Providing a secure base for LGBTQ young people in foster care: the role of foster carers

Abstract

The experiences and needs of lesbian, gay, bisexual, trans and queer / questioning (LGBTQ) young people in care have been overlooked in England, both in policy and research. This article reports on findings from the first study of LGBTQ young people in care in England, and focuses on the nature of foster carers' experiences and perspectives on caring for LGBTQ young people.

Qualitative interviews regarding the fostering role in caring for LGBTQ young people were conducted with a sample of foster carers (n=26) and analysed thematically. Foster carers described the importance of offering LGBTQ young people not only the nurturing relationships that all children in care need, but also availability, sensitivity and acceptance to help young people manage stigma and other challenges associated with minority sexual orientation and gender identity. The Secure Base caregiving model provided a framework for analysing the different dimensions of these relationships. Understanding caregiving roles and relationships for LGBTQ young people in care has important implications for recruiting, training, matching and supporting foster carers to care for LGBTQ young people effectively.

Key words: lesbian, gay, bisexual, trans and queer /questioning (LGBTQ); foster care; Secure Base model.

Introduction

The experiences and needs of lesbian, gay, bisexual, trans and queer / questioning (LGBTQ) young people in care have been overlooked in England, both in policy and research. This article reports on findings from the first study of LGBTQ young people in care in England (Cossar et al., 2017). It focuses on the nature of foster carers' experiences and perspectives on the role of caring for LGBTQ young people.

The concept of a secure base in attachment theory (Ainsworth et al.,1978; Bowlby, 1988) has made an important contribution to our understanding of what children need for healthy development and underpins the Secure Base caregiving model (Schofield & Beek, 2014a,b; Schofield and Beek, 2018). Defined by Bowlby as a 'secure base for exploration', the core principle is that sensitive caregiving provides a secure base for children which reduces anxiety and promotes exploration, from infancy through to adolescence, giving children the confidence to engage in play, education and activities, but also to explore their identity.

For young people in foster care from troubled family backgrounds, the concept of a secure base can be helpful in defining the therapeutic caregiving that they need (Beek and Schofield, 2004; Schofield and Beek, 2009; Schofield and Beek, 2018). LGBTQ young people in foster families are likely to have many of the same needs as other fostered adolescents, but they also face additional challenges. Their emotional, psychological and social well-being depends on how they manage, and are supported in managing, both the difficult histories they share with other children in care *and* their minority sexual orientation and gender identities. Helping young people with problems of self-esteem, managing emotions and a sense of belonging will be familiar to foster carers (Schofield & Beek, 2009; Biehal, 2014), but meeting other needs may

be less familiar, such as when LGBTQ young people need support in exploring ways of expressing their identity but experience stigma, or when sexual orientation or gender identity are more fluid.

As Meyer (2003) suggests, living with and expressing minority sexual identities can be stressful. For LGBTQ young people in care who are also caught up in complex networks of family relationships and professional systems, exploring and feeling comfortable with themselves and their identities is a significant developmental task. This has implications for young people's caregiving needs in the foster family and the role of the foster carer, which is the focus of this paper.

Research context

Research on risks facing LGBTQ young people in the community provides an important context for understanding the needs of LGBTQ young people in care. Sexual minority young people are more likely than heterosexual young people to experience sexual abuse, parental physical abuse, peer abuse or to miss school through fear (Rivers & D'Augeli, 2001). LGBTQ young people are at increased risk of suicidal thoughts and self-destructive behaviour (Scourfield et al., 2008; Miranda-Mendizabal et al., 2017). Trans youth have been shown to be at greater risk of depression, trauma symptoms and mental health problems than cisgender young people (Grossman et al., 2011).

While there has been an emerging qualitative and quantitative research base on the experiences and outcomes for LGBTQ young people in care from the United States (US) since the 1990s (e.g. Mallon, 1997; Woronoff et al., 2006; Poirier et al., 2018), there has been limited international research on the subject and none to date from

England. This absence of attention to the needs of LGBTQ young people in care has been reflected in policy documents in England. For example, sexual orientation and gender are mentioned under identity in the care planning guidance (Department for Education, 2015), but there is no specific discussion of the needs of LGBTQ young people in relation to planning and supporting placements.

It is difficult to estimate the number of LGBTQ young people in care in England because care systems do not routinely keep track of young people's sexual orientation or gender identity. US research has suggested, however, that LGBTQ young people may end up in care through two routes; as young people who come out while growing up in care, or as adolescents who enter care through birth family rejection after coming out as LGBTQ (Mallon, 2001). The second route suggests that LGBTQ young people may be overrepresented within the care system, particularly when LGBTQ identities intersect with other minority racial, ethnic, or religious identities (Sullivan et al., 2001; Erney & Weber, 2018).

US research has raised concerns that while some young people reported having positive experiences as LGBTQ young people in care, a number faced abuse, rejection and discrimination from in care peers and staff and experienced placement instability (Sullivan et al., 2001; Woronoff et al., 2006; McCormick et al., 2017; Poirier et al., 2018). Young people in residential care have reported particularly difficult experiences, including physical and emotional abuse (Mallon, 2001; Freundlich & Avery, 2005). Risk of rejection is a continued theme for LGBTQ young people in the care system. A study by Clements et al. (2008) involving 25 foster carers found that some foster carers were not only reluctant to look after LGBT young people, but had

on previous occasions asked for placements to be terminated when a young person in their care came out. Even when there is no outright rejection, the absence of awareness, training and education on LGBTQ issues for professionals working with young people, particularly in rural areas, may lead young people to feel unsupported (Toner, 2013). Discrimination, rejection, and lack of support can contribute to adverse outcomes for LGBTQ young people in care, including homelessness after care (Robinson, 2018; Forge et al., 2018).

Such research links between the risk of stress, stigma, mental health difficulties and poor outcomes suggest what might need to be included in the caregiving role of the foster carer in order for LGBTQ young people to find stability and to thrive. In addition, research on parenting of LGBTQ youth has suggested that family acceptance is a key factor in promoting emotional well-being (Ryan et al., 2010), and that even where families have religious or cultural beliefs that reject LGBTQ identities, acceptance may increase over time (Ryan, 2009). Such findings have influenced the development of models of practice in the US that aim to strengthen family relationships for LGBTQ young people in the child welfare system and promote acceptance of LGBTQ identities through education and support (Lorthridge et al., 2018, Salazar et al 2018).

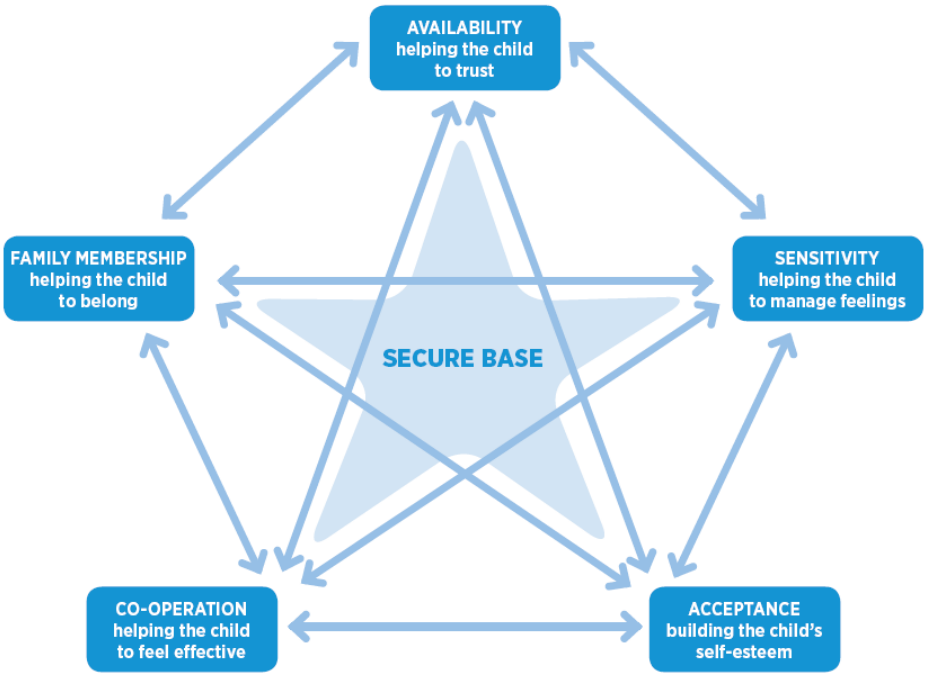
The Secure Base model

The Secure Base model was developed by (Schofield and Beek, 2018) as a caregiving framework that combines theory and research from the attachment literature (Ainsworth et al., 1978, Bowlby, 1988) with theory and research on foster care and is relevant through childhood and adolescence (Beek and Schofield, 2004; Schofield &

Beek, 2009). The model is introduced to new foster carers in the UK as part of their pre-approval training on attachment and caregiving (Fostering Network, 2014) and is widely used in practice for supporting foster carers.

The Secure Base model (Schofield and Beek, 2018) links the four caregiving dimensions identified by Ainsworth (1978) as promoting security in infants to aspects of children's healthy development that are relevant throughout childhood i.e. *availability* helps a child to build trust; *sensitivity* helps a child to manage their feelings; *acceptance* builds a child's self-esteem; and *co-operation* helps a child to feel effective. In addition to these four dimensions, the dimension of *family membership* was added. Family membership contributes to the child's secure base by helping a child to achieve a sense of belonging, which is especially valuable but also challenging for adolescents in foster care (Biehal, 2014). The five Secure Base dimensions interact (Figure 1), so that, for example, availability does not only build trust, together with acceptance it supports the child's self-esteem.

Figure 1 **The Secure Base model**



In this article, the dimensions of the Secure Base model will be used as a framework for analysing how foster carers in this study experienced building relationships with and caring for LGBTQ young people, and the particular tasks of supporting them to manage stigma and other challenges that the research suggests may be associated with their sexual orientation and gender identity (Meyer, 2003).

Methods

The foster carer data analysis used here was part of a multi-method study of the experiences of LGBTQ young people in care funded by the Economic and Social Research Council (2014-17) (Cossar et al., 2017). The study was approved by the Association of Directors of Children's Services for England and by the University Ethics Committee. The research team worked with a stakeholder advisory group and

a group of care experienced LGBTQ young researchers, who advised on all aspects of the research process.

The study included a national survey of services in England; three focus groups of professionals; 46 narrative interviews with LGBTQ young people aged 11- 26 (*m*=19) who were or had been in care; and telephone interviews with 26 foster carers regarding the nature of their experience of caring for LGBTQ young people. The research question that is the focus of this paper was, 'What is the experience of foster carers of caring for LGBTQ young people?'

The foster carer sample

The 26 foster carers were recruited from fostering agencies and local authorities from across the country, with the majority (17) coming from local authorities who participated in the survey and others through research team agency contacts. All participants gave individual informed consent and did not receive an incentive.
The majority (22) were female carers. Their fostering experience ranged from 6 months to 33 years (*m*=17 years). Three carers identified as lesbian or gay and a further 10 carers had LGBTQ family members. None identified as trans or had trans family members.

The interviews

The semi-structured interview schedule asked foster carers to describe caring for an LGBTQ young person from arrival in placement to the present or to the placement ending and any subsequent relationship. The interview focussed on how carers experienced their role in supporting young people with, for example: foster family,

birth family, school and peer group relationships; coming out; managing their sexual orientation or gender identity. Carers were also asked about training and the support received from social workers and other professionals.

The age at entry to placement of the LGBTQ young people discussed ranged from 6-16 years (m=13.5). They were the subject of very different care plans (e.g. short-term foster care, respite care, long-term foster care), but these plans had often changed over the placement. Young people had a range of adverse experiences of abuse, neglect and loss common to the wider population of foster children (Sinclair *et al.*, 2007). There were also young people who had diagnoses of autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD). The majority of the young people (18) identified as LGB and 8 identified as trans. 10 had identified as LGBTQ before placement, 16 came out in placement. Those who identified as LGBTQ pre-placement included young people whose sexual orientation or gender identity had not been accepted by their birth, foster or adoptive families. But for all young people, the reasons for care combined a number of factors.

Data from the foster carer interviews were transcribed and analysed thematically. The analysis was both theory generating and theory led (Boyzatis, 1995). In the absence of previous research, the data generated a range of important themes, in particular in terms of carer attitudes, the importance of relationships and the tasks facing foster carers in meeting the needs of LGBTQ young people. The Secure Base model has provided a framework for analysing and organising this data. Case material has been fully anonymised.

Findings

The foster carer interviews provided rich examples of the ways in which their caregiving relationships provided support for LGBTQ young people, including in managing their sexual orientation and gender identities. However, they also provided examples that raised concerns about some carers' attitudes and capacity for sensitive, accepting caregiving for LGBTQ young people. The Secure Base caregiving dimensions (Schofield & Beek, 2018) were a helpful way of analysing these interviews and will be used here to explore these caregiving roles and relationships.

Availability-helping young people to trust

Building trust for all young people in care requires foster carers to offer practical, emotional and psychological availability that reduces anxiety, builds trust, promotes exploration and is specific to each individual young person's needs (Schofield & Beek, 2018). For LGBTQ young people, trust in caregivers was often said by carers to have been damaged by previous adverse experiences that included abuse, neglect, separation and loss. Lack of trust for some young people had been compounded by moves linked to rejection of their sexual orientation or trans identity by birth, foster or adoptive parents. Most young people therefore were reported to have had difficulty in trusting in the general capacity of caregivers to understand and meet their needs, but also the specific capacity to be available and accepting in relation to sexuality and gender identity.

The capacity to be available and build a young person's trust will depend on the sense the caregiver makes of the young person's behaviour and needs - and in particular why the young person may lack trust (Schofield & Beek, 2018). In the current study

one carer had identified that the young person in their care, who identified as bisexual, suffered from high levels of anxiety and described him as 'too eager to please'. She attributed his anxiety to abuse in his birth family, and described him as having been 'bullied from birth'. However, she felt that in her home, he had built a capacity to trust and could begin to accept his identity.

> *He can relax and feel safe and have his needs met and not have to worry about where he is going to get a piece of food - and he has been able to be himself.*

Availability was described as linked to emotional closeness, but also needed to be linked to acceptance of young people's sexual orientation or gender identity.

> *She always feels, no matter what, I love her and we're always there. I think she can feel security and acceptance.*

LGB carers or carers with LGB family members felt confident in demonstrating that they could be trusted, as the young person had evidence that LGB identities were accepted and could be talked about. But here, too, there was an emphasis on going at the young person's pace.

> *My son is openly gay…so there is quite often gay chatter going on at home. I wouldn't specifically sit down and say to (the young person) 'Right I want you to talk with me about your sexuality' because I don't think that is appropriate. I think it is the sort of thing that a young person will come to you with when they are ready…*

For many young people, the process of exploring sexual orientation or gender was gradual and needed continuous availability by carers. This carer for a trans young person talked about how she managed to build the young person's trust.

> *If he wants to broach it we will talk about it and we have talked at length. He will say how he sort of hates his body and can't bear the thought of it. He is now on tablets that stop his period but he feels like his whole life is on countdown to when his next period would start…He has said I am one of the few people he can trust and he said he feels he can be himself and talk about things.*

Availability for LGBTQ young people meant carers establishing a trusting relationship enabling the young person to talk about and explore their sexual orientation or gender identity at their own pace.

Sensitivity – helping a young person to manage feelings

Sensitivity in attachment theory is defined as the caregiver's capacity to reflect on the mind of the young person, tuning in to their thoughts and feelings, seeing the world from their point of view and making links to their behaviour; but caregivers also need to be able to reflect on their own thoughts, feelings and behaviour (Howe 2014; Schofield & Beek, 2018).

Important here is the foster carer's flexibility and willingness to tune into how this particular LGBTQ young person thinks and feels and to identify how best to support them.

> *I'm learning how to anticipate things and understand things better and I'm getting more of a grasp on who she is…so there's a way of being and I'm learning it.*

It was necessary for carers to reflect flexibly on connections between young people's thoughts, feelings and behaviour, as there were a number of factors that had to be considered. One carer expressed her concern that for LGBTQ young people, suppressed and concealed emotions about coming into care could be exacerbated by the additional burden of concealing their sexuality.

> *When you go into foster care it must be daunting, you must be suppressing so much other stuff and you've got to suppress your sexuality as well. You've got to live that lie.*

Carers described needing to be sensitive to the difficult choices facing young people about how open they wanted to be about sexuality or gender, especially when they were anxious about being rejected or moved.

> *She was afraid to come out to me and I didn't understand… But she's afraid of losing her home and felt vulnerable and scared to say...*

Flexibility and sensitive thinking about the young person's mind and behaviour often meant recognising the additional stigma faced by LGBTQ young people.

> *He was quite explicit about what people had said and how it had affected him, how isolating it had been, how therefore he had dropped out of school.*

As well as ongoing availability during a gradual process of coming out or gender transition, it was said to be important to be sensitive and responsive to children's thoughts and feelings at each stage, as this carer of a trans young person (aged 9 at placement) describes.

> *When he first came he mentioned it then. I thought probably he's a tom boy, he doesn't like to be dressed like a girl, he just likes to be dressed in boys' stuff. We went out and bought more boys' clothes, tried to make him comfy in his own body. It didn't seem to be enough and within four, five, six weeks, we were talking about something and he literally just broke down, crashed down against a wall and started crying. He said, 'I'm not right, I'm not right, I hate my body'.*

Once his gender identity was explored and accepted by the carers and a process of social transition was started, this young person's mood and capacity to manage his feelings changed and he was 'like a different child'.

The challenge of staying tuned in to and helping young people who had multiple unresolved difficulties and fears was a common theme. Some carers described young

people's problem behaviour as an understandable stage on the way to 'coming to terms with' themselves.

> *He used to throw things at me and we did once have to call the police out to him because he kept trying to attack me…He'd been caught shop-lifting… I think it were his confused stage. You know he needed more attention but he couldn't tell us why. I think he was coming to terms with himself.*

The question of whether young people were 'confused' was talked about in different ways, some more sensitive than others. Carers talking about 'confusion' might be reassuring for a young person if it reflected their feelings. However, some carers seemed to assume that confusion was inevitable, and this might be a less helpful response for a young person who was clear about their sexual orientation or gender identity.

Some carer interpretations of why young people might come out as LGBTQ, however, seemed not only to question the truth of young people's communications, but to be actively dismissive.

> *You sometimes find that kids want to shock you and that is a good way of trying to shock.*

From these examples, it was clear that foster carers needed to have the capacity to reflect sensitively not only on young people's feelings, but also on their own feelings and values and to be supported with this. In some cases, social workers will need to

work with and challenge carers' attitudes and approach, in order to ensure that LGBTQ young people's needs are understood and met.

Acceptance – building the young person's self-esteem

Acceptance can be defined as accepting the young person unconditionally in ways that help to build the young person's self-esteem, enabling them to accept and value themselves while also coping with setbacks (Schofield & Beek, 2018). Acceptance by the foster carer needs to be linked to support to be accepted by the birth family, peers and the community and is central to the caregiving that LGBTQ young people need for healthy development (Ryan et al., 2010).

In this study, the same sense of positive belief that should be extended to all children in care often underpinned a carer's acceptance of the LGBTQ young person in their care.

> *We knew he was a good kid. And he didn't have a good start. But you can see potential in kids, in how they respond to their care...I said just be the best person you can. And he really has, he's come a long way.*

When asked about specific issues facing LGBTQ young people in care, carers named acceptance as key, especially in relation to coming out.

> *Feeling accepted I think - being accepted by their family and friends I think to come out. I think that's the worst for them…the uncertainty of whether they are going to be accepted.*

Some young people were described as already very accepting of themselves and their LGBTQ identity when they arrived in placement.

> *I think that she is always going to identify as gender fluid. It seems like she always has. She doesn't seem to be at odds with who she is in any way…She has days when she feels like a boy and days when she feels like a girl and she seems to be quite comfortable with that.*

But for most LGBTQ young people, carers recognised that feeling comfortable about exploring their identity would take time.

> *I do feel that he has not really had an opportunity to explore different things, you know. I just want him to feel accepted, which he is, and really find out who he is and be comfortable with it. I don't think he is there yet.*

One statement often made by foster carers to suggest what they meant by acceptance was that the young person's sexual orientation or gender identity *'doesn't make any difference*', but this was understood in varied ways. This statement could be positive, conveying that sexual orientation or gender identity did not affect the carer's feelings for the young person or threaten their relationship. However, in a few cases, particularly in relation to sexual orientation, the assertion that it made no difference appeared to underestimate the challenges that would in fact be experienced by the young person, in terms of the risk of bullying, stigma and homophobia. There could

even be a sense of 'blaming' the young person for any negative consequences of their identity.

> *It doesn't make a difference – I think it's how the child makes an issue of it. If you want it to be a problem, you can make it a problem.*

There must be concerns about foster families where carers seem dismissive about the risks of stigma or, as was the case in one family, where family members were homophobic or engaged in 'banter' about a young person's sexual orientation.

Even where carers were seemingly accepting of LGBTQ identities, their *theories* about the meaning and origins of the young person's sexual orientation or gender identity needed further exploration. A number of carers theorised about the possible connections between young people's sexual orientation or gender identities and their previous experiences of abuse and harmful relationships. It is relevant to consider the impact of abuse on adolescent or adult experiences of intimacy, whatever a person's sexual orientation or gender identity. However, if the carer implicitly or explicitly suggests that a young person's LGB or trans identity is the result of harmful experiences this inevitably pathologises their sexual orientation or gender identity. In this example, a carer talks about a young woman who had experienced sexual abuse and identified as lesbian.

> *I think deep down I don't know whether she would have not been heterosexual had she not had these sexual experiences of her childhood.... It was the path that was easier for her.*

Another carer also explained a young person's sexual orientation as being a result of sexual abuse early in childhood. This explanation suggested that the carer did not accept the young person's LGB identity as authentic.

> *He'd been abused by a male perpetrator all his life. He just thought that he would always be gay...So he had no, he didn't really have a choice, he didn't have any freedom.*

In terms of building self-esteem, it was thought by carers to be important to get the balance right between supporting young people facing stigma, while not making them feel that their sexual orientation or gender variance was a negative or limiting factor in their lives. A gay carer commented that there was a risk of overemphasising the negatives.

> *People have confused views about what it means to be gay and they're projecting that onto their children as well, so their children or foster children ...are going to grow up filled with fear. They're not going to have the validation.*

Accepting LGBTQ young people and building their self-esteem required foster carers to understand the risks that might affect young people in the community, but also to promote opportunities and value each young person's potential. Foster carers talked, however, of feeling that the social work support available was often not giving them

either the specific information or the emotional support they needed to manage this task.

Co-operation – helping a young person to feel effective

Young people in care often feel powerless to assert themselves or make decisions about their lives, both as a result of difficult birth family experiences and, too often, experiences of moves in care. Wijedasa (2017) found that foster children tend to experience a greater sense of external locus of control than either adopted children or disadvantaged children in the community. Carers therefore have the task of building young people's sense of self-efficacy or agency (Schofield & Beek, 2018), often initially through offering opportunities to make choices. But carers described how for LGBTQ young people there were difficult choices to be made, such as who to come out to and how to express their identities, when they lacked trust in others and faced possible rejection.

For young people in care who were exploring their sexual orientation and gender, parenting co-operatively meant foster carers also drawing on the other Secure Base dimensions, offering availability and acceptance while sensitively tuning in to the young person's needs. In this example, the carer shows how these dimensions worked together, with the focus on the trans young person having choices and setting the pace and agenda of even the most difficult conversations.

> *I tried to make it sort of centred on him really – how he wanted to progress with it. Sometimes he would just come into the kitchen and would slam things around and I would just stand and wait...to see if he would want to talk about*

it. A couple of times he walked in the door and just threw his arms around me and cuddled me and just told me life was completely unfair. Then we would sit somewhere private and he would talk about what had happened in the day, whether it was a problem to do with that or something to do with transgender.

One of the important areas for helping LGBTQ young people to feel more effective was in managing discrimination, stigma and bullying. Carers reported particular dilemmas in supporting young people in care to feel confident in expressing their LGBTQ identities while simultaneously protecting them and helping them to protect themselves from bullying.

I think you have got to allow young people to express themselves and safely, but it is about keeping them safe... If he had the confidence …he would be more likely to get away with it, but because he is quite nervous with it, it worries me that he could be a victim quite easily.

An important area for young people to develop agency was within the care system itself, in particular around confidentiality and information sharing in relation to their sexual orientation and gender identity at looked after children (LAC) statutory reviews.

I don't think it needs to be brought up at reviews… a LAC review could have like parents. It could have brothers. She might not want all her teachers to know her personal stuff. The LAC review is about your plan for the life ahead, but you know that's personal, your sexuality.

There were situations where young people were at risk of harm from birth families if their sexual orientation was known and with review minutes going to birth parents, carers needed to help young people to feel in control of information. For one young person who identified as gay and whose family was from a homophobic religious and cultural background, his sexual orientation could not be mentioned at statutory reviews and his LGBTQ youth group was referred to as a youth club.

> *He doesn't want his mother knowing nothing. There's a big code around who he is, you know his sexuality. …He's in control of that*.

Carers talked of an absence of support from some social workers regarding making certain decisions, especially in relation to LGBTQ young people wishing to have sleepovers. As a result, young people's choices about their social lives could be curtailed. For example, in the absence of clear guidance from the local authority, some carers felt the need to be cautious about sleepovers.

> *Normally with a foster young person if they wanted a friend to stay, I would let them stay. But if the girl is lesbian I can't let her friends stay.*

Other carers commented that this was another area where LGBTQ young people in care were disadvantaged. As one carer put it, if young people were not allowed sleepovers, '*That then makes them different again'*.

Carers needed to manage a number of tensions when parenting co-operatively to build a young person's confidence and sense of agency. As with other foster care research (Beek and Schofield, 2004; Schofield & Beek, 2009), some carers tended to limit young people's options and opportunities with a view to protecting them. But the majority of carers expressed concerns about how to get these approaches right for each LGBTQ young person and would have liked more specific guidance from professional support networks.

Family membership – helping a young person to belong

Family membership contributes in important ways to providing a secure base for exploration for all young people. A supportive, accepting family has been argued to be an important protective factor in dealing with the stigma of an LGBTQ identity (Meyer, 2003, Ryan, 2010). For young people in care, offering a sense of belonging in a supportive, accepting foster family reduces anxiety and enables young people to feel confident to try new experiences and have the resilience to withstand pressures from the outside world (Schofield et al, 2012; Biehal, 2014; Schofield and Beek, 2018), a significant benefit for LGBTQ young people. However, a sense of identity and belonging as part of the foster family needs also to be understood in the context of the young person's simultaneous and often complex membership of the birth or adoptive family.

For most LGBTQ young people in this study, the extent to which they were seen by carers as being a member of their foster family was linked to acceptance of their

LGBTQ identity. Foster carers commented on how this message of acceptance was linked to confirming a young person's place as a family member.

> *It doesn't change anything. We still look at him as one of our own.*

The meaning of family membership to carers and young people, as in other research (Schofield & Beek, 2009; Biehal, 2014), included both the quality of the commitment of foster carers to including the young person as part of the family *and* the young person having confidence that carers would be available for them while in care and, ideally, after they left care.

> *I've seen her grow with our nurturing...She says she belongs here. Her family, they are family but she calls this her family. She said if she went into the navy which she would like to do, she said the first place I'm going to come, I'm going to come straight here.*

One young person had officially left the placement at 18 and was away at college, but the foster family remained his secure base emotionally as well as a source of family membership.

> *His sense of belonging is here...he still seeks our approval when he's doing something or you know if he's got problems... Be it at college or his personal life, he'll run it by me and (foster father). 'I'm coming home, aren't I, for Christmas?'*

Carers talked with pride of the way in which young people treated them as parents, and often recognised the additional element of security that accepting young people's LGBTQ identity contributed to a sense of family belonging.

> *He came home and brought me a box of chocolates and he said, 'I know you're not my mum, but you do play the part of my mum… so I'd like you to have these'. So I think he feels very safe here.*

The few LGB carers in the study valued what they could offer young people in terms of models of family life. In one case a gay young person who had been sexually exploited was said to have been challenged to think differently about gay relationships and possibilities.

> *He was able to see gay relationships and love and family in a positive way…At the same time this was a challenge for him because I suppose it threw what his idea of that was, which was very sexualised and dirty, if that's a word I can use, you know, like seedy … and this world isn't like that, my life isn't like that.*

Some LGBTQ young people were able to retain or build positive relationships with their birth families, and supporting this was seen as an important role for foster carers. One foster carer who had himself struggled to accept a young person in a long-term placement coming out as trans was then able to work with the birth family.

I think the aunt was very uncomfortable with it to start off with, but once she realised that I'd coped with it I think she accepted it a bit more…. We talk as if we are on the same side, you know.

But carers also spoke of the challenges of supporting young people who held on to the hope of living with, or at least being accepted by, their birth family.

He's got this fantasy…but when I say, 'Would you ever like to live back with your mum?' he said, 'Yes, I would love to, but she won't have me and she will never have me again.'

For others, there were real grounds for fear in relation to the birth family.

He's terrified. He said he'd love to tell her (his mother), but just daren't because she might send me back to Africa. ...and he said, they'll kill me.

As with all young people in care, the carer has a key role in helping LGBTQ young people to manage memories of harm or a sense of rejection from the birth or adoptive family, supporting contact with birth families where appropriate, while also promoting a sense of membership of the foster family. This task is challenging cognitively and emotionally. For some LGBTQ young people there was anxiety about whether any family would accept them as a member because of their sexual orientation or gender identity. Where foster carers had helped LGBTQ young people to feel fully accepted as family members, this gave them greater confidence in other areas of their lives.

Discussion and implications for practice

The analysis of foster carer interviews illustrated how carers were managing a range of caregiving tasks in meeting the needs of LGBTQ young people who had particular challenges with key areas such as self-esteem, and risked associated problematic behaviour and mental health difficulties (Rivers & D'Augeli, 2001, Scourfield *et al*., 2008, Grossman *et al*., 2011). For foster carers, this caregiving was in addition to but linked with providing the nurturing environment that all young people in care need to manage their difficult family histories.

Using the Secure Base model (Schofield and Beek, 2018) offered a framework that connected caregiving dimensions to developmental goals for LGBTQ young people and there were good examples in this study of foster carers being able to offer availability, sensitivity, acceptance, co-operation and family membership to LGBTQ young people in their care.

However, there was also evidence of foster carers struggling in some or all Secure Base dimensions in relation to meeting the needs of LGBTQ young people, whether because of their lack of knowledge, skills and support or because of ambivalence, discomfort or, in a few cases, homophobia or transphobia among foster family members. Although there were some positive descriptions of the support available from social workers, most carers felt alone with the question of how best to support LGBTQ young people. This lack of social work support also meant that negative attitudes and approaches could go unchallenged.

Where foster carers gave examples of their role as available and sensitive parents this was linked to acceptance of young people's LGBTQ identity (Ryan et al, 2010) and then reflected in accounts of young people's increasing trust and ability to 'be themselves'. The care often needed to be therapeutic (Wilson *et al*., 2003; Schofield & Beek, 2018) because of the traumas and difficulties that many young people had experienced in terms of histories of rejection, sexual exploitation and, for trans young people, profound discomfort with their own bodies and ascribed gender. But carers also recognised their role in supporting young people's agency and capacity for resilience. They described needing to be active and knowledgeable advocates, for example working with gender identity services or review processes, and for this role they needed to be part of the professional team and seek out advice and share information. Integrating parental and professional roles (Schofield, et al., 2013) seemed to have particular relevance for foster carers of LGBTQ young people.

There were some limitations of this study. In particular, the foster carer sample, although diverse in some respects, was self-selecting and participants were perhaps more likely to have positive rather than negative views and experiences. It was also the case that for any particular group of carers e.g. LGB carers (n=3), numbers were small. Similarly, numbers were small for carers who had experience of caring for particular groups of young people e.g. trans young people (n=8).

However, a number of implications for practice emerged from these interviews and were supported by other data from the project, both from young people and from social workers (Cossar et al., 2017). First it was clear that at the initial assessment, training and preparation stage, it will be important for fostering agencies to explore

prospective foster carers' values and attitudes in relation to LGBTQ issues. Whether or not they will be matched as carers with LGBTQ children and young people, or care for children and young people who come out as LGBTQ while in placement, all approved foster carers in all agencies need to show acceptance and valuing of diversity in relation to sexual orientation and gender variance, as they are required to do in relation to other forms of diversity. Post-approval training should also be available on the needs of LGBTQ young people and the role of foster carers. This training should communicate information and deliver skills training, but also identify and challenge where necessary foster carers' attitudes and values. There are models from the USA for this training available (Mallon 2018, Salazar et al, 2018) and this project will be contributing to developing resources for use in the UK.

Key also to ensuring high quality foster care will be the quality of the work of supervising social workers and children's social workers. Foster carers in this study felt that they needed social workers to offer better information, for example in relation to LGBTQ support groups or gender identity services. But they also needed clearer policies and better support to manage the day to day decisions within the care system, whether regarding decisions over sleepovers or managing inter-professional meetings such as statutory reviews. Better training for social workers about the experiences and needs of LGBTQ young people and their carers is also essential (Mallon, 2017), both in qualifying and post-qualifying programmes.

Conclusion

The study has begun the process of exploring the role and caregiving experiences of foster carers for LGBTQ young people in England. The Secure Base model (Schofield

& Beek, 2018) has offered a framework for thinking about young people's specific needs and the caregiving which can promote their well-being. Future policy, practice and research developments will be required to test out how lessons from this study, including young people's accounts of their experiences, and the wider research on services and outcomes (Sullivan et al., 2001; Erney and Weber, 2018; Robinson, 2018) can be translated into practice that improves outcomes for LGBTQ young people in care.

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