

**From:** [Anderson, Leslie E MCF:EX](#)  
**To:** [Booth, Chris MCF:EX](#); [Watson, Sarah J MCF:EX](#); [Jensen, Tom D MCF:EX](#)  
**Cc:** [Seddon, Leanne MCF:EX](#)  
**Subject:** RE: Meeting Note re: LGBTQ2S+ Children and Youth  
**Date:** February 14, 2018 12:23:07 PM

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Thanks for your input. Because the meeting is with a few transgender youth, I think it's worthwhile mentioning your practice and your connection to the Maples.  
Sarah and I have proposed the following for the second bullet:

s.13

Leslie  
Leslie Anderson  
Manager, Child Welfare Policy  
1<sup>st</sup> Floor, 525 Superior Street  
Victoria, B.C.  
Phone: 778-698-5042  
Email: [Leslie.Anderson@gov.bc.ca](mailto:Leslie.Anderson@gov.bc.ca)

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**From:** Booth, Chris MCF:EX  
**Sent:** Wednesday, February 14, 2018 12:15 PM  
**To:** Anderson, Leslie E MCF:EX; Watson, Sarah J MCF:EX; Jensen, Tom D MCF:EX  
**Cc:** Seddon, Leanne MCF:EX  
**Subject:** RE: Meeting Note re: LGBTQ2S+ Children and Youth  
Hi

I have no problem not including my name. I would like it known that we are making efforts to provide sensitivity training for staff at MATC.

It is worth noting that we are one program among many and I can't speak for other service providers.

Chris Booth

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**From:** Anderson, Leslie E MCF:EX  
**Sent:** Wednesday, February 14, 2018 11:52 AM  
**To:** Watson, Sarah J MCF:EX; Booth, Chris MCF:EX; Jensen, Tom D MCF:EX  
**Cc:** Seddon, Leanne MCF:EX  
**Subject:** RE: Meeting Note re: LGBTQ2S+ Children and Youth  
Thanks Sarah.

If would like the suggested wording to be changed, please let myself or Leanne know. The meeting with the Minister has been changed from today to Feb. 22<sup>nd</sup>.

Leslie  
Leslie Anderson  
Manager, Child Welfare Policy  
1<sup>st</sup> Floor, 525 Superior Street  
Victoria, B.C.  
Phone: 778-698-5042  
Email: [Leslie.Anderson@gov.bc.ca](mailto:Leslie.Anderson@gov.bc.ca)

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**From:** Watson, Sarah J MCF:EX  
**Sent:** Wednesday, February 14, 2018 10:33 AM

**To:** Anderson, Leslie E MCF:EX; Booth, Chris MCF:EX; Jensen, Tom D MCF:EX  
**Cc:** Seddon, Leanne MCF:EX  
**Subject:** RE: Meeting Note re: LGBTQ2S+ Children and Youth

Hi there,

I think it is important to note that we have Youth Justice Program areas—i.e. there are multiple areas with different policies. While we greatly appreciate the work that Dr. Booth has undertaken, there are a great many people who have influenced and developed policies and perhaps noting it is a collaboration rather than attributing it to a specific person would be more appropriate considering the various YJ streams.

Thanks,

*Sarah*

Sarah J. Watson

Provincial Youth Justice Consultant (Custody)

Youth Justice Program Support | Specialized Intervention & Youth Justice Branch

Ministry of Children and Family Development

Cell: 604.250.5135

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**From:** Anderson, Leslie E MCF:EX

**Sent:** Tuesday, February 13, 2018 4:43 PM

**To:** Booth, Chris MCF:EX; Watson, Sarah J MCF:EX; Jensen, Tom D MCF:EX

**Cc:** Seddon, Leanne MCF:EX

**Subject:** RE: Meeting Note re: LGBTQ2S+ Children and Youth

Thanks very much. I think the Transgender Youth Writing Group is interested in knowing if we would like their input in our policies and if so, how.

Our program area (Child Welfare Policy) is currently developing a guideline for workers to use when working with LGBTQ2S+ children and youth and we're hoping that one or two members of the Transgender Youth Writing Group will be able to join our working group.

If you're interested in doing something similar, we could add that information to the Information Note that we are preparing for the Minister.

All the best,

Leslie

Leslie Anderson

Manager, Child Welfare Policy

1<sup>st</sup> Floor, 525 Superior Street

Victoria, B.C.

Phone: 778-698-5042

Email: [Leslie.Anderson@gov.bc.ca](mailto:Leslie.Anderson@gov.bc.ca)

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**From:** Booth, Chris MCF:EX

**Sent:** Tuesday, February 13, 2018 4:36 PM

**To:** Seddon, Leanne MCF:EX; Watson, Sarah J MCF:EX; Jensen, Tom D MCF:EX

**Cc:** Anderson, Leslie E MCF:EX

**Subject:** RE: Meeting Note re: LGBTQ2S+ Children and Youth

That sounds like a reasonable summary.

I look forward to what the group has to say. This is an evolving area, and as such there is room to improve.

Thanks,

Chris

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**From:** Seddon, Leanne MCF:EX

**Sent:** Tuesday, February 13, 2018 4:01 PM



**To:** Watson, Sarah J MCF:EX; Jensen, Tom D MCF:EX; Booth, Chris MCF:EX

**Cc:** Anderson, Leslie E MCF:EX

**Subject:** Meeting Note re: LGBTQ2S+ Children and Youth

Good afternoon~

I wonder if you could take a quick look at this wording taken from the emailed info that you shared with myself and my manager, Leslie Anderson? This info will be put into a meeting note being prepared for the Minister who is meeting with members of the Transgender Writing Group for further input on our policies?

How does this sound?

s.13

Please let us know what you think ...

Thank you very much~

**Leanne Seddon**

*Policy Analyst-Child Welfare Policy Team*

*Ministry of Children and Family Development*

*Telephone: 778.698.7357\*; fax: 250-356-0399*

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**Acknowledging the Lekwungen People, traditional keepers of this land**

**From:** [Anderson, Leslie E MCF:EX](#)  
**To:** [MacPherson, Colleen MR MCF:EX](#)  
**Subject:** RE: SOGIE practice guidelines  
**Date:** January 24, 2020 11:30:03 AM

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My thoughts as well considering who developed and reviewed the document. Thanks.

Leslie

Leslie Anderson

Manager, Child Welfare Policy

1<sup>st</sup> Floor, 525 Superior Street

Victoria, B.C.

Phone: 778-698-5042

Email: [Leslie.Anderson@gov.bc.ca](mailto:Leslie.Anderson@gov.bc.ca)

---

**From:** MacPherson, Colleen MR MCF:EX

**Sent:** January 24, 2020 11:20 AM

**To:** Anderson, Leslie E MCF:EX

**Subject:** RE: SOGIE practice guidelines

Thanks Leslie. I think it's a great idea to be consistent in our messaging so I have no concerns.

C

*Colleen MacPherson*

Senior Policy Analyst

Child Welfare and Reconciliation Policy Branch

Policy and Legislation Division

The Ministry of Children and Family Development

525 Superior Street, Victoria, BC

778-698-5051

[Colleen.MacPherson@gov.bc.ca](mailto:Colleen.MacPherson@gov.bc.ca)

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**From:** Anderson, Leslie E MCF:EX <[Leslie.Anderson@gov.bc.ca](mailto:Leslie.Anderson@gov.bc.ca)>

**Sent:** Friday, January 24, 2020 11:19 AM

**To:** MacPherson, Colleen MR MCF:EX <[Colleen.MacPherson@gov.bc.ca](mailto:Colleen.MacPherson@gov.bc.ca)>

**Subject:** FW: SOGIE practice guidelines

Hi Colleen

Any concerns?

Leslie

Leslie Anderson

Manager, Child Welfare Policy

1<sup>st</sup> Floor, 525 Superior Street

Victoria, B.C.

Phone: 778-698-5042

Email: [Leslie.Anderson@gov.bc.ca](mailto:Leslie.Anderson@gov.bc.ca)

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**From:** Blazey, Lara MCF:EX <[Lara.Blazey@gov.bc.ca](mailto:Lara.Blazey@gov.bc.ca)>

**Sent:** January 24, 2020 10:16 AM

**To:** Wale, James MCF:EX <[James.Wale@gov.bc.ca](mailto:James.Wale@gov.bc.ca)>; Anderson, Leslie E MCF:EX <[Leslie.Anderson@gov.bc.ca](mailto:Leslie.Anderson@gov.bc.ca)>

**Subject:** SOGIE practice guidelines

Hi James and Leslie, I am in the process of developing a draft corporate statement regarding supporting LGBTQ2S+ children, youth and families and really like some of the language you have used in the SOGIE practice guidelines. Would it be ok with you if I adapted the goals listed below for my document? I feel like it makes sense to ensure there is cross over with our work. Let me know your thoughts. Thanks very much.

s.13

Lara Blazey (she/her)  
Senior Policy Analyst/Engagement Lead  
Strategic Policy Research and Engagement Team  
Ministry of Children and Family Development  
778-698-7106

## **Request for Service Delivery Division Staff Participation**

This form is used to submit requests for participation of Service Delivery Division frontline staff in inter-divisional projects and activities. The information collected in this form supports the division's senior leadership team in identifying staff that will meet your needs, while ensuring frontline operational requirements continue to be met and employee development is supported. Complete Section 1 and submit to [Shelley.Atkinson@gov.bc.ca](mailto:Shelley.Atkinson@gov.bc.ca) for initial review and distribution to Executive Directors of Service for discussion and decision. Please allow a minimum of **two weeks** from submission date for review and approval, with additional time required for canvassing participants.

### **Section 1**

#### **Project Title/Description**

*Identify your project title and provide a brief description.*

LGBTQQ2 Children and Youth Receiving MCFD/DAA Services. The project includes the development of a guideline to assist workers in providing services to this population by promoting an understanding of the LGBTQQ2 culture as well as the needs and strengths of the children and youth.

#### **Strategic Links**

*Identify link(s) to corporate, ministry or divisional priorities (eg. service plan item, strategic and/or divisional plan objective)*

**The goals and objectives of the Multi Year Action Plan - [Multi-Year Action Plan \(MYAP\) 2017 - 2020](#)**

#### **Service Line**

Child Safety, Family Support & CIC

#### **Number of Staff Required/Geographic Considerations/Skills Sets/Classification Levels/Time Commitment & Schedule**

*Identify the number of staff required, geographic considerations (SDA(s) or geographic area – North, Interior, Island, Lower Mainland), specific skills sets and/or employee classification levels required, expected time commitment and schedule. Indicate if dedicated staff resources are required.*

**One rep from Lower Mainland, Interior, North and Vancouver Island to ensure provincial representation; Representatives to include team leaders, front-line workers and consultants from the areas of guardianship, resources, child protection; Time commitment includes a review of document approx. 2-3 hours in total; bi-weekly conference calls of approx. 1 hour (T=5 hours)**

#### **Project Outcomes/Deliverables**

*List the outcomes and deliverables SDD staff will be involved in completing. What will be accomplished?*

**Development of a practice guideline for workers involved with children and youth who may be LGBTQQ2**

#### **Activities/Travel/Relocation**

No travel required, bi-weekly Conference Calls, review electronic documents and submit feedback



<b>Are dedicated resources required?</b> <i>Dedicated resources require backfill in the staff person's base position.</i>	<b>No</b>
<b>Expected Start Date:</b>	January 2, 2018
<b>Expected Completion Date:</b>	March 2, 2018
<b>Decision required by:</b>	December 22, 2017
<b>Submitted by:</b> <i>Enter name, title and branch</i>	<b>Leanne Seddon, Policy Analyst Child Welfare Policy Team</b>
<b>Date submitted:</b>	December 4, 2017

## Section 2

<i>To be Completed by Service Delivery Operations</i>	
Request Number (tracking sheet):	<a href="#">Click to enter information.</a>
Additional information/clarification required from Submitter? <i>Provide details to be sent to Submitter.</i>	<a href="#">Click to enter information.</a>
Backfill considerations?	<a href="#">Click to enter information.</a>
Request approved for circulation to EDSs?	<a href="#">Indicate Yes/No?</a>
Schedule for discussion during EDS teleconference?	<a href="#">Click to enter information.</a>
Other Notes:	<a href="#">Click to enter information.</a>

## Section 3

<i>To be Completed by EDSs</i>	
Name and location of staff approved to participate	<a href="#">Click to enter information.</a>
EDS	<a href="#">Click to enter name.</a>

This following bullets only include CYMH cases recorded in CARIS. These numbers exclude Vancouver/Richmond locations.

From January 1, 2016, to November 15, 2020:

- 1,220 CYMH cases had “Gender Issues” identified as a presenting issue
- 79 (6.5%) of these 1,220 cases involved clients who were CYIC at the same time as their CYMH case.
- 13 additional CYIC had a CYMH case with “Gender Issues” as a presenting issue and came into care after their CYMH case closed.
- 55 additional CYIC had a CYMH case with “Gender Issues” as a presenting issue after they left care for the last time.

# Transgender Health Program

## A 3 Tier Community Outpatient Service Model



**DR. WALLACE WONG, R. PSY.**

# Introduction



- Transgender children and youth are an underserved population,
- Transgender children and youth, as well as their families are often socially stigmatized, leading them to many other social, mental, emotional, financial, and physical problems.
- The challenges that they face include
  - Lacking access to trans-competent providers.
  - Report having negative experiences with their health service providers for a variety of reasons
  - This prevent or delay them from seeking services and cares altogether.



# Population



- We have seen an increasing numbers of families, seeking help from Child and Youth Mental Health for transgender concerns for their children and youth.
- It is also our expectation that the number of families with transgender children and youth will continue to increase as in the near future as recognition of this population increase and our community's population grows.

# Population



- Approximately 1% to 3% of the population is transgender.
- The total population in Surrey, White Rock, Delta, Langley and Delta is about 625,980 (FHPHA, 2012)
- This means we can potentially have 6,300 to 18800 transgender people living in the South Fraser region.
- There will be about 30% population growth in Langley and 20% of population growth Surrey by 2020 (FHPHA, 2012).

# Population



- According to a BC-wide survey (Counselling and Mental health Care of Transgender Suggested Guidelines, 2005),
  - 53% reported a current need for therapy/counselling relating to gender issues,
  - with 32% requiring mental health assessment relating to pursuit of feminizing/masculinizing hormones or surgery and
  - 39% stating a current need for mental health care for issues not relating to gender concerns (Goldberg, Matte, MacMillan, & Hudspith, 2003).
- Currently, CYMH has are not meeting the demand and support that is needed for the South Fraser region.

# Risk Factors



- Different studies have shown that transgender youth have suicide attempt rate ranging from 40 to 50+% (The Williams Institute, 2014, Canadian Mental Health Association, 2010).
- This is more than 25 times than the rate of the general population, which is about 1.6%.
- Those who are rejected by their families are over 8 times more likely to attempt suicide than their heterosexual peers (Ryan, Huebner, Diaz, & Sanchez, 2009).



# Risk Factors



- Transgender of ethnic minority groups are found to have the highest prevalence of suicidal attempts.
- A study done by the William Institute (2014) has found that the suicide rate for transgender who is multiracial is 54%, and for Aboriginal is 56%.
- 63 to 78% suffered physical or sexual violence at school.
- Doctor or health care provider refused to treat them: 60%

# Risk Factors



- 90% of trans-students reported experiencing verbal harassment at school (Egale- Canada, 2009)
- 49% of trans-students have experienced sexual harassment in school in the last year (Taylor et al. 2011).
- 37% of trans students reported being physically harassed or assaulted because of their gender expression (Egale- Canada Human Right Trust)

# Risk Factors



- 28% of transgender and sexual minorities youth drop out of school due to this harassment (GLSEN)
- Transgender and sexual minorities youth are 2 times more likely to abuse alcohol, 3 times more likely to use marijuana, and 8 times more likely to use cocaine/crack than non-LGBT youth (Lambda Legal).

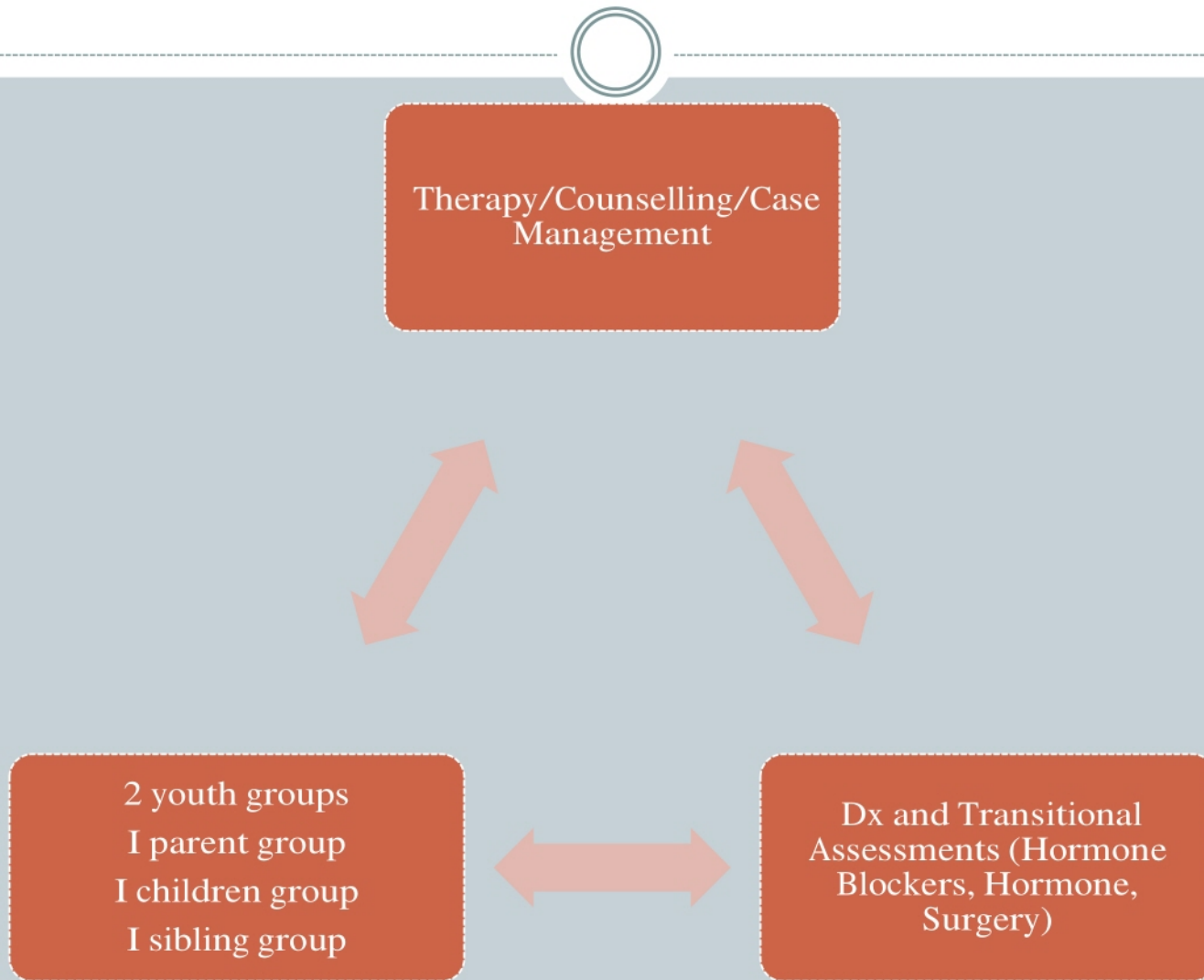
# Pilot Project for Transgender Health Program in South Fraser Region



- Given the risk factors that gender variant children (GVC) and transgender youth will face, Child and Youth Mental Health (CYMH) can play an important and life-saving role in providing support and mental health related services for them.
- We were pressured to act in responding the needs of our communities.
- Formed a pilot project in 2012 which began with 5 transgender youth—Transgender Health Program



# Three Tiers Out Patient Community Model (THP)



# Three Tiers Out Patient Community Model



- It is based on the wrap around model
- Family and youth can assessment some forms of services right away (group therapy)
- Working closely with all other geographic teams and update them with their clients' progress
- Working closely with other health disciplines and minimizing treatment gap.

# 1<sup>st</sup> Tier Services (Therapy/Counselling/ Case Magt.)



- Provided by the therapist of the geographic team
- Services include:
  - Working directly with GVC and transgender youth in dealing with their gender dysphoria.
  - Helping them to adjust with each social and/or medical transitions
  - Providing support, education, and resources for transgender clients and their families
  - Treating other concurrent MH issues
  - Addressing other social-emotional issues

## 2<sup>nd</sup> Tier Services (Dx. And Transitional Assessment)



- Diagnostic assessment of Gender Dysphoria
- *Assessments of Readiness* for any social or medical transitions
- Assisting them to obtain official documents that reflect their affirmed gender so that they can live their affirmed gender with less harassment.
- Providing training for different professionals in the communities (i.e. GPs, hospital staff, school staff, police officers, and community agencies, etc.)
- Attending meetings to facilitate social transitions which include home, work, and school.

# 3<sup>rd</sup> Tier Services (Therapeutic and Support Groups)



## 1. Psychoeducational Trans-Youth Group

1. Newly came out trans youth
2. Learn about some basic issues that a transgender youth may face daily

## 2. Process Trans-Youth Group

1. More advanced and in-depth discussions
2. Addressing different clinical/social and emotional issues

## 3. Gender Variant Children Group

1. 1<sup>st</sup> of its kind in the world
2. Using play and art therapeutic activities to help them explore and consolidate their gender identity

## 4. Parents Group

1. Mutual support, skills sharing
2. Working through their grieving process

## 5. Sibling Group

1. Address the changes of the family system
2. Adapt and adjust to new assigned roles



# How many we are serving?



Teams	2012	July 2015	January 2016	May 2016
Surrey Newton	2	18	22	28
Surrey North		5	8	11
Surrey Guildford		4	8	12
Cloverdale	1	5	9	12
White Rock		5	6	6
Delta	2	11	14	17
Aboriginal		2	3	3
Langley		12	16	20
Cross Boundary Teams		9	9	10
Total:		71	95 (+34%)	119 (+25%)

# Other Services Delivered by the THP



Type of Service	July 2015	January 2016	May 2016
Consultation for MCFD and other agencies	261	+111	+74
ICM and School Meetings	43	+9	+3
Training and Education	7	+3	+5
Number of Groups Ran Since 2014	218	+40	+13
Referrals for Assessment		+22 (since 7/15)	+ 14
Referral for Group		+18 (since 7/15)	+20

# Current Challenges



- Dr. Wallace Wong and four part-time doctoral interns are the only staff who help running this program
- The demand for services for trans\* children/youth and their families is increasing and our services are requested, from families and different organizations such as hospitals, schools, police officers, social workers, and community counsellors.
- Increasing requests for consultation, training, and assessment referrals have increased significantly since the last staffing proposal was submitted in March, 2015.

# Current Challenges



- Without a formal program, we are putting this vulnerable population of children and youth at risk and clearly not establishing them as a priority.
- There are no other services being provided for them in the South Fraser region and very few in all of BC.
- Our THP is the only place that is close enough and accessible for them.

# Advantages



- Having a designated place for families and communities to go to for professional consultation that are related to treatment options and gender identity concerns.
- Serving as a prevention pillar to minimize the risk factors that GVC and transgender youth may face.
- A specialized program will have trained and informed staff who are competent to provide services and a care model that is appropriate for this population.



# Advantages



- Specialized program staff are more likely to seek ongoing training and information, so that we can provide competent, specialised, evidence-based care for this vulnerable group of population.
- A specialized program can provide ongoing training and education to the communities.
- A specialized program helps shift the service delivery model from reactive to preventive, which in turns will save lives, decrease overall mental health cost, and labors.
- A preventive model does not just only saving the lives of GVC and transgender youth, it is more cost effective.

# Some Positive Outcomes



- Since we ran this program, there is only one suicidal attempt. Significantly decrease for this population.
- Early detection for suicidal ideation and provide preventive care
- A study of 18 youth using BYI.
  - 16 out of 18 with 1 or 2 SD increase in Self-Concept Scale
  - 14 out of 18 with 1 or 2 SD decrease in Anxiety Scale
  - 13 out of 18 with 1 or 2 SD decrease in Depression Scale

# Some Positive Outcomes



- This 3 Tiers model is highly praised by our clients, families, and other community partners.
- This 3 Tiers service model is chosen to be presented at the World Prof. Assoc. of Transgender Health Conference in Amsterdam in June 2016.
- Division 44 of the American Psychological Association has selected our 3 Tiers model presentation as APA-approved CE credits

**From:** [Shinners, Kerry A MCF:EX](#)  
**To:** [Anderson, Leslie E MCF:EX](#)  
**Subject:** info/contact re transgender youth  
**Date:** July 16, 2018 11:15:01 AM  
**Attachments:** [Transgender Health Program Leadership Meeting Presentation - May 2016.pptx](#)

---

**Dr. Wallace Wong, R. Psy.**

Psychologist

Adolescent and Children Sexual Health Program

Child and Youth Mental Health Services

#200 - 13630 - 72nd Avenue

Surrey, B.C. V3W 2P3

Telephone: (604) 501-3122

Fax: (604) 501-3137

Kerry Shinners

Director of Practice, North Central/East SDAs

Ministry of Children and Family Development

163 Kinchant Street, Quesnel, B.C. V2J 2R1

ph (250) 992-4267/ fax (250) 992-4351

Desk (250) 992-4105/ Cell **s.17**

[Mail to:kerry.shinners@gov.bc.ca](mailto:kerry.shinners@gov.bc.ca)

# Transgender Health Program

## A 3 Tier Community Outpatient Service Model



**DR. WALLACE WONG, R. PSY.**



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# Risk Factors



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# Risk Factors



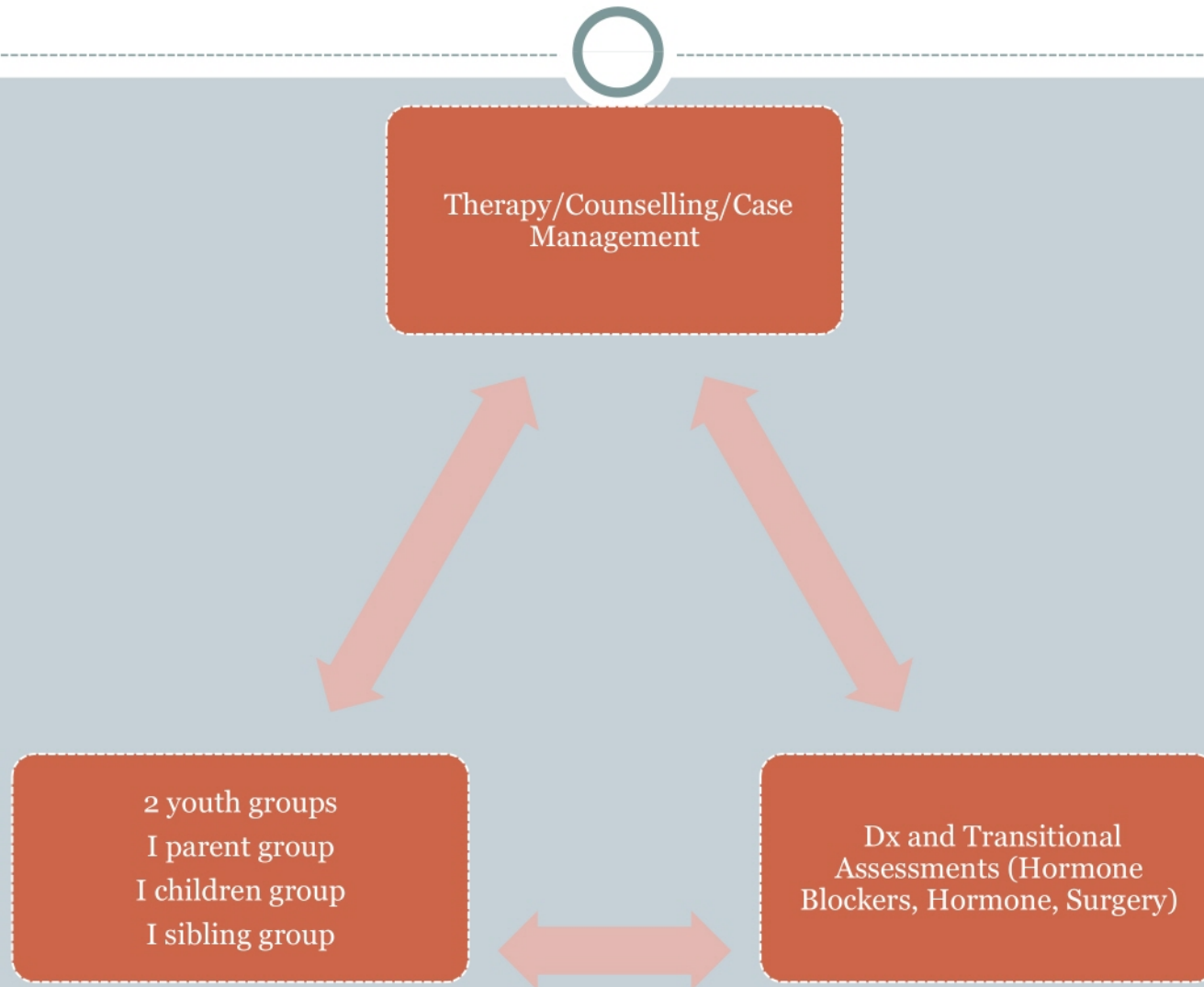
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### □ Diagnostic assessment of Gender

Dysphoria Assessments of Readiness for any social or medical transitions  
Assisting them to obtain official documents that reflect their affirmed gender so that they can live their affirmed gender with less harassment.  
Providing training for different professionals in the communities (i.e. GPs, hospital staff, school staff, police officers, and community agencies, etc.)  
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- ❑ Without a formal program, we are putting this vulnerable population of children and youth at risk and clearly not establishing them as a priority. There are no other services being provided for them in the South Fraser region and very few in all of BC. Our THP is the only place that is close enough and accessible for them.

# Advantages



- Having a designated place for families and communities to go to for professional consultation that are related to treatment options and gender identity concerns. Serving as a prevention pillar to minimize the risk factors that GVC and transgender youth may face. A specialized program will have trained and informed staff who are competent to provide services and a care model that is appropriate for this population.



# Advantages



- ❑ Specialized program staff are more likely to seek ongoing training and information, so that we can provide competent, specialised, evidence-based care for this vulnerable group of population. A specialized program can provide ongoing training and education to the communities. A specialized program helps shift the service delivery model from reactive to preventive, which in turns will save lives, decrease overall mental health cost, and labors. A preventive model does not just only saving the lives of GVC and transgender youth, it is more cost effective.



# Some Positive Outcomes



- Since we ran this program, there is only one suicidal attempt. Significant decrease for this population. Early detection for suicidal ideation and provide preventive care. A study of 18 youth using BYI. 16 out of 18 with 1 or 2 SD increase in Self-Concept Scale. 14 out of 18 with 1 or 2 SD decrease in Anxiety Scale. 13 out of 18 with 1 or 2 SD decrease in Depression Scale.

# Some Positive Outcomes



- This 3 Tiers model is highly praised by our clients, families, and other community partners. This 3 Tiers service model is chosen to be presented at the World Prof. Assoc. of Transgender Health Conference in Amsterdam in June 2016. Division 44 of the American Psychological Association has selected our 3 Tiers model presentation as APA-approved CE credits

# Transgender Health Program A 3 Tier Community Outpatient Service Model



**DR. WALLACE WONG, R. PSY.**

# Introduction



- Transgender children and youth are an underserved population,
- Transgender children and youth, as well as their families are often socially stigmatized, leading them to many other social, mental, emotional, financial, and physical problems.
- The challenges that they face include
  - Lacking access to trans-competent providers.
  - Report having negative experiences with their health service providers for a variety of reasons
  - This prevent or delay them from seeking services and cares altogether.

# Population



- We have seen an increasing numbers of families, seeking help from Child and Youth Mental Health for transgender concerns for their children and youth.
- It is also our expectation that the number of families with transgender children and youth will continue to increase as in the near future as recognition of this population increase and our community's population grows.



# Population



- Approximately 1% to 3% of the population is transgender.
- The total population in Surrey, White Rock, Delta, Langley and Delta is about 625,980 (FHPHA, 2012)
- This means we can potentially have 6,300 to 18800 transgender people living in the South Fraser region.
- There will be about 30% population growth in Langley and 20% of population growth Surrey by 2020 (FHPHA, 2012).

# Population



- According to a BC-wide survey (Counselling and Mental health Care of Transgender Suggested Guidelines, 2005),
  - 53% reported a current need for therapy/counselling relating to gender issues,
  - with 32% requiring mental health assessment relating to pursuit of feminizing/masculinizing hormones or surgery and
  - 39% stating a current need for mental health care for issues not relating to gender concerns (Goldberg, Matte, MacMillan, & Hudspith, 2003).
- Currently, CYMH has are not meeting the demand and support that is needed for the South Fraser region.

# Risk Factors



- Different studies have shown that transgender youth have suicide attempt rate ranging from 40 to 50+% (The Williams Institute, 2014, Canadian Mental Health Association, 2010).
- This is more than 25 times than the rate of the general population, which is about 1.6%.
- Those who are rejected by their families are over 8 times more likely to attempt suicide than their heterosexual peers (Ryan, Huebner, Diaz, & Sanchez, 2009).

# Risk Factors



- Transgender of ethnic minority groups are found to have the highest prevalence of suicidal attempts.
- A study done by the William Institute (2014) has found that the suicide rate for transgender who is multiracial is 54%, and for Aboriginal is 56%.
- 63 to 78% suffered physical or sexual violence at school.
- Doctor or health care provider refused to treat them: 60%



# Risk Factors



- 90% of trans-students reported experiencing verbal harassment at school (Egale- Canada, 2009)
- 49% of trans-students have experienced sexual harassment in school in the last year (Taylor et al. 2011).
- 37% of trans students reported being physically harassed or assaulted because of their gender expression (Egale- Canada Human Right Trust)



# Risk Factors



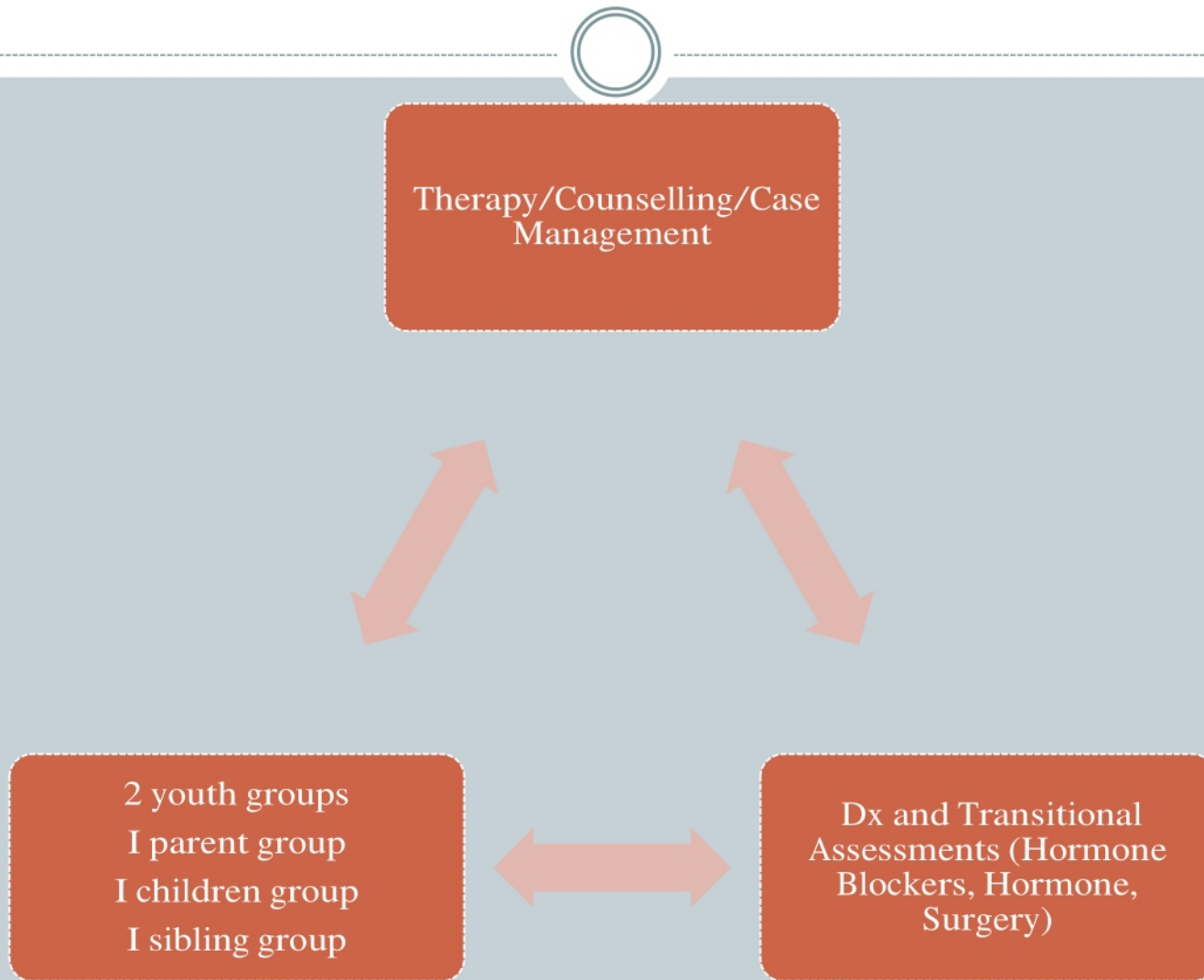
- 28% of transgender and sexual minorities youth drop out of school due to this harassment (GLSEN)
- Transgender and sexual minorities youth are 2 times more likely to abuse alcohol, 3 times more likely to use marijuana, and 8 times more likely to use cocaine/crack than non-LGBT youth (Lambda Legal).

# Pilot Project for Transgender Health Program in South Fraser Region



- Given the risk factors that gender variant children (GVC) and transgender youth will face, Child and Youth Mental Health (CYMH) can play an important and life-saving role in providing support and mental health related services for them.
- We were pressured to act in responding the needs of our communities.
- Formed a pilot project in 2012 which began with 5 transgender youth—Transgender Health Program

# Three Tiers Out Patient Community Model (THP)



# Three Tiers Out Patient Community Model



- It is based on the wrap around model
- Family and youth can assessment some forms of services right away (group therapy)
- Working closely with all other geographic teams and update them with their clients' progress
- Working closely with other health disciplines and minimizing treatment gap.

# 1<sup>st</sup> Tier Services (Therapy/Counselling/ Case Magt.)



- Provided by the therapist of the geographic team
- Services include:
  - Working directly with GVC and transgender youth in dealing with their gender dysphoria.
  - Helping them to adjust with each social and/or medical transitions
  - Providing support, education, and resources for transgender clients and their families
  - Treating other concurrent MH issues
  - Addressing other social-emotional issues



## 2<sup>nd</sup> Tier Services (Dx. And Transitional Assessment)



- Diagnostic assessment of Gender Dysphoria
- *Assessments of Readiness* for any social or medical transitions
- Assisting them to obtain official documents that reflect their affirmed gender so that they can live their affirmed gender with less harassment.
- Providing training for different professionals in the communities (i.e. GPs, hospital staff, school staff, police officers, and community agencies, etc.)
- Attending meetings to facilitate social transitions which include home, work, and school.

# 3<sup>rd</sup> Tier Services (Therapeutic and Support Groups)



## 1. Psychoeducational Trans-Youth Group

1. Newly came out trans youth
2. Learn about some basic issues that a transgender youth may face daily

## 2. Process Trans-Youth Group

1. More advanced and in-depth discussions
2. Addressing different clinical/social and emotional issues

## 3. Gender Variant Children Group

1. 1<sup>st</sup> of its kind in the world
2. Using play and art therapeutic activities to help them explore and consolidate their gender identity

## 4. Parents Group

1. Mutual support, skills sharing
2. Working through their grieving process

## 5. Sibling Group

1. Address the changes of the family system
2. Adapt and adjust to new assigned roles

# How many we are serving?



Teams	2012	July 2015	January 2016	May 2016
Surrey Newton	2	18	22	28
Surrey North		5	8	11
Surrey Guildford		4	8	12
Cloverdale	1	5	9	12
White Rock		5	6	6
Delta	2	11	14	17
Aboriginal		2	3	3
Langley		12	16	20
Cross Boundary Teams		9	9	10
Total:		71	95 (+34%)	119 (+25%)

# Other Services Delivered by the THP



Type of Service	July 2015	January 2016	May 2016
Consultation for MCFD and other agencies	261	+111	+74
ICM and School Meetings	43	+9	+3
Training and Education	7	+3	+5
Number of Groups Ran Since 2014	218	+40	+13
Referrals for Assessment		+22 (since 7/15)	+ 14
Referral for Group		+18 (since 7/15)	+20

# Current Challenges



- Dr. Wallace Wong and four part-time doctoral interns are the only staff who help running this program
- The demand for services for trans\* children/youth and their families is increasing and our services are requested, from families and different organizations such as hospitals, schools, police officers, social workers, and community counsellors.
- Increasing requests for consultation, training, and assessment referrals have increased significantly since the last staffing proposal was submitted in March, 2015.



# Current Challenges



- Without a formal program, we are putting this vulnerable population of children and youth at risk and clearly not establishing them as a priority.
- There are no other services being provided for them in the South Fraser region and very few in all of BC.
- Our THP is the only place that is close enough and accessible for them.

# Advantages



- Having a designated place for families and communities to go to for professional consultation that are related to treatment options and gender identity concerns.
- Serving as a prevention pillar to minimize the risk factors that GVC and transgender youth may face.
- A specialized program will have trained and informed staff who are competent to provide services and a care model that is appropriate for this population.

# Advantages



- Specialized program staff are more likely to seek ongoing training and information, so that we can provide competent, specialised, evidence-based care for this vulnerable group of population.
- A specialized program can provide ongoing training and education to the communities.
- A specialized program helps shift the service delivery model from reactive to preventive, which in turns will save lives, decrease overall mental health cost, and labors.
- A preventive model does not just only saving the lives of GVC and transgender youth, it is more cost effective.

# Some Positive Outcomes



- Since we ran this program, there is only one suicidal attempt. Significantly decrease for this population.
- Early detection for suicidal ideation and provide preventive care
- A study of 18 youth using BYI.
  - 16 out of 18 with 1 or 2 SD increase in Self-Concept Scale
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# Some Positive Outcomes



- This 3 Tiers model is highly praised by our clients, families, and other community partners.
- This 3 Tiers service model is chosen to be presented at the World Prof. Assoc. of Transgender Health Conference in Amsterdam in June 2016.
- Division 44 of the American Psychological Association has selected our 3 Tiers model presentation as APA-approved CE credits



**From:** [Anderson, Leslie E MCF:EX](#)  
**To:** [Wheler, Francesca M MCF:EX](#)  
**Subject:** LGBTQ2S Guidelines  
**Date:** March 8, 2019 11:31:00 AM  
**Attachments:** [request\\_for\\_sdd\\_staff\\_participation.docx](#)

---

Hi Francesca

Further to our conversation yesterday below is the process that included the Directors of Practice:

s.13

Our working group included the following from MCFD:

Judy Smith

Carol Merritt-Hiley

Colleen MacPherson – provincial office

Tabitha Foulkes – provincial office

AJ McLeod – provincial office, connection with the Youth Advisory Council.

We also had 2 representatives from DAAs and representatives from the Transgender Youth Writing Group

Angela Abbing a team leader of the Surrey Child and Youth Mental Health team wasn't involved with the working but did review the guidelines.

Please let me know if you need further information.

Leslie

Leslie Anderson

Manager, Child Welfare Policy

1<sup>st</sup> Floor, 525 Superior Street

Victoria, B.C.

Phone: 778-698-5042

Email: [Leslie.Anderson@gov.bc.ca](mailto:Leslie.Anderson@gov.bc.ca)

## **Request for Service Delivery Division Staff Participation**

This form is used to submit requests for participation of Service Delivery Division frontline staff in inter-divisional projects and activities. The information collected in this form supports the division's senior leadership team in identifying staff that will meet your needs, while ensuring frontline operational requirements continue to be met and employee development is supported. Complete Section 1 and submit to [Shelley.Atkinson@gov.bc.ca](mailto:Shelley.Atkinson@gov.bc.ca) for initial review and distribution to Executive Directors of Service for discussion and decision. Please allow a minimum of **two weeks** from submission date for review and approval, with additional time required for canvassing participants.

### **Section 1**

#### **Project Title/Description**

*Identify your project title and provide a brief description.*

LGBTQQ2 Children and Youth Receiving MCFD/DAA Services. The project includes the development of a guideline to assist workers in providing services to this population by promoting an understanding of the LGBTQQ2 culture as well as the needs and strengths of the children and youth.

#### **Strategic Links**

*Identify link(s) to corporate, ministry or divisional priorities (eg. service plan item, strategic and/or divisional plan objective)*

**The goals and objectives of the Multi Year Action Plan - [Multi-Year Action Plan \(MYAP\) 2017 - 2020](#)**

#### **Service Line**

Child Safety, Family Support & CIC

#### **Number of Staff Required/Geographic Considerations/Skills Sets/Classification Levels/Time Commitment & Schedule**

*Identify the number of staff required, geographic considerations (SDA(s) or geographic area – North, Interior, Island, Lower Mainland), specific skills sets and/or employee classification levels required, expected time commitment and schedule. Indicate if dedicated staff resources are required.*

**One rep from Lower Mainland, Interior, North and Vancouver Island to ensure provincial representation; Representatives to include team leaders, front-line workers and consultants from the areas of guardianship, resources, child protection; Time commitment includes a review of document approx. 2-3 hours in total; bi-weekly conference calls of approx. 1 hour (T=5 hours)**

#### **Project Outcomes/Deliverables**

*List the outcomes and deliverables SDD staff will be involved in completing. What will be accomplished?*

**Development of a practice guideline for workers involved with children and youth who may be LGBTQQ2**

#### **Activities/Travel/Relocation**

No travel required, bi-weekly Conference Calls, review electronic documents and submit feedback

<b>Are dedicated resources required?</b> <i>Dedicated resources require backfill in the staff person's base position.</i>	<b>No</b>
<b>Expected Start Date:</b>	January 2, 2018
<b>Expected Completion Date:</b>	March 2, 2018
<b>Decision required by:</b>	December 22, 2017
<b>Submitted by:</b> <i>Enter name, title and branch</i>	<b>Leanne Seddon, Policy Analyst Child Welfare Policy Team</b>
<b>Date submitted:</b>	December 4, 2017

## Section 2

<i>To be Completed by Service Delivery Operations</i>	
Request Number ( <i>tracking sheet</i> ):	<a href="#">Click to enter information.</a>
Additional information/clarification required from Submitter? <i>Provide details to be sent to Submitter.</i>	<a href="#">Click to enter information.</a>
Backfill considerations?	<a href="#">Click to enter information.</a>
Request approved for circulation to EDSs?	<a href="#">Indicate Yes/No?</a>
Schedule for discussion during EDS teleconference?	<a href="#">Click to enter information.</a>
Other Notes:	<a href="#">Click to enter information.</a>

## Section 3

<i>To be Completed by EDSs</i>	
Name and location of staff approved to participate	<a href="#">Click to enter information.</a>
EDS	<a href="#">Click to enter name.</a>



## **Request for Service Delivery Division Staff Participation**

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#### **Service Line**

Child Safety, Family Support & CIC

#### **Number of Staff Required/Geographic Considerations/Skills Sets/Classification Levels/Time Commitment & Schedule**

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#### **Activities/Travel/Relocation**

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<b>Expected Start Date:</b>	January 2, 2018
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<b>Decision required by:</b>	December 22, 2017
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<b>Date submitted:</b>	December 4, 2017

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## Section 3

<i>To be Completed by EDSs</i>	
Name and location of staff approved to participate	<a href="#">Click to enter information.</a>
EDS	<a href="#">Click to enter name.</a>



# Policy Update

Delivery due date to Lara at [Lara.Blazey@gov.bc.ca](mailto:Lara.Blazey@gov.bc.ca): 2020-07-09

Before submitting this template, please ensure:

- Related [web requests](#) have been submitted
- All references to the new or updated item have been checked and titles are consistent
- All paths to the new or updated item on iConnect have been checked for consistency
- There are no broken links on the related pages or documents

Has this been approved? YES

Is this going to the public facing web site on gov.bc.ca? NO

Policy Area / Service Line: **Child Welfare Policy**

**Policy Update (title of update): Practice Guidelines: 2SLGBTQ+ Inclusiveness in Child Welfare Settings**

**Who is impacted?**

<input type="checkbox"/> Adoption	<input type="checkbox"/> Early Years	<input type="checkbox"/> Residential Resources
<input type="checkbox"/> CYMH	<input checked="" type="checkbox"/> Family Support Services and Child Protection	<input type="checkbox"/> Youth and Young Adult
<input type="checkbox"/> CYSN	<input checked="" type="checkbox"/> Guardianship	<input type="checkbox"/> Youth Justice
<input checked="" type="checkbox"/> DAAs		
<input checked="" type="checkbox"/> Other: Resource Workers		

**Effective Date:** Enter the effective date in the row below (immediately, future date, past date)

Immediately

**Note:** Word counts are guidelines only; if your update requires more detail, please be as succinct as possible.

Impact level: Moderate

**Key Changes** (+/- 200 words) (insert in row below)

*Practice Guidelines: 2SLGBTQ+ Inclusiveness in Child Welfare Settings* are now available. These practice guidelines provide information on understanding the challenges faced by 2SLGBTQ+ (two-spirit; lesbian; gay; bisexual; transgender; queer+) children and youth and providing supportive, inclusive and affirming services, and include resources for children, youth, their families and child welfare workers. These guidelines provide information to assist child welfare workers with the following areas of practice:

- Creating an informed and inclusive approach when working with 2SLGBTQ+ children and youth including considerations for practice during the intake and assessment processes;
- Identifying the challenges faced by many 2SLGBTQ+ children and youth;
- Assessing situations where the impact of a child's or youth's sexual orientation, gender identity or gender expression may pose a risk to their safety and well-being;
- Considering a child's or youth's strengths and needs when planning and providing services including arranging appropriate programs and services if residential placement is part of the plan; and
- Providing 2SLGBTQ+ children and youth and their families, foster parents and caregivers with information about resources that they may find helpful before, during and after involvement with the Ministry or a Delegated Aboriginal Agency (DAA).

**How does this impact your practice?** (+/- 75 words) (insert in row below)

By applying these practice guidelines, child welfare workers can promote recognition and respect of the diversity of sexual orientation, gender identities and expressions; preserve the dignity of this population; and create welcoming, safe and collaborative practices and environments for children and youth.

**Why were these changes made?** (+/- 75 words) (insert in row below)

These practice guidelines are in response to requests from front line child welfare workers for practice guidance regarding the provision of affirming and inclusive services and environments when working with 2SLGBTQ+ children and youth. Responding to these children's and youth's strengths and needs while respecting their rights and dignity is paramount to affirming and inclusive practice. In addition, the guidelines are in alignment with [MCFD's Corporate Commitment](#) to support 2SLGBTQ+ children, youth and families.

**Learn more** (Provide information and links in row below on accessing more information [+/- 40 words])

[Practice Guidelines: 2SLGBTQ+ Inclusiveness in Child Welfare Settings](#)

[Supporting 2SLGBTQ+ Children, Youth and Families: Corporate Commitment](#)

[2SLGBTQ+ Terms Resource](#)

**Contact** (Provide generic email address for people to send questions and comments)

For more information on this policy update, contact:

- [MCF.StandardsPolicy@gov.bc.ca](mailto:MCF.StandardsPolicy@gov.bc.ca)

**Email message** (Provide a summary of change in row below for email update [+/- 30 words])

*Practice Guidelines: 2SLGBTQ+ Inclusiveness in Child Welfare Settings* are now available. These practice guidelines provide information on understanding the challenges faced by 2SLGBTQ+ children and youth and providing supportive, inclusive and affirming services, and include resources for children, youth, their families and child welfare workers.

**\*\*NEW: Key Words** (Provide a list of key words that will help this update to be found on iConnect with a key word search. Policy writers should also ensure the policy itself has key words included in the document properties in Word. This step should be taken before submitting the web request for the policy to be posted on iConnect). Contact Lara Blazey if you have questions on how to do this.

2SLGBTQ+, LGBTQ, inclusiveness, gender identity and expression, sexual orientation, affirming

\*\* See the [Policy Update 101 slide deck](#) for more information about key words (pages 16-17) and document properties(pages 20-21).

**MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT  
DECISION NOTE**

**DATE:** May 28, 2020

**CLIFF#:** 243760

**PREPARED FOR:** Cheryl May, ADM Policy and Legislation  
Cory Heavener, ADM & Provincial Director of Child Welfare

**ISSUE:** The need for guidelines that set out recommended practices for ensuring an affirming and inclusive approach is taken when working with 2SLGBTQ+ children and youth.

**BACKGROUND:**

2SLGBTQ+<sup>1</sup> children and youth, with whom child welfare workers interact, bring a variety of behavioural and emotional strengths and needs. Responding to these children's and youth's strengths and needs while respecting their rights and dignity is paramount to affirming and inclusive practice.

Front line practitioners requested information to assist them with the following areas of practice:

- Creating an informed and inclusive approach when working with 2SLGBTQ+ children and youth including considerations for practice during the intake and assessment processes;
- Identifying the challenges faced by many 2SLGBTQ+ children and youth;
- Assessing situations where the impact of a child's or youth's sexual orientation, gender identity or gender expression may pose a risk to their safety and well-being;
- Considering a child's or youth's strengths and needs when planning and providing services including arranging appropriate programs and services if residential placement is part of the plan; and
- Providing 2SLGBTQ+ children and youth and their families, foster parents and caregivers with information about resources that they may find helpful before, during and after involvement with the ministry or a Delegated Aboriginal Agency (DAA).

**DISCUSSION:**

During a meeting with members of the Trans Tipping Point Youth Writing Group, Minister Conroy advised that new guidelines on 2SLGBTQ+ children and youth would be developed. The guidelines address the need to better support this population as identified by the Missing and Murdered Indigenous Women Inquiry.

The *Practice Guidelines: 2SLGBTQ+ Inclusiveness in Child Welfare Settings* were developed by a working group that included representatives from the following:

---

<sup>1</sup> 2SLGBTQ+: Inclusive of Two-Spirit, Lesbian, Gay, Bi-Sexual, Transgender, Queer, Questioning, Intersex, Asexual, Plus.



- The Trans Tipping Point Youth Writing Group under the leadership of Dr. Lindsay Herriot, University of Victoria;
- Delegated Aboriginal Agencies; and
- MCFD Guardianship, Adoption and Permanency Branch, Operational Child Welfare Policy, and Resource practice.

MCFD Directors of Practice and Executive Directors of Service have provided feedback and endorsed the revisions. Additionally, the guidelines have been reviewed by Youth Advisory Council members who provided input.

The guidelines are written in the following 3 parts:

- Part 1 – Understanding the challenges faced by 2SLGBTQ+ Children and Youth
- Part 2 – Providing supportive, inclusive and affirming services including intake, assessment and placement decisions; and
- Part 3 – Resources for children, youth, families, caregivers and child welfare workers.

#### Implementation:

Guidelines to be posted to i-Connect and Internet sites.

Staff to be advised of the guidelines in the next monthly policy update release.

#### **RECOMMENDATIONS AND NEXT STEPS:**

**Option 1:** Approve guidelines. If approved, the guidelines will be reviewed before posting to i-Connect and internet by GCPE to ensure they contain the appropriate language and formatting for a public facing document.

##### *Implications:*

- Staff will have access to the recommended practices for affirming, safe and inclusive approaches when working with 2SLGBTQ+ children and youth.
- Appropriate information from guidelines will be incorporated into the PRIDE training for caregivers and the child welfare training for staff.

**Option 2:** Do not approve guidelines.

##### *Implications:*

- Staff will not have access to the recommended practices for affirming, safe and inclusive approaches when working with 2SLGBTQ+ children and youth;
- The Minister's commitment to develop and make information available to MCFD/DAA staff would not be met;
- The information in the guidelines will not be incorporated into the PRIDE training for caregivers or the child welfare training for staff.



**RECOMMENDATION:**

**Option 1:** Approve guidelines



Approved – Option 1/

**DECISION and SIGNATURE**

Cheryl May, ADM

June 11, 2020

**DATE SIGNED**



Approved – Option 1/

**DECISION and SIGNATURE**

Cory Heavener, ADM & PDCW

June 9, 2020

**DATE SIGNED**

**Contact**

**Executive Director:**

*Francesca Wheler*  
*Child Welfare &*  
*Reconciliation Branch*  
s.17

**Alternate Contact  
for content:**

*Leslie Anderson*  
*Operational Child Welfare*  
*Policy*  
s.17

**Prepared by:**

*Colleen MacPherson*  
*Operational Child Welfare*  
*Policy*  
s.17

**From:** [Anderson, Leslie E MCF:EX](#)  
**To:** [MacPherson, Colleen MR MCF:EX](#)  
**Subject:** FW: Gender Based Analysis Plus  
**Date:** May 31, 2019 1:34:00 PM

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Leslie  
Leslie Anderson  
Manager, Child Welfare Policy  
1<sup>st</sup> Floor, 525 Superior Street  
Victoria, B.C.  
Phone: 778-698-5042  
Email: [Leslie.Anderson@gov.bc.ca](mailto:Leslie.Anderson@gov.bc.ca)

---

**From:** Wheler, Francesca M MCF:EX  
**Sent:** May 31, 2019 12:45 PM  
**To:** MCF CW & Reconciliation Policy  
**Subject:** Gender Based Analysis Plus

Hi everyone,

Gender Based Analysis Plus (GBA+) is an analytical tool used to assess how diverse groups of women, men and non-binary people experience government policies, programs and initiatives. The “plus” in GBA+ acknowledges that GBA goes beyond biological (sex) and socio-cultural (gender) differences. We all have multiple identity factors that intersect to make us who we are; GBA+ also considers many other identity factors, like race, ethnicity, religion, age, and mental or physical disability.

GBA+ is being implemented at a variety of levels including the majority of provinces and territories and the federal government, who use a form of gender-based analysis for policy and decision-making.

BC has committed to implement GBA+ to ensure our work serves the unique needs of all British Columbians, regardless of gender, race, class, sexual orientation or other identity factors. That means the CWRP team needs to understand and be prepared to ask critical questions about the policy work we do, looking through the GBA+ lens.

An online training resource has been developed using the federal government’s GBA+ training tool but adapted for the BC context.

We need to commit to championing GBA+ in our work, so I would like all staff to add a goal into the Learning and Development section of their new (2019/2020) MyPerformance plans (new cycle begins June 1<sup>st</sup>) **to complete the online GBA+ training by September 30, 2019.**

Here is the link to the Gender Based Analysis Plus resources page on the @Work site. You will find a link here to the GBA+ online training.

<https://gwww.gov.bc.ca/gbaplus-resources?>

Thank you and please let me know if you have any questions.

Francesca

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*Francesca Wheler, Executive Director*  
*Child Welfare and Reconciliation Policy Branch*  
778-974-2164 (office)  
**s.17** (cell)  
1st floor, 525 Superior Street, Victoria  
(mailing address: PO Box 9745 Stn Prov Govt, Victoria, V8W 9S3)

# 2SLGBTQ+ Consultation Response Template

Delivery due date to Lara Blazey at [Lara.Blazey@gov.bc.ca](mailto:Lara.Blazey@gov.bc.ca): 2020-09-30

We have released a [Corporate Commitment](#) to promote inclusive and supportive environments for 2SLGBTQ+ (two-spirit; lesbian; gay; bisexual; transgender; queer+) children, youth and families served by MCFD as well as a [terms resource](#) to help guide appropriate language use.

We are now conducting more in-depth consultation with policy, practice and service delivery to assess the work that is needed to support the development of a Ministry-wide action plan moving forward. Below is a series of consultation questions for your response. Please use this template to provide us information about your team's approach to supporting 2SLGBTQ+ children, youth and families.

Email your responses to Lara Blazey at [Lara.Blazey@gov.bc.ca](mailto:Lara.Blazey@gov.bc.ca) by Wednesday September 30, 2020. If you would like to meet with the SPRE team prior to this date, please connect with Jennifer MacMillan ([Jennifer.MacMillan@gov.bc.ca](mailto:Jennifer.MacMillan@gov.bc.ca)) to set up a virtual meeting.

Team Name: Operational Child Welfare Policy

Division: Policy and Legislation Division

## Questions

**Q1. What is currently being done to support 2SLGBTQ+ children, youth and families? For example: explicit recognition of 2SLGBTQ+ identities and experiences in policies and/or practices; training and education for staff and partners; welcoming physical spaces (e.g., stickers, gender neutral bathrooms); other (e.g., research, engagement, etc.). Please include a brief description of each activity or support. (insert in row below)**

Practice Guidelines: 2SLGBTQ+ Inclusiveness in Child Welfare Settings were released to the field in June 2020. The guidelines focus on the challenges faced by many 2SLGBTQ+ children and youth, providing affirming and inclusive services including providing safe, respectful and affirming environments, safe and affirming intake and assessment and placements in addition to provincial and local resources for families, allies, children, youth and caregivers. The guidelines went out to all child welfare staff in the monthly policy update email. In addition, as part of the implementation plan for the guidelines,

applicable content will be incorporated into training for:

- The PRIDE Pre-service and In-service trainings
- CYMH Practitioner Orientation training
- Foster caregivers supporting youth who use substances

**Q2. Have steps to date been successful? Why or why not? Do they have the potential to be considered best practice/ transferrable or 'scaled' to other areas? (insert in row below)**

Yes, the guidelines have been provided to every frontline child welfare worker in the province including DAAs. Although the document is not entitled best practice, the content was informed by recent research documents, specialists who work with the 2SLGBTQ+ population, and was developed by a team that included youth from the Trans Tipping Point Youth Writing group. As stated in the above response, content from the guidelines is being incorporated into training for other service areas.

**Q3. What other changes are needed to improve supports for 2SLGBTQ+ children, youth and families? Examples can include, but are not limited to: policy, practice, service, infrastructure, training, etc. Which of these changes are identified as priorities and why? (insert in row below)**

It may be useful to review the best practice information that is available to each service stream within the ministry to ensure that each stream is working on the same goals, i.e., providing safe, respect and inclusive environments and affirming services.

**Q4. Which of these changes identified above are priorities and why? (insert in row below)**

Review of policies, practice directives and guidelines

**Q5. What supports do you need to implement these changes (i.e. systems changes, policy support)? (insert in row below)**

Policy support

**Q6. Thinking about 2SLGBTQ+ children, youth and families within your service line or scope of work – what outcomes would indicate that these communities are being successfully supported? (insert in row below)**

More 2SLGBTQ+ children, youth and their families and allies seek the support of MCFD staff regarding the challenges they face. Public perception broadens to see MCFD child welfare as a resource for 2SLGBTQ+ children and youth. 2SLGBTQ+ children and youth involved with the ministry or a DAA advise that they feel respected and accepted and don't experience negative, judgemental or stereo-typical comments and/or behaviour.



**Q7. The forthcoming Action Plan will need to be validated by key partners and stakeholders. For your area, who are the partners/stakeholders that should be consulted? Also, how would your team like to be involved in consultations with frontline staff and external partners? Do you want to lead, jointly lead or support these consultations?**

- i. **If your team leads, how can SPRE support you in the consultation process? For example, SPRE can provide draft consultation questions as well as assist during facilitation events.**
- ii. **If there is joint leadership, how should responsibilities and actions be shared?**
- iii. **If SPRE leads, what support can your team provide? How would you like to be included in the process (e.g., at the table)? Can you identify key contacts for us?**

*(insert in row below)*

It may be useful to consult with the Trans Tipping Point Youth Writing group who were involved in the Practice Guidelines: 2SLGBTQ+ Inclusiveness in Child Welfare Settings. There is also a Gender Health Clinic at Children's Hospital in Vancouver who provide health services to 2SLGBTQ+ children and youth and consultation with other services providers across the province worker with 2SLGBTQ+ children and youth. You may also want to connect with Dr. Wallace Wong, R. Psy. Adolescent and Children Sexual Health Program, Child and Youth Mental Health Service, Surrey. I believe he can be reached through Jenny Bourhill, HLTH at [Jenny.Bourhill@gov.bc.ca](mailto:Jenny.Bourhill@gov.bc.ca). Dr Wong and his team reviewed the draft guidelines and provided input.

The Operational Child Welfare Policy team would like to support the consultations by having input on drafting the consultation questions and developing the consultation plan as we learned many lessons in developing the Practice Guidelines: 2SLGBTQ+ Inclusiveness in Child Welfare Settings; what worked well and what needed to be developed.

**Q8. Is there anything else you would like the SPRE team to be aware of as we work towards developing a cross-divisional Action Plan for improving supports for 2SLGBTQ+ children, youth and families?**

*(insert in row below)*

It will likely be important for all service streams within the ministry to be sharing and working on the same goals regarding developing and enhancing safe spaces for 2SLGBTQ+ children, youth and families and for providing affirming, respectful services.

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Withheld pursuant to/removed as

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## Project Charter

### Project: Practice Guidelines for LBGTTQ2

Last Updated: 29-March 2018

**Purpose:** To provide those working in child welfare settings information regarding practice involving children and youth in the LBGTTQ2 population

**Background and Context:** Children and youth with whom child welfare workers interact bring a variety of behavioural and personality traits, needs and strengths. Respecting children and youth's rights and dignity is paramount. Awareness and consideration of their child's and youth's sexual orientation and gender identification is key; as is how it affects planning and decisions regarding support, placements and treatment of their personal challenges.

#### Objectives

- To review existing Standards, practice guidelines and policy regarding children and youth in child welfare settings
- To enhance practice via Guideline and/or adding information to policy regarding care planning and decision making with LBGTTQ2 children and youth in child welfare settings

#### In Scope

- Policy review and updates
- Exploration of case documentation enhancements
- Examination of training and practice with respect to working with children and youth in child welfare settings
- Development of a new guideline.

#### Out of Scope

- Expansion of Child Welfare Programs & Services
- Development of a new policy
- Changes in ICM

#### Budget

Item	Cost
Consultation	TBD
<b>Total</b>	

#### Critical Success Factors

- Consultation with service delivery staff
- Engagement with Indigenous representatives
- Alignment with MCFD Strategic Priorities
- Consultation with Youth Advisory and Youth in Care
- Orientation and Implementation

#### Links & Dependencies

- CFCSA
- Aboriginal Policy & Practice Framework
- MCFD Multi-Year Action Plan
- Policy & Provincial Services Division Plan

#### Project Team

Name	Role
Leslie Anderson Leanne Seddon CWP MCFD	Project Co-Lead Policy Analyst
tba	Service Delivery Representatives (DOPs call)
tba	Indigenous Representatives
tba	Youth Advisory Council Rep/YIC Network

#### Governance

Name	Role
Sarah Gosman	Approver
James Wale	Executive Approver
Cheryl May	Executive Approver
Cory Heavener	Executive Approver
Indigenous partner TBD	

#### Workplan Overview

Deliverable / Milestone	Date
Draft discussion paper	Nov 2017
Draft guideline	April 2018
Consultation with key partners & DOPs	Dec 2017
Consultation with LSB (if needed)	xx
Draft Decision Note	May 2018
Final Decision Note	June 2018
Executive Approval	June 2018

#### Partners

Name	Representing
	Delegated Aboriginal Agencies
	Youth Advisory Council
	LBGTQ Writing group
	MCFD
	Youth In Care Network

PM Approval: \_\_\_\_\_ Date: \_\_\_\_\_

#### Risk Assessment

Risk	Prob.	Impact	Response Strategy
Engagement with Indigenous Representatives	Medium	High	Indigenous Partner on Project Team, as well as respectful, continuous and transparent engagement throughout policy development process.
Consultation with service delivery staff	Low	High	Staff member on Project Team as well as respectful, continuous and transparent engagement throughout policy development process.
Consultation with Youth in Care Network/Youth Advisory Council		High	

Exec Sponsor Approval \_\_\_\_\_ Date: \_\_\_\_\_

Exec Champion Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Name	SDA / DAA	Position	Email	Phone

**From:** [Anderson, Leslie E MCF:EX](#)  
**To:** [Yakielashek, John P MCF:EX](#)  
**Cc:** [Wheler, Francesca M MCF:EX](#); [Wale, James MCF:EX](#); [MacPherson, Colleen MR MCF:EX](#)  
**Subject:** RE: LGBTQ2S+ Resource Guide - MCFD  
**Date:** June 23, 2020 1:51:35 PM

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Hi John

Further to your comments about the above resource guide, Colleen has added relevant resources included in it to the 2SLGBTQ+ Guidelines. The resources that are relevant for CYMH clinicians have not been added to the Guidelines as the Guidelines were written specifically for child welfare workers when initially working and planning with 2SLGBTQ+ children and youth including placement planning if necessary.

Thank you for sending along the Resource document – it's useful information.

All the best

Leslie

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**From:** Yakielashek, John P MCF:EX  
**Sent:** June 11, 2020 7:55 PM  
**To:** Wale, James MCF:EX  
**Cc:** Wheler, Francesca M MCF:EX ; Anderson, Leslie E MCF:EX  
**Subject:** Re: LGBTQ2S+ Resource Guide - MCFD

Hi

I did not realize policy was creating a resource list.

The attached was something one of my consultants had created. Feel free to use as you like but makes more sense only to post the policy document.

Thanks

John Yakielashek  
Sent from my iPhone

On Jun 11, 2020, at 5:23 PM, Wale, James MCF:EX <[James.Wale@gov.bc.ca](mailto:James.Wale@gov.bc.ca)> wrote:

This is a Resource List. Not the Practice Guidelines. The Practice Guidelines also have a resource list – so I wonder if the resource lists should be merged at that back of the Practice Guideline?

James Wale

Director, Operational Child Welfare Policy Team

Child Welfare and Reconciliation Policy Branch

Policy and Legislation Division

Ministry of Children and Family Development

Phone: 778-698-5048, Cell 250-516-4633.

Office Location: 525 Superior Street, Victoria BC

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**From:** Wheler, Francesca M MCF:EX <[Francesca.Wheeler@gov.bc.ca](mailto:Francesca.Wheeler@gov.bc.ca)>  
**Sent:** June 11, 2020 5:11 PM  
**To:** Yakielashek, John P MCF:EX <[John.Yakielashek@gov.bc.ca](mailto:John.Yakielashek@gov.bc.ca)>  
**Cc:** Casey, Barbara MCF:EX <[Barbara.Casey@gov.bc.ca](mailto:Barbara.Casey@gov.bc.ca)>; Wale, James MCF:EX <[James.Wale@gov.bc.ca](mailto:James.Wale@gov.bc.ca)>  
**Subject:** RE: LGBTQ2S+ Resource Guide - MCFD



Is this the 2SLGBTQQ+ Practice Guidelines? I'm not sure what this document is.

Francesca

778-974-2164 (office)

s.17 (cell)

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**From:** Yakielashek, John P MCF:EX <[John.Yakielashek@gov.bc.ca](mailto:John.Yakielashek@gov.bc.ca)>

**Sent:** June 11, 2020 4:19 PM

**To:** Wheler, Francesca M MCF:EX <[Francesca.Wheler@gov.bc.ca](mailto:Francesca.Wheler@gov.bc.ca)>

**Cc:** Casey, Barbara MCF:EX <[Barbara.Casey@gov.bc.ca](mailto:Barbara.Casey@gov.bc.ca)>

**Subject:** LGBTQ2S+ Resource Guide - MCFD

Hi Francesca.

I had passed this to Cheryl after a call we were on and she gave some additional info and also asked if you had a copy.

Here is the updated version.

What do you think if this being available on I connect?

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**From:** Czmielewski, Kelly MCF:EX <[Kelly.Czmielewski@gov.bc.ca](mailto:Kelly.Czmielewski@gov.bc.ca)>

**Sent:** June 11, 2020 3:51 PM

**To:** Yakielashek, John P MCF:EX <[John.Yakielashek@gov.bc.ca](mailto:John.Yakielashek@gov.bc.ca)>

**Subject:** updated version

Hi John,

Here is the updated version of the document.

Kelly

*Acknowledging the traditional unceded territory of the Lekwungen peoples  
on whose land I live, work and play, háy'sxw qə!*

## 2SLGBTQ+ Terms Resource

Understanding terminology is instrumental for creating supportive, respectful and safe environments for 2SLGBTQ+ children, youth and families. It also sets the foundation for staff to use inclusive language that does not assume an individual's sexual orientation, gender identity or gender expression. Key terms<sup>1</sup> that Ministry staff are to be aware of are defined below. Note that these definitions may evolve as more research becomes available.

**2SLGBTQ+** is an acronym (each term defined below) standing for the biological sex, sexual orientation, gender identity and gender expression of two-spirit, lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual. The '+' demonstrates inclusivity of the diverse community. There are many different acronyms that may be used by various communities. It should be noted that acronyms like these may combine biological sex, gender, gender identity, gender expression and sexual orientation attributes into one community. This combination may or may not be appropriate in all circumstances. It is also important to recognize that gender identity and gender expression can be fluid.

**"2S"/Two-spirit (also Two Spirit or Two-Spirited)** is an umbrella term that reflects the many words used in different Indigenous languages to affirm the interrelatedness of multiple aspects of identity, including gender, sexuality, community, culture and spirituality. Prior to the imposition of the sex/gender binary by European colonizers, many Indigenous cultures recognized Two Spirit people as respected members of their communities and accorded them special status as visionaries, healers and medicine people based upon their unique abilities to understand and move between masculine and feminine perspectives. Some Indigenous people identify as Two Spirit rather than, or in addition to, identifying as LGBTQ.

**Sexual orientation** is a term used to describe an individual's pattern of emotional, romantic or sexual attraction. Sexual orientation may include attraction to the same gender (homosexuality), a gender different than your own ("het" or heterosexuality), both men and women (bisexuality), all genders (pansexual), or neither (asexuality).

- **Lesbian** is a woman who is emotionally, romantically and sexually attracted to other women.
- **Gay** is a term describing a man or woman who is emotionally, romantically, and sexually attracted to the same gender.
- **Bisexual** refers to a person who is sexually attracted not exclusively to people of one particular gender.

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<sup>1</sup> Adapted from the Status of Women Canada 'Introduction to GBA+' course: [https://cfc-swc.gc.ca/gba-acsc/course-cours/eng/mod01/mod01\\_02\\_04.html](https://cfc-swc.gc.ca/gba-acsc/course-cours/eng/mod01/mod01_02_04.html); the [Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls](#); [Trans Student Educational Resources](#); the Oxford dictionary; and [Improving Policy and Practice for LGBTQ+ Children and Youth in Child Welfare Settings](#).

**Biological Sex (or sex)** refers to a person's biological and physiological characteristics. A person's sex is most often designated by a medical assessment at the moment of birth. This is also referred to as "birth-assigned sex".

- **Intersex** people are born with any of several variations in sex characteristics (e.g. chromosomes, gonads, anatomical features, sex hormones, or genitals) that do not fit with typical biological conceptions of "male" or "female" bodies. Being intersex relates to biological sex characteristics and is distinct from a person's sexual orientation, gender identity or gender expression. An intersex person may be straight, gay, lesbian, bisexual or asexual and may identify as a female, male, both or neither.

**Gender** refers to the roles, behaviours, activities, and attributes that a given society may construct or consider appropriate for the categories of "men" and "women". It can result in stereotyping and limited expectations about what people can and cannot do. In general, when people refer to their "gender", they can be referring to both their "gender identity" and "gender expression". Gender identities can be fluid. Gender terminology is quickly-evolving term and it is best you ask an individual how they define gender for themselves.

**Gender identity** is an internal and deeply felt sense of being a man or woman, both or neither. A person's gender identity may or may not align with the gender typically associated with their sex.

**Gender expression** refers to the various ways in which people express their gender identity. For example: clothes, voice, hair, make-up, etc. A person's gender expression may not align with societal expectations of gender. It is therefore not a reliable indicator of a person's gender identity.

- **Cis or Cisgender** refers to a person who identifies with the gender they were assigned at birth.
- **Trans or transgender** refers to a person whose gender identity differs from what is typically associated with the sex they were assigned at birth. It includes people who identify with binary genders (i.e. trans men and trans women), and may include people who do not fit within the gender binary, i.e. non-binary, genderqueer, agender, etc.
- **Non-Binary** refers to a person whose gender identity does not align with a binary understanding of gender such as man or woman. A non-binary gender identity may include man and woman, androgynous, fluid, multiple, no gender, or a different gender outside of the "woman—man" spectrum.
- **Agender** is an umbrella term encompassing many different genders of people who commonly do not have a gender and/or have a gender that they describe as neutral.
- **Asexual** refers to a person who does not have sexual feelings or desires.

- **Genderqueer** is an identity commonly used by people who do not identify or express their gender within the gender binary. Those who identify as genderqueer may identify as neither male nor female, may see themselves as outside of or in between the gender binary (e.g. “male to female”), or may simply feel restricted by gender labels. Not everyone who identifies as genderqueer identifies as trans or nonbinary.

**Plus (+)** represents a broad classification intended to encompass a wide spectrum of identities related to gender and sexuality. For example:

- **Queer** is an umbrella term for people whose sexual and/or gender are not heterosexual and/or are not cisgender.
- **Questioning** refers to being unsure of where one’s primary attraction or gender identity lies. Some questioning people eventually come out as 2SLGBTQ+; some do not.

**Ally** refers to a person, often heterosexual or cisgender, who supports equal rights and gender equality for 2SLGBTQ+ children, youth or adults.

**Intersectionality** recognizes that people are members of more than one community at the same time and live multiple, layered identities. An individual’s identity may include, but is not limited to race, class, gender identity, gender expression, sexual orientation, age and/or ability. An individual may differ in their experiences, needs, concerns and barriers based on their own intersecting identity factors.



## Supporting 2SLGBTQ+ Children, Youth and Families Corporate Commitment

Freedom from discrimination based on sexual orientation, gender expression and gender identity is a basic human right. In recognition of this fact, the Ministry of Children and Family Development (MCFD) commits to respect and affirm the sexual orientation, gender identity and gender expression of all children, youth and families that we serve. MCFD recognizes that respect for 2SLGBTQ+ people must acknowledge the intersection of identities and, in particular, be grounded in a commitment to reconciliation with First Nations, Inuit and Metis peoples.

MCFD is committed to delivering policies, practices and training to promote inclusive and supportive environments that honour the sexual orientation, gender identity and gender expression for 2SLGBTQ+ children, youth and families.



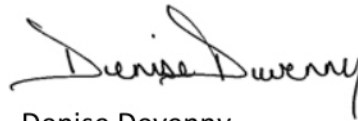
Allison Bond  
Deputy Minister



Cory Heavener  
ADM/Provincial Director of Child Welfare



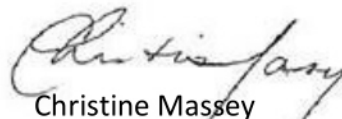
Cheryl May  
ADM, Policy and Legislation



Denise Devenny  
ADM, Partnership and  
Indigenous Engagement



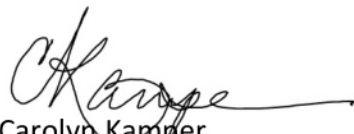
Rob Byers  
EFO/ADM, Finance and Corporate Services



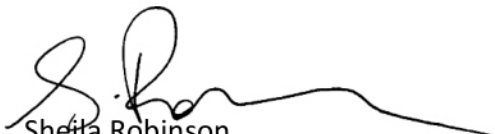
Christine Massey  
ADM, Early Years and Inclusion



Teresa Dobmeier  
ADM, Service Delivery Division



Carolyn Kamper  
ADM, Strategic Priorities



Sheila Robinson  
CIO/ADM, Information Services



# Supporting 2SLGBTQ+ Children, Youth and Families

## Corporate Commitment

Under this commitment, Ministry staff are expected to:

*Recognize and respect the diversity of all sexual orientations, gender identities and expressions*

*Protect and preserve the dignity and rights of children, youth and families as outlined in the BC Human Rights Code*

*Be informed about how sexual orientation, gender identity and gender expression impact one’s lived experience*

*Use knowledge and inclusive language to provide equitable service and foster inclusion for people of all sexual orientations, gender identities and expressions*

*Affirm gender identity and gender expression by consistently using a person’s chosen pronoun (e.g. she/her; he/him; they/them) and name*

*Apply leading practices and approaches to our work that meet the needs of 2SLGBTQ+ children, youth and families*



# 2SLGBTQ+

## Terms Resource

Understanding terminology is instrumental for creating supportive, respectful and safe environments for 2SLGBTQ+ children, youth and families.

It also sets the foundation for staff to use inclusive language that does not assume an individual's sexual orientation, gender identity or gender expression. Key terms that Ministry staff are to be aware of are defined below.

Note that these definitions may evolve as more research becomes available.

## 2SLGBTQ+ Definition

2SLGBTQ+ is an acronym (each term defined below) standing for the biological sex, sexual orientation, gender identity and gender expression of two-spirit, lesbian, gay, bisexual, transgender and queer individuals. The '+' demonstrates inclusivity of the diverse community. There are many different acronyms that may be used by various communities.

It should be noted that acronyms like these may combine biological sex, gender, gender identity, gender expression and sexual orientation attributes into one community. This combination may or may not be appropriate in all circumstances. It is also important to recognize that gender identity and gender expression can be fluid.

## "2S"/Two-spirit (also Two Spirit or Two Spirited)

is an umbrella term that reflects the many words used in different Indigenous languages to affirm the interrelatedness of multiple aspects of identity, including gender, sexuality, community, culture and spirituality. Prior to the imposition of the sex/gender binary by European colonizers, many Indigenous cultures recognized Two Spirit people as respected members of their communities and accorded them special status as visionaries, healers and medicine people based upon their unique abilities to understand and move between masculine and feminine perspectives. Some Indigenous people identify as Two Spirit rather than, or in addition to, identifying as LGBTQ.

## Sexual Orientation

is a term used to describe an individual's pattern of emotional, romantic or sexual attraction. Sexual orientation may include attraction to the same gender (homosexuality), a gender different than your own ("het" or heterosexuality), both men and women (bisexuality), all genders (pansexual), or neither (asexuality)



### Lesbian

is a woman who is emotionally, romantically and sexually attracted to other women

### Gay

is a term describing a man or woman who is emotionally, romantically, and sexually attracted to the same gender

### Bisexual

refers to a person who is sexually attracted not exclusively to people of one particular gender

## Biological Sex (or Sex)

refers to a person's biological and physiological characteristics. A person's sex is most often designated by a medical assessment at the moment of birth. This is also referred to as "birth-assigned sex"

### Intersex

people are born with any of several variations in sex characteristics (e.g. chromosomes, gonads, anatomical features, sex hormones, or genitals) that do not fit with typical biological conceptions of "male" or "female" bodies. Being intersex relates to biological sex characteristics and is distinct from a person's sexual orientation, gender identity or gender expression. An intersex person may be straight, gay, lesbian, bisexual or asexual and may identify as a female, male, both or neither

## Gender

refers to the roles, behaviours, activities, and attributes that a given society may construct or consider appropriate for the categories of "men" and "women". It can result in stereotyping and limited expectations about what people can and cannot do. In general, when people refer to their "gender", they can be referring to both their "gender identity" and "gender expression". Gender identities can be fluid. Gender terminology is quickly-evolving term and it is best you ask an individual how they define gender for themselves.

## Gender Identity

is an internal and deeply felt sense of being a man or woman, both or neither. A person's gender identity may or may not align with the gender typically associated with their sex.

## Gender Expression

refers to the various ways in which people express their gender identity. For example: clothes, voice, hair, make-up, etc. A person's gender expression may not align with societal expectations of gender. It is therefore not a reliable indicator of a person's gender identity.

### Cis or Cisgender

refers to a person who identifies with the gender they were assigned at birth

### Trans or Transgender

refers to a person whose gender identity differs from what is typically associated with the sex they were assigned at birth. It includes people who identify with binary genders (i.e. trans men and trans women), and may include people who do not fit within the gender binary, i.e. non-binary, genderqueer, agender, etc.

### Non-binary

refers to a person whose gender identity does not align with a binary understanding of gender such as man or woman. A non-binary gender identity may include man and woman, androgynous, fluid, multiple, no gender, or a different gender outside of the "woman—man" spectrum

### Agender

is an umbrella term encompassing many different genders of people who commonly do not have a gender and/or have a gender that they describe as neutral

### Asexual

refers to a person who does not have sexual feelings or desires

### Genderqueer

is an identity commonly used by people who do not identify or express their gender within the gender binary. Those who identify as genderqueer may identify as neither male nor female, may see themselves as outside of or in between the gender binary (e.g. "male to female"), or may simply feel restricted by gender labels. Not everyone who identifies as genderqueer identifies as trans or nonbinary

### Plus (+)

represents a broad classification intended to encompass a wide spectrum of identities related to gender and sexuality. For example:

#### Queer

is an umbrella term for people whose sexual and/or gender are not heterosexual and/or are not cisgender

#### Questioning

refers to being unsure of where one's primary attraction or gender identity lies. Some questioning people eventually come out as 2SLGBTQ+; some do not

## Intersectionality

recognizes that people are members of more than one community at the same time and live multiple, layered identities. An individual's identity may include, but is not limited to race, class, gender identity, gender expression, sexual orientation, age and/or ability. An individual may differ in their experiences, needs, concerns and barriers based on their own intersecting identity factors

### Ally

refers to a person, often heterosexual or cisgender, who supports equal rights and gender equality for 2SLGBTQ+ individuals