LYPSA

Improving Social Care with LGBTQ+ Young People

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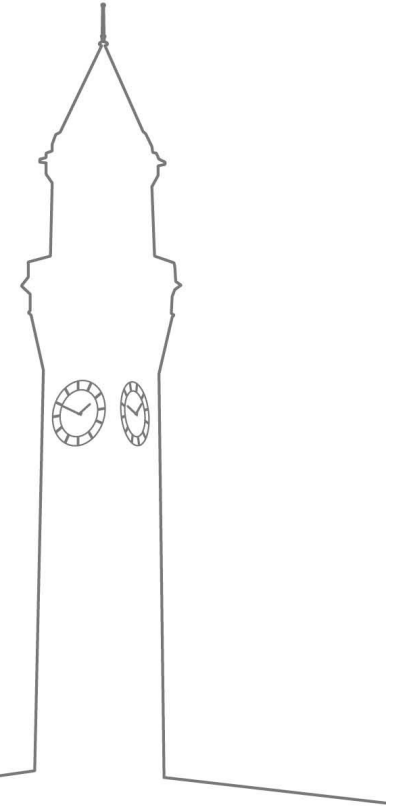
Lgbtq+ Young People in Social cAre (LYPSA) Project

Little attention of LGBTQ+ young people in social care practice, research & policy

Aim: To improve LGBTQ+ young people's social care experiences

Collaborative & **co-produced** (including LGBTQ+ young people EbE & stakeholders)
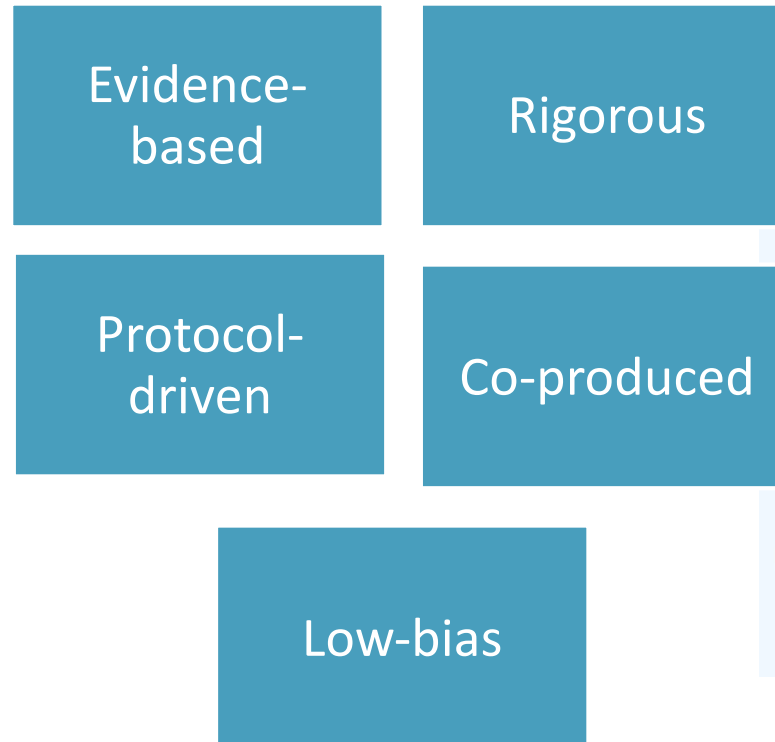
Study 1: **International Scoping review** about LGBTQ+ young people social care experiences;

Study 2: **Interviews** of LGBTQ+ young people's experiences of residential social care;

Study 3: **Testing** an **online LGBTQ+ knowledge training package** for children's social workers

Project Methods

Evidence-based

Rigorous

Protocol-driven

Co-produced

Low-bias

Study 1: International Scoping Review Findings

Research remains scarce & of variable quality (most from USA)

LGBTQ+ youth are **more likely to end up in care** (residential care especially)

Pathways to care include family / carer rejection related to LGBTQ+ identity (actual or perceived)

Experience **more placement moves**, **longer duration in care**

Face **heightened educational challenges**

Poorer health outcomes: physical health, mental health & wellbeing

Study 1: International Scoping Review Findings (Cont.)

Three groups greater challenges: Racial/ethnic minority, lesbian/bisexual, transgender & nonbinary young people

LGBTQ+ youth more dissatisfied with their care experiences than non-LGBTQ+ youth

Greater risk of homelessness & exploitation after leaving care, more survival sex for food & shelter

Social workers/carers report lack of adequate LGBTQ+ knowledge or training, some homo/bi/transphobic attitudes

Few policies protecting LGBTQ+ young people from SOGIE discrimination

Study 2: LGBTQ+ Young People's Experiences of Residential Care

Interviews with 20 LGBTQ+ young people's (aged 16 to 24) *residential social care experiences in England*

(first study in the UK)

- Report both negative & positive care experiences
- **Widespread** evidence of **homo/bi/transphobia & policing of gender norms** - from peers, staff, placement, social workers & birth family
- **Multiple disruptions** (multiple placements, high staff turnover)
- Coping with unmet **mental health & sexual support needs**
- **Often hide LGBTQ+ status** in new placements (reduces connections to support, increases isolation)
- **Affirming relationships with care professionals hugely important** to confidence & wellbeing but rare

Study 2:
Participant
Demographics

Sexual orientation	
Bisexual	7 (35%)
Lesbian	5 (25%)
Gay man	5 (25%)
Asexual	2 (10%)
Heterosexual	1 (5%)
Gender identity	
Transgender and/or nonbinary	7 (35%)
Cisgender male	7 (35%)
Cisgender female	6 (30%)
Ethnicity	
White British	10 (50%)
Black British or Black African	7 (35%)
Dual or multiple heritage	2 (15%)
British South Asian	1 (5%)
Age	
16 - 19	14 (60%)
20 - 24	6 (40%)
Location	
Greater London	8 (40%)
North West England	7 (35%)
North East England	2 (10%)
East Midlands	2 (10%)
West Midlands	1 (5%)

Placement/Academic Disruption

"When I was doing emergency placements I would go to a place for the night, then my social worker or one of their colleagues would pick me up in the morning, and then I would spend the day at the social worker's office, and they'd try and get me a bed by 8.00 pm that night. **That went on for six weeks, every single night**. Apart from some weekends, I'd got to be there for a couple of days. But literally, every day a different care home or foster home... I was going from one side of the county to the other every day. **I spent extreme amounts of time out of school**."

Difficulties Accessing Services

"I'm on the gender identity clinic waiting list. I need to fill in my paperwork and send it to them with my address, but I don't know where I'm going to be living, so **I can't do that till I know where I'm going to be living**. It's the same with adult mental health services… it is the one problem that stems into everything else…"

Me changing houses every 2-4 weeks like its normal

Harmful Misgendering & Minimisation

" There was this new staff member who would **often misgender me** to other staff members… if there were residents around when he was doing that, he would be **placing me in a dangerous situation**… I wrote a complaint about it, but it was never seen through. I spoke to the manager but she basically just said that I was being difficult. "
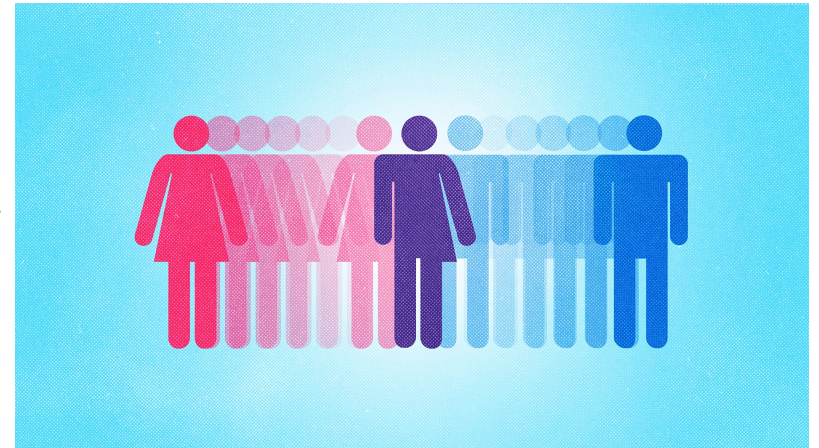
Animated Video

Good Practice Examples

Proactively supporting/affirming young person's LGBTQ+ identity

Not assuming heterosexuality and/or gender binary

Understand 'coming out' as an ongoing & fluid process

LGBTQ+ inclusive signals/cues

Visibly challenging homo/bi/transphobic bullying

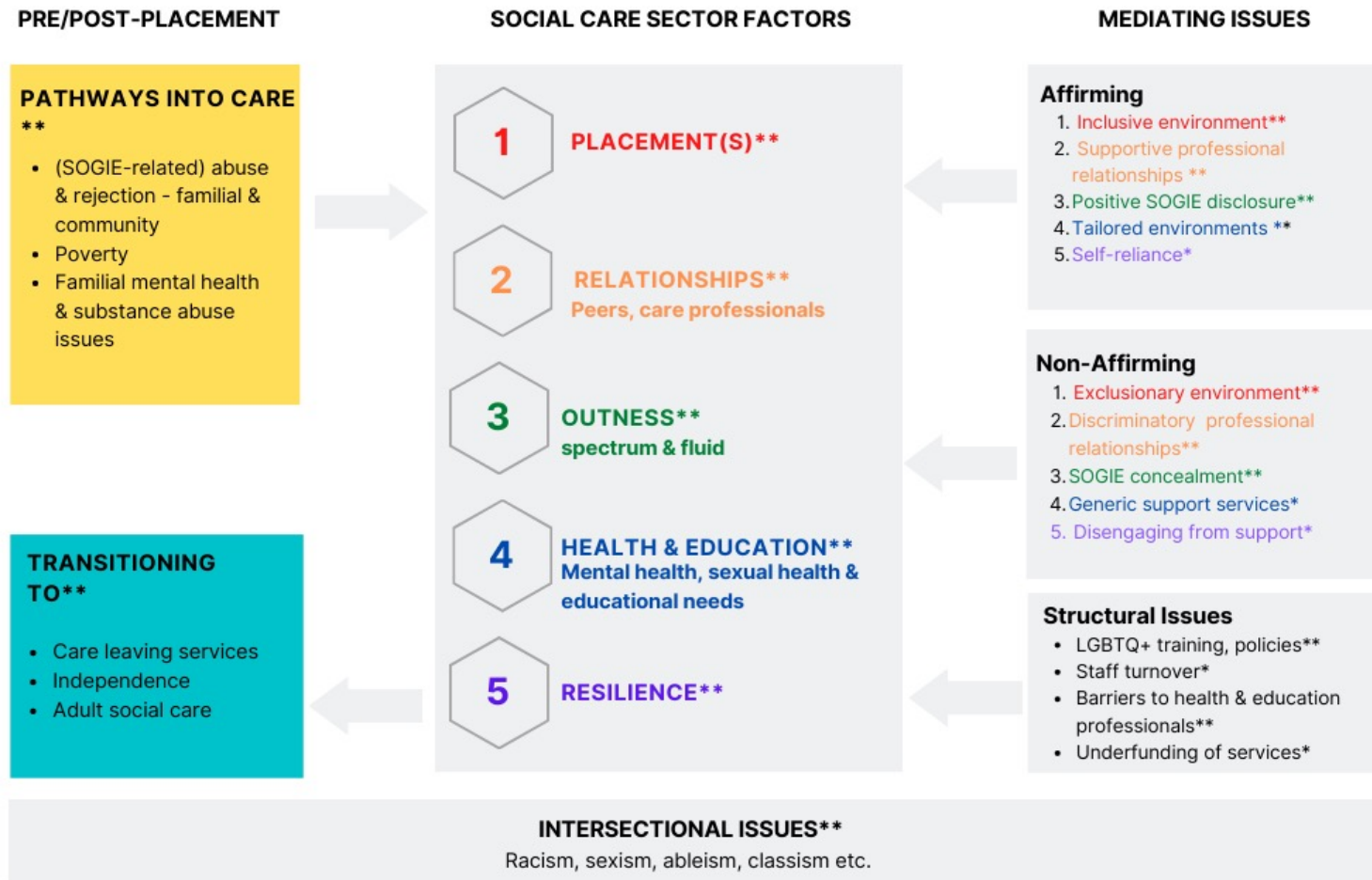Connecting young person to LGBTQ+ resources

PRE/POST-PLACEMENT

SOCIAL CARE SECTOR FACTORS

MEDIATING ISSUES

PATHWAYS INTO CARE
**

- (SOGIE-related) abuse & rejection - familial & community
- Poverty
- Familial mental health & substance abuse issues

1 PLACEMENT(S)**

2 RELATIONSHIPS**
Peers, care professionals

3 OUTNESS**
spectrum & fluid

4 HEALTH & EDUCATION**
Mental health, sexual health & educational needs

5 RESILIENCE**

Affirming
1. Inclusive environment**
2. Supportive professional relationships **
3. Positive SOGIE disclosure**
4. Tailored environments **
5. Self-reliance*

Non-Affirming
1. Exclusionary environment**
2. Discriminatory professional relationships**
3. SOGIE concealment**
4. Generic support services*
5. Disengaging from support*

Structural Issues
- LGBTQ+ training, policies**
- Staff turnover*
- Barriers to health & education professionals**
- Underfunding of services*

TRANSITIONING TO**

- Care leaving services
- Independence
- Adult social care

INTERSECTIONAL ISSUES**
Racism, sexism, ableism, classism etc.

Figure 1. Conceptual model for understanding (un)supportive residential social care environments for LGBTQ+ young people
*Findings from residential care qualitative study
**Findings from both residential care study and international scoping review of the research evidence (Authors' own, 2022a)

Scoping Review Article

SCAN ME

YP Interviews Article

SCAN ME

Young Advisors' Input on LYPSA

4 Young Advisors – critical friend

Involvement across all studies

- Participant recruitment
- Refining Interview questions
- Advising on early data themes
- Analysis
- Dissemination events (presenting)
- Journal article about involvement

Benefits / Challenges for Young Advisors

Study 3: Evaluation of LGBTQ+ E-Learning Module

Large trial testing LGBTQ+ youth e-learning training for children's social workers (England)
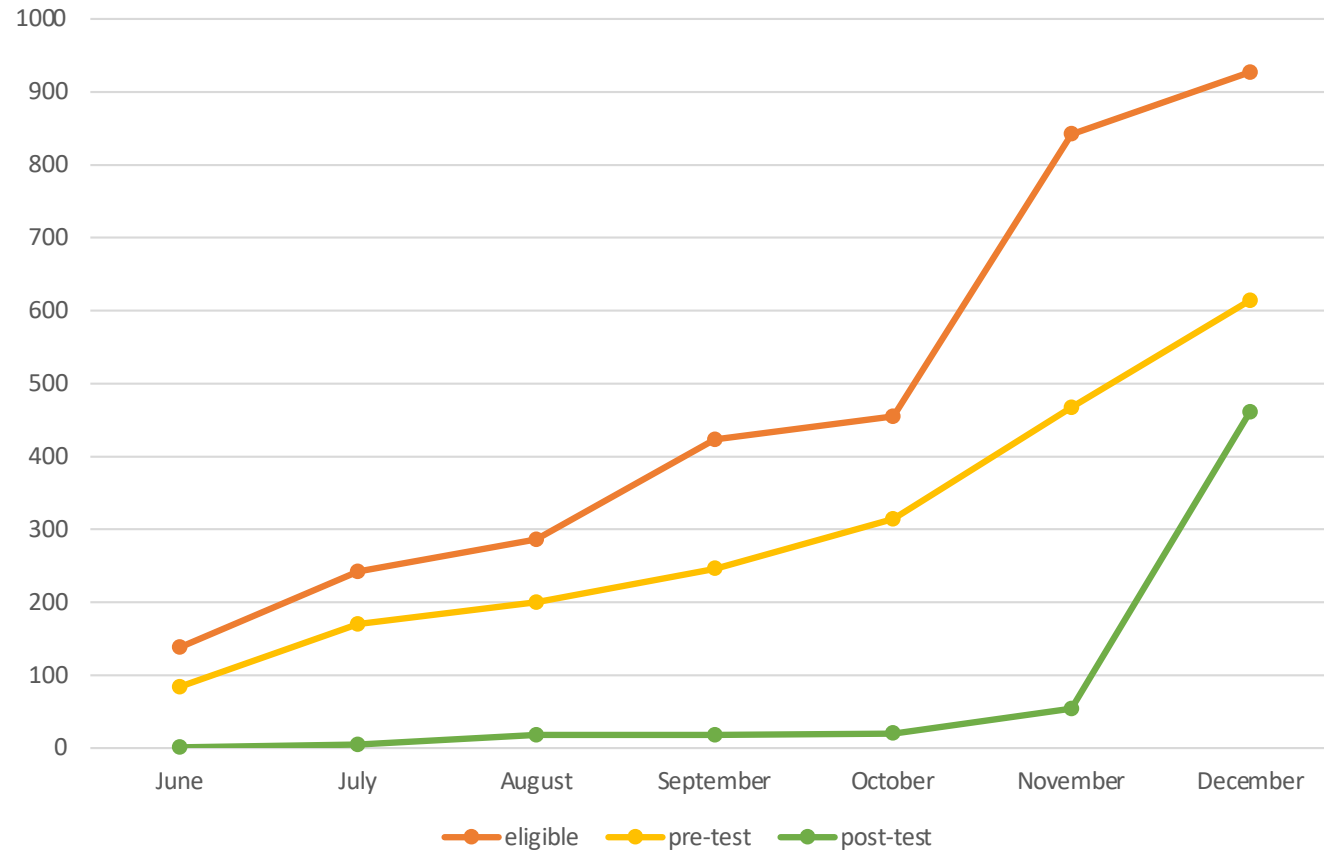
Pre-existing, widely accessible e-module

(CPD-accredited,

2-hours to complete)

Total Social Work Participants:
614

Two Participant Groups:

1) Received training

2) "Business-as-usual"

Pre & post-test surveys measuring:

1) LGBTQ+ related knowledge

2) Attitudes towards LGBTQ+ people

Recruitment & Enrolment

Eligible registrations: 927

Pre-tests completed (randomised): 614

IG post-tests completed: 186

CG post-tests completed: 275

Study 3: Methods

Pragmatic Randomised Controlled Trial (pRCT):

Measuring the **effectiveness** of an **intervention** in the **real world.**

Participants completed a pre-test before randomisation & a post-test after completing the intervention (or after business as usual).

Main outcome measures: Heteronormative Attitudes and Beliefs Scale (HABS, Habarth, 2015) & Perceived LGBTQ+ Knowledge.

Other participant characteristics collected:

connection to the LGBTQ+ community, religiosity (Huber & Huber, 2012), age, years of experience, gender identity, sexual orientation, previous training.

What was the intervention?

Click play to listen to a summary of this page.

Reflecting on the information from the previous page about support services, read the case studies and identify which service each child or young person would benefit from.

Click the boxes to read the case studies.

Vik

Catrin

Click play to listen to a summary of this page.

Now that you've nearly completed this module, you should:

- be able to apply your understanding of LGBTQ+ inclusion
- become more confident in LGBTQ+ inclusive practice
- be able to identify ways of developing LGBTQ+ inclusion in your setting

Study 3: Results

Examined the impact of the training on
1) heteronormative attitudes & beliefs

2) LGBTQ+ knowledge

The e-learning module was effective at <u>decreasing</u> heteronormative attitudes.
The e-learning module effective at <u>increasing</u> LGBTQ+ knowledge.

Some preliminary evidence training might work best for those who are:

1) 0-10 years experience, 2) straight, 3) a woman, 4) connected to LGBTQ+ 5) over 35 y/o.

Overall, participants were very positive about the e-learning module.

After completion, participants **felt better able to support LGBTQ+ youth**.

RECOMMENDATIONS

Mandatory training (easily accessible, low-cost & effective) incl. ongoing coaching or reflective supervision

Targeted, nuanced policies to reduce discrimination

To improve placement stability - Assess attitudes & competence of professionals / foster carers to support LGBTQ+ young people

Contribution of care experienced LGBTQ+ young people in service development

Further Information

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