



“Our Journey”

A report on a project exploring the interface between service responses to the needs of lesbian, gay, bisexual and transgender young people and child protection policy and practice

Commissioned by the Scottish Government Education Directorate Sponsored Research Programme

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On behalf of LGBT Youth Scotland



“They make judgements; see it as just a phase or attention seeking. They don’t think we can choose or enjoy our sexuality. They don’t take our choices as rational or serious. Our journey isn’t what they imagined for us. If you’re not in the box you’re weird”.

Young person’s contribution

**INCLUDING
LESBIAN, GAY,
BISEXUAL AND
TRANSGENDER
YOUNG PEOPLE**

Thanks to

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The views expressed in this report are those of the young people and professionals who contributed, and of the authors, and do not necessarily reflect the views of LGBT Youth Scotland or the Scottish Government.



About LGBT Youth Scotland

LGBT Youth Scotland is a charity working towards a Scotland in which every lesbian, gay, bisexual and transgender (LGBT) young person is included in society, can grow up happy and healthy, enjoys a safe and supportive upbringing, and is able to reach their full potential.

LGBT Youth Scotland works towards its vision by providing a range of services and opportunities for young people, families and professionals which aim to increase awareness and confidence and reduce isolation and discrimination. Direct youth work, including youth groups, volunteering and outreach, are key aspects of the organisation's work as are policy, research and practice development work.

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ACCESSIBILITY

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Introduction

In the context of an ongoing working relationship and shared interest in the health, wellbeing and human rights of lesbian, gay, bisexual and transgender (LGBT) young people, staff at the national agency LGBT Youth Scotland and independent consultancy The TASC Agency identified a number of questions and issues about which little is known in Scotland. These include:

- In the context of child protection policy and practice - which sees the health, happiness, wellbeing and safety of every child and young person as a shared professional and community responsibility - are the experiences and needs of LGBT young people visible and being addressed?
- What do policy, statements of standards or guidance offer in terms of direction and purpose?
- What happens when a young person is identified as lesbian, gay, bisexual or transgender by a professional?
- Are LGBT young people more vulnerable and more likely to be at risk of harm in family, care or community settings?
- Where there is risk of harm and where intervention is required, how does child protection practice recognise or respond to the needs of a young person who is, or is perceived to be, lesbian, gay, bisexual or transgender?
- What do we know about the experiences of LGBT young people in the child protection system?
- In meeting the social, health, care and learning needs of a young person, does their LGBT identity matter?

In their recent report 'Extraordinary Lives: Creating a positive future for looked after children and young people in Scotland'¹ the Social Work Inspection Agency stated: "The needs of gay and lesbian young people who are looked after have not been recognised widely". The Agency continued: "We think it is important to find out more about the needs of gay and lesbian and transgender young people who are looked after".

Within this context the study we report on here was developed. The study was designed and facilitated as a partnership between LGBT Youth Scotland and The TASC Agency and was funded by the Scottish Executive Education Department (now *the Scottish Government Education Directorate*) as part of the Directorate's Sponsored Research Programme. The Sponsored Research Programme provides funding for researchers carrying out small-scale projects in the field of education and children and young people.

¹ 'Extraordinary Lives: Creating a positive future for looked after children and young people in Scotland' Social Work Inspection Agency 2006 at: <http://www.scotland.gov.uk/Publications/2006/08/07134204/0>





About the study

The study which emerged has focused on:

- 1 The ways in which professionals take into consideration, or respond to, knowledge of a young person's identified, or emerging, or perceived lesbian, gay, bisexual or transgender (LGBT) identity
- 2 The issues which influence the professional's considerations and responses
- 3 The interface between LGBT identities and child protection policy and practice.

Data has been gathered from professionals and young people, helping to identify the support and guidance needed when approaching the interface between child protection and meeting the support, information or health needs of 13-18 year olds who identify or are identified as LGB or T. Following an initial identification of the issues and questions at the heart of the study by independent consultancy The TASC Agency and LGBT Youth Scotland an application was made to the Sponsored Research Programme. On granting of funds a project plan was developed.

METHODS

The work was conducted as follows:

- Face-to-face interviews with professionals and practitioners: detailed face-to-face interviews with Child Protection Lead Officers in 4 areas of Scotland were conducted. The areas were selected as representative of the diversity within which services operate: urban, small urban and accessible rural.
- Through these 4 Lead Officers a number of managers, supervisors and practitioners working across sectors and agencies were identified including professionals from Health, Police, Social Work, Education and from statutory and voluntary sectors. Detailed semi-structured interviews were conducted with 21 professionals to explore views on the key questions of interest.
- Meetings with practitioners: practitioners in one of the target areas attended three meetings with the lead researcher. Sixteen workers attended, coming from a range of professional backgrounds and from statutory and voluntary sectors.
- Online survey: an online survey was provided for other practitioners to contribute views. 34 workers responded (more detail about respondents in Appendix I).
- Focus groups with LGBT young people: four group sessions with LGBT young people aged between 14 and 23 years, attended by 24 young people in total, were held; meeting in Edinburgh, Glasgow and Dumfries.



- Face-to-face interviews and online survey with LGBT young people: the study also sought to engage through individual interviews with young people with experiences of being looked after or accommodated away from home who also identified as lesbian, gay, bisexual or transgender; an online survey was made available as an alternative to face-to-face interviews. Whilst contacts were made via colleagues in the field young people eventually declined to participate at an individual level other than one young person who completed the online survey option. Whilst disappointing for the study team we also recognise that to engage this group of young people in research requires both time and care and the building of relationships. Resources and time did not permit such circumstances in this exploratory study and so work remains to be done; we return to this issue in our concluding comments.

Throughout the report participants views are quoted. Quotes arising from interviews or meetings are based on notes taken by the facilitator during sessions. All participants have been offered anonymity and are not identified other than through a random interview or group number. Individual interviewees are identified by a number such as (I107) and contributions from participants in workers groups by the group they attended; G1, G2 or G3. Workers contributions quoted from the online survey are identified by a given number such as (OL5). Quotes from young people's group sessions are by the group they attended, either YPG1, YPG2 etc. Where a quote has been used from the one online survey submission, it has been incorporated as a focus group comment to ensure anonymity.





Context: Care and protection

In the recent Scottish Executive* report on the implementation of the UN Convention on the Rights of the Child in Scotland², published in August 2007 with a focus on work before the recent change in administration, the then Scottish Executive stated that “protecting the vulnerable in our society, especially children, is a priority for Scottish Ministers”. In recent years child protection, and broader issues of care and welfare, have certainly had an increased profile and considerable attention. The Executive’s UNCRC report confirms a commitment to protection from harm as a right which all children hold.

Other key developments which are of interest in the context of this study also include:

- The establishment of the office of Commissioner for Children and Young People³ in 2003. The Commissioner is charged with promoting and safeguarding the rights of children and young people as set out in the UNCRC
- The Child Protection Reform Programme reported in November 2002 with the title ‘It’s Everyone’s Job to Make Sure I’m Alright’⁴. A 5 point action plan was detailed which included a 3 year reform programme, a commitment to a new multi-disciplinary inspection system, the development of a Children’s Charter which would set out the protection that every child has the right to expect and the provision of additional resources to ChildLine and ParentLine, both delivered by Children 1st
- From 2003 the reform programme had several key outputs: it produced the promised ‘Protecting Children and Young People: The Charter’⁵; and ‘Protecting Children and Young People: Framework for Standards’⁶ which translated the young people’s charter into 8 overarching standards for professionals working in child protection; guidance was produced in relation to the protection and welfare of children in schools, focusing on children missing from education, with the title ‘Safe and Well’⁷; a structure for multi agency inspection was developed; and the model of Child Protection Committees in each of Scotland’s 32 local authority area was strengthened. A *process review* of the Child Protection Reform Programme has highlighted its effectiveness.

*In September 2007 the Scottish Executive was renamed the Scottish Government in order to better clarify the work of the administration. Where this report refers to “The Scottish Executive” it is referencing events and publications that took place or were released prior to September 2007.

2 ‘A report on Implementation of the UNCRC in Scotland’ available at: <http://www.scotland.gov.uk/Publications/2007/07/30114126/0>

3 More about Scotland’s Commissioner for Children and Young People at: <http://www.sccyp.org.uk>

4 ‘It’s everyone’s job to make sure I’m alright’ available at: <http://www.scotland.gov.uk/Publications/2002/11/15820/14009>

5 ‘Protecting Children and Young People: The Charter’ available at: <http://www.scotland.gov.uk/Publications/2004/04/19082/34410>

6 ‘Framework for Standards for Professionals for Child Protection’ available at: <http://www.scotland.gov.uk/Publications/2004/03/19102/34603>

7 ‘Safe and Well’ available at: <http://www.scotland.gov.uk/Publications/2005/08/0191408/14093>



- In particular the views expressed by professionals in *the process review* showed that they described significant improvements in the amount of awareness, information sharing and joint working within child protection; they considered that there had been a rise in a sense of shared responsibility for identifying the unmet needs of children and helping to meet those needs. Access to information was observed to be freer and the quality of information had improved. The process review found that the principle of joint working was accepted, and that there were huge developments at all levels of the system towards more integrated approaches.
- However, respondents did suggest that the detail of how joint responsibility should be exercised was not clear, and that a blueprint for multi-disciplinary practice is lacking.
- Despite the assumptions that more integrated approaches are more effective and more economical, the process review identified that the evidence base for this assumption is weak, and is based mainly on the fact that inquiries show integration to be poor when things go wrong. It was clear from the evidence that professionals would welcome more debate, clarity and guidance about how to develop an effective protective network. In particular, people wanted further clarification about accountability and the limits and extent of each agency's role and responsibility for the provision of protective action.
- The Scottish Government have also published and disseminated information for members of the public about what they can do if they have a concern about a young person⁸ and in February 2007 a 24 hour freephone number, ChildProtectionLine, was launched.
- The Scottish Government is working with stakeholders on the development of a code of practice with the title 'Sharing Information When a Child is in Need of Protection' which it is hoped will help identify young people at risk and improve needs assessment and support.

⁸ Leaflet giving advice on what people should do if they are concerned about a child or young person is available at <http://www.scotland.gov.uk/Publications/2005/01/20382/48304>



- In 2003 the Scottish Executive committed to a review of the Children's Hearing system⁹ with the title of 'Getting it Right for Every Child' (GIRFEC). The initial consultation led to a wider view being taken of children's services; and commitments were made to move towards a Scotland in which every child is safe, healthy, achieving, nurtured, active, respected, responsible and included. 'Proposals for Action'¹⁰ were made in 2005 to improve the Children's Hearing System and ensure services work in more integrated ways, undertake comprehensive assessment and ensure early identification and intervention where that is required. In 2007 further 'Guidance on the Child's or Young Person's Plan'¹¹ provides a framework for planning and action to help improve outcomes for children in Scotland. The commitment underpinning GIRFEC is that, no matter where they live or whatever their needs, children and families know where they can seek help, what help is available, that the help is appropriate to their needs and will be delivered to the highest possible standard.
- Improvements are being made to elements of Social Work education which deal with Child Care and Protection. Continuing professional training for social workers is now part of their required registration to work in the profession.
- In 2005 the Executive reported on a National Review of Guidance provision in Scotland's schools. The report 'Happy, Safe and Achieving Their Potential'¹² detailed a set of 10 standards of support that children and young people should expect in Scottish schools. The standards include a commitment to all children, young people and families that the school will provide personal support which meets the needs of every pupil.
- In 2005 the then Executive published a series of documents outlining care standards¹³ including those that young people should expect from care homes, with a commitment to dignity, privacy, choice, safety, realising potential and equality and diversity.
- There is ongoing work between the Government, Aberlour Child Care Trust and the Scottish Coalition for Young Runaways regarding services for young runaways. An initial scoping study has been completed and a new working group has been formed to take forward work towards a national strategy on young runaways.

9 'Getting it Right for Every Child Consultation Pack on the Review of the Children's Hearing System' at <http://www.scotland.gov.uk/consultations/education/chhp-01.asp>

10 'Getting it Right for Every Child Proposals for Action' at <http://www.scotland.gov.uk/Publications/2005/06/20135608/56098>

11 'Getting it right for every child: Guidance on the Child's or Young Person's Plan' at <http://www.scottishexecutive.gov.uk/Publications/2007/01/22142141/8>

12 'Happy, safe and achieving their potential' available at <http://www.scotland.gov.uk/Publications/2005/02/20625/5151>

13 'National Care Standards: Care homes for children and young people' available at: <http://www.scotland.gov.uk/Resource/Doc/69582/0017382.pdf>



- The Scottish Government has also identified the risks posed to children and young people via the Internet and by means of a campaign in late 2004 they sought to urge parents and carers to ensure that their children are using the Internet safely. Online information and advice has been provided for both children and young people and parents or carers¹⁴.

This is the national policy/guidance context within which agencies must frame their responses to all young people, including those who are LGBT, where there are concerns for their protection or safety and in order to ensure a positive experience of school or residential care.

¹⁴ Internetsafetyzone is aimed at both parents/carers and children/young people at: <http://www.internetsafetyzone.com>
Think U Know is aimed at children and young people at: <http://www.thinkuknow.co.uk>
Guidance for schools and education authorities on internet safety is available at: <http://www.ltscotland.org.uk/doubleclickthinking>





Starting points

At the outset of interviews and group sessions with professional staff participants offered some initial views and reactions to being invited to participate in the study. These initial offerings highlighted the following issues.

Participants reported that **young people and sexual activity** is a current high profile area of concern in terms of both policy and practice. A key issue for service providers is sexual activity and the law – in other words, sexual activity when the young person is under 16.

- “People have huge issues about under 16s and sexual activity”. (II22)

However, for the most part, participants described an initial **lack of knowledge, awareness and focus on LGBT young people** in their practice, whether that be in terms of broad health and wellbeing or child protection:

- “Operationally, on this, I don’t know where we are at”. (II03)
- “I know nothing about this”. (II24)
- “This is a highly neglected area; an area we haven’t yet turned our minds to or addressed. I haven’t been aware of LGBT young people who have raised issues; this implies ignorance, not that they’re not there”. (II02)
- “Gosh, I believe there’s a huge lack of awareness and knowledge in relation to these young folks... Even anecdotally sexual health services are focused on women, not on LGBT identities”. (II16)

In the context of child protection policy and practice participants described a scenario in which it could be said **LGBT young people are ‘not on the radar’** either at the level of individual practice or strategically for agencies or services:

- “From a child protection practice point of view LGBT issues are not on the radar because there is no infrastructure or training, it might get on the radar for an individual young person, but practitioners fear how to deal with it”. (II04)
- “I’ve worked in the child protection field since 1991, and I’m not aware of any LGBT issues coming up or of any young person disclosing their sexuality”. (II19)
- “There’s always been an inclusion agenda, but nobody in my service has ever brought this up... why don’t we know about LGBT identity and how that might impact on their work or schooling?”. (II21)
- “What’s this got to do with me? As a manager I don’t have hands on responsibility”. (II12)



There was some concern amongst interviewees that for some practitioners **LGBT young people's sexual activity is perceived, in itself, as a child protection concern**, particularly for under 16s.

- “Some clinicians still think if its young men having a sexual relationship they need to be treated differently. This is being challenged but it’s still there”. (I113)
- “Some professionals do think that an LGBT identity as such is a child protection issue, that it makes them vulnerable, especially boys. Gay equals promiscuous equals dangerous”. (G1)

However, there were alternative perspectives: “It’s about assessment of risk for the individual, not the pressing of automatic alarm bells. Sometimes information, scenarios unfold, you need to build trust, knowledge and understanding of the young person”. (I117)

Many of these issues will be returned to throughout the report. In general terms, while one interviewee’s view was that to get the issues at the heart of the study on the child protection agenda “we will have our work cut out” (I103) there was a genuine interest and openness to participate in the study reported on here.



Professionals' responses to LGBT identity

Via the online survey, professional staff (see Appendix I for a breakdown of professional background and setting) considered their and their colleagues responses to being told, or finding out about, a young person's lesbian, gay, bisexual or transgender identity. They were also asked to report on the main issues which arose as an immediate consequence of having information about a young person's LGB or T identity – and whether concerns about risk and vulnerability played a part in initial responses.

I - INITIAL RESPONSES

Workers described a range of initial responses. Across many contributions there was a sense of **supporting and valuing the young person**. Typically, contributors responded:

- “I’d want to normalise this by not expressing shock or surprise, but also to offer some affirmation that it is a good and brave thing to come to terms with one’s identity”. (OL22)
- “I’d explore how they were feeling and give a supportive response”. (OL15)

Other contributions captured **a commitment to young people’s rights, to listening to the young person and identifying and responding to need:**

- “I would need to know what the young person needed to know.... I would consider depending on the young person’s circumstances what I might do. What I would not want to do would be to impinge on any rights of the young person... Clearly if information came about and there was concern about bullying etc. the paramount concern would be for the welfare of the young person”. (OL11)
- “I’d be aware of possible problems the young person may face. Also have any relevant information at hand. And as with any young person, always show respect”. (OL28)

Other descriptions of initial responses had the following characteristics. Quotes from workers online surveys are given to illustrate each point:

- **Responses can recognise the value of the individual and respect the young person’s expression of their sexuality:** “A young person’s identity is something unique to them and how they choose to express it, especially during adolescence needs to be respected and treated with respect. Young people need to feel valued and listened to, that is your response”. (OL1)



- **Workers can accept the information - as one would with any other information about a young person – and factor that into the assessment process:** “I acknowledge what I am being told (while noting whether it is fact or opinion!). I use the information, as with any information received, to help me assess the young person’s needs”. (OL3)
- **Responses can include offers of support:** “I would speak to the young person in order to establish the facts (if the story hadn’t come directly from them). Then to offer support and to reinforce that their personal choices are just that and it doesn’t make them a lesser person because they don’t conform to what others expect. I would offer to support them in telling others, if that is what they choose to do and signpost to LGBT Youth for more specialist support”. (OL14)
- **Workers accept information seriously and there is a respect for confidentiality:** “I think its important to treat the information seriously and confidentially. If it is the young person who is disclosing this fact I think its also important not to show shock at what you are being told and to be as sympathetic as you can be without seeming patronising”.(OL12)
- **There can be concerns about how others will react,** with a concern about what can be done not only to support the rejected young person but what might also happen to address issues with the adult who responds negatively, a particularly important issue in the context of a critical shortfall in fostering resources: “I wonder how the foster carers react, and hope this is in a positive way”. (OL2)
- **Responses can include an immediate concern for the young person in terms of safety and self worth:** “I have a sense of their increased vulnerability and of the confusion and shame that can result from coming to terms with minoritised sexual orientation in a homophobic world”. (OL9)
- **Where necessary (such as in provision of sexual health services) responses can be led by a focus on behaviour rather than identity:** “Generally the information would have come directly from clients attending our service; as it’s a sexual health service setting my initial response is usually to focus on behaviour rather than identity”. (OL27)
- **Responses can focus on signposting the young person to people or places where they might get any information or support they need:** “Initial response would be, does the young person have appropriate information and support to make choices?”. (OL13)

In some contributions there was recognition that **how the information gets to the worker impacts on responses to it**. The response to information which does not come directly from a young person was described as follows by these respondents:

- “If based in assumptions and the young person is not out I would not approach or discuss it further... I try to ensure that there are relevant referral options for all young people and an open atmosphere to approach staff and discuss things further”. (OL8)
- “If it comes from someone other than the young person I am reluctant to offer much comment until I know from the person themselves”. (OL31)

Some workers identified **no response or no reaction** to knowledge of a young person’s LGB or T identity. The perspective would appear to come from a desire to view all young people equally, with a sense that to respond any differently to a young LGBT person might in itself be discriminatory:

- “No different from working with other young people”. (OL10)
- “I have no response to this, I do not believe that a person’s sexuality makes a blind bit of difference to the way I treat them in any context”. (OL6)
- “No reaction, other than if I get information about anything else. I grew up quite openly, I am happy to have no judgemental behaviour”. (OL7)

II - INITIAL RESPONSES FROM COLLEAGUES

In addition to reporting on their own responses to knowledge of a young person's LGBT or T identity workers also reflected on the responses of colleagues.

For most online respondents, initial **responses to LGBT identity by colleagues were seen as similar to their own**, with commitments to listening, respect, support and signposting to other agencies where that is thought useful: "Responses are always positive and non judgemental". (OL19)

For others, their teams were seen as a made up of people with differing personal perspectives and professional reactions. **Sometimes professional colleagues are unsure, nervous or insensitive in their responses:**

- "May be a bit nervous, because they don't know how to respond". (OL7)
- "There's confusion and fear of not knowing how to handle the situation". (OL32)
- "Responses are variable. From similar to embarrassed". (OL16)
- "Some are sensitive to the information, some are not". (OL3)
- "Mostly positive and supportive but some can be standoffish". (OL23)

Other negative responses were also identified.

- **Responses can be seen on a scale – from agencies and teams with experience and a sense of preparedness to agencies where staff feel unprepared:** "Direct colleagues in the field of sexuality usually respond well to expressed identities and needs of young LGBT people however I am aware that when young people present in more mainstream services some staff can struggle and feel unprepared in terms of meeting their needs". (OL24)
- **Responses are viewed as different in different sectors:** "Not very great from my NHS colleagues, have poor comments in my office around LGBT issues over the years. Very good from my youth work colleagues I work in partnership with regularly". (OL25)
- **Responses can be knee jerk and lack care and respect, privacy and confidentiality is lost, information is made public:** "In other agencies/services staff can often panic initially. They often call a meeting and discuss it openly as a team. Informing those who perhaps did not need to know. They call an outside agency in to speak to them without consulting with the young person first. Call parents to let them know based on the assumption that they have the right to know". (OL8)



- **Some colleagues can view young people’s LGB or T identity as a phase or as a result of abuse.** One respondent saw this as particularly problematic in relation to young people who are looked after: “Some put it down to a phase, others see it too often in the context of it being a result of abusive behaviour. There is sadly a link between young people looked after away from home and child sex abuse. This can lead to behaviour in adolescence that is about taking risks and they are also wide open for exploitation. Sexuality can get confused in the midst of all this”. (OL1)
- **Responses can be underpinned by personal values and beliefs:** “Sometimes anxiety, sometimes issues around morality and religious teaching”. (OL31). For one respondent, there is a concern that **public and private responses might be different:** “Prejudice is often just below the surface and it may not impact on their responses, but privately they discuss these individuals differently” (OL1). Other contributors have experience of discriminatory views and beliefs: “I have to say we’ve been doing some work with senior staff on equalities stuff and its revealed some shocking views. Awful. There’s a long way to go on basic issues”. (II05); “Still a lot of ignorance and prejudice that makes trusting some health professionals an issue” (OL18); “We cannot underestimate the importance of individual faith in this area of work. There will be blocks to progress in some sectors”. (II01)
- One contributor identified that **responses can depend on an understanding of young people’s rights:** “It depends on where they sit in the organisation. Some would raise issues of child protection. Others like the Children’s Rights officer would be aware of rights under the UN Convention on the Rights of the Child”. (OL11)
- Respondents also identified the role they can play in **challenging and supporting colleagues** where they feel responses are unhelpful: “If someone did react in a negative way (a rare event) then I would challenge them”. (OL6). Another identified that “If there are issues with the colleague then I think they also need to be supported correctly”. (OL12)

III - INITIAL RESPONSES TO LGBT IDENTITIES: THE MAIN ISSUES

Via the online survey, workers identified the main issues which arise for them and for their colleagues as a consequence of having information about a young person's LGB or T identity. In particular workers were asked to consider whether concerns about risk and vulnerability play a part in initial responses. Issues identified included:

The need to understand what their LGB or T identity means to the young person themselves, to ensure they are heard, and to give respect. There was support for a view of assessment which is young person centred, comprehensive and integrated and seeks to consider risks, vulnerabilities and protective factors:

- “The main issue is what does this mean for the young person? Does their sexuality cause them problems – bullying, sexual exploitation?” (OL3)
- “The main issue would be to ensure that the young person who had identified as LGB or T was happy and safe. That they felt comfortable in talking about what they were going through and that their peers, if aware of the situation, were supportive. Also to ensure that the young person was happy at home, had they chose to tell their family, and that they were in no way being excluded because of their lifestyle”. (OL14)
- “The main issue from my point of view is ensuring that I treat them with respect and that I am able to give the advice and information they need plus the ability to challenge any homophobia”. (OL10)

Having a learning disability can mean other people fail to recognise LGBT identities; or are resistant to identity being explored or expressed. One respondent highlighted the need to consider LGBT identity in people with disabilities and the need to offer support and build protective factors:

- “The main issue is how to help and listen. Not being judgemental and posing answers. Reassuring the person is safe and okay and not being exploited. In the team they may not be aware that the person with a learning disability may be LGBT and not perhaps thinking about that as a personal choice that they have made. They assume that they are being abused”. (OL18)

Being looked after away from home can in itself result in negative responses to LGBT identities. Other young people, residential care staff and foster carers all require support, training and on occasion challenging. There is also a recognition that if a young person is placed in a setting where they experience harassment there is often no other choice of placement. This is addressed further later in the report.



When young people are referred on to other agencies their experiences should be monitored. One worker identified that an issue is to ensure “that services being referred to have the same supportive attitudes and will aim to ensure that what has been promised will be delivered; that we consult with clients on a ‘how was it for you’ basis once the service has been delivered”. (OL23)

A view of sexuality (whether heterosexual or LGB or T) as intrinsically worrying, and automatically a child protection issue, with all the associated sharing of information and pressure on the young person to talk about their sexuality, was viewed as problematic:

- “Assumptions are made around others’ sexuality. As there is a lack of knowledge and training both initial and CPD workers often feel unable or find it uncomfortable to deal with a situation. Treating sexuality as a problem or issue that must be discussed or talked through with a worker, whether or not a young person wants to or feels that it is an issue at all... there’s a we know best attitude by some workers”. (OL8)

Arising from this point, several responses identified **the need for training and for clarity and equity about how the interface between young people’s sexuality and child protection and, in turn, confidentiality works.** These issues are returned to throughout this report, but typically online respondents identified the following.

- “The main issue is ensuring that all members of the team have had training in this area of practice”. (OL10)
- “Young people find it difficult to disclose their sexuality as it makes them feel more vulnerable. There is also the risk that disclosing can do more damage than good. Also child protection policies vary from statutory to voluntary organisations and so some statutory organisations may deal with disclosures in the wrong way”. (OL12)
- “Concerns about risk and vulnerability play a part yes. Always supportive of LGBT issues – but concerns about the confidentiality policies of agencies can lead to concerns about the vulnerability of young people, and their access to rights”. (OL19)

Further to the issues about confidentiality, there are **concerns for some staff about when, how and with whom to share knowledge of a young person’s LGBT identity.** As one respondent tells us: “An issue for me is whether the young person has come out to family and friends. How open can I be with the information? What support, if necessary, can I provide?”. (OL32)

Whether **initial responses to LGBT identity consider risk and vulnerability** is largely dependent, it is reported by online respondents, on the individual presenting circumstances of the young person.

One respondent emphasises that while assessment of risk and vulnerability is considered: “I think it’s important not to make too big a deal of this. It reinforces the understanding of some blinkered members of society that may take issue with the lifestyle of individuals within their community. This [attitude] isn’t something we should reinforce as its wholly unacceptable”. (OL14)

In their initial assessment it seems that workers would seek to establish that the young person is not engaging in behaviour which presents particular risks and is not being exploited by others.

- “No concerns unless the young person presents, for example, unprotected sexual intercourse, self-harm”. (OL7)

There is also an interest in, as one worker reports: “Balancing the desire to protect the young person versus the young person’s needs and wishes to discover their sexuality”. (OL9)

However, as is discussed in more detail in the ‘Vulnerability and risk’ section of this report risk and vulnerability is perceived largely as a consequence of the reactions, responses or behaviour of others, or due to isolation or fear, rather than intrinsic to the young LGBT person themselves

- “The main issues presented to me from young LGBT people are NOT about sexual health, they are about getting grief from local community, getting victimised, bullied and harassed by friends, family etc”. (OL25)

Another worker reflected this need to ensure consideration of **risk and vulnerability is something to be explored with the young person:**

- “It is simply good youth work to explore the various risks and protective factors involved in a big step such as this. However, it is important to recognise that coming out makes a young person less vulnerable because they are no longer hiding a big part of their life”. (OL 22)



Young people's perceptions of professional responses to LGBT identities

In their group sessions (see Appendix II) young people were presented with a number of scenarios, presenting situations whereby a young person's LGBT identity became known to a professional person - such as a teacher, a social worker, a residential unit worker, a nurse in a sexual health clinic and a youth worker.

Through the use of these scenarios young people discussed presenting situations for 'Michael' a young gay man, 'Joanne' a young lesbian woman and 'Nicky' a young person who is transgender. Some aspects of the young people's group discussions are reported in other sections of the report, but here we report on young people's views regarding:

- How they feel professionals initially react to a young people's known or emerging LGB or T identity.
- What a worker is likely to want to talk with the young LGB or T person about.
- What worries or concerns they believe a worker might have.
- Whether the worker is likely to share information with others, with or without consent of the young person.

I - INITIAL REACTIONS OF PROFESSIONALS

In terms of a professional person's **initial reactions** to a young person's known or emerging LGB or T identity, several themes emerged from young people's discussion.

The young people identified that **reactions can be positive**. When this is the case, the worker wants to know what they want, and they are happy that the young person has come for support. In such scenarios young people would find it helpful if the worker knows the young person is LGB or T because it helps focus on what the young person wants and needs. Young people were in agreement across group discussions that initial reactions are best when they are non judgemental. If young people have this sense from a worker that they can and want to help then the young person finds it easier to open up.

- "Well, the worker might be thinking I don't know what to do, but as well they could be thinking how can I reassure her?" (YPG4)



However, **initial reactions might not be positive**. It was thought that one set of responses might be typified by the worker feeling uncomfortable. Young people were conscious that adults bring with them sets of their own personal values or beliefs, both about young people and about people who are LGB or T. The feeling was that these personal perspectives get in the way of dealing helpfully with the young person in front of them.

- “She’ll say lets talk about this, but she’ll be feeling reluctant to work with ‘Nicky’ because she feels uncomfortable. She might be thinking ‘Can I change; I don’t want to be her social worker’. She’ll be feeling a bit on edge”. (YPG1)
- “He’ll be thinking he’s bad, just how irresponsible has he been [on Michael the young gay man]?”. (YPG3)
- “Personal opinions or beliefs might kick in, especially religious beliefs if she [the worker] is religious”. (YPG1)
- “If a social worker knows they’ll just send you to a place, a mad holy place. That’s what happened to me”. (YPG4)

Another initial reaction, the young people felt, was that workers questioned whether a young person could know they were LGB or T, being so young. Young people thought workers can view the LGBT young person as just confused, not LGBT at all. Alternatively, coming out as LGB or T can be labelled as attention seeking. There can be a reluctance to accept that a young person can be clear about their sexuality.

- “She [the worker] will be thinking ‘how do you know at such a young age? Is this just for attention?’”. (YPG1)

Young people thought that workers can be dismissive and angry with the young person when they make statements about their LGBT identity Young people can feel rejected by this initial reaction. Young people felt that such reactions came from professional people who have had no chance to consider such scenarios through training.

- “What the worker thinks and how she reacts will depend on what kind of social work training the worker has had”. (YPG1)
- “She’ll think I don’t have experience of this.... Did I get anything in my training?”. (YPG1)
- “They make judgements; see it as just a phase or attention seeking. They don’t think we can choose or enjoy our sexuality”. (YPG2)

One group identified that if it is known a young person is LGB or T, or might be, the worker who is asked to meet them should be known to be positive about LGBT identities.

- “If Tam the social worker has misconceptions about gay people it won’t help. But hopefully social work will be sending someone LGBT or LGBT positive if they have some information about ‘Michael’ being gay”. (YPG2)



II - WHAT A WORKER IS LIKELY TO WANT TO TALK WITH THE YOUNG LGB OR T PERSON ABOUT

The young people discussed what they thought a professional person is likely to **want to talk about** with a young person they know is, or assume to be, LGBT.

Young people identified that a “good” worker will talk about feelings and about what support the young person needs. They will reassure the young person that they are there to help, and will explain to them about how confidentiality works. They would also refer on to another agency if that was thought to be helpful.

Young people thought that workers would want to check on the home situation, particularly to see if there was support and safety at home. Across groups the young people thought that a professional person would encourage them to talk to parents.

In short, at their best, a professional person will want to know how they can help. They will be interested, they will give information on safe sex, and they will ask about friends, support systems and what the young person likes to do.

- “If she was trained she’d tell ‘Joanne’ about LGBT Youth. But not all teachers are trained”. (YPG4)

However, young people also identified that not all workers get it right; that rather than talking about aspects of the young person’s life positively they might have conversations which are about challenging the young person’s LGBT identity, focusing on worries about mental health or drug or alcohol use, or sexual activity in isolation.

- “A bad approach would be to ask things like: Are you sure? Do you drink? Do you take drugs? So, are you straight or gay? Have you ever had sex?”. (YPG1)

The young people recognised that the **professional person can have worries or concerns** about their LGBT identity. These can be concerns about how the family will react, or the reactions from other people in school or residential unit or community. Young people believe that as an out LGBT person, or if someone thinks you are LGBT, you are at more risk of violence, harassment and bullying.

- “The worker will worry about other people’s reactions to ‘Nicky’ being transgender. She will worry about violence and prejudice that ‘Nicky’ will experience. It’s a very homophobic and transphobic world out there”. (YPG1)
- “They would want to check out bullying as this is common for young gay people”. (YPG2)

As identified earlier, young people also identified that workers can have a concern about young people's use of alcohol or drugs, especially if the young person was anxious or sad about aspects of their lives. The pressure on young people to conform, or to keep their LGBT identity secret was seen as something that some workers recognised.

- "People do use alcohol. Alcohol at this age makes you feel invincible, and then you do things without care". (YPG2)

Concerns about young people having unsafe sex were recognised as legitimate worries, but working with the young people on these required a positive and realistic approach.

- "She'd be concerned he's under age, but she'd be open minded and non judgemental though. She'd be worried he was at risk of being hurt by people and she might be especially worried if he's having sex with older guys, that there's some kind of force going on, that he's being taken advantage of. I suppose she'd want to get to know his situation better". (YPG3)
- "His personal safety is an issue. You need to think about what's happening with older men. If Alison (the worker) is told by 'Michael' about older guys she will be worried, and should be, because this might not be safe". (YPG2)
- "You are probably not going to stop 'Michael' going out, you need to be realistic". (YPG2)

III - HOW OR WHETHER PROFESSIONALS SHARE INFORMATION ABOUT A YOUNG PERSON'S LGBT IDENTITY

A further aspect of young people's group discussions was about **how and whether professional people share information** about the young person's LGB or T identity. It was thought that sharing of information within teams, with colleagues, was common. This was viewed as acceptable, particularly in the context of health services, if minimal details were shared, or just enough detail so that needs could be explored and the best service could be given.

- "The nurse will share information with the doctor in the clinic, but she wouldn't share full details, just enough to check out what 'Michael' needs. It's okay if she shares with another nurse or doctor in the clinic". (YPG2)

However, there were concerns that some professionals share information without permission and where it is not helpful or necessary. At its worst this meant that information about the young person's LGBT identity might be shared between agencies, or across professions. Young people thought this depended on the setting, rather than on any coherent and consistently applied rules.

- "Depends on the school. If it's Catholic they'll tell people. But they shouldn't tell. Confidentiality should apply. It's got to be based on trust. That must be maintained". (YPG4)

There were many questions about information sharing and confidentiality across the groups. These were focused on whether if the young person was under 16 a worker would tell or be obliged to tell parents about their child's LGBT identity. There were questions about how a worker assesses risk, and whether if the young person was thought to be at risk of harm other professionals or parents might be told. In short, amongst the young people there was confusion about how confidentiality works. Questions put to the session facilitator included:

- "If 'Michael's' situation was really serious would the worker need to share with parents? Would she have to check out with Michael who she can share information with?". (YPG2)

This exchange took place amongst participants in one group:

- *Young person 1*: "Can a social worker breach confidentiality if you tell them things?".
- *Young person 2*: "I wouldn't answer a social worker's questions".
- *Young person 1*: "But they're there to support you".
- *Young person 2*: "They don't know that". (YPG4)



What was agreed however was that workers should focus on what the young person's needs and wants were as the priority – and that information sharing should flow from this.

- “People shouldn't share information unless there is a serious risk to the young person”. (YPG2)
- “The priority is ‘Michael’, not his parents or teachers. You should keep confidentiality where possible and avoid damaging ‘Michael’ any further”. (YPG2)





Vulnerability and risk

Views of professionals and young people

In the previous section we reported on the part which a consideration of risk or vulnerability plays in initial responses to a young LGBT person. This section looks at the issues across engagement with a young person who is lesbian, gay, bisexual or transgender.

Some views on the notion of vulnerability included that young people ‘in the system’ often come with a **complex package of experiences and needs** and can be perceived as vulnerable for a range of reasons. However, for some professionals, complexity is compounded by a failure to recognise the additional layer of need which an emerging LGB or T identity brings:

- “Some young people will be vulnerable because of their family context or their own lifestyle. I would never articulate LGBT young people as an at risk group but I would talk about behaviours, for example running away, or drug use. I wouldn’t want to take a deficit model, seeing young LGBT people as more vulnerable automatically; it’s the circumstances that count”. (I115)
- “It is hard to untangle issues of sexuality or sexual identity with some other behaviours, say like offending. Which comes first? Or what is their influence on each other? Then what if they have become an abuser. You don’t want to minimise the offence but he might be confused about his own sexuality. All this takes time to unpack”. (G2)
- “In my experience vulnerable children are vulnerable children. There are far more heterosexual children at serious risk but that is down to there being more of them. Risk can be increased on how their developing sexuality is responded to. LGBT young people who I have worked with who present a very high risk have so many other abusive factors in their life that contribute to the risk”. (OL1)

Specifically in terms of LGBT young people the shared view of professional participants was that **LGBT young people are vulnerable not because they are LGB or T but because:**

- Other people respond negatively
- They try to keep their sexuality a secret, for fear of responses, and this may be exploited by an adult
- They do not have opportunities to talk about and learn about personal safety and making safe/healthy choices as their heterosexual peers might do
- They may be at risk in trying to meet with other LGBT people in settings which *may* not be appropriate, particularly social/commercial/pub scenes that attract people of all ages and as a matter of course include alcohol use, and sometimes drug use
- They do not feel they can talk about harm done to them because they fear responses to their LGBT identity



Comments by professionals included:

- “They are vulnerable because of bullying or other homophobia”. (II22)
- “They’re more vulnerable because of the culture and context we live in”. (II16)
- “I often feel that those who are not out at home live a dual existence. Jekyll and Hyde. It must be pure hell keeping track of the lies”. (OL34)
- “LGBT young people have much less information targeted at them in school which means they don’t have access to the information they need to look after themselves”. (OL22)
- “When young people feel vulnerable this heightens their exposure to people who can hone in on that, leaving them open to exploitation. This is also true of young people with disabilities”. (II03)
- “We don’t know to what extent young LGBT people don’t disclose abuse for fear of the responses to their sexuality, never mind the abuse”. (II02)
- “The person can feel that sexual orientation is their business, this can be a challenge, especially dealing with a young person. Then there’s the impact of parental presence or consent. This can lead to compromise if sexual orientation hasn’t been discussed. This could be an inhibitor in coming forward with disclosures of abuse”. (II25)

In one of the young people’s groups, discussing our character ‘Michael’, one young person commented:

- “‘Michael’ needs to talk to someone about the risks he is taking, he is in danger. He might be mature but he’s naïve. Drink is the biggest worry”. (YPG2)

A further concern was that the factors outlined above **combine to impact negatively on a young person’s self esteem, self worth and so ability to assess risk and make good choices.**

- “There is a perception that for many LGBT clients they have a higher vulnerability due to self esteem and assertiveness issues. Especially young clients made homeless either through ejection from or running away from the parental home are more vulnerable to predatory activities on the scene and this not always from older folk. On top of this there are some mental health issues which add to fears of vulnerability due to the inability to see what is going on in particular scenarios”. (OL23)



There was a common concern that **LGBT young people experience alienation from other people and from support/services**, because of low level harassment, bullying and lack of self worth. However, these experiences are not often picked up as child protection issues.

Some professional contributors were concerned that **LGBT young people can then disappear from education and other services**. For some professionals this was an **issue of thresholds** – that a service response only comes when a young person’s experience is viewed/labelled as ‘abuse’; this means vulnerability, in a broader sense, is missed and the support and opportunities a young LGBT person needs to build resilience and self-confidence is also missed. **Where there are emerging ‘vulnerability procedures’ or ‘cause for concern’ systems it appears these have not identified LGBT identities as a factor to be considered.**

- “Child protection thresholds are so high. I think we should be looking at vulnerable children, for whatever reason, and identify what we can do for them. What do we do with unhappy children? Don’t they need our help too?”. (I118)

One online contributor highlighted **the particular needs of transgender young people**:

- “Additionally young trans people that are considering transitioning... in common with LGB people face fractures in their parental and friendship relations however face even greater difficulty as possible support services are even less well geared up to meet their needs”. (OL24)

Contributors were also asked specifically **whether LGBT young people are more likely to engage in risk taking behaviour**.

Some professionals were aware of some young men involved in sexual exploitation, but they were hesitant to say these young men are *more likely* than their heterosexual peers to engage in risk; again the key factor for interviewees was that **positive messages and support make exploitation less likely for young people**.

- “The avenues available to young LGBT people to find positive support are limited”. (I102)
- “Young people might be at risk, but let’s be clear about this; children and young people do not attract child abuse”. (I103)

There is recognition in some professional contributions that in seeking to meet other gay men, young men in particular can be faced with **choices and situations which do put them at risk**.

- “It depends on the young person and the context in which they are coming out. Sometimes, particularly in rural areas, where few services exist and young people are accessing gay internet sites, or cruising grounds as the only means to express their sexuality, then yes, they are more vulnerable. Even in cities, the gay commercial scene can be quite damaging and unsafe. Also they are more at risk from bullying and discrimination”. (OL15)

However, for both adult contributors and young people taking part in group sessions there is a need to be wary of **reinforcing stereotypes**, including seeing young people only as vulnerable (and not resilient) and of labelling the commercial gay scene as dangerous:

- “We need to remember a young gay person could have lots of resilience or protective factors, especially if they are in a peer network”. (II19)
- “The only way to protect young people on the scene is to build peer groups, the scene exists. On the scene there’s dodgy and good people, but at first you don’t know, people need help and support to orientate themselves”. (YPG2)

Across interviews and group discussions, participants also identified that there is **a lack of research and evidence** in this area. While one online contributor commented: “You don’t need me to quote chapter and verse on the links with self esteem, mental health issues and alcohol and drug use but whether they’re at more risk than the average Scottish teen I am no longer sure”. (OL27). However as another online contributor commented: “You don’t get grief, bullied or beaten up for telling someone you’re straight!”. (OL25)

One online contributor reminds us of the importance of **seeing all young people as individuals**, in the round, and the common need for all children and young people for love, care and protection:

- “Any young person, who has not been supported to be who they are, or express themselves, and be loved and cared for unconditionally, may seek to put themselves into situations or life events where they replicate those messages of worthlessness. LGBT young people as a group may have other societal/cultural barriers to come across, however, to any individual young person their lives and their experiences can only be expressed in terms of how they themselves experience the world”. (OL5)

Finally, in terms of continuing vulnerability and risk, contributors from across services and sectors identified that there is a **lack of therapeutic services** in Scotland, and in most locations no access to **local generic services which target young LGBT people**. One practitioners group reported that for vulnerable young people “its easier to access the gay scene than it is a supportive service”. (G2) They also stated:

- “We need more support locally. There’s numbers, there’s evidence. We had a part time service, well one worker, but now that’s gone. Momentum grows then a service is so fragile it gets lost”. (G2)





Harassment or violence in family, care and community settings

Views of professionals

Some participants were aware that research on violence and harassment has shown an **increased risk for 'out' LGBT people or people perceived to be LGBT**. However, there is no agency or setting specific data regarding LGBT young people's experience of violence or harassment that could be shared with us. There was, however, a shared view that exclusion, harassment or violence takes place, and that this will impact on already vulnerable young people:

- "Non acceptance from family, school and peers must leave a young person open to grooming and abuse. At that level the hiding of LGBT sexuality makes young people more vulnerable. But that's about abuse, not the young person". (II15)

With regard to **residential settings**, there was a view amongst professionals who responded that fear of harassment or violence in such settings will stop a young person from coming out or seeking help and support where experiences have been negative. There was agreement across those with knowledge of the residential sector that it is likely a young person will have increased experience of harassment or violence if they are 'out' or perceived to be LGBT in a residential unit.

- "I would still question the security of a young person in a residential setting. They're not safe places". (G1)
- "We have had a few care leavers coming here who have had issues with being in care and not being allowed to be themselves until leaving care. This has been an issue for transgendered young people in particular". (OL4)
- "Responses to homosexuality/lesbianism in residential care/foster care can be negative". (OL3)
- "Some young people do not present a risk but simply are unable to live at home. Issues can be in the response of other children and their language not being challenged enough by staff". (OL1)
- "Concerns about risk and vulnerability play a part although lack of resources/placements means there is little you can do. Difficult to find alternative placements if young person is being bullied due to their sexuality". (OL29)



The view expressed by a professional was that this also reflects a general climate across spaces occupied by young people, including school: “You can admit anything in secondary school. But you can’t admit you’re gay”. (II03)

As highlighted earlier, there would appear to be no means to **record experiences of harassment or violence based on LGBT identity which takes place in school or care settings**, other than in individual case notes. Contributors did identify that a ‘cluster’ of similar incidents of any kind might be picked up, or might not, but typically one contributor reported about their system:

- “The care and welfare form we have is a way for a teacher to record a concern – there’s no mention of sexuality on any of these forms to date, and even if they did use it I’m not sure what would happen to it. It would probably just land on the Guidance teacher’s desk. And remember it would only become a concern if it was known it was causing problems or unhappiness”. (II21)

The skills, competencies and attitudes of staff **in the residential sector** were highlighted as a factor in better protecting LGBT young people. Two professional contributors summed the issues up as follows:

- “Staff in the residential sector lack experience and confidence. There’s definitely potential for bullying and harassment in residential settings, being gay would be like an additional risk so young people are either unable or scared to talk”. (II09)
- “Staff might not react to LGBT issues as well as we’d like”. (II06)

Little is known about **the experiences of LGBT young people in foster care** – those participants with connections to foster carers report that the carers might or might not have positive attitudes and that in terms of placement of young people who are LGBT, it is unlikely that carers would be asked how they would feel about or react to a young LGBT person being placed with them.

- “Issues include how to support foster carers to support the young person as this may be unfamiliar to them”. (OL2)

Interviewees did report some anecdotal evidence that some foster carers specifically say that they will not accommodate a young person when it is made known to them that they are LGBT.

- “It can come up in foster care and can influence the availability of placements. LGBT young people are seen by some carers as an additional risk, for example to other children in the household of the same sex. If there are issues in residential care, if the young person is being treated differently we could respond to this if it’s reported. In foster care settings young people are more vulnerable, they’re on their own”. (II14)

The view of one practitioners' group was that LGBT young people will ascertain the views of carers, take that into account and 'keep their head down':

- "Young people get clued into the attitudes of carers. They are incredibly clued into it, they pick up negativity... You keep your secret, you keep your head down". (G2)

No **training on the needs, experiences or rights of LGBT young people** for residential care staff or foster carers was reported by interviewees other than some voluntary inputs on sexual health and wellbeing with carers: "...but often people back off from having these discussions". (I109)

In interviews and discussions, contributors recognised that **care planning** is getting better for looked after and accommodated young people, but there were no examples reported where a young person's emerging or known LGBT identity has played a part in that planning.

In terms of **after-care and throughcare** there were particular concerns about young people reaching 18 to 21 years old and moving out of children and young people's services, perhaps into adult services but often out of any support from agencies. The concern was for some practitioners that as young people had begun to come to terms with their experiences and could begin to think of their future they were cut loose and faced many more challenging experiences as vulnerable young adults for which they were poorly equipped.

- "Young people moving into adulthood is crucial. Drugs and alcohol get in the mix. It's at 18, 19 they are ready for the work. But issues just get more complex, housing, money, parenthood...". (G1)





Child protection guidelines and diversity

Views of professionals

It is clear from interviews and group discussion with professionals that **there is a lack of ‘specifics’ in child protection guidance** when it comes to issues of diversity.

- “We look at every child; if they have a need we meet it. But there’s no articulation of LGBT young people in guidance or training. The general stuff is about tolerance”. (II21)

Some professional contributors are not concerned about this, and seek to develop guidance which is more general, but rights based:

- “I’m not in favour of splitting off different parts of the community, not keen on different guidance for different groups, if we get our principles right then young people’s needs and rights will be met no matter who they are”. (II19)

However, it was also reported that out with the formal Child Protection guidelines in any given locality, there are other **emerging developments** in supporting or ancillary discussions and documents about LGBT young people’s needs. For example:

- In one locality a new paper which will be considered by the Child Protection Committee and partner agencies on broad issues of sexual activity will acknowledge LGBT identities.
- Discussion of the ‘vulnerability procedures’ in one locality has included an acknowledgment that clearer guidance is required around vulnerability and young men’s sexual exploitation.

There was a sense across contributors that, as one interview reported: “Diversity is often minimised by agencies, it’s marginal, an afterthought. Ethnicity is given a bit more of a profile these days, gender a little”. (II16) And where reference or commitment to diversity exists “it doesn’t drill down to the level of practice”. (II20)

So while there is some recognition of gender issues, ethnicity and disability in guidance as ‘special circumstances’ which agencies should take cognisance of, professional contributors to this study report **there is no specific reference in current child protection guidelines to LGBT identities**.

Could there be some consideration of **re-writing existing guidance**? It is clear from contributors that redrafting guidance is a complex and slow process. And although one contributor offered: “The language of diversity just isn’t there, but can be considered when we think about a re-writing”. (II03) others doubted that rewrites, which would more explicitly consider LGBT young people, are likely in the short term. A shared view amongst those with inputs to redrafting guidance was that to influence such a process someone involved has to take a special interest in a particular issue (like LGBT young people) and drive change over time.





Protecting Children and Young People: Framework for Standards

Two outputs from the Child Protection Reform Programme were ‘Protecting Children and Young People: The Charter’¹⁵ and ‘Protecting Children and Young People: Framework for Standards’ which outlined standards for professionals for Child Protection¹⁶. The Framework translates the young people’s charter into 8 overarching standards for professionals working in child protection.

In individual interviews, professionals who participated/contributed were asked whether they had considered ways in which the ‘Protecting Children and Young People: Framework for Standards’ might impact on or affect their consideration of the needs of LGBT young people. The Standards reflect an increasing interest and commitment to young people’s rights, although the Standards do not mention specific groups or communities of young people.

Contributors recognised the Standards are broad and that their impact is still being considered. Key findings from the Child Protection Review Programme process review identified that the Framework for Standards have been singled out as particularly important; however in the context of continuing Joint Inspections of Child Protection Services across Scotland, it is worth noting that professionals who have contributed to this study report that:

- “They’re not used, yes they’re a marker, but they’re not underpinning the basis for child protection work, for planning or decisions”. (II14)
- “People are trying to work out what it means in practice”. (II16)

There were some concerns expressed about the Standards, including doubts as to whether service providers can live up to what is promised within them:

- “I was so angry about this, so much time was taken and what came out? If children believe what’s in the Charter is true we’re conning them. It’s a set of false promises”. (II16)

One interviewee considered that the standards could be used to structure thinking about how services recognise and respond to LGBT young people.

- “The Framework for Standards is very broad brush but, for example, standard 1, getting help when you need it, means that LGBT young people should get early help, in the round. We need to look at the Standards from the perspective of someone who is LGB or T”. (II04)

¹⁵ Protecting Children and Young People: The Charter available at: <http://www.scotland.gov.uk/Publications/2004/04/19082/34410>

¹⁶ Framework for Standards for Professionals for Child Protection available at: <http://www.scotland.gov.uk/Publications/2004/03/19102/34603>



There was some recognition that the attention or commitment given to delivery of Standards for practice is increased when those standards are linked to **inspection**.

- “We’ve just finished a document for schools based on the Standards and what good practice looks like, It’s asking schools to look at their practice. The push came because of an inspection”. (I121)

One interviewee suggested that the LGBT Charter of Rights, produced by LGBT Youth Scotland¹⁷, should be looked alongside the Framework for Standards and links made between the two.

However, one contributor was keen to encourage services to reflect on practice as a matter of course, and to not expect Standards alone to inform or improve policy and practice:

- “I’d like to think we apply and reach the standards but there are piles and piles of papers and action plans and it stops understanding, creative social work practice. There are also Residential Care standards, but we need core human interactions, not a feeling of being overwhelmed by strategies”. (I106)

¹⁷ More information about the LGBT Charter of Rights can be found at:
<http://www.lgbtyouth.org.uk>





Child protection practice: sexuality and gender identity

Views of professionals and young people

A key issue in this study is whether people who have a concern for a young person's health, wellbeing or safety should know, or need to know, about a young person's LGB or T identity. In particular we were keen to know whether a young person's sexual orientation or gender identity is or should be known in preparatory or follow-up work where there are child protection issues.

I - VIEWS OF PROFESSIONALS

Amongst some contributors the starting point for consideration of the issues involved in this matter are about the **presumption of heterosexuality** that is intrinsic to some service responses. One contributor reminded us that: "Often staff don't know the sexuality or gender identity of the young person. People don't ask. There's an assumption of heterosexuality". (II22) This was also raised in young people's group discussions - one young person commented:

- "Professional people assume you are heterosexual. This could be an issue for the worker and the young person. Basically, it's like you're innocent until proven guilty". (YPG2)

The **complexity of the question** was recognised by one online contributor:

- "Most young people who do not see themselves as 'straight' don't often label themselves definitively anyway so I would say its not important to know someone's sexuality. If someone is in an abusive relationship then that should be the issue that leads to the response, not the type of relationship. However, if we need to demonstrate change then maybe it needs to be recorded in order to investigate whether the child protection procedures are recognising specific issues relating to LGBT, it's a difficult one". (OL25)

Where practitioners approached a young person with openness in terms of sexual orientation, participants in one group discussion identified the need to **give a young person time** to discuss their view of their sexuality.

- "Sexuality would be part of any recovery process with young people. You can think as the worker that a young person might be gay but we just go alongside and wait for them to articulate it". (G1)



However where the issues are being considered some contributors were unsure about **the professional person's right to know or to ask about**, a young person's sexual orientation or gender identity, and whether such knowledge has an impact on responses:

- “Are we entitled to ask the question; are you gay? I don't know if we are. I just feel uncomfortable. Is there a human rights issue here? Even children are entitled to privacy. I don't know the answer to this. We get diversity training. In our line of work we deal with all walks of life, all ages, all ethnicities, and we treat everyone the same. Is that enough? Should we ask? Will that make it worse? Or will it make the young people feel *'what a relief'*?”. (II08)

Some contributors were unsure about **why they would want to know** a young person's sexual orientation or gender identity:

- “What are the benefits of knowing a young person is LGB or T?”. (II17)
- “Should additional attention be given? Is it a factor? I don't know if its relevant, a young person's sexuality wouldn't usually be relevant”. (II14)

Participants recognise that some professionals will have information about a young person's sexual orientation. They report that **professionals make decisions about what information to share and what not to share** throughout the process of engagement with each other:

- “It's all about planning; and people are filtering out all kinds of information along the way”. (II07)

It would seem that some of the filtering comes as a result of **professional people's uneasiness about young people's LGBT identities**. In such scenarios, the suggestion is that the primacy of confidentiality is a screen for their discomfort:

- “We are not as comfortable as we should be. So you tend to talk about confidentiality more – why do we do that? This is about worker's attitudes; they don't want to go there, so it's private”. (II06)
- “There would be a caution for fear of entering into territory that is private. Perhaps people are too wary of exploring potentially contentious areas”. (II02)

For some contributors **the role of the young person in deciding who should have knowledge** of their actual or emerging LGBT identity was fundamental, and occasionally problematic:

- “If information is helpful it should be shared – if the professional has checked it out they should share”. (II19)
- “This information should be held with a relevant worker and discussed only if relevant to the case or the young person would specifically like it to be raised”. (OL8)
- “When a young person wants information shared it will be – but if she or he doesn’t want carers or professionals to know what do you do?”. (G2)

When it comes to **young people for whom there are child protection concerns** a shared view across contributors was that young people who are involved in investigations and follow up work often bring very complex packages of issues and concerns, as was reflected in earlier sections of this report. This means that, for some professional people LGBT identities are either not known or shared or are not seen as pressing as other matters:

- “It’s difficult to separate out sexual identity from many other difficulties that children in the system have. They’re often complex scenarios. It’s more than likely that sexuality gets missed”. (II07)

Some contributors were clear that when it comes to exploring child protection concerns, **knowledge of a young person’s LGBT identity should be shared** because it is part of the picture of that young person’s life and experience. For contributors with this perspective good practice would suggest a **briefing or planning** meeting which would allow for the sharing of all information about a young person. Interviewers should ‘know’ the child.

- “If an interview is to take place we should know the young person’s sexual or gender identity. As a result of this conversation I’m asking why we haven’t heard of any LGBT young people. We really need to know all background and perceptions to do our job properly. I suppose another worker might not share information through a lack of awareness. But how do we find that out?”. (II23)
- “Young people who are LGBT have complex needs anyway; they are more complex when they are abused. You can’t just treat them as young people. Their needs may be in common largely, but views and responses to their sexuality matter”. (II04)
- “Surely the bigger the picture the better the help. Sexual orientation is central to you and it might be because of that that to some extent you could be at risk”. (II15)

- “Yes, LGBT identity should be known, in some cases it’s a catalyst for certain behaviours of family members etc. and its important that services have all the details when assessing a situation”. (OL14)
- “Yes. I think as long as it is acceptable to hide these details in a professional setting we will never move the profession on. It should be dealt with sensitively but it is like other factors in dealing with the protection of young people”. (OL34)

In terms of **medical assessment** one contributor argued: “It’s very important to know as much as possible before any medical assessment. At the most basic level we spend a lot of time as a doctor explaining what we do. Advance information helps us treat a young person as an individual not a statistic. At this stage we need to be understanding, therapeutic, it’s the start of a chain of events”. (II16)

One contributor was concerned that not being aware of a young person’s sexual orientation or gender identity, or not showing an interest in it, increased **isolation and limited the potential of professional interventions**:

- “I wonder if some people, including professionals, see LGBT identities as something that can’t be discussed with an individual. But the worst thing about abuse is disempowerment, no control. The best thing we can do is give back power to the individual. Get them on the path to self empowerment”. (II25)

Some contributors suggested knowledge of LGBT identity is helpful, but there may be a need to **manage information sharing carefully and be aware of poor/negative responses that may be counterproductive**:

- “This should only be shared where possible with the consent of the young person, and if it is felt they will be in danger if this information is released then there needs to be steps out in place to ensure confidentiality where possible”. (OL19)
- “It depends. It is important for those working with the young person to have a good relationship with them, so hopefully the young person would feel comfortable telling them. However identity is a personal matter, and spreading this information to a lot of professionals in the young person’s life could damage their relationship with these professionals... sharing information with school for example could just lead to the child being further stigmatised and excluded”. (OL22)
- “I think this would be helpful in some instances because of the covert ways in which some young people feel the need to explore their early relationships, however this information would need tightly managed and should in no way be passed to family members without the young persons consent”. (OL24)

The view that LGBT identity should be known and shared (with care and consent) was not shared across contributions. **Some participants see little value in knowing about LGBT identities**, either because it would make no difference to their response or because they saw this as an area of interest for services engaged in longer term/therapeutic work rather than those engaged in initial responses or investigation of child protection concerns:

- “It’s in the nature of my contact with a young person that I see them once. I have no time to discuss sexuality... If a young person wants to keep it a secret I don’t ask. If I knew I wouldn’t care. I wouldn’t do anything differently. I haven’t come across a young person who says they are lesbian or gay in 30 years of practice”. (I124)
- “There are no specific child protection concerns relating to young LGBT people other than those we would have for all young people”. (OL6)
- “Our initial focus is on protecting the child, ensuring they are free from risk. Sexual identity follows down the line. We would rely on others to focus on welfare issues. Our involvement is on the side of the incident, we want to prosecute the offender”. (II08)
- “What would we know in advance? Before going into the unit? Probably all we’d know would be what’s causing unhappiness for them or their family because that would need a plan, a response. If the young person’s sexuality just sits there, with other things, we don’t need to know”. (II06)

In some contributions there was a recognition that there are complex **issues for LGBT young people abused by an adult of same sex**, where the young person confuses their sexual identity with their experience of abuse, believing that it has ‘made them gay’. Contributors were concerned that this can be used by the abuser, making the case that the young LGBT person needs support to separate and value their sexual orientation. This makes knowledge of the young person’s LGBT identity of relevance to an investigation, as well as a longer term recovery/therapeutic process:

- “Young people can feel uncomfortable because they are holding something back, which affects all their evidence, their story. We can see that”. (II08)
- “Secrets are problematic. The abuser can use worries about sexuality, this happens, they use it especially in relation to young men, things like ‘if you tell people will say you’re gay’. We need to help young people unpack this, help them understand this is about abuse of power, not who they are. It’s difficult for young people to work on this”. (II11)
- “I wonder if perhaps agencies would be willing to work with the young person before the investigation process then the young person might be willing to share information about their sexuality”. (II08)



For one online contributor, however, there was a concern that where a young person's LGB or T identity was known that in relation to investigations of abuse: "It almost allows people to start making excuses and play down abusive behaviour". (OL1)

Finally, in terms professional responses, it was identified that in relation to formal **guidance on interviewing** young people in the context of child protection concerns contributors to the study report that practitioners follow national guidance on interviewing, but that this guidance does not make any specific reference to LGBT identity. It also does not specifically encourage information sharing in the area of knowledge of a young person's sexual orientation or gender identity.



II - VIEWS OF YOUNG PEOPLE

What about **young people's views** on professional having knowledge of a young person's sexual orientation or gender identity in the context of child protection practice? In their discussion of young people's scenarios young people were asked to consider whether, in relation to Nicky, Joanne or Michael (the fictitious gay, lesbian and transgender characters we used for discussion with young people) it was helpful that the professional person knew their LGB or T identity.

For one young people's group there was agreement that LGB or T identity was only a factor where it was related to risk:

- "Its only helpful if being gay is relevant to the risks Michael is taking". (YPG2)

A key issue for all the groups was how the discussion or disclosure of LGBT identity was managed, with a focus on **young people being in control** of the process. In one scenario presented to the young people it felt very much like control had been taken away:

- "The way this has been set up is like an ambush. Michael will just be defensive. Hopefully the social worker will be experienced enough to handle it but Michael is likely to freeze up, feel under threat". (YPG2)

Across the young people's groups **openness about sexual orientation or gender identity was seen as the means by which a young person could get valuable and relevant support:**

- "Do they need to know? Well yes and no. It's none of her business. But if she's being bullied because she's gay then the teacher needs to know. It's up to Joanne though, to share what she wants to tell people, it's her choice". (YPG4)
- "Well the worker will need to know he's gay or he's thinking that he's gay to be of help and to get him involved in an LGBT group". (YPG3)
- "The worker needs to know because he has to look out for Nicky, particularly if there is trouble. Other residents will react to Nicky being T, possibly aggressively, by excluding him or bullying him. Professional people need to know because even T people need help to understand what they are going through". (YPG1)
- "A social worker should know as it will give them a better understanding of the young person and then they can ask clear questions about what is happening and why". (YPG3)



- “You need to focus on LGBT young people not hating themselves. Don’t brush things under the carpet as if it doesn’t matter, particularly people who aren’t LGBT aware”. (YPG2)
- “Michael needs positive role models of older gay people”. (YPG2)
- “It’s helpful the nurse knows he’s gay so she can focus on what matters to him, so for example not spending time on talking about a partner avoiding getting pregnant. But it wouldn’t be good if she turned out to be homophobic”. (YPG3)





Strengths of child protection responses

Views of professionals

Professional participants were asked to identify the strengths of child protection responses in the way that they engage young people who are LGBT. Contributors highlighted some general strengths in the system, and made comments about how LGBT young people might be engaged positively.

While some contributors reported that they found it difficult to identify any strengths within the system, others agreed that we are moving (although we are not there yet) to a position where there is **a better general awareness of rights to protection from harm, rights to sexual identity, a better awareness of health rights and rights to participation**. Views then, vary:

- “My experience has shown panic from social workers and police when dealing with two child protection cases. Have not experienced any strengths”. (OL19)
- “The strength is in protecting children, according to age, no matter what their sexual orientation or gender identity”. (OL15)
- “More and more we encounter many positive reactions from a range of workers and attitudes seem to be changing. Workers are also coming together to take this forward”. (OL8)
- “Better at keeping the client informed and in control, to a point”. (OL30)

There was an identification that **training** in the field of child protection has been good at focusing on the uniqueness and rights of individuals - although it has not yet highlighted LGBT young people.

There was a sense that **improved assessment** was getting people to think about speaking to young people more, about getting their views and opinions, but that this was not yet fully embedded in practice. For many contributors there was a strong sense that they would not treat any young person differently if they were LGBT. Typically contributors said:

- “LGBT young people are not treated differently, we decide if it’s a child protection or sexual health response they need, it’s the same assessment of need”. (I122)
- “If general guidance is applied it can work for all children”. (OL1)



Contributors identified that **good responses are often down to good individual practice**. In some locations there are individual agencies in the field which have a positive and inclusive approach toward LGBT young people; they can provide other workers with advice or provide longer term engagement with young people.

- “Within our organisation our strength is that we treat LGBT young people exactly the same way as treat every other child and young person”. (OL6)
- “Where an individual staff member is sensitive to the issues the responses should take this LGBT identity into account”. (OL2)

There was a sense across participants that specialist child protection and other professionals are likely to be open to discussion and reflection and learning about LGBT young people’s needs and experiences; and that there is a shift amongst professionals away from discriminatory or stereotyped attitudes towards LGBT identities.

- “A strength is that they do not see being in an LGB or T relationship as intrinsically abusive”. (OL16)
- “It is now more accepted and I think some health professionals are trying to be more open and accepting”. (OL18)

Finally, online contributors highlighted **the benefits of inter-agency working**, the cultural shift toward **personalised and inclusive practice** which underpins strengths of the system, and the value of **links between statutory and specialist LGBT agencies**:

- “Through partnership working I have found that professionals are increasingly accepting of LGBT young people, and will try to work with the risky situation/behaviour rather than pathologizing the young person’s identity. Staff in the looked after and accommodated system can be very nurturing. Social workers are beginning to refer vulnerable young people to organisations like LGBT Youth Scotland”. (OL22)
- “Informal youth work is becoming more and more aware of its role in regard to child protection. There is much more multi-agency child protection work now that encompasses youth work”. (OL25)
- “Where good practice exists and staff have a connection to LGBT services I think they can be a force for good. There are also some strong advocates around”. (OL34)



Weaknesses of child protection responses

Views of professionals

As with our identification of strengths, discussions with contributors about 'weaknesses' began with an identification of those which are general to the system and so which affect all children and young people.

There are concerns in relation to Children and Families and Social Work teams that despite efforts some teams are working with **a high vacancy rate**. This has an impact on capacity to address need and on uptake of training and development opportunities. Furthermore, it is identified that a lot of child protection practitioners in statutory social work are new and **lack training and experience**.

There were also concerns raised that across agencies there is still some way to go to **develop a shared value base and work in more integrated ways**:

- "We work together but are our values shared? Do we really work well together? And out of our professional silos?". (II19)

Some contributors reported that some agencies are still **unsure about information sharing** in the context of child protection. Information sharing can be experienced as inconsistent. For example, from an education professional: "Schools feel vulnerable about passing on information, we promote the need to share if the young person is in danger but schools feel unsupported, they don't know how to deal with things".(II21)

For some contributors there is a concern that **child protection is reactive and not proactive or protective of children and young people** and, when systems do respond, there **is a lack of concern with the longer term** and with supporting a young person beyond disclosure and investigation:

- "So called child protection is generally investigating crimes against children after they have happened rather than preventing the child from being harmed". (OL4)
- "We get caught up with finding out about the abuse. We get caught up by the presenting, current issues. We need a raised consciousness amongst staff, a better visibility of the issues". (II07)



There are concerns that **child protection responses lack sensitivity** to the young person’s perspective and longer term needs:

- “Investigation can be an overwhelming process. Then it’s difficult to engage in support services”. (G1)
- “To what extent do practitioners or managers in child protection ask ‘what is it like to be this child?’ Really it’s a question we should all ask”. (II04)
- “Child protection rushes in, does its stuff, then steps back again”. (II20)
- “The process is intrusive. Young people say ‘I wish I hadn’t told’ and ‘it’s like being abused again’”. (G1)

Extending this point, there is a view that some **services are not engaging holistically** or therapeutically with young people, that **assessment is weak** and the required **specialisms are unavailable**:

- “The notion is that we look at the needs of the young person in front of us, which helps us get alongside the individual. But the system isn’t even close to this. Assessment is weak, and even where we manage to do better and the young person is engaging, often there aren’t the resources or the knowledge to act in a meaningful way”. (II16)
- “A therapeutic approach to young people experiencing abuse is missing. Services are really about protection, a formal service response. Young people are not being properly supported; all young people are left to deal with it themselves. There are no local specialist skills. When it comes to removing young people in reality they will be sent to the nearest bed”. (II14)
- “Rough assessments of risk are being made, people are not good at risk assessment, there’s a lack of robust, individual detail”. (II16)

Review processes for looked after and accommodated young people are seen as improving, but are reported as having a concern with the most demanding or pressing of issues, rather than the whole child (including LGBT identities):

- “We do want to make reviews more person-centred but social work staff are so busy, the pressure is on to do the core stuff, so everybody is being seen, reports are being submitted, but these are shaky foundations”. (II12)
- “It’s not discussed in review meetings. There’s a sense of ‘don’t say and we won’t ask’”. (G1)

There was a view across contributors that child protection services for young people aged 13 years and over are not as good as for young people aged under 13 years. In particular the system and services are not as good at picking up **young men’s vulnerabilities**.

While training is available, there was a view across contributions that **training is not truly multi-agency** – often Police and Social Work services tend to do their own training in-house. Specifically, it was raised that joint investigation training is not as good as it should be.

There are **concerns that young people experiencing abuse are not reached and not supported**, and that this has huge consequences for their adult life:

- “Often we fail young people quite miserably, especially around sexual abuse. For children to hang on to this till adulthood can only be horrific. Survivors tell you just one nice adult helps, they might not tell, but they might. Professionals can spend a lot of time with young people, they should all strive to be that nice person”. (II18)

Finally, in general responses to this question, it was identified that **the system seems inconsistent** in its responses: “The system doesn’t always work in the same way, it’s unpredictable”. (II21)

With regard to **weaknesses regarding child protection and LGBT young people specifically**, there was some concern that young people fear that **information about their LGB or T identity alone will lead to child protection responses** or that the young person’s **LGB or T identity is in itself perceived as the problem**:

- “Young people are fearful that information about them being gay can lead to them being involved in the child protection system”. (II22)
- “There is a focus on sexual orientation as risk, rather than the situation”. (OL15)
- “Some professionals still seem to panic more when a child protection issue involves an LGBT young person. Professionals can problematise and individualise young people’s expression of their sexual orientation rather than looking at the context, for example asking a young person to be ‘less flamboyant’ rather than dealing with the bullying”. (OL22)

Again there was recognition across many contributors that **LGBT young people are not visible in services:**

- “There’s little or no sensitivity”. (OL13)
- “It’s only in the last few years that we have become aware of LGBT young people, but as yet there’s no connection to child protection issues. We do see all young people but a weakness could be a lack of consideration. You can’t support a young person if you don’t know the issues they face”. (II15)
- “So the main weaknesses would be similar to all teenagers in that most child protection training seems to be based around the younger child. The teenage work seems to be mostly focused on underage pregnancy and what the response should be which only really deals with the outcomes”. (OL25)

Young lesbian women are perhaps most invisible, with lesbian identities connected to abuse, “a residual aspect of what’s happened to her” (II04)

Where young people are visible there are concerns about workers ‘getting it wrong’:

- “It takes them out of their comfort zone so when it comes to LGBT young people they don’t understand and become more fearful”. (II18)

The level of skills, competency or awareness of the needs, experiences and rights of LGBT young people is perceived amongst contributors to be poor.

- “These things just aren’t in people’s thinking, never mind their professional practice. People lack confidence, they feel uncomfortable with LGBT sexualities and so they’ll avoid it”. (II03)

Symptomatic of **poor consideration of the issues**, and over stretched basic grade staff, is **a failure to make time for LGBT young people, to get to know them, and to work together to re-build positive views of self:**

- “Workers are just often too busy to engage and build relationships with a young person, to give them time and space to allow LGBT issues or identities to emerge. So sometimes they are left with their secret”. (II09)
- “In their formative years young people can be forced into an emerging sexuality that is done in secret. It sets them up for much less than what’s good enough, less than appropriate. It sets up difficult behaviours into adult life. Young people might not view what’s happened to them as abusive, unhealthy behaviours are established because we have failed to support and protect them”. (II05)
- “They do not identify the additional vulnerability to physical, emotional and sexual abuse that can be suffered by those who are overtly or covertly LGB or T. Nor the negative family responses nor personal responses such as self harm”. (OL16)



Reflecting general concerns about the system and its **lack of focus on the longer term and recovery**, some contributors reflected on the experiences of LGBT young people in particular:

- “This is making me think about same sex exploitation and whether a young person who is lesbian or gay gets what they need, do we just prioritise and do protection?”. (II17)
- “Sexual harm and behaviour can get confused. We need to be better at trying to separate out links made that are inappropriate. A lot of boys have struggled with abuse by men and what that means for their sexuality. There’s a lot here that matters about resilience”. (II11)

Participants identified a specific issue for young people facing **court appearances** who might not want their LGBT identity disclosed:

- “Essentially the young person is the key witness to their abuse. Sexual orientation can be part of the picture and so it can put people off proceeding for fear of what will be said in court”. (II25)



Social, health, care and learning needs of LGBT young people

Views of professionals

Online contributors to the study were asked to identify the social, health, care and learning needs of LGBT young people and to identify attitudes and progress towards meeting these needs in their locality or field of work. The needs which emerged have been categorised as having a concern with personal development, family and social support, public services and societal or cultural change.

In terms of **personal development**, LGBT young people need:

- Positive self esteem and positive messages about being LGBT
- Knowledge of their sexuality and what it means to them
- Information and advice
- Respect
- Mental wellbeing – with the capacity to manage responses to their sexuality which can undermine good mental health.
- Assertiveness
- Aspirations

In terms of **family and social support**, LGBT young people need:

- Acceptance within their family.
- Happy home relationships.
- Support when they need it
- Good social connections which prevent isolation
- Peer support - a safe environment in which to meet other young people and be themselves



In terms of **public services**, LGBT young people need services that:

- Are aware of LGBT young people's presence and open to meeting their needs
- Reflect LGBT lives in their curriculum/work
- Have written policy in place which makes explicit commitments to LGBT young people in the broader context of equalities and diversity
- Undertake training with children, young people and adults about equality and diversity
- Recognise difference without attaching stigma
- Treat every young person as an individual – and do not view LGB and T young people as a homogenous group
- Listen to experiences of the service
- Give the young person the time to express their views and feelings about their LGB or T identity
- Are non judgemental
- Provide access to confidential support
- Undertake effective care planning based on needs
- Are good at signposting and referring on
- Provide health (including safer sex) information and build skills/competency to act upon it
- Address homophobia and bullying
- Are available in rural and urban settings

And when it comes to the bigger picture - the kind of society we want to live in - **LGBT young people need to be part of communities in which they are:**

- Included
- Free from prejudice and discrimination – and in the meantime get protection when/where it happens
- Accorded equal rights



In relation to **attitudes and progress toward meeting these identified needs**, responses can be seen to fit within three broad perspectives.

On the one hand there is **a degree of optimism** amongst some professionals that progress is slow but sure, that individuals and agencies are working toward change and that new service approaches to health and wellbeing for all young people are having benefits for LGBT young people too:

- “We strive to do the best we can”. (OL5)
- “Progress is slow, but on the right track, most of the time”. (OL13)
- “I would say we do our best to ensure that all young people are treated with respect. All staff are trained on LGBT issues, we have a range of materials, we do not make judgements”. (OL10)
- “Where practice is good the seven dimensions of a looked after care pan take all this into account. Where practice is not good, few children get any of the above”. (OL1)
- “I think mental health and wellbeing for all young people is becoming higher on the agenda of local health services and this can only help LGBT young people in the long term. Progress is being made”. (OL14)
- “Slow but sure. We have a full time LGBT project working on the area which helps a lot”. (OL15)
- “Progress has been made and continues to be forged through ongoing liaison work with contacts/organisations within the LGBT community”. (OL20)

However, for others, while retaining a sense of some progress being made there are concerns that it is too **cautious** and that the range of commitments to LGBT young people can undermine the efforts and commitment of others.

- “There is a lot of interest from a range of services in moving forward on this work, however my overriding impression is that this is cautious and that there are some staff that will require a lot of management support to put aside long held beliefs. Slow, cautious but definite movement is perceptible”. (OL24)
- “Very wide ranging from ‘very aware’ and ‘very positive’ to ‘very unaware’ and ‘negative’. The policy is beginning to develop but we still have a long way to go in winning hearts and minds”. (OL8)

Finally, however, a significant number of contributors to the online survey - whilst recognising that there is progress in being able to identify needs and how services *should be* - also identify significant **blocks to progress**. These include a lack of priority, uncertainty, negative attitudes amongst some colleagues and a failure to engage with LGBT young people's needs at a strategic level.

- "There's confusion and uncertainty". (OL9)
- "It's not in the frame at all locally as far as I can see". (OL4)
- "Attitudes? Slow, fearful, avoidance, lack of resources, no clear policies". (OL19)
- "Professionals normally recognise that these issues are important but it is not considered as a high priority. Progress is limited because of other priorities taking precedence". (OL22)
- "I think there is a general agreement about the need to do something urgently on all fronts however much seems left to a struggling voluntary sector". (OL23)
- "Not seen as a priority. Not part of local plans. Council Officer still hostile to this area. No leadership within the profession on this". (OL34)
- "I suspect that it hasn't been thought about in any depth". (OL16)
- "It's difficult to get long term commitment in the current climate. Relies on individual workers trying to create change rather than being led from the top". (OL25)
- "I feel there are still some staff members who recoil at homosexuality, or see it as something the young person could choose to change". (OL3)



Specific gaps and needs

Information, training, guidance and policy

I - INFORMATION

Participants were asked about the information they, or their agency, need.

In terms of protecting and supporting LGBT young people broadly, there were requests for general **information on young people's rights**, including legal rights and rights in relation to access to and use of services. The need for **information for parents and carers** which supports them to understand and support their LGBT child was identified. **Information for young people about 'coming out'** as LGBT was identified as useful. There was a sense that good information does exist but needs to be better disseminated. There were also requests that information be concise.

- "The NHS needs a system to disseminate the information it already has more fully and translate this into staff guidance". (OL24)
- "Need quick reference materials, not massive technical tomes". (OL23)

Contributors identified **the need for services to get information directly from young people**:

- "It would be beneficial to meet with some LGBT young people to discuss with them how the service can offer the best support to them. Don't think we've ever done this". (OL14)
- "Information needs include getting constructive feedback from young people who have used our service". (OL5)

Support and information for senior officers across services was requested in relation to the task of developing **protocols for young people at risk** in respect of sexual health.

Statutory social work services need information about those **support agencies** which can provide information, training and support for workers and for the young person around being LGB or T. Residential sector services need **literature for young people** which supports the young person in reflecting on their sexual orientation or gender identity and which signposts them on to support services.

- "Need current accurate info on local support, meetings etc. and upcoming events which the young people might want to attend". (OL14)
- "Which other orgs can help?". (OL15)



Signposting to good information on the web, for both workers and young people was requested. However there was recognition that firewalls can prevent workers or young people accessing what is appropriate.

- “At the moment firewalls prevent young people accessing the information they need”. (OL19)

In terms of child protection procedures and meeting the needs of LGBT young people, practitioners who had worked with LGBT young people recalled that **the first experience** of doing so left them “not knowing where to go” (G1). They identified the need for good information about first steps toward working with a young person who identified as LGBT.

Some contributors highlighted the need for more information, and so better understanding, about **how young LGBT people construct or understand abuse**. Some contributors worry that if a young LGBT person feels bad about themselves they may fail to see what happens to them as abuse and as something that should not be happening to them. There is a general need for more information about **LGBT young people’s views on health, wellbeing and safety from harm**:

- “We need views from young LGBT people on what they need and on questions like: Do they want people to ask them about their sexuality? How would they like their sexuality to be seen in the context of a child protection concern? The young person’s voice is crucial here”. (I102)
- “Better information about the issues from the young people’s perspectives and their views on the responses they would like to see”. (OL 16)

Information which will come out of this study was identified by most participants as much needed and should be used to inform training, policy and practice.

Finally, there is also an identified need for **information written for young people** which describes what circumstances may lead to **child protection concerns or interventions**, and what an intervention may entail. One contributor requested that this information be “...in young people’s language in able to better support young people to make decisions that will affect their lives”. (OL19)

II - TRAINING

Participants were asked about their training needs, and those of their agencies. For many of our online respondents there were simple requests for “[more training across services](#)”. (OL31).

In terms of protecting and supporting LGBT young people broadly, there were also more specific requests for **training on attitudes and values**, including issues of equality and diversity and how they impact on work with all young people. There was a suggestion across contributors that this should be broad, and within it a focus on LGBT young people could emerge. Views included:

- “There’s not a lot happens when it comes to child protection training and attitudinal stuff. We promote openness and supportiveness but nothing specific on gender or sexuality”. (II21)
- “There’s panic, fear of lack of knowledge, lack of resources and information... homophobia, extremely poor knowledge of transgender issues or law”. (OL 19)
- “Instead of our over emphasis on procedures we need inputs on values and attitudes in context of core competencies and awareness”. (II13)
- “We train to death in the NHS – it needs to be linked to the diversity agenda”. (OL18)
- “Training should be built in and ongoing for all staff on diversity issues. Often a young person will speak to the one worker they trust rather than the worker that has the right information”. (OL 25)
- “Awareness will lead to a better identification by operational staff who deal with this day to day, unless they do it won’t come up in management or quality assurance”. (II12)

Contributors identified that **creative and practice based approaches to learning** are useful, perhaps utilising case studies and scenarios or practice notes, all of which help people learn. It was thought these are particularly useful if they illustrate how outcomes for young people are affected by a lack of recognition and appropriate support or responses.

It was identified that **training on ‘inclusion’**, particularly in the realm of education, should be more inclusive of issues other than disability.

Training about **sexual health and wellbeing** should also be delivered across services and sectors. This training should not present young people’s sexuality as problematic:

- “What would help would be training and support materials that describe young LGBT people’s experiences and help teachers understand. But at the same time we don’t want to label all LGBT young people as troubled or vulnerable”. (II21)



There should also be an **acknowledgement of homophobia** in training, including in training for Children’s Panel members and for foster carers, and which helps workers to address homophobia in their practice.

- “Within training we need to acknowledge homophobia exists, and that needs to include thinking through where we place young people”. (II14)
- “Carers will probably say ‘oh we’re treating everyone the same’, but they’re not”. (G2).
- “Need more confidence amongst youth work staff to be able to challenge positively issues around homophobic bullying and language”. (OL 32)

There was also a suggestion that workers should be able to access training on equality, diversity and homophobia that they could in turn implement with young people and foster carers they work with, using a ‘training for trainers’ approach.

- “An understanding of the wider issues would be helpful to allow us to support foster carers to support the young people”. (OL2)

One interviewee raised the need to **get recruitment and induction ‘right’**. Another felt that - although a daunting task - as a minimum **staff who provide support to young people must have relevant training**:

- “Before they get to the young people you need to make sure you recruit staff that have the right values. And in your induction training do something about diversity and specifically something about young people who are LGBT”. (II06)
- “As the largest employer in the city it is clear that it won’t be possible to train every member of staff however for those working in key support roles with young people this needs to be built into existing training courses and existing child protection training in all services”. (OL24)

In terms of **specialist child protection training**, the needs and rights of LGBT young people do not as yet appear to have a place.

- “This is a training issue. But child protection training doesn’t mention LGBT issues. There’s no structure, no protocol or measures to help us here”. (II23)
- “We need ongoing training which is about untangling those very issues of sexuality, gender and risk”. (II22)

However, optimistically, one contributor offered:

- “People are amenable to having their professional views changed”. (II04)

III - GUIDANCE AND POLICY

Along with identifying information and training needs, contributors addressed guidance and policy. **In terms of protecting and supporting LGBT young people broadly**, some contributors identified that there is general **resistance to developing guidance and policy which is about young people and sexuality, sexual orientation or sexual identity**:

- “We find it difficult to take things like this forward. Politically it will be difficult. There’s a resistance to seeing young people as sexual beings. Anything to do with sex is a difficult area. If you commit things to paper, your practice in this area to paper, it gets difficult for people. If there are issues about age of consent legal services get involved. We will meet with resistance”. (II09)

With this in mind, it seems helpful to some participants in this process that whatever emerges in terms of policy or guidance needs to **build on a framework of rights**. One contributor highlighted the need for “A clearer policy on identity and individual rights to self expression”. (OL1)

For some contributors **school based sex and relationship education** is still too focused on heterosexuality or a presumption of heterosexuality. This matters because it leaves young LGBT people unsupported, isolated, and fearful. **School based sex and relationship education in denominational schools** is seen as missing positive representations of LGBT young people. It is reported that **Section 2A** is still impacting in schools.

- “Work in this area has been a fight and that’s since the repeal of Section 2A. The Executive are frightened to take forward issues. Any guidance on this issue will be difficult; the perspective that this issue is ‘sensitive’ makes things a struggle”. (II13)

There is a need for stronger national **leadership** which will tackle inaction or professional feelings of vulnerability about work in this area:

- “There’s a policy vacuum regarding LGBT issues full stop. This is locally the case because the vacuum exists nationally. The drive needs to come from the top, from the Scottish Executive, absolutely. If this was done it wouldn’t be difficult for local authorities to contextualise this in existing quality frameworks or standards but they have to know they have to do it”. (II20)
- “There seems to be no real solid mainstream political support for these issues as they remain ‘fringe’ and perhaps still deflect voting”. (OL23)

Although some online contributors reported being unsure about whether **current child protection policy** makes **specific reference to LGBT young people**, for those with an awareness of current policy it is reported that LGBT young people are not identified as a *specific* group, with *specific* needs in policy:

- “There’s very little specific guidance. Most work in this area though is universal and is about risk and safety”. (OL 1)

However, contributors also recognise that out with policy, **guidance** might usefully inform practice: “Child protection is child protection, however it could be that there is a need for guidance on appropriate responses and respect for LGBT young people at risk”. (OL13)

Several online contributors identified newly developing **protocols** on sexually active young people as identifying LGBT young people:

- “I am not aware of any, expect for the section in the protocol for working with sexually active young people”. (OL24)

Other contributors identified that **in-house agency guidance** has begun to identify LGBT young people:

- “Very little specific guidance but our own documents have been drafted so that the guidance is based on risk assessment of the individual”. (OL27)

In terms of *needs* regarding guidance and policy, contributors have identified the need for:

- Leadership
- Consistency of policy and approach
- Policy which supports professional judgement and helps professionals to make good decisions in their work with young people
- Guidance on how to assess the appropriateness of internal policy and systems when it comes to LGBT young people
- Guidance for schools on homophobic bullying
- Guidance on information sharing in relation to a young persons known or emerging LGBT identity
- Guidance which is specific to child protection cases which involve LGBT young people

And from one contributor:

- “I think it might be an idea to develop a National Child Protection strategy which covers all strands of diversity”. (OL12)





LGBT workers and the LGBT community

Views of professionals and young people

In the course of interviews and discussions issues emerged which are about views of the LGBT community – and in particular commercial aspects of the community, or the ‘scene’ – and about the role of LGBT workers in the realm of work with LGBT young people, particularly those who are at risk or who have experiences of harm or abuse. The question is: are LGBT workers and the community a resource?

There is a common view that the commercial gay scene is a potentially dangerous place for young people, and that this impacts on assessment of, responses to, young people.

- “There is a danger that we problematise young people and see the LGBT scene as dangerous for young people, this could colour our responses”. (II15)

Young people have a more pragmatic view. As reported earlier the view amongst young people was that there are some aspects of the commercial scene which are safer than others, and young people need support – from professionals and through the building of peer relationships – to negotiate their way around safely.

A number of contributors have identified the importance of another aspect of the community: the community based voluntary sector agencies, born out of community action and development and which now receive public funding to meet many of the needs identified in this report.

When it comes to individual LGB or T workers some contributors have stated in interviews or group sessions that they are lesbian, gay, bisexual or transgender. When this happened they were asked whether, in the context of the policy and practice issues we were discussing, if their **LGBT identify was viewed as a resource in their team**? Has their understanding or experience of being young and LGBT been utilised? Two interviewees shared these experiences:

- “As a lesbian worker yes I use it, but it’s not seen as a resource, other people would probably just see it as a soapbox, it’s not welcome”. (II20)
- “Good practice emerges from a foundation of good social work values: acceptance, personalisation alongside a personal understanding that LGB or T workers can bring”. (III11)



In one service, staff identified the benefits of having **out LGBT staff** working with young LGBT people: “There’s a feeling that young LGBT people might feel better understood and appreciated by LGBT staff”. (G2) However, the same group also recognised that this requires a workplace to be a safe place for the adult LGBT person too.

In some young people’s group discussions the role of LGB and T workers also came up. In discussion of one of the young people’s case studies, the possibility of the social work professional (from the scenario discussed by young people) ‘Alistair’ being gay himself was raised.

- “If ‘Alistair’ is gay/bi then he might have the beginnings of understanding of what it’s like to be in a minority. His gay/bi sexuality could/should be a good influence. Or at least you hope it would be. Though lots of gay/bi people don’t necessarily understand trans stuff”. (YPG3)

Other views were also expressed across other groups which identified the possible benefits or not of LGBT staff and the objections or fears there might be about them.

- “Parents might object but this would help you open up and be more trusting. There would be some identification with them”. (YPG2)
- “Why aren’t workers ‘out’? Might be because they think its private; fear; might be accused of preying on younger people; might influence them”. (YPG2)
- “They transferred my case to a lesbian social worker because they thought she’d understand. It’s not like we speak a foreign language”. (YPG4)

A view of LGBT staff as a resource in working with LGBT young people, and a perspective of the community as a resource, could be usefully explored further.





Key messages from young people

In their group discussions, participating young people were asked to consider these questions:

- **What are the most important things professional people need to do to help LGBT young people be healthy and happy?**
- **If a young person who is LGBT or T is being harmed by an adult or another young person what does a professional person need to do to protect them?**
- **Is there anything that a LGBT young person needs that is different or special?**
- **What is it professional people need to be better at?**



I - THINGS PROFESSIONAL PEOPLE NEED TO DO TO HELP LGBT YOUNG PEOPLE BE HEALTHY AND HAPPY

Young people identified that professionals need to be good at building relationships and trust with the young people they work with. This is based on listening to young people, and on seeing their lives in the round. There is no room for negative or judgemental attitudes. There is a need for workers to focus on the positives in a young person's life, and not just on the worries or concerns. There were calls for assurances of confidentiality and sensitive handling of information about young people. Where necessary workers should refer LGBT young people on to other services who can best meet their needs.

- "Talk to LGBT young people as human beings, not just a collection of problems. People see LGBT young people only as problems". (YPG1)
- "Be open minded. Play a part in helping LGBT issues out of the dark". (YPG2)
- "Gain young people's trust. Don't tell other members of staff a young person's business. It's a betrayal of trust. Professional people do this". (YPG1)
- "Offer confidentiality, otherwise young people will just walk out the door". (YPG3)
- "Be careful what you say to parents and school otherwise you might out someone and you shouldn't do that". (YPG3)
- "Be informed about what you can do for a young LGBT person, have information, refer on". (YPG3)



II - THINGS PROFESSIONALS NEED TO DO TO PROTECT LGBT YOUNG PEOPLE FROM HARM

Young people identified the difficulties professionals can face in responding to concerns. They recognised the importance of young people being able to assess risk for themselves, the value of preventative work and when required effective intervention where young people are at immediate risk of harm:

- “It’s a dilemma, act now or wait till something else happens? Help young people to trust their own judgement and feelings, if they feel unsafe then they are”. (YPG2)
- “If it’s another young person, the professional people need to be better at preventing it in the first place, they should make LGBT issues everyone’s issues”. (YPG1)
- “Find out who they are risk from and take the abuser out of the situation – or the young person as a last resort”. (YPG3)
- “If it’s an adult at home you need to get the young person out of the situation”. (YPG1)

Young people also called for caution, and the need to take into account the young person’s perspective on whether harm or abuse is taking place before interventions are made.

- “Don’t over-react or be too critical”. (YPG2)
- “Don’t assume if the partner is older the young person isn’t doing what they want to do. It shouldn’t be an automatic concern. It does depend. Respect the young person’s choices. And relationships aren’t always sexual”. (YPG1)

They identified the need to ensure that no LGBT young person is blamed or left feeling responsible for the harm done to them.

- “Make sure the LGBT young person isn’t villainised, like ‘you’ve brought this on yourself!’”. (YPG2)

Again, there was a view that professionals need to build relationships, and be sensitive to young people’s anxieties.

- “Be helpful and easy to talk to. Understand nervousness!”. (YPG3)



III - THE PARTICULAR OR SPECIAL NEEDS OF LGBT YOUNG PEOPLE

Young people discussed the stress and pressure which others can cause through prejudice, harassment, violence and stereotypes. There was recognition in the groups about behaviours which might cause adults concern, some of which arise from the coping mechanisms which some young people might adopt, with a call for these to be recognised and understood. Young people identified the importance of building LGBT young people's sense of self worth.

- "LGBT young people need reassurance that they aren't bad". (YPG3)
- "Professionals need to stop the stupid rumours and stereotypes that people spread to help us feel better about ourselves. Reassure us that we are normal and that we shouldn't be ashamed of who we are". (YPG1)
- "We're still young. Young LGBT people do use drugs and alcohol to help cope and come to terms with themselves". (YPG1)

There was a request in one group for support which helps LGBT young people orient their way around the LGBT community and commercial gay scene and learn the skills to make the most of it.

- "Help young people find their way round the scene, there are places where more young people go and they feel safer. On the scene gay men can be forward, you need to be able to handle that. Help young people to make friends". (YPG2)

Whilst identifying that LGBT young people do have some specific needs there was also a request to see them as an individual, to see their needs and concerns and not just their LGB or T identity.

- "But professionals should see the concerns a young person has, not just their sexuality, as paramount". (YPG2)

One young person commented: "We're not aliens. We just need somebody to talk to". (YPG4)



IV - THINGS PROFESSIONAL PEOPLE NEED TO BE BETTER AT

Professionals need to have a better understanding of LGBT young people's lives. Young people identified this comes about through building relationships, through "doing research about what it's like to be LGBT". (YPG1)

Young people identified the need to help and support LGBT young people in the context of their family situations.

- "Be better at understanding what happens in our families when they know we are LGBT. Help us cope with difficult family situations, all families react or cope differently, sometimes they disown us". (YPG1)

They also identified the importance of ensuring that all members of staff maintain appropriate attitudes and behaviours towards LGBT young people.

- "Keep an eye on co-workers to make sure they don't hassle young people". (YPG4)



Summary of findings and ways forward

The study has focused on the following areas:

- **The ways in which professionals take into consideration, or respond to, knowledge of a young person's identified, emerging, or perceived lesbian, gay, bisexual or transgender (LGBT) identity**
- **The issues which influence the professional's considerations and responses to LGBT identities**
- **The interface between professionals' responses to LGBT identities and child protection policy and practice**

Data has been gathered from professionals and young people, helping to identify the support and guidance needed when approaching the interface between child protection and meeting the support, information or health needs of 13-18 year olds who identify or are identified as LGB or T.

In terms of engagement with professionals and young people:

- Detailed face-to-face interviews with Child Protection Lead Officers in 4 areas of Scotland were conducted.
- Detailed semi-structured interviews were conducted with a further 21 managers, supervisors and practitioners working across sectors and agencies to explore views on the key questions of interest.
- 16 practitioners in one of the target areas attended group meetings with the lead researcher.
- An online survey was provided for other practitioners to contribute views. 34 workers responded.
- 24 LGBT young people attended group meetings in Edinburgh, Glasgow and Dumfries.



The voices, views and experiences of those involved are represented in the report. The questions considered in the study were as follows:

- In the context of child protection policy and practice - which sees the health, happiness, wellbeing and safety of every child and young person as a shared professional and community responsibility - are the experiences and needs of LGBT young people visible and being addressed?
- What do policy, statements of standards or guidance offer in terms of direction and purpose?
- What happens when a young person is identified as lesbian, gay, bisexual or transgender by a professional?
- Are LGBT young people more vulnerable, more likely to be at risk of harm in family, care or community settings?
- Where there is risk or harm, where intervention is required, how does child protection practice recognise or respond to the needs of a young person who is, or is perceived to be lesbian, gay, bisexual or transgender?
- What do we know about the experience of LGBT young people in the child protection system?
- In meeting the social, health, care and learning needs of a young person does their LGBT identity matter?



The full report presents the detail of contributions made. In summary we would highlight the following key issues and flag up a number of areas that require further consideration.

IMPROVING CHILD PROTECTION FOR EVERY CHILD

Professionals who contributed to this study recognise improvements to child protection policy and practice in recent years and identify there is still some way to go.

Where it is good: training engages people; assessment has improved; there is a stronger sense of children's rights; the benefits of interagency working bear fruit; more personalised and inclusive practice is supported by links with specialist LGBT agencies.

Where policy and practice have some way to go: professionals are poor at information sharing and do not understand how confidentiality works; they are reactive rather than proactive; they are unable to see the child/young person in the round; LGBT identity in itself is problematic or viewed as an additional complexity they would rather not consider.

It is clear that benefits for LGBT young people engaged with child protections systems can only come out of improvements for everyone. This means that professional staff and agencies with an interest in promoting the health and wellbeing and human rights of LGBT young people need to engage in broader discussion, foster learning and support any efforts towards improvement in child protection policy and practice across the board.

RESPECT FOR LGBT IDENTITIES

Across policy and the design and delivery of services in Scotland is a commitment to equality and respect for diversity.

There is a recognition that progress on equality and diversity needs to see this work part of the mainstream, not peripheral activity. There is also a growing understanding that respect for diversity does not mean treating everyone the same, nor does it mean preferential treatment; but it does mean that services need to understand and respond to the particular considerations that some individuals or communities require.

There is a clear need to locate the debate and discussion which this study should provoke in this context.



RIGHTS, CHARTERS, STANDARDS AND GUIDELINES

There is no shortage of material which provides us with benchmarks with which we can take stock of the quality of services. However several key issues have emerged from contributors to this study. One is the lack of visibility of LGBT young people in such documents. Another a sense that practitioners feel overwhelmed by such guidance. At worst such documents are seen as sets of false promises which for the most part overstretched services are pressed to deliver.

Of course some guidance comes with supporting materials for self evaluation. Others sit alongside external evaluation and inspection. We suggest that further work – providing bespoke training and briefing papers for those charged with delivery and those undertaking inspection – could highlight how such charters, standards and guidelines relate to the needs of LGBT young people and could support the building of skills, confidence and so capacity to identify and meet needs.

RISK AND VULNERABILITY

It is clear from professional responses to this study that many young people for whom there are concerns have multifarious needs. Oftentimes, adults have let them down; they have failed to provide the protection and nurturing that is the child's right. Whilst in no way diminishing the complexity of the tasks that can face services the message from contributors to this study is that where there is increased risk to the young LGBT young person this arises not from their sexuality or gender identity as such but from responses to it.

Some contributors were aware of some young men involved in sexual exploitation but they were hesitant to say these young men are more likely than their heterosexual peers to engage in risk; again the key factor for interviewees was that exploitation is easier for the abuser if the young person is excluded from positive messages and support.

In situations where LGBT identity is perceived as an additional layer of complexity the concern is that it might be something that a worker or agency seeks to avoid for fear of being overwhelmed and unable to do anything for the young person. However, sexuality or gender identity does not just go away. It is suggested in this study that ignoring this key facet of identity can only make things worse.

- “For me the main issues are that young LGBT people clearly face additional difficulties in comparison to mainstream groups of young people. The added burden of self realisation, coming out and the associated risk of fracturing relationships with friends and families who may react badly to the information creates a situation where the possibility of young people forming inappropriate friendship or sexual relationships become more pronounced.... It is clear that when young people present in mainstream services that there are issues with some staff in relation to their attitudes and beliefs which means that young LGBT people may not receive appropriate care”. (Workers online contribution)



VISIBILITY AND INVISIBILITY

In meeting the social, health, care or learning needs of a young person does their LGBT identity matter? We report on some different views about the visibility of LGBT young people in services and on the importance of their LGBT identity. One interviewee working in the field of child protection reported that: “I haven’t come across a young person who says they are lesbian or gay in 30 years of practice”. and another: “It is a spectrum - LGBT young people are in the ultra violet, the invisible bit”.

There is also a strong strand through some contributions reported in this study that the individual characteristics or traits of a young person, whatever they might be, should not overtly influence the service that young person gets. In essence the thinking is that everyone is equal, as one interviewee told us: “Every child is unique, for whatever reason”. What follows is that every child gets the service they need.

However in the context of the invisibility of LGBT young people described in this report is this commitment to seeing everyone as ‘equal’ enough?

Our experience to date tells us that other groups in society have been inadequately served by such an attitude. This has been recognised and it now means that when a child engages with child protection systems or health or education services and they have learning or physical disability this should be known and taken into account. Equally, a child from a Black and Minority Ethnic background should also have this respected and considered in terms of needs and responses. **We pose the question: so why not the LGBT young person?**

It seems that knowledge of LGBT identity is caught up in agency dilemmas and poor understanding about best practice on privacy, confidentiality and information sharing. Even where contributors see LGBT identity as something only a young person has the right to share it could be argued that professionals fail to recognise *their* responsibility to ensure a holistic view of a young person; and *their* responsibility to ensure that the fears LGBT young people might have about rejection, judgements and inappropriate reactions are addressed.

Another way to approach the importance of this issue is about the relationship between the invisibility described in this report and the power of secrets, particularly in the lives of young people who are vulnerable or at risk. It is worth noting the perspective of one interviewee: “Secrecy and concealment breed abuse, but secrecy and concealment are often the hallmarks of being gay. Practitioners don’t understand this”.



Finally, whilst we would recognise the need to conduct further work to engage young LGBT people in discussing individual experiences of child protection systems the message from the young people's group discussions is that **LGBT identity matters**, and that in order to meet the needs of a young person identity needs to be known. Across the young people's groups openness about sexuality and gender identity was seen as the means by which a young person could get valuable and relevant support.

KEY CONSIDERATIONS FOR PRACTITIONERS

Young people who have contributed to this study have identified a number of ways in which practitioners, across sectors and agencies, can best meet the social, health, care and learning needs of a young person who is lesbian, gay, bisexual or transgender. They tell us that:

- Helpful and empowering relationships are built on trust.
- Confidentiality needs to be well understood and practiced.
- Protecting young people from harm is most helpful when it is preventative rather than reactive. This means knowing and understanding LGBT young people's lives in order to build protective factors.
- Responses to concerns about harm need to be balanced and proportionate; decisions and interventions need to take cognisance of young person's views.
- Young people should be seen in the round, they are young people first. They may have experiences or issues relating to their LGBT identity which they or others struggle with; but they also have understanding, resilience and aspirations.
- Practitioners should be better at understanding the situated experience of LGBT young people because it can differ widely from young person to young person and from situation to situation; this includes at home, at school and/or when they are looked after or accommodated away from home.
- Practitioners need to understand the harassment and discrimination which can be experienced by young people who are LGBT; services need to make explicit statements about their commitment to meaningfully addressing such experiences.
- Practitioners need to know when, and to whom, LGBT young people can be referred to for help they need in the realm of social, health, care or learning.



FURTHER RESEARCH

As a result of the development and facilitation of this exploratory study, it has been possible to identify the need for further research. The following issues and areas could be usefully explored:

- Research is required which engages individual young people who are lesbian, gay, bisexual or transgender to explore experiences of being looked after or accommodated. Initial contacts made in this study did not lead to individual participation of young people. In the course of undertaking the study, however, we have learned more about emerging practice; with this study published it may now be a good time to undertake more detailed work with young people with further experiences to share, extending the important influence which the voice of the service user could and should have in service development and policy making. Our experience from this work tells us that such research requires time and a commitment to build the trust between researcher and potential participant.
- While professional contributors to this study shared a view that LGBT young people are vulnerable or at risk not because they are LGBT but because of a range of other complex factors or because of actual or feared responses to their LGBT identity, we have also highlighted that we do not know much about how LGBT young people themselves think about risk and vulnerability. In their small group discussions young people touched on the risks inherent in drinking too much, or being in predominantly adult social environments, but further work would help us understand young people's perspectives and help us understand better what can be done to build resilience and enhance protective behaviours.
- The study has also touched on whether we perceive, or not, of LGBT staff as a resource in working with LGBT young people. Furthermore to what extent do those who seek to support and meet the needs of LGBT young people see the community as a resource? Both issues could be usefully explored in more detail.
- The report highlights a number of charters, statements of standards and guidelines which inform practice. In terms of some of the key documents – for example 'Protecting Children and Young People: The Charter' and the related 'Framework for Standards for Professionals for Child Protection' - further work could be undertaken to address the meaning and application of such commitments to LGBT young people. This could usefully provide further guidance on how such commitments or promises to children and young people can and should be enacted.



IN CONCLUSION

The need to locate work with LGBT young people within a commitment to recognising and working with diversity has already been stated. More than this, though, is a need to ask *when* we need to start building the self esteem, self worth, resilience and confidence of LGBT young people.

As service providers, do we just do it when they ‘come out’?

Or when they first report harassment, violence or abuse?

Or do we create environments, at all times, and from the outset, in which all children, young people and families understand our commitment to diversity and equality and the acceptance of lesbian, gay, bisexual and transgender people?

There are other factors when it comes to cultural shifts. They are perhaps both about the role of ‘change agents’. Firstly the study has identified the value of and potential for young people’s voices to be heard and to influence in these matters; second is the role of Government - local and national - in supporting, promoting and where required, *leading* on the change that is necessary to deliver on the promises which have been made to all children and young people that they should be included, happy and safe from harm.

A study which started off as a small scale initial exploration of some very complex questions has captured some key perspectives from the field, and has helped us to identify much more that needs to be better understood and done.



Appendix I

Information about workers who responded to the online survey:

Total responses: 34

SECTOR

Voluntary sector	17
Statutory sector	17

PROFESSIONAL SETTING

Community Education/Youth Work	14
Health Sector	9
Social Work/Children and families	6
Volunteer worker	2
Residential work	1
Police	1
Sexual abuse specialist	1

Are you in contact with LGBT Young People?

Never	1
Rarely	3
Occasionally	14
Regularly	7
Often	9



Appendix II

A description of young people's sessions

Four group sessions were facilitated with LGBT young people aged between 14 and 23, and were attended by 24 young people in total, meeting in Edinburgh, Glasgow and Dumfries.

Information about the session was shared with young people in advance. Each group was facilitated by a member of the TASC study team, with a member of the LGBT Youth staff team who was known to the group also present.

To stimulate and record discussion, visual props were used, presenting a journey that a young LGBT person takes through their teenage years, with representations of professional people they can meet on the way (teacher, social worker, residential worker, school nurse etc).

A number of characters were created and shared with the young people. Groups could pick who to talk about, who to take through their journey. On the journey their chosen character meets with a number of professional people along the way with a range of responsibilities, responses or concerns about the young person. In relation to each professional person the young people were asked to consider these prompt questions; discussion and a range of views were encouraged:

- How do you think this professional person reacts to (young person) being (LGB or T)?
- Is it helpful that the professional person knows (young person) is (LGB or T)?
- Might it be unhelpful in any way?
- Would the professional person have any worries or concerns about (young person) being (LGB or T)? If so, what might they be? Should they be concerned?
- Is the professional person likely to tell other people that they know/assume (young person) is LGB or T? If yes, how do you think they would do this?
- If they were to speak to (young person) about being (LGB or T) what do you think they are likely to talk about?
- What would your advice be to the professional person so that they can be the best help or support for (young person)?



Finally, at the end of the session, after discussing one or several characters the group were asked to think about these questions:

- What do you think are the 2 or 3 most important things professional people need to do for LGBT young people to help them be healthy and happy?
- If a young person who is LGBT is at risk of being harmed by an adult or another young person what are the key things a professional person needs to do to make sure they are protected?
- Is there anything that a LGBT young person needs that is different or special compared to someone that isn't LGBT?
- If they are going to work with young people who are LGBT, what is it professional people need to be better at?



Joanne's story

Joanne is 16 years old. Joanne is pretty sure she's a lesbian, but hasn't spoken to anyone about it. She loves to run, it's becoming a real passion for her, and she has been doing really well at the local sports club, she's been winning local and regional races. She is just about to finish 4th year at school.

She quite likes it at school but doesn't have many friends there. Joanne has missed a bit of school recently. Her grades haven't been so good either; she's got exams coming up.

Her Guidance Teacher (Ms. Patterson) has heard some stories about Joanne being picked on by a number of other girls. Because she knows she's been good at sports Ms. Patterson asks a PE teacher about why she thought this might be happening; the teacher said that she had heard one girl refer to Joanne as a 'dyke'. Now that she's been asked she remembers that Joanne had had a bruise on her face last time she was in class. The teacher hadn't said anything about it.

- Let's talk about Ms. Patterson, the Guidance teacher

Nicky's story: part 1

Nicky is 15. Growing up, Nicky has been in a fair bit of bother, because of not attending school and being charged with some offences, Nicky has been on supervision while living at home for nearly 2 years. His social worker is Kate Beattie. Nicky has always known that he wasn't happy growing up as a girl and has decided that he wants to be living as a young man, and slowly over time has built up the confidence to begin to tell people this and to ask people to call him Nicky and treat him as the boy he feels he is. One of the people Nicky has to talk to about this change is his social worker Kate.

- Let's talk about Kate, Nicky's social worker.



Nicky's story: part 2

Nicky thought this time of change for him would be toughest at school but actually it's been not too bad there. The problems have been with his family more than anything. After an argument yesterday things got more out of hand and Nicky's Dad hit him, he hit him back. Nicky's Mum called the Police and they calmed things down. Nicky spent the night at his Gran's house. After a meeting with Kate the next day Dad says he won't have Nicky back in the house, it was decided Nicky needed some time out and it was decided that to take stock of the situation Nicky should spend some time in a young people's residential unit. On that first day he meets his key worker there, Alistair Kirkpatrick.

- Let's talk about Alistair, the worker at the residential unit.

Michael's story: part 1

Michael is 15 years old and is gay, something he's been sure about for a long time. Although they have never actually talked about it at home his Dad makes comments about the way Michael dresses and acts. So, there has been a bit of hassle at home, and at school, but nothing Michael feels he can't handle. If people don't like who he is that's their problem. Michael gets on with one teacher at school, and he told Michael about a gay teenagers group and he's going along to meet one of the workers there this week. Her name is Anna.

- Let's talk about Anna, the youth worker at the LGBT group.

Michael's story: part 2

Michael likes the sound of the club that Anna works at and so he'll probably go along. He's already out and about a bit anyway. On Saturday nights when his Mum and Dad are out Michael likes to go into town, he looks a bit older than he is and he gets into a couple of gay bars and clubs. He's met some other people just a bit older than him, and there's usually people around that will buy him a few drinks. Michael has gone home with a few guys and had sex. He was a bit drunk last time. He knows about safe sex and stuff but he's not sure he always looks after himself properly, someone gives him a card in a bar one night with information about a drop in clinic where you can get advice, so decides to go along. He meets a Nurse at the drop-in clinic, Alison Poole.

- Let's talk about Alison, the Nurse at the sexual health clinic drop-in



Michael's story: part 3

Michael is enjoying meeting new people and having fun on the scene. School just seems a bit boring and irrelevant now. He's not making it home at the weekend. His Mum and Dad are worried about him, but talking about it just causes fights. At school one day Michael is asked to go to the Guidance base where his Guidance teacher, his Mum and a Social Worker are waiting. They explain that they are worried about him. Then the Social Worker, Tam Hislop, asks to speak to Michael on his own.

- Let's talk about Tam, the social worker.



Appendix III

BEING YOUNG AND LGBT IN SCOTLAND TODAY

This section of the study, a contribution from LGBT Youth Scotland, aims to put findings in context by providing an overview of some of the key issues facing LGBT young people in Scotland today and reporting on the perspectives of young people on being lesbian, gay, bisexual or transgender.

There are negative messages about being LGBT, and a fear of rejection from parents and other family members. This can mean that young people delay coming out to friends or family. As the majority of parents assume that their children will also be heterosexual, the family is often an inadvertent source of negative attitudes towards and stereotypes of LGBT sexualities even before young people identify as LGBT¹⁸. This is compounded by negative messages regarding LGBT identities from youth media and elsewhere in society¹⁹, many of which are not balanced or counteracted by positive messages from the school curriculum or by positive LGBT role models in wider society.

The lack of LGBT specific information in areas such as sexual health and healthy relationships can lead to limited sexual health knowledge and high levels of sexual risk-taking²⁰ for young people who have not been offered the information required to make safe and informed decisions.

Many LGBT young people do not come out as LGB or T in order to keep themselves safe but this is a decision which can leave them isolated, unsupported and ill at ease with themselves and who they are. In research into homophobic incidents in Scotland, LGBT young people were asked why they had not reported incidents to teachers: the main reason for this was that this would involve coming out and young people doubted whether this would remain confidential. Secrecy can last for a long time: LGBT Youth Scotland's recent survey of service users found that, on average, the gap between young people first identifying as LGB or T and first feeling able to tell someone about this was 3 years 6 months. Regardless of the age at which this 'gap' can occur, this constitutes a significant part of a young person's life in which they are experiencing secrecy, pressure and isolation.

¹⁸ Valentine et al. 2003

¹⁹ Bachelor and Kitzinger, 2003

²⁰ NHS Inclusion Project 2003



Homophobic bullying is a problem in schools in Scotland²¹, in the UK²² and worldwide. In Scotland, homophobic bullying is regularly identified by LGBT young people as the most pressing issue which they face. The experience of homophobic bullying has proven links with lower academic attainment, truancy and earlier school leaving²³. Dealing with homophobic bullying can mean that young people internalise homophobic insults and attitudes as an integral part of their identity²⁴: long-term mental health issues can be triggered by homophobic bullying and suicide, attempted suicide, self harm, depression and anxiety are more likely in those young people who identify as LGB or T than in the general youth population²⁵.

Of course LGBT young people do not comprise a homogeneous group which experiences all of the issues described here. However, there is a wealth of evidence indicating that homophobia, transphobia and the stigma surrounding sexual orientation and gender identity directly affect LGBT young people in many areas of their lives, including health, education, access to information and support, service use and sexual health and relationships. In response to such environments LGBT Youth have been providing a space in which young people can speak for themselves.

The LGBT Youth Charter of Rights was developed by a group of LGBT young people in Dumfries after consultation with other young people across Scotland. The LGBT Youth Charter of Rights is based on the UN Convention on the Rights of the Child and specifically explores how the rights articulated in the UNCRC are experienced, or not, by LGBT young people due to homophobia, transphobia and a lack of understanding; for example the right to education, to be kept safe from harm, to information relevant to their lives etc. This LGBT Youth Charter of Rights has been developed into the **LGBT Youth Charter Mark scheme** through which organisations work to demonstrate their commitment to LGBT equality through engaging in training, policy improving, outreach to LGBT young people. This results in an LGBT Charter Mark, a visible sign that organisations are LGBT inclusive and are committed to ensuring the rights of all young people

²¹ LGBT Youth Scotland 2006

²² Examples include ChildLine 2007, Rivers 2000, Adams, 2004, Warwick et al. 2001, Douglas et al. 1999, Youthnet NI 2003

²³ Warwick et al., 2001, Rivers, 2001, Johnston, 2005, Youthnet NI 2003, LGBT Youth Scotland 2006

²⁴ Rivers, 2000

²⁵ Rivers, 2001, Remafedi et al. 1996, Remafedi, 2002, LGBT Youth Scotland and Gay Men's Health 2003; NHS Inclusion Project 2003



Increasingly there are **other mechanisms for LGBT young people having their voices heard**: LGBT young people from around Scotland are involved in the LGBT National Youth Council, a body which investigates and raises the issues key to LGBT young people's lives. This body elects representatives to be part of the Scottish Youth Parliament. Recent work by the Council has included a consultation on the absence of LGBT relevant sex education in the school curriculum.

Young people are also being empowered to educate others. As an agency LGBT Youth works on the basis that support and information leads to pride, activism and self worth - whereas rejection and invisibility leads to silence. The Lothian Peer Educators are LGBT young people between 18 and 24 who are trained in facilitation skills and peer education theory and practice. These peer educators aim to reach out and provide information about discrimination and what it is like to be young and LGBT to their peers in schools and generic youth groups in a non formal and relaxed way.

But what is like being LGB or T in Scotland today? In the LGBT Youth Stakeholder Voice survey 2007 young people were asked whether Scotland was a good place for LGBT people to live. 56.8% of young people agreed that yes, Scotland is a good place for LGBT people to live. Despite a reasonably positive response to living in Scotland, a huge 89.2% of young people said that homophobia and transphobia were still a problem in Scotland.





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