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Research Briefing

The Needs of LGBTIQ Young People in Out of Home Care

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Introduction

Young people who are same sex attracted, trans or gender diverse – a population who will be referred to in this document as LGBTIQ (lesbian, gay, bisexual, transgender, intersex and queer/questioning) except in particular instances where researchers have used other terms – are over-represented in residential care and out of home care in general. There is little research examining the experiences of LGBTIQ youth in care, however the existing literature indicates that they experience higher levels of abuse and trauma before coming into care and whilst in care than their gendered and heterosexual counterparts. Frequently, they have worse outcomes subsequent to exiting care. The research findings on what young LGBTIQ in care need are even more circumscribed. Nonetheless, there are some findings on the perspectives of young people and professionals on the elements of support that are important in both therapeutic care and broader service contexts.

This research brief provides an overview of what is known about the experience of young LGBTIQ young people in therapeutic care need and how those working with young people currently residing in and who have experience of care can be best supported. In particular, the briefing addresses the following questions:

- What is the representation of LGBTIQ young people in out of home care?
- What are the experiences of LGBTIQ young people pre-care and post-care?
- What are the views experiences of LGBTIQ young people in out of home care?
- What is known about the kinds of support LGBTIQ young people in care need?

Key terms and definitions

Key Term	Definition
Cisgender	Where a person's gender identity is consistent with the sex that they were assigned at birth.
Gender diverse	Having a gender identity allowing for fluidity. It is inclusive of being 'a-gender', which refers to not identifying with gender at all. A common similar term is 'non-binary', which refers to not identifying with either a feminine or masculine identity.
LGBTIQ	Lesbian, gay, bisexual, transgender, intersex and queer/questioning. This acronym has more recently started to appear as LGBTIQA+, where the 'a' stands for asexual, meaning that someone does not experience

	sexual attraction. The '+' sign stands for other identities and orientations that might not be covered by the other terms.
Queer	Possessing a sexual orientation that varies from heterosexuality and/or, in some usages a gender identity different to cisgender. Whilst some individuals find the term offensive, others view it as successfully 'reclaimed' (i.e. as having acquired positive connotations, particularly amongst members of the community to whom it applies) and having the benefit of being able to describe an entire community or population and thus emphasise common interests.
Questioning	Questioning refers to a stage of exploring one's sexual and/or gender identity and related beliefs.
Same-sex attracted	Being same-sex attracted refers to having romantic and/or sexual attraction towards someone of the same sex or gender identity.
Transgender	Being transgender means to have a gender identity that is different from the one that was assigned at birth.

Young People in Out of Home Care

Young people in care as a broader cohort are far more likely to have experienced more interpersonal trauma than their peers. As a result, they frequently lag in their cognitive and emotional development and their ability to build and maintain positive relationships. They are also more likely to struggle with their mental health and substance abuse (See McPherson, Gatwiri, Cameron & Parmenter 2019). Whilst very little research on this population has been undertaken, internationally, extant findings indicate that the experiences of LGBTIQ young people prior to coming into care, during care and post-care may be more damaging than those for their cisgender and heterosexual peers.

LGBTIQ young people

Longitudinal studies in the US and Netherlands on adolescent wellbeing, and a meta-analysis of North American school based studies, found that same sex attracted young people, in general, were subject to more abuse or rejection as children from their parents and peers than heterosexual young people (McLaughlin, Hatzenbuehler & Conron 2012; la Roi, Kretschmer, Dijkstra, Veenstra & Oldehinkel 2016; Friedman, Marshal, Guadamuz, Wong & Stall 2011). Friedman et al (2011) found that most studies revealed significant

discrepancies between sexual minority individuals and their heterosexual counterparts across all abuse types. Most strikingly, across studies, sexual minority individuals were 3.8 times more likely to experience sexual abuse in childhood. Friedman and colleagues also found that same sex attracted young people were more than twice as likely to miss school as a result of fear or anxiety. Using data from the National Longitudinal Study of Adolescent Health, McLaughlin et al (2012) found that individuals who experienced same sex attraction received exposure to childhood physical and sexual abuse as well as violence from intimate partners at a rate considerably higher than that of heterosexual youth. La Roi and colleagues (2016), in their examination of data from a longitudinal Dutch cohort study of over 2,000 young people, found that same sex attracted males and females were more prone to experiencing victimisation by peers than their heterosexual peers. Lesbian and bisexual girls were also more inclined to experience parental rejection. In an examination of data for over 63,000 female nurses in the US, it was found that same sex attracted women had experienced greater frequency and severity of emotional, physical and sexual abuse in childhood and adolescence (Austin et al 2008).

In a population-based study (n=9,369), Roberts and colleagues (2012) determined the lifetime risk for posttraumatic stress disorder amongst sexual minority youth. They found that sexual minorities – those who experienced some degree of same sex attraction – had a risk that was between 1.6 and 1.9 times greater than that of heterosexuals, between a third and a half of which was accounted for by experiences of child abuse. They also found that that gender nonconformity before 11 years of age was associated not only with higher levels of abuse at the same age in sexual minority youths, but also higher levels of adult onset PTSD. Those young people who are from minoritised backgrounds may be at greater risk of negative judgments and, thus, outcomes. For example, Pasko (2010), cited in Erney and Weber (2018), reports that girls of colour who identify as LBQ are often misdiagnosed with serious disorders as a result of exhibiting ‘gender atypical’ behaviour.

Several researchers have concluded that early victimisation and other adverse experiences are strong mediators of the higher rates of mental health problems and substance abuse this population experiences. McLaughlin et al (2012) found that adverse childhood experiences explained between 10-20% of the discrepancy between lesbian, gay and bisexual youth and those who are heterosexual in terms of suicidality, depression and abuse of drugs and alcohol. McGeough and Sterzing (2018), in a systematic review of US studies using

quantitative methodology found that a range of psychological and behavioural problems (including depression and PTSD, and substance misuse) were higher amongst sexual minority individuals who had experienced some form of childhood abuse. (See also la Roi, Kretschmer, Dijkstra, Veenstra & Oldehinkel 2016; Friedman et al 2011; Corliss, Cochran and Mays 2002; McLaughlin et al. 2012, Roberts, Rosario, Corliss, Koenen & Austin 2010.)

Australian research has also found that LGBTIQ young people often experience poor mental health as a result of prior abuse experiences. Robinson and colleagues (2014), in research involving a survey of over 1,000 'gender variant and sexuality diverse' young people in Victoria (aged 16-27), found that over 40% of respondents experienced suicidal ideation, over 20% of male and 40% of female respondents engaged in self-harm, and more than 10% of male respondents and 20% of female respondents had attempted suicide. Reasons respondents offered for their self-harming thoughts and behaviour include: homophobia and transphobia (including internalised forms); bullying and harassment; isolation; psychological, emotional, physical and sexual abuse; homelessness and lack of acceptance by their families. Leonard, Lyons and Bariola (2015) also found in their research involving close to 4,000 of respondents between the ages of 16 and 89, and utilising the K10 Psychological Distress scale, that a recent experience of heterosexist harassment or abuse was correlated with poorer mental health. The same research also found that young people (aged 16-24) who were same sex attracted and transgender were more likely than those in other age groups to have a high score K10 Psychological Distress score.

This population, as a whole, is also more vulnerable to homelessness than their heterosexual and gendered peers (King et al. 2008; Nolan 2006; NYCAHSIYO 2012; McNair, Andrews, Parkinson & Dempsey 2017). One US study found that they are also far more likely to offer sex in return for receiving shelter (NYCAHSIYO 2012).

A negligible amount of research has been conducted in relation to how young LGBTIQ young people who have been in care fare compared to the broader LGBTIQ population. Nonetheless, that the former population is more vulnerable can be inferred from the facts that: young people in general who have been in care have less favourable outcomes with respect to secure accommodation, stable relationships, good health and mental health and contact with employment and education than those who have no experience of formal care; and that young LGBTIQ young people who have been in care experience more challenges

in care and post-care than their cisgendered and heterosexual counterparts. Some research gives a more direct indication of this. For example, Robinson and colleagues' research (discussed above) found that research participants who had attempted suicide were those who had been rejected by their families and, once they had turned 18, were living in refuges or alone (Robinson, Bansel, Denson, Ovenden & Davies 2014).

LGBTIQ young people: pre- out of home care experience

Some research suggests that, prior to coming into care, same sex attracted young people may have experienced more abuse, particularly of a sexual nature than their heterosexual peers (Mitchell, Panzarello, Grynkiewicz and Galupo 2015; Remlin, Cook and Erney 2017). Whilst this research has not been conducted with a population of young people who were in out of home care, it is significant that Balsam and colleagues (2005) found in a study that surveyed same sex attracted individuals and their siblings that those who were same attracted were subject to more abuse than their heterosexual siblings. Young LGBTIQ people in out of home care are also more likely, previous to coming into or whilst in care, to have been hospitalised for problems relating to their mental health and to have experienced a period of homelessness (Wilson, Cooper, Kastanis and Nezhad 2014).

LGBTIQ young people: post- out of home care experience

There is evidence that young LGBTIQ young people have worse outcomes subsequent to leaving care (Mitchell et al 2015) than other care leavers. One reason for this may be their reduced access to resources as a result of having had fewer stable placements and, thus, having fewer social connections (Mitchell et al 2015). Shpiegela and Simmel (2016) found, in an analysis of data on over 400 youth who had lived in out of home care that same sex attracted youth were less likely to have obtained high school qualifications by age 19. They were also less likely to have had employment experience and to be financially well established. In addition, they were more likely to be homeless. Forge, Hartinger-Saunders & Wright (2018) also found in their study focused on homeless youth in Atlanta (aged 16 to 25) that LGBTIQ youth with previous contact with the child welfare system were considerably

more likely to have experienced homelessness than their peers. Dworsky (2013) found that same sex attracted youth who had aged out of care were more likely to have experienced economic hardship. Sixty-one per cent of lesbian, gay and bisexual respondents compared with only 47 per cent of their heterosexual peers experienced not having money to pay rent or utility bills, being evicted or both. They were significantly more likely to report that they were unable to pay rent.

LGBTIQ young people also carry an increased emotional and psychological burden. In a survey of 108 young people of varied sexual attraction with experience of out-of-home care, Mitchell and colleagues (2015) also found that the population rated higher on the Self-blame/Stigmatization sub-scale of the Trauma-related Beliefs Questionnaire than heterosexual youth. One cross-sectional study in the USA involving subjects in secondary school found that LGBTIQ young people who were in care were more likely to be involved in fights with peers, to have been victimised and have poor mental health than LGBTIQ young people were not in care as measured by suicidality (Baams, Wilson & Russell 2019). Other research has also found that LGBTIQ youth who have been in out of home care are more likely to experience mental health difficulties than those who are cisgender and/or heterosexual (Wilson et al. 2014; Annie E. Casey Foundation 2016).

One study indicates the difficulty that trans and gender diverse young people leaving care are likely to experience with respect to obtaining stable housing. Although young people leaving care are often reliant on formal housing support, Oakley and Bletsas (2018) found that trans young people were often turned away by mainstream housing agencies on the basis of their gender identification.

As for all young people who have left care, it cannot be assumed that LGBTIQ young people who become independent will be condemned to a future of impoverished opportunity. Australian research has found that determinants of how well the broader cohort of LGBTI people fare in their lives include how supportive their families and friends and other social contacts are; where they live; the amount of access they have to support services; whether they are ‘out’ about their gender or sexual identity, and their self-perceptions (Robinson et al 2014). These variables are likely to be just as relevant for care leavers.

Young LGBTIQ people in care: over-representation

Same sex attracted and transgender and gender diverse youth have been found to be over-represented in out of home care (Baams, Wilson and Russell 2019; Woronoff, Estrada and Sommer 2006). One study which examined data for over 7,000 young people in out of home care in Los Angeles county found that around 19% (n=approx. 1400) young people were same sex attracted. Another US study drawing data from the Second National Survey of Child and Adolescent Well-being (a nationally representative sample in contact with the child welfare system) found that 15.5% of this sample aged 11 or over identified as lesbian, gay or bisexual (n=1095) (Dettlaff, Washburn, Carr and Vogel 2018). Highlighting the need for an intersectional perspective on the experiences and outcomes of those in care is that over 60% (61.8%) of these young people were youth of colour. As a point of comparison, 8.2 per cent of young people – those born between 1980 and 1999 – responded in a 2017 national Gallup poll that they were gay, lesbian or bisexual, and in 2012 only 5.8 per cent responded in this way (Gates 2017).

Studies indicate that LGBTIQ youth are twice as likely to be placed in a group home or residential care setting compared to their cisgendered and heterosexual counterparts (Wilson et al 2014; Shpiegela and Simmel 2016). This may be, in part, due to the difficulty of placing LGBTIQ young people with foster parents. Clements and Rosenwald (2009) found that many foster parents interviewed for their project were fearful about having a same sex attracted child in their home.

Irvine and Canfield (2016) found that amongst the juvenile justice population in the US, 3% of heterosexual youth had been placed in a group or foster home where the percentage of homosexual or bisexual youth was 23%. This suggests that same sex attracted youth are more than seven times more likely to be placed in a group or foster home than their heterosexual counterparts.

The LGBTIQ population is also more likely than the broader out of home care population to have had disrupted placements (Shpiegla & Simmel 2016). This undermines young people's ability to form nurturing ongoing relationships with those providing them care and also their

ability to develop the skills necessary for independence (Shpiegla & Simmel 2016). Wilson et al (2014) speculate that the difficulty of achieving permanency in placements for LGBTIQ youth may be related to their unmet mental health needs. Previous research has connected problems with achieving permanency to mental health concerns (Jacobs & Freundlich 2006). There is some evidence that LGBTIQ young people may be over-represented amongst those who have had contact with both child welfare and juvenile justice. Irvine and Canfield (2016) found that 20% (n=1400) of young people identified as homosexual or bisexual. One reason for this over-representation may be that a lack of economic and social support and appropriate services for LGBTIQ youth could facilitate their commitment of crimes related to obtaining food and shelter (Irvine and Canfield 2016).

It is likely that this population is more likely than their heterosexual and cisgendered counterparts to age out of care. McCormick, Schmidt and Terrazas (2017), citing Mallon, state that this circumstance may be due to a reduced emphasis on obtaining family reunification, adoption and legal guardianship on their behalf. McCormick and colleagues caution that welfare professionals should not dismiss the idea of reunification, in particular, on the basis of a families' early reaction to young persons' identities. Education and provision of support to family members can help to shift their perspectives on gender identity and sexuality.

LGBTIQ young people with experience of care: in care experiences

Problems with peers

In out of home care, LGBTQ youth are frequently harassed and the target of violence by their co-residents and peers. In interviews with forty five young people and staff in welfare agencies who identify as same sex attracted or transgendered, an 'astonishing' level of verbal and physical violence against young LGBTQ young people in group homes was reported (Mallon, Alledort & Ferrera 2002; Tamar-Mattis 2005; Shpiegela and Simmel 2016), often to an extent that they will abscond in preference to remaining in such environments (Sullivan, Sommer & Moff 2001; Feinstein, Greenblatt, Hass, Kohn & Rana 2001). Shpiegela and Simmel (2016) stress that bullying by peers can mitigate against the ability for LGBTIQ young people to achieve positive through such means as inhibiting their ability to participate

in programs designed to prepare participants for independence or in educational settings. Some research has found that community sector professionals in contact with the LGBTIQ young people advise against this population living in group care settings due to the high levels of victimisation they encounter (Mallon 2001; Freundlich and Avery 2004). Even when their peers are not overtly hostile to them, some research has found that they are often uncomfortable about sharing accommodation with LGBTIQ youth (Gallegos, White, Ryan, O'Brien, Pecora & Thomas 2011). LGBTIQ youth have often reported feeling excluded and lonely in out of home placements (Irvine and Canfield 2016).

Problems with carer responses

In residential care, LGBTIQ youth are also subject to discrimination, intentional or otherwise, by staff. Staff can also erroneously see such youth as implicated in their own victimisation and, often in misguided attempts to protect LGBTIQ youth from their cisgendered and heterosexual peers, isolate them from their peers (Mallon 2001; Estrada and Marksamer 2006; Woronoff, Estrada and Sommer 2006; Martin, Down and Erney 2016.) Mallon (2001) also found that, in some cases, same sex attracted people in residential care had been physically or sexually assaulted by staff or ejected from placements on the basis of their sexuality.

Problems encountered in residential care by trans young people include staff insisting, despite the distress this can cause, on accommodating young people according to the gender they were assigned at birth (Woronoff, Estrada and Sommer 2006). The out-of-home care system can otherwise be highly unaffirming of trans young people's identities, such as in cases where staff are disinclined to refer to young people by the gender with which they identify (Remlin, Cook and Erney 2017). Other forms of 'cisgenderism' encountered in child welfare services, as found in a qualitative study involving young homeless LGBTQ young people in Texas, include trying to suppress young people's gender expression or making stereotyped assumptions about them (Robinson 2018).

Problems with obtaining support

LGBTIQ young people in out of home care may have trouble being open about their sexuality or gender identity, making it especially difficult for them to find the relevant support (Gallegos et al. 2011). This may be related to fears not only about homophobia on the part

of carers and professionals with whom the young people have contact but also of being misunderstood. Young people can also find it difficult to broach their sexuality in a climate of presumed heterosexuality (Cossar et al 2017). Practitioners who have contact with youth in out of home care interviewed for a study in the UK acknowledged that there were intergenerational differences in understandings about gender and sexuality that made related conversations difficult. Some practitioners also referred to a sense of unease about discussing matters of sexuality with young people (Cossar et al 2017).

Also mitigating against the ability for young LGBTIQ young people to gain proper support is the apparent indifference or lack of motivation on the part of many professionals working with them in out of home care to secure support for them tailored to their needs. Freundlich and Avery (2004) found there was little focus amongst the community sector staff they interviewed on ensuring this population could access services that would be affirming of their identities.

Young same sex attracted young people in out of home care – foster care and residential care – have often found that the responses of their carers have been unhelpful, variously involving suggestions that their attraction was just a phase or, even, a result of their abuse (Cossar et al 2017). Young trans people in care have also found that conversations about their identity, even when their carers are ostensibly supportive, are often dominated by the perspectives of their carers. This provides them little capacity to properly express their needs (Cossar et al 2017).

Problems with self-image

Adding to the particular vulnerability of LGBTIQ young people is that they often have poor self-acceptance. Many young people in the broader population who have grown up in environments characterised by abuse and neglect struggle to develop healthy self-esteem. Young LGBTIQ people who have grown up in highly homophobic environments can find it hard not only to acquire self-confidence but even to accept their own sexuality or gender identity (Cossar et al 2017).

A difficulty faced by staff in residential care settings in working with LGBTIQ young people to increase their self-confidence and self-acceptance is the above-mentioned reluctance of some young people to be open about their attractions and identities. Young LGBTIQ people

have varied opinions as to whether they want to be asked about their sexual or gender identity, even by sympathetic others. A survey in the US of young LGBTIQ people who had accessed homelessness support found that a majority of respondents had wanted to be asked by agency staff about their gender and/or sexual identity. However, those who had been disparaged previously after sharing such information were more fearful about disclosure (Shelton, Poirier, Wheeler and Abramovich 2018). This highlights the importance of establishing a culture in congregate settings of overt acceptance of diverse sexualities and gender identities.

Helping young LGBTIQ young people to develop positive self-esteem may require taking into careful account other aspects of their identities. The Centre for the Study of Social Policy (2016) in the US found, in interviews with LGBTIQ young people of colour who had been involved with the child welfare system that having their identity affirmed generally meant that staff acknowledged the multiplicity of their identities and helped them explore all the facets thereof.

Services for LGBTIQ young people

Limited service provision

Despite the additional burdens faced by this minoritised group, LGBTIQ young people are an 'overlooked' or 'invisible' population (McCormick, Schmidt and Terrazas 2017; Tackacs 2006). Such a silence McNair et al (2017) describe as a form of structural stigma. Oakley and Bletsas (2018) argue that the lack of appropriate provision of services for this population is due to the lack of recognition of their identities as LGBTIQ. There is also an unrealistic expectation, the authors argue, that young traumatised LGBTIQ young people will be able to advocate for themselves and navigate an often ignorant service system.

Australian research has found, in the broader service provision landscape, young LGBTIQ people are not sufficiently catered to (Freundlich & Avery 2004; McNair et al 2017; Maberley & Coffey 2005). Young people who identify as LGBTIQ and service workers from Sydney and Adelaide interviewed for a study on LGBTIQ youth homeless described a service system in which homophobia, transphobia and general ignorance about the needs of this population prevails (Oakley and Bletsas 2018). Particular sectors of the LGBTIQ population,

such as from those from refugee and new arrived backgrounds, have negligible support (Noto, Leonard & Mitchell 2014).

This echoes findings from other locations. Recent research in the UK, for example, has found that of 152 local authorities surveyed, only 5% had policies, amongst those policies pertaining to young people in care that directly related to LGBTIQ young people (Cossar et al 2017). An informal survey of residential service providers that was conducted by the American Association of Children's Residential Centers in 2014 found that only 28% of agencies in the US offered programs that specifically addressed the needs of LGBTIQ youth and only 25% had relevant agency-wide policies and procedures (Glick, Krishnan, Fisher, Lieberman and Sisson 2014). Rosenwald (2009) found that social agencies in the US need to make significant improvements to their ability to provide inclusive environments and appropriate policies for this demographic.

There is a true paucity of programs for LGBTI youth who have contact with child welfare systems. In the USA, a large systematic review of literature on programs for LBGTQ youth in the child welfare system found no programs specific to this population mentioned in evidence-based practice registries and only two mentioned in articles identified through searches of academic databases. A search of grey literature revealed only a handful of articles (Matarese, Greeno & Betsinger 2017).

The value of emotional support as provided by agencies to the broader young LGBTIQ population has yet to be quantified. Nonetheless, underscoring the importance thereof are findings on the value of emotional support per se to reducing the tendency towards self-harm amongst LGBTIQ young people. In an Australian survey of over 3,000 same sex attracted and gender diverse young people (Hillier et al 2010), it was found that those who attended schools that were more supportive were less likely to self-harm. Young people who had not experienced any form of homophobic abuse were much less likely to self-harm or attempt suicide when they felt supported by either a parent or sibling vis-à-vis their sexuality. The negative impact of either verbal or physical abuse was also mitigated by family support, or support from professionals such as a doctor, nurse, teacher, counsellor or chaplain.

What helps? Views of young people who identify as LGBTIQ who have or are living in care

Researchers have just begun to report on issues relating to the views of young people who identify as lesbian, gay, bisexual, trans, intersex and queer/questioning in care (Freundlich & Avery, 2004). Experiences of LGBTIQ young people in care are now being examined. Recent studies in the United Kingdom focused on the needs of LGBTIQ young people in foster care, with a research design that included narrative interviews with LGBTIQ young people aged 11-26 who were, or had been in care and telephone interviews with foster carers who were asked to reflect on their experience of caring for LGBTIQ young people (Schofield, Cossar, Ward, Larsson & Belderson, 2019). Carers saw the importance of providing young people with strong, reliable and positive relationships in addition to feelings of acceptance and understanding. In this study eighteen of the young people identified as LGC and the remaining eight identified as transgender. Ten young people had identified before they were placed, whilst the remaining sixteen 'came out' whilst in out of home care. The 'secure base' model of care was affirmed as one which promoted the unconditional acceptance of the young person, whilst ensuring that carers were sensitive to the need to help young people to manage stigma and other challenges (Schofield et al 2019). Research by some of these authors focusing on young people's perspectives

Research by some of these authors focusing on young people's experiences of 'Growing up LGBTQ in foster care in England' (Cossar, Schofield, Keenan, Larsson, Belderson, Ward, 2016), emerging findings indicated that for some young people, the intersection of being LGBT and their religious, cultural and ethnic background created particular challenges. A number of young people were wary of counselling based on the previous experiences. A potentially positive finding, however, was a sense that being in out of home care enabled this group of young people to think about their sexual orientation and gender identity and to explore these issues in a way that may not have been possible previously. Consequently, multiple strategies were needed to manage the process of coming out, including decisions about who to tell (Cossar, et al 2016).

On the basis of interviews with twenty one same sex attracted young people in care over an

eighteen month period, Ragg, Dennis and Ziefert (2006) identified those skills the young people considered essential to working with this population. These skills include being able to:

- 'tune in' to a young person's particular experience of the care system
- help a young person 'work through' challenges associated with establishing their identity
- advocate for the young person, and establishing standards of respect with them
- 'individualise', or work with the young person as an individual separate from their sexual identity
- find the young person's strengths
- affirm the young person
- normalise the young person's experience
- remain open and non-judgmental, allowing the young person to lead conversations
- engage supportively, meaning with genuine care and
- explore responsively, helping the young person to discover their own feelings

Interviews with young Australian LGBTIQ individuals who were using supported accommodation and housing services echo the above findings. The participants in this study also referred to the need for housing services for the population to: include them in their promotional material; employ staff willing to challenge homophobia when it is expressed; employ 'out' youth workers and have strategies for valuing the diversity of young people (Maberley and Coffey 2005). Service providers interviewed by another Australian study on LGBTIQ individuals and homelessness stated that it was important that their services aspired to developing co-designed services and provision of advocacy for LGBTIQ clients in addition to using inclusive language and hiring staff with affirming attitudes to diversity (McNair et al 2017). The study on homelessness amongst LGBTIQ youth by Oakley and Bletsas (2018), similarly concluded that 'individual-level LGBTIQ awareness and cultural competency training should be introduced to improve professional practice of all health, education and social service workers, while at the institutional level, each agency should have a non-discrimination policy which should inform daily practice (p.392).

What do LGBTIQ young people in Care Need?

Some research has sought to identify those things that LGBTIQ young people have found to be helpful in terms of their receipt of service provision. These include a qualitative study conducted by the US organisation, Children's Rights, in partnership with legal organisations in New York that sought accounts by youth, including LGBTIQ youth, of their experiences in group care settings. A report by Woronoff, Estrada and Sommer (2006) considers the perspectives of LGBTQ youth in care and those who work with them from across twenty-two states gleaned from a series of forums on how to better meet the needs of this population. Marksamer, Spade and Arkles (2011) provided their recommendations on interviews with transgender and gender non-conforming youth who have experience of living in group care facilities.

Amongst those things that help ensure the wellbeing of LGBTIQ who are in out-of-home care are:

- establishing a sense of safety which is largely dependent upon the attitude or level of support shown by staff or carers, including preparedness to respond to instances of harassment and abuse (Freundlich and Avery 2004; Marksamer, Spade and Arkles 2011)
- accommodation in those neighbourhoods that are likely to be less hostile towards LGBTQ people (Freundlich and Avery 2004)
- the existence of written policies in agencies that have contact with young LGBTQ people in care pertinent to their needs (Freundlich and Avery 2004)
- comprehensive staff training on adolescent sexuality, and, specifically, on LGBTQ issues for child welfare staff (Woronoff, Estrada and Sommer 2006).
- the establishment of environments in which young LGBTIQ people feel comfortable, such as through the use of inclusive language and display of symbols such as rainbow flags and pink triangles (Woronoff, Estrada and Sommer 2006; Marksamer, Spade and Arkles 2011)
- provision of education to peers about diversity, respecting differences, and understanding the effects of harassment (Marksamer, Spade and Arkles 2011)
- staff who will take into account and attempt to ameliorate any experiences of rejection the young people have had on the basis of their sexual or gender identity

(Woronoff, Estrada and Sommer 2006)

- the ability for carers to refer young people to appropriate health care providers (Marksamer, Spade and Arkles 2011)
- provision of access to sexual health education (Woronoff, Estrada and Sommer 2006)
- provision of links to LGBTIQ peer support and social groups (Woronoff, Estrada and Sommer 2006)
- provision of access to LGBTIQ mentors (Woronoff, Estrada and Sommer 2006)
- provision of life skills training that takes into account the particular challenges faced by SAATGD young people (Woronoff, Estrada and Sommer 2006).
- demonstration of respect for young people's gender identity and expression (Marksamer, Spade and Arkles 2011)
- provision of showering and bathroom facilities for gender diverse clients that allow them to feel safe (Marksamer, Spade and Arkles 2011)
- maintenance of links by agencies with outside services able to meet the specialised needs of residents (Marksamer, Spade and Arkles 2011)

These points are highly consistent with the recommendations emerging from a review of national best practice guidelines, comprising one part of the systematic review undertaken by Matarese, Greeno & Betsinger (2017) on programs for young LGBTI young people in out of home care in the US. A systematic review of literature pertaining to best practices for LGBTIQ young people in child welfare found that articles arrived at recommendations similar to the above, with most of them emphasising, in particular, cultural competence training for staff and confidentiality protocols and awareness about the needs of LGBTIQ youth (Annie E. Casey Foundation).

Areas requiring further research

Freundlich and Avery noted in 2004 – and little relevant research has been conducted since – that more research is needed into the educational experiences of LGBTIQ in out of home care, their general and mental health care needs and how to provide services to those who find it difficult to be upfront about their identity. Wilson et al (2014) noted that other things about which services need to learn more include the relevance of interactions amongst race,

culture and sex and gender in producing outcomes for youth who have been in out of home care; how subgroups of LGBTQ youth may experience foster care and what factors support resilience in the LGBTIQ population.

Key Messages from the Research

- Internationally, young people who are same sex attracted, transgender or gender diverse are over-represented in out-of-home care and forms of group care.
- The LGBTIQ population is likely to have been exposed to more physical, emotional and sexual violence prior to being placed in care. They are also more vulnerable subsequent to leaving care with respect to their psychological, emotional and economic wellbeing.
- Care experiences for those in residential care who are same sex attracted, trans or gender diverse are often highly negative on account of bullying or rejection from their peers and either harassment or lack of ability to provide sufficient support on the part of those providing formal care.

- Organisations providing residential care require specific policies to ensure that the needs of same sex attracted, trans and gender diverse young people are met

    - Organisations providing residential care also require that staff undertake training to understand the psychological, social, health and service system needs of LGBTIQ youth that, whilst diverse, can be also be distinct from those of cisgendered and heterosexual populations.

    - Specific actions need to be taken in order that a residential environment is supportive for LGBTIQ youth including the use of respectful and appropriate language, and the display of information materials relevant to the needs of LGBTIQ youth.

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