or misname the child. Before you do, however, make sure this is what the child wants.
- Refer to [History of Legislation](#) within this guide to learn more about AB 2119 and AB 175 for further information regarding the personal rights children have regarding gender-affirming care.



¹¹ The CDSS along with workgroup members of the SOGIE Advisory Group have developed some resources to assist SWs and POs with finding appropriate providers for TGNC children. Please review the screening tool, which will assist case managers with some suggested questions to ask a potential provider to determine if they are qualified and affirming. Additionally, a list of qualified mental health and health care providers who are gender affirming has been developed, organized by region. This screening tool and list of providers may be viewed here: <http://www.cdss.ca.gov/Portals/9/Screening%20Tool%202.19.19.pdf?ver=2019-02-19-161842-863>.

Real Life Scenarios and Best Practice Suggestions

In their journey toward adulthood, children will continue to need stable and reliable emotional support systems to help them process life’s challenges and to help model healthy ways to cope with all that life brings. A focus on inclusivity is a way you can express support as a caregiver.

Below are some real-life scenarios and best practice suggestions on how to build an affirming, safe, and caring home or facility for children. The intention of this information is to give caregivers tools they can utilize to strengthen their relationship-building skills.

Scenario	What You Can Do...
A child reports not being comfortable in their placement due to their SOGIE.	<ul style="list-style-type: none"> • Ask the child what they believe would help them feel more comfortable. • Talk to the child and find out if there is an individual or group that is making the child uncomfortable or if the placement overall is the problem. • Determine if it is a safety issue that would trigger a discussion with the social worker and/or probation officer around relocation efforts.
A child reports a lack of support by their treatment team.	<ul style="list-style-type: none"> • Ask the child if they can articulate what the support they need looks like. If we can figure out what the child envisions their support team to be for them, we can better figure out how to provide the support they need. • Talk to them about any incidents that have happened that made them feel unsupported. • Discuss the possibility of inviting an LGBTQIA+ advocate to join the Child and Family Team (CFT) with the county social worker.
A child discloses that they are LGBTQIA+.	<ul style="list-style-type: none"> • Acknowledge and affirm the child by being positive, thanking them for their trust in you and showing genuine interest in the information they just shared. • Ask the child what would help them feel safe and supported. • Offer guidance to the child by thoughtfully directing them to LGBTQIA+ affirming websites, programs, and resources for information and to find answers to the questions they may have. • Assist the child in finding and attending LGBTQIA+ community activities, events, resources, organizations, and social programs for LGBTQIA+ children. • Help the child get connected to a positive LGBTQIA+ mentor.

Scenario	What You Can Do...
A child discloses they have gone to a clinic for hormones OR you accept placement of a child who is on hormone therapy.	<ul style="list-style-type: none"> • It is the responsibility of the child’s caregiver to help the child access gender affirming medical treatment. • It is important to ensure that any medical treatment initiated continues to be monitored by the appropriate medical professional/s and the child has transportation to and from related appointments. • The caregiver should be aware of the medications the child has been prescribed and follow standard procedures for medications^{12, 13}.
A child discloses they are trans/transgender and/or gender non-conforming.	<ul style="list-style-type: none"> • Acknowledge and affirm the child by being positive, thanking them for their trust in you and showing genuine interest in the information they just shared. • Ask the child what would help them feel safe and supported. • Ask if the child is comfortable with their current room arrangements or if they would prefer a room change. <ul style="list-style-type: none"> ○ For a transgender child that might mean a change that allows the child to share a room according to their gender identity, rather than the sex they were assigned at birth. ○ For a non-binary, genderfluid, or gender non-conforming child that may mean that they share with someone whose gender identity they feel more comfortable around. • Ask the child what name and gender pronouns to use when referring to them and honor that request by using those terms. • Ask if they have any questions concerning gender identity or gender expression and if they would like to discuss them with an affirming therapist or healthcare provider.
A child begins to transition.	<ul style="list-style-type: none"> • Transitioning looks different for everyone and is a journey that can take place over several years. Some people have a defined end-goal, and some consider transitioning an ongoing and fluid experience without a specified destination. There is no right or wrong way for a person to transition and each person sets their own pace and direction.

¹² More information on standard procedures for medications in Group Homes: <https://www.cdss.ca.gov/Portals/9/Group%20Home%20Med%20Guide%20FINAL%20v8-11-17.pdf?ver=2017-08-18-135526-153>

¹³ More information on standard procedures for medications in Foster Family Homes, Certified Family Homes and Resource Family Homes: <https://www.cdss.ca.gov/Portals/9/FFA-CFH-RFH%20Meds%20033017.pdf?ver=2017-04-06-092732-473>

Scenario	What You Can Do...
A child begins to transition.	<ul style="list-style-type: none"> • The decisions an individual may make during this process are unique for each person and can include whether to: <ul style="list-style-type: none"> ○ Change their name, and/or pronouns, either legally or informally. <i>It is important to note: For some people there will be a legal name (and possibly gender marker) change process associated with this, which will take time and resources. For others, there is still the issue of initiating the use of their new name with the people around them, some of whom may not be supportive. Keep in mind that a person in the process of transitioning may use a name or have an outward appearance that does not match the details of their legal documents. This may cause discomfort or safety issues in situations such as travel, medical contacts, and more.</i> ○ Initiate hormone therapy (i.e. taking hormone blockers and/or estrogen/testosterone). ○ Have any surgical procedures • It is important to ensure that any medical treatment initiated continues to be monitored by the appropriate medical professional/s. • If the child is transferring to or from another home or facility, create a clear plan for ensuring there will be no lapse in medical treatment.

History of Legislation

This section is intended to provide a brief overview of some of the legislation (laws) that address protections for children in out-of-home care as it relates to SOGIE. The following list includes hyperlinks in the titles and citations for further text on the statute.



AB 175 (Chapter 416, Statutes of 2019)

Foster Care: Rights

Effective Date: January 1, 2020

[Assembly Bill \(AB\) 175](#) amends Section 1530.91 of the Health and Safety Code, and amends Section 16164 of, and repeals and adds Section 16001.9 of, the Welfare and Institutions Code, relating to foster care. This bill amends all personal rights for all children and nonminor dependents in foster care, including providing the right to review their own case plan and plan for permanent placement to children 10 years of age or older regardless of whether they are in a permanent placement and the right to not be prevented from attending Independent Living Program classes by the caregiver as a punishment. This bill includes additional rights, including, among others, the right to be referred to by the child's preferred name and gender pronoun, the right to maintain the privacy of the child's sexual orientation and gender identity and expression, except as provided, and the right to have reasonable access to computer technology and the internet. Additionally, this bill requires the Foster Care Ombudperson's office to provide training and technical assistance to foster children, social workers, and child welfare organizations, among others, on the rights of children in foster care, reasonable and prudent parent standards, and services provided by the office. An implementation plan by the Department will be forthcoming in 2020.

AB 2119 (Chapter 385, Statutes of 2018)

Foster Care: Gender Affirming Health Care and Mental Health Care

Effective Date: January 1, 2019

[Assembly Bill \(AB\) 2119](#) amended Sections [16001.9](#) and [16010.2](#) of the Welfare and Institutions Code (WIC) to clarify that the right for minors and nonminors in foster care to health care and mental health care described in WIC 16001.9(a)(4) includes covered gender affirming health care and gender affirming mental health care. This right is subject to existing laws governing consent to health care for minors and nonminors and does not limit, add, or otherwise affect applicable laws governing

consent to health care. For more information on how the department has implemented this legislation, see the following publications:

- [Provider Information Notice \(PIN\) 19-03-CRP 2018](#) Chaptered Legislation affecting children's residential facilities. This PIN includes the implementation plan for AB 2119 in Children's Residential Homes and Facilities.
- [ACL 19-27 \(May 8, 2019\) | Executive Summary](#) The purpose of this All County Letter (ACL) is to inform county placing agencies, foster family agencies, and administrators of group home and short-term residential therapeutic programs of the passage of Assembly Bill (AB) 2119 (Chapter 385, Statutes of 2018), which went into effect on January 1, 2019.

**AB 959 (Chapter 565, Statutes of 2015)
Lesbian, Gay, Bisexual, and Transgender Disparities Reduction Act
Effective Date: July 1, 2018**

[Assembly Bill \(AB\) 959](#) added a section to the Government Code requiring collection of voluntary demographic data on sexual orientation and gender identity, as specified. The Legislature found that it was in the best interest of the state to respect, embrace, and understand the full diversity of its residents and to collect accurate data to effectively implement and deliver critical state services and programs. AB 959 required four specific state departments, including the Department of Social Services (CDSS), the Department of Health Care Services (DHCS), Department of Public Health (DPH), and the Department of Aging (CDOA), to begin collecting voluntary self-identification information pertaining to sexual orientation and gender identity when collecting, directly or by contract, other required demographic data, except as specified. This information will be used only for demographic analysis, coordination of care, quality improvement of services, conducting approved research, fulfilling reporting requirements, and guiding policy or funding decisions. The goal of collecting this demographic data is to gather accurate information to understand, compare, report, and apply that data to the enhancement and improvement of public services. For more information on how the department has implemented this legislation, see the following publications:

- [ACL 18-77 \(June 27, 2018\)](#) The purpose of this ACL provides counties with information and instructions for implementing the provisions of AB 959 (Chapter 565, Statutes of 2015), the Lesbian, Gay, Bisexual, and Transgender Disparities Reduction Act in the In-Home Supportive Services (IHSS) program.
- [ACL 18-133 \(November 8, 2018\) | Executive Summary](#) The purpose of this ACL is, among other things, to provide County Welfare Departments with guidance on the implementation of AB 959. It includes instructions for use of the new "Demographic Questionnaire for CalWORKs, Refugee Cash Assistance, Entrant Cash Assistance, Trafficking and Crime Victims Assistance Program and Cal Fresh Programs" form in order to collect the demographic data required by AB 959.
- [ACL 19-20 \(March 13, 2019\) | Executive Summary](#) The purpose of this ACL is to provide county child welfare and probation departments with guidance and instructions regarding how to document SOGIE information in CWS/CMS.

SB 179 (Chapter 853, Statutes of 2017)

Gender identity: female, male, or nonbinary (Gender Recognition Act)

Effective Date: January and September 1, 2018, as specified

[Senate Bill \(SB\) 179 \(The Gender Recognition Act\)](#) amended, repealed, and added various sections to the Code of Civil Procedure, the Health and Safety Code, and the Vehicle Code, relating to gender identity. Effective January 1, 2018, SB 179, for purposes of obtaining a new birth certificate under the provisions for issuance of a new certificate related to gender transition, removed the requirement that an applicant have undergone any treatment, and instead authorized a person to submit to the State Registrar an application to change gender on the birth certificate and an affidavit attesting, under penalty of perjury, that the request for a change of gender is to conform the person's legal gender to the person's gender identity and not for any fraudulent purpose. Effective September 1, 2018, SB 179 removed the requirement that a person have undergone any treatment to seek a court judgment to recognize a change of gender and instead authorized an attestation. Also effective September 1, 2018, SB 179 authorized a change of gender in the court judgment to female, male, or nonbinary, provided modified procedures to obtain a court order for a change of name to conform to the petitioner's gender identity and a court judgment to recognize a change in the petitioner's gender, and provided a separate procedure for a person under 18 years of age to petition for a court judgment to recognize a change of gender, as specified. Effective January 1, 2019, SB 179 required an applicant for an original driver's license or renewal of a driver's license to choose a gender category of female, male, or nonbinary, as specified, and required the Department of Motor Vehicles to adopt regulations to provide a process for an amendment to a gender category under these provisions.

SB 731 (Chapter 805, Statutes of 2015)

Foster Children: Housing: Gender Identity

Effective Date: January 1, 2016

[Senate Bill \(SB\) 731](#) amended [Section 16001.9](#) ("the Foster Youth Bill of Rights") of and added Section [16006](#) to the Welfare and Institutions Code (WIC) and added [Section 1502.8](#) to the Health and Safety Code (HSC). SB 731 added a personal right and a requirement that children and nonminor dependents in out-of-home care are to be placed according to their gender identity. For more information on how the department has implemented this legislation, see the following publications:

- [Implementation Plan for SB 731](#) This document transmits summaries of, and implementation procedures for, legislation chaptered in 2015 affecting the Community Care Licensing Division, Children's Residential Facilities. The Implementation Plan for SB 731 (Leno) has been revised.
- [ACL 17-64 \(July 19, 2017\)](#) This All County Letter (ACL) is to notify all public child welfare and probation departments, Title IV-E tribes, private foster or adoption agencies, and group home providers of the changes to placement practices for children in out-of-home care resulting from SB 731.
- [ACIN I-30-18](#) SB 731 Frequently Asked Questions (FAQ). The FAQ builds upon ACL 17-64 which provided information on the changes to placement practices for children in out-of-home care resulting from SB 731, which specifies that all children in foster care also have the right to be placed in their foster care placements according to their gender identity, not the gender listed in their case or court records.

- [Information and Resource Guide](#) This website is intended to assist our business partners in understanding policies and practices of programs which fall under the authority of the California Department of Social Services.
- [Senate Bill \(SB\) 731- Placing Youth with Respect to Their Gender Identity, CDSS Children's Residential Quarterly \(Spring 2018\)](#) This article, written by Shannan Wilber, Youth Policy Director at the National Center for Lesbian Rights (NCLR), and Jill Jacobs, Executive Director of Family Builders, provides an overview of SB 731 and information about implementation.
- [Foster Care Services: Cultural Competency, ORD No. 0116-01](#) Regulations Package
- [PIN 17-12-CRP \(October 26, 2017\)](#) This Provider Information Notice (PIN) notifies providers of new regulations concerning cultural competency in foster care which took effect on October 1, 2017.

AB 1266 (Chapter 85, Statutes of 2013)
The School Success & Opportunity Act
Effective Date: January 1, 2014

[Assembly Bill \(AB\) 1266](#) amended [Section 221.5](#) of the Education Code, relating to pupil rights. This bill required that a pupil be permitted to participate in sex-segregated school programs and activities, including athletic teams and competitions, and use facilities consistent with their gender identity, irrespective of the gender listed on the pupil's records.

SB 1172 (Chapter 835, Statutes of 2012)
Sexual Orientation change efforts
Effective Date: January 1, 2013

[Senate Bill \(SB\) 1172](#) added [Article 15](#) (commencing with [Section 865](#)) to Chapter 1 of Division 2 of the Business and Professions Code, relating to healing arts. This bill prohibited a mental health provider, as defined, from engaging in sexual orientation change efforts, as defined, with a patient under 18 years of age. The bill provided that any sexual orientation change efforts attempted on a patient under 18 years of age by a mental health provider shall be considered unprofessional conduct and shall subject the provider to discipline by the provider's licensing entity.

AB 1856 (Chapter 639, Statutes of 2012)
Foster Care Services: Cultural Competency
Effective Date: January 1, 2013

[Assembly Bill \(AB\) 1856](#) amended Sections [1522.41](#) and [1529.2](#) of the Health and Safety Code, and Sections [16001.9](#) and [16003](#) of the Welfare and Institutions Code, relating to foster care services to require the training for an administrator of a group home facility, licensed foster parent, and relative or nonrelative extended family member caregiver to also include instruction on cultural competency and sensitivity relating to, and best practices for, providing adequate care to lesbian, gay, bisexual, and transgender (LGBT) children in out-of-home care. Additionally, the bill provided that foster children have the right to have caregivers and child welfare personnel who have received instruction on cultural competency and sensitivity relating to, and best practices for, providing adequate care to LGBT children in out-of-home care. For more information on how the department has implemented this legislation, see the following publications:

- [Foster Care Services: Cultural Competency, ORD No. 0116-01](#) Regulations Package

- [PIN 17-12-CRP \(October 26, 2017\)](#) This Provider Information Notice (PIN) notifies providers of new regulations concerning cultural competency in foster care which took effect on October 1, 2017.

SB 543 (Chapter 503, Statutes of 2010)

Minors: Consent to Mental Health Services

Effective Date: January 1, 2011

[Senate Bill \(SB\) 543](#) added [Article 3](#) (commencing with [Section 124260](#)) to Chapter 4 of Part 2 of Division 106 of the Health and Safety Code and added [Section 14029.8](#) to the Welfare and Institutions Code, relating to mental health. This bill, notwithstanding any provision of law, provided that a minor who is 12 years of age or older may consent to outpatient mental health services, if, in the opinion of the professional person, as defined, the minor is mature enough to participate intelligently in the mental health treatment or counseling services. The bill expanded the definition of a professional person to include a licensed clinical social worker, as specified, and a board certified or board eligible psychiatrist.

AB 3015 (Chapter 557, Statutes of 2008)

Foster Care: Technical Changes

Effective Date: January 1, 2009)

[Assembly Bill \(AB\) 3015](#) amended Health and Safety Code Sections [1522.41](#) and [1529.2](#) to expand training for group home administrators and licensed caregivers to include applicable provisions of the California School Safety and Violence Prevention Act (commencing with Education Code Section [32228](#)). The training provides basic information on what schools are doing to safeguard children in a public-school setting. This training gives group home administrators and licensed caregivers the necessary tools to effectively address a public school with concerns that a foster child may be in an unsafe school environment. For more information on how the department has implemented this legislation, see the following publications:

- [CCL Information Release 2010-03](#) Reasonable and Prudent Parent Standard for Group Homes and Training Regulations

SB 518 (Chapter 649, Statutes of 2007)

Juveniles: Youth Bill of Rights

Effective Date: January 1, 2008

[Senate Bill \(SB\) 518](#) added [Article 1.5](#) (commencing with Section [224.70](#)) to Chapter 2 of Part 1 of Division 2 of the Welfare and Institutions Code, relating to juveniles. This bill enacted the “Youth Bill of Rights” in connection with children confined in a facility of the Division of Juvenile Facilities—a place of confinement that is operated by, or contracted for, the Department of Corrections and Rehabilitation, for the purpose of the detention or commitment of children who are taken into custody and alleged to be within the description of Section 601 or 602 or who are adjudged to be a ward of the court. The bill enumerates various specific rights. The bill required every Division of Juvenile Facilities facility to provide each child who is placed in the facility with an age and developmentally appropriate orientation that includes an explanation and a copy of the rights and required a facility of the Division of Juvenile Facilities to post a listing of the rights.

SB 1441 (Chapter 182, Statutes of 2006)

Discrimination: state programs and activities: sexual orientation

Effective Date: January 1, 2007

[Senate Bill \(SB\) 1441](#) amended Section [11135](#) of the Government Code, relating to anti-discrimination provisions. This bill added sexual orientation to these provisions and defined, for these purposes, “sex” and “sexual orientation.” The bill further expanded the definition of discrimination under these provisions to include a perception that a person has any of these enumerated characteristics or that the person is associated with a person who has, or is perceived to have, any of these characteristics.

AB 458 (Chapter 331, Statutes of 2003)

Foster Care Non-Discrimination Act

Effective Date: January 1, 2004

[Assembly Bill \(AB\) 458](#) amended Sections [1522.41](#), [1529.2](#), and [1563](#) of the Health and Safety Code, and amended Sections [16001.9](#) and [16003](#) of, and added Section [16013](#) to, the Welfare and Institutions Code, “fair and equal access to all available services, placement, care, treatment, and benefits, and to not be subject to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability, or HIV status.” This legislation provided that it is the policy of the state that all persons engaged in providing care and services to foster children are to have fair and equal access to all available programs, benefits, services, and licensing processes, and shall not be subjected to discrimination or harassment based on sexual orientation and gender identity, among other things. The bill provided that this policy shall not be interpreted to create or modify existing preferences for foster placements, or to limit the local placement agency’s ability to make placement decisions for the child based on the child’s best interests. This legislation also amended training requirements for administrators, licensing personnel, licensed and certified foster parents, and relative caregivers to include training on anti-discrimination regarding sexual orientation and gender identity. For more information on how the department has implemented this legislation, see the following publications:

- [ACIN I-81-10 \(October 20, 2010\)](#) The purpose of this All County Information Notice (ACIN) is to provide public and private child welfare, adoption agencies and probation department’s information on resources available to improve services to LGBTQ children, their caregivers and LGBT prospective foster and adoptive parents.

AB 537 (Chapter 587, Statutes of 1999)

The California Student Safety and Violence Prevention Act

Effective Date: January 1, 2000

[The California Student Safety and Violence Prevention Act of 2000](#) amended Sections [200](#), [220](#), [66251](#), and [66270](#) of, to add Section [241](#) to, and amended and renumbered Sections [221](#) and [66271](#) of, the Education Code, relating to discrimination. The act prohibits discrimination and harassment on the basis of sexual orientation or gender identity in California public schools, as specified.

Appendix of Terms and Meanings

The Department has compiled a glossary of terms related to SOGIE to provide context and meaning for the language used in this guide and to help establish a framework from which caregivers and other individuals involved in the child welfare system can form a common understanding. The glossary can also be used as a starting point for discussion, but the best source for appropriate terminology regarding a child in care will always be that individual child.

Term	What does this mean?	How is it used?
Gender and Gender Identity	<p>A person’s internal identification as male, female, or something in between or outside of the gender binary. Typically, medical personnel “assign” an infant’s sex based primarily on the child’s genitalia. An infant’s assigned sex is typically recorded on the birth certificate and is treated as the child’s legal gender for most purposes. Most people’s gender identity matches their assigned sex. However, some people have a gender that is different from the sex assigned to them at birth¹⁴.</p>	<p>People use a variety of terms to describe their gender and gender identity including but not limited to:</p> <p>Androgynous: Identifying and/or presenting as neither distinguishably masculine nor distinguishably feminine [Human Rights Campaign, 2018].</p> <p>Binary: The belief that such things as gender identity have only two distinct, opposite, and disconnected forms. In other words, they believe in the gender binary, or that only male and female genders exist. As a rejection of this belief, many people embrace a non-binary gender identity [Educating for Global Understanding, 2010].</p> <p>Cisgender: A term used to describe a person whose gender identity aligns with that typically associated with the sex assigned to them at birth [Human Rights Campaign, 2018].</p> <p>Gender Identity: a person’s identity based on the individual’s stated gender identity, without regard to whether the self-identified gender accords with the individual’s physical appearance, surgical history, genitalia, legal sex, sex assigned at birth, or name and sex, as it appears in medical records, and without regard to any contrary statement by any other person, including a family member, conservator, or legal representative. An individual who</p>
Gender and Gender Identity		

¹⁴ Transgender and Gender Nonconforming Children in California, 2018. Retrieved from <http://www.cclld.ca.gov/res/pdf/TGNCCChildrenCAFosterCare.pdf>

Term	What does this mean?	How is it used?
<p>Gender and Gender Identity</p>		<p>lacks the present ability to communicate his or her gender identity shall retain the gender identity most recently expressed by that individual [Health and Safety Code Section 1439.50(b)].¹⁵</p> <p>Gender Dysphoria: Clinically significant distress caused when a person's assigned birth gender is not the same as the one with which they identify [Human Rights Campaign, 2018].</p> <p>Gender Expression: a person's gender-related appearance and behavior whether or not stereotypically associated with the person's assigned sex at birth [Civil Code Section 51(e)(5)].¹⁶</p> <p>Gender Fluid: According to the Oxford English Dictionary, a person who does not identify with a single fixed gender; of or relating to a person having or expressing a fluid or unfixed gender identity [Human Rights Campaign, 2018].</p> <p>Gender Non-Conforming (GNC): describes people whose gender expression differs from the cultural norms prescribed for their assigned sex. The terms "gender expansive," "gender diverse," and "gender variant" are also used to describe gender nonconforming individuals. Some gender nonconforming people have an identity that is "nonbinary," meaning their gender identity is neither male nor female. Others identify as some combination of male and female. Still others identify as either male or female but</p>

¹⁵ As previously published by the California Department of Social Services (CDSS) gender identity means "a person's internal identification or self-image as male, female, or other" but as many of these terms remain changeable, fluid, and/or debated the Department in collaboration with stakeholders has chosen to include updated language in this glossary [FFA ILS 4 Section 88201(c)(g)(2); STRTP ILS Section 87001(g)(2); Title 22 Section 84001(g)(2); Title 22 Section 83001(g)(2); Title 22 Section 86001(g)(2); Title 22 Section 89201(g)(2); Title 22 Section 8801(g)(2)].

¹⁶ As previously published by the California Department of Social Services (CDSS) gender expression means "refers to the ways a person communicates their gender identity through clothing, haircut, behavior, and interaction with others" but as many of these terms remain changeable, fluid, and/or debated the Department in collaboration with stakeholders has chosen to include updated language in this glossary [FFA ILS 4 Section 88201(c)(g)(1); STRTP ILS 87001(g)(1); Title 22 Section 84001(g)(1); Title 22 Section 83001(g)(1); Title 22 Section 86001(g)(1); Title 22 Section 89201(g)(1); Title 22 Section 88001(g)(1)].

Term	What does this mean?	How is it used?
		<p>express their gender in ways that differ from stereotypical presentations. Not all gender nonconforming people identify as transgender. <i>Regardless of how they identify, gender nonconforming individuals are vulnerable to varying levels of mistreatment and bias simply because they transgress social norms</i>¹⁷.</p> <p>Nonbinary: an umbrella term for people with gender identities that fall somewhere outside of the traditional conceptions of strictly either female or male. People with nonbinary gender identities may or may not identify as transgender, may or may not have been born with intersex traits, may or may not use gender-neutral pronouns, and may or may not use more specific terms to describe their genders, such as agender, genderqueer, gender fluid, Two Spirit, bigender, pangender, gender nonconforming, or gender variant. Nonbinary gender identities have been recognized by cultures throughout history and around the world, as well as by legal systems in the United States and other countries, medical authorities, and researchers [Gender Recognition Act Section 2(d)].</p> <p>Transgender (Trans): a person whose gender identity differs from the person’s assigned or presumed sex at birth [Health and Safety Code Section 1439.50(h)].¹⁸</p>

¹⁷ Transgender and Gender Nonconforming Children in California, 2018. Retrieved from <http://www.cclid.ca.gov/res/pdf/TGNCCChildrenCAFosterCare.pdf>

¹⁸ As previously published by the California Department of Social Services (CDSS) gender expression means “a person whose gender identity does not correspond with their anatomical sex. A transgender girl or woman is a girl or woman whose birth sex was male but who understands herself to be female. A transgender boy or man is a boy or man whose birth sex was female but who understands himself to be male” but as many of these terms remain changeable, fluid, and/or debated the Department in collaboration with stakeholders has chosen to include updated language in this glossary [FFA ILS 4 Section 88201(t)(1); STRTP ILS 87001(t)(1); Title 22 Section 84001(t)(1); Title 22 Section 83001(t)(1); Title 22 Section 86001(t)(1); Title 22 Section 89201(t)(1); Title 22 Section 88001(t)(1)].

Term	What does this mean?	How is it used?
Gender Expression	<p>The manner in which people communicate their gender to others—through their clothing, mannerisms, and hairstyle, for example. A person’s gender expression may be fluid or even situational, meaning that the person presents their gender differently in different settings. For example, a child may wear stereotypically feminine clothing at home and stereotypically masculine clothing at school. A person’s expression of gender may be neither masculine nor feminine or may combine masculine and feminine elements¹⁹.</p>	<p>Masculine: having qualities appropriate to or usually associated with a man [Merriam-Webster Incorporated, 2019].</p> <p>Feminine: characteristic of or appropriate or unique to women [Merriam-Webster Incorporated, 2019].</p> <p>Gender Transition: refers to the process by which transgender people align their gender appearance more closely with their gender identity. Transgender people may choose to transition as children, teenagers, or adults. The process is unique for each individual and may include:</p> <ul style="list-style-type: none"> • Social transition: living in alignment with one’s gender identity, which may include changing one’s name, hairstyle, clothing, identity documents, and the pronouns used to describe oneself. Social transition may also include participation in sports and other activities or accessing restrooms and changing rooms consistent with one’s gender identity. • Pubertal suppression: temporarily and reversibly suppressing puberty by using gonadotropin-releasing hormone analogs or “hormone blockers.” Delaying puberty prevents the increased dysphoria associated with puberty and avoids the development of permanent secondary-sex characteristics. Pausing puberty allows TGNC children additional time to work with health and behavioral health providers to determine the next steps in their transition, if any. • Cross sex hormone therapy: using cross-sex hormones (testosterone or estrogen) to induce masculinizing or

¹⁹ Transgender and Gender Nonconforming Children in California, 2018. Retrieved from <http://www.cclcd.ca.gov/res/pdf/TGNCChildrenCAFosterCare.pdf>

Term	What does this mean?	How is it used?
Gender Expression		feminizing physical changes consistent with one’s gender identity. <ul style="list-style-type: none"> Gender confirmation surgery: undergoing surgical procedures that change the appearance and/or function of one’s physical body to align it with one’s gender identity. [Transgender and Gender Nonconforming Children in California, 2018].
Sex	Typically, medical personnel “assign” an infant’s sex based primarily on the child’s genitalia. An infant’s assigned sex is typically recorded on the birth certificate and is treated as the child’s legal gender for most purposes. Most people’s gender identity matches their assigned sex. However, some people have a gender that is different from the sex assigned to them at birth ²⁰ .	<p>Male: An individual of the sex that is typically capable of producing small, usually motile gametes (such as sperm or spermatozoa) which fertilize the eggs of a female [Merriam-Webster Incorporated, 2019].</p> <p>Female: Of, relating to, or being the sex that typically has the capacity to bear young or produce eggs [Merriam-Webster Incorporated, 2019].</p> <p>Intersex: Is an umbrella term used to describe natural bodily variations, which can include external genitalia, internal sex organs, chromosomes, or hormonal differences that transcend typical ideas of male and female [Gender Recognition Act Section 2(c)].</p>
Sexual Orientation	Describes a person’s emotional, romantic or sexual attraction to others that may be shaped at an early age [FFA ILS 4 Section 88201(s)(2); STRTP ILS Section 87001(s)(2); 22 CCR Section 88001(s)(1); 22 CCR Section 89201(s)(3); 22 CCR Section 84001(s)(2); 22 CCR Section 83001(s)(1); 22 CCR Section 86001(s)(1)].	People use a variety of terms to describe their sexual orientation, including but not limited to: <p>Asexual: The lack of a sexual attraction or desire for other people [Human Rights Campaign, 2018].</p> <p>Bisexual: A person emotionally, romantically or sexually attracted to more than one gender though not necessarily simultaneously, in the same way or to the same degree [Human Rights Campaign, 2018].</p>

²⁰ Transgender and Gender Nonconforming Children in California, 2018. Retrieved from <http://www.cclid.ca.gov/res/pdf/TGNCCChildrenCAFosterCare.pdf>

Term	What does this mean?	How is it used?
Sexual Orientation		<p>Gay: A person who is emotionally, romantically or sexually attracted to people of the same gender [Human Rights Campaign, 2018].</p> <p>Heterosexual or Straight: Of, relating to, or characterized by a tendency to direct sexual desire toward the opposite sex [Merriam-Webster Incorporated, 2019].</p> <p>Lesbian: A term used to describe a woman who is emotionally, romantically, or sexually attracted primarily to women [Human Rights Campaign, 2018].</p> <p>Queer: A term used by some people—particularly young people—to describe themselves and/or their community. Reclaimed from its earlier negative use, the term is valued by some for its defiance, by some because it can be inclusive of the entire community, and by others who find it to be an appropriate term to describe their more fluid identities. Traditionally a negative or pejorative term for people who are gay, queer is still sometimes disliked within the LGBTQ community. Due to its varying meanings, this word should only be used when self-identifying or quoting someone who self-identifies as queer (i.e. “My cousin identifies as queer”)²¹.</p> <p>Questioning: A term used to describe people who are in the process of exploring their sexual orientation or gender identity [Human Rights Campaign, 2018].</p> <p>Pansexual or Omnisexual: Describes someone who has the potential for emotional, romantic or sexual attraction to people of any gender though not necessarily simultaneously, in the same way or to the same degree [Human Rights Campaign, 2018].</p>

²¹ All County Letter No. [18-133](#) Implementation of Assembly Bill, 2018.

Term	What does this mean?	How is it used?
<p>Other Terms to Know Other Terms to Know</p>		<p>Ally: A person who is not LGBTQIA+ but shows support for LGBTQIA+ people and promotes equality in a variety of ways [Human Rights Campaign, 2018].</p> <p>Biphobia: Prejudice, fear or hatred directed toward bisexual people [Human Rights Campaign, 2018].</p> <p>Closeted: Describes an LGBTQIA+ person who has not disclosed their sexual orientation or gender identity [Human Rights Campaign, 2018].</p> <p>Coming Out: Refers to voluntarily making public one's sexual orientation and/or gender identity [University of California San Francisco LGBT Resource Center, 2019].</p> <p>Homophobia: Prejudice, fear or hatred directed toward people who are attracted to members of the same sex [Human Rights Campaign, 2018].</p> <p>Living Openly: A state in which LGBTQIA+ people are comfortably out about their sexual orientation or gender identity – where and when it feels appropriate to them [Human Rights Campaign, 2018].</p> <p>Outing: Exposing someone's SOGIE “to others without their permission. Outing someone can have serious repercussions on employment, housing, economic stability, religious or family situations, and personal safety (including hate crimes and deadly violence)”. [Human Rights Campaign, 2018].</p> <p>Transphobia: Prejudice, fear or hatred directed toward transgender people [Human Rights Campaign, 2018].</p>

APPENDIX OF APPLICABLE LICENSING LAWS

This Appendix provides references to some specific statutes, regulations, standards, and written directives that are applicable to this resource guide. However, this Appendix is not exhaustive. For more information on applicable legal requirements, please review the statutes, regulations, standards and/or written directives applicable to your facility category or resource family home. You may also visit the [CDSS Community Care Licensing Website](#). *The following list includes hyperlinks in the titles and citations for further text on the statute.*

Health and Safety Code (HSC)

[HSC Section 1502.8](#) Adoption of regulations

[HSC Section 1522.41](#) Group Home and STRTP administrator certification training requirements

[HSC Section 1529.2](#) Foster parent training requirements

[HSC Section 1562.01](#) STRTP staff training requirements

Welfare and Institutions Code (WIC)

[WIC Section 16001.9](#) Rights of minors and nonminors in foster care

[WIC Section 16006](#) Placement according to gender identity

Title 22 General Licensing Requirements

[Section 80072](#) Personal Rights

Foster Family Agency

Section 88201(g), (s), (t) Definitions

Section 88487.1(a)(8)(C), (E), and (F) Home and Grounds

Section 88487.8(a) Personal Rights

Foster Family Homes

Section 89201(g), (s), (t) Definitions

Section 89372(a) Personal Rights

Section 89387(a)(2)(C), and (b) Buildings and grounds

Small Family Homes

Section 83001(g), (s), (t) Definitions

Section 83072(d) Personal Rights

Section 83087(b)(2)(B), and (f) Buildings and grounds

Group Homes

Section 84001(g), (s), (t) Definitions

Section 84072(d) Personal rights
Section 84087(b)(3), and (e) Buildings and grounds

[Transitional Housing Placement Provider \(THPP\) Programs](#)

Section 86001(g), (s), (t) Definitions
Section 86072(c) Personal Rights
Section 86087(a)(1)(B)2., and (h) Buildings and Grounds

[Foster Family Agency \(FFA\) Interim Licensing Standards V. 4](#)

Section 88201 Definitions
Section 88264 Administrator-Qualifications and Duties
Section 88487.8 Personal Rights

[Short Term Residential Therapeutic Program \(STRTP\) Interim Licensing Standards V. 3](#)

Section 87001 Definitions
Section 87064.2 Administrator Certification Requirements
Section 87065.1 Training Requirements
Section 87072 Personal Rights
Section 87087 Building and Grounds

[Nonminor Dependents \(AB 12\) in Foster Family Homes and Certified Family Homes \(Interim Licensing Standards\)](#)

Section 893172 Personal Rights

[Nonminor Dependents \(AB 12\) in Small Family Home \(Interim Licensing Standards\)](#)

Section 83172 Personal Rights

[Nonminor Dependents \(AB 12\) in Group Homes \(Interim Licensing Standards\)](#)

Section 84472 Personal Rights

[Nonminor Dependents \(AB 12\) in Transitional Housing Placement Provider Programs \(Interim Licensing Standards\)](#)

Section 86172 Personal Rights

[Resource Family Approval \(RFA\) Written Directives Version 6](#)

Section 3-01 Definitions
Section 11-01 Home and Grounds
Section 11-08 Personal Rights

APPENDIX OF RESOURCES

Links to non-government and outside organizations on these resource pages are listed solely as a service to our caregivers. The links do not constitute an endorsement of these organizations or their programs by the California Department of Social Services (CDSS) or the State of California, and none should be inferred. CDSS is not responsible for the content of the individual organization web pages found through these links.

CDSS Website Resources

[Children's Residential Program](#) has regulatory oversight of licensed facilities caring for minors, age 0 through 17 and non-minor dependents age 18 through 21 in out-of-home care.

[Foster Care Ombudsman](#) maintains a toll-free telephone number which foster children, or any concerned adult may call from anywhere in California to ask questions or express their concerns and complaints.

[Foster Youth Wellness Website](#) is designed to help foster children and the adults in their lives learn more about pursuing wellness by providing links to youth friendly wellness resources. Here you'll find links to interactive tools, youth friendly websites, hands-on tools and worksheets, videos, articles, and more. All resources may be downloaded for personal use or educational purposes by foster children and their adult allies.

[Healthy Sexual Development Project](#) was formed by the CDSS in February of 2016 to address concerns regarding children in foster care and their reproductive health. The workgroup was formed with the goal of producing a statewide pregnancy prevention plan for children and to create other informational resources regarding healthy sexual development.

[Need Help Now](#) provides a list of crisis lines operating 24 hours a day, 7 days a week.

Provider Information Notices (PIN)

[PIN 17-12-CRP](#) The Department has revised its regulations to incorporate the provisions of Assembly Bill (AB) 1856 (Ammiano), Chapter 639, Statutes of 2012, and Senate Bill (SB) 731 (Leno), Chapter 805, Statutes of 2015 by amending the training, personal rights, and bedroom sharing regulatory sections of Group Home, Foster Family Home, Certified Family Home, Community Treatment Facility, Transitional Housing Placement Program, and Small Family Home.

All County Letters (ACL)

[ACL 19-26 \(May 8, 2019\) | Executive Summary](#) The purpose of this ACL is to inform child welfare agencies of the changes mandated by Assembly Bill (AB) 2247, effective January 1, 2019, which added WIC Section 16010.7. AB 2247 requires child welfare agencies to develop, implement, and document a placement preservation strategy in consultation with the Child and Family Team (CFT)

for most dependent foster child placement changes, but also provides exemptions to this new requirement.

[ACL 19-20 \(March 13, 2019\) | Executive Summary](#) The purpose of this ACL is to provide county child welfare and probation departments with guidance and instructions regarding how to document SOGIE information in CWS/CMS.

All County Information Notices (ACIN)

[ACIN I-30-18 \(May 17, 2018\)](#) The California Department of Social Services (CDSS) in collaboration with the Continuum of Care (CCR) Sexual Orientation and Gender Identity and Expression Advisory Group composed a FAQ to provide additional information to consider when placing transgender children in out-of-home care.

[ACIN I-14-18 \(March 13, 2018\)](#) The purpose of this ACIN is to provide counties and their partners with information about the available Child and Family Team (CFT) brochures designed as a resource for use in providing outreach and support about the CFT process, guidelines, and frequently asked questions for children, parents, and professionals.

[ACIN I-91-17 \(December 21, 2017\)](#) The purpose of this All County Information Notice and Mental Health and Substance Use Disorder Services Information Notice is to provide Mental Health Plans, Child Welfare Departments, Foster Family Agencies, and other providers and stakeholders with the Therapeutic Foster Care (TFC) Training Resource Toolkit.

[ACIN I-71-17 \(November 15, 2017\)](#) The purpose of this ACIN is to provide counties with information regarding a new Foster Youth Wellness Website. The website was designed to help foster children, and the adults in their lives, learn more about pursuing wellness by providing links to youth-friendly wellness resources. Eight dimensions of wellness are featured within the website including physical, emotional, intellectual, spiritual, social, environmental, occupational, and financial.

National & Local Organizations

[Centers for Disease Control and Prevention](#). Education, information, resources, and health services for LGBTQ children and adults.

[Children's Rights](#). Through relentless strategic advocacy and legal action, we hold governments accountable for keeping kids safe and healthy.

[Child Welfare Information Gateway](#). Provides information about serving lesbian, gay, bisexual, transgender, and questioning (LGBTQ) children, including resources for LGBTQ children in out-of-home care and resources offering support and guidance for LGBTQ children and their families.

[Foster Club: Supporting LGBTQ Youth in Foster Care Course](#). Provides information for foster parents to help them learn about LGBTQ (lesbian, gay, bisexual, transgender, and questioning) children in the child welfare system, the unique risks they face, and the important role that foster parents can play in reducing those risks.

[Getting Down to Basics](#). Toolkit from Lambda Legal with resources for those supporting LGBTQ children in foster care.

[PFLAG](#). A national nonprofit organization that supports families through more than 350 chapters in major urban centers, small cities, and rural areas in all 50 States.

[The Family Acceptance Project® \(FAP\)](#). Directed by Dr. Caitlin Ryan at the Marian Wright Edelman Institute at San Francisco State University and was developed by Caitlin Ryan and Rafael Díaz in 2002. It includes the first comprehensive study of LGBT children and their families.

[The Human Rights Campaign](#). As the largest national lesbian, gay, bisexual, transgender and queer civil rights organization, HRC envisions a world where LGBTQ people are ensured of their basic equal rights, and can be open, honest and safe at home, at work and in the community.

[The Trevor Project](#). The leading national organization providing crisis intervention and suicide prevention services to LGBTQ children.

[National Center for Lesbian Rights \(NCLR\)](#). NCLR is a non-profit, public interest law firm that litigates precedent-setting cases at the trial and appellate court levels; advocates for equitable public policies affecting the LGBT community; provides free legal assistance to LGBT people and their legal advocates; and conducts community education on LGBT issues.

[National Foster Parent Association's Committee on LGBTQ+ Families and Youth](#). Goals are to identify and pass along helpful resources, encourage a welcoming and affirming culture at the NFPA in general and help other organizations to do the same, stay abreast of the latest research and information on LGBTQ issues, and provide individual advocacy and support to the NFPA members and organizations as they work to support children and families in their service areas.

[RISE: Recognize Intervene Support Empower Program](#). RISE is recognized as one of the leading LGBTQ+ programs addressing the disproportionate outcomes for children in systems of care, providing local direct services, and national training, coaching and technical assistance to providers and parents/caregivers. RISE is the only federally evaluated, evidence-informed program of its kind.

[Trans Lifeline](#). Trans Lifeline is a national trans-led 501(c)(3) organization dedicated to improving the quality of trans lives by responding to the critical needs of the community with direct service, material support, advocacy, and education. Trans Lifeline offers microgrants and help with name changes and identification documents.

[Your Health Your Rights](#). Your Health Your Rights provides teens and adults living in California information about their sexual and reproductive health care rights. Resources and videos include common questions and information about [birth control](#), [emergency contraception](#), [access to medical services](#), and [your rights at school](#).

Support for LGBTQIA+ Children

[Gay, Lesbian, and Straight Education Network](#). The leading national education organization focused on ensuring safe schools for all students.

[Get Busy. Get Equal](#). ACLU resources for LBGT children about their rights at school and how to advocate for themselves effectively.

[GSA Network](#). GSAs are student-run organizations that unite LGBTQ+ and allied students to build community and organize around issues impacting them in their schools and communities.

[It Gets Better Project](#). Videos created to show LGBTQ children that they are not alone and that they have the potential for happy, positive futures, if they can just get through their teen years.

[Know Your Rights: Children](#). Legal resources regarding out-of-home care and school issues for LGBTQ children (from Lambda Legal).

[Represent and YCteen Stories](#). Personal stories from children in foster care.

Child Welfare Providers

[Best Practices for Asking Questions to Identify Transgender and other Gender Minority Respondents on Population-Based Surveys](#) by William Institute.

[Guidelines for Managing Information Related to Sexual Orientation & Gender Identity and Expression of Children in Child Welfare Systems](#) by Family Builders.

[SOGIE Data Collection](#) by the Human Rights Campaign Foundation.

[Strengthening the Workforce to Support Youth in Foster Care who Identify as LGBTQ+ through Increasing LGBTQ+ Competency: Trainers' Experience with Bias](#)

[Strengthening Family Connections and Support for Youth in Foster Care who Identify as LGBTQ: Findings from the PII-RISE Evaluation](#)