Title: Policy and practice with Lesbian, Gay, Bisexual, Trans, and Queer (LGBTQ+) care-experienced young people - a National Survey of Local Authorities in England

Abstract:

There is scant research on the experiences and needs of lesbian, gay, bisexual, trans and queer/questioning young people growing up in care in the UK. This article reports on a national survey of local authorities (LAs) in England, which aimed to explore what data LAs collect relating to sexual orientation and gender identity, as well as exploring existing LA policies and practice in relation to LGBTQ+ young people growing up in out-of-home care. The survey asked about policy, recording, support and training. Respondents were senior managers in LAs with responsibility for looked after children. The survey response rate was 78% (n=118). The survey found a lack of specific policy relating to this population and little central recording of SOGI data, although most local authorities suggested information would be recorded in individual case records. LAs described a variety of ways in which they supported LGBTQ+ young people in practice at both individual and organisational levels, but highlighted a lack of staff knowledge and confidence. Training provision was more likely to be provided for social workers than for foster carers or residential staff. Implications for practice are discussed.

Teaser text: The article outlines a national survey of local authorities in England. We asked them about how they meet the needs of lesbian, gay, bisexual, trans and queer (LGBTQ+) young people growing up in the care system in their area. We asked whether they know how many LGBTQ young people are in care in their area and how they meet their needs. 78% of local authorities filled in the questionnaire. We found that local authorities do not keep count of the number of LGBTQ young people in care and there is little specific policy to provide guidance. LAs do provide individual care to meet the needs of LGBTQ young people on a case by case basis, but they say that staff do not feel knowledgeable and confident. They provide some training for social workers, foster carers and residential carers but more needs to be done to improve policy, training and support for young people who are LGBTQ and growing up in the care system.

Keywords: LGBTQ+, young people, foster care, residential care, looked after children

Introduction

There is scant research on the experiences and needs of lesbian, gay, bisexual, trans and queer/questioning (LGBTQ+) young people in care in England. However international research suggests that LGBTQ+ young people experience poorer outcomes in the care system than their cisgender and heterosexual counterparts. There are differences in welfare systems, legal and statutory guidance and cultural differences between the US and UK, and research in different national contexts can aid understanding of policy and practice with this population. This article reports on findings from a multistrand study of LGBTQ+ young people in care in England (Cossar et al, 2017). It focuses on the findings of one element of this study - a national survey of local authorities (LAs) in England. The aims of the survey were to find out what data was being collected, whether LAs had specific policies pertaining to this group, and how they felt they were meeting the needs of the LGBTQ+ young people in their care.

The LGBTQ+ category is constantly evolving, reflected in the multiple and multiplying acronyms used in different contexts. Cronin and King (2010) for example, cite LGBT, LGBTQ+, LGBTQ+Q, LGBTQ+QU and LBGTQQUI (lesbian, gay, bisexual, trans/transgender, queer, questioning, unsure, intersex) as a variety of acronyms to signify the community within the UK. Since 2010 additional terms have been added. Where the literature or policy reviewed refers to a specific population the most appropriate abbreviation will be used. The term SOGI/E is used as a collective term for sexual orientation and gender identity/expression. The term trans is used to refer to people whose gender identity does not correspond to the sex assigned to them at birth. For the purposes of the survey the terminology LGBT was used (lesbian, gay, bisexual, trans).

The numbers of LGBTQ+ young people in the care system

The number of young people in the care system who are LGBTQ+ is hard to identify due to a lack of systematic data gathering. However, a growing body of international (mostly US) evidence suggests that LGBTQ+ young people may be overrepresented within the care system (Wilson and Kastanis, 2015, Dettlaff et al., 2018, Fish et al., 2019, Baams et al., 2019). Grooms (2020) suggests reasonable estimates of the LGBTQ+ foster youth population to be from 10-30% of the young people in care nationwide in the US. There is limited baseline data available to systematically identify differences in care pathways and outcomes (Dettlaff et al., 2018, Washburn et al. 2018, Fish 2019).

In England, the responsibility for 'looked after children' lies with Local Authorities (LAs). Looked after children may be living in foster care, kinship foster care, residential care homes or other settings. Local authorities have specific duties and functions outlined in the Children Act 1989 and associated regulations. Central government requires the LAs to complete an annual return including information about children who are looked after or have recently left care – the SSDA903. This collection mechanism (DfE 2023) provides an annual data return to the government. This is used to generate annual statistics about the number of children in care in England - in 2022 the number was 82,170 (HM Gov 2022). The information collected contains some demographic details about the child (for example gender, ethnicity) but does not include sexual orientation. The code set for gender is binary, although guidelines do now specify that 'looked after children must be classified as being male or female. In exceptional circumstances, a LA may be unsure as to which gender should be recorded for a particular child. Where this occurs, gender should be recorded according to the wishes of the child' (DfE 2023:30). As the data is not centrally collected the numbers of LGBTQ+ care-experienced young people in England are unknown. However, Matthews et al. (2019) reported that looked-after young people represented 4.9% of referrals to the national gender identity development service – a significantly higher rate of care-experienced young people than is found for the English general population (0.58%).

SOGI monitoring in Health and Social Care (aged 16+)

In 2021, the census for England and Wales included questions on SOGI for the first time, after an extensive period of development and piloting (ONS 2018). In 2017 NHS England introduced the Fundamental Information Standard for Monitoring the Sexual Orientation of patients/service users (aged 16 or over) in health services and adult social care (Pollard et al, 2019). The proposal was the focus of a 'Head to Head' discussion article in the British Medical Journal (BMJ 2018) - illustrative of the ongoing debates prompted by this issue. Arguments made against collecting this data included concerns about intrusiveness, data security, damaging the relationship between patient and clinician, and fear that it might become a merely bureaucratic exercise. Arguments made in favour included recognition of the specific health needs of LGBTQ+ people relating to sexual health, substance use and mental health, fairer treatment and visibility, 'if we don't count our LGBT patients, they don't count' (BMJ 2018:1).

Despite professional concerns about the acceptability to patients of asking questions about sexual orientation, research suggests that there may be a disparity between professionals' perception and the actual discomfort levels of patients, with professionals assuming a greater level of discomfort than patients report (Haider et al., 2017, Pollard et al., 2019).

SOGI data - young people

Globally there is evidence to suggest that there are cohort differences between rates of LGBTQ+ identification in different age groups (Ipsos 2021), so basing service provision on what is becoming known about the 16+ population might not be adequate to meet the needs of younger adolescents.

Various surveys demonstrate the feasibility of collecting data on SOGI for young people under 16 (Wilson and Kastanis, 2015, Dettlaff et al., 2018, Painter et al., 2018, Clarke et al., 2018. However, there are sensitivities to be considered. Young people may not be out to parents/carers/professionals. and there are concerns about confidentiality (Wilson and Kastanis, 2015). Bjarnadottir et al (2027) undertook an integrative review in healthcare settings of patient perspectives on answering questions about sexual orientation and gender identity. They found that the stigma and discrimination that LGBTQ+ adults face may impact on their willingness to be open about their sexual orientation and/or gender identity for fear of encountering prejudice or receiving worse care (Bjarnadottir et al., 2017). This may also apply to young people, arguably more so to young people who are living in public care. Research is needed to explore whether this is the case. There is a difference in context in collecting information for research studies compared to service provision; the purpose of collecting the data, who has access to it, and the use to which it is put must all be clear to the young people.

Policy

The Equality Act 2010 is the main anti-discrimination legislation in the UK. This legislation, which replaced previous anti-discrimination legislation with a single legal framework, includes ‘sexual orientation’ and ‘gender reassignment’ amongst nine protected characteristics. It is important to note that the gender reassignment characteristic does not include other trans identities such as non-binary. The Act also created the Public Sector Equality Duty (PSED). The PSED requires LAs to give due regard to eliminating unlawful discrimination harassment and victimisation, advancing equality of opportunity, and fostering good relations between different groups.

The needs of lesbian and gay young people in the care system have been acknowledged in law in the UK through the Children Act, 1989 and its accompanying standards and guidance from the earliest versions of that guidance. The family placement guidance, 1991, contains the first mention of ‘gay young men and women’ in public care, stating ‘their needs and concerns need to be recognised and approached sympathetically’ (Department of Health, 1991:97). Later guidance for residential home and fostering services states that foster carers should be able to support a young person to develop an understanding of their sexuality and forming positive sexual relationships, and ensure they are not subject to discrimination (Department for Education, 2013). Whilst there is some recognition of LGB needs in government guidance from 1991 onwards there is hardly any mention of the needs of trans young people. The National Institute for Clinical Excellence (NICE 2015) guidelines for looked after young people makes recommendations around diversity, and includes 'lesbian, gay, bisexual or transgender' amongst other aspects of diversity. Recommendations include promoting an organisational approach to diversity; contacting relevant community support groups; consulting young people about their experiences; appointing a local diversity champion; producing a diversity profile to ensure services are relevant, and ensuring a diverse range of placements.

LGBTQ+ youth in care – experiences and outcomes

There has been a growing research base addressing the experiences and outcomes of LGBTQ+ young people in care from the US since the 1990s (Woronoff et al., 2006; Poirier et al., 2018). However, there has been limited international research on the subject and very little from England (Cossar et al, 2017, Schofield et al, 2019. Schaub, 2022).

The research literature raises concerns about LGBTQ+ young people's experiences growing up in out-of-home care. Experiences include abuse, rejection and discrimination from peers and staff, physical and emotional abuse (Freundlich and Avery, 2005) and increased placement instability (Woronoff et al., 2006, Wilson and Kastanis, 2015, Poirier et al., 2018). Trans young people face additional challenges, including their gender expression and identity not being respected in the practical arrangements for their care (Woronoff et al., 2006).

The impact of these experiences on LGBTQ+ young people may lead to emotional distress, depression, anxiety and suicidal ideation (Morrow, 2004, Wilson and Kastanis, 2015). In their study on outcomes for sexual minority youth who had been involved in the child welfare system Spiegel and Simmel (2016) found significantly poorer outcomes for sexual minority youth compared to their heterosexual peers on all indices measured, including educational attainment, employment, homelessness and financial stability. Other studies have found that LGBTQ+ young people may be at greater risk of going missing from care and additional victimization though sexual exploitation and associated risks of drug and alcohol abuse. (Woronoff et al., 2006, Mountz, 2011).

Studies have identified lack of staff training and confidence to be an issue. McCormick et al. (2018) found that SOGIE were not addressed proactively due to professional discomfort and lack of confidence, exacerbated by rapidly changing terminology which professionals found overwhelming. In the UK a similar lack of confidence and discomfort was highlighted in a survey of mental health staff working with LGBTQ+ young people (Hughes et al., 2018). The study also indicated that training helps - those who had received training were significantly more likely to state that they routinely discussed issues of SOGI with young people that they worked with.

Whilst it is encouraging that training can help, in a survey of 3000 health and social care staff (Somerville 2015) - only one in ten (9%) practitioners with direct responsibility for patient care said they received training on the health needs of lesbian, gay and bisexual people. When asked what this covered, more than half (54 per cent) said the specific training only covered sexual health. Just one in ten (11 per cent) of these practitioners said they received training on the health needs of trans people. A government report on child and family social work found that trans issues remain poorly understood (Hudson-Sharp, 2018).

The numbers of LGBTQ+ young people in the care system are unknown in England as this data is not routinely collected. However, findings from the international literature suggest that this is a population that experiences poorer outcomes than their cisgender and heterosexual counterparts. Within the UK there is a legal framework that mandates that LAs must give due regard to eliminating discrimination and advancing equality of opportunity in the delivery of services. However, there is little detailed policy guidance. Within this context this study sought to find out more about LA policy and practice with LGBTQ+ young people growing up in the care system by undertaking a national survey in England with the heads of service for looked after children.

Methods: the sample and questionnaire

The aim of the national survey was to identify LA policy, provision and practice and explore how children's services meet the needs of LGBT young people in care. The study was approved by the Association of Directors of Children's Services for England and by the University of East Anglia Ethics Committee.

To develop the survey concept specification involved the research team generating a list of potential survey items, breaking overarching concepts down into possible sub-dimensions. This process drew on key findings from examination of the relevant national policy and guidance and examination of publicly available information (such as LA Equality Impact Assessments for looked after children) to obtain a sense of current support, guidance and policy available at a local level. The focus of this stage was on writing questions, selecting appropriate response categories and scales of measurement, questionnaire layout and format, and appropriate question order.

The immediate research team revised multiple versions, using a systematic tool, the QAS 99 Question Appraisal System (Willis and Lessler, 1999) as a guide to facilitate question appraisal. Particular attention was also paid to creating as concise an instrument as possible, hence the questionnaire tended to reduce in length with each revision, as questions deemed less critical to the central research aims were removed, and question wording was simplified.

A number of specialists were consulted in order to critique and pretest the questionnaire (Czaja, 1998). The experts included five social work academics with specialist knowledge of the research topic, who provided particular insight into the content validity, three academics with extensive expertise in questionnaire design, who were able to advise on technical aspects of the questionnaire, and two social work professionals with prior or current experience as managers/service managers for looked after children. The panel also provided feedback on the covering letter and accompanying information.

A pilot study, using the online version of the questionnaire, was undertaken with a small sub-sample of LAs. The pilot study enabled the team to ascertain how the implementation of the survey would work in practice from start to finish. The goals of the piloting process were to get feedback on individual items in the questionnaire and test how the recruitment process worked in practice (Dillman et al (2014). The final questionnaire covered four main areas: Policy, Recording, Support (including approaches to care placements), and Training. The questionnaire contained both fixed-response questions and open-ended questions.

Sample

The survey was aimed at all LAs in England and was designed to be completed by a respondent with senior oversight of relevant services, such as head of service for looked after children. 151 of the 152 English LAs were approached to participate (excluding Isles of Scilly which had no looked after children). A single response was requested on behalf of each LA. The initial approach was made via an introductory email sent to Directors of Children's Services at each LA, seeking approval and a nominated contact who had oversight of services for looked after children. The nominated respondent was then sent an invitation email which contained a unique web-link to the online survey. Reminder emails were sent on two occasions, followed by a final reminder phone call or email.

The aim at all stages was to build in a degree of flexibility to enable respondents to reply at a time and using a format which would best suit them. The questionnaire was offered in an alternative format as a Word document for return as an email attachment, should the respondent prefer this. The survey remained open between August 2015 through to May 2016. Consent was implied by undertaking the survey (and noted in the accompanying introductory information).

A total of 118 of the 151 LAs completed and returned the survey, equivalent to a response rate of 78%. The majority of respondents (77%) had senior oversight of provision at the LA (head of service for looked after children or equivalent post). Exactly half of respondents (50%) had been employed in the post for three years or more, and the remaining 50% for two years or less. Additionally, a total of 60% of the respondents had been based at the same LA for four years or more, while only 15% had been at the LA for less than a year. This response indicates that the respondents representing each of the LAs were providing information based on senior-level expertise and oversight. Moreover, the majority of respondents had been working at the LA for a number of years which suggests that their responses are based on good familiarity and experience of specific practice at the LA.

Online responses were exported and responses received as email attachments entered manually into SPSS version 21.0 (IBM Corp, 2012) for data analysis. Descriptive statistics were used to summarise the quantitative survey data. Free-text data derived from open-ended questions were exported to NVivo 10 (NVivo, 2014) and analysed thematically to identify repetitions, similarities, and differences. Analysis and interpretation of survey data was informed by discussion of emerging survey findings with the Project's young researcher team.

Findings

Policy

The survey asked 'does your LA have a policy which addresses the needs of LGBT young people in care'? with a choice of four options and an open response box for further comment:

- There is a LA policy which specifically mentions the needs of this group
- There is a general policy addressing the needs of all LGBT young people across the LA
- There is no policy addressing the needs of this group
- Don't know of any policy

About half (48%) of respondents indicated that there was no policy in place addressing the needs of LGBT young people in care at the LA, and a further 10% were not aware of any such policy. Of the remainder, most (38%) indicated that there was general policy addressing the needs of LGBT young people at the LA, but only a small proportion (5%) that there was a specific LA policy which related to this group of young people.

Respondents offered some different perspectives about the adequacy of current policy. Some respondents expressed reservations about the need for further policy, feeling current generic policy around anti-discriminatory practice was sufficient.

'*There is no specific reference to the needs of this group within Children's services policy but we would expect consideration of their need to be consistent with more general policy positions on identity and diversity issues.'*

These responses also emphasized that good practice was taking place in their LA. Challenges were noted around the policy-practice interface; questioning whether additional policy would have impact, raising issues around the implementation of policies so that they do not remain a 'paper exercise', and expressing the need to refresh policy regularly in a context of evolving and changing understandings and practice.

For those LAs in favour of developing a specific policy, arguments made were that it would improve the visibility of this group of young people, improve and prompt change at an organisational level by addressing training and staff confidence, and help embed a consistent and clear response from all.

'*In the absence of policy, needs can get overlooked.'*

A number of LAs were either already in the process of developing specific policy or were intending to address this. Within the optional 'additional comments' field, 29 (25%) LAs indicated that they were considering developing new policy or updating existing policy.

Recording

Respondents were asked ‘Does your LA gather statistics centrally on the sexual orientation or gender identity of looked after children (ie can you extract this data from an existing database)’. At nearly all LAs, central recording of SOGI was not undertaken. A small proportion (2%) did indicate that these statistics were collected on sexual orientation and 10% for gender identity.

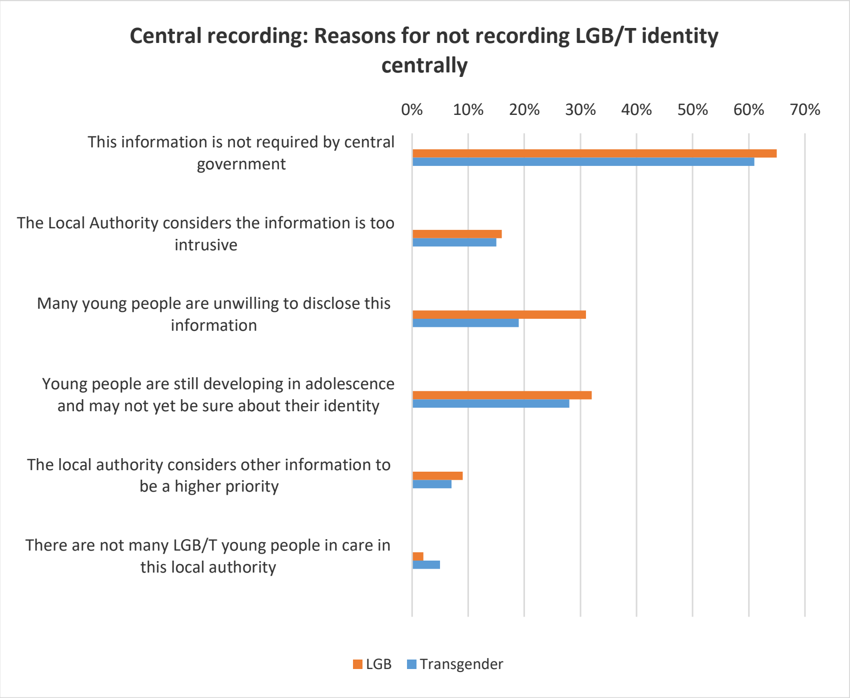

Figure 1: Reasons given for not recording LGBT identity centrally

A follow up question in multiple choice format (more than one box could be ticked) allowed respondents to expand on the reasons for not recording the data centrally (figure 1). Aside from young people being unwilling to disclose their identity, these reasons are generally comparable for sexual orientation and gender identity. The most common reason given was that the data is not required by central government.

‘It is difficult to make changes to data intelligence systems and this is more likely to be recorded if it became a national requirement.’

Additionally, respondents were able to fill in a free text box. The most common theme in this to emerge was that data were not collected because no active consideration had been given to the issue (22% of respondents noted this in relation to sexual orientation and 25% with regard to gender identity).

Respondents were asked 'in relation to an individual young person in care, in what documents would you expect LGBT issues to be recorded?' Respondents were able to choose multiple options from a list which encompassed the main case recording documents (Figure 2).

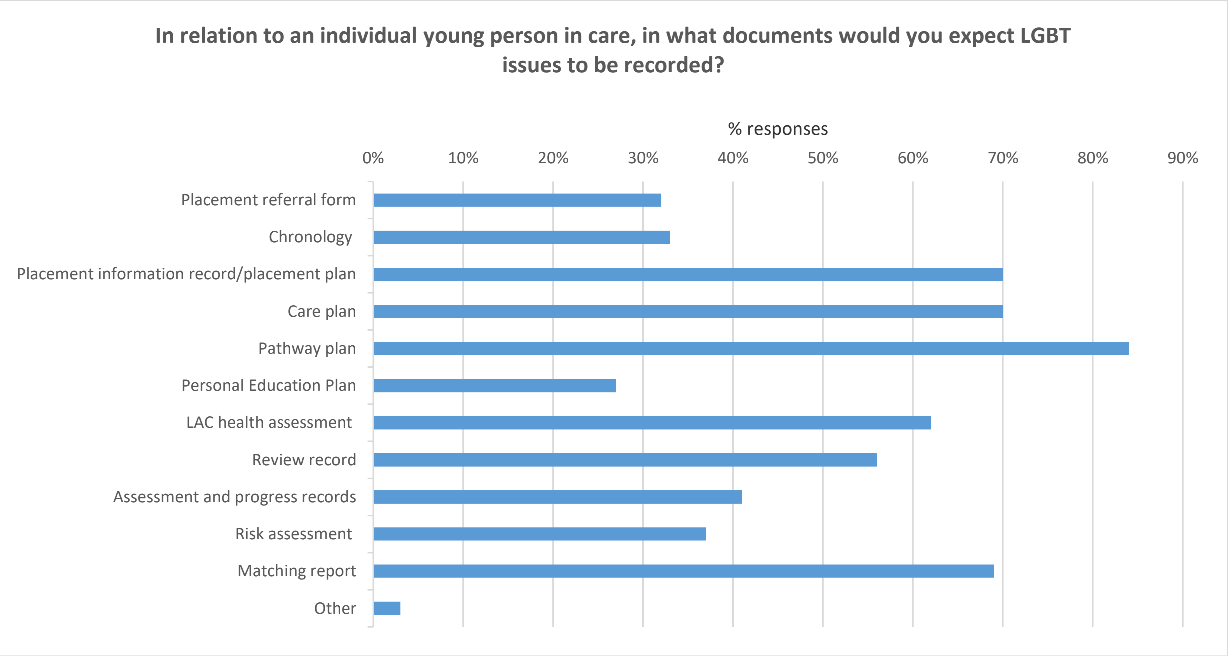

Figure 2: individual case recording

While only 27% of respondents thought recording would be included within Personal Education Plans, over two thirds expected this would be recorded in Pathway Plans (84%), Placement Plans (70%), Care Plans (70%) and Matching Reports (69%). These differences may be attributable to the perceived purpose of the documents, the age of the young person (for example pathway plans pertain to the needs of children who are 16+) or the perceived confidentiality of the documentation. Given the potential for bullying at school it is of interest that only 27% of respondents felt that LGBT identity might be expected to be addressed in the personal education plan, which is a document that addresses educational progress and support needs.

Sensitivities and Dilemmas:

Respondents noted several dilemmas in eliciting and recording this information. Firstly, there were concerns about acceptability from the young person's perspective and their right to privacy. Given the public nature of life in care, asking about this aspect of life could be seen as a further intrusion.

Secondly there were some concerns raised about accuracy, as from a developmental perspective, adolescence is a time of identity development and concern was raised that information contained in records might not reflect the young person's present identity.

Thirdly, respondents raised the issues of consent and confidentiality. For example, it might be problematic where a young person did not consent for the information to be recorded, but there were perceived support needs in relation to their LGBT identity. There were also worries about the danger of a young person being inadvertently outed to other people and a desire to protect a young person from wider discrimination or stigma.

A further issue was the question of relevance, with the argument that information about sexual orientation or gender identity should only be noted where there was thought to be a clear and direct bearing on other issues.

'*this would entirely depend on the individual and their specific assessed needs. It should only be recorded where materially relevant. In the same way we don't routinely record someone's* *heterosexuality we would need to explore why we recorded that they were gay, a lesbian, bisexual or transgendered* [sic].'

Professional discomfort was also noted, with some respondents suggesting that staff felt uncomfortable or 'shied away' from asking.

Support

An open question was included in survey enquiring about the ways in which the needs of LGBT young people in care are supported at the LA. In their responses, service managers identified a range of ways in which such support had been provided, which is broadly considered under the headings of 'individual level' and 'organisational level':

Individual level:

1. Providing information and signposting to resources
2. Referral to specialist services, for example counselling or sexual health
3. Supporting the young people to access LGBT+ youth groups
4. Direct support from social worker, participation workers etc.

Organisational level:

1. Employment of diverse workforce
2. Recruitment of LGBT+ carers
3. Promoting an inclusive environment /atmosphere of acceptance
4. Staff training
5. Consulting with Children in Care Councils

Throughout responses, the prominent theme was the bespoke nature of support at an individual level - the emphasis on the care taken to understand and respond to the young person as unique. However, it was acknowledged that the onus could be on individual social worker's skills in assessing young people's needs.

'*lots of good practice, but I feel it's about individual staff rather than a clear approach from all.*'

When considering obstacles to providing effective support, the key issue for most service managers was staff confidence and knowledge. In total, 59% of respondents cited lack of staff knowledge about the needs of LGBT young people in care as a barrier, and 54% felt that staff were not always confident to raise this issue with young people (figure 3).

'*whilst there is increased overall attention to promotion of 'diversity' and the voice of the child, within which 'sexuality' is acknowledged, there may be a cultural uncertainty and reticence to directly naming and approaching this as a specific need.'*

Some respondents were confident that practice in this respect was good – services were available, their staff were working effectively to provide support where needed, and there were no significant barriers impeding this. More often, respondents expressed satisfaction that individual staff were working well to provide good support but tempered this with the view that work had been conducted on a reactive basis – that is, as issues arose. This group of respondents felt that the support needs of LGBT young people in care had not been adequately strategically defined – and drew attention to the absence of national requirements or guidance which named or identified LGBT identity as a specific issue.

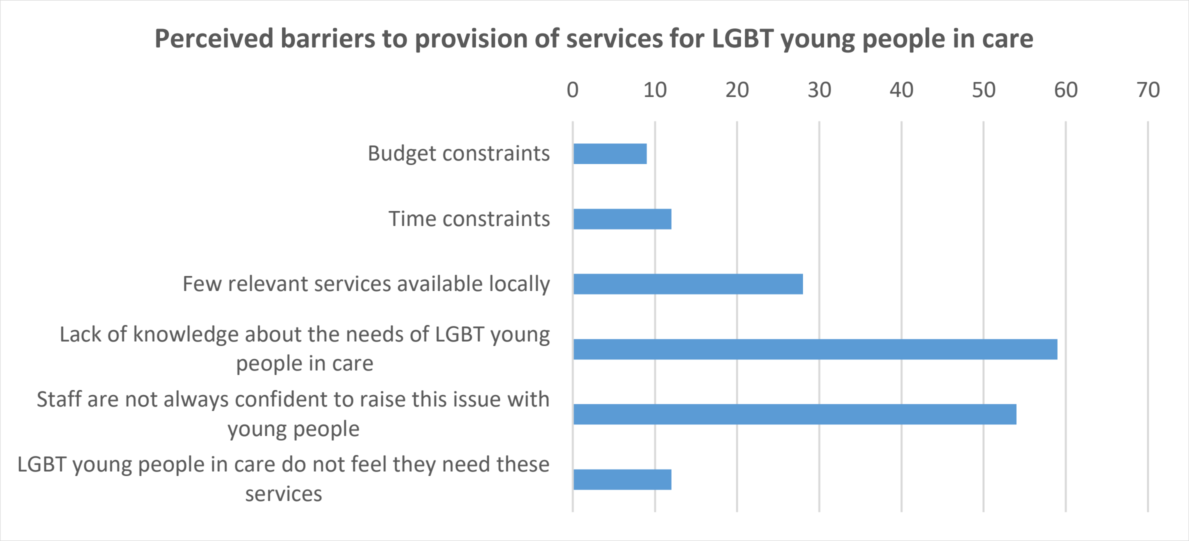

Figure 3: barriers to provision of services

It was respondents representing rural LAs who tended to draw attention to challenges around access to services. This prompted us to undertake a chi-square test to see if there was a relationship between urban/rural areas and perceived barriers to support, using ONS data categories for rural or urban LAs. While there did appear to be some geographical variation in perceived barriers to support this was not significant in relation to access to relevant services. The only statistically significant result was staff confidence, with respondents from rural LAs more likely to cite this as a significant barrier (X2 (1, N=133) =10.48, p<.01) than those from urban LAs.

Placement planning

The survey incorporated an open question enquiring how a LA takes into account the needs of LGBT young people when finding care placements. Respondents highlighted various ways in which this may influence assessment and selection of most appropriate placement. Firstly, many respondents stressed the active involvement of a young person (where LGBT identity was already known). Similarly, some comments related to the need to explore and determine the views or attitudes of potential carers prior to making placement decisions. Specific strategies included seeking placements where carers had specific expertise or experience either as members of the LGBT community, and/or with previous experience of caring for an LGBT young person. A number of respondents referred to taking into account the profile of other young people in placement to ensure a young person would feel accepted and safe from any bullying or hostility.

Over half (62%) of LAs make the decision to match LGBT young people with LGBT carers either often (6%) or on occasion (56%). A small number (8%) had never matched on this basis, and 30% did not know if they had done so, indicating that this is not routinely considered. Perceived advantages of matching were provision of positive role models, insight, understanding and empathy, a safe space for a young person to explore and develop their identity; practical advice, guidance and support; coping strategies for dealing with discrimination and placement stability. The most commonly expressed disadvantages were caution about focusing on one aspect of identity where it may not be the primary need for the young person; wariness about assuming an LGBT carer was best placed to care for an LGBT young person, negative reaction from the young person or birth family and potentially hindering non-LGBT carers developing knowledge or skills, and a lack of availability of LGBT carers.

Training

The questionnaire asked what training had been provided by the LA in the last 12 months in relation to working with LGBT young people for different groups; foster carers, residential staff and social workers. LAs were more likely to have provided training for social workers (41%) than for foster carers (34%) or residential staff (23%). However, for all three groups, there appeared to have been little in the way of stand-alone training on LGBT issues, although a small proportion of LAs had offered this (13% of foster carer training, 4% of residential staff training and 11% of social worker training being described as ‘stand-alone’). More typically however, LGBT training had been incorporated as one aspect of broader training activities relating to either diversity or sex/sexuality and gender.

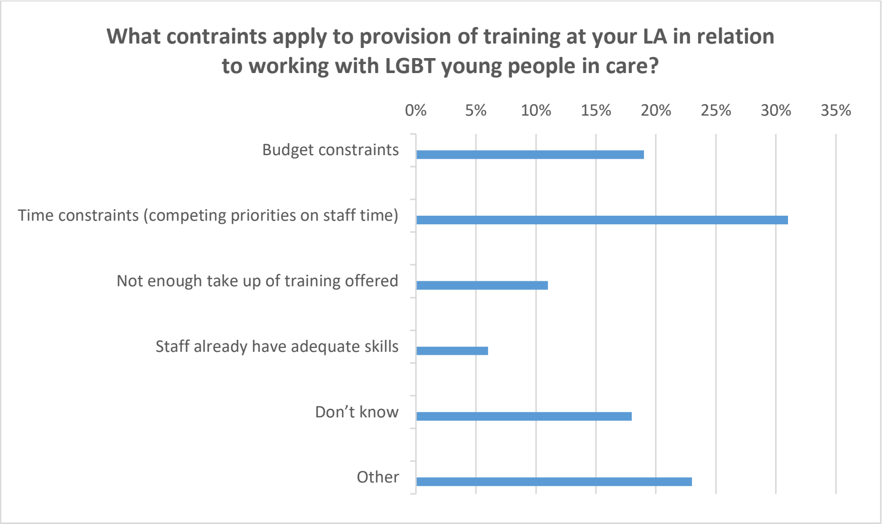

Figure 4: training constraints

Respondents felt that there were no over-riding or major barriers to provision of training in relation to working with LGBT young people in care (fig. 4). None of the given options was chosen by more than a third of respondents as a reason for not providing such training. Only a small proportion (6%) of LAs felt that training was not required because staff already had adequate skills. This finding reinforces other evidence from this survey which shows that that lack of staff confidence and knowledge are viewed as the foremost barriers to provision of effective support to LGBT young people in care.

Discussion

This survey sought the views of all LAs across England about their policies, support and training regarding LGBT+ young people in their care, a population about whom we know very little. The survey achieved a response rate of 78%, meaning a broad representation of LA views was achieved. This survey is an important benchmark as it is the first national survey in England to consider this topic and provide an overview about LAs work with LGBT+ young people growing up in care.

The survey found that the biggest single reason for LAs not collecting central data was that it is not required by central government. This suggests that the biggest driver of change would be a change at this level. This could start with the collection of data about young people aged 16 and over, mirroring developments in the health service. This could inform services for young people in care and care leavers.

The growing acknowledgement of the importance of data concerning gender identity and sexual orientation for monitoring and providing adult services for LGBT people is yet to be reflected in collecting data about younger adolescents. As there may be higher rates of LGBTQ+ people in the younger population (Ipsos, 2021) it is important to do research with young people regarding their feelings about being asked questions about SOGI. It may be that discomfort lies with professionals rather than young people themselves, as found in research in adult health services (Haider et al., 2017, Pollard et al., 2019). Research with young people in care about the acceptability of recording should explore in what contexts and for what purposes the data could be gathered and develop good practice guidance on confidentiality and consent relating specifically to young people in care. Piloting of recording could be coproduced with young people in care to develop systems that are acceptable. The LGBT foundation (2021) provides general advice suggesting that having a confidentiality policy, communicating the purpose of monitoring, asking routinely and unapologetically, and having inclusive services will help in monitoring. Braybrook (2022) argues that inclusive services for LGBT+ people involve establishing rapport and explicitly exploring the relevance of sexual orientation and gender identity to the care provided. Arguably, asking about SOGI alongside routine questions about ethnicity, age, and disability signals to LGBTQ+ individuals that their experiences are being taken seriously (Bosse et al., 2018, Almack, 2022, LGBT Foundation, 2021) as well as helping LAs to fulfil the obligations of the Public Sector Equality Duty.

The findings suggest there was some hesitancy in recognising LGBT identity as a specific issue. This may be linked to the expressed view that SOGI are 'private' and individual rather than having social aspects. Such an individualising view fails to consider the impact of stigma and discrimination. As Baker et al (2021) point out *Sexual orientation, gender identity… are core components of identity that shape a person's daily contact with the world through families and relationships, jobs and health care, and growing up and growing older* (Baker et al 2021:1).

The survey findings pointed to much good practice with regard to care planning and support for LGBTQ+ young people, including individual casework, signposting to agencies and careful placement planning. However, in many cases this was described as being undertaken on a reactive basis, as issues arose. Support was offered if a young person's LGBTQ+ identity was known, but the onus was on the young person to raise the issue or was dependent on the skills of individual social workers.

The study does have limitations. The data were collected in 2016, so it might be expected that further developments will have since taken place in policy and practice. However, this is the only study that has examined this issue within an English context and achieved a response rate of 78% from participating LAs. Further research could revisit the survey to map out changes as policy and practice evolve. The survey found that 25% of LAs were considering policy developments in this area so it would be worthwhile to examine whether these plans have come to fruition and what difference they have made, if any.

There have been national developments since the data were gathered, including the implementation of the health monitoring standard for sexual orientation for people aged 16 and over, and the inclusion on the English census of questions about SOGI for the first time. However, alongside this is the increasing politicization of trans issues over the last ten years, with differences emerging between the devolved nations of the UK garnering media and political attention. Thus, there is a liberalising move where LGBTQ+ issues are arguably more visible and more often considered in policy relating to health and education, alongside increasingly hostile debates about gender identity, which may have implications for future policy development. In this atmosphere is it is particularly important that social workers, foster carers and all staff working with LGBTQ+ young people develop confidence in being able to talk to young people about SOGI, yet staff knowledge and confidence was highlighted in the survey as the most common barrier to delivering appropriate support. This was particularly the case in rural areas. Training on LGBTQ+ issues was often included under umbrella headings of 'diversity', 'sexual health' and 'identity, family and social relationships', where it may be difficult to give LGBTQ+ matters the attention necessary to increase staff confidence in their direct work with young people.

Conclusion

This paper discusses the first national survey in England of LA provision for LGBT young people growing up in care. It found a lack of specific policy and guidance, no systematic guidance on recording, and reports of individual good practice which appeared to occur on a case-by-case basis as issues arose. In addition managers reported a lack of staff knowledge and confidence around LGBT matters. There is a danger that the cumulative effect of barriers at a structural level (policy, guidance, information systems) and at an individual level (staff confidence, reluctance to ask and record, reactive practice) may render LGBTQ+ young people in care invisible, meaning that their needs are not addressed. Many LAs expressed their intentions to develop more specific policies and there is increasing interest in development and implementation of training for social workers. Further research is necessary to ascertain whether changes have been implemented and to increase the evidence base regarding the experiences and needs of LGBTQ+ care-experienced young people so that appropriate services can be provided.

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Figure 1: reasons given for not recording LGBT identity centrally

Figure 2: individual case recording

Figure 3: barriers to provision of services

Figure 4: training constraints