

Pledge Of Pride:

Exploring the Experiences of LGBTQ+ Care Leavers

Research Briefing, 27th April 2023



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Trigger warning: Transphobia, homophobia, biphobia, experiences of discrimination

CONTENTS

- 01** About the team, funding and acknowledgements
- 02** Executive summary
- 05** Introduction
- 06** Methodology
- 08** Findings
- 09** Discussion, conclusion, strengths and limitations
- 10** Practice recommendations
- 11** References

About the research team

- Principal investigator (PI) Dr Claire Brown (pronouns she/her), Senior Lecturer in Social Work at Teesside University.
- Expert by experience co-investigators (Co-Is): Three people with lived experience of being an LGBTQ+ care leaver; Jack Smith (pronouns he/him); Zari Syed (pronouns he/they); Brett (pronouns he/him).
- Co-investigator with practice experience: Charlotte Andrew, Engagement Manager at Three Circles Fostering and as Co-founder of the LGBTQ+ Youth in Care Network.

Funding and acknowledgements

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Executive Summary

Aims

This research aimed to address the dearth in knowledge exploring multiple intersecting disadvantages that UK lesbian, gay, bisexual, trans and queer (LGBTQ+) care-leavers face, based on gender, sexual orientation and being care experienced.

Objectives

Research questions were co-produced with LGBTQ+ adults with experience of leaving care and presented in the form of the following project objectives:

- 1.To analyse the current experiences that LGBTQ+ care experienced adults in the UK have in relation to the preparation and processes of leaving care
- 2.To develop and improve local policy based on the findings and recommendations co-produced by this research. The project aimed to meet this objective by creating a 'gold standard' LGBTQ+ local offer made freely available to local authorities.
- 3.To work in partnership with LGBTQ+ care experienced people from the outset of the project by recruiting and co-producing the research with a team of young LGBTQ+ care experienced people.

Overview of the studies methods

A mixed-methods study was co-produced with a fostering engagement manager and team of three LGBTQ+ adults with experience of leaving care in the UK within the past ten years.

Professional perspectives were examined using a co-produced online survey that was disseminated widely to professionals with experience working or volunteering with LGBTQ+ care leavers.

The survey used opportunity sampling to collect quantitative and qualitative responses about leaving care services across the UK.

Survey responses were analysed using excel and SPSS.

For interview recruitment, purposive followed by snowball sampling sought to include participants with a range of identities.

5 in-depth interviews were conducted to explore the rich perspectives of self-identified LGBTQ+ people with recent experience of leaving care in the UK.

Each interview transcript was analysed by 2 members of the research team, using inductive thematic analysis following Braun and Clarke's (2006) six-stage method.

Analysis of results used an analysis framework integrating elements of cisgenderism and stigma theory.

Key Findings

Although there are pockets of good practice, provision of effective support for LGBTQ+ care leavers is insufficient.

This impacts upon young people's housing, finance, education, emotional wellbeing, mental and physical health.

Young people felt ignored, invalidated, and reported examples of homophobia, biphobia and transphobia.

Professionals report a lack of consistent training, policy and organisational support to meet the specific needs of LGBTQ+ young people as they prepare to leave care.

Conclusions

Good practice guidance produced by this study should be implemented at a local level by each team involved in supporting LGBTQ+ care leavers.

Findings from this exploratory study indicate that UK leaving care policy needs reviewing. It should ensure consistent, UK-wide provision of effective services for LGBTQ+ care leavers.

Quality training is needed for all professionals involved in supporting LGBTQ+ care leavers to ensure they are aware of and feel equipped to support young people with the specific challenges that LGBTQ+ care leavers face.

Additional resources are needed to effectively meet the needs of LGBTQ+ care leavers. For example, support for mental health, safe housing, development of inclusive social networks and access to gender affirmative services.

There is a need to address the overt and covert ways in which cisheteronormativity can devalue identities that sit outside of binary norms of gender and sexual orientation.

A large-scale review of LGBTQ+ care leavers' experiences, policy and professional perspectives is needed to determine whether the issues found within this exploratory study are evident across the whole of the UK.

Study outputs

- Final report
- 'Gold standard' practice guidance/practice toolkit made freely available to social work and relevant partner organisations, to improve the local offer for LGBTQ+ care leavers.
- TU press releases sharing findings
- Social media shares of digestible key findings
- Online knowledge exchange event
- Conference presentations
- Research papers for peer reviewed journals



The Study

Introduction

Social Finance (2022) examined support for LGBTQ+ young people in care and similarly found that young people could be outed without permission, professionals were not able to address stigma and discrimination and the intersecting experiences of ethnicity, disability and gender were not sufficiently understood. The emerging research database suggests that professionals in children's social work in the UK are failing to meet the needs of trans service users particularly (Hudson-Sharp, 2018; Brown, 2021). To date, there has been no empirical research that has specifically focused on the experiences of the lesbian, gay, bisexual, trans and queer (LGBTQ+) care leaver community in the UK. As such, little is known about this minoritized group who are likely to experience multiple forms of social exclusion (Government Equalities Office, 2018). This research begins to address this knowledge gap).

In the UK, a care leaver is defined as a young person aged 16- 25 who has been looked after for at least 13 weeks in total since the age of 14 (Local Government Association, LGA, 2017). LGBTQ+ refers to people who are lesbian, gay, bisexual, transgender or queer (Stonewall, 2017). Although there is an emerging pool of resources available for LGBTQ+ people in relation to coming out and support while in care (e.g., LGBTQ+ Youth in Care Network, 2022), resources in relation to leaving care are less well developed. There are information and support sites about the rights and entitlements for care leavers generally (e.g., Shelter, 2022; Rees Foundation, 2022).

At the project's outset, ten LGBTQ+ care-experienced young people (including one trans man, one trans woman, one Black woman, one non-binary person, four gay men and two lesbian women) provided advice on study design methods. Consultees believed that online interviews were needed to obtain young people's views in a manner in which they would feel secure. They expressed that in-depth interviews were needed to gather rich, detailed data on experiences. The consultation group agreed that a survey including Yes/No or Likert scale responses with an option to add in qualitative comments would be appropriate to canvas the views of a wide range of professionals. Supporting the care-leaver group's motto 'if for us, not without us', this research will include LGBTQ+ young people with care experience in the research team. Several have expressed interest in being trained to collect and analyse data and collaboratively disseminate findings.

The information gathered by our pre-study consultation with 10 LGBTQ+ care leavers suggested that social workers lack awareness of the specific needs this group has. Care leavers reported that there were no bespoke resources available to support them and that they have had to educate professionals supporting them

about their needs. The care-experienced group noted how services are reactive in meeting their needs and stated that professionals should be supportive and proactive, emphasizing the need to research care-leaver experiences in a service-user led way. Reports of professionals outing service users' gender or sexuality without consent and failing to consider their LGBTQ+ status in relation to housing and social support needs indicates that professionals lack knowledge on how best to support this group of young people.

The overall aim of this project was to explore the multiple intersecting disadvantages that LGBTQ+ care-leavers face based on gender, sexuality and being in care. The study ensured representation of disabled, ethnic minority and rural communities, whose specific needs and voices are often excluded or subsumed by mainstreamed LGBTQ+ research. The co-production method this study employed sought to enable LGBTQ+ care-leavers to shape and disseminate research that will improve health and social care services for their peers.

Methods

Study design

The mixed methods design included qualitative, semi-structured interviews to gather rich, detailed, and subjective insight from those with lived experience of being LGBTQ+ and leaving care. Interview schedules were co-produced by the research team and carried out by Claire or Charlotte, online via Teams.

The care experienced group we consulted prior to the study's commencement and the research team with lived experience felt it was important to survey the staff who work with care leavers to get a picture of the current awareness of LGBTQ+ issues and identify any knowledge gaps that can be remedied with the project's outputs. The survey was co-produced with the whole research team and included both quantitative 'YES/NO' Likert scale and open-ended qualitative response boxes to prevent the research team's assumptions precluding important information.

Sample

Participants were recruited for interview by response to study fliers that were posted on social media networks and shared via the LGBTQ+ Youth In Care Network. A £30 voucher was paid to each participant for their time. All five participants defined as trans or non-binary, all as pansexual or bisexual, two had a disability, two experienced mental illness and one participant was from a minoritized ethnic background. Interview participants lived in a variety of urban and rural settings across the UK, were all aged 18-25 years old and had experience of leaving care within the last two years.

Survey respondents were recruited UK-wide via sharing a study flier and survey link among the LGBTQ+ Youth in Care Network, National Leaving Care Benchmarking forum, several social work groups, and personal and professional networks associated with the research team members such as a psychological services and university staff. The survey was also promoted via a TU press release. While the sampling frame (total number of professionals who work with LGBTQ+ young people) is unknown, we sought to use our networks to ensure the most robust response rate possible. We additionally extended the original survey close date to almost five months to enhance the low response rate over the summer period. The survey responses represented a mix of ages. It included a range of LGBTQ statuses relating to sexual orientation, such as gay, lesbian, bisexual, pansexual, sexually fluid. However, only one survey respondent reported a non-cis gender identity of queer, non-binary.

68 were White British, 14 were White 'Other' or 'Mixed', 2 were Irish travellers and 12 categorised themselves as being from a minoritized ethnic background. The survey sample aligned with the UK population's proportion of 87% White people.

Analysis

Qualitative data was stored securely at Teesside University, transcribed using a transcription service and transcripts were anonymised. Participants were made aware via informed consent and participant information sheets that at this stage they could not withdraw their data as it was subsumed within a larger dataset for analysis. The team with lived experience were given analysis training to enable them to be involved in the process and invited to have as much involvement in this part of the process as they wished. Codes, nodes and themes were created and linked using thematic maps, following Braun and Clarke's (2006) six stage method.

Quantitative data was analysed using excel and SPSS. Once early analysis by the PI was complete, interpretations and findings were checked with the research team with lived experience. the young researchers.

Theoretical framework

The study analysed participants' stories through a framework that centres the understanding of gender, heteronormativity and LGBTQ+ discrimination. As such, cisgenderism and related concepts of normativity were used to make sense of people's experiences and perspectives (Ansara and Hegerty, 2014).

Ethics

Full ethics approval was obtained from Teesside University Ethics Committee. As a sensitive research project involving and studying a hard-to-reach community, confidentiality and anonymity were given careful attention. All participants were given full information about the project, signed consent forms electronically or via embedding in the survey. Interviewees were reminded of the confidentiality procedures through the interview process and retained the right to withdraw until the point at which anonymised data was analysed. The research team members with lived experience were supported to participate as much as they wish and were not pressured to take on roles they did not feel comfortable doing. As such, their respective involvements differed within the team and throughout the project timeline, in response to their needs and wishes.

The PI is a registered and practising social worker with therapeutic training and the co-lead is an experienced engagement worker. They offered support and signposting with regards to potential emotional distress caused by the study. A safeguarding protocol was set out, whereby in accordance with Social Work England professional standards confidentiality would be breached only where reports of actual or potential harm require this.

Summary of the findings

Six themes were found. 1). Abuse: interviewees experienced verbal abuse from foster carers and social care staff, including homophobia, biphobia and transphobia. Young people did not feel comfortable coming out, had to come out multiple times as a result of staff inconsistency or were outed. 2). Relationships with professionals: communication was poor, and professionals relied on young people to educate them. 3). Placements: there was a lack of support, information and young people could feel unwanted. 4). Care leaver support and advocacy: there was a lack of personalised, appropriate support in relation to practical issues e.g., housing, finance, food, and a particular lack of LGBTQ+ focused support. Gender affirmative care and support for mental health was an area of pronounced deficit. 5). Values and ethics: trans people experienced particularly poor treatment such as denial of identity and deadnaming. 6). Good practice: although scarce, some examples of good practice included advocacy and listening.

A concerning 56% of professionals surveyed reported that they have not received any training to support LGBTQ+ people, meaning professionals working with young people in care/care leavers are not receiving a universal education in how best to support them. An even higher proportion of 63% reported that there was no specific guidance within their organisations for working with people who are LGBTQ+.

Overall, findings showed that the LGBTQ+ care leavers interviewed were dissatisfied with the support they received when entering, while in and leaving care. There were reports of homophobia, biphobia and transphobia directed towards LGBTQ+ care leavers. LGBTQ+ care leavers had difficulties with lack of support in all areas including finance and accommodation, with support for mental health was particularly lacking.

Discussion

Findings from this exploratory study indicate that UK leaving care policy needs reviewing. It should ensure consistent, UK-wide provision of effective services for LGBTQ+ care leavers. Quality training is needed for all professionals involved in supporting LGBTQ+ care leavers to ensure they are aware of and feel equipped to support young people with the specific challenges that LGBTQ+ care leavers face. Training should include examination of personal unconscious bias and how to challenge homophobia, biphobia and transphobia. There is a need to address the overt and covert ways in which cisheteronormativity can devalue identities that sit outside of binary norms of gender and sexual orientation.

Understanding must also be developed in relation to the ways in which intersectional experiences of e.g., being a care leaver who is LGBTQ+ as well as disabled, from an ethnic minority and experiencing mental illness. Additional services or roles to provide specialist services may be needed to achieve the above changes. Where new services are commissioned, priority should be given to consulting with and employing people with lived experience of being an LGBTQ+ care leaver. Service development should link in with wider children's social care research, policy and practice development to strengthen the UK's support to some of its most vulnerable young people.

Conclusion

While the small-scale nature of the study means that there are limitations in terms of its application to the wider population, and it is acknowledged that the UK context may differ to that of other countries, the study has several key strengths. These include the breadth of its sample and the in-depth, rich perspectives offered by the young people with recent lived experience of being an LGBTQ+ care leaver.

To sum up, LGBTQ+ care leavers experienced discrimination and inadequate support to meet their needs as they left care. Further research is needed to examine the experiences of LGBTQ+ care leavers and map differences in national provision, in order to obtain a fuller picture of the successes and gaps in policy and service provision.

Practice recommendations

Practical, service-user led advice guiding organisations is provided in the gold standard guidance/practice toolkit. In summary, this recommends that organisations adapt their systems and ways of working to better support LGBTQ+ care-leavers.

To do so, greater resource needs to be directed towards the support of LGBTQ+ care leavers, with a particular focus on helping them to find safe, inclusive housing, support with mental health and to access gender affirmative services.

Local policy and procedure relating to the support of LGBTQ+ care leavers should be reviewed, considering the findings of this report.

Quality training is needed for all professionals involved in supporting LGBTQ+ care leavers to raise awareness of the specific challenges that LGBTQ+ care leavers can face. Training will need to include examination of personal unconscious bias and how to challenge homophobia, biphobia and transphobia.

Understanding must also be developed in relation to the ways in which intersectional experiences of e.g., being a care leaver who is LGBTQ+ as well as disabled, from an ethnic minority and experiencing mental illness.

Additional services or roles to provide specialist services may be needed to achieve the above changes. Where new services are commissioned, priority should be given to consulting with and employing people with lived experience of being an LGBTQ+ care leaver.

Service development should link in with wider children's social care research, policy and practice development to strengthen the UK's support to our most vulnerable young people.

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Find out more

- Thank you for reading this briefing. Please feel free to contact me if you would like to know more or to take part in future projects supporting improved practice for LGBTQ+ care leavers in the UK or internationally: claire.brown@tees.ac.uk
- Download the practice guidance
- Join the LGBTQ+ Youth in Care Network

