Asking SOGIE Questions to Youth in Child Welfare

Training Evaluation

The Michigan Department of Health and Human Services (MDHHS) implemented a pilot study in which foster care workers and supervisors from selected MDHHS units were instructed to ask young people about their sexual orientation, gender identity, and expression (SOGIE) as part of demographic data collection. The pilot was completed in two series, the first completed in-person in 2019 and the second completed virtually in 2020. After completing a foundational LGBTQ+ training, pilot participants were required to complete a half-day training, Asking SOGIE Questions to Youth in Child Welfare. Participants were directed to ask SOGIE questions of all youth ages 12 and older on their caseloads and to document this information in the state’s MiSACWIS data management system, as appropriate, for six months.

The QIC-LGBTQ2S analyzed surveys completed immediately prior to, following, and three months after the Asking SOGIE Questions training. This brief highlights findings from these surveys. Separate analyses related to completion of SOGIE fields in MiSACWIS, as well as qualitative information provided in focus groups, are not presented here and may be requested from MDHHS.

Sample Characteristics

- The sample consists of 109 foster care workers and supervisors who volunteered to participate in the pilot series – 59 from the in-person training and 50 from the virtual training.
- Survey completion rates were higher for participants who attended in-person trainings (95%) than those who attended virtual trainings (82%). Three-month follow-up response rates were generally low regardless of the training series (44%).
- Trainees in both series reported similar demographics and work-related characteristics.

Outcomes

- Across outcomes, participants exhibited statistically significant improvements, which were similar across both in-person and virtual settings.
- Gains made during the training deteriorated slightly three months after the training but remained significantly higher than before the training.

Sample Characteristics:

- Race:
  - White, 36%
  - Black/African American, 58%
  - Another Race, 4%
  - Missing, 2%

- Education:
  - Bachelor’s Degree, 59%
  - Master’s Degree, 39%
  - Doctoral Degree/ JD, 2%

- Gender:
  - Women, 87%
  - Men, 9%

- Missing, 4%

- Years of Employment at MDHHS Foster Care Unit:
  - Under 1, 16%
  - 1 to 2, 29%
  - 3 to 5, 23%
  - 6 to 10, 12%
  - Over 10, 21%

- Missing, 8%

- Other:
  - Comfort & Attitudes Related to Asking about SOGIE:
    - Pre-Post (n=87)
    - Pre-Post-Follow-up (n=43)

- Knowledge about Gathering & Managing SOGIE Data:
  - Pre-Post (n=94)
  - Pre-Post-Follow-up (n=45)

- Knowledge about LGBTQ+ Youth in Child Welfare:
  - Pre-Post (n=91)
  - Pre-Post-Follow-up (n=45)
Fears, Concerns, and Barriers Related to Asking about SOGIE

Although most respondents did not report any fears or concerns either immediately after the training or three months later, those who did cited reasons related to:
• The fear of making a young person uncomfortable
• Concerns about age appropriateness and comprehension
• The fear of adversely impacting relationships with caregivers

Some of the youth closer to 12 years of age are not ready for the conversation and are confused as to why they are being asked this by their worker. Can create an awkwardness between the child and worker in some instances.

One of the barriers I encountered was having to explain some of the categories in different ways, where I was still not 100% sure if they understood what I was asking them after the survey was completed.

I think we need to be more cautious of the caregivers wants and needs as well. I understand why we have to ask the children the SOGIE questions, but as a worker if a caregiver doesn’t want me discussing it with the child, I would be uncomfortable doing it behind their back anyway. I think we need to find a way to navigate that worry. Either way thank you for all of your work regarding our children in care.

On occasion, when I introduced the topic it was a little awkward. However, as the conversation kept going it became more comfortable and the teens actually opened up to me about their preferences.

Behaviors & Comfort Asking about SOGIE

• Sample sizes were small (n=27), but three months following the training:
  • 74% of foster care workers reported asking more youth about SOGIE;
  • 78% of workers reported completing more SOGIE fields in MiSACWIS as a result of the training; and
  • Only 15% of workers reported that they felt too uncomfortable to task about SOGIE.

Experiences with Supervision and Coaching

• Three months following the training (n=27):
  • 56% of workers reported that their supervisor had talked to them at least once in the past month about entering SOGIE data;
  • 48% agreed or strongly agreed that their supervisor had asked how they were doing with SOGIE data collection in weekly meetings;
  • 51% said their supervisor helped them strategize about how best to ask SOGIE questions; and
  • 44% said their supervisor had discussed with them whether any youth experienced distress when asked about SOGIE and how that distress was handled.

Participant Satisfaction

Participating staff reported positive experiences with the training.

In-Person and Virtual Training Settings

The Asking SOGIE Questions training was successfully translated to the virtual environment in 2020. The positive impact of the training on knowledge, attitudes, and comfort was similar in both in-person and virtual settings.

1For more information, please find the full report, SOGIE Data Collection Pilot: Asking SOGIE Questions to Youth in Child Welfare Training Evaluation, 2019-2021 on the National SOGIE Center Website.

2Some workers and supervisor participated in both pilot series; survey data from these participants is reported only for the first series.
History of the QIC-LGBTQ2S

The National Quality Improvement Center on Tailored Services, Placement Stability, and Permanency for LGBTQ2S Children and Youth in Foster Care (QIC-LGBTQ2S) was a program lead by The Institute for Innovation and Implementation, at the University of Maryland School of Social Work (The Institute). The project was funded by The U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau to improve permanency, stability, and well-being for youth in foster care who identified as LGBTQ+.

Over the course of 5 years, the QIC-LGBTQ2S partnered with four child welfare agencies as Local Implementation Sites in: Allegheny County, PA; Michigan Tri-County, Cuyahoga County, OH; and Prince George's County, MD. Together, the sites, program purveyors, and the Institute developed, implemented, and evaluated several best practices and programs for LGBTQ+ youth and their families. The result of the five-year effort was the development and refinement of 9 manualized and evidence-informed interventions that can now be replicated in similar settings. In addition to developing these programs, sites also engaged in several initiatives to create affirming child welfare policies and SOGIE data collection projects.

Funding Statement

This project was funded by the National Quality Improvement Center on Tailored Services, Placement Stability and Permanency for Lesbian, Gay, Bisexual, Transgender, Questioning, and Two-Spirit Children and Youth in Foster Care (QIC-LGBTQ2S) at the Institute for Innovation and Implementation, University of Maryland Baltimore School of Social Work. The QIC-LGBTQ2S is funded by the U.S. Department of Health and Human Services, Administration for Children, Youth and Families, Children’s Bureau under grant #90CW1145. The contents of this document do not necessarily reflect the views or policies of the funders, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. Department of Health and Human Services.