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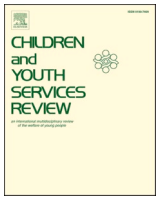

Social work with LGBTQIA+ youth from the perspective of child protection professionals in France and Italy☆

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ABSTRACT

This article examines the issues and challenges facing child protection professionals in France and Italy as they work to meet the needs and rights of LGBTQIA+ youth in care. The data analysed were collected during the exploratory phase of an ongoing research project. The research methodology involved administering an online questionnaire over a seven – month period (from July 2022 to January 2023) in France and Italy. This source of data was supplemented by focus group discussions in both countries, to provide an in-depth understanding and to extend the scope for interpreting primary quantitative and qualitative data in a structured and focused collective discussion (Sim & Jackie, 2019; Robinson, 1999). The thematic analysis highlights the challenges faced by professionals in their ordinary work with LGBTQIA+ youth in care. The expression of youth gender identity, particularly transgender identities, has emerged as a reality that generates significant concern among professionals. Youth gender expression may pose challenges in the context of group childcare, but also in the interaction between young people and their immediate environment, particularly their families.

1. Introduction

This article proposes to analyse the issues and challenges facing child protection professionals, including their perceptions of their own practices – both enacted and constrained – in meeting the needs and rights of LGBTQIA+[1] youth in care. More broadly, the aim of the research is to find out how the professionals view their own interventions in terms of intersectoral and interdisciplinary dimensions inside and outside their services.

1.1. General context

According to the 2025 Ipsos global survey (Ipsos, 2025), generational differences in LGBTQIA+ self-identification remain pronounced across 26 countries. The share of adults identifying as LGBTQIA+ is highest among Generation Z (14%) (1965–1980), followed by Millennials (Y) (9%) (1980–2000), Generation X (6%) (1965–1980), and Baby Boomers (5%) (1946–1964). These figures confirm a continued generational shift toward greater diversity in sexual orientation and gender identity, even though they vary across national contexts, France and Italy both report around 8–9% of adults identifying as LGBTQIA+ (Ipsos, 2025). This rise of diversity in younger cohorts occurs alongside a wider European landscape where attitudes toward LGBTQIA+ rights show mixed trajectories: while majorities of the surveyed continue to support anti-discrimination protections, acceptance has decreased on several issues, including visibility initiatives and rights related to family life and transgender inclusion. These trends underline the tension between increasing generational diversity and the broader climate of SOGIESC[2]-

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[1] Throughout the article, LGBTQIA+ is used as an umbrella initialism used to describe a broad range of sexual orientations, gender identities, and sex-characteristic variations. Commonly, the letters stand for: L – Lesbian, G – Gay, B – Bisexual, T – Transgender, Q – Queer or Questioning, I – Intersex and A – Asexual (sometimes also aromantic or agender). In some geographical or cultural contexts, other terms may be used in names or titles (e.g. the French LGBTI+ Observatory), but we have chosen to use LGBTQIA+ wherever possible.

[2] SOGIESC refers to Sexual Orientation, Gender Identity and Expression, and Sex Characteristics.

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based discrimination, which remains a concern across multiple European countries.

According to those surveyed by the European Union Agency for Fundamental Rights (2024), trans women report the highest levels of discrimination – 75% in Italy and 70% in France – highlighting that within the LGBTQIA+ spectrum, some groups remain especially vulnerable. Radical voices questioning or opposing the needs of young people transitioning have strengthened in the public arena, particularly from political and social movements. This paradox between increased visibility and rising hostility can be explained by the growing influence of transphobic discourse. According to the French LGBTI+ Observatory, these narratives rely on pseudo-scientific rhetoric, drawing on low-quality studies or unrealistic methodological standards to discredit gender transition pathways. By spreading the idea that children are being manipulated or endangered, these movements generate a moral panic aimed at restricting the rights of trans children and young people. This dynamic has tangible consequences: it fuels stigma, destabilizes families, and obstructs the work of educational and medical institutions (Alison et al., 2024). A similar situation can be observed in Italy, where both the growing gender plurality within the community and the increasing social visibility of LGBTQI+ individuals coexist with patterns of victimization that affect the community as a whole, albeit in differentiated ways depending on the subjectivity involved (Trappolin & Gusmeroli, 2023; Gusmeroli, 2023). However, public confidence in government efforts to combat prejudice and intolerance against LGBTIQ people is significantly higher in France (20%) than in Italy (4%) (European Union Agency for Fundamental Rights, 2024). In this context, negative trends in key indicators highlight the specific and urgent protection needs of young people. According to the European Union Agency for Fundamental Rights survey (2024), in Italy, a majority of LGBTIQ students (51%) reported hiding their identity at school, compared to a lower proportion in France (41%). Support within the school environment also appears stronger in France, where 37% of LGBTIQ students said that someone often or always supported, defended, or protected their rights, whereas this was reported by only 27% of students in Italy. At the same time, both countries show significant gaps in inclusive education: 67% of LGBTIQ respondents in Italy and an even higher 70% in France stated that their school education never addressed LGBTIQ issues.

Intersex youth—children and adolescents born with variations in sex characteristics that do not fit normative medical definitions of male or female—also face significant challenges in school contexts. Across the EU, 76% of intersex respondents to the recent "*Being Intersex in the EU*" survey by the European Union Agency for Fundamental Rights (2025) reported having been bullied at school, compared to 54% in 2019, illustrating a significant rise in school-based hostility. Importantly, the bullying does not come exclusively from peers: 34% of intersex respondents reported being bullied by teachers or other school staff. Half (50%) stated that no one has ever supported or defended them in these situations. Although the survey does not provide country-level statistics for France or Italy due to insufficient national subsamples, the findings nonetheless suggest that intersex youth in both countries are likely exposed to similar patterns of hostility and lack of institutional support.

1.2. The starting point for the research project

France has adopted robust policy guidelines, such as the *National Action Plan for Equality and Against anti-LGBT + Hate and Discrimination* (2023–2026) (Ministry for Gender Equality et al., 2023). It has also established an interministerial delegation responsible for coordinating the activities of the various ministries on these issues. However, these policy measures are aimed at the general population and do not target specific contexts such as child protection services, which lack specialised support for LGBTQIA+ children and young people. At the local level, a number of public authorities, child protection agencies, and social services have developed strategic instruments (such as charters and guidelines) for professionals.

At the request of the Ministry of Health, the French Health Authority (Haut Autorité de Santé, 2025) recently published the first recommendations on transition processes for transgender adults, and, as the body responsible for supervising the quality of practices in the social and medico-social field—including child protection—this work may lead to the development of specific guidelines for those services. However, as mentioned on the authority's website: "In the absence of sufficiently robust data and consensus, the French National Health Authority has decided to address the issue of under-18s separately. After defining the scope of the subject, it will begin drafting recommendations for children and youth under-18s at the beginning of 2026″.

As the above shows, there is a lack of academic research in France on the situations and trajectories of LGBTQIA+ young people who receive support from child protection services. Some studies have addressed the sexuality of children in care and relevant professional practices (Ferrero, 2011), without specifically targeting any group within this population. Moreover, the sexuality of youth in care is sometimes framed as a risk factor or behavioural issue (Observatoire national de la protection de l'enfance (ONPE), 2021; Collet & Baudry, 2022).

Following these observations, we turned our attention to Italy, where new scientific publications are emerging in the field of socio-educational work (Bochicchio et al., 2019; Baiocco et al., 2022; Sità et al., 2024) and complement studies from other disciplines that portray the Italian context as generally unsupportive of sexual and gender minority individuals while also proposing developmental pathways for improving practice (Lingiardi et al., 2016; Petrocchi et al., 2020; Scandurra et al., 2021.

In 2022, the "*National LGBT + Strategy for the Prevention and Fight Against Discrimination Based on Sexual Orientation and Gender Identity*" (2022–2025) (Dipartimento Pari Opportunità, UNAR, 2022) was adopted in Italy. This strategy includes measures aimed at strengthening the protection of LGBTQIA+ individuals' rights, promoting equality of treatment, and ensuring non-discrimination, with the goal of achieving full inclusion for all individuals.

The French and Italian strategies align with the "*European Strategy for LGBTIQ Equality*" 2020–2025. In Italy, the Office for the Promotion of Equal Treatment and the Elimination of Discrimination Based on Race or Ethnic Origin, in collaboration with institutions, civil society, and relevant public and private stakeholders, will implement actions within its mandate to promote full equality, equal treatment, and non-discrimination for LGBTQIA+ individuals. Children and young people under 18 are specifically addressed in the areas of safety, health, culture, communication, and media. However, to date, there is no data available regarding the progress of this strategy. As far as France is concerned, the implementation of the Plan takes place through specific calls for proposals encouraging the initiatives from civil society organisations, as well as from schools, universities, and cultural institutions.

1.3. Contextualizing the research on LGBTQIA+ children and youth in the French and Italian child welfare systems

Although there are no data regarding the situation of LGBTQIA+ children and youth in the French and Italian child welfare systems, evidence from the United States and Canada shows that LGBTQIA+ young people represent a significantly higher proportion than their representation in the general population (Fish et al., 2019). LGBTQIA+ youth are an overrepresented population in child welfare systems, primarily due to the systemic discrimination and family rejection they face based on their sexual orientation or gender identity (Baams et al,. 2019). This overrepresentation is often accompanied by experiences of marginalization and violence, intensifying the challenges they face in foster care, group homes, or residential settings (Baams et al., 2019; González Álvarez et al., 2023).

The literature shows that, for many reasons, LGBTQIA+ children and young people are more likely to have negative experiences in the child

protection system due to their SOGIESC (Mallon et al., 2002; Shpiegel & Simmel, 2016; Mitchell et al., 2015). The discrimination experienced by these youth is frequently linked to deeply ingrained heteronormative and cisnormative systems within child welfare institutions that privilege cisgender and heterosexual identities over other sexual orientations and gender identities (Mallon, 2019). As a result, LGBTQIA+ youth experience higher rates of depression, anxiety, and homelessness upon exiting the system compared to their cisgender and heterosexual peers (Fish et al., 2019; López López et al., 2024). A systematic literature review finds that LGBTQIA+ adolescents supported by child protection services are likely to experience negative treatment by at least one person, including professionals themselves (Harrison et al., 2016), and are more likely to experience invisibility, multiple placements, placement disruptions, feelings of rejection, verbal harassment and physical violence (Mallon, 2019). When young people's experience of the child protection system is marked by rejection and misunderstanding, or even discrimination, their collaboration with services and professionals may be affected. As a result, young people's lack of trust in the services or system can affect their relationship with professionals (Osinski & Rurka, 2025). In some ways, this may explain the multiple foster placements of LGBTIQA + children and youth, which is an indicator of unsuccessful care and treatment by child protection agencies.

The relationships they experience with child welfare professionals play a crucial role in the resilience of these youth. Positive interactions, characterized by availability, trust, and authenticity on the part of professionals, allow youth to feel accepted and supported (López López et al., 2024). However, a lack of specific training on the needs of LGBTQIA+ youth and sometimes discriminatory attitudes among social workers limit the effectiveness of this support (González Álvarez et al., 2023). On the other hand, theoretically informed knowledge is a requirement for the development of competent social work practices with LGBTQIA+ persons (Nothdurfter & Nagy, 2016). The young people involved in research conducted by Mountz and colleagues (Mountz et al., 2020) emphasise the need for training and support in LGBTQIA+ skills for social workers, foster parents, and other adults in contact with young people in child protection services. Better professional training and a more inclusive institutional framework is indispensable to foster the well-being of these youth.

This raises the question of why LGBTQIA+ young people in child protection should command particular attention from researchers, professionals, and policymakers compared to other young people in care, and what effects such focused attention – or even, to some extent, overexposure – might have. The history of pioneering equality movements in the 80s, along with feminist studies and epistemologies, teach us that without making their claims visible in public discourse, policy, and research, minorities' rights are likely to remain invisible.

The LGBTQIA+ youth in care are publicly invisibilised. The absence of data about them produces a grey zone in which LGBTQIA+ youth simply do not appear in the datasets that inform public policy. In the public debate about child protection, LGBTQIA+ identities are often unrecognised, unspoken, or treated as exceptional. As a result, these young people remain hidden within broader categories and their specific needs go unnoticed. This limited framing means that LGBTQIA+ youth in care remain largely outside the public imagination, advocacy efforts and policy reforms. Since citizen participation represents one way to address oppression (Ramsundarsingh & Shier, 2017), we may ask how child protection services can help LGBTQIA+ young people make their collective voice heard in the child protection system and beyond. To build an anti-oppressive society and services, based on diversity, social inclusion and social justice, individuals and organisations need to be sufficiently well-equipped, access resources, and create changes at the individual and community levels (Sakamoto & Pitner, 2005). In this context, researchers highlight how social work practice remains insufficiently prepared to effectively and accurately address the specific needs of LGBTQIA+ youth and children concerning sexuality and gender identity (Nothdurfter & Nagy, 2016).

1.4. Research questions

This article presents the results of the exploratory phase of an ongoing research project, "LGBTQIA+ – prise en compte des jeunes LGBTQIA+ et protection de l'enfance". Given the exploratory nature of this phase, our intention was not to compare the two national contexts, but rather to gather data that would allow us to construct a set of questions for later phases of the research. This explains why data are sometimes unavailable for both countries or cannot be directly compared.

We consider that understanding the situation of the LGBTQIA+ young people in the child protection system requires involving the voices and perspectives of the main stakeholders in academic research. Furthermore, research that excludes service users' voices may reinforce oppression (Beresford, 2019). For this reason, the exploratory findings collected from professionals (presented in this article) are in the process of being completed by a second phase, based on participatory research with LGBTQIA+ young people (aged 15 and older) and adults who are, or have been, supported by child protection services. One of the deliverables we aim to co-develop with young people and professionals in a third phase is a training module based on internationally recognised knowledge in the field of social work and on data collected in the two previous phases.

The main question guiding phase 1 and 2 of this research is as follows: How do childcare and child protection services support young LGBTQIA+ persons in their lives and care trajectories?

The specific research questions for phases 1 and 2 respectively are as follows:

1. In what respects do the needs and rights of these young people constitute a specific issue for professionals? How do professionals perceive these needs and rights? What resources do they draw on to build their practice with these young people?
2. How is this support perceived and experienced by these young people in terms of its influence on their lives?

1.5. Theoretical framework

One core assumption guiding this study is that the delivery and quality of support for LGBTQIA+ youth in care are largely determined by the institutional and political systems in which services operate. Most child protection services carry out public missions funded by public money, meaning they function within policy frameworks that can either constrain or enhance professional practices. Indeed, organisations and policymakers have the capacity to expand professionals' capabilities (Sen, 1995; Nussbaum, 2011) by providing access to resources, training, and supportive infrastructures. Conversely, when such institutional support is absent, professionals may fall back on personal attitudes and biases, leading to inconsistent or even harmful practices—for example, avoiding conversations about a youth's gender or sexual identity, which some young people experience as a form of institutional neglect or violence. This articulation between context and practice underlines why a focused theoretical attention to professional routines and institutional environments is necessary to assess LGBTQIA+ youth experiences in care.

Professional practice is embedded in a nexus of scientific knowledge, technical know-how, and normative work routines. As Boutanquoi (2014) notes, professionals are socialised through formal training, and ongoing peer interactions, which instil specific norms and habits into their everyday work. Practice is also shaped by the institutionalised rules of the profession, and is subject to peer judgement and accountability (Minary & Boutanquoi, 2008). These forms of knowledge, experience, and regulation are then translated into work and organisational routines (Feldman et al., 2016).

In the child protection context, a single-minded focus on personal attitudes or "representations" is insufficient to explain practitioners'

behaviour. Boutanquoi's (2014) research shows that one must also account for the relational, organisational, and cultural dimensions of the work environment. Factors such as interpersonal relationships, team socio-emotional climate, collective beliefs, and internal power dynamics all intertwine to shape how professionals engage with youth. In other words, front-line practice is continuously influenced by professional socialisation processes and the surrounding institutional context.

All these factors coalesce into what we can describe as an organisational culture. Organisational culture encompasses the shared working norms, beliefs, and expectations within a service, which collectively prescribe how work is approached and conducted (Yeung et al., 2021). While specific practices may vary between organisations, core values (for example, commitments to welfare or equity) tend to remain consistent across the sector.

Van den Berg and Wilderom (2004) identified key dimensions of organisational culture - such as the degree of staff autonomy in decision-making, the service's orientation toward external stakeholders and environment, the level of coordination across departments, the diversity of professionals' roles on the team, and the emphasis on continuous improvement in practice. These cultural dimensions provide a useful lens for analysing how a given child protection service might respond to LGBTQIA+ issues: for instance, a culture with high openness and strong interdepartmental coordination may be more proactive and consistent in addressing a young person's sexual orientation or gender identity needs, whereas a culture lacking those qualities might leave such critical support to individual discretion.

We can draw here on Bourdieu's concept of *habitus* to understand how norms and structures become internalised. By applying the lens of habitus, we remain alert to how structural conditions (like heteronormative assumptions or gender norms in the care system) are reproduced in daily interactions. This helps explain why some practitioners, even well-intentioned, might default to pathologizing a transgender youth's needs, or why a young person might hesitate to disclose their identity due to past negative encounters. *Habitus* thus connects macro-level structures with micro-level practices, reinforcing the need to change institutional cultures if we are to change lived experiences of concerned persons.

Crucially, these institutional and professional dynamics do more than shape service delivery –they also directly affect the well-being and development of LGBTQIA+ youth in care. For example, when organisational culture encourages open discussion and respect for sexual and gender diversity, youths are more likely to affirm their social identity (Cohen-Scali & Guichard, 2008), thereby fostering genuine inclusion, which can bolster their resilience. In contrast, if prevailing norms dictate silence, discomfort, or prejudice around these topics, young people may face additional stigma and stress within the care setting. Lack of training or awareness can lead professionals to ignore or mishandle LGBTQIA+ issues, unintentionally causing damage to youth (Dugmore & Cocker, 2008) – a dynamic some participants describe as institutional or symbolic violence. These outcomes underscore that professional culture, and routines are not abstract considerations; they fundamentally shape whether LGBTQIA+ youths' experiences in care are characterized by discrimination and risk or by affirmation and support. A service can be considered effective not just when it protects youth from immediate harm, but when it actively enlarges their capability (Sen, 1995) to live within their social, political, and economic environment – for instance, by enabling them to express their gender identity safely and without fear. Expanding professionals' own capabilities through training and policy support is part of this equation, since well-equipped, sensitive professionals create the conditions for young people's capabilities and resilience to flourish. However, we adopt a critical perspective on resilience (informed by Bourdieu's sociology of practice). In this approach, *resilience* is understood not as a personal trait, but as a relational and systemic outcome. In the context of LGBTQIA+ youth in care, resilience involves the presence of affirming relationships, supportive institutional practices, and broader social acceptance – not just the young person's own coping skills. By situating resilience within the interplay of personal agency and institutional support, our analytical lens helps identify how certain professional norms or routines may inadvertently perpetuate risk, or conversely, how they can foster empowerment and capability for the young people in their care.

2. Research design

This exploratory phase of the research was designed to investigate to what extent the support of LGBTQIA+ children and young people in social work is perceived as a question and a relevant issue for professionals.

To initiate the process, we developed an online questionnaire to explore and assess whether the research question resonated with professionals' realities and reflected the questions and challenges they face in both countries. Once the questionnaire data confirmed the relevance of the inquiry, we designed a focus group question guide to further expand on the initial themes. We thus adopted a mixed-methods approach, combining both quantitative and qualitative data collection and analysis, with the aim of capturing the perceptions, experiences, and practices of professionals working in child protection services in France and Italy. As Bryman and Becker (2012) emphasize, when two distinct methods serve complementary roles within a research design, they enable a more comprehensive and in-depth understanding of the subject under investigation.

2.1. Questionnaire

The online questionnaire (developed using the LimeSurvey platform) was administered over a seven-month period, from July 2022 to January 2023. It included a combination of closed and open-ended questions, designed both to capture the profiles of the respondents and their in-depth narrative accounts related to their professional experiences and challenges concerning LGBTQIA+ youth in child protection contexts.

The survey targeted participants combining two criteria: (1) being a professional working within child protection services, and (2) having direct experience supporting LGBTQIA+ young people in this context.

The questionnaire explored professionals' experiences and perspectives on the following key areas:

- Accounts of direct professional experiences with LGBTQIA+ young people
- Types of questions posed by LGBTQIA+ youth to the professionals
- Resources mobilised by professionals to respond to those questions
- Questions that remained unanswered or unresolved
- Impacts of these interactions on professionals' understanding of the rights and needs of LGBTQIA+ youth
- Macro-level challenges affecting professional practice (legal, ethical, institutional, political, societal)

Survey dissemination strategies differed slightly by country:

- In France, the questionnaire was widely shared through professional networks and institutions collaborating with the research team. The National Observatory for Child Protection and other professional organisations supported the process by featuring the questionnaire in their newsletters and communications.
- In Italy, distribution was mainly conducted through the national P.I.P.P.I. Programme (Milani, 2022; Ius, 2021), using a dedicated mailing list and a professional community page that engages with over 7,000 child protection professionals and followers.

The data was stored on the Paris Nanterre University server. The answers collected were anonymous, with no IP addresses recorded. Given the exploratory nature of this phase of the research, the Data Protection Officer from Paris Nanterre University assessed that the

content of the questionnaire does not encourage the collection of sensitive data and that the response parameters do not imply the sharing of personal data. Since the anonymisation and the wide distribution of the survey, it is impossible for the researchers to identify the services or professionals who responded to the questionnaire.

The data collected via the questionnaire served to develop the questions for the subsequent focus group discussions, contributing to a more comprehensive and nuanced understanding of the topic.

2.2. Focus groups

The quantitative and qualitative data obtained through the questionnaire were discussed in focus groups organised in two countries with services located in urban, semi-urban, and rural territories. The focus group method was chosen to provide an in-depth understanding of the data obtained through the questionnaire and to extend the scope for interpreting quantitative data in a structured and focused discussion in a small group of people (Sim & Jackie, 2019; Robinson, 1999). Focus group participants were free to respond or not to the questionnaire. This was not a condition for taking part in the focus group.

In France, three focus groups were organized with a total of 35 child protection professionals (between 10—12 professionals per focus group). The focus groups were organised distinctively for front-line professionals (social workers, psychologists, nurses), middle management staff, and directors.

In Italy, five focus groups were set up, bringing together a total of 22 professionals (between 4–6 persons per focus group) offering counselling, home-based services, community services, and those related to child risk prevention.

In France, the focus groups were made up of professionals who knew one other because they worked in the same institutions, but not necessarily in the same service. In Italy, the focus groups included professionals involved in the national programme P.I.P.P.I. Some professionals worked in different areas and services, and others worked in the same service. They shared the rationale, methodology, and tools of the P.I.P.P.I. programme to work with children and families living in a vulnerable situation.

The duration of a focus group session varied from one to three hours depending on the number of participants, with discussion following a semi-structured topic guide. As Morgan and Bottorff (2010) point out, there is “no single right way to conduct focus group research. Instead, researchers must understand both the possible ways to conduct the focus group that are relevant for their goals and how to choose a set of methods that can meet those goals” (2010, p. 581).

To contribute to the best conditions for expression, people with direct hierarchical authority and position were not in the same focus group as their subordinates, except for an Italian service manager who intentionally invited a professional from the team she coordinates to have an opportunity to share very openly thoughts on the investigation topic. The focus groups were organized during the professionals' working hours and participants volunteered to take part, according to their institution's management.

2.3. Data analysis and limitations of the study

We collected 358 complete responses to the questionnaire (N = 662 in total). Only fully completed responses were analysed. Among these, 86 (24%) were submitted by Italian professionals, and 272 (76%) by French professionals.

All responses met the first and second sampling criteria: working in the child protection sector and having reported direct experience with supporting LGBTQIA+ youth in this context.

The responses were analysed and discussed both as a whole and separately by country. However, we recognised that social and educational work is deeply contextual (Parton, 2000). Knowledge emerges from combining experiences and perspectives inside and across the contexts and not necessarily from a comparison between them. In analysing the data, we asked what the different experiences from Italy and France could contribute to our broader understanding of the research questions.

Based on 358 completed surveys, a cross-sorting analysis of the quantifiable items was conducted. The open-ended questions were analysed qualitatively to identify themes to be discussed with the focus groups. The coding was carried out using Atlas.ti software and revealed significant themes, including (in descending order):

- Mobilisation of external resources
- Knowledge of medical and administrative procedures
- Professionals' perceptions of guidance and identity issues
- Posture, practice, and professional experience
- Development and use of theoretical and legal knowledge
- Living in a community

The analysis of these themes is included in the results presented in this article.

The sampling method for focus groups was non-random and purposive. Services and professionals were selected based on their expressed interest in the research topic. While participation was coordinated with service directors, it was ultimately based on the voluntary engagement of the professionals involved. This recruitment method may have introduced selection bias, particularly by favouring participants already engaged with or supportive of the issues discussed, which could limit the diversity of perspectives represented. The focus group discussions were recorded and transcribed. After that, the audio recordings were deleted. The personal data of participants were anonymized. To share data between the researchers, the focus groups carried out in Italy and France were translated into both languages. Bilingual members of the team ensured the accuracy of the translations. On this basis, the thematic transversal qualitative analysis was carried out without distinction by country. As the aim of this exploratory phase was not to compare the two countries, each focus group discussion was considered as “construction in this particular group context” (Smithson, 2000). The term ‘context’ in this case refers not only to the national setting but also to the organisational environment specific to the service and professionals concerned.

The focus group discussions were coded and analysed thematically with the help of Atlas.ti software. The coding allowed us to structure the analysis presented below. The analysis obtained at this stage is mainly used to guide phase 2 of the research and does not allow any definitive conclusions to be drawn.

The findings are context-specific and must be interpreted with caution when generalising to broader child protection systems. Differences in organisational frameworks, cultural attitudes toward gender and sexuality, and resource availability across countries and regions reduce the potential for generalisation. Moreover, given the exploratory nature of the research, these exploratory data provide insight into emerging themes rather than conclusive patterns. The latter stages of the research, specifically those planned with youth, will complete the data presented here.

3. Professional experiences with LGBTQIA+ children and youth: Synthesis of the results

3.1. Interactions with youth questioning or transitioning their gender identity

Survey data, collected in France and Italy, indicate that interactions around sexual orientation and gender identity are common in professional practice. Of the 358 respondents, 236 (66%) indicated that young people had asked them specific questions about their sexual orientation, and 186 (52%) stated that they had been confronted with questions related to youth gender identity.

Regarding perceptions of professional responsibility, a large majority of survey respondents in France and in Italy (n = 265; 74%) considered support for LGBTQIA+ young people in child protection to be a societal concern. Nearly half viewed it as an ethical issue (n = 177; 49%) or an institutional concern (n = 161; 45%), while fewer respondents framed it as a legal (n = 137; 37%) or political (n = 122; 34%) matter.

More than half (55%) of respondents indicated that their direct professional experience with LGBTQIA+ youth had changed their perception of these young people's rights and needs. This shift was illustrated by a French participant who reflected on the influence of institutional norms: *"The judicial sector is strongly culturally conditioned (and I feel influenced myself) by a binary approach to gender and roles. This doesn't help us understand the real needs expressed by youth."*.

Focus group data from both France and Italy provided deeper insight into the nature of these challenges. Participants in both countries repeatedly reported difficulties when supporting youth questioning or transitioning their gender identity, particularly in relation to access to services and institutional uncertainty.

In France, several professionals described working with young people seeking support for transition-related services but lacking the financial resources required for medical treatment. One French participant recounted the case of a 13-year-old requesting a change of name and gender, which generated discomfort within the care team. Staff were unsure how to respond, and noted a lack of collective discussion within the team.

These experiences reflect what Adams (2009) describes as both ontological and procedural uncertainty : ontological, as it relates to the profession's core values and unresolved emotions; procedural, as it challenges existing service delivery norms and calls for new approaches. As author (Adams, 2009) notes, practitioners often respond to uncertainty by "playing safe" through risk management or strict adherence to procedures (p. 17).

In both France and Italy, professionals also reported challenges related to service coordination when supporting adolescents questioning or beginning a gender transition.

However, national differences emerged. Unlike Italian professionals, French participants did not mention the existence of structured safe spaces or partnerships with LGBTQIA+ advocacy organisations, instead emphasising the absence of coordinated external support networks. In France, inclusion efforts were described as largely informal or reactive rather than systematic.

This distinction is critical, as access to safe spaces has been associated with better well-being, stronger feelings of belonging, and more positive self-perception among LGBTQIA+ youth, even in hostile environments. Creating safe environments plays a key role in mitigating the negative impacts of the political and cultural climate and in strengthening the mental health and resilience of young people (Calvillo et al., 2025 Jan 3).

Professional intervention was described by participants in focus groups as particularly complex when the child remains within the family or origin or foster families. In these cases, the family rejection frequently influences the degree of professional involvement (Ryan et al., 2010). When parents or caregivers reject or invalidate a young person's sexual orientation or gender identity, professionals often intervene more intensively to ensure the young person's safety, psychological well-being and access to resources. Family rejection can lead to increased vulnerability – such as emotional distress, homelessness, or placement instability – which in turn encourages social workers to adopt a more proactive approach. Conversely, when families are accepting or ambivalent, support can be built collaboratively, with less intrusive intervention (DeChants et al., 2022).

Professionals in both France and Italy reported continuing to support young people even in cases of parental disagreement, noting that the protective mandate of child protection services or juvenile judges can enable action independent of parental consent.

An Italian professional explained it in this way: *"We worked with a girl who was evasive, fleeing the house, the family environment, to go to big cities like Milan, Florence or Bologna to feel accepted. In her case, we worked mainly with the family, organizing meetings with family members, psychologists, and educators to initiate the self-acceptance process, as well as acceptance by the family and territorial context. In our area, the subject of homosexuality is still very, very difficult to accept, very complicated to get across. Some families prefer a dead child to a gay child. However, as a child protection service, the thing that gives us a lot of hope is that recently, with my colleague, we accepted into the training programme for foster families a homosexual couple, two men who decided to embark on this journey, so that's a great sign for us."*.

Several focus group participants highlighted the compounded vulnerabilities faced by young people living in rural or semi-urban areas. Professionals in both countries described these contexts as less favourable in terms of resources and social acceptance. An Italian professional working in rural areas mentioned, "*We've never had any* LGBTQIA+ *person in care, partly because our communities are very small, and young people in this situation prefer to leave our villages.*".

Participants also noted that greater visibility in small communities can intensify stigma around gender expression. However, isolated examples illustrated how cultural initiatives can shift local norms. A French participant described how the opening of a drag cabaret in a semi-urban area contributed to greater cultural openness, highlighting the educational role of LGBTQIA+ -friendly spaces.

Across focus groups, participants consistently acknowledged that LGBTQIA+ youth face silencing and marginalisation, particularly when expressing desires that challenge heteronormative expectations. Sexuality remains a subject difficult to speak about in many care settings, and professionals may avoid addressing it even when young people initiate discussion.

Numerous participants in both countries reported experiences of youth facing violence or exclusion. An Italian social worker reported the case of a gay Roma boy and a second-generation migrant youth, both rejected by their families and subsequently placed into care. *"In the situations I've worked with, even recently, I've come across two experiences: that of a gay boy, a Roma, with all that this implied in terms of discrimination and so on, and, of a young teenager who was beginning a journey of gender affirmation. Both situations ended in placement due to rejection by family and community. This also involved a lot of teamwork, contacts with specialised services, and understanding what needed to be done. What's more, the judges didn't see everything in their assessment"*.

Such cases of physical abuse by family members, community mockery, and placement following family rejection, often required intensive coordination with specialised services, although participants noted that judicial assessments did not always fully capture these complexities.

3.2. Access to information and training

There was broad agreement between French and Italian participants that staff often lack training and preparation to support LGBTQIA+ youth. National differences nonetheless emerged in how professionals responded to this gap. In Italy, several participants reported actively seeking additional training—particularly in anti-discrimination or diversity—often motivated by personal discomfort or uncertainty when working with LGBTQIA+ youth. In France, by contrast, participants more frequently described uncertainty leading to silence or avoidance, especially regarding non-normative gender expressions or gender identity, resulting in divergent practices across staff members within the same service.

Several professionals in France and Italy admitted feeling unprepared, expressing difficulties in using appropriate language or identifying relevant resources (e.g., for medical transition support). Several participants emphasized that support for LGBTQIA+ youth still heavily depends on the personal sensitivity or training of the individual professional rather than on the organisational capacity or the presence of

formal policies.

These qualitative findings are reinforced by survey data. A large majority of respondents in both countries agreed that scientific research on supporting LGBTQIA+ youth in child protection could help address their professional concerns (France: 77%; Italy: 69%). Only a very small proportion of respondents considered such research to be of little relevance to their practice (Italy: 3%; France: 8%).

In both countries, focus group participants also expressed a strong desire for clearer information about the legal framework governing gender transition and civil status changes for minors, particularly in relation to parental consent. This uncertainty was described as a source of professional hesitation and inconsistent decision-making.

Professionals reported relying on a wide range of informal and formal sources to compensate for the lack of institutional guidance, including practice analysis groups, partnerships with LGBTQIA+ associations, ombud institutions, ministerial recommendations, school-based anti-homophobia and anti-transphobia guides, as well as books, videos, and personal testimonies. However, access to such resources was described as uneven across regions.

Participants in both countries also articulated a clear need for specific training on intersectionality, including how to analyse their own biases, recognise institutionalised homo-, bi-, and transphobia, and better understand LGBTQIA+ experiences. Notably, the concept of intersectionality was introduced spontaneously by participants, indicating an emerging but unevenly supported analytical framework within professional practice.

Finally, professionals highlighted significant territorial disparities in access to non-digital and specialised services. In some regions, professionals reported difficulty identifying hospitals, specialists, or services dedicated to the medical or social support of LGBTQIA+ persons, particularly for young people with limited financial or technical resources.

Overall, these findings reveal persistent gaps in training and institutional support in both France and Italy. Support for LGBTQIA+ youth remains largely dependent on individual professional sensitivity rather than organisational policy. While most respondents viewed scientific research as essential for addressing these gaps, LGBTQIA+ youth in child protection continue to be largely invisibilised in national public policies. This invisibilisation contributes to the absence of mandatory, specialised training and is further reinforced by professionals' discomfort or lack of knowledge, which discourages disclosure by young people and perpetuates silence.

These findings echo those of Dugmore and Cocker (2008), who highlight that short-term awareness training, while helpful in raising initial consciousness, often lacks the institutional embedding required for sustainable change. Their work underscores the importance of managerial involvement, and organisational continuity in creating supportive environments for LGBTQIA+ individuals in social care settings.

3.3. From professional's personal beliefs to the organisational policy

Focus group data from both countries underscored the extent to which individual beliefs, values, and political positions shape professional practice in the absence of clear organisational frameworks. Italian professionals emphasised the importance of collaboration between child protection services and schools, noting that SOGIESC-based harassment in school settings has become increasingly visible. Participants in both France and Italy stressed that prevention requires sustained intersectoral collaboration between schools, child protection services, health services, and other local actors (Marion & Touati, 2022).

Professionals in both countries perceived a distinction between how schools address sexual orientation and gender identity. While homosexuality was generally described as more widely accepted, gender transition was consistently identified as an area requiring greater institutional support and clearer guidance.

In both countries, several participants described isolated practices aimed at supporting youth, such as coordinating inter-agency support for name changes or creating confidential spaces for exploring gender identity. However, these initiatives were presented as exceptional rather than systematic, relying heavily on individual staff motivation. French professionals in particular described significant variation between units in how reports, internal notes, and policies were handled, reflecting a lack of shared protocols or institutional coordination. In residential care settings, French participants reported that sexuality and gender identity are often framed primarily as risk factors rather than as components of identity. Sexuality was frequently managed through control and surveillance, a dynamic that further marginalises LGBTQIA+ expressions. However, insufficient coordination between sectors, agencies, and services remains a challenge in both countries.

Professionals across focus groups in both countries acknowledged that personal opinions, political views, and beliefs about gender and sexual diversity can complicate interactions with youth. Some staff expressed concern that engaging openly with these topics might blur professional boundaries. Participants noted that when young people encounter prejudice or discomfort from professionals, this can intensify feelings of isolation and invisibility.

This dynamic recalls Judith Butler's (Butler and Worms, 2021) concept of "*unliveable lives*"—a condition in which individuals lack the structural, emotional, and social support to be recognized and protected. When services ignore or mishandle gender and sexual diversity, they risk contributing to the production of such unliveable conditions.

Several participants in both countries explicitly linked professional discomfort to institutional silence. Professionals who feel uncomfortable discussing SOGIESC may ignore or overlook questions raised by young people, which youth can experience as a form of institutional violence. This risk is exacerbated by structural shortcomings, as insufficient training and limited institutional reflection leave professionals ill-equipped to respond appropriately. As one focus group participant in France stated:

"*Lack of training, limited existing knowledge, and insufficient institutional reflection make the situation worse, because it leaves room for personal feelings. Professionals, whether well-intentioned or not, can cause damage*".

Finally, the qualitative analysis highlights persistent tensions between individualisation and collectivisation of care, as well as between recognising young people's singular experiences and addressing diversity at an organisational level. These tensions were also reflected within professional teams, where attitudes and practices varied according to individual backgrounds, reinforcing uneven responses to LGBTQIA+ youth across services.

The systemic literature review by Ramsundarsingh and Shier (2017) shows how even service-oriented institutions perpetuate oppression through their organisational cultures and unreflective practices. To change that, there is a need to move from the individual level and look at all discussed issues as a part of service's internal policy and interdisciplinary coordination. The teams we met are already well-equipped because they include professionals from a variety of fields (educators, nurses, psychologists, etc.). This constitutes an important asset allowing them to build an organisational consensus and policy framework.

4. Conclusion

This section synthesises the main findings and interprets them in light of the theoretical framework. The results point to a complex interplay between individual professional beliefs, organisational cultures and broader institutional contexts that shape the everyday experiences of LGBTQIA+ young people in child protection.

As outlined in the theoretical framework, professional behaviour cannot be understood solely through individual attitudes; rather, it is formed at the intersection of personal dispositions, team dynamics and institutional expectations. The data illustrate this clearly: when organisational culture encourages openness, cooperation and reflexivity,

professionals feel more confident addressing issues related to SOGIESC. Conversely, in environments characterised by silence, avoidance or contradictory norms, they are more likely to "play safe" (Adams, 2009), avoiding sensitive topics to reduce perceived risk.

The findings also demonstrate how the invisibilisation of LGBTQIA+ youth within national public policy contributes to institutional uncertainty. Because neither France nor Italy systematically recognises LGBTQIA+ youth within child protection frameworks, professionals are left without clear guidelines, training requirements or specialised resources. The unequal distribution of resources across territories – particularly between metropolitan and rural areas – further compounds these challenges. Professionals in rural or semi-urban settings reported limited access to specialists, LGBTQIA+ associations and community resources. Young people living in these areas are more exposed to stigma due to greater visibility and fewer opportunities for anonymity. Conversely, the presence of LGBTQIA+ -friendly cultural spaces or supportive networks in larger towns was described as a protective factor that fosters belonging and self-acceptance.

Our findings show that resilience emerges from environmental conditions and social support. Young people's capacity to overcome adversity hinges on external resources like family acceptance, inclusive school environments, community safety and broader socio-cultural contexts (e.g., employment opportunities) (González et al., 2022; González Álvarez et al., 2023; Grace, 2015; Ungar and Theron, 2020). When support systems are lacking, vulnerability rooted in social disadvantage is intensified. This perspective aligns with the capability approach (Sen, 1995), which emphasises that meaningful well-being depends on the freedoms and opportunities available to youth in their socio-economic environment.

In fact, while vulnerability arises from structural factors tied to social disadvantage and inequality, approaches to resilience frequently prioritise individual capacity, reflecting neoliberal ideals prevalent in many systems, including in social welfare. This is in line with Butler's and Worms (Butler and Worms, 2021 critiques regarding the neoliberal valorisation of resilience which obscures the structural conditions that perpetuate suffering. This has implications for professionals expecting LGBTQIA+ youth to "adapt" rather than advocating for structural transformation. Focusing on individual agency in a narrow way is more likely to risk perpetuating rather than alleviating existing inequalities, as it neglects the underlying structural causes (Hart et al., 2016). The multisystemic resilience approach (Ungar, 2021) and the capability approach (Sen, 1995; Nussbaum, 2011) offers a valuable platform to bridge this gap.

In this context, the concept of *habitus* by Bourdieu (Bourdieu, 1990, 1965) complements the capability approach by providing a lens to understand how structural conditions internalised and shape dispositions of people in care, as well as those of the professionals working with them. Professionals and youths alike carry into their interactions the implicit norms and blind spots of their institutions.

Furthermore, resilience must also account for the influence of micro and macro cultures, shaping shared practices and identities while providing social capital and fostering connections (Bourdieu, 1986; Theron & Liebenberg, 2015; Ungar, 2021). By addressing structural barriers, expanding individual capabilities, and recognising the embeddedness of social inequalities in habitus, resilience can evolve into a more inclusive and transformative concept.

4.1. Professional uncertainty and training gaps

Many child protection professionals in both France and Italy admitted feeling ill-prepared to support LGBTQIA+ youth, citing difficulties with appropriate language and a lack of knowledge of relevant resources. In the absence of formal training or clear institutional guidelines, staff often default to avoidance or inconsistent responses when faced with non-normative gender expressions or sexual orientations. French participants, for example, described how uncertainty in handling a youth's gender nonconformity frequently led to *silence* or ad-hoc reactions that varied between staff members. Such inconsistency directly shapes the lived experiences of LGBTQIA+ youth: a question or concern raised by a young person might be met with support by one professional but dismissed or ignored by another. These gaps leave youth without reliable support, effectively placing the burden on them to be resilient alone. This dynamic reflects what Butler (Butler et al., 2016) criticises as the above-mentioned neoliberal valorisation of resilience—expecting young people to "adapt" individually to adversity. Our evidence shows that without trained, confident professionals, resilience cannot be a fair expectation of the youth; instead, it must be built through systemic support.

Indeed, several Italian professionals noted that personal motivation and self-education (often driven by their own discomfort or uncertainty) were used to fill the training void. While commendable, such individual efforts are uneven. Participants across the board stressed that support for LGBTQIA+ youth still "heavily depend on the personal sensitivity or training of the individual professional rather than on the organisational capacity or formal policies". This finding illustrates that when institutional frameworks are absent, the quality-of-care hinges on personal luck – a precarious foundation that can leave many youths unsupported. Strengthening formal training, with *sense* and *sensibility* (Ius, 2025), and institutional guidelines is therefore paramount, so that no young person's well-being is left to the luck of encountering an exceptionally aware worker.

4.2. Regional inequalities and resource disparities

Our study also highlights stark regional inequalities—notably the divide between urban and rural or semi-urban areas—which concretely shape LGBTQIA+ youths' experiences. Professionals in both countries observed that rural and small-town environments tend to be less accepting and offer fewer resources for LGBTQIA+ youth. One Italian professional from a rural area remarked, "We've never had any LGBTQIA+ person in care, partly because our communities are very small, and young people in this situation prefer to leave our villages". This poignant comment suggests that queer youth often feel compelled to flee to larger cities in search of anonymity and acceptance—a testament to how place-based stigma can uproot lives. It also implies a dangerous invisibilisation: if youths leave or hide their identity, local services may underrecognize the need, perpetuating an institutional blind spot that "*there are no* LGBTQIA+ *youth here.*" Moreover, professionals reported that access to specialised support services varies greatly by region, with some areas lacking hospitals or specialists for LGBTQIA+ health and welfare. Such disparities mean that a young person's ability to get help depends largely on geography—an unfair lottery of location.

The participants also noted positive examples of environmental change. In one French semi-urban community, the opening of an LGBTQIA+ -friendly cultural space (a drag cabaret) noticeably increased local openness and acceptance, creating a more supportive climate for youth. This underlines that resilience is intertwined with context: where supportive networks and resources exist, young people can thrive and affirm their identities; where they are absent, youth are left isolated or forced to uproot themselves to survive. Addressing regional inequalities—by extending resources, safe spaces, and training into underserved areas—is therefore critical for enabling youth capabilities and well-being.

4.3. Personal beliefs, habitus, and organisational blind spots

The influence of professionals' personal beliefs and the prevailing organisational culture was another key theme linking our empirical evidence to our theoretical framework. Focus group discussions revealed that without explicit institutional policies, individual *habitus* – the ingrained dispositions and biases of professionals—often shapes

practice. Many participants acknowledged that personal values, discomfort, or political views about gender and sexuality can "*complicate interactions*" with LGBTQIA+ youth. Indeed, sexuality and gender identity frequently remained taboo subjects in care settings: professionals admitted they often avoid addressing these topics, even when youth themselves initiate the conversation. Such avoidance is not benign, youth may perceive it as a form of institutional rejection or "violence", as one participant put it. Our data showed multiple instances of this dynamic. For example, some residential facilities treated any expression of sexuality as a risk factor to be controlled rather than as a normal aspect of identity, enforcing strict surveillance that further marginalised LGBTQIA+ youth. Such practices reflect an institutional *habitus* that has historically conflated youth sexuality with deviance or risk, thereby reproducing blind spots around queer identities. Professionals noted that lapses in training and institutional guidance "*leave room for personal feelings*" to dominate practice, and even well-intentioned staff can cause harm in this vacuum. In other words, when services do not actively address SOGIESC issues, the default is often a continuation of heteronormative assumptions and discomfort. Encouragingly, some professionals in our study advocated for exactly that – calling for team discussions, collective reflections, and changes at the policy level so that support for LGBTQIA+ youth is not left to individual discretion. By recognising how their own habitus might mirror institutional blind spots, professionals can begin to transform their practices and their organisational culture to be more affirming.

4.4. Resilience as multisystemic construct

Rather than viewing resilience as a youth's innate quality, professionals are increasingly perceiving it as something they can cultivate through creating affirming spaces, providing resources and facilitation to their development, and advocating for youth rights. This perspective requires moving beyond an individualised notion of resilience to multisystemic one and assuming a capability approach – expanding what LGBTQIA+ young people can do in their lives and what the system can do for them and with them. Our focus group discussions and analysis support this: when services took proactive steps (like coordinating across sectors for a youth's name change or integrating intersectionality into training), they were broadening the capability set and contributing to a supportive organisational framework. The findings make clear that resilience is a collective endeavour, when professionals challenge their own habitus and normative blind spots, when organisations invest in training and inclusive protocols, and when communities—rural and urban alike—cultivate environments where LGBTQIA+ youth are seen, heard, and supported.

5. Implications for practice and policy

This first research phase highlights the significant gap between what exists within organisations and some territories in terms of available resources dedicated to supporting child protection professionals and the standards regarding the SOGIESC-based practices. The critical need for training and the absence of content related to the rights and needs of LGBTQIA+ youth emerged as a priority for the participants of this research.

Another question arises about the use of categories such as LGBTQIA+ and SOGIESC. These broad categories imply that the individuals' contexts, experiences, questions and even support relating to sexual orientation and gender identity follow similar patterns. In France in particular, the introduction of 'marriage for all' in 2013 has undoubtedly trivialised same-sex relationships and therefore reduced the perceived exceptionalism of homosexuality.

In the current context, it seems relevant to question whether long-standing acronyms and categorical labels still adequately capture the realities they aim to describe. Many of these categories were developed decades ago – often by adults – and may not resonate with young people today. Concepts such as fluidity, spectrums and non-binarity highlight not only the shifting landscape of gender and sexuality but also the evolving experiences of youth and the professionals who support them. This makes it more important to examine the conditions required to create genuinely safe spaces, where every form of expression, experience and inquiry related to gender, emotional life and sexuality can be recognised, heard and supported. Safe spaces are environments where adolescents and young people feel secure, accepted, and able to express themselves freely without fear of judgment or harm. Safe spaces go beyond the physical environment to include supportive relationships, accessible resources, and inclusive policies.

The question arises: How can we move from an individual experience or point of view to a collective team reflection? How does this reflection translate into, transform or generate an organisational or institutional policy?

This progression in skills and levels should lead to the development of an organisational LGBTQIA+ strategy or policy that addresses SOGIESC-based discrimination and specific problems experienced by young people in care or in schools. Based on this, specific professional guidance will help professionals align sexual and gender diversity with their professional postures, in terms of values and objectives.

Secondly, there is a need to develop and implement national guidelines and protocols for supporting LGBTQIA+ youth in care settings. These should be based on intersectional and rights-based frameworks, aligning with international standards.

To prepare professionals to rise to this challenge, the social work schools and university should integrate comprehensive LGBTQIA+ inclusivity training into the core curricula of social work and education programmes. Training should include modules on gender diversity, trauma-informed care, and anti-oppressive practice.

In a polarised society, social workers have a crucial role to play in human rights advocacy. To do so, the service providers may establish formal partnerships between child protection services and LGBTQIA+ advocacy organisations to provide safe spaces, referral pathways, and specialised support.

At the macro level, there is a need to create monitoring and accountability mechanisms to ensure inclusive practices are consistently applied across regions, with particular attention to underserved rural and conservative areas.

It seems obvious that providing child protection professionals with the tools to understand LGBTQIA+ young people and to support them in the construction/affirmation of their gender and sexual identity, as part of case management, will help to increase the service capabilities at the *meso*-level. This could enable professionals to collectively design their own internal policies to guide their practices with young LGBTQIA+ people.

Once this has been accomplished, social work could take part in the general debate on the effectiveness of the human rights of the LGBTQIA+ vulnerable population. This involvement could influence the structures of oppression and public policies to counter them.

Declaration of competing interest

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Data availability

Data will be made available on request.

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