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Residential Social Care Experiences of LGBTQ+ Young People in England: A Qualitative Interview Study

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Abstract

Lesbian, gay, bisexual, transgender and queer or questioning (LGBTQ+) young people are overrepresented in out-of-home social care and face significant physical health, mental health and well-being inequalities compared with their non-LGBTQ+ peers. Their residential care experiences have been missing from the knowledge base, with no prior in-depth published research in the UK. Theoretically informed by an intersectional minority stress framework and combining qualitative and co-production methodologies, this study produced a nuanced understanding of the residential care experiences of LGBTQ+ young people. We interviewed twenty young people (sixteen–twenty-four years old) in England with a broad range of LGBTQ+ and multiple intersecting minority identities. We analysed data using reflexive thematic analysis, producing four themes: widespread discrimination and marginalisation; unmet mental and sexual health needs; importance of affirming professional relationships and resilience and self-relying strategies. Findings suggest that multiple minority identities magnified young people's challenges. Combining the findings with our systematic scoping review developed an explanatory model which provides a dynamic understanding of (un)supportive or (dis)-affirming residential care environments. Implications for policy, practice and research include LGBTQ+ inclusive policies and services, mandatory competency-based training combined with ongoing reflexive supervisory practice and incorporating the voices of LGBTQ+ young people in service delivery.

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Introduction

In 2021, 80,850 young people were 'looked after' by local authorities in England, with 14 per cent in residential out-of-home (e.g. group home) social care settings (Department for Education, 2021). There is ongoing debate about the appropriateness of these restrictive placements with a body of international research examining the experiences of this vulnerable population who are likely to have experienced abuse, neglect or have significant physical health, mental health and developmental difficulties (Cameron-Mathiassen *et al.*, 2022). Although these settings can provide stability and specialist support, the dominant view in the UK is these options are both a 'last resort' for young people deemed ill-suited to foster or kinship care (Steels and Simpson, 2017) and group homes are often associated with poor developmental and health outcomes (Strijbosch *et al.*, 2015; Schoenwald *et al.*, 2022). In contrast, the government states a preference for foster or kinship care in placements that more closely resemble a traditional family (cf. The Children Act 1989 Section 22c(7)). Largely absent from the literature, however, are the experiences of lesbian, gay, bisexual, transgender and queer or questioning (LGBTQ+) young people who are disproportionately overrepresented in out-of-home and residential social care yet, paradoxically, receive limited attention in research, practice and policy.

The international evidence suggests LGBTQ+ young people face an array of unique challenges as part of their out-of-home care experience. Our systematic scoping review, which included twenty-two critically appraised studies predominantly from the USA and focused on foster care, found that LGBTQ+ young people comprise between 15.5 per cent and 30.4 per cent of youth in out-of-home care; with ethnic minority LGBTQ+ young people overrepresented (Schaub *et al.*, 2022a). LGBTQ+ young people experience higher rates of placement instability, are more likely to be placed in residential care settings and are less satisfied with their care experiences than their cisgender (non-transgender) and heterosexual peers (Schaub *et al.*, 2022a). When compared with their peers, LGBTQ+ young people in care report poorer health and well-being outcomes; greater substance use and traumatic experiences; worse sexual well-being and victimisation and heightened educational barriers (Kaasbøll *et al.*, 2022; Schaub *et al.*, 2022a). Furthermore, LGBTQ+ young people are more much likely to 'age out' of care and experience homelessness after leaving care (McCormick *et al.*, 2017). Despite

significant social advances, the literature's collective narrative suggests sexual orientation, gender identity or expression (SOGIE)-related rejection from birth families, care professionals and peers, as contributing to the other challenges and encouraging adverse outcomes if unaddressed (Kaasbøll *et al.*, 2022; Schaub *et al.*, 2022a). The scarce evidence about LGBTQ+ young people's residential care experiences suggest differential treatment, isolation and discrimination (McCormick *et al.*, 2017).

Critically, transgender and gender diverse (TGD) young people (those whose gender is different than the sex assigned at birth or whose gender identity/expression does not conform to binary societal expectations of gender) and young people with intersecting minority identities are often absent from studies due to limited systemised data collection or homogenous reporting (Schaub *et al.*, 2022a). The available evidence suggests interlocking systemic racism and hetero/cisgenderism magnifies the above challenges. TGD young people are subject to high levels of victimisation in society (McCann *et al.*, 2019). Racial or ethnic minority LGBTQ+ young people experience greater SOGIE-related family and structural rejection, victimisation as well as school absenteeism compared with their white peers in care (Schaub *et al.*, 2022a). Further clarification is required to delineate the complex ways in which these multiple sociocultural identities are conflated, interdependent and intersect as part of their care experiences (Schaub *et al.*, 2022a). Furthermore, although LGBTQ+ young people's experiences encompass both resilience and challenges, much of the research focuses on problems and disparities overlooking how these risks are mitigated.

We have some understanding of the general experience of young people in residential care. These include poorer outcomes for young people living in residential care compared with other types of care in England (Schoenwald *et al.*, 2022), and that residential workers are often inexperienced and struggle to access training (Steels and Simpson, 2017). In comparison, we have very little knowledge of LGBTQ+ young people's residential care experiences and needs. Previous research about LGBTQ+ young people in foster care found several elements of interest here: widespread experiences of homo/bi/trans-phobia, that very few local authorities have care policies related to LGBTQ+ young people, and continued lack of data collection on SOGIE (Cossar *et al.*, 2017). However, for social and residential care systems to fulfil its duty, caregivers and policymakers need to understand the unique needs of LGBTQ+ young people.

The models and context of residential care vary widely in terms of economic, political and cultural factors (Courtney and Iwaniec, 2009). England has a relatively limited model where young people are either in a residential or foster placement with distinct regulatory boundaries or placed with family/wider relatives in *kinship care* arrangements. In contrast, European countries such as Denmark, Germany and France offer a

wider range of part-time, respite and shared care arrangements (for international models of residential care, see Hart *et al.*, 2015). In addition, England has seen a marked increase in private provision where the majority of residential establishments are provided by the private or voluntary sector (Hart *et al.*, 2015). This is markedly different compared with international shifts towards a more family-oriented care settings such as in the USA (Courtney *et al.*, 2013). Furthermore, in England, there is a long tradition of faith-based charities as a significant portion of the care provision (Kendrick *et al.*, 2011; Göçmen, 2013); it is important to note the ways that religiously affiliated organisations may affect practice with LGBTQ+ people (Westwood, 2022a).

This study addresses these substantial knowledge gaps and provides the first in-depth understanding of LGBTQ+ young people residential social care experiences and needs in England, centring their lived experience using co-produced qualitative methodologies. Using our previous scoping review to inform study design, we constructed these research questions:

1. What are the experiences of LGBTQ+ young people in residential care?
2. Do LGBTQ+ young people in residential care have particular needs and, if so, what are those?

In this article, we present a conceptual model providing a dynamic understanding of the impacts of (un)supportive or (dis)affirming residential care environments.

Methods

Design

This research is situated within an intersectional minority stress framework, which combines the minority stress model (Meyer, 1995, 2003) and intersectionality theory (Crenshaw, 1991) to qualitatively examine the residential care experiences of LGBTQ+ young people in relation to their multiple intersecting identities. Minority stress theory posits that sexual and gender minority groups are exposed to unique social stressors and diminished coping resources as a result of stigma, which increase the likelihood of a number of adverse physical health, mental health and well-being outcomes (Plöderl and Tremblay, 2015; Valentine and Shipherd, 2018). Specifically, intersectionality theory views social identities as mutually constructed and interdependent rather than isolated and distinct aspects of experience. An intersectional minority stress framework thus provides an apt and comprehensive lens to explore the stressors experienced by LGBTQ+ young people in residential care.

This study followed a published protocol (Schaub *et al.*, 2021), and utilised co-production techniques involving a range of stakeholders to improve the efficacy and relevance of research (Dixon *et al.*, 2019). Funding supported the involvement of a group of LGBTQ+ young people (aged 16–24) with lived experience of social care as well as stakeholders to outline salient issues, appropriate methods and comment on data analysis and recommendations. The term young people will be used throughout this study when referring to persons under the age of 25.

Procedure

Ethical approval for the study was received from the University's Ethics Committee in August 2021. To recruit participants, descriptions were shared via social media and relevant organisations including children's residential homes across England. Recruitment was informed by our scoping review and young advisors' and stakeholders' input (see Schaub *et al.*, 2021, 2022a). We screened eligibility using an informal pre-interview discussion. Inclusion criteria required participants (i) self-identify as LGBTQ+; (ii) were sixteen–twenty-five years of age (range developed via advisory committees, see Schaub *et al.*, 2021) and (iii) lived in residential care placement in England for longer than three months as per *2000 The Children (Leaving Care) Act*. To support recruiting a diverse group, participants provided details including time in residential care and identity characteristics. Following this early discussion, participants were given an information sheet and consent form.

We interviewed twenty young people online via Zoom between September 2021 and January 2022. This method was chosen instead of in-person interviews to extend recruitment reach and inclusivity amidst the COVID-19 pandemic. Previous research highlight the benefits of online interviewing including rapport building, sharing of personal experiences and exceptional disclosures (Jenner and Meyers, 2019). Participants were allowed to include a social or key worker during the interview as support and were requested by two participants. All participants were informed that safeguarding concerns would be disclosed to relevant parties. Following the interview, participants were offered a debrief and provided with a list of supports.

The interview schedule explored participant care experiences, needs and relationships; it was developed from our systematic scoping review of LGBTQ+ young people's experiences of out-of-home care (Schaub *et al.*, 2022a) and refined following input of both advisory committees. A workshop with young advisors ensured interview questions were age-appropriate and reflected their lived experiences of social care. Recorded interviews lasted approximately an hour, were transcribed verbatim. Transcripts were sent to interviewees for checking, allowing

participants to report any discrepancies, improving data trustworthiness. All transcripts were anonymised and participants assigned a pseudonym. Each participant received a £25 voucher as remuneration for their time.

Data analysis

We employed a reflexive thematic analysis procedure following Braun and Clarke (2006, 2021). The process was an inductive experiential analysis focused on identifying patterned meanings across our dataset. Reflexive thematic analysis provided a method to examine participants' lived experiences and intersecting minority identities, as well as explore the social processes shaping their experiences (Braun and Clarke, 2021). Reflexivity processes included ongoing self-examination of how researcher's social locations and positionalities might influence the research process (Berger, 2015), and co-production discussions amongst the research team and stakeholders.

Reflective thematic analysis involves six recursive phases. Once all interview data were transcribed, we employed immersive readings of the data to obtain understanding of the data and generate initial ideas (phase 1). We then generated an initial list of codes; NVivo 12 (QSR International) assisted coding the dataset following this initial code list (phase 2). From these initial ideas, we grouped codes via the 'One Sheet of Paper' method (Ziebland and McPherson, 2006) (phase 3). Authors 1 and 2 then grouped codes, developing a provisional thematic map, separating codes unrelated to the research questions and further refining the themes (phase 4). To improve the study rigour at this stage, we held workshops with young advisor and stakeholder committees to explore nascent findings. Lastly, final themes were defined and named (phase 5) and written up (phase 6). Supplementary Table S1 outlines final themes and sub-themes.

Findings

Table 1 provides a breakdown of participant demographic characteristics. Twenty LGBTQ+ young people between sixteen and twenty-four years old from across England were interviewed (mean age nineteen years). The group included a broad range of sexual orientations, gender identities, ethnicities and physical or neurodevelopmental conditions/impairment statuses; with a large portion of the sample identifying as bisexual (35 per cent), transgender or non-binary (35 per cent) and as racial or ethnic minorities (50 per cent). Participants stated they spent between nine months to over seven years in out-of-home care; including emergency, foster and residential care. Participants came from a range of locations across England; Greater London ($n = 8$), North West England ($n = 7$), North East England ($n = 2$), East Midlands ($n = 2$) and West

Table 1. Demographic characteristics of participants

Demographic characteristic	Number	Percentage
Sexual orientation		
Bisexual	7	35
Lesbian	5	25
Gay man	5	25
Asexual or asexual panromantic	2	10
Heterosexual	1	5
Gender identity		
Transgender and/or non-binary	7	35
Cisgender male	7	35
Cisgender female	6	30
Ethnicity		
White British	10	50
Black British or Black African	7	35
Dual or multiple heritage	2	10
British South Asian	1	5
Physical impairment or neurodevelopmental conditions		
No impairments stated	16	80
Autism	3	15
Deaf or hearing impaired	1	5
Age		
16–19	14	60
20–24	6	40
Location		
Greater London	8	40
North West England	7	35
North East England	2	10
East Midlands	2	10
West Midlands	1	5

Midlands ($n = 1$). These data have been omitted from quoted extracts to ensure confidentiality.

Although experiences varied, participants generally described negative residential care experiences that neither met their needs nor protected them from discrimination and gender policing. SOGIE was a significant factor for coming into care and multiple minority identities magnified their challenges. Participant accounts included positive examples of important relationships with affirming professionals identified as key to participant well-being and positive LGBTQ+ identities. Additionally, participants showed remarkable skill and knowledge navigating the care system to meet their specific care needs. Following robust data analysis, four themes were developed; these are explored below.

Widespread discrimination and marginalisation

Most participants reported experiencing interpersonal and structural SOGIE-specific and intersectional stressors, as well as significant placement instability. They encountered frequent homophobia, biphobia and

transphobia and intense sexual and gender regulation in family and care settings. Participants commonly cited SOGIE-related rejection or non-affirming environments as central to why they came into care and placement breakdowns. Other reasons included neglect, abuse and intergenerational mental health or substance abuse issues. Frequent placement moves affected pre-existing social support systems (e.g. moving away from affirming family members, friends or foster carers) and education disruptions, which was a prominent concern across the sample:

> **Morgan (24, cisgender lesbian, white British):** I missed a lot of school because of placements. I was meant to go into Year 11, but the school that I went to, they let me go into Year 10. So, I've sort of gone back a year, because I had missed so much school.

Participants often described unrelenting verbal and physical bullying, harassment, isolation and threats from peers related to their SOGIE and other minority identities, both in residential care settings and at new school placements. Worryingly, participants also highlighted a lack of residential and social worker support and competency, describing harmful encounters with some professionals which characterised their SOGIE as pathological, predatory or circumstantial and due to trauma experienced before entering care. When reported, they found these instances were often ignored or minimised:

> **Orion (20, heterosexual trans man, white European):** There was this new staff member who would often misgender me to other staff members... if there were residents around when he was doing that, he would be placing me in a dangerous situation... I wrote a complaint about it, but it was never seen through. I spoke to the manager but she basically just said that I was being difficult.

Examples also included well-intentioned practitioners who unintentionally reinforced cis/heteronormativity by asking young people not to discuss their SOGIE with other residents, often suggesting safety concerns. Based on these examples, it is reasonable participants delayed disclosure of SOGIE which then reduced connections to supportive environments and increased isolation. Those with dual SOGIE identities felt sexual orientation was easier to discuss than gender identity/expression.

Gender affirming practices are important for TGD young people mental health and well-being (Tankersley *et al.*, 2021); but participants felt professionals had poor TGD knowledge. TGD participants faced additional challenges including sex-segregated housing options that did not affirm their gender identity and placed them in unsafe situations, and a lack of support accessing affirming resources such as chest binders. Several TGD participants described pervasive gender policing by professionals:

> **Rebel (18, bisexual and nonbinary, white British):** There were quite a lot of issues around gender expression, because I was more comfortable wearing masculine clothing. [But] my support worker was like, 'You're not wearing, you are not buying boys' clothes, you are not going to the boys' section at all'. So, I ended up buying a couple of sets of boxers. She found out and went ballistic. She was like, 'You need to return these right now… you're not a boy!

Some participants had multiple intersectional minority identities that conflated or overlapped to create a series of challenges which meant their experiences of discrimination were more significant than other young people within our sample. For example, some participants wished for professionals who more closely resembled and shared their cultural or gender identities, reflecting the interdependence of their gender and ethnic background. This was described as particularly helpful in navigating cultural hybridity, exploring their gender identity and developing positive minority identities:

> **Arrow (18, asexual panromantic trans man, dual or multiple heritage):** I have a lot of issues coming to terms with my racial identity, and I think that would have definitely help me be more comfortable with myself. I don't think I've ever had a social worker who wasn't white… and I only ever had one male social worker in all my years of being in care which felt liberating.

It is important to outline that intersecting identities can be interdependent (Sosa, 2017), and 'there is something unique and synergistically different when discrimination involves multiple identity characteristics' (Fredman, 2011, p. 139). Participants also expressed a need for family acceptance initiatives to promote reunification and acceptance of their SOGIE. These were often connected to religious or cultural barriers to LGBTQ+ affirmation.

Coping with unmet mental and sexual health support needs

Participants frequently mentioned SOGIE-based discrimination barriers to accessing important mental and sexual health support. Almost universally, participants described significant mental health problems whilst in residential care. They most frequently discussed anxiety, depression, suicidality and self-harming behaviour, often connecting these issues to traumatic experiences before and during their time in care. Analysis of participant narratives showed poor experiences with Child and Adolescent Mental Health Services (CAMHS) and difficulties accessing these and other services, such as gender identity clinics (often related to long waiting lists and placement instability):

> **Sparrow (17, bisexual trans male, white British, autistic):** I'm on the gender identity clinic waiting list. I need to fill in my paperwork and send it to them with my address, but I don't know where I'm going to be living, so I can't do that till I know where I'm going to be living. It's the same with adult mental health services… it is the one problem that stems into everything else…

Amongst this overwhelmingly negative setting, a few participants described regular affirming counselling and residential therapeutic care. These services were described as being particularly helpful to mental well-being. Most participants, though, stated their residential placements provided little mental health support and often exacerbated mental health difficulties. Some suggested these experiences led to related hospitalisation, isolation or absconding. Several participants reported residential staff or social workers pathologising SOGIE identities.

Some participants spoke about using substances to cope with these compound challenges:

> **Vesper (18, Cisgender lesbian female, white British):** It was a good way to cope, like, it made me feel good. I used drugs quite regularly… I was going through quite a bad time because I'd just moved out of my parents' house, I was coming out as gay and I was quite depressed. Plus, I didn't like being in the care home, and it gave me a reason to get out of the house and be outside and be with people.

Additionally, there was evidence of significant and concerning healthcare gaps. Specifically, there was a substantial lack of SOGIE-inclusive sexual health and relationships (SHR) information. SHR education in school was overwhelmingly hetero and cisnormative; missing necessary information to support informed sexual health decisions. Young people wanted knowledgeable sessions about inclusive SHR information and facilitated access to appropriate services. Importantly, young people with neurodevelopmental conditions such as autism are particularly vulnerable to sexual victimisation compared with their typically developing peers (Hartmann *et al.*, 2019), and may be especially reliant on caregivers to help them communicate their needs in this area. Our participants reported alarming neglect in this regard:

> **Roux (21, cisgender gay male, white British, autistic, deaf/hearing impaired):** I was hanging with this person that I didn't know was a sex offender and I didn't know he was HIV-positive. I didn't know what that was, I wasn't educated on it… I went to my social worker to get support but he just sort of left me to it. He said, 'Oh, Ok', that's it… and, unfortunately, I was raped, but I didn't get help with that.

The above quote is one of our participant's descriptions of interdependent inequalities and power imbalances faced because of the intersection of sexuality, physical impairment, neurodevelopmental conditions

and being a looked after young person, leading to responses which delegitimised their needs and prevented access to support.

Importance of individual affirming relationships with care professionals

A minority of participants described positive professional relationships that affirmed their SOGIE and other identities and authentically championed and celebrated their lives, relationships and rights. SOGIE-affirming caregiver and professional relationships were hugely important to their confidence and well-being but rare. Affirmation often came from professionals who were predisposed to being positive: identified as LGBTQ+, connected to the LGBTQ+ community or younger than most workers. Vesper, for example, made a direct connection between age and liberal worldviews, which made her feel safe in disclosing her sexual orientation:

> **Vesper (18, cisgender lesbian, white British):** There is one person I am more comfortable with. She [is] one of the youngest members of staff, and just like the younger the person, there tends to be a larger number of people that are more tolerant... Once she mentioned she was talking about the drag queens that she loves. So, I was like, 'She's pretty chill. Like she's not going to have a problem with me.

Participants stressed the importance of SOGIE-affirming practitioners. Some examples include: not presuming heterosexuality and gender normativity, giving young people the space to explore their SOGIE, understanding 'coming out' as ongoing and fluid and proactively supporting their identity expression. This support was shown by challenging bullying, connecting them to LGBTQ+ resources and modelling inclusive gender language. Participants felt these relationships were pivotal to building a positive SOGIE identity. For some trans young people, access to gender identity clinics was an important step towards constructing a positive gender identity; supportive professionals were instrumental to facilitate access:

> **Orion (20, heterosexual trans man, white European):** Some of the staff did a really good job, treating me normally... They didn't probe too much into my personal business, but took me to appointments with the gender clinic. Because I didn't have my name legally changed by then, they'd always make sure that the correct name was being used, that I was correctly referred to whenever I had medical appointments.

Thus, for some LGBTQ+ young people, residential placements were a safer space to explore their SOGIE than with birth or foster families. However, most participant narratives show difficulties establishing trusting relationships with care professionals within an ever-changing and

overburdened care system. Participants stated the most prominent issues were high staff turnover, placement instability and anticipated SOGIE rejection:

> **Rio (16, bisexual and nonbinary, white British):** There is a very quick turnover of staff. There are literally staff that come and then they leave within a couple of months. There are no staff that are here from when I joined. Not one… I can't build relationships with staff when they're only here for a couple of months…you meet hundreds of different staff, rather than if you were in a foster home where you have some consistency.

Whilst it is true that foster placements would reduce the number of different care-givers (Dregan and Gulliford, 2012), the available evidence describes that foster care struggles to meet the needs of LGBTQ+ young people (Cossar *et al.*, 2017); it is important to note that foster care can often include relationships that include religious or cultural dissonances with LGBTQ+ identities, and some LGBTQ+ young people have found residential care to be more supportive.

Resilience and resourcefulness

Although participants experienced a wide range of adversities, our data included pervasive accounts of resilience and resourcefulness. Resilience can be defined as regaining or improving well-being in significant adversity by drawing on individual and sociocultural resources (González Álvarez *et al.*, 2022a,b). Some participants described using art to cope with stressors. For some, religious beliefs provided a source of strength despite experiencing SOGIE discrimination within these contexts. One surprising finding was participant emphasis on self-managing their care journey. Several participants demonstrated remarkable individual self-sufficiency to ensure services met their needs, even in the face of resistance by practitioners or systems:

> **Sparrow (17, bisexual trans male, white British, Autistic):** When I first moved here, they couldn't find me a school. They wanted to find me a [Special Educational Needs] school but they found me a school that I knew wouldn't suit my needs. I applied for college, and I did a one-year course, and I got in. My social worker didn't want me to go, so I had to fight against my social worker to go to college and do my GCSEs which she thought wasn't right for me… I'd been out of school before she found even one place.

Although some participants included care professionals in their support networks, most beneficial supports were outside of the care system. Socio/relational supports included friends, romantic and affirming family relationships (informal sources of supports) and counsellors from schools

or CAMHS (formal sources of support). Affirming adults and formal supports often served as advocates. At the community level, participants benefited from access to organisations to protect against intersecting oppression. Mostly, these included groups or services organised around particular identities, such as LGBTQ+, youth, ethnic minority and mental health. Participants felt these empowered them by developing self-advocacy skills, and provided knowledge they needed to navigate unaffirming care systems:

> **Quinn (18, cisgender lesbian, black African):** You feel so powerless as a kid, especially as a kid in the care system. You're being thrown around by all these different parties, and you feel as though you cannot change things. So, being part of groups, where they are actively changing things… was actually helpful to me. I got to know, if this happens, this is what I'm supposed to do.

However, it is important to note that socio/relational and community resources were not without their challenges. Participants reported these could be difficult to access due to distance, placement instability, poor TGD representation and multiple intersecting stigmas (e.g. being care experienced and also coming from an ethnic minority background).

Discussion

This is the first study to gather LGBTQ+ young people's experiences of residential social care in the UK. Our analysis is rigorously informed by our co-produced and qualitatively collected lived experiences of a broad range of LGBTQ+ young people from across England. Our data expand the limited international evidence base, currently based primarily on evidence from the USA, as well as including intersectional issues. Although experiences varied, our findings demonstrate widespread interpersonal and institutional discrimination and prejudice; placement instability and SOGIE-related family and caregiver rejection. These challenges were particularly acute for those with multiple intersecting marginalised identities and TGD young people, who experienced pervasive gender policing and regulation. Taken together, these findings build on the international evidence (Schaub *et al.*, 2022a), demonstrating that affirming residential care services are essential for this groups' well-being. Figure 1 presents an interpretative conceptual model for understanding (un)supportive residential care environments, drawn from young people's narratives within this study and our international systematic scoping review (Schaub *et al.*, 2022a).

The model outlines those important factors as well as mediators (either affirming or disaffirming) and structural issues linked to how social care is managed. There are some factors that have been identified as key

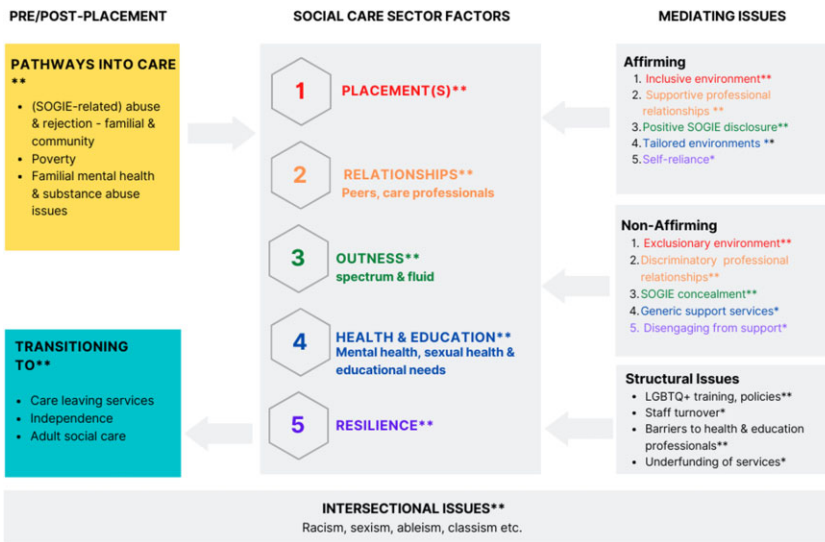

Figure 1: Conceptual model for understanding (un)supportive residential social care environments for LGBTQ+ young people. *, Findings from residential care qualitative study. **, Findings from both residential care study and international scoping review of the research evidence.

contributors to LGBTQ+ young people's positive or negative care experiences and well-being including: social care sector such as placement, relationships, degree of 'outness' (about SOGIE), health and education needs and resilience strategies. The interplay of structural stressors such as racism, sexism and ableism with heterosexism, cisgenderism and homo/bi/trans-phobia directly impacted their care journeys on multiple levels simultaneously—intrapersonally (e.g. self-stigma), interpersonally (e.g., relations with others) and institutionally (discriminatory and/or exclusionary policies and systems).

Our findings show the importance of individual relationships with affirming residential staff and social workers who support and champion LGBTQ+ young people. This in line with anti-discriminatory and anti-oppressive social work, and involves not only tackling or reducing immediate discrimination (anti-discriminatory practice) but also challenging structural and systemic discrimination (anti-oppressive practice) (Cocker and Hafford-Letchfield, 2014). Whilst there are some exemplars in our data, these relationships are rare, often due to lack of SOGIE-specific policies, routine data collection and inadequate training (Schaub *et al.*, 2022a). Additionally, religious organisations and staff play a key role in UK social care services and previous research suggests that some professionals with conservative religious beliefs may have difficulty providing equitable services (Schaub *et al.*, 2016; Westwood, 2022b). These issues

are further compounded by young people concealing their SOGIE for fear of rejection, and an everchanging roster of professionals involved in their care. If LGBTQ+ young people are not identified or feel unable to enact their LGBTQ+ identities within care, their challenges and strengths may be overlooked and not properly addressed.

This study also draws significant attention to longstanding concerns of unmet service needs amongst LGBTQ+ young people in residential care (Freundlich and Avery, 2004). Most young people entering care have experienced trauma to varying degrees resulting in mental health problems. Existing evidence has shown that LGBTQ+ young people experience disproportionately higher rates of mental health problems, substance abuse and hospitalisation for emotional reasons relative to their peers in care (Schaub *et al.*, 2022a). Therapeutic and psychosocial approaches can have significant impacts on the psychosocial well-being of LGBTQ+ young people in out-of-home-care (Scannapieco *et al.*, 2018); however, mainstream NHS support struggles to specifically address the needs of LGBTQ+ youth (Pattinson *et al.*, 2021), and young people's placement instability challenges their access to mental health services and gender identity clinics. Additionally, this study supports work identifying distinct educational and sexual health/well-being barriers for this group (Schaub *et al.*, 2022a), and presents critical areas for interventionists to address. Whilst care professionals must understand the heightened health and mental health risks for LGBTQ+ young people, these risks must be recognised as due to psychosocial stressors associated with holding multiple intersectional identities rather than problematising the identities.

A surprising finding was participants' resilience and resourcefulness, especially in the context of self-managing their care journey; participants' unshakable self-determination to meet their own care needs when faced with resistance was central to their accounts and bolstered by access to valuable socio/relational and community resources. These findings echo research by González-Álvarez *et al.* (2022a,b). Self-management strategies, however, require considerable psychological resources and emotional stamina from the young person. Residential staff and social workers are well positioned to promote the internal capacity of LGBTQ+ young people but also the capacity of socio/relational and community ecologies to support them (e.g. connection to SOGIE-affirming resources, family acceptance initiatives where requested). Research shows social support and family acceptance is central to positive well-being of LGBTQ+ young people, and that even where families have religious or cultural beliefs with anti-LGBTQ+ bias, acceptance may increase over time (Ryan *et al.*, 2009, 2010). Strengths-based and resilience studies are needed to develop practices and policies enhancing the resilience of LGBTQ+ young people in residential care as these skills are likely to have long-term impacts.

Based on the findings presented here, we have developed policy, practice and research recommendations to reduce discrimination and improve placements for LGBTQ+ young people in care. First, local authorities and residential homes are encouraged to adopt targeted policies and practical recommendations for supporting LGBTQ+ young people, given their general absence in England (Cossar *et al.*, 2017). Other young people's services, such as homeless and youth work programmes, have made significant strides in this area (McCormick *et al.*, 2017). Second, LGBTQ+ knowledge training should be mandated for residential staff and social workers. There is emerging evidence that this can be provided at low cost online, easily available and regularly updated (Schaub *et al.*, 2022b). Training should be combined with ongoing coaching or reflective supervision to improve professionals' judgement and real-world implementation (Bertram *et al.*, 2015). Although training programmes are available, large well-conducted studies are needed to evaluate their effectiveness (Hunt *et al.*, 2019). We echo calls for further training for residential staff in supporting young people with mental health problems, improving understanding about issues affecting LGBTQ+ young in their care and the theory behind their practice (Steels and Simpson, 2017). Third, greater placement stability is an urgent requirement moving forward; one possibility for improvement is to assess care professionals and foster carers attitudes and competence in supporting LGBTQ+ young people. Fourth, in the view of limited research on this topic, and in the UK especially, longitudinal research is needed to provide a robust understanding of the care experiences of this population and distinct subgroups. Lastly, young people are experts in their own experiences and a more diverse range of them should have a voice in the development of inclusive services, practices and policies.

Limitations

Although our findings make an important contribution to the literature, they are not claimed as generalisable due to a small and self-selecting sample. Additionally, given our focus on young people's accounts, we did not include the views and perspectives of professionals supporting them; more knowledge about professionals is needed. Furthermore, online synchronous interviewing can be inaccessible for some young people, owing to internet or technological access issues (Thunberg and Arnell, 2022). However, most participants described our approach as engaging and acceptable. Separately, restrictive and disruptive environments meant some participants lacked privacy during interviews within the residential home. Consequently, a combination of occasionally interrupted interviews and technical difficulties may have limited self-disclosure in a few interviews (Jenner and Myers, 2019); but we mitigated these

limitations by spending substantial time developing rapport with participants prior to and during interviews. Ultimately, these disruptions were rare and the benefits of using online interviewing in terms of recruitment geographically and ease of participation amid the pandemic significantly outweighed the challenges encountered. Lastly, participation in this study required young people to identify under the LGBTQ+ umbrella label. As found within this study, some LGBTQ+ young people feel unsafe openly disclosing SOGIE given the differential treatment encountered in care settings. As such, the study may have missed the perspectives of those who are completely hidden or not comfortably 'out' about their LGBTQ+ identities. However, again, none reported such issues in the course of our study.

Conclusion

This study has gathered the first accounts of the experiences and needs of LGBTQ+ young people in residential social care in the UK, providing an evidence base for future research, practice and policy to improve support for their specific needs. LGBTQ+ young people in residential care face pervasive discrimination and have unmet service needs, particularly TGD young people and those with multiple minority identities. Our findings highlight the importance of affirming relationships with residential staff and social workers in well-being and resilience. Use of our model may help social care researchers and practitioners examine these issues critically. Children's social care systems need to implement SOGIE-affirming policies, training and practices and prioritise the voices of LGBTQ+ young people.

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Supplementary material

Supplementary material is available at *British Journal of Social Work* Journal online.

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Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper although all authors identify as cisgender gay men and two (authors J.S. and P.M.) are qualified social workers.

References

Berger, R. (2015) 'Now I see it, now I don't: Researcher's position and reflexivity in qualitative research', *Qualitative Research*, **15**(2), pp. 219–34.

Bertram, R. M., Blase, K. A. and Fixsen, D. L. (2015) 'Improving programs and outcomes: Implementation frameworks and organizational change', *Research on Social Work Practice*, **25**(4), pp. 477–87.

Braun, V. and Clarke, V. (2006) 'Using thematic analysis in psychology', *Qualitative Research in Psychology*, **3**(2), pp. 77–101.

Braun, V. and Clarke, V. (2021) *Thematic Analysis: A Practical Guide*, London, Sage.

Cameron-Mathiassen, J., Leiper, J., Simpson, J. and McDermott, E. (2022) 'What was care like for me? A systematic review of the experiences of young people living in residential care', *Children and Youth Services Review*, **138**, 106524.

Cocker, C. and Hafford-Letchfield, T. (eds) (2014) *Rethinking anti-Discriminatory and Antioppressive Theories for Social Work Practice*, London, Palgrave Macmillan.

Cossar, J., Schofield, G., Belderson, P., Ward, E., Keenan, J., Larsson, B., Dodsworth, J. and Cocker, C. (2017) *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 [Research Briefing]*, Norwich, Centre for Research on Children and Families, University of East Anglia.

Courtney, M. E. and Iwaniec, D. (eds) (2009) *Residential Care of Children: Comparative Perspectives*, Oxford, Oxford University Press.

Courtney, M., Flynn, R. J. and Beaupré, J. (2013) 'Overview of out of home care in the USA and Canada', *Psychosocial Intervention*, **22**(3), pp. 163–73.

Crenshaw, K. (1991) 'Mapping the margins: Intersectionality, identity politics, and violence against women of color', *Stanford Law Review*, **43**(6), pp. 1241–99.

Department for Education. (2021) 'Children Looked after in England Including Adoptions. Reporting Year 2021'. Department for Education, available online at: https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions

Dixon, J., Ward, J. and Blower, S. (2019) 'They sat and actually listened to what we think about the care system: The use of participation, consultation, peer research and co-production to raise the voices of young people in and leaving care in England', *Child Care in Practice*, **25**(1), pp. 6–21.

Dregan, A. and Gulliford, M. C. (2012) 'Foster care, residential care and public care placement patterns are associated with adult life trajectories: Population-based cohort study', *Social Psychiatry and Psychiatric Epidemiology*, **47**(9), pp. 1517–26.

Fredman, S. (2011) *Discrimination Law*, 2nd edn, Oxford, Clarendon Press.

Freundlich, M. and Avery, R. J. (2004) 'Gay and lesbian youth in foster care: Meeting their placement and service needs', *Journal of Gay & Lesbian Social Services*, **17**(4), pp. 39–57.

Göçmen, I. (2013) 'The role of faith-based organizations in social welfare systems: A comparison of France, Germany, Sweden, and the United Kingdom', *Nonprofit and Voluntary Sector Quarterly*, **42**(3), pp. 495–516.

González Álvarez, R. G., Parra, L. A., ten Brummelaar, M., Avraamidou, L. and López, M. L. (2022a) 'Resilience among LGBTQIA+ youth in out-of-home care: A scoping review', *Child Abuse & Neglect*, **129**, 105660.

González Álvarez, R. V., ten Brummelaar, M., Orwa, S. and López López, M. (2022b) '"I actually know that things will get better": The many pathways to resilience of LGBTQIA+ youth in out-of-home care', *Children & Society*, **36**(2), pp. 234–48.

Hart, D., La Valle, I. and Holmes, L. (2015) 'The Place of Residential Care in the English Child Welfare System'. Department for Education, available online at: https://www.gov.uk/government/publications/residential-care-in-the-english-child-welfare-system

Hartmann, K., Urbano, M. R., Raffaele, C. T., Qualls, L. R., Williams, T. V., Clay, W., Kreiser, N. L., Elkins, D. E. and Deutsch, S. I. (2019) 'Sexuality in the Autism Spectrum Study (SASS): Reports from young adults and parents', *Journal of Autism and Developmental Disorders*, **49**(9), pp. 3638–55.

Hunt, R., Bates, C., Walker, S., Grierson, J., Redsell, S. and Meads, C. (2019) 'A systematic review of UK educational and training materials aimed at health and social care staff about providing appropriate services for LGBT+ People', *International Journal of Environmental Research and Public Health*, **16**(24), p. 4976.

Jenner, B. M. and Myers, K. C. (2019) 'Intimacy, rapport, and exceptional disclosure: A comparison of in-person and mediated interview contexts', *International Journal of Social Research Methodology*, **22**(2), pp. 165–77.

Kaasbøll, J., Pedersen, S. A. and Paulsen, V. (2022) 'What is known about the LGBTQ perspective in child welfare services: A scoping review', *Child & Family Social Work*, **27**(2), pp. 358–69.

McCann, E., Keogh, B., Doyle, L. and Coyne, I. (2019) 'The experiences of youth who identify as trans in relation to health and social care needs: A scoping review', *Youth & Society*, **51**(6), pp. 840–64.

Kendrick, A., Steckley, L. and McPheat, G. A. (2011) 'Residential child care: Learning from international comparisons', in Taylor, R., Hill, M. and McNeill, F. (eds), *Early Professional Development for Social Workers* (pp. 81–7), Birmingham, British Association of Social Workers.

McCormick, A., Schmidt, K. and Terrazas, S. (2017) 'LGBTQ youth in the child welfare system: An overview of research, practice, and policy', *Journal of Public Child Welfare*, **11**(1), pp. 27–39.

Meyer, I. H. (1995) 'Minority stress and mental health in gay men', *Journal of Health and Social Behavior*, **36**(1), pp. 38–56.

Meyer, I. H. (2003) 'Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence', *Psychological Bulletin*, **129**(5), pp. 674–97.

Pattinson, E., McDermott, E., Eastham, R., Hughes, E., Johnson, K., Davis, S., Pryjmachuk, S., Jenzen, O. and Mateus, C. (2021) 'Tackling LGBTQ+ youth mental health inequality: Mapping mental health support across the UK', *The British Student Doctor Journal*, **5**(3), p. 20.

Plöderl, M. and Tremblay, P. (2015) 'Mental health of sexual minorities. A systematic review', *International Review of Psychiatry (Abingdon, England)*, **27**(5), pp. 367–85.

Ryan, C., Huebner, D., Diaz, R. M. and Sanchez, J. (2009) 'Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults', *Pediatrics*, **123**(1), pp. 346–52.

Ryan, C., Russell, S. T., Huebner, D., Diaz, R. and Sanchez, J. (2010) 'Family acceptance in adolescence and the health of LGBT young adults', *Journal of Child and Adolescent Psychiatric Nursing*, **23**(4), pp. 205–13.

Scannapieco, M., Painter, K. R. and Blau, G. (2018) 'A comparison of LGBTQ youth and heterosexual youth in the child welfare system: Mental health and substance abuse occurrence and outcomes', *Children and Youth Services Review*, **91**, 39–46.

Schaub, J., Willis, P. and Dunk-West, P. (2016) 'Accounting for self, sex and sexuality in UK social workers' knowledge base: Findings from an exploratory study', *British Journal of Social Work*, **47**(2), p. bcw015.https://doi.org/10.1093/bjsw/bcw015

Schaub, J., Montgomery, P. and Stander, W. J. (2021) 'LGBTQ+ Young People in Residential Care: Study Protocol.' What Works for Children's Social Care, available online at: https://whatworks-csc.org.uk/research-project/lgbtq-young-people-in-residential-care/

Schaub, J., Stander, W. J. and Montgomery, P. (2022a) 'LGBTQ+ Young people's health and well-being experiences in out-of-home social care: A scoping review', *Children and Youth Services Review*, **143**, 106682. https://doi.org/10.1016/j.childyouth.2022.106682

Schaub, J., Montgomery, P. and Stander, W. J. (2022b) 'LGBTQ+ Training Programme RCT: Study Protocol'. What Works for Children's Social Care, available online at: https://whatworks-csc.org.uk/research-project/lgbtq-training-programme-rct/

Schoenwald, E., Smyth, E., Gwyther, J., O'Higgins, A., Briggs, E., Gurau, O., Whelan, E. and Bacchoo, A. (2022) 'Understanding Residential Care for Children in Care in England [Summary Report]'. What Works for Children's Social Care, available online at: https://whatworks-csc.org.uk/wp-content/uploads/WWCSC_residentialcare_summary_report_FINAL_accessible.pdf

Sosa, L. (2017) *Intersectionality in the Human Rights Legal Framework on Violence against Women: At the Center or the Margins*, Cambridge, Cambridge University Press.

Steels, S. and Simpson, H. (2017) 'Perceptions of children in residential care homes: A critical review of the literature', *The British Journal of Social Work*, **47**(6), pp. 1704–22.

Strijbosch, E. L. L., Huijs, J. A. M., Stams, G. J. J. M., Wissink, I. B., van der Helm, G. H. P., de Swart, J. J. W. and van der Veen, Z. (2015) 'The outcome of

institutional youth care compared to non-institutional youth care for children of primary school age and early adolescence: A multi-level meta-analysis', *Children and Youth Services Review*, **58**, 208–18.

Tankersley, A. P., Grafsky, E. L., Dike, J. and Jones, R. T. (2021) 'Risk and resilience factors for mental health among Transgender and Gender Nonconforming (TGNC) youth: A systematic review', *Clinical Child and Family Psychology Review*, **24**(2), pp. 183–206.

Thunberg, S. and Arnell, L. (2022) 'Pioneering the use of technologies in qualitative research—A research review of the use of digital interviews', *International Journal of Social Research Methodology*, **25**(6), pp. 757–68.

Valentine, S. E. and Shipherd, J. C. (2018) 'A systematic review of social stress and mental health among transgender and gender non-conforming people in the United States', *Clinical Psychology Review*, **66**, 24–38.

Westwood, S. (2022a) 'Religious-based negative attitudes towards LGBTQ people among healthcare, social care and social work students and professionals: A review of the international literature', *Health & Social Care in the Community*, **30**(5), pp. e1449–70.

Westwood, S. (2022b) 'Can religious social workers practice affirmatively with LGBTQ service recipients? An exploration within the regulatory context', *Journal of Social Welfare and Family Law*, **44**(2), pp. 205–25.

Ziebland, S. and McPherson, A. (2006) 'Making sense of qualitative data analysis: An introduction with illustrations from DIPEx (personal experiences of health and illness)', *Medical Education*, **40**(5), pp. 405–14.