Supporting children and young people who identify as LGBTQ+

About this briefing

Social care practitioners can play a vital role in supporting young people to safely explore and make sense of their identities and experiences. It is also important for practitioners to recognise and challenge any discrimination that young people may face (Bonsu & Smith, 2023).

This briefing aims to help readers build their foundational knowledge and understanding of experiences of LGBTQ+ children and young people. We encourage practitioners to reflect on their own assumptions, and to ask questions of the people, services and organisations they work with. Throughout, there are references and links to resources to support conversations with young people, practitioners, foster carers and others.

By sharing messages from research, including what LGBTQ+ young people want from professionals and services, we hope to contribute to more inclusive support for all children and young people. We are grateful for the input of the LGBTQ+ reference group who shaped the content and tone of the original briefing. The resource has been updated in 2025 following the publication of the Cass Review in 2024, and will require continual review as evidence evolves.

As with many issues that span societal attitudes and personal rights and freedoms, the public debate on LGBTQ+ experiences is sometimes fraught with conflict. This briefing does not seek to add to this often adversarial discourse. Instead, it aims to refocus attention on what matters to children and young people being supported by practitioners such as social workers, early help practitioners and family social workers.

This is an area where policy, practice and language change at pace. As such, every effort has been made to ensure information is widely accepted as up to date, but professionals should always seek to refresh their knowledge and understanding over time.

This briefing focuses primarily – but not exclusively – on supporting the experiences of older children and young people, aged 16 to 25. As with any support you provide, the age of a child or young person will shape how you approach conversations about their identity.

Please note, while our briefing uses the acronym LGBTQ+, when referencing specific pieces of research, we use the acronym LGBT if this was the term used in the research.

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Introduction

Supporting health and wellbeing in relation to emerging sexual orientation and gender identities are core aspects of working with all adolescents. For many young people this journey includes the exploration of their own gender and/or sexual identities, social worlds and intimate relationships.

Lesbian, gay, bisexual and trans are some of the personal and social identities that are grouped together under the acronym LGBTQ+. The way the acronym has grown from 'LGB' in the 1980s to include 'T', 'Q' and '+' is an example of the way that language and rights-based activism changes over time (Iovannone, 2018).

As with any 'umbrella' term, the conflation of diverse identities can mean that individual experiences are obscured. As the table on page 6 sets out, there are many variants of identification on sex, sexuality and gender covered by the '+'. Some young people may be confident, articulate and excited about using these terms and taking on one or more of these identities. Others may be uncertain, confused or conflicted about feelings they have and may lack balanced, practical information to help them make sense of things.

Many aspects of a practitioner's role in supporting child and adolescent sexual and gender development will be consistent whoever they are working with – educating and raising awareness about sexual health, rights over our own bodies and online safety, for instance. With young people who are exploring LGBTQ+ identities, we also need to consider the social and cultural contexts they are navigating, reflect on our own identity and personal perspectives about LGBTQ+ rights and identity, and find the best way to stand beside them as an advocate and an ally.

Context

There is a lot to celebrate in the progress of LGBTQ+ rights over the past 60 years or so. At the same time, as this map on the Human Dignity Trust website shows, there are still many countries where LGBTQ+ people remain criminalised; in some instances, this includes capital punishment. Here in the UK, long fought campaigns for basic rights, equality, visibility and representation have enabled more people to be 'out and proud' as lesbian or gay with their family, friends and at work. Same-sex couples, marriages and parents are now accepted within many family and friend networks and represented in mainstream and social media.

It is also true that LGBTQ+ rights and identity remain highly contested aspects of our shared social and cultural experience. Legislative, societal and cultural change in the UK is ongoing, and this is particularly evident as we grapple with changing understandings and expressions of gender identity.

In 2024, an Independent Review of Gender Identity Services for Children and Young People led by Dr Hilary Cass (the Cass Review) was published. This report considered the healthcare options for children and young people (under 18) seeking medical support around their gender identity.

The Cass Review generated significant media coverage and conflicting responses from people personally and professionally impacted by its recommendations. This often heated and polarising discourse may well have added to stress and anxiety for trans and gender questioning children and young people, their family and friends.

While the report focused on medical interventions to support children, we acknowledge the significance of the Cass Review for children's social care practitioners who are supporting children and young people around gender identity. We explore this further on page 14.

What this means for children and young people
In negotiating this complex and often contested space, LGBTQ+ young people may have to cope with feelings of shame and potential rejection from their family and friends, as well as being at increased risk of bullying and social isolation at school and online (Stonewall, 2020a; Todd, 2016). Public deliberations about the acceptance of LGBTQ+ people in society are frequently internalised as shame and stigma (Todd, 2016) and societal values in regard to sexual orientation and perceived gender norms can feel highly restricting for young people.

> *Growing up strapped inside a cultural straight-jacket, a tight-fitting, one-sized restraint imposed on us at birth. That leaves no room to grow outside of its narrow confines.*
> (Todd, 2016)

Feelings of safety and social exclusion - at home, in social groups, and in religious and education settings remain 'a major problem' in the UK and can impact on the mental health and wellbeing of LGBT children and young adults (Hudson-Sharpe & Metcalf, 2016; Government Equalities Office, 2018; Todd, 2016).

How confident are we as practitioners and organisations to support LGBTQ+ children and young people?
The SpeakOut Study (Centre for research on children and families (CRCF), 2017) explored care-experienced LGBTQ young people's experiences of support and highlighted significant gaps in social work skills, confidence and knowledge. The study found that recording of LGBTQ identities in case notes was rare, and that only 38% of local authorities had a general in-care policy that was inclusive of LGBT young people. This reduced to just 5% when asked whether there was any specific LGBTQ policy in relation to children in care.

> *Being open, tolerant or accepting is not enough. It is not explicit enough. Advocacy is the term we should use.*
> (Young person – The reference group)

As captured in the quote above, for young people a stance of passive acceptance or tolerance is not enough; rather, the request is for active support, active care and advocacy. Professionals should create spaces that enable critical reflection, to explore how biases (implicit or explicit) around LGBTQ+ identities may affect support. This should be considered in relation to individual practice as well as organisational policies, processes and management. Professionals need to acknowledge that the uncertainties, discomforts and indeed prejudices that are present in wider society may well be present within their own teams, processes and organisations.

Language

The acronym LGBTQ+ is largely accepted as an inclusive way to refer to a wide range of people grouped together by the common theme of gender-diversity and / or sexual orientation.

However, people use a variety of terms, reflecting the diversity of experiences. It is important to ask young people which words they prefer, for example, which pronouns they use. The glossary below summarises some key terms you may encounter.

LGBTQ+ Glossary

A brief glossary of terminology	
This is a very brief list, drawn from the more detailed sources linked below. These terms and others will be used differently by different people in different contexts, and may change over time. When a child or young person uses a particular term, it may be helpful to ask what that word means for them. This conversation can help you get to know the individual and understand their experience of the world. More detailed glossaries: www.stonewall.org.uk/list-lgbtq-terms www.nottingham.ac.uk/Research/Groups/CRAL/Projects/words-we-live-by/words-we-live-by.aspx	
Coming out	Sharing your gender or sexual identity with other people. Click on this link for a brief history of the term: www.refinery29.com/en-us/2018/10/213732/coming-out-meaning-history-origin
Cis/ Cisgender	Used by some to describe people whose gender identity is the same as the sex they were assigned at birth. Cis is a Latin prefix meaning 'on the same side as' and is therefore an antonym of 'trans' which is from the Latin for 'across from'.
Gender incongruence / Gender dysphoria	Gender incongruence is the experience of a mismatch between the sex a person was assigned at birth and their gender identity. Gender dysphoria describes the distress this can create. These terms are more commonly used in clinical settings, when considering a person's healthcare needs and options.
Homosexual	Homosexual is a rather outdated term first used in the 19th and 20th centuries in the criminalising and pathologising of same sex attraction.
LGBTQ	Lesbian, Gay, Bisexual, Trans, Queer and Questioning
Non-binary / Gender diverse	Umbrella terms for people whose gender identity does not align with a binary construct of male or female. Non-binary identities are varied and can include people who identify with some aspects of binary identities, while others reject them entirely.
Pansexual	Refers to a person whose romantic/sexual attraction is not limited by another's sexual orientation, gender or gender identity.
Pronouns	The words we use in conversation or writing to refer to a person's gender identity. This includes the binary terms 'he' and 'she', while some people prefer gender neutral terms such as 'they' and 'them'.

Queer	Queer has multiple uses in the LGBTQ+ vernacular; it is often used as an umbrella term rejecting labels relating to heteronormative and gender-normative standards and theories. It can also be a rejection of conservative, racist, ablest, sexist or ageist norms within LGBT communities. Historically queer was a derogatory term and may still be used or experienced as a slur, but it has been reclaimed by the queer community.
Straight	Commonly used to describe heterosexual orientation.
Trans / Transgender	An umbrella term for transgender, non- binary and gender non-conforming identities. People who identify as trans may use one or more terms to describe their identity. This may include, but is not limited to transgender, gender-queer, gender-fluid, non-binary, agender, nongender. 'Trans man' or 'trans woman' describes someone assigned either female or male at birth who now identifies and lives as either man or woman.

Reflective activity

Pause for a moment to reflect on your own beliefs, assumptions and biases.

> When you hear the term 'LGBTQ+' who or what (ideas, images) initially comes to mind? Who does the term LGBTQ+ include and who does it exclude?

> What do these thoughts and images tell you about your own experiences of sexual orientation and gender identity?

> How might your experiences or perceptions influence your response to young people?

Resources

Reflective supervision (either one-to-one or group) provides a space to explore beliefs, assumptions and gaps in knowledge through supported critical reflection. Working together in high support, high challenge teams enables constructive critique and discussion to challenge homophobic and transphobic attitudes that may be expressed in both explicit and subtle ways.

The Research in Practice Reflective Supervision Learning Hub hosts a range of resources containing, practical tips and learning from research as well as ideas about how to use supervision to put learning into practice. This includes resources that support critical thinking and analysis, and group supervision models.

Supporting critical analysis | Research in Practice

Using group supervision | Research in Practice

The importance of an intersectional lens

I find I am constantly being encouraged to pluck out some one aspect of myself and present this as the meaningful whole, eclipsing or denying the other parts of self. But this is a destructive and fragmenting way to live.
(Lorde, 1984, p. 120)

The term 'intersectionality' was first coined by the Black, feminist academic Dr Kimberlé Crenshaw (Crenshaw, 1989) to articulate how different social identities overlap and create unique experiences of discrimination, power and privilege. We all experience a kaleidoscope of identities – race and ethnicity, gender, sexuality, class, ability, age and faith, to name a few – that intersect in changing formations throughout our lives. Grounding our understanding about gender identity and sexuality in intersectional thinking enables us to appreciate the diversity of LGBTQ+ identities and the issues of oppression, privilege, discrimination and racism that position young people differently in society.

In the intense period of psycho-social development that characterises adolescence, gender and sexual identity may well come into particularly sharp focus. This is not to assume that these are the primary issues in a LGBTQ+ young person's life at any given moment. Rather an intersectional lens enables us to think about a young person's experiences of sexual and / or gender identity in the context of other aspects of their lives and gain insight into how power and social and cultural factors intersect (Collins, 2019).

Questions for reflection

> How might an individual and their family's religious faith intersect with their perspective on sexual orientation? How might these complicate an emerging sense of LGBTQ+ identity?

> Do you have any assumptions about faith-based perspectives on sexual orientation or gender identity? How might these affect your understanding of a young person's world?

> We know that young people from Black and Global Majority backgrounds are at heightened risk of experiencing hate crimes (Hudson-Sharpe & Metcalf, 2016). In this light, how might we consider how a young person's ethnicity could compound experiences of homo/bi/transphobia?

The Venn diagrams in Figure One demonstrate various intersecting identities. Spend a moment reflecting on how intersecting identities may influence how we are perceived, and our experiences of injustice or discrimination.
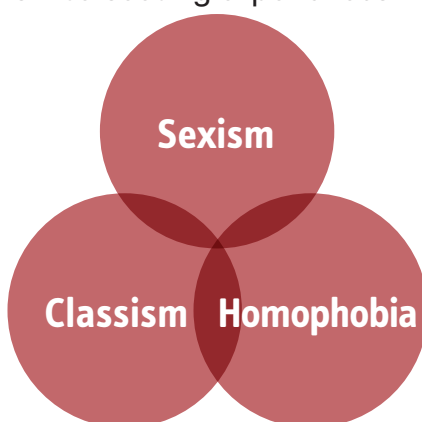
Figure One
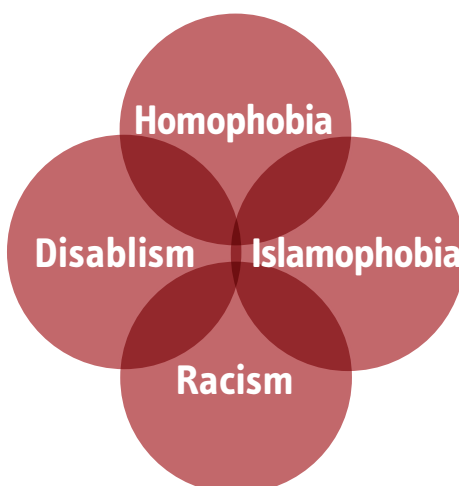
Intersectional experiences of discrimination

A Black, trans woman's intersecting experiences:

Transphobia

Racism   Sexism
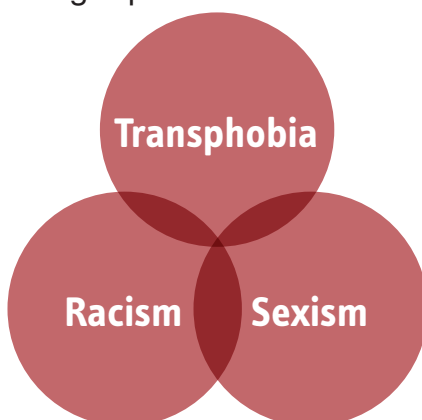
A White, working class lesbian's intersecting experiences

Sexism

Classism   Homophobia

A disabled Indian, Muslim, gay man's intersecting experiences

Homophobia

Disablism   Islamophobia

Racism

Care experienced young people

An intersectional lens should be applied when considering placement options with a child or young person who is in care. The need to provide a home where they feel safe and accepted will be the overriding priority. To achieve this, it is vital that time is taken to work alongside the young person to explore 'matching' criteria that are important to them and their intersecting identities and experiences.

Some of the care experienced young people who took part in the University of East Anglia's 'SpeakOut Study' (CRCF, 2017) shared that they had feared coming out to the practitioners and carers in case it resulted in the breakdown of their placement. Others found that being in local authority care provided an opportunity to explore their LGBTQ identity.

The perceptions, experiences, beliefs and expectations of any potential carers are crucial here. Preparatory conversations between the social worker and carer need to be upfront and honest if appropriate support is to be identified and provided. Lesbian, gay and bisexual young people involved in the SpeakOut study found it helpful when foster carers were accepting of their sexuality and reassured the young person of their commitment to them. They found it unhelpful when adults suggested their orientation was a phase or attributed their sexuality to a history of abuse (CRCF, 2017).

The SpeakOut research indicated the need for robust reflection and assessment of suitability for professionals and carers. Learning and development for practitioners and carers should include an emphasis on providing space for the exploration of conscious and unconscious biases relating to LGBTQ+ issues. This approach shifts the focus from individual children and young people and places attention on the adults' role in promoting their safety and wellbeing.

Emphasising the role of adults in creating safe contexts reinforces the message that it is not a young person's sexuality and / or gender identity that is the problem – the problem is with societal, institutional and individually held gender-normative and heteronormative expectations and standards.

Reflective activity

> Reflecting on what you have just read, how might you apply an intersectional lens in your relationship-based work with LGBTQ+ young people?

✓ Practice points

1. Representation matters. Seeing yourself (or selves that you can identify with) in words, pictures and positions of authority and power is vital for positive identity formation. Review your agency's literature and website. Are these inclusive? If not, what can you do to change this? Does the workforce of your organisation represent the communities you serve. If not, why?

2. Does your service or organisation have a care policy that explicitly includes the support needs of LGBTQ+ young people? If not, how can you advocate to ensure an appropriate policy is co-designed and implemented? Co-designed should include young people beyond those who already identify as LGBTQ+ – 'An LGBTQ+ Inclusion Policy is there for everybody. The vast majority of LGBTQ+ community are not known' (Reference Group Participant).

3. Whilst recognising your safeguarding responsibilities, do you see young people as experts in their own lives? How can you support and guide them in your role?

4. Ask young people what pronouns they would like you to use (he/she/ they) and support them by using these.

5. Be an ally by listening to the lived experiences of those from the LGBTQ+ community and learning about what matters to them.

6. Advocate for young people and challenge racism, homo/bi/trans phobia and discrimination where you encounter them.

(Adapted from Stonewall, 2020a, and Toft, 2018)

Resources

> Understanding, exploring and supporting children's identity development: Practice Tool

> Deaf Rainbow, a space for deaf LGBTQ+ people

> Identities YouTube clip

> Disabled LGBT+ young people face a battle to be taken seriously

> www.ukblackpride.org.uk

Supporting young people: Messages from research and practice

The LGBTQ+ Young People in Social Care (LYPSA) project sought to understand and improve the social care experiences of LGBTQ+ young people in England. The key findings and recommendations of this research include:

> LGBTQ+ young people are more likely to come into care, have more placement moves, and spend longer periods of time in care than non-LGBTQ+ young people.

> LGBTQ+ young people experience poorer health, mental health and wellbeing outcomes and report greater dissatisfaction with care systems compared to their cisgender / heterosexual peers.

> These inequalities stem from rejection and discrimination based on their LGBTQ+ identities – from social care professionals, their birth families, peers, placements, and wider society.

> These challenges affect LGBTQ+ young people's access to and engagement with education systems.

> Knowledgeable and affirming care professionals are incredibly important for LGBTQ+ young people in care.

> Mandatory and comprehensive training about LGBTQ+ young people is recommended in both pre- and post-qualifying programmes.

> This training should be easily accessible and combined with ongoing coaching and reflective supervision.

> Detailed policies to reduce LGBTQ+-related discrimination in care settings is also needed.

> Practitioners' and foster carers' attitudes and competence should be assessed to ensure care is both inclusive and affirming.

> Care-experienced LGBTQ+ young people should have input in service design and delivery to ensure these services are tailored to their needs.

.(Schaub et al., 2023)

Supporting children and young people who identify as trans, gender non-conforming and gender questioning

Trans, gender non-conforming and gender questioning children still make up a small proportion of the general population. However, research indicates that the number of children and young people recorded as experiencing gender dysphoria/incongruence in primary health care services is increasing (Jarvis et al., 2024), and this group are more likely to experience anxiety depression and self-harm than the general population. As such this group of children and young people may be more likely to come to the attention of social care practitioners than their peers.

> In this section, we use 'trans' as an umbrella term – including people who identify as transgender, non-binary or gender non-conforming or who are gender questioning.
>
> We use this language to reflect the variety of ways a child or young person may describe themselves. These terms relate to gender identity, rather than sexual orientation.
>
> Individuals may be at different points in their understanding of which gender identity 'fits' for them. Some may be in a period of exploration; others may feel more settled.
>
> Practitioners can help create safe relationships and opportunities for children and young people to test and develop their sense of identity.

The following points might be helpful when working with young people who identify as trans:

> - Exploring identity, reflecting on how we fit into society and understanding how we relate to others are ordinary aspects of growing up. However, if a young person appears to be experiencing significant distress about their gender identity, speak with them sensitively to explore what advice and support options might be useful. This may include accessing specialist online or offline support networks (see links on page 15) or connecting with other professionals involved in their life, such as a GP.

> - Young people who identify as trans, non-binary or are gender non-conforming can be called by their chosen pronouns. They do not need permissions or documentation to enable this.

> - Some research has indicated an increased prevalence of gender diversity amongst neurodivergent young people (Warrier, Greenberg & Weir, 2020), though currently little is known about the link between the two. This reminds us to get to know the whole person, understand their intersectional experiences, offer holistic support and, where appropriate, support their access to specialist services.

> - Young people who wish to explore medical options in relation to their gender identity may be referred to the National Referral Support Service – the NHS service for children and young people experiencing gender incongruence established in 2024. Referrals in England must be made by NHS paediatric services or NHS mental health services for children and young people.

> - The age and understanding of the young person will shape how you approach conversations and support. Similarly, the clinical pathways available will differ depending on age. Listen carefully. Acknowledge the young individual's feelings and wishes. Keep conversations open, caring and free from judgment – even, or especially if any medical advice received is contrary to what the individual wants.

> - Explore any of your own uncertainties or anxieties with your practice supervisor. Make use of reflective supervision and training opportunities to develop your own skills and confidence in this area.

Cass Review

The Cass Review, published in 2024, led to changes in NHS medical pathways and healthcare services for children and young people in relation to gender identity. The report has been the subject of heightened and ongoing debate in public and academic arenas. Human rights organisations have argued that the review has since been weaponised by individuals and groups to spread disinformation and myths about healthcare for trans young people (Amnesty International UK, 2024).

The Cass Review's focus was not on social care provision; however, it is important for social care practitioners to be aware of the changing landscape of healthcare services, and how these may affect the children and young people they work with.

This briefing acknowledges the significance of the Cass Review for children's social care, whilst holding space for the ongoing contributions of research, practice and lived experience which inform our developing understanding of these issues.

There may be challenges and complexities for social care practitioners supporting children and young people in relation to their gender identity. The changed clinical options and a contested evidence base may create feelings of uncertainty. However, supporting children and young people to navigate their options and access appropriate support in challenging circumstances draws upon core social work skills and values.

Implications for social care practice

Despite wider disagreements about healthcare options, some of the key messages from the Cass Review are pertinent to social care practice:

> The care of this population needs to be holistic and personal. It may comprise a wide range of interventions and services, some of which can be delivered outside of NHS specialist services.

> Generalisations about children and young people identifying as trans, questioning their gender identity or experiencing gender dysphoria are unhelpful.

> The length of waiting lists to access gender healthcare services has significant implications for this population and NHS service delivery.

> Young people can become particularly vulnerable at the point of transfer to adult services.

> Despite the uncertainties and challenges, each individual child and young person seeking help from the NHS should receive the support they need to thrive.

Practice points

Some ideas on how to embed non-heteronormative and non-gender-normative assumptions into your practice:

> Ask gender neutral questions – for instance, instead of asking about boyfriends or girlfriends, frame such enquiries as 'Are you seeing someone?', 'What are they like?', etc.

> Listen carefully to how a young person describes themselves. If they use non-gendered language, mirror the language they use. If you are unsure, ask them how they prefer to be referred to and use these terms.

> Address a group of young people as folks, people or in the inclusive 'we'. How are 'we' doing today? Do 'we' understand what I have just shared?

> Do not share a young person's sexuality and / or gender identity without explicit permission, unless their safety depends on such information being shared with another professional. This includes writing it down on forms, assessments or any other paperwork.

> If a young person's 'cues' raise questions about their sexuality and / or gender identity, take care not to communicate any expectation that they should 'come out' to those close to them or the professionals working with them. Although the intention may be to show support, it could be experienced as pressure.

Resources

> LYPSA (LGBTQ+ Young People in Social Care) Practice Briefing and video.

> SpeakOut is a national study investigating lesbian, gay, bisexual, transgender and questioning (LGBTQ) young people's experiences of the care system.

> This film was made as part of the SpeakOut research study (CRCF, 2017).

> Gendered Intelligence works to increase understandings of gender diversity and improve the lives of trans people.

Resources for young people and practitioners supporting them around gender identity:

> The Proud Trust provides resources for young people and adults supporting them.

> Stonewall Young Futures offers a hub for LGBTQ+ young people thinking about their next steps.

> NHS England offers advice on gender identity and healthcare:
> *Worried about your gender identity? Advice for teenagers*.
> *How to find an NHS gender dysphoria clinic*

Connectivity online

The increasing importance and influence of peer relationships in adolescence is well documented (see for example Coleman, 2014). Feeling able to connect, identify and relate to one's peers is part of healthy adolescent development (Briggs, 2008) and this is no different for LGBTQ+ young people. However, as a marginalised group, and a group that is frequently hidden – during adolescence and in school (Stonewall, 2020a) – being able to openly meet with other young people who may have shared experiences or similar feelings may be challenging or even risky, because of bullying or where there is a culture of homophobia or transphobia.

How can professionals support opportunities to socialise and connect with LGBTQ+ peers?
As suggested above, this can include finding out about local and national LGBTQ+ groups and organisations, and supporting young people in making contact – should they wish. It can also include supporting and guiding young people to access online LGBTQ+ friendly spaces. Both methods should be considered, as being able to connect with peers can be a positive source of reassurance, empowerment and confidence, and open doors to new worlds.

> *The internet and social media sites have helped me accept and embrace my sexuality.*
> Amelia, 16, sixth form college (Wales) (Stonewall, 2020b)

Online platforms such as Snapchat, Instagram and Omegle can provide spaces for LGBTQ+ young people to connect with others socially and romantically, particularly for those from other minoritised communities or who live in locations with small or invisible LGBT populations (Lucero, 2017). The internet and social media can be an important source of information and a sanctuary where young people can feel free to be themselves (Stonewall, 2020b).

At the same time, online interaction comes with well-reported risks for all users. Hanckel et al. (2019) explore the rewards and risks that social media platforms hold for LGTBQ+ young people.

Images shared without consent (from an LGBTQ+ venue or event, for instance) or sharing LGBTQ+-related posts, can easily and inadvertently 'out' a young person. In addition, when using the internet and social media platforms, LGBTQ+ young people are likely to have to navigate and interact with heteronormative and homophobic, biphobic and transphobic content and abuse. For example, one study found that three in ten young LBGT people report having been bullied online with comments, messages, videos or pictures that were mean, untrue, secret or embarrassing (Stonewall, 2020b).

A further risk for young people seeking connections and information online is that they may not be able to distinguish between accurate and inaccurate (even damaging) information. Professionals can and should talk to young people about how to appraise information and help them to think about why some sources might have perspectives, and how these could influence the information being provided.

Grooming and online exploitation

All children and young people are potentially at risk of online grooming and exploitation, and all need support with digital literacy and safer use of social media. There may be additional risks for young people who are exploring their gender identity and / or sexual orientation:

> Young people may use adult websites with content unsuitable for their age as routes to exploring sexuality, remaining anonymous or feeling accepted.

> When someone feels the need to hide their sexuality and / or gender identity, this is a vulnerability that may be exploited.

> Young people may be particularly susceptible to online exploitation due to feeling socially isolated and wanting to fit in, or to please new or established 'friendships'. In some cases, these virtual connections can lead to an increased risk of exploitation, including the sharing of indecent images (Stonewall, 2020b).

> Young people might be at risk of being 'outed' through the content they share or use, or someone could use the threat of 'outing' them as a means of exploiting them.

Practitioners may find the following advice useful:

> Regularly review privacy settings on social media accounts with young people (especially in relation to being unintentionally 'outed' via photos and locations).

> Support young people in reporting inappropriate or offensive content.

> Encourage young people to block, unfriend and unfollow social media contacts where those connections are making the young person feel uncomfortable or unsafe.

> Talk to young people about the use of pseudonyms and avatars to protect anonymity. Remind them that others they meet online may be doing the same and may not be who they present themselves to be.

> Openly discuss and explore issues of online bullying and abuse.

> Be aware that a young person's sexual orientation and / or gender identity may act as a barrier to help-seeking should they need it. As such, keep conversations about online safety ongoing, positive and judgement free.

(Adapted from Hanckel et al., 2019, and Stonewall, 2020b)

Case study: Jake

Jake is a 15-year-old boy who thinks he might be gay. Jake does not feel like he can talk to his friends at school about it and, since he's often heard his parents make derogatory comments about gay people on TV, Jake feels isolated, confused and scared.

Recently, Jake has met someone he really likes online. He is called Josh, he says he is also 15 years old, and they have been speaking online for nearly three months. They haven't been able to use video calling as Josh lives in the countryside and his internet connection is unstable. They are planning to meet soon.

Josh and Jake have sent pictures to each other. At first this was pictures of their faces and bodies. Josh is handsome and he has a 'six pack' from gymnastics. Jake has sent more explicit pictures too.

Recently Josh has asked Jake to film himself in the shower. Jake feels uncomfortable with this, but Josh has said this is what boyfriends do when they cannot be together. Jake wants to keep Josh happy as he is the only person he feels truly understands him. Josh keeps on pressuring Jake for more and more videos and pictures. Josh has joked that if Jake doesn't send them he will leak the ones he has online. Jake doesn't know if he is serious and doesn't know what to do. Jake feels that he cannot talk to anyone about this as he doesn't want them to find to know he is gay. Jake feels more isolated, confused and scared than ever before.

Reflective questions

How might feelings of internalised homophobia, or the discriminatory attitudes of those around him, influence Jake in terms of how he can seek help?

What actions can professionals take to ensure young people like Jake feel they can talk to someone?

How can you ensure young people you and your service are working with know what to do should they find themselves in similar exploitative positions?

Coming out

Even the whole term 'come out' needs to be rubbed off for me. I hate it. I don't need to come out. Come out from where? I've not been hiding!
(Young person – The reference group)

Many people think there is a common coming out experience, but it's individual.
(Young person – The reference group)

As the first quote above suggests, the idea of 'coming out' may sound a bit outdated. For others, grappling with emerging sexual orientation or gender identity can be very stressful. These feelings of pressure are either compounded or alleviated by the ways in which those around them respond, the extent of support they have in their family and friends network, the school they attend or previous or anticipated experiences of homophobia, biphobia and / or transphobia.

Young people who identify as trans may be heterosexual, lesbian, gay or bisexual and so 'coming out' decisions may relate to both gender and sexuality. For LGBTQ+ young people from ethnically minoritised backgrounds, disabled young people or those from some religious backgrounds (or a combination of these intersecting identities), additional barriers and experiences may also influence their confidence or capacity to tell someone about their sexual orientation and / or gender identity.

LGBTQ+ people make decisions about coming out multiple times every day and throughout their life, and coming out is not a one-off event. For example, for young people this might include when starting a new school or college, meeting new people, making new friends, meeting new foster carers or completing forms which ask for personal data. It is always important for professionals to bear in mind that, even if a young person is openly sharing personal information about their sexuality and / or gender identity with you, this does not automatically mean this information is for sharing. Unless there is a specific reason (for example, an immediate threat to safety that requires other protective adults to understand a young person's sexual orientation or gender identity), professionals should always ask the young person for their explicit permission each time before sharing their information.

On the following page, Jamie's coming out story illustrates how coming out can be a long and emotional experience for some young people.

A coming out story: Jamie

I always knew I was different. I liked many of the things I was told I shouldn't – this included dolls, dancing and makeup. I also liked lots of things that appeared more acceptable to my family and friends, this included reading, sports and music. I hated liking the things that others told me not to like, so I would secretly play, wear makeup and dance in the bathroom, hidden behind the locked door.

Throughout primary school and secondary school, I did my best to fit in, outside of my antics in the bathroom, though most days I would still be called at least one homophobic or transphobic slur. Most of the time this seemed to bounce off me and have no effect at all, but sometimes this would deeply upset me – especially when I was alone in my bedroom. When alone I would beg and plead with myself to be normal.

By the time I was 10 or 11 years old I started to become aware that I was attracted to boys, and this filled me with feelings of dread and despair. These feelings stayed with me for years. As I entered puberty and my body started to develop and change, with hairs growing on my chest and legs and my voice beginning to break, my body and I were becoming strangers occupying the same space but completely alien and separate to one another. My bouts of anxiety, confusion and loneliness often came out as anger and aggression. This eventually tore my relationship with me and my mum apart. I moved to foster care when I was nearly 14 years old.

Between the ages of 14 and 16 years old I was living two lives, one visible to the outside world and the other invisible playing out in my head. I felt completely alone and misunderstood for such a long time. Then one day, what felt like out of the blue, my foster carer asked me what was going on and whether I wanted a hug. At that moment I felt that she was speaking directly to the invisible me. I instantly told her how I had been feeling about my body, about my voice and about my latest secret crush, a boy in college.

My foster carer held me in her arms and said "I am here for you and we will get through this together." That's all I needed to hear, that I was not alone and that someone would be there for me. Since that day I have never looked back.

Intersectionality and coming out

Coming out was never black and white. I'm not a lesbian, I'm pansexual. I'm not trans in a traditional sense but I have a complex relationship with gender. I'm not disabled visibly or disabled all the time, but I experience disability. I'm not an immigrant but I'm brown. (Umber Ghauri, 2018)

As highlighted above, understanding the context and influences on LGBTQ+ young people's experiences of coming out requires consideration through an intersectional lens. The experiences of LGBTQ+ young people will be shaped and influenced by how others perceive and frame them.

Young disabled LGBTQ+ people
Recent publications (Toft et al., 2020; Toft 2018) highlight young people with disabilities' experiences of adults dismissing their sexual orientation or gender identity as 'a phase' or attributing their sexuality to their disability.

While comments of this kind may not be limited to young people with disabilities, they may have more direct impact for people whose disabilities mean they are reliant on others to support their social interactions. It is important that professionals do not add to these misconceptions and instead advocate for LGBTQ+ young people's rights and freedom to express themselves – and not make assumptions about disability, sexuality or gender identity.

Black and Global Majority LGBTQ+ young people
LGBTQ+ young people from ethnically marginalised backgrounds can face racism both inside and outside of the LGBTQ+ community. More than half of Black and Global Majority LGBT people have experienced discrimination or poor treatment from others in their local LGBT community because of their ethnicity. This number rises to three in five Black LGBT people (Stonewall, 2018). The LYPSA project found that ethnically minoritised LGBTQ+, non-binary and transgender young people face heightened challenges when in care than their straight, cis-gendered peers (Schaub et al., 2023).

Homelessness
LGBTQ+ young people are at a heightened risk of homelessness when coming out to their parents, carers and family networks, and research indicates that 'LGB&T people from some minority ethnic groups were identified to be at particular risk' during this time (Hudson-Sharpe & Metcalf, 2016).

akt is a charity established to support LGBTQ+ people facing or experiencing homelessness. akt found that one in four LGBTQ+ young people surveyed had experienced homelessness.. Homeless LGBTQ+ young people also reported being placed in unsuitable or unsafe housing, where they experienced high levels of discrimination, bullying and hate crime (Tunåker, et al., 2025). Similar risks were identified by the LYPSA study (Schaub et al., 2023).

Cultural and religious beliefs

Though not all LGBTQ+ people who follow an organised religion or faith experience conflict between their belief systems and their sexuality or gender identity, many do. Young people growing up in communities in which being LGBTQ+ is actively condemned by culture, faith or religion face a particularly difficult time.

This perspective persists across a broad range of fundamentalist or religious communities and can result in significant damage to an individual's psychological and emotional wellbeing (Beagan & Hattie, 2015).

Young people living in such communities – and often within their family home – may well experience particular difficulty around 'coming out' because of the fear and potential reality of losing acceptance. Professionals should be alert to possible increase in safeguarding risks or homelessness at this time.

Support for LGBTQ+ young people who may be experiencing conflict between their sexual orientation, gender identity and faith should be young person centred, and needs led. A young person's right to self-expression includes their right to have their religion and faith maintained and respected as they so wish. There are faith groups, organisations and networks that can reconnect LGBTQ+ people to their faith in supportive and inclusive environments (see following resource list for more details).

For professionals and foster carers whose religious and cultural beliefs conflict with the rights of LGBTQ+ young people, it is important to remember that the *Equality Act 2010* provides protection for LGBT people from 'discrimination, harassment and victimisation' throughout Britain. Where personal feelings of conflict arise for the professional, the use of supervision and critical reflection are vital contexts in which to ensure the rights of children and young people are upheld.

Useful resources

> Brown, trans, queer, Muslim and proud – Sabah Choudrey, TEDxBrixton:
> www.youtube.com/watch?v=w6hxrZW6l9I

> AKT offers a range of resources for LGBTQ young people from different communities:
> www.akt.org.uk/online-hub/

A coming out conversation guide
The following is a potential conversation guide, should a young person choose to come out to you:

Young person:
I think I might be lesbian/gay/bisexual/trans.

Practitioner:
Okay. I am glad you have come to talk to me. How do you feel?

I feel scared, alone. I don't know anyone else who is like me (gay/lesbian/bi and / or trans).

Well, you are not alone anymore, I am here for you. Lots of people are gay/lesbian/bi and / or trans or are questioning their sexual orientation and gender identity. Have you discussed this with your parents or carers?

1. No, they won't accept me / I am scared of their reaction.
2. No, but I plan to tell them soon.
3. Yes, but they are not talking to me now.

Well, let's discuss this and try and find a way you can talk to someone safe in your family / household. If that's not an option, we can find someone who is experienced in supporting young people who are having similar experiences to you.

Good, most parents / carers would want to know something like this. Have you thought about what you're going to say? Have you thought about how they might react?

Ok, that sounds upsetting. Do you want to talk about it? Is there anyone else in your family /h ousehold or network you can speak to? I can put you in touch with organisations for you to speak to someone. Is this something you might be interested in?

(Adapted from Stonewall, 2020a)

✓ Practice points

The following are overarching outcomes of a successful coming out conversation:

> The young person now knows they have someone they can talk to, judgement free.

> The young person feels cared for, valued and listened to.

> The young person feels confident that what they have told you is not going to be shared without their consent.

> The young person feels that they are in charge of the conversation and any actions taken.

> The young person knows what is going to happen next and that they can speak to you or a relevant organisation again if needed.

> You and the young person will check in on each other at some point.

Coming out resources

> https://www.theproudtrust.org/young-people/coming-out/

> Coming-Out-Handbook.pdf (thetrevorproject.org)

Conclusion

As explored throughout this briefing, LGBTQ+ young people are not a homogenous group – everyone's experiences and needs are unique. All aspects of a young person's intersecting identities are important, and it is vital not to assume a young person's sexual orientation and / or gender is the single most important aspect of their identity.

The work you do alongside LGBTQ+ young people should be agreed with them on an individual basis, on their terms and using their terminology. The messages from research are clear and simple, LGBTQ+ young people do not want special treatment. They want what all young people want and deserve – to be listened to, to be valued and to be protected and cared for.

> *...be inclusive from the get go.*
> (Young person – The reference group)

Appendix: LGBTQ+ Life and the Law

There are several key pieces of legislation that provide protection for LGBT young people. The following is a brief overview of the *Equality Act 2010* and the *Gender Recognition Act 2004*.

The Equality Act 2010
The *Equality Act 2010* provides protection for LGBT people from 'discrimination, harassment and victimisation' throughout Britain. Under the *Equality Act 2010* individuals are protected from discrimination:

> In the workplace (including work experience placements).

> When using public services such as local authority services, schools, colleges, the police and the NHS.

> When interacting with businesses such as shops, restaurants, and cinemas.

> When using buses, trains and other modes of public transport.

> When joining a club or an association.

Protected characteristics
There are nine characteristics protected by the *Equality Act 2010*. It is against the law to discriminate against someone because of:

> age

> disability

> gender reassignment

> marriage and civil partnership

> pregnancy and maternity

> race

> religion or belief

> sex

> sexual orientation.

The *Equality Act 2010* and public bodies
Public Sector Equality Duty
The *Equality Act 2010* also requires public bodies (such as local councils, school, police and hospitals) to consider how their decisions and policies affect LGBT people. The public body should also be able to evidence how they have done this.

Useful resources

These YouTube clips from the Equality and Human Rights Commission provide useful information:

> > Sexual orientation discrimination.

> > Religion or belief discrimination.

> > Race discrimination.

> > Disability discrimination.

> > Sex discrimination.

> > Or visit the website.

The Gender Recognition Act (GRA) 2004

The GRA covers England and Wales and was passed to uphold the rights of trans people to have their gender identity legally and officially recognised. This includes correcting birth certificates, passports and other official documentation. Under the current Act, trans people must go through a series of medical assessments with psychiatrists to gain a formal diagnosis of 'gender dysphoria', live in their 'acquired gender' for two years and provide evidence of these to a gender recognition panel who will approve or deny their application.

In 2018 the GRA was put to public consultation, with amendments proposed that would have made it easier for trans people in England and Wales to have their gender legally recognised without a medical diagnosis. Though the consultation found support amongst those responding, ministers ruled out changes in 2020 and plans for legislative amendments were ceased.

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