

LGBTQ+ Young People's Health and Wellbeing Experiences in Care: A Scoping Review

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EXECUTIVE SUMMARY

This scoping review aims to explore the current evidence on LGBTQ+ young people's health and wellbeing experiences within social care. There is a paucity of empirical research in this area; however, it is known that LGBTQ+ youth encounter significant challenges as they navigate the children's social care system. This review captures the characteristics of the evidence on the topic, summarises the main findings from extant work, and identifies gaps in the evidence base to guide the planning and commissioning of future research. Overall, the evidence base is limited, and of low certainty based on studies primarily conducted in the United States (77%). The findings reveal that LGBTQ+ youth are less satisfied with their children's social care experience compared to their cisgender/heterosexual peers and highlights significant disparities for their experiences, especially for LGBTQ+ youth of colour and lesbian and bisexual girls. The issues include poorer health, mental health, and wellbeing outcomes, a greater number of care placements, professional's lack of cultural knowledge and adequate training to meet the needs of LGBTQ+ youth in care, as well as formidable barriers to permanency, education, and successfully transitioning from care. Key gaps in the evidence base identified include the need for multivariate and longitudinal studies, and research examining intersectionality, specific LGBTQ+ subgroups, residential care, cultural matching, mental health help-seeking, and the interaction of religiosity and social workers' practice. Policy and practice recommendations are also provided.

Keywords

LGBTQ, youth, health, wellbeing, social care

Introduction

This scoping review summarises the existing international literature and evidence regarding the experiences and needs of lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ+) youth in social care, with ages ranging from 10 to 31 years. The presence of LGBTQ+ youth within children's social care have historically received very little attention in the areas of practice, policy, and research (McCormick, Schmidt, & Terrazas, 2017). Our current understanding of the needs of this population is therefore limited and largely based on North American samples of often former system involved LGBTQ+ youth who have aged out of care. However, these studies indicate that sexual and gender minority youth are largely disproportionately represented within children's social care at approximately 15.5 to 30.4% (Baams, Wilson, & Russell, 2019; Dettlaff, Washburn, Carr, & Vogel, 2018; Wilson & Kastanis, 2015), and that they encounter significant challenges and disparities as they navigate the system. LGBTQ+ young people are generally more dissatisfied with their care experience than their cisgender (non-transgender) and heterosexual peers (Wilson & Kastanis, 2015). They experience more placement moves, and are in foster care for longer than their cisgender/heterosexual peers. In addition, the social workers and foster carers that work with them suggest they do not have the appropriate knowledge about or ambivalent and hostile attitudes to minority sexuality and gender identities (Cossar et al., 2017; Sherriff et al., 2011). They experience particular risks as a result of family violence and community estrangement, which requires them to engage in more survival sex for shelter and food, which places them at greater risk of exploitation and violence (Capous-Desyllas & Mountz, 2019; Erney & Weber, 2018).

The aim of the present scoping review sought to provide a comprehensive international overview of the experiences of LGBTQ+ young people in care. More precisely, this scoping review will: (1) examine the evidence on the topic; (2) summarise the main findings from existing research literature; and (3) identify gaps in the evidence base to guide the planning and commissioning of future research.

Methods

The current study employed a scoping review methodology. Since this is an emerging field in research, a scoping review design was considered the most suitable as it provides an overview of a broad topic (Munn et al., 2018). Our approach followed modifications made to Arksey and O'Malley's (2005) original framework for scoping reviews (Levac, Colquhoun, & O'Brien, 2010) and involved the following steps: (1) identifying the research question(s); (2) identifying relevant studies; (3) selecting studies for inclusion; (4) charting the data; (5) collating,

summarising, and reporting the results; and, (6) a consultation with stakeholders. To add methodological rigour to the review, we assessed the quality of shortlisted papers. We drew on the Critical Appraisal Skills Programme (CASP) (2018), which contains ten criteria on study design, recruitment strategy, data collection and analysis, the relationship between researcher and participants, ethical considerations, description of the studies and the value of the overall study. The CASP is available for most types of studies including qualitative studies, and mixed methods. This allowed the review to consider a wider range of applicable knowledge. Studies scored zero, one, or two for each question and gained a possible total score of 20 points. The papers were awarded zero points if they contained no information, one point for a moderate amount, and two points for fully addressing the question. Assessing the quality of the vast range of studies in a scoping review helps to put the results in context and facilitates interpretation. Each of the stages will be discussed in further detail below.

Identifying the research questions

In line with the study purpose, our research question was threefold: first, what are the health and wellbeing experiences of LGBTQ+ young people in care? Second, do LGBTQ+ young people in care have particular needs and, if so, what are these? Lastly, what are the implications of cultural matching for LGBTQ+ young people in care?

Identifying relevant studies

Prior to systematically searching the literature, a preliminary search was conducted to identify review articles on the current topic and help develop and refine search terms. The search strategy was deliberately sensitive so as to maximise the chances of finding all possible includable studies. It was developed by the research team with the help of a librarian and utilised PubMed MeSh index terms, variations, limiters, and Boolean operators (AND, OR) were utilised. Our database selection aimed to include peer-reviewed and grey literature sources. Database searches were subsequently conducted and included PubMed, Web of Science (Core Collection), Scopus, CINAHL Plus, PsychINFO, Sociological Abstracts, Social Care Online (SCIE), and OpenGrey. An example of the search strategy and results of one database are provided (see Table 1).

Table 1. Social Care Online (SCIE) Search Strategy and Results.

Search code	Search String	Results
S1	lgb* OR glb* OR "sexual minorit*" OR "gender minorit*" OR "sexual and gender minorit*" OR transgender* OR nonbinary OR non-binary OR queer OR genderqueer OR "gender variant" OR "gender diverse" OR "gender nonconform*" OR gay OR bisexual* OR lesbian* OR homosexual* OR same-sex OR same-gender OR intersex OR asexual OR "sexual orientation" OR "gender identity"	2,667
S1	child* OR youth OR teen* OR adolescen* OR young OR "young people" OR "young adult" OR "emerging adult"	56,458
S3	"residential care" OR "foster care" OR "child welfare" OR "home placement" OR "institutional care" OR looked-after OR "looked after" OR "kinship care" OR "out-of-home care" OR "foster home" OR "host home" OR "group home" OR "living arrangement" OR "living program*" OR "transitional living" OR housing OR "housing program" OR "housing model"	18,353
S4	S1 AND S2 AND S3	113

Consistent with Arksey and O'Malley's (2005) suggested search strategies, we supplemented our database searches with articles retrieved from the references of other studies.

Study selection

Included studies were those that were: (1) addressing the health and wellbeing experiences of LGBTQ+ young people under 25 years of age; (2) empirically researched; (3) written in English; and (4) published between 2001 and 2021. Criteria (1) ensured that the review focused on the specific experiences and views of LGBTQ+ young people under the age of 25 and living under social care. Professional populations were also included because of the small number of relevant studies from outside of the USA that addressed the experience of LGBTQ+ young people in care. Studies with practitioners as respondents provided useful findings about the experiences of LGBTQ+ young people they support. Criteria (2) was to ensure that the review included a wide range of evidence given the dearth of research in this area. Criteria (3) was necessary due to budgetary and time constraints. Criteria (4) was required to create a final cut-off point in light of when the final search was conducted. Texts written before 2001

were only included if they were a seminal piece of research in the field. Each of these criteria ensured that the review remained focused on the research questions, and placed resulting limitations on its scope.

A comprehensive search of electronic databases was conducted (see Figure 1). A total of 1962 articles were screened across all databases. One researcher (WS) performed the initial search and removal of duplicates (1420). He also conducted the initial screening of titles and abstracts and discarded obviously irrelevant studies. The two other authors independently screened the remaining titles and abstracts. The team met regularly to discuss challenges and uncertainties in the study selection and resolved any discrepancies. 512 articles were ultimately removed for not meeting the inclusion criteria, and 5 studies were added that were acquired from the references of the articles retrieved from databases searches or known to the research team and stakeholders consulted. This left 35 articles to be screened for full text.

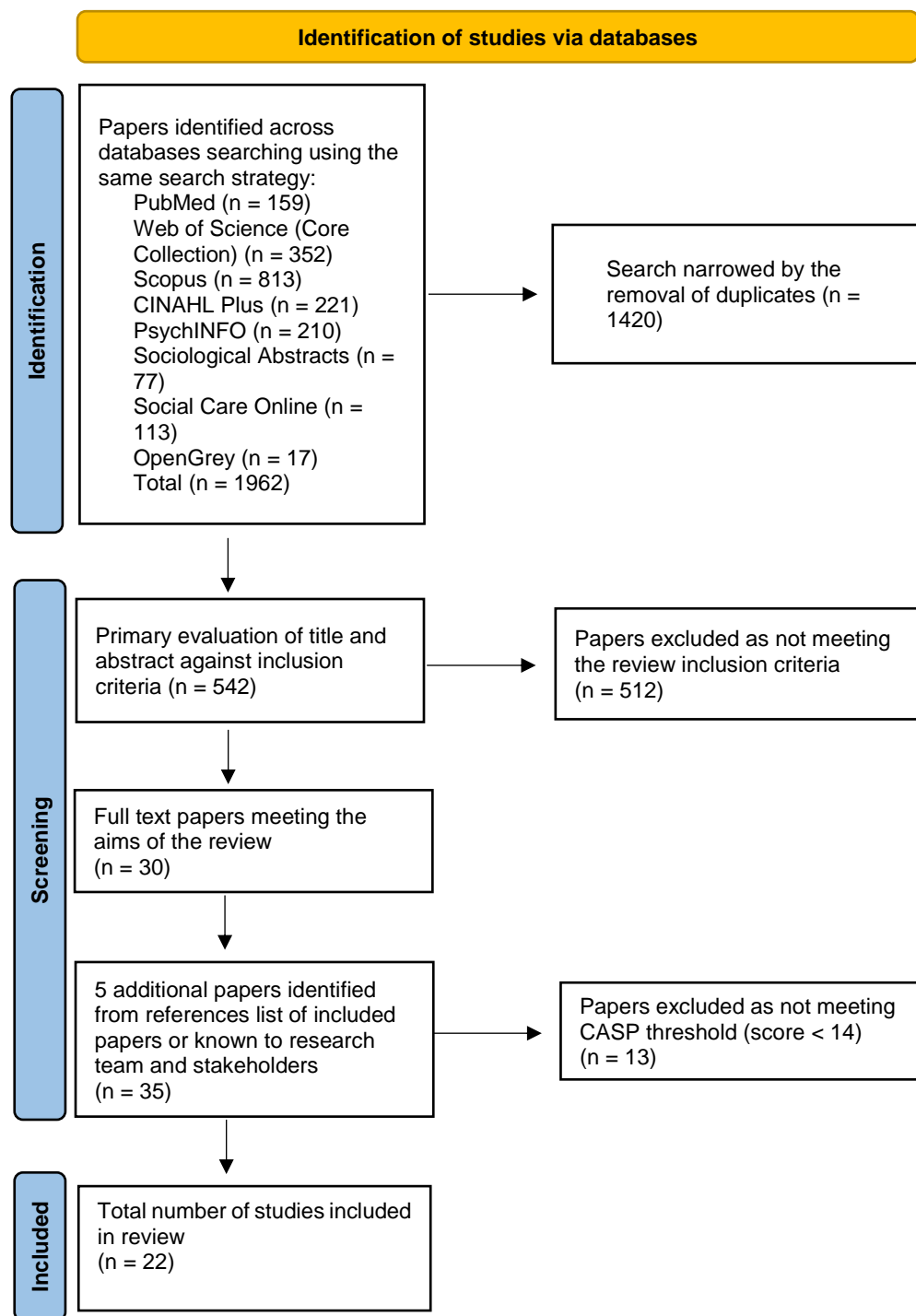


Figure 1. Flow chart of Identification, retrieval, and inclusion of relevant studies.

Another important consideration for scoping study methodology is the potential need to assess included studies for methodological quality (Levac et al., 2010). Remaining studies were assessed using the Critical Appraisal Skills Programme (CASP (2018), in line with previous

reviews. One researcher (WS) scored the sample while a reviewer (JS) scored a selection to test inter-scorer reliability. Any discrepancies in scores were discussed and a modified joint score was used for this paper. Inter-rater reliability scores were all > 0.9.

The scores divided into studies of high quality, those with some shortcomings and excluded studies, and are outlined in table 2 below. A score of 17 and higher indicated a high quality study; 10 studies received this score. A total of 12 studies scored between 14 and 16, indicating shortcomings in relation to clarity of aims, data collection methods, research relationships considered, and ethics considerations. The remaining 13 studies received scores of below 14 and were excluded from our final review, due to limited information that impacted on the quality and were related to the clarity and detail of ethics, the relationship between researcher(s) and participants, data collection and analysis. Ultimately, a total of 22 studies met the inclusion criteria and were included in the current review.

Table 2. CASP Quality Scores.

Score	N=x	Studies
17-20	10	Baams et al., 2019; Capous-Desyllas & Mountz, 2019; Dettlaff et al., 2018; Gonzalez-Alvarez, Brummelaar, Orwa, & Lopez, 2021; Greeno, Matarese, & Weeks, 2021; Griffiths, Holderfield-Gaither, Funge, & Warfel, 2021; Mountz & Capous-Desyllas, 2020; Paul, 2020; Sherriff, Hamilton, Wigmore, & Giambrone, 2011; Wilson & Kastanis, 2015
16-14	12	Bermea, Rueda, & Toews, 2018; Brandon-Friedman, Pierce, Wahler, Thigpen, & Fortenberry, 2020; Cossar et al., 2017; Erney & Weber, 2018; Forge, Hartinger-Saunders, Wright, & Ruel, 2018; Hudson-Sharp & National Institute of Economic and Social Research, 2018; McCormick, Schmidt, & Terrazas, 2016; Mountz, Capous-Desyllas, & Perez, 2019; Mountz, Capous-Desyllas, & Pourciau, 2018; Mountz, Capous-Desyllas, & Sevillano, 2019; Scannapieco, Painter, & Blau, 2018; Schofield, Cossar, Ward, Larsson, & Belderson, 2019
<14	13	Abramovich & Kimura, 2021; Freundlich & Avery, 2004; Gallegos et al., 2011; Mallon, 2001; Mallon, Aledort, & Ferrera, 2002; Poirier, Wilkie, Sepulveda, & Uruchima, 2018; Ragg, Patrick, & Ziefert, 2006; Robinson, 2018; Salazar et al., 2018; Shpiegel & Simmel, 2016; Sullivan, Sommer, & Moff, 2001; Toner, 2013; Woronoff & Estrada, 2006

Charting the data

Data were charted via an MS Excel spreadsheet and organised using the following categories adapted from Arksey and O'Malley's (2005) framework: author(s), year of publication, study location, study aims, study population and sample size, methodology, key findings and recommendations.

Collating, summarising, and reporting the results

Following charting, data were collated, summarised, and thematically organised to focus on the characteristics of included studies, summarise main findings, and identify gaps in the evidence base. Themes were developed based on discussions with all members of the research team following discussion with the stakeholder group.

Consultation with stakeholders

This scoping review also consulted with topic experts. Key scholars in the field were contacted about potential or forthcoming studies to include that the literature search process did not return. Although no new references were identified, the consultation exercise ensured our approach was thorough and provided assurance that the review had robustly searched for relevant studies. In addition to key scholars, the research also worked with a stakeholder advisory group and a group of care experienced LGBTQ+ young people, who advised on all aspects of the research process and those dimensions or outcomes important to them.

Characteristics of included studies

The 22 studies that addressed the review questions are presented in Appendix 1. The majority of studies were conducted in the United States ($n = 17$; 77%), with comparatively fewer from the United Kingdom ($n = 4$; 18%) and the Netherlands ($n = 1$; 5%). Eight of the studies used quantitative methods, and 14 studies used qualitative methods. Study populations predominantly consisted of LGBTQ+ young people ($n = 15$), children's social care professionals (i.e., social workers, foster carers, representatives) ($n = 4$), or both samples ($n = 3$). Studies with LGBTQ+ young people had sample sizes ranging from 7 to 62,431 participants, with ages ranging from 10 to 31 years.

12 studies reported good quality sexual orientation and/or gender (SOGI) data (Brandon-Friedman et al., 2020; Cossar et al., 2017; Erney & Weber, 2018; Gonzalez-Alvarez et al., 2021; McCormick et al., 2018; Paul, 2020; Sherriff et al., 2011); however, multiple studies

were based on one sample (Capous-Desyllas-Mountz, 2019; Mountz et al., 2018; 2019a; 2019b; Mountz & Capous-Desyllas, 2020). The remaining 6 studies combined their demographics (Baams et al., 2019; Dettlaff et al., 2018; Forge et al., 2018; Scannapieco et al., 2018; Wilson & Kastanis, 2015) or made interpretations based on discussions of sexual performativity (i.e., young people had been, or were currently in, both same sex and other sex relationships) (Bermea et al., 2018). Similarly, data on race/ethnicity was difficult to obtain given limited or no reporting (Baams et al., 2018; Cossar et al., 2017; Gonzalez-Alvarez et al., 2021) or often combined for heterosexual and LGBTQ+ comparison groups (Baams et al., 2019; Brandon-Friedman et al., 2020; Dettlaff et al., 2018). As a result, we use the umbrella term LGBTQ+ - and its variations (LG, LGB etc.) – wherever relevant to reflect the term's use and population sample within the referenced study.

Studies with social care professionals had sample sizes ranging from 12 to 1,196, with ages ranging from 20 to 77 years. The sample was largely female (88%), straight/heterosexual (89%), and were either Caucasian/white (61%) or Black/African American (34%). Length of foster or employment experience ranged from 1 month to 45 years, with a master's (61%) or bachelor's (25%) degree reported as the most common level of educational attainment where available.

Disproportionality and disparities of sexual and gender minority youth in care

LGBTQ+ young people are overrepresented within the children's social care system compared to their heterosexual and cisgender peers. Nationally representative and population-based survey findings from the USA indicate that between 15.5 and 30.4% of youth involved in the child welfare system identify as LGBTQ+, both within the greater social care population as well as those young people in out-of-home care (Baams et al., 2019; Dettlaff et al., 2018; Wilson & Kastanis, 2015). This overrepresentation is far greater for LGBTQ+ youth of colour and lesbian and bisexual girls (Dettlaff et al., 2018; Wilson & Kastanis, 2015), indicating multiple forms of discrimination and heterogeneous prevalence within the population.

Pathways into care

A prominent reason for entering out-of-home care relates to familial or caregiver rejection and violence based on their LGBTQ+ status. LGBTQ+ youth reported being made homeless and identified family violence and family rejection as reasons for entry into care, according to a large UK qualitative study (Cossar et al., 2017) and a high quality qualitative study in the Los Angeles area (n = 18) (Mountz & Capous-Desyllas, 2020). Compared to their heterosexual and cisgender counterparts with past child welfare system involvement, a greater percentage

of LGBTQ+ youth are made homeless (33% compared to 19.7%) and had been homeless for more than one year according to small Atlanta (USA) survey (Forge et al., 2018). This is consistent with previous evidence where a mixed-methods study reported that LGBTQ+ youth leave their homes at nearly double the rate of non-LGBTQ youth and are overrepresented among youth experiencing homelessness (Cochran, Stewart, Ginzler, & Cauce, 2002).

The most common reasons for youth entering care seem to include experiences of neglect and abuse, but this experience was shared between both LGB and heterosexual peers. Findings from a nationally representative sample in the USA indicate that LGB youth experience similar frequencies of abuse as their non-LGB peers, with neglect cited as the most commonly experienced type of abuse (Dettlaff et al., 2018). Similarly, both LGB and non-LGB youth in their sample came from families with high levels of poverty, low levels of parental education, high family stress and other reports of abuse (Dettlaff et al., 2018). Another small qualitative study found that parental mental health issues and substance abuse related neglect and abuse were common reasons for LGBTQ+ youth entering foster care in Los Angeles (Mountz & Capous-Desyllas, 2020). These issues frequently converged with other factors such as domestic abuse, parental death, poverty, and citizenship status that contributed to youth's removal from home and placement in care. However, LGB youth also appear more likely than non-LGB youth to have been arrested across their life and come from a family where the primary caregiver had an arrest history according to a high quality study from the USA (CASP score, n = 18) (Dettlaff et al., 2018).

However, there was some divergence in the reviewed evidence in relation to experiences of child and sexual abuse where LGBTQ+ youth in the child welfare system appear to have higher rates of child abuse than non-LGBTQ+ youth according to a quantitative study rated 14 on the CASP score (Forge et al., 2018), and experiencing sexual assault or sexual violence as a child according to another study with a 16 CASP-score rating (Scannapieco et al., 2018), both from the USA. According to a nationally representative sample from the USA, LGB youth are significantly less likely to have a report of abuse substantiated than non-LGB youth (Dettlaff et al., 2018). In addition to this, the underreporting and misidentification of sexual exploitation among LGBTQ+ youth was also raised as a concern in one large qualitative USA-based study (n = 53) (Erney & Weber, 2018). Given that LGBTQ+ youth are more likely than their cisgender/heterosexual peers to identify an adult friend as a source of support according to a small quantitative survey in Atlanta (USA) (Forge et al., 2018), some of these relationships may be exploitative in nature and reports of sexual exploitation emerged within the findings.

Poorer health, mental health and wellbeing outcomes

There is significant divergence for the health outcomes of LGBTQ+ youth in care when compared to their peers. The studies reviewed show unequal and poorer outcomes concerning health, mental health, and wellbeing for LGBTQ+ youth and suggests these disparities are exacerbated when they live in care. High quality as well as nationally representative studies from the USA demonstrate that LGBTQ+ youth in social care reported significantly higher rates of adverse mental health outcomes, emotional distress, substance abuse, and experiencing major physical illness than their non-LGBTQ+ peers (Baams et al., 2019; Dettlaff et al., 2018; Scannapieco et al., 2018; Wilson & Kastanis, 2015), and some of these disparities appear particularly true for young women who identify as lesbian or bisexual (Dettlaff et al., 2018).

Previous studies indicate that LGBTQ youth are particularly vulnerable to suicidality and poor mental health when compared to their peers and older non-heterosexual adults (Semlyen, King, Varney, & Hagger-Johnson, 2016). Within the reviewed studies, LGBTQ+ youth in care had consistently higher odds of meeting the criteria for clinically significant depression than their non-LGBTQ peers according to a nationally representative USA sample (Dettlaff et al., 2018) and high quality USA survey (Scannapieco et al., 2018), this disparity persisted and even increased during their time in care in one study (Dettlaff et al., 2018). LGBTQ+ youth in care also had higher levels of suicidal ideation and suicide attempts (Scannapieco et al., 2018); however, participants had significant improvement in mental health symptoms from intake to six and twelve month points of receiving mental health and support services. Another small Los Angeles qualitative study reported that an overwhelming number of LGBTQ+ former foster youth disclosed their engagement in self-harm (Mountz & Capous-Desyllas, 2020).

LGBTQ+ youth in care report differing rates and reasons for alcohol and substance misuse than their cisgender/heterosexual peers. High quality USA studies showed higher rates of alcohol and drug use, such as marijuana (Dettlaff et al., 2018; Forge et al., 2018). High quality qualitative evidence from the Los Angeles area suggest that care experienced LGBTQ+ youth used alcohol and drugs to self-medicate against a backdrop of little or no access to proper healthcare or to cope with various form of trauma, often endured in foster care or growing up in a household where parental mental health and substance abuse issues led to their entrance into care (Capous-Desyllas & Mountz, 2019; Mountz & Capous-Desyllas, 2020). For some, drug use helps manage the experience of homelessness, especially for those transitioning out of care (Mountz & Capous-Desyllas, 2020). Mental health and substance abuse challenges in this population are related to their histories and experiences in care, exposure to substances

and maltreatment within families of origin, as well as various forms of oppression related to their intersecting minority identities, most notably racial and ethnic identities, and their SOGI identities (Mountz & Capous-Desyllas, 2020). While the reasons for these disparities are multifactorial, a significant factor is universal heteronormative cultures and homo/bi/transphobia which, when repeated, become sources of chronic stress and are significantly associated with negative health and mental health outcomes (Meyer, 2003).

According to previous work, all youth in the care system generally receive less sexual and reproductive health education, and experience significantly higher rates of unintended pregnancies, sexually transmitted infections and engage in higher rates of risky sexual behaviours as well as transactional sexual activities than their peers (Roberts et al., 2018). While less is known about the sexuality-related needs of LGBTQ+ youth specifically, the reviewed evidence suggest that these are not met within the care system. Moderate quality evidence from the USA suggests this gap may be due to a lack of support for sexual identity exploration, given how political youth sexuality is within the children's social care system, or young people's acceptance of the negative sexual messaging they receive that leads to repressing this aspect of their lives (Brandon-Friedman et al., 2020). Comparing the sexual wellbeing, sexual identity development and sexual health outcomes of sexual minority (n = 52) and non-sexual minority former foster youth (n = 167), the authors found that sexual minority youth have lower levels of sexual wellbeing and less developed sexual identities (Brandon-Friedman et al., 2020). In addition to this, sexual minority youth also appear to experience more unintended pregnancies than their non-sexual minority counterparts, and report higher levels of involvement in transactional sex for money, housing or other material goods including drugs and alcohol (Brandon-Friedman et al., 2020).

The compounding effects of ethnicity and SOGI identities

The international evidence summarised below indicates that most children's social care systems appear ill-equipped to affirm and support the multifaceted identity of youth of colour who identify as LGBTQ+ whose whole identities include, amongst other characteristics, their race, ethnicity, gender identity, sexual orientation, longstanding illness or disability, and, in some cases, immigration status. Separately and together, these identities are often subjected to bias and discrimination. LGBTQ+ youth of colour's overrepresentation within the children's social care system must be contextualised and understood within the historical and intergenerational impact of the system's regulatory and fracturing role within communities of colour (Mountz & Capous-Desyllas, 2020). Generally, children from ethnic minority categories are overrepresented within out-of-home care and more likely to be living in disadvantaged

areas, but at differing rates¹ (Bywaters, Kwhali, Brady, Sparks, & Bos, 2017). Furthermore, the particular cultural and social knowledge of practitioners with regards to working with minority ethnic youth is poor, and often erroneously based in middle-class, white western norms (Bernard & Harris, 2016).

The reviewed evidence of all types and qualities revealed the disadvantaged position for LGBTQ+ youth of colour in care. What emerged was a backdrop of family and community connections often weakened by poverty and racism, and intergenerational phenomenon of substance abuse and mental illness within families according to a qualitative study with a high CASP score (n = 18) (Mountz & Capous-Desyllas, 2020). A nationally representative USA survey, assessing the disparities between LGBTQ+ youth in foster care and unstable housing², found that African American LGBTQ+ youth living in foster care reported greater school absenteeism, fighting at school, victimisation, illness, substance abuse and alcohol issues when compared with their white peers (Baams et al., 2019). Furthermore, LGBTQ+ youth of colour reported fear expressing their SOGI identities while in out-of-home care settings according to a large USA qualitative study (Erney & Weber, 2018). This was due to fear of consequences from agency staff and caretakers or from other youth in care. LGBTQ+ youth of colour in Erney and Weber's (2018) study reported negative repercussions after coming out while in care, where staff or caretakers disclosed young people's sexual and/or gender identities to their biological parents without discussing such disclosure with the young person or actively being discouraged from developing or expressing their sexual and gender minority identities. Previous evidence sampling 355 LGBs groups in New York City demonstrate that LGB youth of colour may experience more rejection from their families and same-race peers than white LGBTQ+ youth, due to heightened religiosity within some of these communities (Barnes & Meyer, 2012). Further, according to a USA study using quantitative methods, the emphasis on adherence to male gender roles may be more pronounced making it harder for gay or bisexual young men of colour to be out about their sexuality than it is for racial/ethnic minority lesbian and bisexual women (Mays, Chatters, Cochran, & Mackness, 1998).

Trans and nonbinary youth

The current knowledge base contains comparatively little data exists examining the unique needs, experiences and outcomes of transgender and gender diverse (TGD) youth in care,

¹ For e.g., black youth are overrepresented compared white youth in out-of-home care, while Asian youth are underrepresented.

² Unstable housing is classified here as either: living in a friend's home; a hotel or motel; shelter, car, campground, or other transitional or temporary housing.

with a particular lack of findings related to TGD youth of colour. Although TGD youth described both positive and negative experiences with social workers, foster parents and other caregivers, the reviewed evidence, which is mainly qualitative in nature, demonstrates general lack of worker and caregiver competency in understanding and affirming diverse gender identities. Recent interviews with UK stakeholders suggest trans people continue to have poor experiences when in contact with child and family social services (Hudson-Sharp & National Institute of Economic and Social Research, 2018). Examples from the study with a moderate CASP score (n = 15) include prejudice from a social worker, parental support of gender variance labelled as child abuse, failing to recognise risks associated with unsupportive home environments, and making uninformed judgements around familial acceptance of gender variance. Participants from a small qualitative study based in Los Angeles (USA) described 'chronic incompetency' when it came to social care practitioners understanding and affirming their identities, with many examples of misgendering or failing to acknowledge or affirm their gender identity, and forgetting or refusing to use personal gender pronouns and asserted names (Mountz et al., 2018).

In addition to this, LGBTQ+ youth had higher levels of gender identity related problems (unspecified) compared to heterosexual youth in children's social care according to USA survey (n = 557) (Scannapieco et al., 2018). TGD youth also noted challenges accessing gender-affirming medical care and obtaining hormones due to systemic barriers and social workers who demonstrated personal bias in small qualitative sample from the USA (n = 7) (Mountz et al., 2018). Further, some trans young people who were exploring their gender identity experienced foster carers moving too quickly and asking immediately about physical transition, or warning the young person of the difficulties ahead according to a large qualitative study (n = 46), featuring 13 participants from the UK (Cossar et al., 2017). Rare examples of positive experience from a UK quality study included social workers playing a key a role in family mediation, being a key source of information, facilitating pathways and support, tackling local discrimination and generally ensuring the interests of gender-variant young people are best promoted (Hudson-Sharp & National Institute of Economic and Social Research, 2018). Furthermore, some trans young people found that residential care offered a space to explore their gender identity, safer than with their birth family according to a UK qualitative study (Cossar et al., 2017).

In part, some of the difficulties described are attributed to a lack of culturally sensitive training. There is a significant lack of specific evidence regarding the inclusion of transgender issues in social work education in England. A report by Hudson-Sharp and National Institute of Economic and Social Research (2018), with a CASP score of 15, found very little explicit

reference to gender identity and gender variance within both under- and postgraduate social work courses in England. This is consistent with previous research with health and social care staff which report that trans issues often remain unaddressed within equality and diversity training (Somerville, 2015).

Lesbian and bisexual young women

According to high quality USA evidence, lesbian, bisexual and trans young women are overrepresented within child welfare (Dettlaff, Washburn, Carr, & Vogel, 2018; Wilson & Kastanis, 2015) and disproportionately affected by depression compared to their cisgender gay and bisexual male peers (Dettlaff et al., 2018). This consistent with existing work based on a large sample of Australian same-sex attracted women, trans and gender diverse people (n = 1,628) which report a higher prevalence of mental health disparities and service utilisation rates among this group and perhaps due to the combined experience of sexuality- and gender-based discrimination (McNair & Bush, 2016). Trans young women may be especially vulnerable to discrimination based on gender conformity (Wilson & Kastanis, 2015) given prominent negative societal attitudes towards gender atypicality among male-assigned children at birth (D'Augelli, Grossman, & Starks, 2008; Ignatavicius, 2013).

Experiences in care

Overall, LGBTQ+ youth are less satisfied with their children's social care experience compared to their cisgender and heterosexual peers according to high quality USA quantitative survey (CASP score, n = 18) (Wilson & Kastanis, 2015). Findings from a small qualitative Los Angeles study (n = 25) indicate a deep sense of dehumanisation, depersonalisation, voicelessness, entrapment, and institutionalisation experienced by LGBTQ+ youth (Capous-Desyllas & Mountz, 2019), who continue to experiences significant interpersonal challenges from peers and caregivers related to their SOGI identity whilst in care. Large qualitative studies report feelings of isolation, experiences of harassment, and a lack of physical and emotional safety and connection to supportive adults while in congregate care or group home settings in the USA (n = 53) (Erney & Weber, 2018), and there is evidence of widespread homo/bi/transphobia in the UK (n = 46) (Cossar et al., 2017). LGBTQ+ youth also report a lack of trust in in their caregivers which is compounded by moves linked to rejection of their SOGI identities by birth, foster, and adoptive parents according to qualitative UK study of 26 foster carers, as well as previous adverse experiences that included abuse, neglect, separation and loss (Schofield et al., 2019).

Placement and permanency

LGBTQ+ young people experience particular placement and permanency challenges when in care, including more placements and longer durations in care. Although findings from a nationally representative USA survey found no substantive differences in permanency and placement between LGB and non-LGB youth (Dettlaff et al., 2018), there is some high quality evidence that LGBTQ+ face particular barriers to achieving permanence. Population-based data from the Los Angeles Foster Youth Survey suggest that LGBTQ+ youth are moved around to more foster care placements, are more likely to have been placed in a congregate care settings and experience homelessness, and are more likely to experience higher levels of emotional distress than their non-LGBTQ counterparts – all barriers to achieving permanency (Wilson & Kastanis, 2015). Another small USA survey (total sample n = 219) suggests that sexual minority former foster youth report longer periods of time in the foster care (7.67 versus 3.98 years), as well as earlier entry and later exit (10.44 years old versus 12.18, and 18.12 years old versus 17.11, respectively), than their heterosexual peers (Brandon-Friedman et al., 2020).

A high quality Los Angeles study (CASP score, n = 18) reports rejection by family of origin or caregivers both during *and* after placement due to their SOGI complicates permanency and stability (Mountz & Capous-Desyllas, 2020). For example, familial or caregiver rejection often result in interrupted placements, failed reunification, or limited permanency opportunities upon ageing out of care according to a small regional qualitative study (Mountz & Capous-Desyllas, 2020). Explicit familial and caregiver rejection or more subtly non-affirming environments are particularly pronounced for TGD youth within this sample who experienced nearly twice as many placements compared to their cisgender LGB peers (12 and 6.3, respectively) (Mountz et al., 2018). Further, a survey of foster parents (n= 255 in a Southern USA state) were more willing to accept placements of foster children who were different from themselves (e.g., race/ethnicity, and other requested preferences such as age, special need, sibling group, etc.) but were less willing to accept LGBTQ+ foster children (Griffiths et al., 2021). As a result of this catalogue of challenges, it is, perhaps, unsurprising LGBTQ+ youth are anxious that coming out in care may result in rejection or placement breakdown according to a large sample of care experienced LGBTQ+ youth as suggested in a large qualitative UK study (n = 46) (Cossar et al., 2017).

Double standards

Reviewed qualitative studies with a moderate CASP score identified double standards for LGBTQ youth; where these young people report that they are not provided with the same opportunities, privileges, and relationships that their straight, cisgender counterparts are

afforded. According to a large qualitative study in the USA (Erney & Weber, 2018) and a smaller qualitative study conducted in three USA states (McCormick et al., 2016), these double standards seem to be especially prevalent when it came to friendships, romantic relationships, joining clubs or other extracurricular activities; once caregivers learned about their sexual and/or gender identities they curtailed these activities. LGBTQ+ youth with rejecting foster family experiences are often discouraged from dating, physical affection, having romantic partners or connecting with affirming peers (McCormick et al., 2016).

Social work practice

Social care professionals are particularly important for LGBTQ+ young people in care. LGBTQ+ youth in care were more likely to include adult friends or social care professionals in their support systems than family members when compared to non-LGBTQ+ youth according to both moderate quality quantitative (Forge, 2018) and high quality qualitative findings (Paul, 2020) from the USA, suggesting that social care professionals play a central role in helping this population develop a sense of resilience. Affirming practitioners and foster carers are important sources of emotional and instrumental support for LGBTQ+ youth in out-of-home care according to a small qualitative study conducted in the Netherlands (Gonzalez-Alvarez et al., 2021). This support comes in many different shapes and includes fostering a sense of optimism, providing practical answers and help, as well as comforting them emotionally. Other qualitative research highlights the importance of foster carers' acceptance from LGBTQ+ former foster youth (n = 26) across several USA states (McCormick et al., 2016), and carers' provision of nurturing relationships as important for LGBTQ+ youth's resilience development in a UK study (Schofield et al., 2019).

Worryingly, however, the reviewed evidence largely demonstrates a lack of cultural competence and adequate training to meet the needs of LGBTQ+ youth among social workers. According to a large quantitative survey in a mid-Atlantic state (n = 1,196), social care survey respondents from the USA felt they had adequate knowledge about LGBTQ+ community and the potential to engage in supportive behaviours, but they had some reservations; they did not believe the social care climate was protective or supportive of LGBTQ+ youth and, on average, "don't know" how they feel about the LGBTQ population (Greeno et al., 2021). Furthermore, 21% of respondents did not believe they have ever had a LGBTQ+ youth in their caseload (Greeno et al., 2021), which is unlikely given the overrepresentation of LGBTQ+ youth within children's social care. Other research reports that practitioners and carers report feeling ill-equipped and lacking necessary skills or competency to adequately meet LGBTQ+ young people's needs as per a qualitative study in Sussex, England

(Sherriff et al., 2011). Similarly, according to a small qualitative USA study at a religiously affiliated residential foster home, practitioners also propagated negative stereotypes about same-sex relationships or sexual fluidity as pathological, predatory, or circumstantial (Bermea et al., 2018). This is corroborated by previous UK survey findings where social workers described a lack of relevant knowledge about LGBTQ+ service users' lives (Schaub, Willis, & Dunk-West, 2017). While there is indication LGBTQ+ young people report less overt homophobia from social workers according to a large qualitative survey of 46 UK LGBTQ+ youth, they experienced heteronormative assumptions and practitioners identified the need to seek expertise to respond to the needs of LGBTQ+ young people (Cossar et al., 2017). Cossar and colleagues (2017) also recognise the impact inter-generational differences in understandings of sexuality and gender and the need for professionals to examine and sometimes re-evaluate their own attitudes, which corresponds with wider findings (Schaub et al., 2017; Willis, Maegusuku-Hewett, Raithby, & Miles, 2016).

A further question sought was about the implications of cultural matching for supporting LGBTQ+ youth in care, but there was no available evidence to this topic, regardless of quality, which left this question unanswerable with the present knowledge base. Unsurprisingly, allyship and personal and professional experience appear to improve social worker's attitudes, beliefs and behaviours towards LGBTQ+ individuals. Supervisors of social care practitioners who provided direct services were more likely to be supportive and have knowledge of the LGBTQ+ community, and were more likely to affirm and validate LGBTQ young people's experiences according to a high quality quantitative study from a Mid-Atlantic state (USA) (CASP score, n = 18) (Greeno et al., 2021). Practitioners working with LGBTQ youth, or who had an LGBTQ+ friend were more knowledgeable and more likely to engage in affirming behaviours for LGBTQ youth (Greeno et al., 2021).

The children's social care system's inability to identify the presence and prevalence of LGBTQ+ young people is a significant challenge. A national survey of UK local authorities (LAs) in England found that while 38% of LAs had a general care policy that included LGBTQ+ youth, only 5% had a LGBTQ+ specific policy, and recording LGBTQ+ identities was rare (Cossar et al., 2017). This is in part due to concerns about intrusiveness and central government also does not require this data. In the USA, there has been resistance to the consistent collection of SOGI information. Previous work suggests that this due to several factors: (a) concerns about youth safety and confidentiality of this data; (b) discomfort of youth, parents and providers in discussing sexual orientation of youth; (c) assumptions of youth heterosexuality by child welfare employees; (d) a long history of partnerships between traditional faith-based service providers and the child welfare system; and (e) the political

climate around SOGI based issues (Washburn et al., 2018). The variability in local, state, and federal policies against SOGI based discrimination means that many LGBTQ+ youth in care are left vulnerable to inequitable treatment within care. Legislation has been proposed and passed in several states which allow social care professionals, foster parents, and community-based agencies to 'opt out' of service provision to LGBTQ+ people, if working with them goes against their religious beliefs (Dettlaff et al., 2018).

Educational barriers and challenges

Whether or not they identify as LGBTQ+, young people in care experience formidable educational barriers. According to a high quality USA study with a nationally representative sample, LGBTQ+ youth face distinct educational barriers related to their sexual and/or gender identity, multiple placements and movements between schools, as well as economic and social marginalisation, but despite this LGB youth and non-LGB youth within children's social care have similar rates of achieving a high school diploma or a GED (Dettlaff et al., 2018). Another high quality and nationally representative quantitative study from the USA focused on LGBTQ+ youth in foster care reported more fights in school and victimisation than heterosexual youth in foster care (Baams et al., 2019). LGBTQ youth in unstable housing also reported poorer school functioning (Baams et al., 2019). SOGI bullying appears common for LGBTQ+ youth across their educational experience according to previous evidence (Bradlow et al, 2017), but this appears particularly acute for TGD youth in foster care who, in addition to significant bullying in schools, reported the poorest education outcomes in a qualitative study conducted in Los Angeles (USA) (Mountz, Capous-Desyllas, & Sevillano, 2019). Given this bullying and violent context, it is understandable that LGB youth are significantly more likely than their non-LGB peers to report skipping school frequently as per a nationally representative USA survey (Dettlaff et al., 2018). LGBTQ+ youth experience additional barriers such as multiple schools because of numerous foster care placements, a lack of guidance and support with navigating the system of higher education, and heightened barriers at the intersections of gender identity, sexuality, race, social class, and documentation status according to two small qualitative studies conducted with a small sample of LGBTQ+ youth in the Los Angeles area (Mountz et al., 2018; Mountz, Capous-Desyllas, & Sevillano, 2019). Altogether, it is not surprising therefore that the value of education, as a form of social capital and a pathway out of poverty and other life circumstances, is highlighted a significant resilience factor among LGBTQ+ former foster youth (Mountz, Capous-Desyllas, & Sevillano, 2019).

Transitioning from care

LGBTQ+ young people also appear ill-supported to transition out of care. This is due to inadequate planning and transition services through the children's social care system, and an absence of resources needed to successfully navigate emancipation, securing employment, and furthering education according to USA-based qualitative data (Erney & Weber, 2018; Mountz & Capous-Desyllas, 2020). Structural and interpersonal homo/bi/transphobia presented additional barriers. TGD youth often encounter barriers as a result of unsympathetically sex segregated housing options in accessing transitional housing, as well as gendered adult support services according to several medium and high quality studies (Capous-Desyllas & Mountz, 2019; Cossar et al., 2017; Mountz & Capous-Desyllas, 2020). As a result, LGBTQ+ youth are more likely to experience homelessness or extremely unstable accommodation upon transitioning out of care (Capous-Desyllas & Mountz, 2019; Cossar et al., 2017). Previous studies have consistently indicated a strong association between experiencing homelessness and having prior placement in out-of-home care (Zlotnick, 2009). For many, housing insecurity resulted in experiences of 'couch-surfing', sleeping in cars, using public transportation to sleep, and exchanging survival sex for shelter or other aspects of the underground economy after leaving care according to a small qualitative study of LGBTQ+ youth in the Los Angeles area (Capous-Desyllas & Mountz, 2019). Furthermore, LGBTQ+ youth are more likely to report victimisation while homeless compared to heterosexual, cisgender youth according to a quantitative study conducted in Atlanta (Forge et al., 2018). It is therefore not surprising that data from a small qualitative study of LGBTQ+ youth (n = 25) highlights the need for more and extended services beyond the age of 21, with help with education, housing, job training, management with money, and accessing basic needs upon emancipating from care (Mountz et al., 2019).

Current gaps in knowledge

The current evidence provides some understanding of LGBTQ+ young people's experiences within care; however, significant gaps remain. Specifically:

- Prior studies have served as a key starting point in identifying the prevalence and needs of LGBTQ+ youth in care; however, current estimates are thought to be conservative given that these data only capture those youth who openly identify as LGBTQ+, measurement error, differences in conceptualising SOGI. There is a need for better quality prevalence data about the number and subgroups of LGBTQ+ youth in care, and testing the veracity of such data.

- Future research in this field should include multivariate and longitudinal studies with individuals, relationships or communities to provide more detailed information (Dettlaff et al., 2018; Gonzalez-Alvarez et al., 2021).
- Future explanatory research needs to examine issues related to intersectionality and how subgroups of LGBTQ+ youth experience care differently, and at what points disproportionality and disparities occur (Capous-Desyllas & Mountz, 2019; Dettlaff et al., 2018; Wilson & Kastanis, 2015).
 - Future inquiry should be extended to include and target TGD youth within care who are underrepresented within samples included in this review. Although limited, reviewed evidence indicates that overall, social care systems are least well equipped to meet the needs of trans and non-binary youth.
 - Additional exploration of gender-based differences in the experiences of lesbian/bisexual girls and gay/bisexual boys is also needed.
 - More research is needed to examine issues related to intersectionality and disproportionality among dimensions of race, ethnicity, class, socioeconomic status and geographic diversity (Paul, 2020).
- Future research is needed to specifically examine the experience of LGBTQ+ young people in residential care given that the vast majority of studies focus on LGBTQ+ youth in foster care. To our knowledge, there have been no studies specifically investigating the residential care experiences of LGBTQ+ youth in the UK.
- The lack of evidence on the topic of cultural matching for LGBTQ+ youth in care also points to the need for in-depth future exploration.
- Religiosity, the degree to which individuals invest in religious doctrine or communities, may be correlated to less supportive attitudes towards LGBTQ+ youth among some social care professionals (Bermea et al., 2018), and more research is needed to understand its applicability within this context.
- An increased understanding of care experienced LGBTQ+ youths' help-seeking behaviour in relation to suicidality and poor mental health is needed to support the development of policy and service provision for this group.
- Although a recent research overview refers to LGBTQ+ youth in care as 'a population with much more resilience than risk' (McCormick et al., 2017, p. 28), extant work mainly follows a deficit- or risk-based approach with only a handful of studies exploring resilience (for example, Gonzalez-Alvarez et al., 2021; McCormick et al., 2016; Mountz, Capous-Desyllas, & Sevillano, 2019; Schofield et al., 2019). Resilience-based approaches provide a useful framework for understanding how individuals and communities prevent, face, and resolve stressors to maintain successful functioning

and well-being; as a result, better knowledge is needed about resilience strategies and how to encourage them.

- Reviewed findings reinforce the need for more comprehensive training and coaching for social workers, foster parents, and other caregivers. Further research and evaluation is needed to examine the impact of LGBTQ+ diversity training for practitioners and to consider its impact on practice with LGBTQ+ young people (Sherriff et al., 2011).

Practice and policy recommendations

To improve the health and wellbeing outcomes of LGBTQ+ youth in care, we offer the following recommendations, drawn from the literature reviewed here:

- The lack of systematic SOGI data collection has likely contributed to the invisibility of LGBTQ+ youth within the care system (Wilson & Kastanis, 2015). As a result, all social care systems should collect this information to ensure the continuing exploration of the prevalence and outcomes of LGBTQ+ youth (Dettlaff et al., 2018). More development work is needed to understand and provide guidance on how to safely and sensitively collect this information from young people and record it.
- Mandatory and more comprehensive training for social care professionals, caregivers, and foster parents is needed to better meet the need of LGBTQ+ youth and TGD youth in particular (Brandon-Friedman et al., 2020; Capous-Desyllas & Mountz, 2019; Cossar et al., 2017). Coaching from supervisors is also critical to implementing a workforce practice initiative to put new knowledge gained through training into practice, enhance worker's judgement, and real-world application of content (Greeno et al., 2021).
- Tailored affirming services and policies are required to in the following key areas:
 - Policies should integrate an understanding of the impact of SOGI in shaping services that address mental health and substance abuse needs in and after care (Capous-Desyllas & Mountz, 2019).
 - Policies could ensure more inclusive language and protections for LGBTQ+ youth in care from bullying, harassment, and discrimination (Greeno et al., 2021).
 - Transition related planning, support and services need to consider the unique barriers faced by LGBTQ+ youth (Mountz & Capous-Desyllas, 2020), and the role for leaving care services in supporting trans youth exploring gender identity in late adolescence (Cossar et al., 2017).

- There is an urgent need for LGBTQ+ and culturally affirming mental health and substance use prevention and treatment programs (Mountz & Capous-Desyllas, 2020).

Conclusion

This review has summarised the current available evidence on the experiences and needs of LGBTQ+ youth in care. The findings clearly demonstrate the disproportionality and disparities experienced by LGBTQ+ youth as they navigate children's social care. However, this review shows that there is a lack of good quality empirical evidence from European countries, resulting in a slanted knowledge base drawn primarily from US findings.

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Appendix 1: Summary of included studies

	Author(s) and year of publication	Study Location	Methodology	Data Collection Method	Sample	Sampling Method	Key Findings	Recommendations	CASP Score
1	Baams, Wilson & Russell (2019)	US	Quantitative	Survey	Nationally representative probability sample LGBTQ youth (n = 62,431) Heterosexual youth (n = 430,672) 10 - 18 years	Random	More youth living in foster care (30.4%) and unstable housing (25.3%) self-identified as LGBTQ than youth in a nationally representative sample (11.2%). LGBTQ youth in foster care reported more fights in school, victimization, and mental health problems compared with heterosexual youth in foster care.	More qualitative research on the environment from which youth are removed and why LGBTQ youth experience multiple placements. More detailed information about families, foster parents, siblings, and role of school needed. Need for affirming care.	17
2	Bermea, Rueda & Toews (2018)	US	Qualitative	Focus groups, interviews	Sexually fluid adolescent mother residents (n = 13) 14 - 22 years Program staff (n = 12)	Non-random	Meaning of relationships between sexually fluid mothers minimized and violence between same-sex dating partners interpreted as normative peer conflict among practitioners at religiously affiliated residential foster home.	Future research to explore queerness within pregnant and parenting adolescents. More nuanced questions regarding conflict. Practitioners should explore biases that may hinder the provision of appropriate resources and services to sexually fluid youth.	16
3	Brandon-Friedman, Pierce, Wahler, Thigpen & Fortenberry (2020)	US	Quantitative	Survey	Former sexual minority foster youth (n = 52) Former non-sexual minority foster youth (n = 167) Age	Non-random	Former sexual minority foster youth found to have lower levels of sexual wellbeing, less developed sexual identities, and more sexual victimization experiences and unintended pregnancies (of themselves or of a partner) compared to their non-sexual minority peers.	Need for more comprehensive training for social care professionals and foster parents to better meet the needs of sexual minority youth in care. More research on transgender and gender diverse youth needed whose experiences are understudied. Also, more research on experiences, relationships and overall wellbeing within the care system needed.	14

4	Capous-Desyllas & Mountz (2019)	Los Angeles, US	Qualitative	Photovoice interviews	LGBTQ former foster youth (n = 18) 18 - 26 years	Non-random	Participants reported feelings of abandonment by family of origin (compounded by rejection related to LGBTQ identity), dehumanisation and voicelessness within foster care system, as well as lack of material and emotional support/guidance upon transitioning. Common theme was the use of drugs and alcohol to self-medicate often occurring against a backdrop of little or no access to proper health care. Value of education as a source of resilience.	More qualitative and participatory research needed. Ensure policies integrate an understanding of the impact of SOGI in shaping services that address mental health and substance abuse needs in and after care. Implement worker trainings to provide appropriate resources and care for LGBTQ+ foster youth.	17
5	Cossar et al. (2017)	England, UK	Qualitative	Focus groups, interviews, mapping survey	LGBTQ (n = 46) Foster carers (n = 26) Local authorities in England (n = 152) (78% response rate)	Non-random	Staff reported lack of knowledge/confidence discussing SOGI. Some young people feared/experienced that coming out in care would result in unhelpful reactions, rejection and placement breakdown. For others, foster carers were accepting and living in care offered opportunity to explore SOGI. Heteronormative assumptions, awkwardness or discomfort from social workers.	More attention to, and training on, LGBTQ+ related issues/needs by all agencies (care planning, matching, working with birth families and leaving care services). Assessment and preparation of foster carers should include exploring openness, acceptance, and capacity to meet needs of LGBTQ+ youth. Role for leaving care services in supporting trans youth exploring gender identity in late adolescence.	14
6	Dettlaff et al. (2018)	US	Quantitative	Survey	Nationally representative sample LGB youth (n = 157) Non-LGB youth (n = 938) 11 + years	Random	Approx. 15.5% of all system involved youth identified as LGB (LB women and youth of colour both overrepresented). No substantive difference in risk factors, permanency and placement found, but LGB youth significantly more likely to meet the criteria for adverse mental health outcomes.	Future research should include multivariate and longitudinal analyses. Tailored LGB affirming services and policies needed. Essential to include SOGI information in data collection within care system. LB women in care a high priority population moving forward. Additional support and intervention addressing mental health concerns within care. Further inquiry into trans and nonbinary youth needed.	18
7	Erney & Weber (2018)	US	Qualitative	Focus groups, interviews	Former system-involved LGBTQ youth of colour (N = 53) 18 - 31 years	Non-random	Participants highlighted the need for foster placements to acknowledge intersecting identities and encourage their development and exploration of these identities. Youth felt "othered" when they were not allowed to participate in certain activities or socialize in the same way as their peers because of their actual or perceived SOGIE.	(1) promoting safety and affirmation of LGBTQ youth in school and placements; (2) improve identification and engagement with youth who experienced commercial sexual activity; (3) support wellbeing of LGBTQ youth in practice (e.g., promote healthy SOGI development, more family-like settings rather than congregate care settings, access to appropriate health and mental health services); (4) commit to permanency; (5) support transition to adulthood; (6) ensure agency accountability and sustainability.	14

8	Forge, Hartinger-Saunders, Wright & Ruel (2018)	Atlanta, US	Quantitative	Survey	Homeless or runaway youth with past care system involvement (n = 295) 14 - 25 years	Non-random	Compared to heterosexual/cisgender counterparts, greater percentage of LGBTQ youth had been kicked out of homes, been homeless for more than one year, reported being abused as a child, were victimized while homeless, indicated a mental health problem, and identified adult friends or a professional contact (rather than family members) as a source of support	More meaningful comparisons based on race and ethnicity needed, and a disaggregated look at the experiences of specific LGBTQ+ sub-groups. Future studies should provide in-depth examination of number, timing, form and length of involvement with care system, along with experiences of homeless LGBTQ youth. Need for targeted interventions and identity-affirming training and practices for professionals, foster parents, and law enforcement agencies.	14
9	Gonzalez-Alvarez et al. (2021)	Netherlands	Qualitative	Interviews	LGBTQIA+ youth in out-of-home care (n = 13) 15 - 28 years	Non-random	Young people experienced unacceptance and discrimination based on their SOGI from families, peers, foster carers, practitioners and society. Findings highlight central role of care professionals in fostering resilience. Some practitioners and foster carers had important position as SOGI affirming figures through educating themselves on SOGIE issues, giving young people space and time to understand themselves, protecting them from bullying, connecting them with LGBTQIA+ organisations and calling them with their real/preferred pronouns. Lack of help was met by some young people with a self-relaying attitude.	Longitudinal studies with individuals, relationships or communities needed. More incorporation of intersex, queer or aromantic/asexual perspectives in research. Need for positive LGBTQIA+ identity development resources, as well as clear policies addressing bullying and discriminatory practices within child protection services. More training for staff to help increase their supportive capacity.	17
10	Greeno, Matarese & Weeks (2021)	Mid-Atlantic state, US	Quantitative	Survey	Child welfare professionals (n = 1,196)	Non-random	Findings suggest that care workers have adequate knowledge about the LGBTQ+ community and responses indicate the workforce has some potential to engage in supportive behaviours toward youth; however, do not believe the child welfare climate is protective or supportive for LGBTQ youth. Reported they "don't know" how they feel about the LGBTQ+ population.	Future studies to assess attitudes and behaviours by worker job responsibility. Workforce development initiatives need to include lived LGBTQ+ experience to enhance understanding. More training and other educational opportunities to help professionals meet needs of LGBTQ+ youth. More inclusive language and protections for LGBTQ youth in policies.	18
11	Griffiths et al. (2021)	Southern state, US	Quantitative	Survey	Public and private foster parents (n = 255)	Non-random	Appears to be a limit to some foster parents' level of acceptance in that they were more willing to foster children with other differences while less so LGBTQ+ children. Also, those who were more willing to foster LGBTQ+ children were less satisfied with in their role.	Foster agencies should explore strategies to promote and support greater inclusion (more focused education and awareness programs to promote understanding of LGBTQ+ children in foster care system)	18

12	Hudson-Sharp, National Institute of Economic and Social Research (2019)	England, UK	Qualitative	Interviews, content analysis of a sample of higher education social work courses, rapid evidence review	Stakeholders (those in social work education, representatives of organisations that provide support to transgender community, representatives in higher education institutions providing qualifying and post-qualifying courses in social work, and representatives of child and family social work teams working within local authorities in England)	Non-random	Very little explicit reference to gender identity/variance within both undergraduate and postgraduate course social work courses. Interviews suggest trans people continue to have poor experiences with child and family social services; however, positive experiences also noted.	Transgender awareness needs development within child and family social work profession with a clear need for additional training. Social work specific resources needed. More research also need to better understand experiences of trans population given limited evidence base and sampling difficulties in regard to gender identity.	15
13	McCormick, Schmidt & Terrazas (2016)	Texas, Iowa and Illinois, US	Qualitative	Interviews	LGBTQ+ former foster youth (n = 26) 18 - 25 years	Non-random	<ul style="list-style-type: none"> · foster family acceptance plays a pivotal role in creating an affirming and inclusive environment for LGBTQ youth · findings provide further evidence for the need to educate, train, and recruit affirming and accepting foster families 	Increased training on the importance of foster family acceptance for foster carers and care professionals, as well as a need for more affirming and accepting foster parents for LGBTQ+ youth. Research assessing affirming and non-affirming practices by foster caregiver likely to help aid training, recruitment and education efforts. Need for mandated policy initiatives to protect LGBTQ+ youth across several states.	15
14	Mountz, Capous-Desyllas & Pourciau (2018)	Los Angeles, US	Qualitative	Interviews	Trans and gender expansive former foster youth (n = 7) 18 - 26 years	Non-random	Trans and gender expansive youth face increased placement disruption compared to youth who identify as LGB (nearly twice as many). Participants noted a lack of worker and carer competency, as well as barriers to accessing gender-affirming medical care, housing, education, and employment. Faith/spirituality, trans-affirming organisations and community groups, and pride in one's identity important resilience factors.	More and stronger trans and gender expansive affirming policies, training and practices needed	14

15	Mountz, Capous-Desyllas & Perez (2019)	Los Angeles, US	Qualitative	Interviews	LGBTQ+ former foster youth (n = 25) 18 - 26 years	Non-random	Participants stressed the need for multiple forms of support well beyond the age of 21 (in the areas of education, housing, job training, financial literacy, and mental health support).	Call for enhanced provision of LGBTQ+ affirming and trauma-informed therapeutic resources for youth, families, and communities who interface with care system. Screening for all prospective foster parents for a commitment to LGBTQ+ affirming foster parenting. LGBTQ+ competency training and coaching for care professionals and foster parents.	14
16	Mountz, Capous-Desyllas & Sevillano (2019)	US	Qualitative	Interviews	LGBTQ+ former foster youth (n = 25) 18 - 26 years	Non-random	While LGBTQ youth shared educational barriers and challenges common to all youth in foster care also faced additional barriers such as chronic bullying and harassment within K-12 settings. For those youth who were able to attend college, California's network of campus-based support programs for current and former youth in foster care were hugely supportive	Critical that schools at K-12 level be trauma informed. Need for nationwide campus support programmes for current and former foster youth. Need to develop more affirming and community-based approach between schools and relevant systems.	15
17	Mountz & Capous-Desyllas (2020)	Los Angeles, US	Qualitative	Interviews	LGBTQ+ former foster youth (n = 25) 18 - 26 years	Non-random	Reasons for entering care mainly mirrored general population (i.e., familial substance abuse and mental health issues against backdrop of poverty and racism); however, three referred to family rejection based on SOGI. Mental health and substance abuse challenges related to histories and experiences in foster care, exposure to substances and maltreatment within family of origin, and various forms of oppression related to intersecting identities. Family and caregiver rejection significant barrier to permanency. Participants overwhelmingly reported that they were ill prepared to transition out of foster care.	At jurisdictional level, care services and programming tailored to LGBTQ+ youth should be implemented. Need for proactive recruitment of both LGBTQ+ and LGBTQ+ affirming foster parents, as well ongoing training and support for current and prospective foster parents. Transition related planning, support and services need to consider unique barriers faced by LGBTQ+ youth. Youth should be supported in choosing the kinds of permanency they want and need, be it relational, physical, and/or legal, and allow for an expansive notion of who may constitute family and/or supportive adults and peers including fictive kin. Need for LGBTQ+ and culturally affirming mental health and substance use prevention and treatment programs.	18

18	Paul (2020)	Midwestern state, US	Qualitative	Survey, interviews and ecomaps (graphic visualisation strategy)	LGBTQ+ foster youth (n = 21) 17 - 21 years	Non-random	Results revealed that although many LGBTQ foster youth included a variety of child welfare professionals (e.g., caseworkers, foster parents) and other service providers (e.g., teachers, therapists) within their support networks, the majority experienced several unmet needs and challenges—most of which were associated with their sexual and/or gender minority statuses.	More comprehensive range of resources and services, particularly LGBTQ-specific supports. Training for foster parents, caregivers and care professionals to support LGBTQ youth leaving care. State and federal governments should also consider collecting SOGI data, implement policy/practice to protect this information, and share it when necessary and appropriate. More research needed to examine issues on intersectionality and disproportionality among race, class, sexual orientation and gender identity, as well as studies on resilience.	18
19	Scannapieco, Painter & Blau (2018)	US	Quantitative	Survey	LGBTQ+ youth (n = 83) Non-LGBTQ+ youth (n = 474) 11 + years	Non-random	LGBTQ+ youth in the child welfare system entered services with higher levels of suicidal ideation, suicide attempts, depression, and gender identity related problems compared to heterosexual youth in care.	Need for system wide affirming policies and practices addressing safety and wellbeing of LGBTQ+ youth. Workforce development needs to include competency-based training and coaching on supporting LGBTQ+ youth in a strength-based and affirming way.	16
20	Schofield, Cossar, Ward, Larsson & Belderson (2019)	England, UK	Qualitative	Interviews	Foster carers (n = 26)	Non-random	Highlights caregiving relationships provided support for LGBTQ youth, incl. managing their sexual orientation and gender identities. Also provides examples that raised concerns about some carers' attitudes and capacity for sensitive, accepting caregiving for LGBTQ young people. 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	Important for foster agencies to explore prospective foster carers' values and attitudes in relation to LGBTQ+ issues, and offer post approval training focused on the needs of LGBTQ+ youth. Training for foster parents should communicate information and deliver skills training but also identify and challenge attitudes and values where necessary. Better training for social workers about experiences/needs of LGBTQ+ youth also essential.	14
21	Sherriff, Hamilton, Wigmore & Giambrome (2011)	Sussex, UK	Qualitative	Interviews	Practitioners (n = 18) LGBT young people (n = 11) 13 - 26 years	Non-random	Majority of youth felt there was a need for practitioners to be better trained around LGBTQ issues, including how to deal with homophobic bullying. Practitioners report a lack of confidence and skills to adequately provide support to LGBTQ+ youth. Practitioners appear open to receiving training in this area.	Need for development of holistic institutional-level intervention to address needs of LGBTQ+ youth and adequate training for all practitioners. Further research and evaluation needed to examine the impact of LGBTQ+ diversity training for practitioners and to consider its impact on LGBTQ+ youth. Experiences and voices of LGBTQ+ youth need to be included in training as a learning tool.	17

22	Wilson & Kastanis (2015)	Los Angeles, US	Quantitative	Survey	LGBTQ+ foster youth (n = 130) Total survey sample (n = 786) 12 - 21 years	Random	Approximately 19% of Los Angeles foster youth are LGBTQ+. Also, less satisfied with their child welfare system experience, are more likely to experience homelessness, are moved around to more placements, and are experiencing higher levels of emotional distress compared to their non-LGBTQ+ counterparts.	Future research needed to understand at what points disproportionality and disparities occur, and how this may differ for different LGBTQ+ subgroups. Policies aimed at strengthening administrative SOGI data collection important next steps	18
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