

Inclusive Care: Experiences of LGBTQ+ children and young people in care

TRIGGER WARNING: homophobia, biphobia, transphobia, experiences of discrimination



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FOREWORD

Every child has the right to an identity. They also have the right to freedom of expression, non-discrimination, and for all decisions and actions that affect them to be made in their best interests.

Too often, these rights are not realised for LGBTQ+ children and young people (CYP) in care. In our research we have heard of the stigma, discrimination and ignorance that this cohort often experiences. It is time for this to end.

There are some great examples of LGBTQ+ care experienced people (CEP) receiving affirmative and supportive inclusive care. The care system needs more of this.

Social Finance and LGBTQ+ Youth in Care have worked in partnership with nine LGBTQ+ care experience adults to explore their experiences of care. This report describes our work and findings.

While this conversation is in its early stages, we did not start it, and are immensely grateful for the excellent published work of SpeakOut and LGBT+ Youth Scotland, from which we have drawn much inspiration.

Our ambition is for all LGBTQ+ CEP to receive the support they need to have the same rights as every child. Through the words of nine LGBTQ+ care experienced adults, this report sets out what we believe the care system can do to be inclusive. The report concludes with three main recommendations, all of which

warrant further collaboration with those with lived experience:

1. Data about gender identity and the sexual orientation of young people in care should be collected in a trauma informed and person-centred way
2. There is a need for new approaches to enable and nurture positive relationships between CYP and those who care for them
3. Training is necessary to equip those who work with care experienced people with the awareness and tools they need to support the specific needs of LGBTQ+ CEP

Each of these recommendations is accompanied by a set of practical actions those in the care system can take to start making a difference. Some can wield swift results, and some will require long-term commitment from multiple organisations. This report is the start, and we are keen to hear from anyone who is interested in working with us to develop these ideas further, generate new ones, and ultimately deliver necessary change.

Working together, inclusive care can be the experience of every child.



INTENTIONAL LANGUAGE CHOICES

Language is powerful. The language we use is simultaneously a reflection of the preconceptions in society and a tool that can be used to challenge these. We therefore have a responsibility to uncover the hidden norms, assumptions and biases which underpin the words and phrases we use. We have set the following principles for our work:

- We will strive to use language that reflects people's choices
- We will create a team dynamic that facilitates constructive discussions about language and its power
- We will take responsibility for the language that we use and be intentional about our choices
- We will be open to being challenged and will adapt as we learn

In our work we encouraged participants to self-describe their identities, however there are parts of this report where we use umbrella definitions to help summarise our themes and key recommendations. We have used Stonewall's definitions with regards to LGBTQ+ terminology to support consistency, but recognise that some may not identify with the terms we have used at all. We also refer to 'family and chosen family' to reflect the diversity of ways that people identify with families, regardless of whether they are related. We are continuously learning about language and framing for inclusion, and welcome hearing alternative perspectives on language choices.

We are also intentional in the way that we talk about the support that all children and young people need and deserve. A 2021 YouGov poll found that 83 per cent of British children felt they know little or nothing about their own rights.¹ Meanwhile only 16 per cent of British adults knew that children have more rights than adults do. Where we use the language "every child has the right", we are drawing attention to the rights that our work supports from the UN Convention on the Rights of the Child, the Human Rights Act and the Corporate Parenting Principles.

We use the scaffolding metaphor to explain how our recommendations can and should support every child and young person to develop their own positive identity in line with their rights. Scaffolding is placed around us all at different points in our lives as people provide both formal and informal support to meet our changing needs. This metaphor was developed by Each and Every Child as part of their work on reframing how people talk about care experience, and can be found as part of their free evidence-based toolkit.²

Finally, we use the umbrella term LGBTQ+ CEP throughout this report to describe those who identify as LGBTQ+ and either have been, or are currently in, care.

A glossary can be found at the end of this document.

BACKGROUND

“ Quite a lot of local authorities said that they don't have any LGBTQ+ children and young people in their care...and I'm not quite sure how that's possible. You can't have not one person... ”

Brett

Social Finance and LGBTQ+ Youth in Care began our work together as a result of a shared motivation to develop and enhance the support for LGBTQ+ care experienced people (CEP) to meet the rights that all children have. Building on these first conversations, roundtable discussions were organised with experts from the care sector, LGBTQ+ organisations and those with lived experience to share knowledge and experience to establish key areas that would benefit from further work. These highlighted the impact of LGBTQ+ CEP being invisible in the care system, with a lack of data on gender identity and sexual orientation reinforcing a lack of appropriate policies and services to provide the relationships that LGBTQ+ CEP need.



Every child has the right to a standard of living that is good enough to meet their physical and social needs and support their development.⁴

Motivation to tackle data

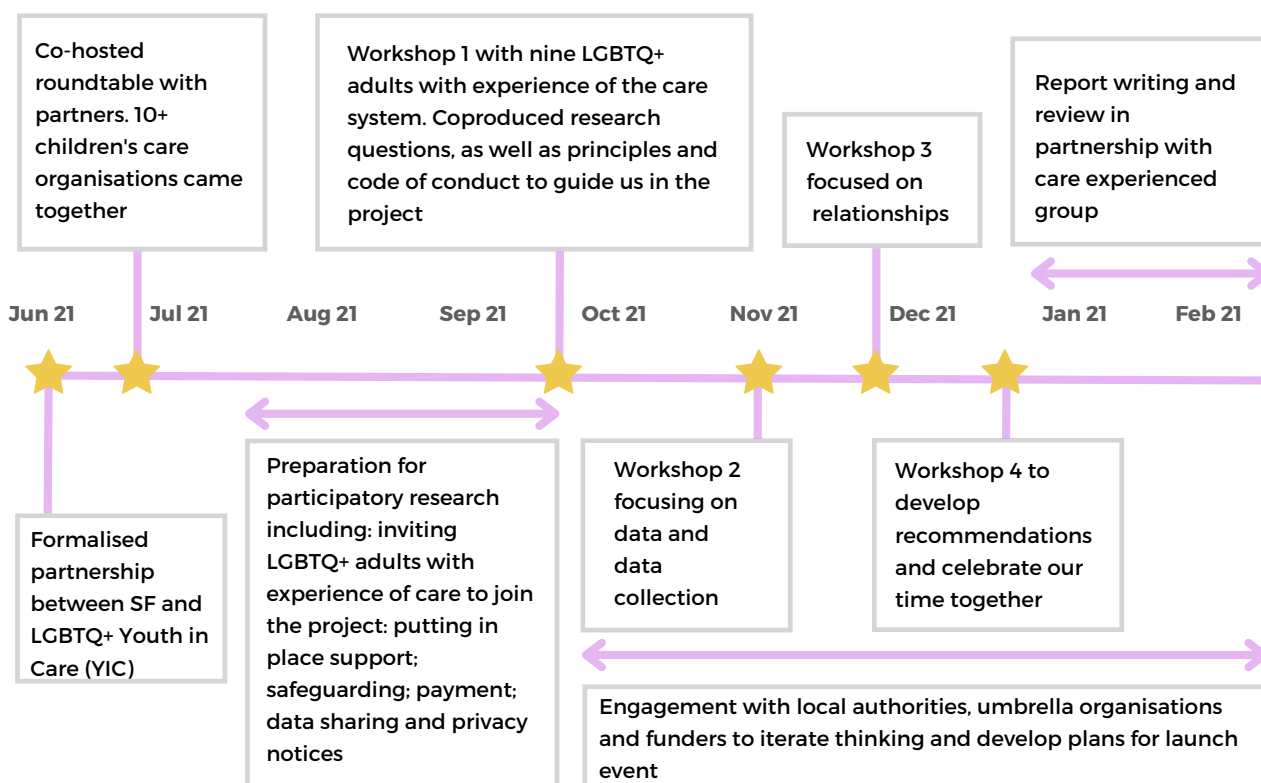
There is currently a lack of demographic data and research about the overrepresentation of LGBTQ+ CEP in the UK care system. The first national study into the experience of LGBTQ+ CEP in England, entitled 'SpeakOut', was conducted by the University of East Anglia and found that local authorities do not currently record data about LGBTQ+ CEP.³ The government does not require local authorities to record this and local authorities had concerns relating to the intrusiveness of doing so. In a more extensive study in the USA, there are clear patterns of overrepresentation. In one national USA study, 4.3% of 'sexual minority' young people reported foster care involvement compared with 1.8% of heterosexual young people.⁵ In California, over 30% of 10-18 year olds in foster care identified as LGBTQ+.⁶ By developing a more accurate knowledge of relevant statistics in the UK, organisations will have the opportunity to develop services to support LGBTQ+ CEP.

Motivation to tackle relationships

The 'SpeakOut' study identified that 38% of the local authorities that responded had a general inclusion policy that covered LGBTQ young people, but only 5% had a specific policy around supporting LGBTQ+ CEP, and that recording LGBTQ+ identities was rare. Furthermore, the study identified that "support for LGBTQ+ young people was said to be limited by both knowledge and confidence and local authorities were keen to improve practice". This was reinforced by LGBT Youth Scotland's Experienced Youth Commission, with 78% of LGBTQ+ CEP they engaged having felt staff and carers didn't have the knowledge to support them.⁷ There is therefore an opportunity to equip individuals and organisations with the tools they need to support LGBTQ+ CEP to develop more positive and affirming relationships.

Establishing research themes

Social Finance and LGBT Youth in Care conducted this primary qualitative participatory research to learn more about the experiences of LGBTQ+ CEP in light of the lack of existing quantitative and qualitative data available in the UK. We worked with nine LGBTQ+ adults with experience of care to explore two research areas aligned to our themes. The first was how data can be gathered, collated and shared to reflect authentic experiences of LGBTQ+ CEP. The second was the importance of establishing positive relationships for LGBTQ+ CEP.



Our ethos as a team

In the early stages of the project, we established the founding principles that would underpin our ethos and approach to gathering research. Although not an exhaustive list, key values include:



Respect



Positive communication



Honesty



Wellbeing and the value of diverse knowledge



Lived and learned experience are central to the project and are combined to align with the principles of valuing all knowledge, which is fundamental to co-production

We believe that positive change can be achieved if everyone involved is valued equally including children and young people, professionals, volunteers, family and chosen family and friends. LGBTQ+ CEP should be included in matters that directly impact them, and their experience should be heard and learned from. Organisations have lots of opportunities to better reflect the needs of LGBTQ+ CEP, and this is what we strive to describe in this report.

We have intentionally focused on positive and constructive ways in which individuals and organisations can make the most of our recommendations with the assets they do have, as well as developing new approaches. We recognise that organisations are unique, and everyone has different opportunities to maximise the support and care that they provide for LGBTQ+ CEP. We have also been honest about what we have heard from project participants, presenting their experiences without censor throughout this report. Although some of this might be difficult to read, it is important to remember that these are people's real experiences and this work cannot be successful without them.



METHODOLOGY

From the beginning, this project aimed to centre the voice of lived experience through participatory research and co-production methodologies in a person-centred and trauma-informed way. LGBTQ+ Youth in Care had developed a network of care experienced adults identifying as LGBTQ+, and through this nine people were recruited to take part in the project. They are referred to as 'the group' throughout the remainder of this report.

The project team worked alongside the group to coproduce the project principles, code of conduct and, importantly, the research questions. This included open discussions about whether the proposed focus areas – data and relationships – resonated with their own priorities and visions for change in the care system. There was considerable alignment between what we'd heard from our early engagement with professionals, and what resonated with our group, reinforcing our hypothesis that there are already many shared opportunities for positive change within the care system.

We ran several workshops to explore the two focus areas. Using a mixture of anonymous contributions through digital tools, and free flowing conversations in breakout rooms, we explored a set of research questions. We also discussed the format, audience, and purpose of the final outputs from the project with the group, which has influenced the production and design of this report.

Our final celebration workshops included games, reflections on the project and hopes for the future, as well as a co-produced Spotify playlist based on 'Songs that bring you joy'.

Thematic analysis of the workshop contents identified eight foundational themes which cut across both of the focus areas, as well as several themes distinct to each focus area. These themes form the basis of our recommendations, and later sections of this report are written in the voice of the group to recognise their centrality to the project.

The welfare of the group is our first priority, and we have provided access to a one year Ask Jan⁸ membership for everyone who participated. This membership was developed by the Rees Foundation to assist care experienced people of all ages to access comprehensive, practical advice, support and additional benefits, and includes a 24-hour counselling helpline as well as access to face-to-face counselling. We also strived to recognise different reflective styles by providing a wellbeing contact for each workshop, an optional virtual chill out room after sessions, anonymous feedback forms, post-session reflection surveys, a dedicated email address and phone contact. Our research questions were phrased to enable the sharing of generic responses as well as personal stories to allow the group to share in the way they were most comfortable with. We also provided independent research supervision for project team members.

Our approach to research is reciprocal, moving beyond problem identification to the development of collaborative solutions. For our group this involved financial remuneration, significant input into the design of this report and its recommendations, a role in stakeholder events, and the option to continue to be involved in next steps.



Who took part?

As part of the recruitment process, we asked the group to self-define their demographic information using free-text boxes. The responses are presented below, and do not always add up to nine as self-definition enabled people to identify in multiple categories. Our group was diverse in terms of gender and sexual orientation, however we struggled to represent ethnic diversity in a way that felt satisfactory. There are also protected characteristics that we did not collect from the group due to the small sample size, and this is something we will proactively explore in later stages of the work.

Ethnicity	Participants
Asian	1
British	6
Filipino	1
Pakistani	1
White	6

Sexual orientation	Participants
Bisexual	4
Gay	3
Non-straight	1
Pansexual	1

Gender	Participants
Agender	1
Female	1
Male	3
Non-binary	3
Prefer not to say	2
Transgender	4

Limitations of the methodology

The recommendations in this report are based on a small sample size of nine, and we recognise this poses limitations to the generalisability of our findings. We are reassured that our findings are in line with those of previous research, as well as our early conversations with others in the care system. We see this work as part of a bigger conversation, and would encourage others to expand upon it as we develop a clearer picture of what is needed to create more inclusive care.

OUR MAIN FINDINGS AND OPPORTUNITIES FOR CHANGE

Our research has identified three main recommendations:

1. Data collection and its use

Data about gender identity and the sexual orientation of young people in care should be collected in a trauma informed and person centred way

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Collecting data will ensure people know LGBTQ+ CEP exist and we aren't a niche

Anonymous

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2. Relationships

There is a need for new approaches to enable and nurture positive relationships between LGBTQ+ CEP and those who care for them

“

I wanna see professionals, especially foster carers and residential support workers, to actually immersively be involved in actually supporting LGBTQ+ things

Anonymous

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3. Training

Training is necessary to equip those who work with care experienced people with the awareness and tools they need to support the specific needs of LGBTQ+ CEP

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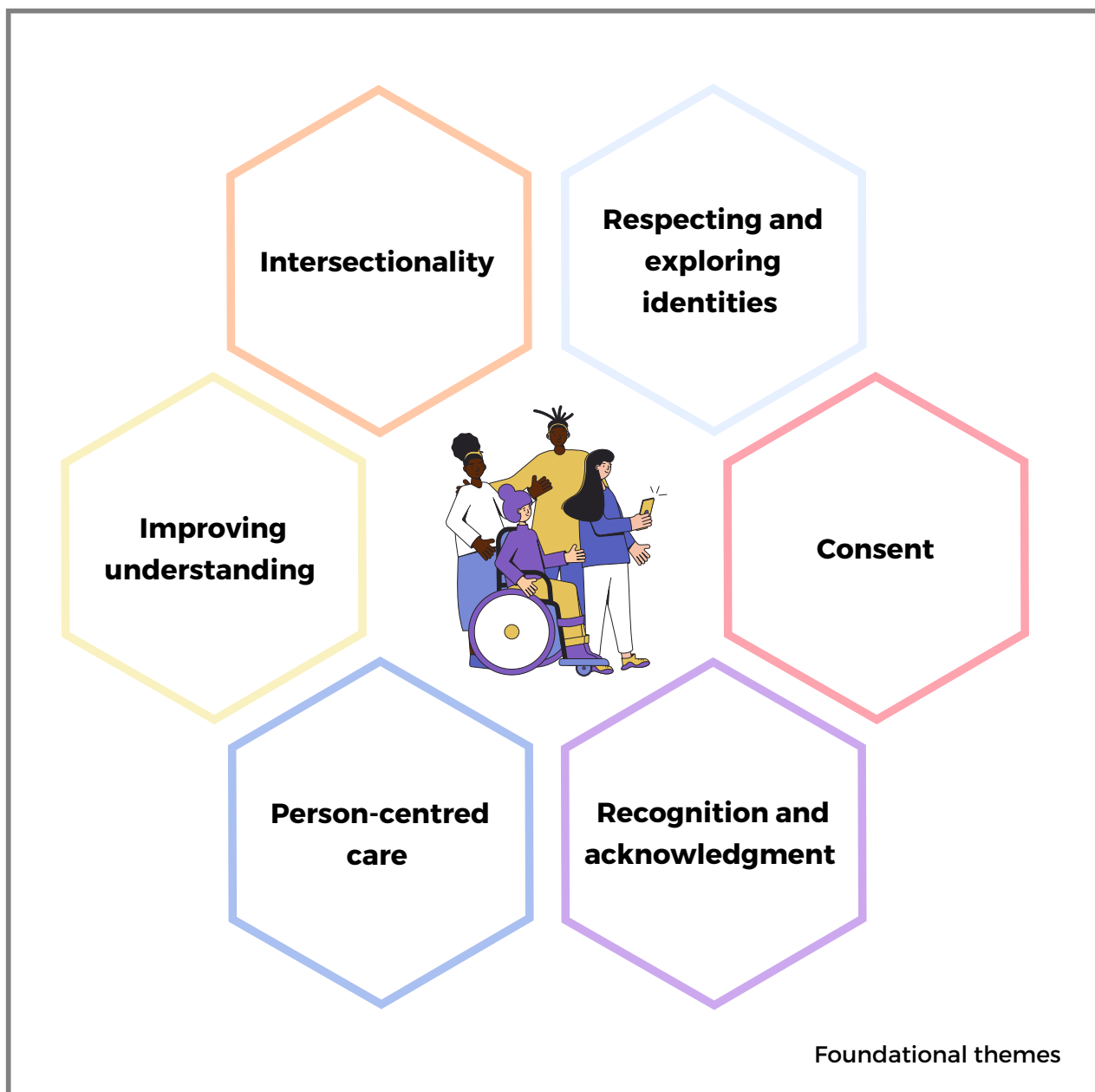
At the moment in local authorities they don't have LGBTQ+ training, it's just part of diversity day... it needs more than a 30 mins slot

Anonymous

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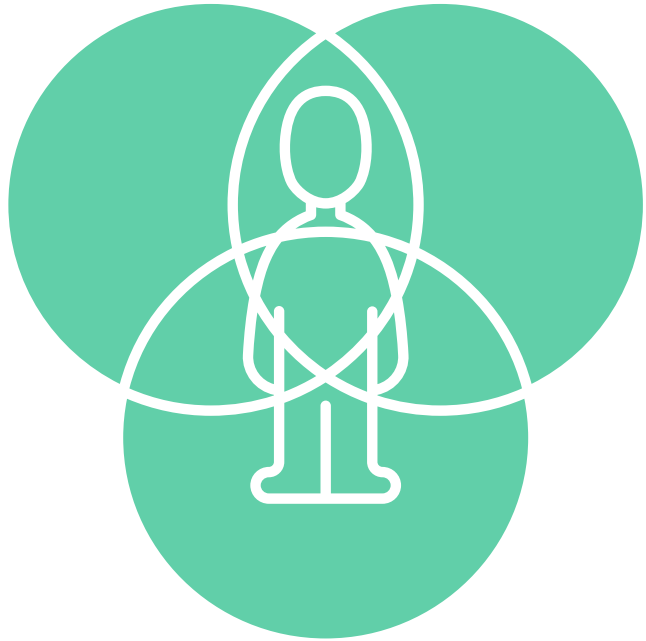
FOUNDATIONAL THEMES

Scaffolding is placed around us all at different points in our lives as people provide both formal and informal support to meet our changing needs. In order to enable scaffolding to be added to or removed as required, we all need strong foundations that remain in place throughout our lives. Our foundational themes are therefore the non-negotiables that our participants felt must inform all work with CYP, and we have particularly focused on what these mean for LGBTQ+ CEP. While they can be considered independently, they must all be in place to support the scaffolding that is then placed around CYP as those working with them put in place different types of person-centred support.



Intersectionality

Intersectionality is a way of understanding how distinct aspects of a person's identity – such as ethnicity, sexual orientation, gender, or disability – shape their experiences of life and discrimination that they may face. Data about gender identity and sexual orientation needs to be collected alongside other demographic data for meaningful interpretation. It is important for everyone working with CYP to be aware of these dynamics and consider how different aspects of someone's identity may interact and require different types of support.



Taking into account race and cultural backgrounds is important, because there might be some LGBTQ+ people of colour who might be reluctant to share their experience or come to terms with their own identity, never mind share it with authorities

Jennifer



Respecting and exploring identities

Every child has the right to an identity. Respecting the identities of LGBTQ+ CEP means creating a safe environment for exploring aspects of identity. For people working with LGBTQ+ CEP, this means supporting and affirming them without treating their gender identity or sexual orientation as a potential risk factor. This includes using the correct pronouns and name when the CEP feels safe for you to do so and avoiding casting doubt on their identity or implying that it is a 'phase'. Discovering and coming to terms with being LGBTQ+ is not a one-off activity, but often includes periods of deliberation, exploration, experimentation and learning. All CYP need to be in an environment where they feel supported to explore their identities, not pressured to assign a label immediately, but affirmed if and when they feel ready to.



It relates to someone's gender identity and how they identify... they can change their pronoun... it's something that is in their power

Brett



Consent

Every child has the right to have their views respected. Consent and boundaries are one way of showing respect for all children and young people. Consent is when someone has explicitly agreed to have information about them shared before it has been shared. When information about a young person's sexual orientation and gender identity is shared without consent, this is not always intentional. For example, information may be uploaded onto a case management system that numerous people have access to, or the correct pronouns may be used with people that the young person has not come out to. Sharing information without consent, regardless of its intentions, can lead to a breakdown of trust and may be a denial of that young person's legal rights.

“ In review meetings, social workers, personal advisors or others will slip up and say things... that would possibly be an issue. It might be great, they could use the correct pronouns, but then do it in the wrong space...you might not be out to everyone in your review meetings

Anonymous

Recognition and acknowledgement

In order for the care system to work in the best interests of every child, those working within it need high quality information about the needs of different groups of children and young people. LGBTQ+ CEP are currently largely invisible in the care system. Though some individual social workers, personal advisors (PAs) and others know about the gender identity and sexual orientation of some of the children and young people they work with, this is not routinely or consistently recorded and is not shared with the Department for Education via national returns (although data on other protected characteristics is e.g. ethnicity). This lack of data means that services and support are more likely to be tailored to the needs of heteronormative and cisgender groups by default. In turn, care-specific LGBTQ+ services are often not available or being actively developed.

“ We exist and it's important to show that...we aren't some alien groups that's a niche...there's a lot of us out there

Anonymous



Person-centred care

All care should be person-centred, and this is reflected in the importance given to the concept in social work and other care-related roles. When it comes to supporting LGBTQ+ CEP the importance of responding to the unique needs and preferences of each individual is especially crucial given the likelihood of experiencing stereotyping and prejudice.⁹ Person-centred care creates deeper levels of trust and means that children and young people can be supported better. For professionals, taking the time to get to know the child or young person and understanding their likes and dislikes supports tailoring the approach to working alongside them appropriately. It is also important to consider when and how data about children and young people is collected to reflect these preferences.



Relationships not being person centred makes it difficult to build up trust with people and professionals. Every connection needs to be unique so that every young person can come away with a better understanding of themselves and the world around them in a safe environment instead of being left to fend for themselves. There is a difference between loved and tolerated and the lack of love can leave someone feeling unfulfilled and can lead people down a very dark path

Anonymous



Improving understanding

All children and young people need those supporting them to understand their needs in order to work in their best interests. LGBTQ+ CEP may need additional practical and emotional support from those around them, including professionals and foster carers. Our participants highlighted that, in some situations, LGBTQ+ CEP feel that the people around them lack the knowledge and skills to fully support them. This includes both an understanding of what it means to be LGBTQ+ and the difference between sex, sexual orientation and gender, and more practical things such as legalities around name changes and access to healthcare. Improving overall understanding is a crucial step in being able to support LGBTQ+ CEP.



Gender markers on passports and birth certificates... my personal advisor didn't know how to go about changing them and whether it's legal to put your chosen name on the pathway plan...

Reena



DATA COLLECTION AND ITS USE



If there is data collected on how many young people in care are LGBTQ+ this could lead to professionals finally recognising us amongst care experienced people as a group and actually embed being LGBTQ+ as part of training and support services

Anonymous



Unlike other protected characteristics such as ethnicity and sex, there is no data on gender identity or sexual orientation of children and young people in the UK care system. Every child should be able to access support that meets their individual needs and without robust data on how many LGBTQ+ young people there are in the care system, what their experiences are and what their support needs might be, it is challenging to provide appropriate and comprehensive support.

From research and other evidence¹⁰ that is available on the separate experiences of those with care experience and those who identify as LGBTQ+, both groups are at higher risk of poor mental health, homelessness and involvement in the criminal justice system. Our hypothesis is therefore that the intersection between care experience and being LGBTQ+ presents unique support needs and there is immense value in collecting data, both qualitative and quantitative, about LGBTQ+ CEP and their experiences to understand this in greater depth.

Understanding the needs of LGBTQ+ CEP through the collection of both quantitative and qualitative data is the first step towards designing better services and improving experiences of care. However, collecting sexual orientation and gender identity for children is complex and needs to be done in an appropriate and trauma-informed way to avoid creating unintended harm.

Quantitative data can be used to prioritise and identify areas that need to change, while qualitative data can be used to bring insights on how to deliver change in a meaningful way. Some examples of the types of change that collecting data would support are:

- Providing statistics and case studies for use in training programmes
- Demonstrating the need for more or different support services
- Demonstrating the link between experience and outcomes
- Providing information and examples of best practice



Professionals working with LGBTQ+ CEP need to understand that there's a few barriers to access services for LGBTQ+ people such as discrimination, being outed, being hurt or having negligible healthcare, or that healthcare is different for trans people... Knowing the sexuality or gender helps to support LGBTQ+ CEP to access services with support from PA, social workers, advocates etc.

Anonymous



In line with our foundational themes, it is important to take an intersectional approach to quantitative data collection. This means that other data such as ethnicity, religion, asylum and immigration status should be collected and analysed alongside data on sexual orientation and gender identity, allowing for a greater understanding of the needs of different cohorts.

Some examples of the types of data we believe it would be beneficial to collect are:

Quantitative data	Qualitative data
<p>How many LGBTQ+ CEP:</p> <ul style="list-style-type: none"> • Are there in total? • Have experienced discrimination in care? • Feel safe sharing their identities with professionals and foster carers? • Have experienced suicidal thoughts? • Sit on children in care councils or interview social workers? • Are supported with changing their name? • Face issues regarding their documents? • Go to university or finish university? • Stay put* or stay close*? • Came into care due to discrimination from their families or due to honour-based violence? • Have received support from an LGBTQ+ professional? <p>How many social work professionals and carers:</p> <ul style="list-style-type: none"> • Identify as LGBTQ+ • Receive care-specific LGBTQ+ training 	<ul style="list-style-type: none"> • Examples of LGBTQ+ care experienced people (CEP) giving support and advice to one another • Methods and tools that have helped LGBTQ+ CEP • Experiences of LGBTQ+ CEP from different racial and ethnic groups • Experiences of LGBTQ+ professionals within the care sector working with LGBTQ+ CEP • Experiences and examples of foster carers and other care professionals being supportive towards LGBTQ+ CEP (and also examples of homophobic/biphobic/transphobic and discriminatory experiences) • Examples of 'positive stories' showing LGBTQ+ CEP thriving, having come through a difficult situation • Examples of professionals creating a safe space for LGBTQ+ CEP • Whether and how LGBTQ+ CEP feel prepared for the 'outside world' after 25

“ Make the local authority aware they do have LGBTQ+ CYP in their care and they will hopefully be able to introduce services tailored towards that community to make sure they are safe and included such as LGBTQ+ support groups and youth clubs
 Brett ”

*See glossary

The impact of data collection

In this section, we use “we deserve” statements to describe the group’s experiences and thoughts around the issue of data collection.

We deserve to have our personal data about our gender identity and sexual orientation collected and recorded in a sensitive and person-centred way

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Keep in mind how the data is collected e.g. if it’s face to face some people might prefer or dislike that relational aspect

Anonymous

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LGBTQ+ CEP may share some similar experiences, but it is important that they are also seen as individuals with their own needs and preferences. This includes giving them as much choice as possible about how their data is collected and recorded. Some people may feel most comfortable sharing this information online, either anonymously or not, however others may need to speak to a supportive individual and feel in a safe space in order to share this type of personal information.

“

Data collection methods are important – consider having choices etc interviews, questionnaires etc

Anonymous

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The group made clear that it is essential that data is collected in a trauma-informed way, in a confidential space where there is trust, and with the opportunity for debrief in a safe space. Some of the group felt that it is important for the person collecting this information to identify as either LGBTQ+ or an ally. Whether this is the case or not, it is important that this process of information sharing feels respectful and supportive for the person sharing.

“

Explaining what it is, the reason for it [collecting the data], what it could be used for, the benefits of it...

Reena

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We deserve to grow up in an environment where we aren't outed without our permission

“

Most of our lives as care experienced people get shared without our consent, so I think the one thing we have control over is our identity and for that to be shared without our consent, just adds to the awfulness that comes with being care-experienced...my gender identity is the one thing I have control over

Anonymous

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For our group, growing up in the care system has at times felt intrusive, with enormous amounts of information about their lives being recorded and shared amongst professionals. Children and young people have a legal right not to be outed without their consent¹¹ and their wishes around the sharing of this information must always be respected. Outing can be incredibly damaging to the trust that has been built up with professionals, especially those who young people have felt able to confide in about their gender or sexual orientation. Our group described some practical ways that this right to privacy can be enabled.

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There are ways to privatise parts of the [case management] system. When someone comes out as gay, lesbian, bi or transgender or whatever they've come out as or are curious about, that can be put into a secure area so that if a young person comes out [giving informed consent to have access to that information] they [professionals] have access... That way you're protecting the children's privacy while still making a note on the [case management] system.

Brett

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There may be circumstances where LGBTQ+ CEP would like information about their gender identity or sexual orientation to be shared with others responsible for their care. For example, this could be so professionals and carers can use the correct name and pronoun to address the young person, or just because they feel confident and supported enough to share that part of their identity openly. In these cases, it is important that this information is shared responsibly and in the ways they have agreed.

“

Most PAs will know about their young person's identity... but it's not necessarily put anywhere on the system...so when one personal advisor goes, very often you have to start all over again trying to explain everything

Anonymous

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Systems that respect children and young people's rights are essential not only as a legal obligation but also to make them feel safe in their environments. Children and young people must be able to control who has access to sensitive information about their identities in order to protect them from discrimination or rejection from those who they don't feel able to be open with.

We deserve to grow up in an environment where we are in control of data about our identities

Gender identity, sexual orientation, names and preferred pronouns can change for everyone throughout their lives and may vary based upon how able people feel to express themselves in different environments. Any data collection systems and processes should respect the rights of people to control this personal data about their identities. This could include the ability for someone to update their name and pronouns themselves and, through use of a placemark system, for this to automatically backdate in order that previous files would reflect their current identities. This would also mean that LGBTQ+ CEP would be able to learn about their past through access to their case files without deadnames (see glossary) coming up. Including these changes in data refreshes as part of local and national returns would give appropriate visibility to the identities of LGBTQ+ CEP and better support meaningful use of this data.

We deserve to grow up in an environment where those who care for us are equipped to tackle not contribute to stigma and discrimination



Any homophobic, transphobic, biphobic people may treat YP differently. This can range from misgendering pronouns, using the wrong name etc. to being blatantly ignorant and phobic with direct comments to the young people/ staff/ carers

Anonymous



All children and young people need support navigating life and CEP are particularly reliant on those who are employed to care for them to receive this support. Our work with the group suggests that the lack of LGBTQ+ specific data and information can result in ignorance of the stigma and discrimination that is faced by LGBTQ+ CEP and the support that they need. If the existence of this cohort isn't acknowledged, then professionals and carers can't receive the training and knowledge building that they need in order to provide effective support and build meaningful relationships. This can also mean that some LGBTQ+ CEP are put in situations where the people caring for them discriminate against them based upon their gender identity or sexual orientation and this is not acknowledged or addressed.

“

I know someone in foster care, and they came out to their foster carer and their foster carer said, 'you're not a lesbian in my house' and the young person was like 'I'm not sure how that works' - that placement eventually ended, so clearly wasn't the right place

Brett

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Having LGBTQ+ CEP's existence seen and acknowledged is the first step towards having resources and training in place to ensure that no young person in care has to face discrimination on the basis of their sexual orientation or gender identity. All young people deserve to grow up in environments where those around them are empowered and enabled to support them for exactly who we are.

“

With LGBTQ+ stuff there's absolutely no advocacy... My Local Authority for example still uses the wrong surname and the wrong pronouns...it's difficult because there isn't any kind of support

Anonymous

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We deserve to grow up in an environment where the intersections between our LGBTQ+ identities and other identities are seen and understood

“

It should be kept in mind that race identity isn't as explored in the care community... and so it's important to have intersectionality in mind as some LGBTQ+ BIPOC [black, indigenous and other people of colour] may not feel safe in white LGBTQ+ spaces

Anonymous

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The group's experiences suggest that there can be a lack of complexity in the way that LGBTQ+ CEP's identities are seen and understood by those around them in the care system. This can range from ignorance around the unique challenges and discrimination some racial and ethnic groups may face within the LGBTQ+ community to actively invalidating the identities of LGBTQ+ people on account of autism, learning difficulties or other disabilities. Children and young people deserve for all of their identities to be acknowledged, respected and not used to invalidate each other. For this to happen data collection around LGBTQ+ CEP must be intersectional to capture diversity.

We deserve to have our stories heard but not sensationalised

“

I think it's definitely worth noting that with qualitative data in particular – people's stories – you have to be really careful with how you present it, because it can be sensationalised and that can be problematic as people think well that's too extreme for it to be believable...

Anonymous

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Our group want their stories and experiences to be heard and used to educate, inform and ultimately improve the experiences of LGBTQ+ CEP. However, they know from experience that sometimes stories about them and those like them can be communicated with sensationalism and even fatalism which gives a very negative experience of what it is to be LGBTQ+ and care experienced to those inside and outside of the LGBTQ+ care experienced community. Our group felt that qualitative data and stories should be presented mindfully and in a strengths-based way, celebrating the joy they experience around their identities while also recognising their negative experiences and the solutions that these offer.

“

Someone with an actual passion for the topic rather than seeing it as a chore

Anonymous

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Where opportunities do exist for LGBTQ+ CEP to share their stories the group told us that these often feel unsupported and extractive. This means they feel that their stories are sought without any thought about how difficult or personal these might be to share and without putting any resource in place to ensure that they have a space to reflect and be supported if that is what they need after these conversations. Additionally, the time and thought they put into sharing these experiences is rarely compensated in a way which reflects the importance of these stories or the effort that it takes to share these sometimes traumatic and painful experiences. They want to feel not only that their contributions are properly valued but that they as people are seen, valued and supported.

“

There are opportunities but they are often unpaid and uncompensated....we're never looked after in sharing...so the opportunities are there but they are often exploited

Anonymous

”

RELATIONSHIPS

Positive, meaningful and affirmative relationships contribute to physical, mental and emotional wellbeing. While there are certain core characteristics of a positive relationship, they will not always look the same – positive relationships between a young person in care and a social worker will look very different to one with a foster carer, a friend or teacher. With professionals and carers, positive relationships should always be person-centred and respond to the needs of the young person, while respecting professional boundaries. For example, LGBTQ+ CEP may have different needs in terms of level of support or ways of communicating. Spending time getting to know someone and their needs and preferences will allow relationships to be person-centred.



Professionals need to open up more, I'm not saying they should tell young people every little thing about them...but they know a lot about the people they support without the young person knowing basic things like what they like to eat or the genre of music they listen to. Relationships work both ways, how do professionals expect us to trust them if we don't actually know them

Anonymous



LGBTQ+ CEP face being rejected or discriminated against, not just from strangers, but also from the people in their own families, friends or people who are meant to support them.¹²

stable, caring, consistent, affirming relationships is critical in order to counteract the stigma and hostility they may face.



We experience stigma from being care-experienced and the added stigma [from being LGBTQ]

Anonymous



What is a positive relationship?

Positive relationships will look different for everyone. We have used a set of characteristics described by Social Care Wales:¹³

- Communication, empathy, comprehension, care and mutual understanding
- Understanding the power of words to hurt people
- Feeling able to be honest about who you are
- Being respectful of differences even if you don't personally understand something
- Affirming someone's identity
- Self-reflection and growth over time
- Safety – a positive relationship should not instil fear



Some people in care will have difficulties making relationships due to a lack of trust. If CYP can make positive short-term relationships that will build up confidence to make long term relationships

Anonymous



The impact of positive relationships

As in the data section, here we use “we deserve” statements to describe the CEP group’s experiences and thoughts around the issue of positive relationships.

We deserve to have inclusive, informed and LGBTQ+ affirmative care wherever we grow up

“ The environment in the place where we live should feel safe enough where we could (if we wanted to) share pieces of our identity ”
Jennifer

All children should grow up in an accepting environment that supports them to be who they are. Our group reflected that, for children in care, it can feel like those who have had positive experiences have been lucky or that they have won a ‘postcode lottery’. There shouldn’t be any element of luck in ensuring that LGBTQ+ CEP’s basic rights are upheld and that they are able to live in an environment free from discrimination.

“ If foster carers had dinner time conversations about different sexualities and stuff, it shows you don’t always have to be in your own head about it, you don’t have to be isolated from everyone ”
Anonymous

Research shows worryingly high rates of poor mental health experienced by LGBTQ+ people in the UK, and challenges in accessing appropriate healthcare.¹⁴ Our group highlighted the necessity of positive relationships as a foundation to improving mental health.

“ Having one positive relationship for a care-experienced person (CEP) can be the difference between life and death ”
Anonymous

Creating safe spaces for LGBTQ+ CEP to feel comfortable and empowered to share information about their gender identity and sexual orientation with accepting adults, can help them to build up a strong sense of self and identity, in turn supporting their mental health and well-being.

“ Include asking [about] pronouns and how the person identifies as a normal convo starter between YP and professionals ”
Anonymous

We deserve to have relationships without fear



When you're in care, you're used to people leaving your life. It's a fear that when you come out as LGBTQ+, they may leave your life again. A double loss.

Jack



Discrimination against protected characteristics is against the law,¹⁵ and nobody should have to endure this. The experiences of our group suggest that discrimination from professionals is not uncommon and may be driven by discriminatory attitudes towards LGBTQ+ people. An example was given by a member of the group of a social worker requesting to change their caseload upon discovering that a young person identified as LGBTQ+.

Our group felt that fear of discrimination has made it more challenging for LGBTQ+ CEP to have the same positive relationships as other children. Fear can stop relationships from being formed and instil feelings of being unsafe. Social workers and others may also experience fear of getting things wrong in the support they provide to LGBTQ+ CEP, which can lead to a perception of professionals being 'on edge' or 'uneasy', and in turn reinforce these emotions in children and young people.

LGBTQ+ CYP may be hesitant in forming relationships due to past experiences of:

- Being looked at differently
- Being insulted
- Being outed
- Being abandoned/rejected

We deserve the ability to create friendships and be supported in doing so



There are quite a lot of barriers to making friends when you're in a children's home. Having friends round for tea doesn't happen...You give up on trying to make friends outside of the care bubble due to the 'risks' and red tape

Jack



Every child has the right to meet with other children and children's friendships are closely associated with their positive wellbeing.¹⁶ Our group reflected a need for LGBTQ+ CEP to receive additional support with building friendships while they are in care. Some young people may also create a chosen family as part of their wider support network. This can have particular relevance for LGBTQ+ CEP who may have experienced both rejection and discrimination from other types of families.

From our group's experience, CEP are often not supported to have positive friendships outside of the care system, because simple things like asking a new friend over or having/going to sleepovers are deemed as too much of a risk. Questions about friends in the development of Pathway Plans can feel like a formality without meaningful follow up. Education in schools on both the care system and LGBTQ+ identities could support LGBTQ+ CEP to develop more meaningful friendships with those around them, and reduce bullying and 'othering' based on LGBTQ+ identities.

“

It's [PHSE] such a prime opportunity to teach people about identity - whether it's about culture, disability, gender, sexuality

Anonymous

”

Our group also reflected upon a desire for professionals to acknowledge the importance of positive online relationships. These can be supportive for LGBTQ+ CEP who are exploring their identity, and in some cases lead to long-term friendships. One participant stated that without a sense of geographical community, an online community can be the next best thing. However, there can be a perception from professionals that online friends are not real friends. Our group would like to see support from professionals for LGBTQ+ CEP to build safe online relationships where appropriate.

“

My foster carers would say people you speak to online aren't real friends, but actually they were better friends than my foster carer was, they made me feel safer than the foster carer did and did a better job in supporting and validating who I am.

Anonymous

”

We deserve to maintain relationships once we have left the care system

“

I think for longer term relationships, some of the barriers such as taboo about being in contact after being in care need to be reimaged in a practical and positive way to ensure that those in care have secure relationships...and can stay in contact in the longer term

Anonymous

”

Within the workshop discussions, many participants brought up LGBTQ+ CEP wanting to be supported and empowered to maintain the positive relationships that have already been established prior to becoming care experienced adults. All too frequently CEP lose these positive relationships as they become care experienced adults. They may lose important relationships with professionals, key services and even carers.

Transitioning to this way of living can be very isolating but finding ways to appropriately maintain or transfer these relationships to other people/services can provide valuable support. New boundaries may be important as children transition to living as care experienced adults, however, stringent boundaries that sever long standing relationships and important connections can be harmful.

“ Again comes down to proper resources and funding for their staff team so that they are more likely to stay in the role and stay a part of the young people’s lives post care
Anonymous ”

We deserve to live in a world where being ourselves isn’t seen as a risk

Our group shared that being an LGBTQ+ CEP can be interpreted as a risk to be managed. A lack of understanding and appropriate knowledge or training can mean that professionals may think they are supporting the child or young person, when in actual fact they can feel stereotyped, stigmatised and that they are being told that being LGBTQ+ is a risk. LGBTQ+ training that focuses on how to discuss and record conversations about LGBTQ+ issues could support culture change and improve the development of positive relationships. It is important to be aware that being LGBTQ+ is not a risk in itself and to share this information without the consent of CYP impedes their right to privacy.

“ It is one of my biggest pet peeves...that someone comes out and is then ‘risk-assessed.’ You are no more of a risk to themselves or others, the only thing that is a risk is your intolerance
Anonymous ”

We deserve to have people who are like us that we can look up to

“ I think it’s very important to have that representation of someone who was dealt the same hand as you and has come out successful and made something of themselves, who has defeated the statistics – helped me and helped a lot of people I know who are in care. Having that representation, in media or a character. Something to show you’re not alone. It gives you hope to carry on, hope that things will get better. Important to have role models
Reena ”

The group felt that positive role models could provide inspiration and improve outcomes, particularly when faced with the potential stigma of being care experienced and LGBTQ+. Our group felt that LGBTQ+ role models can reduce

loneliness and offer hope in tough situations. They would like to increasingly see more visibility of LGBTQ+ professionals and allies working within the children's social care sector.

In addition to role models, it is useful for LGBTQ+ CEP to be able to watch, read and hear about things which resonate with them and their own identity. This might help them understand more about who they are and how they feel which can reduce feelings of isolation. Social workers, carers and others can help through signposting and giving LGBTQ+ CEP opportunities to discover these resources.

“ You can say you're an ally but saying and doing are different ”
Anonymous

We deserve to have access to an LGBTQ+ community of people both in and out of the care sector

“ It would have been so much better for me if I'd been exposed to the LGBT community, I didn't know what was going on with me, because no one had explained it to me... I didn't know there was a word for it. ”
Anonymous

Our group felt that having access to LGBTQ+ communities would help children and young people to better understand and navigate their own identity. Prior to coming out, some of our group had been unfamiliar with the term LGBTQ+ and did not know what to call themselves, or even how to name what they were experiencing. Having early signposting to safe LGBTQ+ communities from professionals would help to establish positive relationships to support their identity. The group felt there should be an LGBTQ+ youth service in every local authority area, with active signposting to other

services and support to join the right communities. This is important in relation to gender identity and sexual orientation, but should also be done with regard to intersectional characteristics additional barriers and opportunities.

“ My care staff took me to a known LGBTQ+ cafe and it boosted my self-esteem and was such an amazing moment. I then went on to build some relationships within the local LGBTQ+ community ”
Jack

We deserve to have our boundaries respected

“

Having healthy boundaries really resonated with me – some people don't have the same boundaries as you do and that's fine!

Anonymous

”

Healthy boundaries are a feature of positive relationships. Our group felt that sometimes boundaries for LGBTQ+ CEP are actively overstepped. For example, when people ask invasive or intrusive questions about someone's gender identity or sexual orientation, or when professionals talk to an LGBTQ+ CYP about coming out without seeking trust and consent first. Consent should be sought in a person-centred way, considering the human rights and potential triggers for each individual and ensuring that they are comfortable with the conversation they are having. It is also important that people are clear on who they are providing consent for information to be shared with, as they may not be comfortable with that information being shared more widely.

“

Everyone knew I was trans...everyone knew because it was a small school.... Every staff member thought they could speak to me the same way my favourite staff members could talk to me. I found that difficult.

Jack

”



RECOMMENDATIONS

This section sets out multiple opportunities within each of our three recommendations. There are no one-size-fits-all solutions, and no single organisation can deliver the change that is needed. Our list is therefore very much a starting point and we are encouraging the development of partnerships, with lived experience at their heart, to test solutions and develop new ideas.

Recommendation 1: Data about gender identity and the sexual orientation of young people in care should be collected in a trauma informed and person-centred way

- **Develop data and outcomes frameworks:**

Understanding experiences and outcomes for LGBTQ+ CEP will enable the better design of services to meet their needs, and build a case for further investment in these services. There is an opportunity for organisations, data specialists and LGBTQ+ CEP to work together to identify the quantitative and qualitative measures that would have the greatest impact and design ways of collecting and reporting on them.

- **Embed LGBTQ+ into quality assurance:**

Understanding the experiences of a range of LGBTQ+ CEP will enable a more specific understanding of how systems and services can be improved. There are opportunities to undertake quality assurance deep dives on a sample of LGBTQ+ records, and to design quality assurance frameworks that ensure the inclusion of LGBTQ+ young people in care recording. These frameworks could feed into the regulatory system to support wider change.

- **Customise data systems to facilitate reporting, updating and consent:**

Existing data systems often have customisable forms, providing an opportunity to adapt what is already there rather than starting from scratch. Developing ways to produce aggregated quantitative data on the number of LGBTQ+ CEP and segment this with other characteristics will build a case for investment in appropriate services. There is also an opportunity to adapt systems so that CEP can self-identify their gender identity, sexual orientation and pronouns and restrict who is able to view this information, supporting consent-based information sharing.

- **Embed data collection into ongoing returns:**

Including gender identity and sexual orientation in national data would provide policymakers with better information to take decisions about the services that LGBTQ+ CEP need. There is an opportunity to develop ways to build local collection into national returns, as well as considering other opportunities for aggregation such as through research.

Recommendation 2: There is a need for new approaches to enable and nurture positive relationships between CYP and those who care for them

- **Develop an LGBTQ+ rainbow accreditation scheme:**

The [NHS Rainbow Badge Scheme](#) has raised LGBTQ+ awareness and inclusion, and this learning could be adapted for the care system to achieve similar goals. Greater awareness and visibility will support both LGBTQ+ CEP in care and those who work with them to feel safe having conversations about gender identity and sexual orientation, strengthening relationships and enabling the better identification of support.

- **Develop and maintain directories of LGBTQ+ services:**

There are existing services that provide support for LGBTQ+ children and young people and creating a single directory of these within each area would streamline signposting and maximise existing resource. Equipping those who provide care with the tools they need to better support all LGBTQ+ children and young people will make a quick start at improving the support that is offered, highlighting what already exists in the system, and identify gaps in provision. These directories should be openly available to all those who work with LGBTQ+ CEP, for example through inclusion in the publication of Local Offers.

- **Develop new services that are specifically for LGBTQ+ CEP:**

Services tend to be either for LGBTQ+ people or for CEP, meaning that people either have to access multiple services to meet their needs or find that their individual circumstances are not understood. There is an opportunity to build on existing infrastructure within communities to create single points of access that join up these services, enabling people to access better person-centred support. For example, a café that offers social spaces for care experienced people could additionally offer LGBTQ+ support.

- **Produce national guidance on supporting LGBTQ+ CEP:**

Creating national guidance reduces duplication and enables quick and easy access to tools and resources. The LGBTQ+ Youth in Care network already provides a set of central resources that can be built upon as more services and best practice develops, and becomes adopted by policymakers.

- **Develop a process for requesting an LGBTQ+ professional:**

Some LGBTQ+ CEP may feel more comfortable talking to a professional who also identifies as LGBTQ+, and providing this option where possible could increase confidence in having a safe environment. There is [precedent in the NHS](#) for patients to request care from a particular professional that could be adapted to enable CEP to request an LGBTQ+ professional.

- **Develop schemes that support LGBTQ+ CYP in care to make LGBTQ+ friends outside of the care system:**

Building a peer network of people with similar experiences can create a supportive and safe environment for LGBTQ+ CEP to explore their identity. There are many befriending schemes across society that could be adapted for LGBTQ+ CEP.

- **Develop and publish LGBTQ+ inclusion policies:**

Making LGBTQ+ inclusion policies publicly available signals a safe and supportive environment for LGBTQ+ CEP and encourages others to think about the support they offer. There are many existing LGBTQ+ inclusion policies that can be drawn upon to quickly develop one approach that can be adapted locally.

Recommendation 3: Training is necessary to equip those who work with care experienced people with the awareness and tools they need to support the specific needs of LGBTQ+ CEP

- **Develop multi-agency knowledge exchange models**

There are national and local organisations that separately specialise in providing support to young people who identify as LGBTQ+ and those with care experience. There is therefore an opportunity to bring together expertise and create holistic models of person-centred support that maximise existing resources and knowledge. This could be done through the establishment of multi-agency knowledge exchange models using, for example, action learning sets and shared training to improve skills and knowledge.

- **Develop LGBTQ+ case studies to include in training**

Including case studies in training will help to illustrate the specific ways in which those who provide care can improve the support they offer to LGBTQ+ CEP, and highlight both strengths and areas for improvement. This is a good way for organisations to maximise the lived experience of those they work with, as well as drawing on the expertise of existing groups such as the care experienced adults that work with the LGBTQ+ Youth in Care network.

- **Develop LGBTQ+ CEP training programmes:**

Developing and delivering training is one of the most effective ways that organisations can improve the care they offer and ensure that it meets the needs of LGBTQ+ CEP. Involving LGBTQ+ CEP in both the design and delivery of training to maximise the inclusion of lived experience and support role modelling.

Training programmes should include, as a minimum:

- What the support needs of LGBTQ+ CEP are, and why
- How to have trauma-informed and consent-based conversations about gender identity and sexual orientation
- Handling consent for data sharing
- LGBTQ+ sexual health support
- Working with trans CEP

- **Embed training into regular professional development:**

It is important that training is not seen as a one off or high-level, and becomes a core part of how those who provide care work with LGBTQ+ CEP. Organisations should therefore seek opportunities to embed this into ongoing professional development, ensuring a minimum of annual training to maintain expertise.

- **Embed training into the social work curriculum:**

The social work curriculum provides one of the most significant opportunities to embed LGBTQ+ inclusion into ways of working for professionals working with LGBTQ+ CEP. There are multiple opportunities to include LGBTQ+ training within curriculum guides and local curriculums in a meaningful way.

- **Develop the role of the LGBTQ+ Youth in Care network:**

The LGBTQ+ Youth in Care network has a strong core membership and set of existing resources and support offers that can be expanded as this work develops further. Growing the network will provide a single source of information and support for those providing care. There is also an opportunity to embed this resource within national policy.

WHAT CAN I DO NEXT?

Anyone working with CEP has an opportunity to be at the forefront of improving support for LGBTQ+ CEP. If you're interested in taking forward the recommendations in this report, then we'd encourage you to:

- Join the LGBTQ+ Youth in Care network to access existing resources and peer support
- Sign our [pledge form](#) and we will contact you about opportunities to work together
- Consider mapping your own service provision to understand how you already meet the needs of LGBTQ+ CEP, and where there is room for improvement



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Throughout this report we have mentioned work that has inspired us including the Speak Out Study, Each and Every Child and LGBT+ Youth Scotland. We have also benefited from the wisdom and challenge of other experts in the sector through our early project interviews and roundtables, and while we are not able to name everyone here would like to wholeheartedly extend our thanks to everyone we have spoken to.



GLOSSARY

It is important that people can self-describe their identity, and this is something we enabled participants to do in our work. For the purposes of this report we have used Stonewall's definitions¹⁷ to help summarise our themes and key recommendations, while recognising that some may not identify with the terms we have used at all. We are continuously learning about language and framing for inclusion.

Biphobia: The fear or dislike of someone who identifies as bisexual (bi) based on prejudice or negative attitudes, beliefs or views about bi people. Biphobic bullying may be targeted at people who are, or who are perceived to be, bi.

Coming out: When a person first tells someone/others about their orientation and/or gender identity.

CYP: Children and young people.

CEP: Care experienced people.

Deadnaming: Calling someone by their birth name after they have changed their name. This term is often associated with trans people who have changed their name as part of their transition.

Family and chosen family: Those who a young person identifies as their family. This may include any or a combination of a group of one or more parents and their children living together as a unit, biological or legal family that do not live together, or a group of people that have an emotional closeness even if they are not legally or biologically related.

Gender identity: A person's innate sense of their own gender, whether male, female or something else (see non-binary below), which may or may not correspond to the sex assigned at birth.

Homophobia: The fear or dislike of someone, based on prejudice or negative attitudes, beliefs or views about lesbian, gay or bi people. Homophobic bullying may be targeted at people who are, or who are perceived to be, lesbian, gay or bi.

LGBTQ+: The acronym for lesbian, gay, bi, trans, queer, questioning, asexual and other non-cisgendered or non-heterosexual identities.

Non-binary: An umbrella term for people whose gender identity doesn't sit comfortably with 'man' or 'woman'. Non-binary identities are varied and can include people who identify with some aspects of binary identities, and those who sit outside them entirely.

PAs: Personal Advisors in work in Leaving Care Teams with care experienced people aged 16-25 to help them to navigate their education, employment, finance, housing and anything else they are dealing with as they move into adult life.

Sexual Orientation: A person's sexual attraction to other people, or lack thereof. Along with romantic orientation, this forms a person's orientation identity.

Staying Put: Arrangements that allow children in care to stay living with their former foster carers after they turn 18.

Staying Close: A government pilot a scheme to enable young people leaving residential care to live near to, and retain links with, their former homes.

Transphobia: The fear or dislike of someone based on the fact they are trans, including denying their gender identity or refusing to accept it. Transphobia may be targeted at people who are, or who are perceived to be, trans.

Trans: An umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth. Trans people may describe themselves using one or more of a wide variety of terms, including (but not limited to) transgender, transsexual, gender-queer (GQ), gender-fluid, non-binary, gender-variant, crossdresser, genderless, agender, nongender, third gender, bi-gender, trans man, trans woman, trans masculine, trans feminine and neutrois.



REFERENCES

1. <https://www.amnesty.org.uk/issues/child-rights/what-are-childrens-rights>
2. <https://eachandeverychild.co.uk/the-toolkit/>
3. <https://www.uea.ac.uk/groups-and-centres/speakout>
4. <https://www.unicef.org.uk/what-we-do/un-convention-child-rights/>
5. <https://www.sciencedirect.com/science/article/abs/pii/S0145213419300092>
6. <https://publications.aap.org/pediatrics/article/143/3/e20174211/76787/LGBTQ-Youth-in-Unstable-Housing-and-Foster-Care>
7. <https://www.lgbtyouth.org.uk/media/2147/lgbtys-ceyc-top-tips.pdf>
8. <https://www.reesfoundation.org/ask-jan-membership.html>
9. https://www.stonewall.org.uk/system/files/unhealthy_attitudes.pdf
10. Local Government Association benchmarking tool, 2019; Reeve, 2011; Berman, 2013; ONS Sexual Orientation, UK: 2019; Prisoners' Advice Service; Department for Health and the Care Leaver's Association, 2017; akt LGBT Youth Homelessness; Bachmann & Gooch, 2018
11. <https://www.legislation.gov.uk/uksi/2019/419/made>
12. https://www.stonewall.org.uk/system/files/shut_out_2020.pdf
13. <https://socialcare.wales/service-improvement/the-importance-of-relationships-to-children-living-in-residential-child-care>
14. <https://www.stonewall.org.uk/lgbt-britain-health>
15. <https://www.gov.uk/guidance/equality-act-2010-guidance>
16. https://www.researchgate.net/publication/283672244_Children's_Friendships_and_Positive_Well-Being
17. <https://www.stonewall.org.uk/help-advice/faqs-and-glossary/list-lgbtq-terms>

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LGBTQ+ Youth in Care is an organisation dedicated to the inclusion of LGBTQ+ young people with care experience. It was founded in 2013 by individuals who work in children's social care to raise awareness, create resources and share best practice.

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