

RESEARCH BRIEFING

**SPEAKOUT: A STUDY OF THE EXPERIENCES AND
IDENTITY DEVELOPMENT OF LESBIAN, GAY,
BISEXUAL, TRANSGENDER AND QUESTIONING
YOUNG PEOPLE IN CARE – AND THE SUPPORT
THEY RECEIVE**



SPEAKOUT: A STUDY OF THE EXPERIENCES AND IDENTITY DEVELOPMENT OF LESBIAN, GAY, BISEXUAL, TRANSGENDER AND QUESTIONING YOUNG PEOPLE IN CARE – AND THE SUPPORT THEY RECEIVE

DATES 2014 - PRESENT

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WHY IS THIS STUDY IMPORTANT?

Lesbian, gay, bisexual, transgender and questioning (LGBTQ) young people in care face a range of challenges shared by other children in care – but they also have additional challenges in managing their minority identities and coping with stigma. Literature, mainly from the US, suggests that LGBT young people in care face challenges such as homophobic and transphobic bullying and violence and inadequate responses to their needs by professionals and carers.

The study reported here is the first study of LGBTQ young people in the care system in England and focused not only on vulnerability and risk, but also on the strengths and resilience of these young people and the support offered by foster families and professionals working with them.

AIMS OF THE STUDY

The study aimed to explore the identity development of LGBTQ young people in care and their experiences of support; the experiences of foster carers in supporting young people; the role of practitioners and the type of services and care planning available nationally to meet the needs of this group.

HOW WAS THE STUDY DONE?

The study methods included:

- A structured international literature review
- A mapping survey of 152 local authorities (78% response rate)
- Life history interviews with 46 LGBTQ young people in care
- Interviews with 26 foster carers with experience of caring for LGBTQ young people
- Focus groups with professionals

The project has benefited significantly from the contribution of a group of LGBT and care experienced young researchers. They advised on all aspects of the research. Their perspectives have ensured that the complexity of the intersections between care, religion, ethnicity, sexuality and gender are reflected in the analysis.

KEY FINDINGS

National Survey

- The national survey of local authorities in England found that 38% of LAs had a general in care policy that included LGBTQ young people but only 5% had a specific policy, and recording LGBTQ identities was rare. There was reliance on individual and reactive practice without a collective recognition of LGBTQ young people's needs.
- Local authorities did not record the numbers of LGBTQ young people in care, in due part to

concerns about intrusiveness, but also as central government does not require this data.

- Support for LGBTQ young people was said to be limited by a lack of both knowledge and confidence and local authorities were keen to improve practice.

Focus Groups with Professionals

- Three focus groups were held in different geographical areas. Participants included practitioners working with young people in care, including LAC social workers, LAC nurses, as well as representative working within CAMHS, education and youth offending.
- Practitioners identified the need to seek expertise to respond to the needs of LGBTQ young people. This included seeking advice from specialist services such as gender identity services. They also suggested that within their agencies 'go to' people had emerged as sources of advice.
- There was recognition of inter-generational differences in understandings of sexuality and gender and the need for professionals to examine, and sometimes reevaluate, their own attitudes.
- It was felt that professionals might avoid discussing sexuality with young people because of a general cultural unease about talking about sexuality, particularly with young people.
- It was suggested that there might be a tendency to view sexuality through the prism of risk for young people in care generally, and that this could also apply to LGBTQ young people.
- The importance of an in depth exploration of the attitudes of foster carers towards LGBTQ young people as part of the approval process was emphasized, since young people in care have often already faced rejection in their lives.

Life History Interviews with LGBTQ Young People

- The 46 young people included 18 cisgender male, 7 trans male, 13 cisgender female, 6 trans female, 1 agender and 1 currently identifying cis male planning transition. They identified their sexual orientation as 13 gay male, 8 lesbian, 5 bisexual female, 6 bisexual male, 2 pansexual, 4 questioning and 6 heterosexual.
- The majority of the young people first came into care aged between 12 and 17 and across the sample most had experienced abuse or neglect. Three were thrown out by their families because of sexuality or gender identity. A further six described difficult relationships with parents that led to entry to care, where either their parents' explicit non-acceptance of their sexuality or gender was a factor, or the young person developed behavioural or mental health difficulties linked to suppressing their sexuality or gender identity.

Managing Stigma

- Many young people used strategies to conceal their sexual orientation from peers and carers. Some found it hard to acknowledge to themselves that they might be LGB after growing up in a heteronormative or homophobic environment.
- Across the interviews there was widespread experience of homophobia, biphobia and transphobia. Transphobia had a different quality to homophobia, where the young person became an object of curiosity. Non-conforming gender expression could make a young person a target for bullying from early childhood.
- Young people also encountered stigma about being in care and were sensitive to comments about their parents, and to the difference between their placements and other families.
- Some young people chose to conceal one aspect of their identity after being bullied about other aspects.

Lesbian, Gay, Bisexual and Questioning young people

- Some young people feared that coming out in care would result in rejection and placement breakdown, but for others living in care offered an opportunity to explore their LGBTQ identity.
- Several young people concealed their sexual orientation from carers and professionals resulting in isolation, increased vulnerability and sometimes placement breakdown.
- When young people came out in care as LGB it helped when foster carers were accepting and reassured the young person of their commitment to them. However, several young people had experienced reactions which they found unhelpful, such as the foster carer suggesting it was a phase, they were confused, too young, or attributing their sexuality to a history of abuse. Some experienced overt homophobia including a foster carer terminating the placement.
- Birth family acceptance of sexual orientation was very important to most young people and birth families ranged from accepting to rejecting. A few young people were clear they would never want their birth families to know as it would put them at risk.
- Young people reported less overt homophobia from social workers. However, they experienced heteronormative assumptions which discouraged them from coming out, and awkwardness and discomfort from some workers.

Trans Young People

- Some trans young people had experienced gender dysphoria from early childhood. It was hard for them to make sense of their identities growing

up and 9 out of 15 had come out as LGB at some point prior to coming out as trans. For some young people there was pressure to fit into a certain narrative about being trans. They were concerned they would not be viewed as authentic if they did not want a 'full' physical transition, if they had not struggled with dysphoria from an early age, if others attributed their gender identity to early childhood abuse, or thought it was related to a diagnosis of autistic spectrum disorder.

- A few young people had begun to explore their gender identity with their foster carers and experienced their foster carers moving too fast, asking them immediately about physical transition, or warning the young person of difficulties ahead. Other young people had found residential care offered a space to explore their gender identity, safer than with birth family. However the trans young people in the study were often exploring their gender identity at a time of instability in relation to care placements and leaving care. Many experienced homelessness or extremely unstable accommodation post-16. There was a widespread view that leaving care services focused on independent living skills rather than providing a level of nurturance that could help them to explore gender. Adult support services (housing, mental health, sexual abuse survivors) were often gendered.

LGBTQ+ services

- Young people talked about attending LGBTQ+ youth groups. Most found them helpful, but some young people felt they had very different life experiences from others in the group, and a few did not want that aspect of their identity singled out. LGBTQ+ housing provision was experienced as very supportive, often accessed after a period of homelessness.

Interviews with Foster Carers

- The 26 foster carers had a wide range of experience and were providing a range of placements from respite care to long-term foster care to LGBTQ young people. Three were LGB carers but others had experience of parenting / caring for LGB young people.
- The young people in these placements had predominantly come from backgrounds of abuse and neglect, with some rejected because of their LGBTQ status. 18 were caring for LGBQ young people, with 8 caring for trans young people.
- From carers' descriptions of the needs of young people in their care it was clear that fostering tasks would include providing a secure base (See Schofield and Beek 2014), as for all young people in care, that would help young people build trust, manage their feelings, build self-esteem, feel effective and achieve a sense of belonging as part

of the family. But there were additional tasks for foster carers of LGBTQ young people:

- o Accepting young people's sexual orientation / gender identity. This included accepting that young people's sexuality and gender were fluid and that LGBTQ young people would experience challenges including stigma and risks of bullying.
- o Communicating openly about LGBTQ issues. Carers needed to be available practically and emotionally to listen to young people discuss their LGBTQ identities, especially when young people were coming out for the first time.
- o Protecting young people from stigma and bullying. The foster family needed to listen to young people and take their concerns seriously, seeking information and support for themselves and the young people from schools, mental health specialists and other agencies as appropriate.
- o Providing emotional and practical support e.g. in expressing their identities through dress and appearance; in managing birth family relationships; and, for trans young people, working with specialist medical agencies.
- o Offering opportunities for the young person to gain a sense of belonging to the LGBTQ community, through finding out about local and national groups and organisations, and supporting young people in making contacts – bearing in mind that young people vary in the ways in which they wish to connect with the LGBTQ community.

KEY RECOMMENDATIONS FOR POLICY & PRACTICE

- Attention needs to be paid to LGBTQ related issues by all agencies in care planning, matching, working with birth families and leaving care services, to ensure that young people's needs, wishes and feelings are taken into account.
- Assessment and preparation of prospective foster carers should include exploring their likely openness, acceptance and capacity to meet the needs of LGBTQ young people. Many young people come out during placement and will look for signs that it is safe to do so. All foster carers should therefore be able to meet the needs of LGBTQ young people.

- Foster carers can demonstrate to young people that they provide a safe space for LGBTQ young people by being inclusive in their language and never assuming that a young person is straight or cisgender.
- Foster carer and social work training should include an exploration of attitudes towards sexuality and gender identity – a safe space to examine assumptions and attitudes.
- Professionals, including foster carers, need training about having conversations about sexuality and gender generally, as well as raising LGBTQ issues with young people.
- LGBTQ organisations should be aware of the additional challenges facing LGBTQ young people growing up in care.
- Being in care can offer opportunities as well as challenges for LGBTQ young people and social workers and foster carers can have an important role in supporting young people with their identity development.
- There is a role for leaving care services in supporting trans young people who may only feel safe to explore their gender identity in late adolescence.

STRENGTHS AND LIMITATIONS OF THE STUDY

- This was the first UK study of LGBTQ young people in care; it was multi-method and achieved both a high (78%) response rate to the nationwide survey and a large sample of 46 LGBTQ care experienced young people, including 15 trans young people for the qualitative study.
- The quality of the data from the young people in particular provides powerful insights into both their personal journeys and their varied experiences of services.
- The contribution of the young researchers group enhanced every stage of the project
- This was a mainly qualitative study. Further research would be needed to measure outcomes such as education, placement stability, mental health, homelessness and offending.

FIND OUT MORE

- **MORE INFORMATION CAN BE FOUND AT WWW.UEA.AC.UK/SPEAKOUT OR BY CONTACTING JEANETTE.COSSAR@UEA.AC.UK.**
- **ESRC REPORT (2017, FORTHCOMING)**
- **FULL REPORT (2018)**
- **CORAMBAAF GOOD PRACTICE GUIDE (2018)**

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