

References

- Anglin, J. (2001). Child and youth care: A unique profession. *Cyc-online*, Issue 35.
- Berridge, D. & Brodie, I. (1998). *Children's homes revisited*. London: Jessica Kingsley.
- Brown, E., Bullock, R., Hobson, C. & Little, M. (1998). *Make residential care work: Structure and culture in children's homes*. Aldershot: Ashgate.
- Clough, R., Bullock, R. & Ward, A. (2006). *What works in residential child care: A review of research evidence and the practical considerations*. London: National Children's Bureau.
- Garfat, T. (1998). The effective child and youth care intervention: A phenomenological inquiry. *Journal of Child and Youth Care*, 12(1), 21-23.
- Happer, H., McCreddie, J. & Aldgate, J. (2006). *Celebrating success: What helps looked after children succeed*. Edinburgh: Social Work Inspection Agency.
- Hewitt, J. (2002). Residential care: A first choice not a last resort. In K. White (Ed.) *Re-framing children's services: NCVCCO Annual Review No. 3*. London: NCVCCO.
- Lindsay, M. & Foley, T. (1999). Getting them back to school: Touchstones of good practice in the residential care of young people. *Children & Society*, 13 (2), 192-202.
- Milligan, I., Hunter, L. & Kendrick, A. (2006). *Current trends in the use of residential child care in Scotland*. Glasgow: SIRCC.
- Murphy, C. (2004). Preparing children for foster care: Exploring the role and value of a preparatory residential placement. In H. G. Eriksson & T. Tjellflatt (Eds.) *Residential care: Horizons for the new century*. Aldershot: Ashgate.
- Paterson, S., Watson, D. & Whiteford, J. (2003) *Let's face it! Young people tell us how it is*. Glasgow: Who Cares? Scotland.
- Sinclair, I. & Gibbs, I. (1998) *Children's homes: A study in diversity*. Chichester: John Wiley and Sons.
- Smith, M. (2005). Rethinking residential care: A child and youth care approach. In D. Crimmens & I. Milligan (Eds.) *Facing forward: Residential child care in the 21st century*. Lyme Regis: Russell House Publishing.

GLBTQ RCC NYC USA: Gay, lesbian, bisexual, transgender, questioning and residential child care in New York City, United States of America.

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Introduction

It is impossible to calculate accurately the number of gay, lesbian, bisexual, transgender and questioning (GLBTQ) young people in residential child care as this would depend upon all GLBTQ young people being confident enough and willing to identify themselves as such. An estimate, however, can be made based upon studies of both the general and the residential child care population. Research suggests that between two and nine per cent of young people have had some same-sex sexual experience (National Survey of Sexual Attitudes and Lifestyles, 2000). Given that there are approximately 2500 young people in residential child care in Scotland, this means that a substantial minority of young people who are looked after away from home are GLBTQ.

The intention of this paper is to give one person's description of his observations of an organisation in New York which works with GLBTQ young people. It is deliberately descriptive, with minimal comment. It asks some questions and aims to assist the reader to gain a sense of what it feels like to be GLBTQ and in need of 'out-of-home' care, based on the observations and individuals stories of GLBTQ young people at *Green Chimneys* in New York. This international perspective may enable those of us working in the Scottish residential child care sector to understand the needs, dreams, and challenges of the GLBTQ young people we will be working with, sometimes unknowingly.

The first observation I made was that acronyms abound in this arena, hence the title of this paper. Confusion reigned about terminology such as TLP, the TIL, the SILP, the AOBH, RHY, until all was explained about these varied programmes for GLBTQ young people in New York City. While this may sound somewhat cryptic at this stage, these will be explored later in the paper.

First observations

For many years, gay and lesbian adolescents have been placed in out-of-home care settings, but they have not usually been provided with the kind of services and understanding they truly need (Mallon, 1992, p.547).

The above comment hints at a need for services which are more attuned to the needs of GLBTQ young people. The services which I visited went some way toward meeting this need. My first contact within the service was Theresa Nolan, one of the directors of the *Green Chimneys* GLBTQ programmes in New York City. Before visiting the different residences and speaking with staff and young people, Theresa gave me a brief history of the overall programme. It was set up twenty years ago by Gerald Mallon who was working in a residential unit. At this time, a growing number of GLBTQ young people were being referred and he saw that there was a demand for a safe haven for this population. He discovered that this group of individuals who had already experienced being with a mixed population in 'out-of-home' care had often been the victims of homophobic abuse from staff and fellow residents. Thus, a small group home called the Gramercy residence was established exclusively for GLBQ (note no 'T' at this point) young people. From this small start there has developed a range of residential services, offering both full-time care and supervised independent living for GLBTQ young people ranging in age from 12 to 21 years.

Young people are referred from within and outwith the State of New York, through the Administration of Children's Services (ACS). Young people may refer themselves once they register with the ACS but all referrals are assessed and those young people who may need greater support due to severe psychological and emotional trauma will be referred on to agencies which are better equipped to help. In some ways the programmes are victims of their success in that they are well known on the East coast of America and can be seen therefore by some agencies as the placement of first choice for a young person who happens to be GLBTQ and in need of residential care.

Initially I questioned the organisation's risk of 'ghettoising' young GLBTQ people. I was reassured however, when I was told that in the supervised independent living residences there are GLBTQ young people living with heterosexual peers and that in other settings, residents are encouraged to attend mainstream schools and colleges and to take an active part in community life. Some young people, however, attend the Harvey Milk High School which is administered by the New York City Department of Education. The school is named after the first openly gay elected official of San Francisco, assassinated in 1978. The school has a majority of GLBTQ pupils (Henley, 2004).

My first visit to an individual residence was to the Agency Operated Boarding House (AOBH) in Harlem. The supervisor explained the structure of the home, which consisted of six gay, bisexual, transgendered or questioning males aged between 12 and 17 years. Research suggests that young people are 'coming out' in relation to their sexual orientation at a younger age, with 'an astounding 10-year drop from prior studies, which reported that the average age of coming out hovered somewhere in the mid-20s.' (Tamashiro, 2005, p.2).

The Boarding House works to engage with the families of their residents and tackle some of the issues which are mostly related to the sexuality or gender orientation of the young people. As Nolan and Nagua (2005) commented 'When a family member openly identifies as GLBTQ, other family members are forced to confront their feelings about sexuality. Often these feelings... can overpower the ties that bind. Consequently love becomes conditional' (Nolan and Nagua, 2005, p. 36).

Some young people have to share a room. There is a strict rule, occasionally and inevitably flouted given the developmental stage of the young people, that there will be no sexual activity taking place in individual's rooms. Condoms are freely available throughout the programmes, which acknowledge the difficulty there can be in attempting to encourage teenagers to control normal adolescent urges.

I met Avella, one of the staff, who was quick to direct me to the house rules and to make the point that they 'run a tight ship.' There are consequences for young people failing to behave appropriately, disrespecting each other, returning home after curfew or being untidy. This was not dissimilar to a number of Scottish residential units. I visited AOBH on a Saturday morning. There was some sniping in the kitchen as waffles were being made, fights over who was sitting where to see the TV and good-natured teasing about how people looked. Altogether it was a very relaxed atmosphere akin to any residential unit's or family home's lazy, laid-back Saturday morning.

I was then introduced to three of the young people who were willing to tell me their stories. Paris is a shy, 16 year-old, questioning boy, possibly transgender, whose parents 'move around a lot,' this being one of the reasons she is now living in the AOBH. Ronald is a 15 year-old gay male whose uncle referred him to ACS without his knowledge, asking for him to be received into their care. He stayed in a temporary children's 'shelter' where he was bullied and victimised before he was placed at the AOBH. He reported that he now feels safe but thinks there are too many rules and 'it's too strict.' He is involved in his school's GLBTQ group. The third young person I met was John. He impressed me as one of the most self-confident, self-assured, gay 17 year-olds I had ever met. He was from Philadelphia and came to the AOBH after he was found to be in need of supervision. He was staying mostly at the homes of friends because his mother's partner had been verbally and physically abusing him because of his sexuality. He saw the AOBH as a 'safe place,' considered that the rules were 'good,' and that he wanted to keep 'going up.' He felt that his residential experience at the AOBH had helped him to lose his bad 'attitude' which tended to be triggered by other people's homophobia. He is close to his mum, visiting every two months and wanted to do well in his career so he can 'help my mum and my family.' He wanted to challenge the stereotype that gay men are sexually promiscuous. He saw himself as a listener to his friends and

a support to other younger residents, especially Tiffany, a transsexual young person to whom he felt like a big brother. For his own protection in the wider community he chooses not to inform everyone he meets that he is gay.

Another service offered by *Green Chimneys* is the Supervised Independent Living Programme (SILP) in Harlem. I spoke to Nicole, the director, and Betsy, one of the SILP support workers. They were straight and explained the importance of having a mix of lesbian, gay, and straight staff, reflecting the outside world but also with a commitment to providing affirming and validating support and care to GLBTQ young people. Betsy impressed on me that ‘if you have any of those issues, you leave them at the door, boy!’ Asking why they thought that there was a disproportionate number of black African-Americans and Latino young people in the programmes, they informed me that they felt that the macho culture of the former and the religious beliefs of the latter made it difficult for some families to accept a GLBTQ member. I wondered if poverty and a lack of opportunities, educationally and vocationally, also had a part to play for these families. I reflected that perhaps white, affluent, educated families deal with the same issues differently, having different resources to call upon.

The SILP places importance on teaching young people essential life skills necessary for living independently, offering a 15-unit course entitled ‘Life Skills for Living in the Real World.’ The residents implement the course while living in a furnished apartment with one other resident, who may be straight. Staff supervise residents twice per week to monitor progress and are ‘at hand’ in the programme’s head office in the same neighbourhood of Harlem.

I was introduced to Jasmine who lives in the SILP programme. She is a pretty young woman of 20 years old. She first came out as gay and then as a transgender male-to-female when she was a young teenager. She has contact with her foster family between four and six times per year, who accept her now as a woman though she reported that they still cannot ‘get to grips with using the name Jasmine.’ She sees SILP as ‘a positive place.’ I sensed that she really did not like her boy’s name as she did not wish to tell me what it was. She wrote recently for a youth communication journal of her experiences of coming out as a gay teenager, then transgender male-to-female. I have reproduced this piece here with her permission:

Jasmine’s experience

Coming out to my foster parents, who raised me from the age of five, was a little rough. But I was even more scared when I had to tell them of my decision to become the opposite sex. As we sat in the spotless kitchen in awkward silence, my foster mother finally said, “What’s the matter? Something must be on your mind for you to be so quiet.”

“There’s something I have to tell you guys. It’s hard, because the last time I talked to you about something like this, the aftermath was almost unbearable. I’ve been thinking about becoming... a girl.”

There was a silence so long I couldn’t take it anymore. “Please say something, please!”

“What do you want us to say?” my foster father said. “You just don’t get enough torturing us, do you?”

Suddenly tears were running down my face and I couldn’t control them. I ran to my room and bawled until I couldn’t cry anymore. The next morning I woke up to the sounds of pots and pans. My foster mother was making breakfast.

“Baby,” she said as we sat at the kitchen table, “I’ve known you for almost 12 years. I know where your birthmark is, what food you’re allergic to, all of your secrets and your dreams. Baby, no matter what or who you become, I will always love and respect you, as long as you love and respect yourself.”

“If only your husband felt the same way,” I replied.

Suddenly I heard a deep voice. “Don’t you refer to me in that way”, my foster father said, with a hint of a smile. “I will always be your father. I’m sorry about what I said last night. I didn’t mean it.”

“Sure,” I said, smiling at him. “It’s going to take a long time for you two to cope and understand.”

“Son, whatever you do with your life, I want you to know that Ann and me will always be here for you. We’re not your biological parents, but you are our son and we love you.”

That morning I felt they really understood where I was coming from. They took the time to listen to me, and I love them for that. I still visit them every few months. They like the new me and, most of all, I like the new me.

In fact, I LOVE the new me.’

(Jasmine’s story, 2006, www.youthcomm.org)

Jasmine recently graduated in cosmetology from the Empire Beauty School and wants to specialise in hair, skin and nails. She is quite confident about getting a job in this sector. One of the staff told me that it can be ‘plain sailing’ for transgender young people to get jobs in this field, though some come up against discrimination when discovered as being transgender.

Runaways or 'Throwaways'?

Green Chimneys operates two other programmes for GLBTQ young people who have found themselves on the streets having run away from home or having been thrown out of the family home. *The Triangle Tribe Apartment Program* consists of two elements; the Transitional Living Program (TLP) and the Transitional Independent Living Program (TIL). Both programmes provide a safe haven for 16 – 21-year-old GLBTQ young people.

Nolan and Nugua (2005) state that, 'As young people become more willing to discuss their identities, they face the daunting task of soliciting acceptance. More and more young people, at younger and younger ages, are being 'thrown out' or disposed of, as damaged goods.' The United States legislature, under the *Runaway and Homeless Youth Act* and the *Missing, Exploited, and Runaway Children Protection Act* requires there to be programmes in place for this group of young people. The TLP and the TIL are programmes which are run under this legislation. It is a sizeable problem in New York City with an estimated 32,000 young people who are homeless (Bolas, 2003). Of this group, approximately 25-40 per cent identifies themselves as GLBTQ (Feinstein, Greenblatt, Hass, Kohn, & Rana, 2001). The aims of the TLP and the TIL run by *Green Chimneys* are to encourage young people to learn the essential life skills for the transition to living independently.

I met with the TIL/TLP director, Carmen, and one of the social workers, Claire. I was shown around some of the apartments where the young people lived. The fact that these young people have lived on the streets for some time means that they have a good deal to learn about the maintenance of and respect for property. From learning to manage themselves better, Carmen has an ambition that they will eventually get involved to some extent in the management of the programme.

All of the *Green Chimneys* programmes for older young people employ Life Skills Co-ordinators. I met with Shavette, from the Gramercy program who explained her function as a Life Skills Coordinator. Her work involves enabling the young people to acquire skills related to accommodation, budgeting, domestic chores, job-seeking and employment laws, especially around issues of discrimination. For example, I was told of one transgender girl who was informed that she could not apply for a job because she was a boy. This misinformation is an offence in US law.

Some of the GLBTQ young people have used their bodies as commodities in the sex industry when in need of money. Shavette has a challenge in directing the young people towards less risky employment, but which pays perhaps no more than the minimum wage. Similarly, drug dealing can be a problem as

an easy means of gaining cash. Risky money-making behaviours can be used to fund other risky behaviours. For example, some transgender individuals desperate to speed up the transition process, purchase non-prescription drugs like industrial silicone. Young people are offered drug and sex counselling and advised of the problems associated with risky behaviours.

Shavette encourages a return to education for young people, a number of whom having missed much of school and do not have the basic General Equivalency Diploma. This basic qualification can be taken at any stage in one's life in America and is required for college access. Individuals are required to identify, and achieve, set goals and this is monitored on a monthly basis, informed by weekly reports from other staff involved with the young person throughout the programme.

The Gramercy residence

Another of the range of resources within the *Green Chimneys* programmes is that of the Gramercy residence, located in the lower east side of New York City. The 25 GLBTQ (no lesbian women) 16-20 year old residents are offered 365 days of care a year in a 24-hour structured and supervised home-like atmosphere. Places are dependent upon young people being in education or in work. Greater supervision is needed, as this group of young people are more likely to have experienced a wider range of family dysfunction, abuse, homophobia, homelessness, exploitation and rejection by family and welfare services. For some, the fact that they are GLBTQ is the least of their problems.

There are 35 direct care workers employed at the Gramercy residence, reflecting this greater need. Zulie, one of the direct care workers, showed me around the residence. At Gramercy, I had the sense of a place with a very different feel about it compared to the other programmes. This was perhaps to do with the number of young people around and the older age range, but it felt also a little more threatening. To house such a large group of young people in a large tenement-sized building presents challenges in creating a home-like atmosphere. The staff, however, tried their utmost to compensate for the drabness of surroundings.

I spoke with Leon, the director, and Jordana, the social worker, about some of the different issues and challenges at Gramercy. They explained that individual one-to-one therapeutic social work is seen as important around the process of 'coming out', sexual identity, gender orientation, stereotypes of gender and diverse sexualities, harm-reduction behaviours, symptomatic eating disorders (increasing in male youth) and respect of self. Psycho-educational group work is attempted and family work is also undertaken occasionally to 'heal the rift'

for those with existing contacts. Staff were frustrated by the fact that much of their efforts are directed towards the awareness-raising and education of fellow professionals from external agencies. I was impressed by a staff member's advocacy for transgender individuals when she stated that she would contact external professionals prior to any meeting to remind them of the preferred gender and first name with which the young person identified. She also stopped any meeting to repeat the reminder if anyone misaddressed a young person.

Ms Inkerá told me of her experience of Gramercy when she started out there as a teen. She now works as a direct care worker for one of the programmes. She was a boy and was taken into care at 16 years old. He lived at Gramercy for two years before he decided that he wanted to be a girl, having always thought of himself as so. Her transgender behaviour, however, was not acceptable in the programme at that time. She found that her allowances would be curtailed and she risked expulsion if she continued to wear wigs and cosmetics. Her response was 'Keep my money, I'm keeping my hair and make-up. This is how I am and this is how it is. I'm staying.' It was after this stance, she stated, that Gramercy became transgender-friendly. She told me that she despairs at some of the behaviour of transgender young people when they prostitute themselves 'for a bag of chips because that's what's expected of them.' This is one of the existing role models for transgender young people. Through her direct care work, Ms Inkerá presents an alternative and much more positive role model.

Some reflections

These specialised programmes are fulfilling a huge need for GLBTQ young people in New York and surrounding states. They are providing a safe haven in which they can feel valued, validated, affirmed and supported before venturing out into the 'real' world where they can face harassment, victimisation and discrimination. Questions arise, however, around the need to develop more integrated services for GLBTQ young people in need of residential care. Ideally the existing provision should be able to serve the needs of this group. Staff in these settings have developed an understanding of the issues and the different challenges, a knowledge of GLBTQ resources and networks and have received the requisite training in working with GLBTQ young people. Theresa Nolan, one of the directors, assured me that there are continuing developments in this direction. For example, the ACS recently created the post of co-ordinator of policy and practice for GLBTQ child welfare provision.

We need to consider what we are doing presently for an often invisible group in residential care to ensure that we are dealing with their needs, which can be different from their straight peers. These are ordinary young people, in many ways, but in others, extraordinary. As practitioners, we should never forget this. The visit prompted the writing of a practice development paper for working

with GLBTQ young people in residential care (Sutherland, 2009). It draws on a model of working with GLBTQ young people (Ragg and Patrick, 2006) and provides a set of simple guidelines to make residential units more GLBTQ-friendly.

The key to excellent residential child care lies in the relationships with staff. The staff I met during my visit were inspirational and child-centred. It seems to me that to provide the best service possible to GLBTQ young people in residential care, staff need to be raising their awareness continuously of GLBTQ issues and concerns and to question routinely their practice to ensure that it is the very best practice that they can offer. Such practice should be inclusive, anti-discriminatory and anti-oppressive, and be prepared to challenge other practitioners and organisational systems that are homo/bi/transphobic. It could be that some GLBTQ young people will not need or wish for any specific GLBTQ intervention. This has to be respected. Furthermore, there is not one type of gay, lesbian, bisexual or transgender person. There is much diversity within and across all these groups. My own view is that this could be better reflected in the services provided.

[Further information about the work of *Green Chimneys* is available on their website www.greenchimneys.org, and click on 'programs']

References

- Bolas, J. (2003). Street outreach. Chapter in Bolas, J. (Ed.) *State of the city's homeless youth report 2003*. New York: New York City Association of Homeless and Street-Involved Youth Organisations.
- Feinstein, R., Greenblatt, A., Hass, L., Kohn, S., & Rana, J. (2001). *Justice for all? A report on lesbian, gay, bisexual and transgender youth in the New York juvenile justice system*. New York: Urban Justice Center.
- Henley, P. (2004). *When most of your school is gay*. Accessed on 29th June, 2008 at http://news.bbc.co.uk/2/hi/uk_news/magazine/4023335.stm
- Jasmine's story (2006). Accessed on 10th June 2008 at www.youthcomm.org/Books/In-The-System/Intro-Teens.htm
- Mallon, G. (1992). Gay and no place to go: Assessing the needs of gay and lesbian adolescents in out-of-home care settings. *Child Welfare*, 61(6), 547-556.
- Ragg, D.M. & Patrick, D. (2006). *Best practice principles: Gay and lesbian youth in care*. Accessed on 17th June, 2008 at www.cwla.org/programs/groupcare/rgcqwinter2006.pdf

National Survey of Sexual Attitudes and Lifestyles II (2000). Accessed on 24th June, 2008 at www.data-archive.ac.uk.

Nolan, T. & Nugua, A. (2005). 'Throwaways': Lesbian, gay, bisexual and transgender youth in crisis. *Family Therapy Magazine*, Nov.: 34-37.

Sutherland, M. (2009). Supporting lesbian, gay, bisexual and transgender young people in residential care. *In Residence 10*. Glasgow: SIRCC.

Tamashiro, D. (2005). Coming Out. Chapter in J.L. Summers (Ed.), *GLBTQ: An encyclopaedia of gay, lesbian, bisexual, transgender and queer culture*. (Online publication) Accessed 31st October, 2007 at www.glbtc.com/social-sciences/coming_out_ssh.html

Lizzy: Understanding attachment and loss in young people with complex needs

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Introducing Lizzy

Lizzy is now a twenty year-old young woman with brown hair, lovely blue eyes and the most amazing smile. She has a great sense of humour and is a very sociable person. She enjoys going out and about, be it to the cinema, shopping trips, ten-pin bowling or for something to eat. When on form, she sparkles. She is an avid Dunfermline supporter attending all their home games with Richard, her foster father. One of the highlights of the year is Lizzy's summer holiday which she really enjoys. She is absolutely passionate about desserts, especially anything chocolate flavoured. Lizzy enjoys being in company but also enjoys her own space. She knows her own mind.

Lizzy lives in a long-term residential house located in the local community. The house offers residential care to five young people with complex physical and intellectual disabilities. The house is spacious and was designed for the young people who are currently living there. All of these young people have been living in the unit for between four and thirteen years. Lizzy has her own bedroom with en-suite toilet and bathing facilities. Her bedroom reflects her personality and is adorned with Dunfermline football team posters and flags as well as photos of her family and lots of soft toys.

Lizzy spends most of her life in a wheelchair and her only form of communication is by eye pointing. When you get to know her, she can use this quite effectively.

She requires total assistance to eat and drink, as she has problems with food and its consistency and everything has to be liquidised. Indeed Lizzy requires total assistance to stay alive.