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## Original Research Article

# Supporting gender diverse children in residential children's homes: A qualitative study exploring the views and experiences of carers

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Keys Group

### Abstract:

Nineteen children's residential care workers participated in a qualitative study exploring their views and experiences of supporting gender diverse children. Using thematic analysis, five themes were identified: (1) the importance of accepting and validating home environments, (2) the challenges gender diverse people face in terms of acceptance in the wider community, (3) knowledge, (4) the impact of trauma on a child's identity, and (5) the need to hear and respond to gender distress. Recommendations are made with regards to mandatory training for residential carers, in response to growing numbers of gender diverse children in the looked after population.

## Introduction

Gender diversity is an umbrella term to describe a person whose gender identity does not match the biological sex they were assigned at birth. Research indicates that since 2011 there has been a large increase in the number of children who are questioning conventional gender expectations (Butler et al., 2018), and a study by Zhang et al. (2020) found that around 1.2% - 2.7% of children and adolescents identify as transgender worldwide.

The prevalence of gender diverse children and young people appears to be even higher in the looked after children population than in the general population. For example, a review of 185 young people referred to the Gender Identity Development Service (GIDS) between April 2009 and 2011 found that looked



after children represented 4.9% despite making up only 0.58% of the general population (Matthews et al., 2018). Moreover, adopted children were also found to be more prevalent, with 3.8% being referred.

Furthermore, a study by Edwards-Leeper et al. (2017) also found there was an overrepresentation of adopted adolescents at a gender dysphoria clinic in the US. A review of 184 patients found that 8.2% were adopted, which was higher than expected based on the percentage of adopted children in the US. There are a few suggestions for this overrepresentation, for example adoptive parents may have a lower threshold for seeking medical care for their adopted children. Additionally, adoptive parents may feel less personal stigma in raising a gender nonconforming child, allowing them to explore gender identity, and also potentially being more likely to seek support from a specialist. Adoptive parents coming from higher socioeconomic backgrounds may also be more likely to have the resources for these services.

In addition, there also seems to be an overlap of gender diversity and autism spectrum disorders (ASD). A study by Strauss et al. (2021) found that in Australia, out of 859 transgender youth (aged 14-25 years), 22.5% had received a diagnosis of ASD. Moreover, this group was more likely to exhibit self-harm and suicidal behaviours and to experience barriers to accessing gender-affirming care. This highlights the necessity for those working with transgender and gender diverse young people to have awareness of this co-occurrence and to develop the appropriate knowledge and skills to support these individuals. Additionally, it is pertinent to acknowledge the convergence of the number of children in care who are also diagnosed with ASD. Parsons et al. (2019) found that within 147 local authorities in England, approximately 3% of looked after children also had an autism diagnosis. It is believed that this is an underestimation as the majority of local authorities do not routinely monitor or report upon the diagnostic status of looked after children.

As discussed above, there is a higher prevalence of gender diverse children in the looked after children population, including those living in residential children's homes. As of March 2023, there are 107,317 children and young people living in residential children's homes in the UK (Creative, 2024). It is important to note that children can come under the care of the local authority from any age up to 17 and there are a wide range of reasons for this, including abuse, neglect, or something that may put the child at risk of harm. In addition, research indicates that LGBTQ+ children living in care are more likely to experience poor physical, emotional, and sexual health, face more educational barriers, and have an increased risk of homelessness after leaving care (McCormick et al., 2017; Schaub et al., 2022). Furthermore, transgender young people are also at increased risk of homelessness due to mistreatment or fear of mistreatment from family related to their gender identity (The Trevor Project,



2022). This highlights that those who are gender diverse living in care are likely to have a worse prognosis than gender conforming peers.

Another important factor which influences the way children and young people express their gender identity, usually through their appearance, the way they dress, and their behaviours (gender expression), is parental attitudes. A study by Warner et al. (2021) examined the relationship between the two, finding a positive correlation between parental attitudes towards gender nonconformity and their children's gender expression. They found that parents exhibited a greater discomfort towards gender non-conformity in their assigned female at birth children compared to male. This suggests that if parents hold traditional views on gender roles, they may unintentionally convey certain expectations towards their children and reinforce gender-specific stereotypes. In addition, parental attitudes not only impact a child's gender identity and expression, but also their experiences, and health and social outcomes. For instance, research has found that affirmative parental attitudes positively impact a child's experience of being gender diverse (Kusalanka et al. 2014; Westwater, 2019). Children who were accessing clinics for gender-affirming care had better health and social outcomes when strongly supported by their caregivers (Sansfaçon et al., 2019), whereas lack of family support has been found to lead to poorer mental health and adverse life outcomes for gender diverse young people (Westwater, 2019). This highlights the importance of a strong and affirmative support system for gender diverse children to have more positive experiences and better life outcomes.

While research on gender diversity in children has increased and the impact of parental attitudes on gender expression and the experiences and outcomes of gender diverse young people has been explored, little is known about the beliefs and attitudes of carers in residential care settings. Understanding these perspectives is important for providing appropriate support. The objective of this research is to investigate carers' beliefs and examine the factors influencing them. Moreover, the research aims to identify any potential gaps in knowledge and understanding among caregivers about gender diversity. The findings may help inform the development of training and policy to enhance carers' ability to confidently support gender diversity. Furthermore, by investigating carers' attitudes, the study hopes to contribute to the development of more inclusive care practices and, ultimately, to remove barriers by improving the support and wellbeing services provided to gender diverse children who live in residential care. This is especially pertinent given the findings of McCormick et al. (2017), who reported that LGBTQ+ young people's residential care experiences are often characterised by differential treatment, isolation, and discrimination.



## Method

### Sample and procedure

Participants were selected using purposive sampling with the criteria of having supported a gender diverse child in the last 12 months. Seventeen homes were identified within the organisation that met the inclusion criteria, and these were invited via email to participate in the research. Nineteen carers from nine homes accepted the invitation and took part. Participants from all homes attended one of the four focus groups, with each one consisting of between three and eight participants. Focus groups were undertaken virtually via Microsoft Teams and lasted up to 90 minutes.

All participants provided informed consent for their participation and completed a demographics self-reported questionnaire with details of their age, gender, ethnicity, the number of gender diverse children they have supported, and years of experience working in children's residential care.

Semi-structured interview questions were used to lead the focus group discussions. The guide included six core questions, with two to four probes per core question. The aim of the questions was to capture information about (i) carers' experiences of supporting gender diverse children, (ii) the type of training they had received on the topic of gender diversity and its relevance to their role, (iii) carers' experiences of supporting children with conversations regarding distress they may be having related to gender, (iv) carers' knowledge and confidence in supporting children within these conversations, (v) possible complexities and challenges of supporting children who are gender diverse, and (vi) ways in which children's residential homes celebrate gender diversity.

### Transcribing and coding

During the focus groups reflective practices were used by researchers to confirm understanding of the discussion and reduce the likelihood of misconstruing participants' answers (e.g., seeking clarification where needed and summarising back to participants). Subsequently, all focus groups were recorded and transcribed verbatim. Braun and Clarke's (2006, 2013) six-phase framework for thematic analysis was used to analyse and code the transcripts. Firstly, the coder became familiar with the data by immersing themselves in each of the four transcripts. Secondly, initial open codes were generated and after that the coder started to sort these into preliminary themes. This process was repeated by another coder to increase the richness of the analysis, by ensuring salient codes/ themes were not missed. Once preliminary themes were established, the research team met to review, modify, and develop these themes further, using a collaborative and reflexive approach, which aimed to achieve richer interpretation of meaning (Braun & Clarke, 2013). In the final stage, the key themes and sub-themes were defined. During the thematic analysis, an



inductive approach was used to allow for salient codes and themes to emerge from the data without the coders analysing the transcripts with pre-conceived knowledge or ideas (Braun & Clarke, 2006).

## Results

### Descriptive information

The sample of participants who took part in the focus groups was predominantly white females aged between 25 and 64, with over half of the sample falling in the 35-44 age bracket. The majority of participants had experience of supporting between one and five gender diverse children. There was one participant who was new to the role, with the majority having over five years of experience working in children's residential care. A breakdown of the demographic information for the participants is displayed in the table below. It is important to note that information about whether participants considered themselves part of the LGBTQ+ community was not collected.

Demographic information	Number of participants*
<b>Age (years)</b>	
18-24	0
25-34	3
35-44	10
45-54	2
55-64	1
65+	0
<b>Gender</b>	
Male	3
Female	13
Non-binary	0
Prefer not to say	0
<b>Ethnicity</b>	
White	14
Mixed	2
Asian or Asian British	0
Black or Black British	1
Arab	0
Other (please specify)	0
<b>Number of gender diverse children supported</b>	
1	9
2-5	6
5+	1
<b>Experience</b>	
Less than a year	1
1-5 years	5
5+ years	10

\*Three participants did not provide any demographic information

**Table 1: Descriptive information for participants**



## Focus group themes

Five core themes with several sub-themes were identified from the four focus groups using thematic analysis. The core themes are: 1) Acceptance within the children's residential home, 2) Acceptance outside of children's residential home, 3) Knowledge, 4) The impact of trauma on a child's identity, and 5) Understanding and responding to gender distress.

Participants were given an anonymity number which is displayed after each quote in brackets.

### Theme 1 – Acceptance within the children's residential home

The most prevalent theme across all focus groups was the importance of acceptance of gender diverse children within the home, by both carers and co-residents alike. Carers described three different ways of creating an accepting and validating home environment; (1) through the unconditional acceptance of the individual, (2) supporting gender expression, and (3) celebrating gender diversity.

#### Sub-theme 1 – Unconditional acceptance of the individual

Across all focus groups participants highlighted the importance of creating an open and inclusive home environment for children. This involves carers providing children with unconditional love, support, and positive regard, and a home free from judgement or discrimination. Carers encourage children to be whoever they want to be and to feel confident in the knowledge that everyone will be accepted.

We just wanted her to be herself however she identified, however she wanted us to treat her, however she wanted us to call her, we just accepted that regardless of our beliefs or backgrounds. (Participant 19)

We were just very accepting of what came everyday... there was no judgement. Be who you want to be, we're cool, so that's it. (Participant 15)

It's all about his happiness, he could be happy as him, he could be happy as her, but it's his choice ultimately. (Participant 9)

#### Sub-theme 2 – Supporting gender expression

Carers show their acceptance of gender diverse children by facilitating them expressing their gender identity freely. For example, supporting them to experiment with their physical appearance and using their preferred pronouns. Carers also identified the need to be understanding of the possible fluidity of



gender expression and to sit alongside children as they explore the identity they feel most comfortable with.

He's just, he changes from day-to-day so one minute he'll be wearing his skirts which we all say "oh you look good", we support him with that, going out to buy clothes and that.  
(Participant 12)

She had a period of having about three different names that she was trying to determine which one suited her so she would test them out with us and we just went along with it because that's what she wanted. (Participant 9)

We are now at the stage where all staff in the home are referring to them as he, we've spoken with GPs and things... and all his paperwork within the home refer to his preferred pronouns as he.  
(Participant 14)

### **Sub-theme 3 – Celebration of diversity**

Carers identified a myriad of different ways in which homes can celebrate diversity and show their acceptance, from supporting children to attend LGBTQ+ Pride events in their local community, to hosting in-house Pride events, to helping children engage with local LGBTQ+ youth groups.

We've got a little mascot in our house, we call him Roger... he's got the [lesbian] flag on and he wears it all the time at the minute, the others have put them up on their bedroom walls.  
(Participant 15)

The school had a huge Pride event that they put on and so we all went and supported her. (Participant 18)

### **Sub-theme 4 – Fear of getting it 'wrong'**

Across most of the focus groups, participants discussed that when they initially started looking after a child who was gender diverse they feared getting it 'wrong' and inadvertently invalidating the child's wishes and experience. They reported that navigating correct terminology such as using preferred pronouns and names was challenging, as well as coping with fluctuations in the child's gender identity, including frequent name and pronoun changes whilst the child is exploring what fits and feels right to them.

I think we all feared getting it wrong. (Participant 16)

Especially when the name changes, because it's really hard because she'll go up and say "I want to change my name" and I was like "right, okay, that's lovely, right", and good night and





then I've just gone back to saying the first name... because you're used to, the name suits the face doesn't it. (Participant 18)

Getting their pronouns correct, as an entirety, it was really hard for everybody. (Participant 11)

## **Theme 2 – Acceptance outside of children's residential home**

Theme two talks to the many areas of a child's life outside of the children's residential home that create opportunities for either acceptance or rejection. This theme highlights the many different social groups children are part of and their varying potential to be validating or harmful.

### **Sub-theme 1 – Lack of acceptance by peers**

Participants reported that lack of acceptance and judgement by peers has a significant impact on the gender diverse children they support. At school especially, children disclosed to carers that they experienced bullying or were afraid of being bullied and not accepted by their peers. For some children, this meant that they were not able to be their true and authentic self and had to pretend to be someone else due to fears of judgement and rejection by their peers.

She's still being called a male name in school, but that was her choice. And she was quite honest and said "I don't feel comfortable yet, going to school and being called this when I've always been called that". And she said, "I was scared I'm gonna be bullied", so she said "I'm just gonna go in and be who I've always been, and nobody who know any different. (Participant 17)

However, having an LGBTQ+ friend who is going through the same thing with you can be a protective factor for gender diverse children, as this can provide them with support and reduce feelings of loneliness, as noted by one participant.

He's got a friend as well online who is trans. So, he has got that support there. He's been struggling as his friend too, so he helps with him. (Participant 5)

### **Sub-theme 2 – Lack of acceptance from birth family**

Similarly, lack of acceptance from birth family also had a significant impact on gender diverse children and could be perceived as a form of rejection. Carers noted that contact with birth family was difficult for so many children as not only could children not be their authentic selves around them, but their birth parents would also not use their preferred name or preferred pronouns, which reflected their lack of acceptance.





When contact was due, they were almost a different person because they were preparing to be that girl that their parents wanted them to be... and then when contact was done and that was that, they were back to getting their hair cut short, wearing the clothes they wanted to wear and being they/them.

(Participant 12)

But the challenges they face is that their parents have absolutely despised any sort of conversation around that. As far as they are concerned this is their daughter and they mention that this is their daughter constantly. (Participant 13)

### **Sub-theme 3 – Importance of acceptance from professionals**

Professionals are an important and valuable source of support for gender diverse children when they are accepting of them and their journey, and when they show this acceptance through their actions, such as using preferred pronouns or name, listening, and offering support.

The young person, they felt supported massively through the GP. (Participant 8)

This person's social worker was very well informed, and very supportive of their journey. (Participant 9)

However, if professionals make mistakes and do not use the preferred pronouns, title, or name, it can be very distressing for the child and may strain the relationship between them and the professional.

There have been difficulties when you go to the hospital and they need support, for instance, and you've got someone who's identifying as they/them or he, and they're registered as a she, the doctors don't always understand that and don't help with that process. (Participant 14)

### **Theme 3 – Knowledge**

Theme three delves into the different sources of knowledge which enable carers to feel skilled and confident in supporting gender diversity. Carers described how both formal training and consultations from professionals can be helpful, but they also highlighted that the children themselves could be important sources of knowledge, as well as utilising opportunities to draw from the team's own personal experiences.

### **Sub-theme 1 – Psychoeducation on gender diversity**

Participants from all focus groups reported that internal online training and psychoeducation offered through consultations with a therapist or the child's



social worker helped carers feel knowledgeable about how to best support a gender diverse child.

Lots of consultation, we cannot leave that out because our therapist has been here with us, giving us lots of support, lots and lots of ideas, bouncing things around and talking to each other. (Participant 19)

I also attended the training session, an online seminar...about the journeys, how long the journeys take, pronouns, what respect we were to offer to those pronouns at the request of the young person. (Participant 14)

I think we were lucky as well that this person's social worker was very well informed...that was really helpful because before they moved in, we had this must be in place, and you must be using they/them... right from the very off we were set up very well for this young person. (Participant 10)

### **Sub-theme 2 – Children providing information on gender diversity to carers and other young people**

Participants across half of the focus groups agreed that gender diverse children are very knowledgeable about gender diversity and their own experiences. If young people choose to share this, it may help others to better understand them and what they are going through.

Our young person ran a young person's meeting around transgender and around the feelings of their process as well, so to educate the staff members who were there at the time and also the other young people. (Participant 15)

Additionally, gender diverse children were helping carers to learn by correcting them if they made a mistake, or if they used the wrong pronoun or name unintentionally.

if you did make a mistake, she was happy to correct you, and it was quite easy (Participant 16)

### **Sub-theme 3 – Drawing on carers' personal experiences of gender diversity**

Some of the participants had family or friends who had gone through the gender transition process, and as a result these carers felt more knowledgeable, confident, and comfortable around gender diversity and having conversations about it with children.



I've actually got a cousin that's trans, so I've kind of like, I'm not going through it myself, but I know the process and stuff, what needs to be done and stuff like that. (Participant 4)

The only reason we knew a bit more is because we've got a staff member whose brother had gone through the transition. (Participant 1)

#### **Sub-theme 4 – Need for more formal training**

Across all focus groups participants recognised that there was a need for additional formal training delivered in an interactive format, whether in-person or live online. This would provide carers with opportunities to ask questions and also to be sure that the information they receive is accurate, reliable, and up-to-date.

It's hard to know where to go for the best or most accurate sources of information or psychoeducation. (Participant 3)

The training should also be in-depth and include information about the transition process, terminology, medical procedures, and binding, as well as practical advice and guidance. This will not only increase carers' knowledge, but their confidence too, in answering questions children may have and supporting them on their journey.

Our young person is constantly asking questions and we tried to answer but we're not informed enough. So we give support where we can, and it's very confusing for us when we don't understand it ourselves. (Participant 11)

I think in our house, yeah, it would be [helpful to have formal training] because like [colleague] said, I've just gone off what I've learnt through my brother transitioning. I know it's factually correct, but it might be more beneficial for it to come from somebody who is trained in that. (Participant 2)

#### **Theme 4 –The impact of trauma on a child's identity**

Participants reported that in addition to children struggling with their gender identity, some of them struggled with their identity in general, and they were keen to support this in a broader context rather than exclusively focusing on gender expression.

Part of the difficulty he has is very much understanding of who he is. (Participant 9)

With our young person who was identifying as a male, her female name – she identified that with all the trauma and her past. And



that was a lot of why she wanted to change her name.  
(Participant 19)

I think for us it felt a little bit different as we got to know a little bit more about his thoughts around his journey and whether that was a mask to be somebody else, because he wanted to not be the person who went through all the trauma. (Participant 12)

Thus, carers recognised that it is vital for them to approach conversations relating to children's gender identity in a sensitive, holistic, and curious way, whereby they are considering the impact of developmental trauma and other factors without invalidating the child and their experiences.

Is it about you wanting to transition and be male, or is it more about your lived experiences that have brought you to this point, and you don't really know who you are? (Participant 1)

Trying to find or get the understanding of where that originally comes from without saying the wrong things, and not saying that we don't think that this journey is because you want to be of a different gender but trying to explore that it might be for other reasons as well. (Participant 11)

## **Theme 5 – Understanding and responding to gender distress**

Theme five explores the different sources of gender distress for children, which were mainly linked to their physical appearance and the development of secondary sex characteristics. To support children and help alleviate some of the distress they experience related to their gender, carers reported using creative methods, offering practical support, and scaffolding helpful conversations with children.

### **Sub-theme 1 – Understanding sources of distress**

One of the biggest sources of distress related to gender raised by children was caused by physical appearance and secondary sex characteristics.

When she came in, she was identifying as a male and we were wondering why she wouldn't bathe. Then, when we sat and spoke with her, it was because she didn't like looking at her body in the bath. (Participant 18)

He identifies as a male and wants to be a male, but people obviously see his breasts and notice his breasts in his clothes and that can have quite a negative impact on him... it can be quite upsetting for him and quite emotional. (Participant 14)



## **Sub-theme 2 – Responding to the distress related to gender raised by children**

Open and honest communication between carers and children was reported as vital. This provides an opportunity for children to express themselves and raise any distress they may be experiencing with carers; in turn, carers can actively listen to the children and provide support and practical help where appropriate.

With our young person, they are very open and honest and able to speak and she's quite happy to speak about it openly with everybody, so it's quite easy to have those conversations.  
(Participant 15)

For children who expressed that they experience distress when bathing, participants reported that they used coloured bubble bath as they changed the colour of the water which meant that children were able to bathe without looking at their body.

She didn't like looking at her body in the bath... so we went out and bought coloured bubble bath to colour the water, so she didn't have to look at herself in the bath. (Participant 16)

Providing binders was another way in which carers supported children and alleviated some of the distress they experience in relation to the development of secondary sex characteristics and how people perceived them based on these.

She doesn't know if she wants to be a him or a her, so she's kind of experimenting with that, like there have been talks about wearing binders and things, but we're not at that stage yet, but yet they're all very open (Participant 10)

...And sometimes asked if you can have a bigger binder, because it's getting a bit tight and you know we don't really understand and know how tight it has to be or if we're doing any harm  
(Participant 6)

I know sort of the medical side of things and how that works in terms of blockers and testosterone injections and later down the line in terms of surgery. So, one of them came to me and just thought that if she wore a binder, that was it. And then I was able to explain the process that's involved and she was a little bit more informed than after that. (Participant 2)



## Discussion

The most prevalent theme across all focus groups related to the need for acceptance, with participants identifying factors that both support and impede a sense of acceptance. Carers spoke about not only creating a culture where children know they will receive unconditional positive regard, but also actively celebrating diversity, whether that be through supporting children to attend an LGBTQ+ Pride event, having a gender diverse mascot in the home, or using preferred pronouns. This was an important finding as it resonates with the perspectives of children, as reported by Schaub et al. (2022) when they asked LGBTQ+ young people's experiences of residential social care:

young people were looking for signs that would show whether the care environment was affirming or discriminatory towards LGBTQ+ individuals. They looked for examples of inclusive language, displaying signs or posters, talking about their connection to the LGBTQ+ community or other markers; participants felt that these signs meant it was safe for them to discuss SOGIE issues (Schaub et al., 2022, p.17).

This theme reminds us that, in line with good therapeutic care in residential homes, carers need to be validating, non-judgemental, and accepting of the children they support, by using a PACEful (Playfulness, Acceptance, Curiosity, Empathy) approach (Hughes, 2017). Additionally, carers need to be proactive in engaging in behaviours that actively seek to demonstrate to the children within the home that they promote and embrace diversity.

Whilst this research showed carers had a good understanding of the importance of creating a supportive and accepting home, previous research has highlighted that LGBTQ+ young people in the care system frequently report a lack of affirming professional relationships, despite these being highly associated with emotional wellbeing (Schaub et al., 2023). However, young people have noted that younger professionals, or those whom themselves identify as LGBTQ+ or are connected personally to the community, were more likely to be affirming (Schaub et al., 2023).

A limitation of the current piece of research is that all participants self-selected themselves to participate in focus groups, and this could mean that the participant group had a bias towards carers who had a keen interest in gender diversity and recognised the importance of it as an issue within residential homes. A number of carers also referred to direct personal experience with the LGBTQ+ community, although specific demographic data was not collected.

Carers acknowledged that they should take responsibility for ensuring the residential home environment was supportive and accepting of gender diversity. This aligns with guidance produced by the Care Inspectorate (2023) for Scottish children's care services, which highlights the importance of creating an inclusive



and welcoming environment where diversity is celebrated and young people feel safe to be themselves. Furthermore, carers recognised that sometimes they would use the wrong name or pronoun, and feared inadvertently invalidating a child, or causing them unnecessary upset. Carers were honest in sharing some of their challenges and mistakes, with the important element likely to be how carers subsequently respond to accidentally using the child's birth name rather than their preferred name. Dan Hughes (2017) emphasises the need for carers to take the lead to quickly repair any potential fractures in relationships with children and it is important that carers are able to say sorry if inadvertent offence was caused. Future research could consider how carers react when inadvertently using inaccurate language, and what response gender diverse children find most helpful when this occurs. Whilst general guidance for parents seeking to support their gender diverse child is available on websites such as the Mermaids page for parents (Mermaids, n.d.), this may be different for children in residential care, given their different relationship with carers. Also, do children in residential care have the confidence to highlight to a carer if they are 'getting it wrong', or does shame too often get in the way of them being able to assert themselves in these situations?

Carers also commented in many focus groups that whilst they were keen to promote accepting and validating home environments, the 'outside' world was often a challenge for gender diverse children. Peers were identified as a potential source of distress and a number of children had experienced bullying. This finding is consistent with previous research. For example, Kosciw et al. (2018) found that 87% of sexually and gender diverse students in the US had experienced bullying on the basis of their personal characteristics. Children also shared with carers the distress caused by birth family members who do not respect and support their gender expression. It is important that carers have an awareness of the profound impact a lack of acceptance from parents can have on gender diverse children, as research consistently finds lack of parental support is associated with increased mental health struggles and a greater perceived burden of being transgender (McConnell et al., 2016; Simons et al., 2013). A challenge for both residential care staff and social workers is to consider how to best support birth parents in terms of their own journey of accepting their child's gender diversity, and future research needs to address what interventions are most effective when supporting birth parents whose children are looked after.

In addition to the importance of accepting peers and adults in the lives of the gender diverse child, carers also identified the need to hear the child's sources of distress, especially in relation to secondary sex characteristics, and to identify appropriate solutions, with the hope of thereby reducing distress. This finding resonates with previous research which documents the importance of gender affirming environments in terms of scaffolding the wellbeing and mental health of gender diverse young people (Tankersley et al., 2021). Carers showed an





awareness of the use of binders, however, as discussed by Julian et al. (2021), education is needed for parents/guardians regarding chest binding to support those experiencing chest discomfort or distress. Indeed, the need for greater training and psychoeducation for carers on the general subject of gender diversity was recognised across the focus groups. Carers felt more formal training was required, and often there was a potential over-reliance on children themselves providing carers with information, or carers gaining knowledge through their personal connections with gender diverse individuals. Although, children may already possess a lot of knowledge about gender diversity it is not fair, nor acceptable, to expect young people to educate carers as this may increase the emotional labour for them. This is illustrated in the quote by a young person who hopes that the Trans Inclusion Tool Kit (2019, p.6) 'will take the responsibility for educating people off me'. Instead, it should be the responsibility of the organisation and carers to be well informed and educated on the topic.

Schaub et al. (2023) recommend that LGBTQ+ knowledge training should be mandatory for residential staff and social workers. Furthermore, Schaub et al. (2023) propose both local authorities and residential homes should be encouraged to adopt targeted policies and practical recommendations for supporting LGBTQ+ young people; this would help promote best practice and consistency in the experience of children living in residential homes. Such guidance already exists for Scottish children's care services (Care Inspectorate, 2023), however it needs to be more widely adopted across the rest of the UK. These recommendations and the guidance produced are consistent with the theme of carers recognising the need for specialist knowledge in order to feel confident in how best to support gender diverse children.

The final theme that came through related to carers understanding that alongside gender diversity, children often struggled with general challenges in understanding themselves, such that the theme of identity was often relevant in a broader sense. Whilst carers were not seeking to be gender disaffirming, they showed an awareness of needing to hold in mind the child's trauma history and how this can impact upon their sense of identity. This is consistent with previous research where the prevalence of significant developmental trauma and adversity is well documented in the histories of looked after children (Vickerstaff, 2014). Furthermore, gender diverse children are noted to have a higher prevalence of adverse childhood experiences (ACEs) than their peers (Colizzi et al., 2015; Holt et al., 2014). Childhood trauma has also been negatively associated with the development of a coherent sense of identity in children, with gender identity often being only one aspect of this (Bailey et al., 2007; Cole & Putnam, 1992; van der Kolk, 1996).

One theme that was not conveyed, but might have been expected, was carers showing an understanding that gender diverse children are more likely to



struggle with their mental health, when compared to non-LGBTQ+ peers. Schaub et al. (2023) reported that gender diverse young people living in residential care shared struggles around having to cope with unmet mental and sexual health support needs. Participants in Schaub et al.'s study (2023) reported difficulties accessing specialist mental health provisions and clinics supporting gender diverse young people. It is of note that Schaub et al.'s (2023) study participants were aged between 16 and 24 years so were often seeking to access adult services, whereas carers in this study supported children up to their 18<sup>th</sup> birthday, so whilst they will exclusively be accessing children's services it is likely that similar experiences would be encountered. As has been discussed earlier, mandatory training on the subject of gender diversity may well be needed for all carers working with looked after children in residential care, and one component should be the mental health vulnerability of this population, over and above non-LBGTQ+ peers living in the care system, and how to respond to this.

## Conclusion

Existing research tells us that the number of children with gender diversity has significantly increased in recent years, and even more so in the looked after children's population. As a result, many children's residential homes are now supporting children often not only with a complex trauma history, but also with respect to gender diversity. For many carers, this is a relatively new presentation to support, both with confidence and sensitivity, and it is important that research invests in understanding the experiences of both gender diverse carers and children in the care system. This research helps us better understand the perspective of the carer, and should enable providers of residential care to consider what support and training residential workers need, in order to keep abreast of current developments and to be well placed to meet the holistic needs of the children living in their homes.

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## Ethical Approval Statement

Please note, to assess whether the project should be classified as research requiring NHS Research Ethics Committee (REC) review, the researchers used the HRA's decision tool. The tool indicated that a review from the ethics committee is not required for this project, and this result can be taken as an authoritative decision, in line with: The harmonised UK-wide edition of the Governance Arrangements for Research Ethics Committees (GAfREC) 2018, UK Policy Framework for Health and Social Care Research (2017) and The National Research Ethics Service (NRES) Defining Research table and the algorithm Does my project require review by a Research Ethics Committee?

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