The experiences and identified needs of lesbian, gay, bisexual and trans (LGBT) young people in Salford and implications for tailored service provisions:

Consultation research with young people and service providers.

Fay, V., Lee, A., Zheng, M., & Donaldson, M. (2016).

Contents

Declaration of Interest: *The Proud Trust does not directly deliver services in Salford, but does deliver the Greater Manchester Trans Youth Group: 'Afternoon T.E.A.' (Trans Education and Action). It also coordinates the regional network of LGBT youth groups, of which Salford's LGBT youth group is a member. Membership is free and open to all groups who run LGBT youth groups in the North West.*

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Glossary of terms

Gender Identity – Your gender identity is how you see yourself in your head – do you feel like a **man**? Do you feel like a **woman**? Do you feel like something other than these two options? Some people describe their gender identity as **genderqueer** – somewhere in between man and woman on a continuum. Others prefer the term **genderneutral** – feeling like you identify as no gender at all.

Gender Expression – This is how you express your gender to the world through the way that you act, dress and interact. Descriptions of gender expression are based on traditional gender norms, ranging from **masculine** to **feminine** with **androgyny** somewhere in the middle. A person who dresses in clothes usually associated with the opposite gender may be described as a **transvestite** or cross-dresser.

Biological Sex – a decision on a person's sex is mostly made at birth, based on the new-born's physiological characteristics. A person may be assigned "**male**" at birth, or they may be assigned "**female**". For some people this decision is not straight forward, they have biological characteristics of male and female, they are **intersex**.

Sexual Orientation – This refers to who a person is attracted to. If a person is attracted to others who are the same gender as they are, they may describe themselves as **gay** or **lesbian** (homosexual). People attracted to the opposite gender may describe themselves as being **straight** (heterosexual). People who are attracted to men and women might describe themselves as being **bisexual** (bi meaning "two"), although **pansexual** (pan meaning "all") is becoming a more popular term, in recognition that gender is more complex than two options. A person who is not sexually attracted to anybody might describe this as being **asexual**.

Trans – "Trans" as a prefix to a word means "on the opposite side of" and is an umbrella term for any number of identities and behaviours that cross society's gender boundaries. A person may feel that the biological sex they were assigned at birth does not match their gender identity (e.g. a female who feels like they are a man or vice-versa). This person may describe this as being **transgender**. A **transsexual** person is somebody who is starting to, is in the middle of, or completed a process of transition to the gender that they feel they are. This usually takes place as part of a medical process.

A person who feels that their biological sex does match their gender identity is a **cisgendered** person (e.g. assigned female at birth and feel like they are a woman). "Cis" as a prefix means "on the same side as".

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Foreword by Emily Edwards, Senior Commissioning Manager, Salford City Council

This research was commissioned as part of Salford's 0-25 Emotional Health and Wellbeing work. When reviewing the evidence of need amongst Salford children and young people, it became apparent that we had very little information on the prevalence and emotional wellbeing of lesbian, gay, bisexual and trans (LGBT) people in Salford.

Our commissioned mental health services for children and young people have reported an increasing number of young people accessing services who identify as L, G, B and T in Salford in recent years. However, information about sexual orientation and gender identity is not asked for on the National census and is not routinely collected through service monitoring locally or recorded by government or the NHS, so there is a real need for better information to understand prevalence in Salford.

What we do know is that people who are LGBT are disproportionately affected by inequalities across the health system when compared with heterosexual people and young people from this population are even more vulnerable to risks, yet have less independent access to support (i.e. without involving parents/adults).

There is strong evidence that LBGT people are at higher risk experiencing mental health problems, expressing suicidal thoughts and behaviours and of engaging in other risky behaviours which in turn increases the risk of other health and social problems. For LGBT young people this means significantly higher likelihood of smoking and drinking alcohol, and high numbers of young people reporting self harming. There is also evidence of strong links between issues of bullying and abuse and pressures associated with fitting in, as well as not feeling able to talk about feelings and difficulties.

The aims of this commissioned research was to better understand the likely size of the LBGT population aged under 25 in Salford and their experiences and needs in terms of emotional health and wellbeing. We also wanted to engage young people and services through the research and involve them in influencing and shaping services. Finally, we asked to look at what works well here in Salford and elsewhere and how commissioning and delivery can better meet need.

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There are already positive developments to report as a result of the engagement of services and young people in this research, such as the leadership taken by Salford CAMHS 'Emerge' service and collaborative working amongst professionals to look at the specific needs of trans young people and local advocacy for a Greater Manchester Identity Clinic to improve referral pathways for trans young people in Salford.

We hope that this report will provide a platform for services and commissioners alike to give greater consideration to the needs and experiences of LBGT young people in Salford when designing, commissioning and delivering services. An action plan has been developed based on the recommendations of The Proud Trust and will be driven forward by The Children and Young People's Emotional Health and Wellbeing Partnership. We will continue to work together with young people and services to do this.

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Executive Summary

Objective

The Proud Trust was commissioned by Salford Council and Salford Clinical Commissioning Group to conduct this consultation research, with both service users and providers, of three key services working with children and young people in Salford: a voluntary organisation called 42nd Street, the local National Health Service's Child and Adolescent Mental Health Service - CAMHS (and their Emerge service for 16 and 17 year olds); and the Salford LGBT youth group. The aim of this consultation project was to generate data regarding LGBT young people needs and experiences of services and influence wider transformation programmes that Salford City Council and Salford CCG are undertaking, to improve local provisions for the emotional health of children and young people.

Methods

The Proud Trust conducted:

- A background review of the pertinent literature, plus a national and local context search;

- Data collection across 35 participants: 25 Young people – (one individually, seven at Inside Out Group focus group at 42nd St, eight at Salford LGBT Youth Group's focus group, one through a phone interview to complete a survey and eight young people through an online survey). The 10 professionals researched comprised two from 42nd St, four from CAMHS, one young carer's professional, and three Salford City Council employees - two from youth work and one researcher.

- A final analysis and synthesis using thematic analysis to produce recommendations.

Results

Based on thematic analysis of the interviews and focus groups, there were three main themes:

- Experiences and barriers faced by LGBT young people

- Navigating local systems and services

- Good experiences with local services and recommendations

Each of these contained sub-themes which are outlined in the results section under the following titles:

1.1 Geography of Salford, varying degrees of deprivation and diversity, and not enough relevant and accessible services;

1.2 Generational differences and recent trends/ changes;

1.3 Sexism and misogyny, harassment, abuse and bullying;

1.4 Mental health problems;

1.5 Harder to reach/ marginalised groups;

1.6 Specific barriers – Lesbians, Gay men, Bisexual people & Trans(gender) people;

2.1 Local services: timelessness, limitations and experiences;

2.2 GPs;

2.3 Services asking about sexuality;

2.4 Schools;

2.5 Transitioning between young people's services and adult services;

3.1 Good experiences with local services;

3.2 Acceptance from others;

3.3 Safe space with time to explore/ reflect on sexuality;

3.4 Not making assumptions – individualised care for specific subgroups;

3.5 Young (LGBT) people at the centre of the work services provide;

3.6 Accessibility of services;

3.7 Recommendations/ dream provisions).

Clinical implications and wider implications were generated based on the themes outlined above.

Conclusions

Mental health services were often viewed as 'clinical' and impersonal in both the setting and staff attitudes. Services in Salford should actively and systematically ensure all support services for young people feel less clinical. A bigger emphasis on outreach, (to where young people live or study), would help people access services in places they are more familiar with.

Many young LGBT people perceived that professionals either did not actively listen to them or expressed outdated or unhelpful attitudes regarding sexualities and gender identity. Young people reported that knowledge of trans identities amongst professionals was low across most settings they access, (e.g. schools, GPs, mental health services).

Participants wanted welcoming and young person-centred services, with timely access. They understand that some waiting time is inevitable, but wanted to have some support as early as possible.

Young people described needing enough time in a services in order to develop trust and a rapport, without feeling rushed to get better.

Services need to develop cultures of acceptance/ equality, (not 'tolerance'), and a celebration of 'difference' and diversity. As a starting point, leaflets and posters about LGBT identities in all children and youth spaces, would be helpful.

Visible advertising in mainstream settings would be welcomed (e.g. in schools and waiting rooms), to improve access. These should be available to all ages of children and young people and be displayed in public spaces, so that LGBT information is not regarded as something risky or only applying to adults.

Children experience gender from an early age and are shown heterosexuality through fairy tales from a young age, so there is no age at which gender and sexuality cannot be discussed. Discussions should be in clear and simple terms to reflect the age or stage of the child.

Education of the children and young people's workforce about LGBT issues was regarded as very important e.g. If teachers undertake this training, this would make schools safer places to study in, reducing isolation and reducing the need for costly specialist services.

In addition, there should be named LGBT ambassadors/champions in mental health services, colleges and in schools. They should oversee policy, practice (e.g. training and monitoring) and undertake targeted LGBT visibility projects. These do not need to be LGBT people themselves.

Strong evidence suggests that staff need to be knowledgeable about the specific needs of the diverse LGBT population across the localities that comprise the city of Salford, to tailor the service delivery to meet the specific needs of local young people. This would appeal to

'harder to reach' young LGBT people e.g. Jewish or Roma LGBT young people. Proactive recruitment of staff who identify as LGBT, including LGBT people who are black, Jewish, Roma and Asian, would help achieve this aim. Partnership work with BME/ Jewish and Faith groups may also help achieve this.

There was a desire for services to acknowledge, (and work positively to redress), difficulties in many of the young LGBT people's lives, including experiences of bullying, harassment, stigma and sexism, which was often inextricably intertwined with their mental health.

Participants wanted services that will tailor their interventions to the individual, acknowledging wider trends, and particular challenges faced by the sub-groups which comprise the umbrella term L-G-B-T. GPs' support and knowledge around trans identities and lesbian and bisexual women's needs was patchy, and needs to be addressed NSPCC report

Staff need to be regularly trained in current issues faced by these populations and to be reflective in challenging any stigmatising or stereotyping assumptions and language-use. Better trained and approachable GPs and school staff would be able to discuss sexuality and gender identities openly and without stigma and provide, (or signpost to), relevant support.

Young people reported needing spaces that felt safe, which included provision over time for the young person to develop trust for the service, as well as to explore and reflect on their identities. It was felt that one way of services ensuring such 'safety' was for staff to not make assumptions (e.g. not assume someone's pronoun, or that they will have an opposite-sex partner), and instead provide individualised care for specific subgroups in the LGBT umbrella.

Services would be advised to have staff trained in how to monitor sexuality and gender identities in confident and friendly ways. The routine recording of such data on generic databases/ systems could help inform the national picture as well as local, current needs.

There should be clearer support for young people moving from young people's to adult services.

There were examples of the young LGBT people in Salford enjoying good experiences with local services, with high satisfaction felt with 42nd Street, the Salford LGBT youth group

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and The Proud Trust. These organisations could be useful as models of good practice and to provide advice for other services.

Commissioners should consider further funding for targeted services, and consider a more joined-up up social and medical model e.g. GPs undertaking social prescribing to LGBT services.

One of the main reasons the above services were rated well was that they were felt to be young person-orientated in design and had caring, thoughtful staff who took time to listen and support LGBT young people.

Other services could benefit from looking at the examples of successful local and national case study organisations/ models (detailed further in this report).

LGBT young people should be central to consultations about future changes to services and be active as part of peer-to-peer/ young leadership models to assist with delivering services, such as through peer support.

Recommendations and Practitioner Points

1. **ATTITUDES:** Practitioners would benefit from sensitively considering the stigmatised context and discrimination associated with LGBT identities, by attuning their service delivery to actively redress homophobia, transphobia, heterosexism, bullying, harassment, sexism and multiple oppression (e.g. being young, Roma and trans). It should be recognised that this context of stigma, bullying and discrimination results in high levels of mental health problems prevalent in many LGBT young people. Services need to tailor their interventions to the individual, whilst acknowledging wider trends and particular challenges faced by the sub-groups which comprise the umbrella term L,G,B,T. Staff need to actively listen to young LGBT people and consider the person's own frames of reference and conceptualisation of their difficulties and circumstances.

2. **YOUTH GROUPS/ PEER SUPPORT:** In order to bolster resilience, peer-to-peer support (online and through youth groups) is vital, so creating, maintaining and referring young people to these spaces is very important. There should be specific services tailored to the needs of LGBT young people of Salford, including the LGBT youth group,

and LGBT groups in colleges, as well as targeted mental health support e.g. Inside Out group at 42nd St. Developing or utilising online support, e.g. Kooth, is also crucial.

3. **TRAINING FOR SCHOOLS, GPS AND MENTAL HEALTH WORKFORCE:** All staff who work with young people should have training in current issues faced by LGBT young people. This will help them actively avoid stigmatising or stereotyping assumptions and language-use. Some common issues included people saying 'the LGBT' or 'I have a trans' instead, people should say 'a lesbian women', 'gay people', 'bisexual people', 'I work with a trans person' or 'we are welcoming to LGBT people'. It is important to not make assumptions e.g. to not assume all trans young people will want surgical intervention; to recognise that 'masculine' male service users are just as likely to be gay as 'feminine' male service users; to use the word 'partner' instead of 'boyfriend'/ 'girlfriend'; to ask people's preferred pronouns (e.g. she, they, he) because this might not match with our assumptions about their gender. It is important to recognise that a growing number of young people do not define as male or female, but as a combination or neither e.g. non-binary. Other recommendations from young people include: Ask open questions; don't assume people are heterosexual - even when a young person is in an opposite-sex relationship, they may identify as bisexual/ pansexual. Young people wanted the chance to regularly return back to gender and sexuality discussions at various points in their support/ access, as adolescence is a journey where identity is not always fixed and stigma often inhibits positive LGBT self-identification in the absence of positive reinforcement. Mental health staff, GPs, school nurses and school staff need to be a priority to receive training.

4. **LEARN FROM GOOD PRACTICE:** Staff at 42nd Street, the Salford LGBT youth group, some colleges and The Proud Trust were particularly recommended. They were felt to be young person-orientated in design of services and in their attitudes, (caring and thoughtful staff who took time to listen and support LGBT young people). Education and training could refer to these local, (and the included national), good practice examples. This will enhance the experiences of young people in other services.

5. **STRUCTURES:** Internal workplace structures are needed which support challenging of homophobia, and the positive visibility of LGBT identities. This should include appointing

a named LGBT ambassador/champion in your service to overview training, consultation, monitoring, servicer user feedback, referrals, and LGBT visibility projects.

6. **INCREASED RESOURCES:** There needs to be sufficient staffing resources and funding committed in order to support LGBT young people in Salford. This need to be for both targeted (e.g. for the LGBT youth group) and generic wellbeing and mental health support for all young people, (42nd St and CAMHS). Family and parental support is also needed, e.g. supporting the creation of a parents of trans children group, in partnership with Mermaids.

7. **YOUTH VOICE AND INVOLVEMENT:** There should be active participation of young LGBT people in consultations to help create or improve services. Young people should be involved in the creation and review of anti-bullying/anti-discrimination policies and practice. LGBT young people should be central and be active as part of teams delivering the services, in the role of young leaders or peer supporters.

8. **PROMOTE LGBT SUPPORT IN MAINSTREAM SETTINGS:** There is a need for better promotion of the LGBT youth group by mainstream services, as well as promotion of registered hate-crime reporting centres in Salford, and an offer of support to the young people to make a report when necessary. Generic services are where many LGBT young people will reside as many are not 'out', so will not attend targeted LGBT support. These generic services need to be good enough to be able to be inclusive to LGBT people, and to draw on specialist support as and when needed.

9. **LGBT AND YOUTH FRIENDLY SPACES:** Providers need to ensure that services feel accessible and young person-centred. Location, access (including signage), gender-neutral toilets, décor, staff attitudes and language all play a part in this. LGBT identities should be explicitly visible on posters and literature in generic spaces but in discrete ways (e.g. on the back of toilet doors, so people do not have to be 'seen' reading the information). GPs and mental health services need to prioritise this. Services should be much more proactive in creating cultures of acceptance/ equality (not 'tolerance'), and celebrating 'difference' and diversity. A young person should already feel a service is LGBT-friendly before they come out or even if they never come out in that service.

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10. **OUTREACH TO RURAL AND BME SPACES:** There is a need to tailor provisions to the different populations across the city of Salford and to try and assertively outreach to harder to reach young LGBT populations e.g. young LGBT people who are Roma, Jewish and from other BME populations. Staff who run these services should reflect these differences e.g. proactive recruitment of staff and volunteers who are LGBT and from BME populations.

11. **REALISTIC INTERVENTION TIMESCALE:** Young people described wanted to access services as quickly as possible, and then needing enough time in services to develop trust and a rapport, and were less satisfied with services when they perceived they were rushed into being discharged. . Intervention at an early stage will save money in the long term e.g. avoiding re-referrals. There should be increased resources so that a consistent staff member can work with a young person to build a trust relationship. Mental health triage could be implemented to offer some contact/ support to young people from another agency/service before formal support is available.

12. **APPROPRIATE REFERRALS:** GPs and school staff working in Salford need to be more aware of 42nd Street and the LGBT youth group and make referrals to these, rather than a default position of (sometimes 'inappropriate') referral to CAMHS. Being LGBT is not a mental health problem, and sometimes the support a young LGBT person needs is social not medical. Implementing this will reduce the number of people who fail to turn up to appointments, as would a personalised approach (such as SMS or facebook reminders about an appointment, or a young person being met by staff at the main ground floor entrance of a building rather than having to find their way through it alone (e.g. at The Gateway). Mental health staff should provide clear support for young people moving on from young people's services in to adult services, (and manage the expectations of young people who will often get a lower amount of support in adult services).

13. **SYSTAMATIC MONITORING BY CONFIDENT STAFF:** Services need to train all staff in monitoring sexuality and gender identities in confident, friendly and consistent ways. The recording systems of each service needs to have the accurate categories for recording this. Gender and trans questions should be asked to all ages of young person. Sexuality related questions might be most usefully introduced from age 12. The most

basic approach could be offering: lesbian, gay, bisexual, heterosexual, don't know and other into a sexualities section; ask if people are male, female, intersex, don't know or other in a biological sex question; and finally ask if people identify as trans (including non-binary and transgender) as a final question with the options of yes, no, don't know, and other). A template for this has been provided.

14. **AUDIT:** Services should provide spaces which feel safe and include provision over time for the young person to develop trust for the service, to explore and reflect on their identities. Health-based organisations should undertake a 'You're Welcome' assessment, (a free tool from the Department of Health to encourage youth-friendly services). If LGBT is added to consider under each section against each criteria, this will ensure that LGBT inclusion becomes part of custom and practice and is not seen as an 'add on'.

15. **TRANS TAILOYED SERVICES AS PART OF 'DEVO-MANC':** Trans young people are a growing population within the City, and have particularly high suicide and self-harm rates, that could be considerably reduced with timely support. CMFT CAMHS have begun to lead on initiating a trans action plan for Greater Manchester. This should be supported, including a service review for supporting young trans people and exploring locating a Gender Identity Clinic for under 18s within the 10 boroughs.

Background

This consultation and research project is the result of a partnership between Salford City Council, Salford Clinical Commissioning Group (CCG) and The Proud Trust, (a charity based in the North West of England working with young LGBT[1] people). It was identified by the Council that there was a paucity of data on the prevalence and emotional wellbeing of LGBT people aged 11-25 living in Salford, Greater Manchester. Therefore, The Proud Trust were commissioned to conduct this consultation and research. The research element was to explore local and national data relevant to LGBT young people's needs. The consultation element was carried out with both service users and providers of three key services working

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[1] LGBT stands for lesbian, gay, bisexual and trans. The first three letters denote sexuality identities; the latter refers to trans as an umbrella term for 'those who cross gender barriers [which] may involve surgery and hormonal treatment or may not' (Meads, Pennant, McManus, & Baylis, 2009).

with children and young people in Salford: a voluntary organisation called 42nd Street, the local National Health Service's Child and Adolescent Mental Health Service - CAMHS, (and their Emerge service for 16 and 17 year olds); and the Salford LGBT youth group. The aim of this consultation and research project was to generate data about LGBT young people's needs and to influence wider transformation programmes that Salford Council and CCG were undertaking to improve local provisions for the emotional health of children and young people.

Prevalence

There is a need for more national prevalence statistics regarding the LGBT population in England, with no data being systematically recorded for LGB or Trans identities in either the government or the NHS. According to the Office for National Statistics (2013), 2.7 per cent of young people aged 16 to 24 in England identified as L, G or B, this contrasts with only 0.5 per cent in those aged 65 years and over.

Moreover, after London, the North West of England had the second highest percentage of those identifying as L, G or B, at 1.8 per cent of the population. This is likely to be an under-representation of the true figures and the number has been estimated in other sources at around 5 to 7 per cent (Ecotec, 2009; Mercer, Tanton, Prah, Erens, Sonnenberg & Clifton et al. 2013; Salford CAMHS Transformation Plan, 2015).

Why might there be an under-estimation?

Information about sexual orientation and gender identity, being trans or non-trans (cis), is not asked for on the National census and not regularly collated in organisational and employment monitoring. This compounds the stigma around such identities, so that, even where it is asked for, many people are likely to not feel comfortable putting their true identity down, for fear of receiving discrimination from services. Young people may also be either exploring or coming to terms with their identity, so may not know at that point, how to describe their identity.

What might be a more useful number to work with?

The percentage of 7% of the population as LGB is regularly referred to as the most likely and accurate national figure currently available (LGBT Foundation, 2016). Manchester City Council frequently opts for estimating 10% of its population is LGBT, to reflect that many of

Manchester's areas (including the urban sprawl into other local authorities e.g. Salford and Trafford), are considered 'LGBT friendly', and therefore more people move to the area for this reason, (including at a high number of young people at aged 18, for University).

To work with 7%, (as a conservative estimate), equates to around 4.35 million LGBT people in the UK and approximately 430,000 LGB people in the North West of England; a similar size to the population of Liverpool (Ecotec, 2009).

Young people are increasingly identifying as more fluid and flexible in their sexuality. When conceptualising sexuality more flexibly than polarised identities (more than just either 'gay' or 'straight'), YouGov's 2015 survey revealed 49% of young people 'do not identify as exclusively heterosexual'.

There are no current official estimates regarding the percentage of trans people in the UK population. However, Reed, Rhodes, Schofield and Wylie (2009) in their Home Office-commissioned study estimated the number to be around 0.8 per cent of the population. Moreover, according to the Gender Identity Research and Education Society (GIRES, 2011), 650,000 people in the UK 'experience some degree of gender nonconformity', which equates to 1% of the population. Once again, these estimates are likely to be conservative as there are still few means by which gender identity data is collected, with the last national census (in 2011) not having collected data on trans prevalence.

Based on the estimated national figure of 7% prevalence rate for LGB people and 1% for trans people, and given the local figures for Salford detailed in the Salford City Council (2015) document, there are:

- 16,255 people aged between 0 and 4. 7% of these equates to 1137 people aged 0 to 4 who are, (or will become aware in later life that they are), LGBT.
- 15,503 people aged between 5 and 10. 7% of which is 1085 people who are, (or will become aware in later life that they are), LGBT.
- 16,101 people aged between 11 and 16 years olds in Salford. 7% of which is 1127 people who are, (or will become aware in later life that they are), LGBT.
- 33,347 people aged between 17 and 25 year olds. 7% of whom would be 2334 people who are, (or will become aware in later life that they are), LGBT.

Using the conservative estimate of 7%, this would means there are approximately 5,683 LGBT young people aged under 25, living in Salford.

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Literature Review (secondary research and context)

National Context

Needs and Risks

LGBT people are referred to with the one acronym because often LGB and T people are subject to similar and interweaving societal oppressions, including homophobia, biphobia, transphobia and sexism. Considerable progress in protecting the rights of LGBT people has happened over the past 12 years, such as the passing of the Equality Act (2010); Public Health England (2015) releasing strategic guidance on the health needs of men who have sexual intercourse with men; and the House of Lords having held 'their first ever debate on the health of lesbian, bisexual and transgender women in December 2014' (Sachs, 2015).

In spite of this progress, this population is still disproportionately affected by inequalities across health and emotional wellbeing spheres, and young people are more vulnerable to risks, given their lack of access to independent funds, adult rights, information (lack of unsupervised internet access) and lack of private safer spaces. Hate crime and harassment often happens in public spaces such as public transport and on the street; accessing support online can be hard if young people have no access to the internet, (except when moderated by adults. Adults who may be, or are feared to be, homophobic).

For this project, the definition of emotional health and wellbeing preferred was that cited by Salford Children and Young People's Trust (2013):

> 'Being able to develop psychologically, emotionally, intellectually and spiritually; initiate, develop and sustain mutually satisfying personal relationships; use and enjoy solitude; become aware of others and empathise with them; play and learn; develop a sense of right and wrong; resolve (face) problems and setbacks and learn from them.' (Mental Health Foundation, 1999)

Research has shown for instance, that compared with heterosexual people, LGB people are at higher risk of misusing substances, experiencing mental health problems and expressing suicidal thoughts and behaviours (National Institute for Mental Health in England, 2007; Rethink Mental Illness, 2013). High levels of mental health difficulties and

substance misuse have also been reported by trans people in health surveys, and these problems also appear largely attributable to stigma and a lack of social and emotional support (Public Health England, 2015).

In terms of LGBT youth specifically, Hagger-Johnson, Taibjee, Semlyen, Fitchie, Fish, Meads and Varney (2013) found that lesbian and gay young people in the UK were twice as likely to smoke, and drank alcohol more frequently than their heterosexual peers.

One in two young LGBT people in the UK reported self-harming currently or in the past and 44 per cent had contemplated suicide (Youth Chances, 2014).

According to Public Health England (2015): 'Research into youth suicide highlights the importance of supporting young people during the adolescent years as it is a particularly vulnerable period as young people form their identity in the world' (p.10). Thus, in addition to the usual challenges of identity development associated with puberty, LGBT young people are at greater risk when compared with heterosexual counterparts for depressive symptoms and suicidal ideation, often resulting from homophobia at home, school or work (Almeida, Johnson, Corliss, Molnar & Azrael, 2009).

The NSPCC 2016 report about use of the help line Childline reports a 47% increase in counselling sessions about sexuality and gender identity; and, a 115% increase in transgenderism or gender dysphoria.

The National Suicide Prevention Strategy for England recognises LGBT people as a high risk group, and have been involved in a project funded by the Department of Health (DoH) called Queer Futures (2014-6), which investigated self-harm and suicide ideation amongst LGBT young people. The project consulted with 789 LGBT young people who had experienced or are experiencing self-harm or suicide ideation. A draft of this report is currently with the DoH. The Proud Trust has been allowed to see the findings of the research before they are published.

The evidence revealed five main factors which increased the likelihood of self-harm and suicide amongst LGBT young people. These were:

1. Transphobic and homophobic abuse
2. Pressure around gender norms/ to fit gender stereotypes

3. Having to manage gender or sexuality 'outness' in multiple life domains e.g. to decide in which settings they needed to hide their identity, (e.g. in their faith community, school, home, online, or with some friends/ family and not others etc)

4. Feeling unable to talk about feelings and emotions. When asked why people didn't ask for help, 50% said didn't want to be seen as attention seeking; 43% didn't want people to worry about them; 40% were ashamed of suicidal feelings; 24% didn't want people to know about their gender or sexual identity; and 24% thought their ideas would not be taken seriously.

5. A life crisis not specifically LGBT-related, (which were most commonly cited as bullying 40%; own illness 40%; experience of abuse 38%; death of a friend 35%; academic pressure 30%; having a disabled parent; money issues and unrequited love.

Queer Futures also found out that:

- 77% of young LGBT people experiencing self-harm and suicidal thoughts had asked for help from someone or somewhere. (Therefore 23% did not ask for help).
- 49% of those asking for help went to friends, and 44% to the internet.
- Only 29% sought help from GPs and only 22% went to mental health services. Even fewer sought support from a teacher (13%).

Not many people in the research accessed LGBT youth groups because there did not have a local LGBT youth group available to them (e.g. one did not exist in their area). But, the research revealed that young people found informal support more useful than formal support. The highest satisfaction rating for where support was meeting their needs was LGBT youth groups (76.6%), followed by online support (75%) and friends (70%).

Only half (50%) were satisfied with support from GPs, and less than half (47%) were satisfied with mental health services.

The Queer Futures report also interviewed 130 mental health professionals from across England, including many from CAMHS services, which are services supplied by different providers across the country. This showed:

- 50% felt they had inadequate training around gender and sexuality.

Fay, V., Lee, A., Zheng, M., & Donaldson, M. (2016). The experiences and identified needs of LGBT young people in Salford and implications for tailored service provisions: Consultation research with young people and service providers.

- Those who had received LGBT training were more likely to routinely discuss LGBT identities, and to signpost to LGBT related support. These professionals said mandatory LGBT training should be a top priority.

This lack of training leading to under-confident staff was mirrored by the Queer Future's young people's survey, which revealed that young people across England had poor experiences of CAMHS. (Please note CAMHS is delivered by many different providers across England). Young people said that staff had limited knowledge and were disinterested in their lives. They said staff focused on symptoms rather than underlying causes. They felt they lost their sense of agency, (became a passive patient), and received ineffective treatment or their treatment was not negotiated: 'The only thing I needed to hear was that it is ok to be gay and Christian. Instead I got Prozac and CBT.'

The prevalence of homophobia in young people's lives has been evidenced by Stonewall (2012). Their research revealed that 99% of LGB young people included in their study had heard the word 'gay' being used negatively and 55% reported homophobic bullying. The interconnectedness of how disparaging terms, 'anti-locution' set up a fertile ground for violence is important to recognise, as captured in the Scale of Prejudice, (Allport, 1954).

The Youth Chances Report (2014) reported that 8% of young LGBT people were forced to leave their home because of stigma regarding their sexuality and/or gender identity, resulting in homelessness or uncertain housing situations. They also found elevated levels of psychological, physical and sexual abuse towards LGBT young people compared with heterosexual and non-trans counterparts.

As homelessness is already identified as an increasing problem, (Salford's Joint Strategic Needs Assessment - JSNA, 2015), it is important that LGBT young people are included, as a populations with increased risk of homelessness. JSNA (2015) also recommends that 'additional work should be carried out to understand the health and social needs of disabled children, looked after children, those experiencing the consequences of domestic abuse or substance misuse and those subject to a Child Protection Plan'. This should also include LGBT young people as a further vulnerable priority population, who will also permeate across the existing categories of vulnerability.

There have been no peer-reviewed and systematic reviews of LGBT young people's health research in the UK, with much of the research into this area having taken the form of local reports and non-peer-reviewed publications. Moreover, according to Meads, Pennant McManus and Bayliss (2009):

> '…until now, most published research on gay and bisexual men has been about HIV, AIDS and sexually transmitted diseases. There has been very little research on lesbians and bisexual women... For trans people, medical research so far has focused exclusively on transitioning, i.e. reassigning gender. However, it has been apparent in the LGBT community that there are a wide variety of other health issues…' (p.6).

Therefore, much research has focused on particular sub-issues for the different demographic groups instead of considering LGBT people's emotional wellbeing and health needs holistically.

Theodosiou (2011), looked at Gender Identity Disorder (GID) in Greater Manchester, Lancaster and Sheffield, and demonstrated through looking at a number of cases, that 'there is a need for local and specialist services to manage both GID and the accompanying psychopathology.'

Funded through the combined City of Manchester CCGs, The Proud Trust and Dr. Vanessa Fay sought to redress this gap and undertook a review into LGBT people's health in the UK, with a particular focus on young LGBT people's health (Fay, 2016).

Resiliencies and what helps

Lesbian and Bisexual Women

Fay, (2016), suggests that lesbian and bisexual women's emotional wellbeing, mental health difficulties and coping behaviours, such as self-injury, needed to be viewed within the context of discrimination, othering, and invisibility, which services all too often appeared to further: '6% of L&B women reporting that healthcare workers had made inappropriate comments in response to a disclosure of her sexual orientation' (Hunt & Fish, 2008).

It was also discussed that young women were often doubly disadvantaged, given a tendency for practitioners to somewhat dismiss disclosures of sexual orientation because of

their young age (Formby, 2011a; Scherzer, 2000). It appeared that lesbian and bisexual women did not always receive quality healthcare compared with their heterosexual counterparts, and so to redress this it was recommended that health services embrace a human rights perspective (Formby, 2011b).

In addition, Alexander and Clare (2004), described a sense of belonging that came about for some of the women in terms of belonging to L&B groups, which could positively impact on their self-esteem and create a sense of having something to fight for, i.e. equal rights. In terms of the review's findings regarding bisexual people more specifically, it was recommended that healthcare services engage in training of staff in awareness of health issues and barriers pertinent to bisexual people, and to actively engage bisexual people in devising policies and in consultations regarding service delivery.

Gay and bisexual men

The reviews' findings with regards to gay men showed elevated levels of body image and eating concerns, in young gay men particularly (Nodin et al. 2015). There was a discussion of the importance of healthcare professionals needing to be 'knowledgeable of the issues facing young gay people' (McAndrew & Warne, 2010), i.e. through training into the specific needs of gay man and inclusion of this in the sexual health educative curricula. Healthcare professionals' ability to be reflexive was also emphasised, particularly regarding their own prejudices and assumptions. The over-focus on HIV/AIDS rather than holistic gay men's needs was critiqued. Personalised care will aid the trust underpinning the professional-patient relationship as 'a gay affirmative stance on the part of a therapist has been found to counteract the effects of homophobia' (McAndrew & Warne, 2010).

Trans people

Finally, in terms of the review findings regarding the health needs and experiences of trans people, there was a preference expressed towards non-statutory and community services, and services offering helplines and online support. There was also a desire expressed for face-to-face support and peer support.

Trans health and awareness training to all healthcare staff was recommended in order to reduce discrimination and enhance understanding. There was also a call for tailored and inclusive services to address the specific needs of trans people within the acronym of LGBT, for example, provisions tailored specifically to trans people to address the high rates

of suicidal ideation. Supportive and timely interventions were recommended, including access to gender reassignment. There was also a recommendation of patient-centred services with choice and informed consent at their heart, in which trans people are consulted about their care, (including at a commissioning and policy level). An emerging need was noted to acknowledge and engage with people of more fluid and non-binary gender identities.

Recommendations regarding LGB and T people

There is a need for doctors and healthcare workers to facilitate disclosure through the use of open questions, and accessible, clearly presented confidentiality and anti-discriminatory policies.

In addition, it was recommended that routine gender identity and sexual orientation monitoring and data were obtained in all health settings. It was also recommended that services explicitly recognise the specific oppressions that young LGBT people experience and work to enhance the resilience in this population: many young people cite the advantages of youth groups and spaces with their peers in helping them form a clearer and more resilient LGBT identity.

Finally, it was recommended that the people directly affected, (i.e. young LGBT people), should be actively consulted at all stages of service development, commissioning and delivery. There should be recognition of the desire for specific youth provisions (e.g. LGBT mixed groups, lesbian and bisexual women-only and trans groups), and creative forms of delivery. Delivery should include multiple forms of engagement such as online support, peer support and combination approaches (facilitated group discussions in combination with one-to-one/ clinical interventions). Moreover, Scherzer (2000) showed that young women preferred targeted, smaller and specific services.

Thus, as Sachs (2015) articulates it: 'LGBT people experience higher rates of poor mental health, including suicide, suicide ideation, self-harm, depression and anxiety, than for the general population nationally'. Therefore, it is evident that nationally there are barriers to the emotional wellbeing of LGBT people generally and is also pertinent to LGBT young people specifically. In addition to these barriers have been suggestions of what might help to

support LGBT people. Along with this national picture, there is also some data regarding the local context in Salford.

Local Context

Services for young people in Salford

There is a Salford CCG commissioned service currently provided by CAMHS for outpatient assessment and treatment of children and young people with 'significantly impairing mental health difficulties'. 'The service received 1326 referrals in 2014-5, and 55% of referrals were from GPs (Salford Transformation Plan). CAMHS meets it's waiting time targets – 11 weeks for routine access, and was rated 'Outstanding' by CQC in 2016.

The CAMHS commissioned services include the Emerge Service (all provided by Central Manchester Foundation Trust). Emerge specifically supports 16-17 year olds, providing a range of direct therapeutic interventions from individual talking therapies and group work to specialist psychological and psychiatric assessments and medication and appropriate transition to follow-on services as necessary. There were 221 referrals into the Emerge service (2014-5). All young people were offered an appointment within 4 weeks, and 43 consultations were offered to be undertaken by other professionals (Information taken from Salford Transformation Plan).

Salford CCG commissions a Tier 2 mental health provision for people aged 13-25 who are 'under stress', which is provided by the organisation 42nd Street. 42nd Street also works with young people in Manchester and Trafford and they deliver therapy, group work, and volunteering. 'The four most frequent presenting issues were anger management, depression, confidence / self-esteem and stress / anxiety… in 2014-5 they had 206 referrals (Salford Transformation Plan, 2015).

From October to December 2015, 42nd Street reported that 29% of those they were supporting had presented with LGBTQ identity/ issues. This indicates that nearly a third of young people accessing support, want support in relation to LGBT identities.

CAMHS and Emerge do not have concrete data about the numbers of services users who are LGBT, and do not record this systematically currently.

The political landscape of Salford's health and social care agenda for young people

There are a number of influences and opportunities shaping the agenda in Salford currently. As of April 2016 Salford is part of the Greater Manchester devolution agenda. Greater Manchester is the first area in England to trial devolution. The proposed aim of what has been named colloquially 'DevoManc' is for Greater Manchester NHS organisations and local authorities to have power over how the budget for health (including mental health) and social care in is spent in the sub region. Devolution will be a key route through which Salford and Greater Manchester more generally focus on transforming local services. Mental health services will be a key element of the Devolution programme.

Salford is also leading on a GM wide whole systems transformation of the way that all services for children are delivered, including the services of local authorities and other public service providers. This review is looking at how to make the best use of existing resources, transforming services to focus on delivering the best outcomes and life chances for GM's children and driving down variation in performance across the ten boroughs; linked closely to other GM transformation programmes and the health, education and youth justice systems. Various GM transformation proposals will influence the way in which metal health systems and services are commissioned and delivered for children and young people in Salford, including systematic early intervention and prevention and an integrated early years model,

In response to 'Future in Mind', NHS England (NHSE, 2015) published guidance for the creation of local transformation plans. In Salford, the ambition is to ensure that all children and young people in the City enjoy a happy confident childhood and achieve their potential. To help achieve this, Salford CCG, the Local Authority and partners have committed to a broad transformation programme of integrated support for children and young people aged 0-25 years. It involves the review and redesign of provision and commissioning of services for 0-25 yr olds to achieve the best outcomes for children and their families in the most effective way.

The 0-25 programme involves three city-wide test cases and two neighbourhood based pilots. One of the test cases aims to improve the effectiveness of emotional health and

wellbeing support for children and young people, including CAMHS, through improved commissioning and pathways. There is significant congruence between Salford's CAMHS Transformation Plan and 0-25 Emotional Health and Wellbeing Plan and are therefore being implemented in an integrated way.

In support of the 0-25 integration programme, a strategic review was undertaken to understand needs and inform the setting of priorities. Contributing to this was a report produced by Healthwatch Salford (2015) who supported a steering group of four young people (aged 14-18 years) in designing a survey and tools to gather the views of young people regarding emotional wellbeing and experiences with mental health services. The 411 survey responses informed the following priorities: resilience, prevention and early intervention; improving access to effective support; care for the most vulnerable; accountability and transparency; and workforce development.

What is being recommended in Salford in terms of services for young people?

There is an emphasis in Salford for easier access to mental health services for young people, through staff trained in identifying young people at need and swiftly referring them for early intervention and preventative interventions (JSNA, 2015; Salford Children and Young People's Trust, 2013). It is recommended that this occurs within stepped and joined-up provisions and integrated whole system approaches, reducing previous constraints across services and ensuring a 'co-ordinated approach to supporting and promoting the emotional health and wellbeing of children and young people in Salford' (Salford Children and Young People's Trust, 2013).

Healthwatch Salford (2015) also emphasise the importance of recognising the stigma faced by some young people in asking for help, and flexibility needed in service provisions for young people so that they are more accessible. This involves more of a drop-in ethos, self-referrals, and waiting list interventions such as self-help guidance and peer support. It was also advised that information about services is written in a way which is accessible to young people across a spectrum of literacy abilities and levels of vulnerabilities more generally.

Partnership working was recommended to ensure better communications and referrals between services supporting young people (Healthwatch Salford 2015; Salford Children and Young People's Trust, 2015). This was cited as one way to reduce the gaps some young people fall into between services or steps of stepped care models and to enhance

the implementation of safeguarding procedures (JSNA, 2015; Salford Children and Young People's Trust, 2015). Although the Healthwatch survey was useful in its focus on Salford and on young people, it did not focus on the experiences of LGBT young people.

What we know about young people's emotional wellbeing in Salford

Poverty

It has been estimated that 23 per cent of children and young people residing in Salford live in poverty, which is 8 per cent higher than the national average (Office for National Statistics, 2013). Hence, associated problems of fuel and food poverty, malnutrition and crime which will affect young people's emotional wellbeing.

Bullying

Several sources have cited bullying as a problem for young people in Salford (Salford Transformation Plan, 2015; Salford City Council, 2015). For instance, 68% of 5-13 year olds in the strategic review (2015) reported having been bullied in that year. In addition, Healthwatch Salford (2015) cite pressures that young people in Salford felt from their schools to perform well, and a desire they expressed to be taught strategies to better cope with such pressures. They recommend better emotional support for children and young people in school, and help with transitions, such as the change between schools. Healthwatch Salford (2015) also recommend training for teachers and families to identify emotional health difficulties in young people so as to intervene at a more preventative stage.

Substance misuse

Furthermore, there are issues of substance misuse in young people in Salford, according to the Salford Transformation Plan (2015): 'Alcohol-specific hospital admissions for under 18s is declining but Salford remains above the North West and England average…Hospital admissions for substance misuse in 15-24yr olds is increasing with Salford above the North West and England average'. Hence, there have been recommendations for further work into understanding the issue of substance misuse in these young people (JNSA, 2015).

Self-harm

In addition, hospital admission rates for 0-17 year olds and the rates of self-harm amongst 10-24 year olds in Salford are both above the National English rate (Salford Transformation

Plan, 2015). In fact, according to Salford Children and Young People's Trust (2013) 'Salford has the highest rate of A&E attendances due to self-harm in Greater Manchester' and the highest rates among people aged 14 to 19 years old.

Poor family support

According to Healthwatch Salford (2015) there were high levels of unhappiness and poor family support reported in 11 to 17 year olds. Salford Children and Young People's Trust (2013) reported that 6,000 children and young people (12% of people aged up to 18) had some type of emotional wellbeing difficulty or need. Therefore, Healthwatch Salford (2015) recommend that 'support interventions are needed at the whole family system level, including parenting skills and wellbeing of parents, the establishing of trusting relationships […] and more emotional support work with girls, especially' regarding those aged 11-17.

Abuse

According to the JSNA document (2015), rates of abuse (emotional, neglect, physical and sexual) in Salford children's services clientele are 'higher than other areas which Salford is often compared to (Statistical Neighbours 'SN'). This higher rate may reflect the greater need of children in Salford but once again needs to be interpreted in the context of the wider system and referral processes' (p.3).

Therefore poverty, high rates of bullying, poor family support, abuse and resulting high rates of substance misuse, self-harm and hospital admissions (possibly as coping strategies in response to the first three) appear to be particularly pertinent for young people in Salford. In response to some of these issues, there are Commissioned targeted services for looked after children and those involved in the youth criminal justice system which are delivered by CAMHS, (JSNA, 2015; Salford Transformation Plan, 2015).

What LGBT-focussed initiatives, research or services exist in the area?

Salford, amongst other areas, has adopted the Pride in Practice initiative in six GP practices. This involves GP surgeries demonstrating a commitment to ensuring their services are inclusive of, and meet the specific needs of, their LGBT patients.

There is also the Salford LGBT multi-agency forum, where representatives from local services sit on a board to discuss ways to better meet the health and wellbeing needs of the

LGBT population. This is comprised of several professionals representing adult services, along with one professional from the Salford LGBT youth group.

The LGBT youth group meets once a week, and joins up with the Salford adult group (Out in Salford) each year to take part in Manchester Pride. The groups also participate in the Peel Park Pink Picnic, usually an annual event but not taking place this year due to park renovations.

Other than the above, LGBT people have no specific groups, unless they access the sport, social, support and cultural offer from the City of Manchester.

In terms of general services, the Emerge team from CAMHS provides 1-2-1 interventions for all young people and 42nd Street provides 1-2-1 support as well as the LGBT support group 'Inside Out' (which meets in Manchester but is open to Salford residents). According to Salford Council, 'through contract monitoring over the past twelve months or so, both providers have consistently reported increasing engagement of LGTBQ young people'. Contract monitoring now uses a standard commissioning template which explicitly asks for data regarding sexual identity and trans identity, which aids in providing intelligence with regards to LGBT service users.

In terms of research about the high rates of homophopic, biphobic transphobic (HBT) bullying in Salford, the strategic review notes that 'children and young people whose emerging sexual identity is LGB or who are questioning their gender identity are often targets [of bullying]' (p.122). Hence, LGBT young people should be viewed as a group at increased risk of bullying.

Sachs (2015) conducted a needs assessment of the health and wellbeing of LGBT people in Salford. This involved a combination of a literature review including policy documents and national surveys, local data, and feedback from members of the Salford LGBT multi-agency forum. She reported that the estimated numbers of LGBT people aged over 18 in Salford was 'anywhere between 1,855 to 8,146'. Moreover, she stated that 'in younger age groups, more individuals identify as LGBT, probably due to the increase in social acceptability of minority sexual orientation'. In addition, Sachs (2015) reported: 'Salford's highest concentration of LGBT [adult] population appears to be in the east of the city...Currently there is little information on the incidence of disability or most long-term conditions for LGBT people in Salford. Information on LGBT status within BME groups is

also poor. Individuals who are members of more than one minority may experience compounded disadvantage, so better understanding is important to improve understanding and identify specific commissioning needs'.

Sachs (2015) proposes routine collection of sexual orientation and gender identity information across services in Salford, so that 'LGBT people do [not] continue to be invisible ... [and] at continued risk of poorer outcomes'.

She also stated that addressing the higher rates of poor health and emotional wellbeing will 'require a combination of prevention, through work addressing stigma, and culturally sensitive services which can support those with poor mental health'. She refers to HIV as presenting a 'significant burden to Salford services', and comments on low uptake of sexually transmitted disease tests, and an 'emerging trend of sexualised drug use 'chemsex''. Moreover, she refers to physical health, stating the following:

> 'LGBT people have higher rates of current smoking, problematic alcohol use and drug use. Data for Salford suggests that this is the case locally with indications that the rate for current smoking is 4% above the rate for the general population. There are some specific triggers for these behaviours within LGBT groups. Some campaigns are reported not to feel inclusive of LGBT people...Due to the differences in lifestyle factors, it is likely that LGB people have higher rates of cancers and may need specific risk information. There is national evidence that LB [women] may have mistakenly been advised that they do not need cervical or breast screening and this may affect [women in] Salford. Trans individuals also need to be included appropriately'.

Sachs (2015) also writes 'LGBT people are disproportionately affected by hate crime. The higher use of social housing and decreased access to family support are also issues, the latter especially for older people. Domestic violence occurs in same-sex relationships, although support is rarely tailored for this'.

Based on the data above, Sachs (2015) recommends routine sexual orientation data collection and staff training regarding the rationale of such data collection. She also

suggests that training focuses on 'increasing their understanding that BME and disabled individuals may also have an LGB sexual orientation or be trans'.

Identifying sub-groups within the umbrella of LGBT people is crucial to identifying specific needs for these different subgroups. Sachs (2015) also emphasises that 'measures be taken to encourage the reporting of hate crime [connected to] to sexual orientation and gender identity [prejudice], that staff working in mental health and alcohol and drug services develop cultural competence to support wellbeing in LGBT people, and that LGBT people are routinely signposted to local LGBT support groups as part of the referral processes'.

Further specific recommendations by Sachs (2015) include: 'work to improve uptake of STI preventions and testing both for GB [men] and LB [women]... a local target for the gap between general rate of smoking in Salford and for Salford LGBT groups and make quit campaigns inclusive...drug awareness and practical actions such as needle provision in contact with men likely to engage in 'chemsex' practices in sexual health settings, as well as giving out STI prevention messages in drug services...and cervical and breast cancer services should include clear information on risks for lesbian women and monitor uptake of screens by LB [women]'. Finally, she recommended that a separate assessment of LGBT young people's needs be undertaken.

Impact of context/ literature on this research

Given all the needs and recommendations identified in the literature, it was evident that the aim of this consultation project needed to focus on an exploration of young LGBT people's experiences of accessing children and young people's services in Salford, and also to consider the views of professionals working in those services. In addition, where best practice from outside Salford was highlighted, this would be included.

The Primary Research

Rationale

To better understand the numbers and demographic of LGBT young people accessing the three specific services in Salford; along with an exploration of their needs.
Emphasis on:

- Key health needs,
- Barriers to access and effective pathways,
- Implications for best practice in ensuring quality emotional health support services for young LGBT people in Salford.

Method

The research question involved exploring the heath and emotional wellbeing experiences of young LGBT people living in Salford. This included capturing the perspectives of providers in local services that young LGBT people accessed. As the aim was to capture the perspectives of people and their personal meanings, then qualitative methods were preferred. In addition, an anonymous way to capture data (online questionnaires) was offered to both young people and practitioners.

The thematic analysis method was selected to analyse the data. This has previously been used to explore both health professionals' experiences (Louie & Csordas, 2014) and aspects of the lives of LGBT people (e.g. McArdle, 2009).

A semi-structured interview item schedule was constructed by the researchers which consisted of open questions in order to gather experiences and perspectives. For example, one of the interview questions invited the interviewee to consider their 'ideal/dream service model for young LGBT people'.

Recruitment

The researcher contacted CAMHS - generic services and the Emerge team; the Salford LGBT Youth Group; 42nd Street's Salford project, and the Inside Out (LGBT) Project based at 42nd St Manchester (which had membership from Salford in it). Those interested in participating were given an information email and actively consented before an interview was conducted. A brief demographics form was completed prior to their interview. Young people were offered food at focus groups and vouchers for interviews, as an incentive to take part. Following the initial report, a CAMHS staff member recruited a young person to fill in the survey, and these results have been added in with the rest of the cohort.

Sample

There were 35 participants.

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25 were young people (one individually at 42nd St, seven in one focus group at 42nd St, eight in another focus group at the LGBT youth group, one through a telephone interview to complete the survey and eight through an online survey).

There were 10 professionals (four from CAMHS generic services and Emerge, two staff at 42nd St and three Salford Council staff (one researcher, two youth workers), and one person who works with Young carers.

The inclusion criteria were any young LGBT people accessing the services and any professionals in the CAMHS (including Emerge), 42nd St (including Inside Out), and the LGBT youth group services. All the young people who participated were LGB and/or T. All the professionals were heterosexual and cis (not trans) identifying, (except one who identified as bisexual, cis-gendered/not trans).

Ethics

People gave consent to participate and transcripts of interviews were sent to all participants to ensure they were comfortable with how their interview/ focus group was reflected. People were asked if they would like their identity anonymised, if possible, to which most people were ambivalent, though we opted for anonymity to protect participants.

Data collection

The research team consisted of four people (three women, one non-binary gendered person), three of whom identified as on some part of the LGBT spectrum. Moreover, one of the research team was a young person, (i.e. under the age of 25).

Semi-structured interviews (mean duration 60 minutes) were conducted between February and May 2016. Discussions between the researchers and commissioners informed the design of the topic guide. The researchers conducting the interviews adopted a non-judgemental stance to facilitate an exploration of the participants' experiences.

The focus groups used youth work methods to engage the young people, including young people creating their own 'zine (DIY magazine), and reading out statements where people had to move around the room to labels which read 'agree', 'disagree', 'unsure or don't

know', and the youth worker facilitator would then ask them why they moved to that place. This is called an 'agree-disagree continuum'.

The questionnaire/ survey questions were developed following on from identifying themes in the interviews, and was launched online and emailed to thirty professionals, with a request to pass these on to colleagues and young people. There was a professionals' questionnaire and a young people's questionnaire.

Where a good practice example from outside the area was brought to the attention of the researchers, they contacted the professionals connected to the services, and asked them to send in a case study.

Analysis

The aim of thematic analysis is that of 'identifying, analysing and reporting patterns (themes) within data. It minimally organizes and describes [the] data set in detail' (Braun & Clarke, 2006, p.79). The six stages of thematic analysis as outlined by Braun and Clarke (2006) were followed: familiarising oneself with the data; generating initial codes; searching for themes; reviewing themes; defining and naming themes; and producing the report.

Limitations

The research was undertaken in a 16 week timescale, and as such, some service providers struggled to contribute within the time scale.

Results

Based on the process of thematic analysis of the interviews and focus groups, there were three main themes with six, five and seven subordinate themes respectively, as shown in Table 1:

Table 1: Super-ordinate and sub-ordinate themes

Super-ordinate themes	Sub-ordinate themes

1. Experiences and barriers faced by LGBT young people	1.1 Geography of Salford –varying degrees of deprivation and diversity, and not enough relevant and accessible services
	1.2 Generational differences and recent trends/ changes
	1.3 Sexism and misogyny, harassment, abuse and bullying
	1.4 Mental health problems
	1.5 Harder to reach/ marginalised groups
	1.6 Specific barriers – L,G,B,& T
2. Navigating local systems and services	2.1 Local services: timelessness, limitations and experiences
	2.2 GPs
	2.3 Services asking about sexuality
	2.4 Schools
	2.5 Transitioning between young person to adult services
3. Good experiences with local services and recommendations	3.1 Good experiences with local services
	3.2 Acceptance from others
	3.3 Safe space with time to explore/ reflect on sexuality
	3.4 Not making assumptions – individualised care for specific subgroups
	3.5 Young (LGBT) people at the centre of the work services provide
	3.6 Accessibility of services
	3.7 Recommendations/ dream provisions

1. Experiences and barriers faced by LGBT young people

Across the interviews there was a discussion of experiences and barriers faced by LGBT young people, particularly in relation to those living in Salford.

1.1 Geography of Salford –varying degrees of deprivation and diversity, and not enough relevant and accessible services

According to a young person in the Salford LGBT Youth Group focus group, in answer to the question: 'what makes your life harder?' Their reply was: 'being gay in Salford'. Furthermore, members of this focus group stated:

> *'We need more youth workers for LGBT youth work for the City. These people need to have LGB and trans specific training and job roles… we would like more LGBT local groups'.*

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Furthermore, a CAMHS worker reported that:

> *'Salford is a unique population. It is different to Manchester. Manchester has more resources; it is much easier to self-identify, to be open, to have access to services and a social life. Young people have to be more closed off, less open, and are more stigmatized in Salford.'*

There was a theme regarding the geography of Salford, with its composition of various localities with associated degrees of diversity and different levels of deprivation. The experience of young LGBT people in Salford appears, in part, to be dependent on the specific area in which they reside.

There are nuances between particular areas within Salford in relation to how easily people can be 'out' / feel comfortable publically with their LGBT identity. For instance, a Salford City Council worker described 'Little Hulton, Cadishead and Irlam… those communities are very close knit'. For one service user at 42nd Street who was interviewed, and who had received racist and homophobic slurs in various places across Salford, she said 'Swinton and Irlam feel more colourful, interesting and that there are more LGBT people'. The freedom to move around and access different geographical areas was discussed, such as by a 42nd Street worker:

> *'…if you also live in poverty then you can't always travel to get support. Irlam and Little Hulton are isolated and closer to Bolton. You can't expect a 13 or 14 year old to travel from there to Manchester…But it is not easier if you are older, 24, trans, living in Little Hulton, what do you go? ...and if you have no job, how isolated are you, do you have any services? You need ways to get out/ escape the community you are in to be able to live your life'.*

There is a need for services which are tailored to the specific needs of residents across the various locations which comprise Salford. Both CAMHS and 42nd St offer appointments in different locations.

1.2   Generational differences and recent trends/ changes

There was a theme of young people facing many barriers, but there having been positive shifts towards acceptance and reduced prejudice in young people generally: According to a young woman who accesses 42nd Street: 'My peer group is more accepting, but parents

would say, "pack your bag!"…it is a generational thing'. A worker at the Salford LGBT youth group said: 'there has been a shift that peers of LGBT young people find it more acceptable'. Thus, there is potentially a need to strengthen and facilitate peer support systems when considering creative ways to engage and support young LGBT people.

1.3   Misogyny, harassment, abuse and bullying

Across the interviews many young LGBT people reported being subject to varying degrees of abuse, from bullying through to harassment and violence. A CAMHS practitioner described abuses as including and impacting: 'mental, emotional, physical, social, education, access, money, leaving home, living in a bedsit'. There was general consensus that abuses led to increased risk of homelessness in this population. For one young bisexual woman accessing 42nd Street, she encountered various levels of abuse including street harassment and domestic abuse, for example, she stated: *'when I started high school I self-harmed. My parents took me to CAMHS…I was in an abusive relationship. I was beaten up by him. I was 13/14 and he was 15/16'.* She did not feel really understand that the relationship was abusive until she looked back on it, and none of the professionals in her school/ support environment picked up on it, or asked her questions to help her recognise whether her relationship was healthy or not.

In the survey data, only 22% of young people through that school was a safe place to be LGBT. For several of the young people in the Salford LGBT youth group, homophobic abuse and bullying were an accepted part of their experience, and related to this were vulnerabilities resulting from feeling as though there was a need to keep sexualities and sexual practices 'hidden' and secretive. One CAMHS service user stated: '[There is] not a lot of support for LGBT. Homophobic remarks are made and not challenged. Teachers do not question it.' A worker at Salford LGBT youth group described a related problem with sexual abuse: *'risk taking behaviour… because the young person is trying to keep secrets, for example, going into Manchester secretly and child sexual exploitation is happening and risky sex/relationships'.*

One CAMHS worker said: 'We ask about adverse things like homelessness, persecution. We make it into a conversation with young people, including asking about bullying and harassment'. The context of abuse, harassment and bullying, linked with misogyny and homophobia, may correlate to why mental health problems are high in young LGBT people.

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1.4   Mental health problems

According to a young woman accessing 42nd Street: *'Sexuality is like one piece of your mental health pie. But if it is not looked after, then it gets crumbled over the top of the rest of the pie'.*

This was reiterated by discussions at the Inside Out focus group where they distinguished between mental health issues resulting specifically from difficulties around identifying as LGBT, compared to those that exist separately to an LGBT identity. People in the surveys were asked: 'If your mental health was a cake, how would gender and sexuality feature?' There responses varied, including: 'an ingredient'; 'icing and ingredient'; 'a slice'; 'my mental health would be 60% childhood issues and 40% LGBT issues'; 'half of the cake would be rainbow. The other half, Victoria sponge. I'm proud to be gay around my friends, just not my family.' One respondent said: 'Not sure! My gender and sexuality are not a problem but the way I feel and things I experience because of it are.'

They felt that it was important to not always focus on LGBT identities as causality for negative mental health outcomes, and wanted to feel able to discuss mental health openly within their various communities, (e.g. home, school, friends), without stigma. It is important that LGBT young people are not all assumed to be encountering mental health difficulties.

Rather than sexuality and gender identities being seen as in some way automatically a source of distress, it should instead be seen as 'in the mix' along with, for example demands of examinations at school and friendship/ family issues. Prejudice around sexuality can sometimes be a stress factor e.g. needing to consider the impact of disclosing LGB and/or T identities with each person they know. For instance, a young person accessing 42nd Street described the following: 'I had a high pressure environment, so had anxiety and depression. There were also issues around bullying, body image and then sexuality'.

Similarly, a worker at the Salford LGBT youth group described:
'Risk factors in LGBT young people's lives?...More mental health issues such as self-harming and suicide. Fear of acceptance, peers and family; sometimes unfounded, sometimes founded… extra stress and worry'.

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The Salford LGBT Youth Group focus group, listed the mental health difficulties many of them had encountered. These were: depression, anxiety, anger difficulties, body image problems, post-traumatic stress symptoms and sleep difficulties. Part of making sense of where some of these came from included the young people 'not being what I actually am', because of feeling they had to in some way conceal their true LGBT identity and because of what they felt was a lack of 'understanding people'.

According one CAMHS practitioner: 'Young people have to live a double life, because they don't want people to know the truth'. Hence, ongoing homophobia and transphobia results in a self-censorship for some of the young people through a fear of their disclosure leading to rejection. This then causes and/or exacerbates underlying mental health difficulties and increases social exclusion and marginalisation.

That withstanding, there was also discussion of resilience within young LGBT communities. For instance, a worker at Salford LGBT youth group stated: 'Young people who are LGBT seem to be super, super resilient even when things are hard…'. Furthermore, a 42nd Street worker put the often individualised concept of resilience in its context:
'*Resilience factors – like with lots of young people, [are related to] if you have a supportive family, how good is your school? Does it challenge homophobia and bullying? (Schools are not particularly good). Do you have supportive peers? How you manage you own self and sense of self with peers and family supporting you…they need someone to talk to when they are questioning and to build confidence to talk about things. Have the space to talk about it and work out how they would come out. They need to build the confidence'.*

Hence, mental health difficulties need to viewed within the context of ongoing homophobia and transphobia in society.

1.5   Harder to reach/ marginalised groups

There was a recurrent theme discussed with regards to specific subgroups having few numbers of 'out' young LGBT people accessing support services, particularly young people belonging to Muslim, orthodox Jewish and Roma communities. Most of the young people who completed the survey were White British, but those who were in focus groups and

interviews reflected the Roma and Czech community, (but not Jewish or Muslim communities). A worker from the Salford LGBT youth group stated:

'Male/macho communities struggle. For the same young person in Czech/Roma and [the] Orthodox Jewish community, (of which there is a community in Higher Broughton), adults don't even have it [LGBT support] on the radar and are insular, so it's hard to access'.

Given high percentages of Muslim people in certain areas of Salford such as Eccles, one worker at 42nd Street described a way that she felt such poor representations of certain communities might be redressed by providers:

'Break down the "them and us"... Black and Asian 'out' workers and the visibility of these is really important… [because in] certain communities it is dangerous to be out. All young people we see are white from Salford, we don't see any Jewish young people [from] Salford'.

Related to the above were fears for some young people of accessing services, in case they were spotted by people from their faith community entering an LGBT space, and hence might be involuntarily 'outed'. In the Inside Out focus group the following was discussed:

'Religious attitudes - this was specifically highlighted as more damaging than other forms of homophobia. In particular there were concerns around the strong community pressures often associated with religious groups and the lack of understanding regarding the emotional impact expressing anti-LGBT views can have on young people, living within that community'.

In addition, there was consideration of multiple components of identity in the Inside Out focus group: *'Identifying as British and Minority Ethnic, disabled or as living within mental health difficulties, as well as identifying as LGBT, can be difficult. This is within the LGBT community as well.'* There was a feeling that only one of these "factors" was recognised at a time, and the compounded effect of multiple identities was not always recognised.

This was prefaced by a view from the Inside Out focus group people, that there was a need for services to 'focus on more vulnerable individuals and preventative interventions for potentially worse mental health outcomes'. 42nd Street service users highlighted the need for care that is tailored to the specific needs of each LGBT young person:

'Different people in the LGBT community need different levels of support. [About her trans friend] – what they needed was someone to be close to. What I needed was someone to rant to. It is a spectrum for LGBT people and there should be a lot of work put into it'.

1.6   Specific barriers – L,G,B & T

There were themes of barriers specific to the different sub-categories within the umbrella acronym of LGBT.

In terms of bisexuality, a young bisexual woman and 42nd Street service user stated:

'I think there is a key issue of bisexual erasure. There is lots of ignorance. We [bisexuals] are still seen as a special snowflake and people assume that when I see a boy I am straight…These things irk me. When services come in, bisexual and pansexual people are seen like Tumbler Ninnies, (the people who self-diagnose and post on Tumblr things like 'I am pansexual, bipolar…'). When I came out at school there was a bit of hassle, but I addressed it first. I pre-empted it by saying it: 'I am bi, but I am not a predator'.

The theme of erasure of bisexuality was also described by a worker at the Salford LGBT youth group: 'Bisexuality is still dismissed as "not a thing"…some young people were saying gay is ok but "bisexual is just greedy". Bisexual young people get the least amount of support because people don't recognise it as real'. Moreover, according to the 42nd Street workers: 'there is prejudice in the LGBT community against bisexual people…and bisexual young women are also assumed to be going through a phase. Some people think bisexual people need to "make their mind up"…'. In cases where someone is out as bisexual, there seems to be several negative reactions, both from the outside/wider world and within the LGBT community, such as an idea of 'greediness', being a 'predator', or as attempting some type of demarcation as 'special' which might be part of 'a phase'.

In terms of lesbians, a CAMHS worker described further erasure with a long history*: 'It is more hidden in young women but they get on with their lives in a hidden way, just get on with it. Some people, including services, still don't believe that there are gay young women, since the Victorian times! They go under the radar, hidden. Shame.'*

A service user at 42nd Street described the sexualisation and fetishization of bisexual and lesbian women through a male gaze: 'Lesbian and bisexual women experience street

harassment. There is also a small dating pool/small community. Lesbians in the media are just sexualised for straight men'. The 42nd Street workers who were interviewed also described the sexualisation of lesbians: *'It can be seen as a phase in young women, but it is seen as more acceptable, but it is also about titillation and the sexualisation of lesbians, that they must be doing it for men. But the reality is that young women are still worried for how people might see it as being bad'.*

In addition, for the Salford LGBT youth group worker, there was an issue around lesbians getting overlooked and not referred as readily when compared with gay men, for example: *'When gay men get courage to come out they get referred by services [to the youth group] more than lesbian women. More work has been done including media about gay men, so people recognise gay men more than lesbians. Gay men [are] referred [to the LGBT group] much more, (by professionals), than lesbian women [are]'.*

For gay men, according to the two 42nd Street workers interviewed: 'It is a lot harder for young men: Being in primary school, hearing the word gay as a negative word in school e.g. your bag is gay. Children are conditioned to think being gay is bad and wrong, so "please don't be gay" is the message'. A CAMHS worker said: *'It is really hard for gay young men in Salford. The white, working class males and the stereotype of who they should be and if they don't fit that then it is really hard…not many gay friendly pubs, even these are blokey…not as openly safe to go there'.*

Part of the stereotype appeared to be an imposed feminisation of gay men and that there is an ongoing threat of homophobic violence posed from some more 'blokey', (aggressive/ heterosexual) men. For instance a worker at the Salford LGBT youth group described: 'Teacher makes the "gay" boy do sports with the girls, [they are] made to feel different…Lesson plans are not about diversity'. In misogynistic communities, to be a gay man is viewed as somehow being more womanly and this is often, in turn, viewed as humiliating and lesser than more 'male' activities.

In terms of barriers for young trans people, there was theme of considering and respecting an individual's self-defined pronoun, (e.g. she. They, he), and name choice (42nd Street user, Salford LGBT youth group worker, Inside Out focus group, Salford LGBT Youth Group).

In addition, according to workers at 42nd Street finding the language and confidence to talk openly about such desires was a barrier many young trans people had to navigate:

'Outcomes for trans young people, e.g. mental health issues are really high. It is really hard thing to name, to say, to understand, where do you go, and who you tell? It's hard. Manchester has more young people out as trans, but in other areas it is more underground. Trans people migrate to Manchester or London for acceptance. Who is even talking about it? When people do, it is laughed about and ridiculed. What is laughed about is males transitioning to females, and you don't hear much about f-t-m [female to male transition]. It's about masculinity, "as a man this is how you should behave". How should or could a 13 year old talk to someone about this?'

According to a CAMHS worker, there had been efforts at the Emerge branch of CAMHS to serve the needs of young trans people:

'At Emerge we have set up a support for two young trans people, so we don't drag young people into mental health services when they don't need it. We signpost LGBT young people on to the right service. Trans was a gap. We have visited the T group [Afternoon TEA supported by The Proud Trust] in Manchester, but there is nothing for younger kids [under 12] or smaller groups in either Salford or Manchester. So we linked up two younger trans people so they could talk to each other. We have not had a meet for a long time, but there was a demand for it. It is important for young trans people to have real life meetings not just virtual support.'

Navigating the policed access to 'appropriate' changing rooms and toilets was highlighted regarding trans young people, and the support (or otherwise) trans people received from teachers. There was also a need expressed for quicker pathways into provisions such as gender identity clinics.

There was caution expressed about seeing beyond the label of 'trans'. Trans young people said they wanted to be treated as a whole young person; for instance, a young person in the Salford LGBT youth group focus group stated: *'When you come out as trans sometimes you get "panic help", for example your school starts to put everything down to the fact you are trans, instead of seeing that other stuff is going on too.'*

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Furthermore, there was consideration of the different identities encapsulated within the trans term. A CAMHS worker recognised the limitations in services of meeting the needs of some such populations: *'…for non-binary genders and sexuality, it is so beyond – how do services catch up with that? We are way behind understanding where young people are. What's hard as well as all the trans stuff…models and super models and a super-rich lifestyle, is very different to young people just getting on with themselves'.*

Hence, there were specific barriers evident for those in the L, G, B and T categories, and overarching barriers including erasure/ invisibility, discrimination, poverty and a lack of opportunities for many young people in Salford. It was expressed as important to meet the specific needs of each LGBT young person, viewing all of their character and identity, of which sexuality and /or gender identity is a part but only one part.

2.   Navigating local systems and services

Across the interviews there was a discussion of ways that LGBT young people navigated local systems and services and their related experiences.

2.1   Local services: limitations and experiences

According to a worker at the Salford LGBT youth group there are problems with issues escalating due to long waiting times at mental health services*: '…waiting times is an issue. 18 weeks waiting list becomes [a] 6 months waiting list…to reduce waiting times might help young people. Better to deal with something so it doesn't fester'.*

In addition, for one CAMHS worker: 'Waiting lists are too long. We don't do enough joined up working, because people are too busy and have to prioritise their case load. CPD and partnership working is the first thing to go.' The waiting times were issues for other NHS-provided services, as described by one young woman: *'I was also under Early intervention, but for four months I heard nothing. I just got a text recently, but it was not worth it by then'.*

A Salford City Council employee also described the importance of the young person having a sense of trust in workers, facilitated by patience and consistency: 'I don't trust a professional I don't know, and if workers change, the trust gets lost'.

For one respondent, they noted the lack of LGBT leaflets available in waiting rooms in some services. In their opinion, this lack of LGBT visibility reflected unease systemically in the workforce:

'…practitioners are worried about being explicit. They are often worried about parent's reactions… They are worried because it is an intergenerational space. But if we don't have the leaflets there then it becomes shrouded in mystery. Practitioners don't feel confident, they are worried [that] the family will see them. They think, "I have to be respectful and do what the family want". Some practitioners are worried about colluding/ encouraging LGBT young people. They may bring their own judgement in, assuming a young person is confused, that it is part of their illness, or that it is a phase'.

The CAMHS staff we spoke to felt that if gender or sexuality was the predominant thing people were struggling with, then CAMHS was not the right place for them, and they would refer on. *'Generally we link people into existing support groups such as the T [Afternoon TEA] group. LGB ones locally, the LGF [LGBTF] and school. But also people know they have a space to come to us - that they can talk to us too. But their support with us might only be one hour a fortnight, so we want to help them get what additional support they can.'*

Moreover, a worker at Salford LGBT youth group expressed the following experience: *'I have never referred to CAMHS, because of waiting lists… our young people have not been successful with CAMHS in the past. The relationship, and being at Beacon, means 42nd Street is the go-to'.*

Furthermore, according to this worker, the there are issues of stigma, negative past experiences, and capacity issues to provide wrap-around care:

'CAMHS happens often when professionals push it e.g. if there is behaviour issues/ self-esteem issues and professionals from schools [push it]. Most young people we work with have had a CAMHS referral and the majority have not engaged. Young people think there is a stigma from their peers or internalised stigma, or they don't know what the acronym means (CAMHS). When young people have engaged with CAMHS, successfully, and there was a health professionals meeting e.g. Team around the Child (TAC), the CAMHS workers didn't attend, so no feedback from them was given. Perhaps they did not have capacity'.

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For a CAMHS worker, it was more of a case of increasing the amount of provision available, rather than changing the service to begin with: *'What is there works, but it is very limited. CAMHS, 42nd St etc are well attended but on such a tiny scale. Only there for people who can come to a service or are in acute need. [There is] not much wellbeing support or support at the other end for severe need. At both ends it is lacking'.*

In the professionals' survey we conducted, six participants said that they felt the whole children and young people's professional workforce needed LGBT training: 'All services that work with YP! Schools, IYSS, CAMHS, GPs, family support, sports clubs, coaches, etc.' They felt this should include terminology, signposting, as well as '…gender Identity, stereotyping, advice and guidance, info for other specialist services, techniques in talking about sexuality- often workers are scared!!'

Over all, negative experiences appeared to relate to services feeling too clinical and sterile; a lack of visibility or lack of an LGBT 'welcome'; workers perhaps not fully considering the young person's own understanding of their problems, and the young person being left with a sense of distrust/ disengagement from the service; workers who had become reluctant to refer young people to CAMHS; and some CAMHS workers themselves desiring more resources and scope to provide wider care to young people in Salford.

2.2   GPs

There was a theme of problematic experiences with GPs. One 42nd St staff member noted: 'the first port of call is often their GP, but young people don't like talking to their GP so that is a barrier too'. In addition, according to the young people from the Salford LGBT youth group, their experiences included the following: '[a need for] more GPs who understand', 'GPs who are more open-minded' '"it's because you are trans" – says every doctor, ever', 'going to the doctor and him being homophobic', and 'when I had counselling through the GP, I had two sessions, then they threatened me with sectioning so I never went back'.

For a young woman accessing 42nd St, her experience with the GP was as follows: 'If you go to your GP, they give you a form to fill in and rate your mental health. It was getting dumbed down, you know. I had an old…GP and all he does is give you paracetamol for everything…'

2.3   Services asking about sexuality

For a young bisexual woman: 'it never came up with conversations at [mental health organisation]. If it had, it would have saved me a lot of confusion. I had to do lots of questioning with myself and friends…'. Moreover, an Inside Out focus group member stated 'at [another mental health organisation] they listen and then they fill in the form, not you, and then they change what you say and miss stuff out.'

Through the surveys and interviews, most CAMHS workers reported that they do monitor sexuality e.g. 'in clinical notes, if it is relevant to their mental health presentation'. Some said they do not monitor sexuality at all. Regarding trans identities, in the survey data and interviews, trans monitoring was done inconsistently or not monitored at all.

Practitioners from across the statutory sector had views on monitoring which were very mixed: half thought they should monitor, 25% thought they should not, and 25% did not know if they should or should not ask about sexuality or trans identities. The respondents reported a nervousness about asking something that would make the young people, (or the professional themselves), uncomfortable. It was perceived that it should be 'relevant', though this lends itself to subjective assessment rather than systematic 'normalising' / 'usualising' practices. The youth service felt it would be useful to monitor to 'target resources effectively'. An anonymous survey respondent said: *'It also helps signpost to other services that could help, if you don't know how can you help?'*

For a young person in the Salford LGBT youth group, theirs had been a good experience with regards to being asked about their sexuality: 'I was asked by 42nd St and CAMHS, both were good'.

For the Inside Group focus group, whilst the group recognised the data-gathering purpose of such questions they agreed having a space to write your own gender / sexual identity on the form was important.

For a Salford LGBT youth group worker: *'Young people are less likely to be referred to the LGBT youth group if professionals don't ask the question. It would only take 1-2 champions in each service to push it and refer people. We had an 'out' women, (as gay), who always referred people, since she left there has been a void. Professionals don't always understand the purpose and the impact of asking the question. That 'out' worker could list all the positives of the group.'*

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For a 42nd St worker: *'If they don't say they are LGBT when they come for support, the professionals need to have the confidence to talk about it and mention it, and name it e.g. on referral forms…We always ask but they don't always say, sometimes they don't know yet or they need to test us out before they trust us. They see we are LGBT friendly if we see them at 42nd St [in Manchester], but if we meet them at their GP they might not feel as brave about it'.*

According to one CAMHS worker: 'It is incidental in conversation. We need to ask more, have more safe environments and say it with confidence'. Moreover, another CAMHS worker explained: *'we would explore that with young people, some staff are more skilled with this. It is down to the clinicians in CAMHS…You ask young people about what support they need, offer LGBT, but they might not need it. If they are trans it often does quite relate if it is about GIC referral…Everyone is confident asking at Emerge, and we do ask.'*

A Salford City Council worker commented: *'What is useful is not numbers, because people don't disclose. Under 25s will be more likely to disclose but there is no reliable data…We have to get people doing sexual orientation monitoring, including GP practices and acute teams (e.g. Salford Royal who have started to engage in this through Stonewall).'*

In the survey with young people, 45% said they were not able to fill out sexuality questions on monitoring forms honestly, rising to 65% not able to fill out trans questions honestly. The main reasons that they did not fill them in honestly was because they didn't trust the person asking the question or they didn't know where the information was going. Some also stated that they were not sure, at that point, how to describe their own identity, and some said that there wasn't a box to tick that 'matched' with how they identify, with one person saying 'I added my own box'.

All eight of the young people survey respondents said that they wanted to be asked about gender and sexuality by adults who support them. Some of these respondents said they wanted this to happen sometimes, and one person qualified this with the response that it should be 'relevant', whilst another said: 'As long as it is sensible and respectful'.

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When asked how they would like to be asked, survey respondents said: 'In casual conversation'; 'What is your sexuality?'; 'I might feel a bit uncomfortable'; 'On a one-to-one basis'; other people said ask 'nicely' and 'ask directly'; '*Ask me what I feel about it and how they can support me rather than ignore the fact it's even a thing that happens*'.

2.4   Schools

75% of LGBT young people who responded to the survey thought that school was not a safe space to be out as LGBT, or that they didn't know if it was safe or not, as they had not tested it e.g. through coming out at school. This means that young people are having to risk coming out, in an environment where they are not sure if people will accept them. Young people should not have to come out to know if school is LGBT friendly. Heterosexual young people do not have to come out as heterosexual to know if school is heterosexual-friendly, because this is reinforced in a number of ways throughout the school. Schools should be proactive in putting out an LGBT-friendly message.

Survey and interview responses about colleges were generally positive. In regard to schools the responses were mixed. One person said 'the teachers are very LGBT friendly and great', compared with a number of less favourable answers from other participants: 'My school is not fully experienced with LGBT issues', 'The [name of school] was terrible it is the worst place', and from a separate respondent, 'My school does not help with LGBT issues and chooses to ignore them'. One person thought about their school: 'I think the staff will be accepting but the learners will not be as inclusive.'

One young person in the Salford LGBT youth group stated: 'I was bullied for years about sexuality and none of the staff at school helped me through it', and for another young person in the group they felt 'unable to come out at school for fear due to violence'. It was felt that 'teachers need more training about working with LGBT young people/ LGBT community.'

Members of the Inside Out focus group, when they came up with the group's recommendations, suggested: *'a need for more relationship and sexual education at earlier ages in schools, focusing on healthy relationships (across both hetero and non-hetero spectrums), gender identities and sexual education beyond a focus on penetrative acts and STDs'.*

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Those who completed the survey suggested the following recommendations to make schools better: 'talk about LGBT issues'; 'be more understanding and open-minded about LGBT people'; 'allow trans people to use opposite sex changing rooms and toilets'; 'educate young people on issues and acceptance'; 'more training on LGBT issues and educate that homophobia is wrong'; 'increase awareness of the LGBT community'; 'more support' and one person felt their school should, 'have [a] LGBTQIA group and have LGBTQIA worker on staff'. (Q = queer or questioning, I = Intersex, A = Asexual);

For a worker at Salford LGBT youth group, work is needed into enhancing the ways that schools encourage young LGBT people to express themselves: *'Young people need schools to be clued up on identifying when a young person needs additional support around LGBT identities. Schools ignore it and education suffers… Even when we had Exceeding Expectations [an LGBT play], schools didn't want it, even though it was free'.*

There has been a reluctance from schools to be viewed as in some way 'advertising or promoting' LGBT identities. This lack of open discussion has consequences such as high levels of bullying towards young LGBT people. For one CAMHS worker:
'More education in schools. Challenge it [bullying] more…Schools also need to think about parents. One school I work with has a child who has same sex parents. They need to think about the parents, and be prepared to provide support for the parents or the child. Schools also need to think about trans young people's needs.'

2.5   Transitioning between young person to adult services

The issue of transitioning in terms of moving from child services to adult services was discussed by five people, especially in terms of negative experiences with it. According to one CAMHS worker: *'Transition into adult services is notoriously difficult. Adult services need to have shown to them a major mental health problem in order for the threshold to be met. So we use 42nd St instead, as well as self-help services, Connexions […] University pastoral support'.*

For a person in the Salford LGBT youth group: 'At age 17 I was dropped by CAMHS. They didn't tell me where to go next. I phoned up and they had already closed my case. If they

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hadn't I would be in a better place now.' Moreover, a young man in the Salford LGBT group stated 'I have just dealt with stuff myself, and just coped, even though I probably needed it.'

3.   Good experiences with local services and recommendations

The third overall theme across the people interviewed was that of positive experiences with services and ideas for improvements or recommendations.

3.1   Good experiences with local services

In terms of local provisions, there were several themes which came out positively for many of those interviewed; namely, pastoral support through local colleges (Manchester college and Salford City College); talking therapy, particularly through 42nd Street; youth work and support provisions in the form of Salford LGBT youth group; and (for those able to commute into Manchester), services offered by the Proud Trust including the LGBT youth group and the support group specific to trans young people known as Afternoon TEA.

Both psychological support and more informal social and youth work provisions were valued and seen as necessary; in the words of one young person: 'Youth work and mental health support are both good in different ways'.

Regarding colleges, one young bisexual woman stated: 'My college and Manchester College are amazing. They ask you "what's wrong?"…'. According to one CAMHS worker: 'Colleges do a lot to help, for example, Salford City College do support/ tolerance work, but after 4pm you are out in the world…'. There were examples of positive comments made about 42nd Street included from young people in the Salford LGBT youth group: '42nd St is really good' and 'I trust 42nd Street would speak to me before breaking my confidentiality or sharing information, I do not trust CAMHS in the same way'. In addition, a young person described how their worker at 42nd Street had 'gone above and beyond' to liaise with other professionals involved in their care and this has helped to effect change: 'It was only when [42nd Street worker] rang him [GP] about my bulimia did he then see me and tell me what to do in a crisis', hence there was an appreciation of the advocacy role that some of the workers at 42nd Street play.

In relation to experiences of the Salford LGBT youth group, one young person stated: '…the LGBT youth group has helped me through a lot. Youth group staff make you happy and

they care a lot, it is a friendly atmosphere where people listen...I trust the workers'. Furthermore, another young person described how the youth group involved 'doing things that make me be/feel more independent'.

A youth worker from Salford LGBT youth group described the ways that the youth group provided a gateway into other services for some young LGBT people in need: 'I help young people access Out in Salford group (the LGBT group for adults), and housing/the Foyer/Princes Trust – and the latter have been awesome…'.

One 42nd Street worker described the importance of a co-located different services to enhance 'wrap around' care: 'Main services [are] at the Beacon IYSS. Good that they are all in one building, connexions, young carers etc [for] liaising with them. We tell them about The Proud Trust too, we get a lot of the same young people!'

A young person in the Salford LGBT youth group focus group described their experience accessing a service at The Proud Trust: '…the workers are patient and listen to everything that you have to say' and according to another young person from the focus group: 'At Afternoon TEA [The Proud Trust trans group] the workers know what is best and what it the most appropriate organisation to refer you to'. Furthermore, a worker at the Salford LGBT youth group described referring young people to The Proud Trust: 'I often refer to The Proud Trust because sometimes young people want to go out of the area and because there is a specific trans group with The Proud Trust but none in Salford.'

3.2   Acceptance from others

One them was the importance of acceptance from others. For instance, one young person stated: 'I was lucky to have a mum and a dad who were accepting. I came out and my mum said "okay"…it took my dad a while to adjust, but they want me to be happy, and to be able to turn to them…'. Furthermore, a worker at the Salford LGBT youth group described the group as 'a first step, especially if they have not been accepted by family…but also some of the young people do not have such issues and just come to hang out'.

One survey respondent noted: '*There is a need to parents of LGBT young people to receive support, often parents want to help but don't know how too. Other parents can be very unkind and not accept their children so again support is needed.*'

A 42nd Street worker described the following process that they had observed in some young people who seek acceptance and support:

'Meeting other young people is really important, and having trips and residential experiences. Young people want to see "someone like me", for example they want to know what a gay person looks like, what life is like when you are gay, what else do you do - it's not just about being gay: "It's who I am but it's part of who I am. I might need housing or I might need something else"…a youth [work] and peer approach really works. It works where you just accept the person – it sounds too easy – but it is easy – acceptance can be easy if you just allow the young person to be. They need that support to find out who they are and to be treated not as a child'

The above was especially important given that, as a worker from the Salford LGBT youth group pointed out, acceptance was not always forthcoming outside or indeed inside parts of the LGBT community more generally: 'there was plenty of anecdotal evidence that members of the LGBT community themselves singled group members out, saying "you don't look like…" or "are you sure you belong here…" when they didn't fit a more stereotypical image of sexualities'. As such, there was a related theme of the importance of 'safe spaces'.

3.3   Safe space with time to explore/ reflect on sexuality

A theme arose of a desire for safe spaces for young LGBT people. For instance, one young woman stated: 'for young people, things are just not safe, the streets. There should be more…safe spaces'.

Moreover, for a worker at Salford LGBT youth group: 'Young people need a safe space to explore who they want to be, without judgement. For X, a trans young person, they can explore at the group in the way they can't do at home'. 45% of the respondent to the survey said that if they were struggling they would turn to a youth worker/ youth group. This was the most popular choice for support from the survey.

A 42nd street worker described the pertinence to young LGBT people of the Greater Manchester region: 'young people gravitate towards Manchester. They think it is a safe place to be gay, to hold hands in public. But when you are open you are more likely to be

abused'. An CAMHS worker described where they look for when supporting people in an outreach situation: 'We look for somewhere that is safe, comfortable, convenient for the young person and confidential'. They highlighted the need for this for LGBT young people because often they are not 'feeling safe to talk about sexuality, or to talk about their partner' in their usual settings.

Central to a sense of safety was an ability for young people to explore and reflect on aspects of their sexuality and/ or gender identity. For one young person, it took some time and a process of reflection: *'…this was until year 10, when I said, I think I am bi. It took me a year to gauge if I was questioning it, or gay, or straight. I asked LGBT people round me – "is this normal?"…reassurance is needed that things are going to be okay'.*

A young person from the Salford LGBT youth group described the importance of time to explore and develop trust: 'just one session or a few sessions doesn't really do it. You need time to build the trust. Sometimes it takes years'. A 42nd Street worker concurred with the theme of safety and time for exploration: *'They need to know they will not be treated badly for that. It can be a slow process and about building the relationship up first. They want to have the opportunity to build trust with a worker and want to open up without being judged, if they are struggling in other places…Consistent worker/ support is essential'.*

Linked with the element of consistency, a further component along with time and patience, was a sense of services offering a reliable and effective service. As one young person described: '…don't take the piss, we need stuff, don't let us down'.

3.4   Not making assumptions – individualised care for specific subgroups

For one young person, it was important to consider similarities and differences between people within the umbrella of L,G,B, and T:

'People have lots of things in common, but also have lots of separateness… People need training e.g. LGBT training, and a level of understanding. Get up to speed with new terms and understand people have different needs. Different people in the LGBT community need different levels of support'.

Moreover, for a worker at the Salford LGBTQ youth group: 'LGBT issues need to be part of the intrinsic agenda for training rather than an add-on'. For a worker at Salford LGBT youth

group: 'There needs to be projects like The Proud Trust and there needs to be the support in generic services too, so that people have more than one way of accessing'. Furthermore, for a 42nd Street worker: 'A centre for everyone would be the utopia, but we need separate spaces because of oppression and stereotypes'.

3.5   Young people at the centre of the work services provide

It was noted that there is a threat to the number of spaces specific to the needs of young people, for instance one worker from the Salford LGBT youth group stated: 'Young people's spaces are becoming less and less'. There was also a desire for services that were designed with young people in mind/ involved. This concerned the physical setting and appearance of provisions along with creative solutions to the use of spaces. For example, according to one young person: *'What I like about 42nd street is the art and the comfortableness. It is designed for young people…Places need to look less like a hospital and more like 42nd street, relaxed and with art, make it less clinical. Maybe not a separate building, why not a park or a student union?'*

Moreover, for a 42nd Street worker: '*The Beacon [the building in which 42nd Street Salford provision is based] is more "young person friendly" and helps them be open to talk about it. So location is important... has to be LGBT friendly services'.*

In addition, to a desire for less of a 'clinical' setting, there was also a discussion about the importance of services actively consulting young people in the provisions. For instance, in the Inside Out focus group, there was a strong desire expressed by the young people that they wanted to be involved in activities resulting in policy reform, from the wider council level down to their own schools and places of work. There was a frustration at not being consulted, for example in a school's efforts to tackle homophobia. This also extended to the LGBT community itself, with anecdotal evidence of 'not feeling included within "your own" community…'

Peer-led models and active consultation was desired by young people. The value of adults leading in a practical sense was recognised, (e.g. leading groups / sessions / advocacy), but, in addition, the young people in the Inside Out focus group felt it very important that they be consulted over the content of any services offered. Moreover, one young person expressed the following thoughts: '…there are other ways to help, for example, have music

nights, have young people help to put these on, or have young people be involved in creating the physical space (art etc)'. Furthermore, for a 42nd St worker, services need to be 'young person-led, participation all the way... and deliver formal and informal support'.

A further aspect of young people at the centre of services was expressed as a need for services to offer flexible and different types of care to the young people. Young people suggested this would help meet various needs, including through individual and group support, and consideration, where possible, at matching the worker to the particular young person, (and their needs at that time). For instance, according to a 42nd St Worker: *'They [young LGBT people] need the offer of 1-2-1 support as well as group support. Homophobia needs challenging at every level in society; it is a massive question and a really big job.'*

3.6 Accessibility of services

Services were described by many as concealed or difficult to access. For one young bisexual woman and 42nd Street service user: *'Services should let it be known that they are there. The GP has to refer. It's like a secret network and you need a secret handshake. I didn't know how things worked. If you don't know how to do it, you don't do it…'*

In the survey data with young people and professionals, there was a much higher awareness amongst young people that CAMHS existed compared with any of the other services detailed. However, the general satisfaction level with CAMHS was lower than for other services.

A 42nd Street worker noted: *'we need to be approachable, young people need to know they can come in and just be. That you can come in and talk about anything and everything. Not looking at "gay as the problem" but that society is the problem, but that services need to be accepting and open…'*

Furthermore, according to one CAMHS worker: *'Manchester has more publicised support for LGBT young people, such as posters and leaflets. Young people feel more comfortable than in Salford maybe, it is less visible here [in Salford]. Young people need to know where to go/ safe spaces, open support, places they can access.'*

In addition, according to a worker at the Salford LGBT youth group: 'Young people have and do access 42nd Street and it has been successful, especially because it is located at the Beacon…Young People know it, many groups run here, so there is no stigma'. There was a theme about services ensuring that they are visible enough in terms of their LGBT provision, so that young people know about them and how to access them.

A number of people described the delicate balance of services being delivered in accessible settings, whilst also maintaining a degree of anonymity. There was a recognition of the risk of being 'seen' by people when you access particular buildings, which may inadvertently 'out' people and have negative consequences. Young people felt that choice around accessing in Manchester or Salford was important, but that some people, because of public transport, non-accessible transport or controlling parents, could not journey far from home. People suggested satellite support in generic groups and schools was needed.

CAMHS have appointments in a variety of outreach settings such as schools, but this wasn't mentioned by young participants.

Young people talked about creative and flexible support such as increasing the reach of services through offering an online component. For instance, in the Inside Out focus group of young LGBT people, there was a discussion about the difficulty for some of them in accessing face-to-face services, and therefore the importance of the use of online services. This form of service delivery was recognised by a 42nd Street worker but with a caveat: *'Online support is developing but it is not always enough. You need to interact with someone real; sometimes you just want to be around someone for support.'*

3.7   Participants' recommendations/ dream provisions

According to a 42nd Street worker, their dream model would be: *'42nd Street and The Proud Trust model!...Young person-friendly and comfortable and workers they trust…services that help young people from the point of engagement all the way through the journey. All our staff get the same in-house training including reception, admin staff etc.'*

The young people in the survey had the following suggestions for the future: 'More LGBT youth groups'; 'more acceptance'; 'better health care (GPs need to be educated on this) for those who need it'; 'for LGBT people to be listened to rather than ignored'; 'more work

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through schools, friends, family, youth groups'; 'understanding and education'; and 'advertisement'.

Professionals in the surveys suggested: 'they [young people] want someone non-judgmental (hopefully!) to talk to…[to take away] the fear of being judged/ stigma'; 'better understanding of the complex needs'; 'greater visibility, targeting'; 'more training for professionals working with YP [young people]. More visibility events and more LGBT groups for YP to access either in schools, college or more in youth centres across the city!'

For a school-CAMHS worker, education and training along with specialist provisions and clear publicity/ campaigns need to extend more widely. They believed there is a need for: *'more education, access, awareness on LGBTQ issues within the general community, for openness, so people do not have to do stuff in secret…It is simple to respect, advocate in the room and bring this into the wider world and champion the young people…Ofsted are already involving LGBT and measuring inclusion strategies. We should be the same in CAMHS; embedded, not an "add-on". There should be a multi-agency specialist team dedicated to LGBT support for young people across Salford. It should link in with the youth service, schools, sexual health, CAMHS. This should include outreach, a big training component, visible publicity. There should be a campaign to educate against homophobia and transphobia. Support for young people and their siblings, and parents, especially around trans issues.'*

Moreover, this desire for a more specialist provision was also expressed by a CAMHS worker, who had a wish for: '*A targeted LGBTQ service. Bright, friendly, young person-centred. Accessible 24/7. One stop shop – mental health, sexual health. Hub and networks in and out. But how would this go down in Salford? The intention is not to stigmatise, it would be different in different cultural groups. Is it safe? Walking in to it, getting a bus, where would it be? So maybe a youth service with a service discreetly there. Always social versus wellbeing, getting the right balance: Support young people to develop social skills but not being the social club. Young people need independence not dependency. Professionals are friendly not a professional friend. Then the young person can fly off into the world. Should not be as closed as some places e.g. the Gender Identity Clinic.'*

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Best practice from outside the City

During the course of the research, people suggested examples of best practice that Salford could learn from. Here are some examples of models that work well in other parts of the North West:

Good Practice Example 1: Warrington Youth Service's LGBT youth group

Warrington Youth Service's LGBT+ youth group, GLYSS (Gay and Lesbian Youth Support Services), is part of Warrington Youth Service's Tier 3 Team. This team offers intensive one-to-one and targeted group support for young people aged 13 to 19 years. As GLYSS is a part of this wider team, it has established a referral pathway in from accessing group support to accessing one-to-one support for those young people who require it.

One to one support comes via a Family Support Model Referral Pathway that is part of Warrington's Early Help Strategy. Following referral, youth workers can provide one-to-one support which can include LGBT specific support, drug and alcohol support or generic youth support, with a focus on emotional wellbeing.

This Family Support Model Referral Pathway is also the access point for other professionals such as social workers and CAMHS to refer in for LGBT+ group or one-to-one support. A manager representative of Warrington Youth Service's Tier 3 Team also attends SAM's (Service Allocation Meetings) where CAF assessments are presented and support options are discussed and facilitated. Therefore, there is a referral pathway in from SAM's to LGBT group and/or one-to-one support via the CAF process. A manager representative from the Tier 3 team can then signpost to GLYSS or bring back to the Tier 3 team for further follow up to assess the young person's needs. A similar process is also in place for Warrington's MCSETO (Missing, Child Sexual Exploitation and Trafficking Operational) group.

Good Practice Example 2: The Proud Trust's Peer Support Project in Greater Manchester

The Peer Support Project has been operating since the mid-1990s following the merger of two letter writing, peer support, pen-pal projects, (LYSIS and the gay young men's pen-pal project).

Its aims are for young LGBT people to:

1. Have improved access to support from someone their own age who has similar experiences, in an informal environment/space.

2. Have links/referral options into additional support, such as youth groups or counselling.

3. Learn more about wellbeing. Understand and use self-help tools to improve their own wellbeing.

4. Be empowered through skills development, training and supporting each other.

Young LGBT people have expressed a need to meet other LGBT people their own age in order to feel less alone, in order to share their experiences of oppression, and in order to learn about & explore their identities.

A large amount of the referrals come through school staff, (teachers or pastoral staff). Often this can come about in a roundabout way where school staff request a member of The Proud Trust staff to come in for a one-to-one with one of their students, and then subsequently this gets referred to the Peer Support Project.

Young people also refer directly via the Peer Support email address and through text messages, (or less frequently, phone calls), to the telephone number we advertise. All of the young people who access the Peer Support Project are informed about The Proud Trust and other local youth groups. A large amount go on to access these, and on occasion also access 42nd St.

They tell the project staff that they struggle to find support which recognises the intersection of their gender & sexuality in a relevant and un-oppressive manner. A common outcome of homophobia and transphobia is dealing with social anxiety, which can make accessing groups or formal support difficult or impossible.

The Peer Supporters are all under 25. At any given time, half the peer supporters are trans and the other half are L, G or B. They are trained to be able to offer support through active listening and wellbeing activities. They can also talk about shared experiences of oppression. Through their engagement with the project, young LGBT people are also able to be signposted or referred to other relevant services who are known to The Proud Trust

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as LGBT friendly. The Peer Supporters can support individuals to work towards accessing groups by building up their confidence, preparing them for what to expect, and meeting them prior to the youth groups to walk in to the group together. This is key if a person is scared of accessing for the first time, and /or would struggle to find the building.

An example of how Peer Support has worked:

K.B. was referred to The Peer Support Project following an initial meeting with a member of staff from The Proud Trust. He was paired up with a Peer Supporter who met with him for an initial meeting. During that meeting they identified key aims and agreed to arrange weekly sessions for the next 6 weeks and then review.

Since talking to a Peer Supporter it came to light that K.B. was worried and unsure about what he is going to do once he finishes Sixth Form. The Peer Support Coordinator arranged a meeting with his school Key Worker and with the Peer Supporter to discuss these concerns. It turned out that the school already had a plan for K.B., but because of his learning difficulties he hadn't fully understood this. The school is now working with the Peer Supporter to ensure that K.B. fully understands the plans in place for him and to involve him more in making these plans in the first place.

To build on this, the Peer Supporter has run mini activities with K.B. during their sessions on areas he has identified as a worry to him, for example they recently did a budgeting activity to support him for when he leaves home. In this situation the Peer Supporter has played a key role in ensuring that K.B. is involved with and understands the decisions being made about him, and through this support and targeted activities they are working to reduce some of the anxiety that K.B. has around his future.

Good Practice Example 3: GYRO at YPAS in Liverpool

GYRO (Gay Youth 'R' Out) is the LGBT youth provision for Liverpool. It is based at the counselling and advisory service YPAS (Young People's Advisory Service). CAMHS fund three full-time workers for the LGBT service, which has additional funding and support from the Youth Service.

These funded roles include:
1. A Manager post to manage the staff and oversee four LGBT youth groups (three based on age and one trans specific) and oversee staff who undertake one-to-one support;
2. A support worker to deliver LGBT youth work and one-to-one sessions;

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3. A support worker solely for trans young people: to deliver group and one-to-one support as well as policy development and pathway development for trans young's people in the city.

This enables a balance between social support through youth groups and one-to-one support. There are strong referral pathways with CAMHS, which helps young people get the right level of support from the appropriate service. The trans provision provides direct referrals into the national Gender Identity Clinic (Tavistock). The link with the Youth Service enables joined up working, use of council buildings for meetings/ events and good referrals.

Good Practice Example 4: The Empowerment People's Safer Person Project (SSP)

The SPP is a training project for Young Lesbian and Bisexual (LB) Women, which builds on the findings of last year's North West and West Yorkshire LB Women's Peer Research study. Young women reported that they are more likely to seek support from their friends, and act as supporters of their friends, as opposed to seeking formal support.

The SPP aims to equip young women to better approach existing supporting situations they encounter in their daily lives. Through training which is mostly 'case study/ dilemmas' focussed, they gain the skills to feel confident supporting their friends in a safe way, whilst simultaneously gaining skills and resources to access support themselves, (develop self-care/ resilience).

Young women are recruited through LGBT youth groups to become Safer People trained. Once trained they practice their skills in their everyday life, so there is no referral process. They do learn about signposting people to support services if the level of need requires it.

Young LGBT people, particularly young LB women, are less likely to seek parental, or professional support, due to worries about being outed, and feeling not understood or represented by others. This means that many issues facing young LGBT people are dealt exclusively by the young people themselves, and in their immediate online or real life peer group. This project acknowledges this and helps to make those situations safer.

The project is planning to expand into schools with young people who want to support LGBT peers but who may not necessarily define as LGBT themselves.

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What can be learnt from the good practice examples?

The example of Warrington shows how referral pathways can be strengthened and how multi-agency work can be effective in this area. The Manchester Peer Support Project shows a social model of support involving 'expert patients'/ young people in being part of the support of others for lower tier support, and early intervention. The Liverpool example shows what can be achieved with a higher level of investment into specialist LGBT services. The Safer Person Project shows an example of prevention tools that schools can adopt to prevent poor mental health, promote conversations about gender and sexuality, and enable more informal peer to peer support.

Conclusion and Practical Implications

The recommendations in the literature showed a need for better pathways, early intervention, flexible delivery (including drop-in, self-referrals, peer support and youth groups). In addition the recognition of the specific issues of Salford include high rates of poverty, abuse, bullying, substance misuse, self-harm, suicidal ideation, hospital admissions, homelessness and discrimination, (homophobia, biphobia, transphobia and sexism).

The following section draws from all of the above data for key practical implications and recommendations, with the aim of the findings generating real change and improvements in the provisions.

1. Experiences and barriers faced by LGBT young people: Recommendations

Concurring with the pre-existing literature, were findings regarding levels of deprivation and (perceived and actual) stigma in the form of homophobia prevalent in some areas of Salford. However, there were also signs of improvement with younger generations generally seeming to have more accepting attitudes towards LGB&T identities.

1.1 Geography of Salford –Recommendations

Services and workers need to be aware of the nuanced needs and geography of Salford in order to deliver tailored care, particularly in those areas with more disadvantaged and

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harder to reach populations (e.g. Jewish, Roma, Muslim, and those living in more rural localities). Services and commissioners should ensure there are more accessible and reliable services delivered across Salford. This might include consultations and assertive outreach into neighbourhoods, schools and localities.

1.2 Generational differences and recent trends/ changes – Recommendations

There is a need for workers have initial training and regularly updated training, as well as other learning opportunities including consultations with young LGBT people themselves. Training should cover the latest terminology regarding LGBT+ identities and understanding of identity labels within young LGBT communities. Some of this training can be online e.g. the Royal College of GPs free e-learning resource about trans identities:

http:elearning.rcgp.org.uk/gendervariance

Online training is good for fact based knowledge but not useful for exploring the attitudes and values of staff, so is not a substitute for face-to-face training. It should be done concurrently with face-to-face training, or as a supplementary option.

1.3 Sexism and misogyny, harassment, abuse and bullying – Recommendations

Services should adopt a proactive anti-hate crime stance to actively challenge and reduce sexism, misogyny, harassment, abuse and bullying in all forms. There should be specific awareness of how such forms of violence pervade many aspects of LGBT young lives. Training for professionals and workshops/awareness-raising lessons for young people in schools should take place. This should include balanced case studies of young LGBT people (e.g. some of being bullied contrasted with more positive examples). In addition, active participation of young LGBT people in consultations is needed help improve anti-bullying/discrimination policies and practice.

There is a need for better promotion of registered hate-crime reporting centres, and LGBT youth support (e.g. the LGBT youth group) in Salford.[2] Young people should be made aware that youth workers/ teachers will support them to report hate crime, when necessary. Early intervention, including spaces where parents can learn about gender/ sexuality e.g. free training in Children's Centres, would help prevent familial rejection/discrimination. Mermaids, the national parents of trans children organisation could help with this, as could

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[2] Contact salford.partnershipteam@gmp.police.uk for your local Hate Crime Reporting Centre information

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Manchester Parent's Group (a FFLAG group – friends and family of lesbian and gay people).

1.4   Mental health problems – Recommendations

There is a need for training for professionals to learn and practice ways of bolstering young LGBT people's mental health, wellbeing and resilience. The data showed that many young people felt unable to explore or identify as who they 'truly were' for fear of stigma and/or discrimination. This means the onus is on the professionals to say the words 'lesbian, gay, bisexual and trans' as part of their daily and routine conversations both with young people and other professionals. This will help 'usualise' LGBT identities and reduce the stigma.

The act of concealing aspects of one's identity could be explored with young people in creative ways, such as through art, poetry and music projects, as well as online support.

There is a need for support for parents and other people around the young people, in order to enhance the acceptance of the young people, e.g. The Charity Mermaids runs online support and local meet-ups across the UK for parents who have trans children, so a partnership with Mermaids could be useful.

There is a need for workers to not make assumptions that all LGBT young people will have mental health difficulties, and there should be a recognition of existing high levels of resilience in many LGBT young people's lives. Agencies would benefit from celebrating LGBT identities and events throughout the year (e.g. February's LGBT History Month), hence making visible/ validating LGBT identities, which will enhance acceptance and emotional wellbeing, and avoid falling into an unhelpful and disempowering victim narrative.

1.5   Harder to reach/ marginalised groups - Recommendations

There needs to be assertive outreach into geographical areas of Salford which currently have few, if any, young LGBT people accessing LGBT youth services. Particular focus is required to engage young people belonging to Muslim, orthodox Jewish and Roma communities, and in areas such as Eccles and Higher Broughton for example.

Positive discrimination could be considered when advertising youth work and mental health practitioner jobs, so as to encourage people who are black, from ethnic minorities and who

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are LGBT. All the staff interviewed in this consultation project identified as heterosexual, cis (not trans), except one who identified as bisexual. All, except one, identified as white. This lack of diversity robs young people of possibility models and visibility of people like them.

There is a need for LGBT provisions and additional sub-provisions that attempt to address the needs of the identities that make up L,G,B and T e.g. support specifically for lesbian and bisexual women and support specifically for trans people. Workers should ask young people young people what they want, and avoid making assumptions (e.g. that all lesbian young women will have the same needs). Ensure individualised and tailored care.

Careful dialogue and work should be done into engaging with Rabbis, Imams, faith schools, local faith leaders and community authority figures to enhance engagement, support and involvement. Existing multi-faith forums could be contacted to begin this dialogue.

1.6   Specific barriers – L,G,B,& T – Recommendations

There is a need for awareness of the nuanced forms of discrimination towards people within the LGB&T spectrum and ways in which sexist, gender stereotypes pervade such notions. Particular focus is needed on ways in which bisexual and lesbian erasure manifest along with the sexualisation of lesbians within the male and heteronormative environment.

Schools in particular should avoid gender stereotyping e.g. avoid enforcing gendered uniform codes or having only gendered toilets. Schools should challenge the way gay male identity too often feminised, such as gay young men told to play different sports to the 'macho' (presumed-straight) young men. Similarly, feminine boys should not be presumed to be gay. Trans people being fetishized and commodified should be challenged.

Anti-discriminatory language and practice is crucial. For example, the word 'partner' should be used rather than the use of the words 'girlfriend' or 'boyfriend'. Workers need to be trained so that they are confident in ways of challenging discrimination when they witness it.

2. Navigating local systems and services: Recommendations

2. 1   Local services: timelessness, limitations, experiences – Recommendations

Services need to always ensure their workers actively listen and attend to the young person's frame of reference/own understanding of their difficulties.

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Patience and time are needed in all services to ensure young people do not feel hurried along and can get support at the pace that is right for them. It might be that commissioners review the degree of provision available, to help alleviate the waiting times and the demands seemingly placed on the workers to quickly discharge young people.

There might also be a need for a triage procedure in which the young person receives a brief, timely and direct communication regarding the likely length of wait and offered lower-tier provisions in the interim, (e.g. the local LGBT youth group). Such practice would hopefully aid trust and confidence between young people and CAMHS, and better meet the needs of young people in Salford.

Spaces like the Pendleton Gateway could become less clinical and build on their good examples of when décor is designed by young people or with them in mind. Clearly visible publicity should be available in public spaces and in waiting rooms, regarding LGBT youth provisions, in the same way as Emerge in Manchester has LGBT youth group fliers in their waiting room area. Better signage, and/or the option of being welcomed at the main entrance to the building, would make the journey into the CAMHS part of the building easier for young people.

Waiting list interventions (e.g. triage or a telephone call) also is required for other statutory provisions, such as the Early Intervention Service, in order to reduce the amount of time young people spend unsupported.

All service providers including CAMHS and 42nd Street, should engage with local workers and services such as the Salford LGBT youth group, so that there is more partnership working and appropriate referrals made between agencies.

2.2   GPs – Recommendations

GPs in Salford need better training on how to engage/support young LGBT people e.g. the free online learning tool about gender variance (mentioned in 1.2 above). In addition, all surgeries should sign up to the Pride in Practice scheme, which would give them access support as well as anti-discriminatory posters and leaflets for display in surgeries/ waiting rooms.

GPs would also benefit from clear guidance regarding referral pathways to Gender Identity Clinics/ Services; to youth provisions for LGBT young people and to family support groups e.g. Mermaids (for parents of trans children).

Make use of free resources e.g. The Proud Trust website contains a directory of local LGBT youth services; a short information film designed for GPs about working with trans young people; and a guide to wellness for young lesbian and bisexual women.

Respect young people and take them seriously. Acknowledge their sexuality and gender identity, but to ensure that there is a balance between acknowledging and not overly focusing on sexuality or gender identity; recognise it is 'in the mix' among other aspects of who they are.

2.3   Services asking about sexuality – Recommendations

Young people want to be asked about their sexuality and gender identity in a relaxed manner by services/professionals. They need to feel confident that the information will be treated confidentially. Staff need to be trained in how to ask the questions confidently, and also in understanding why such information-gathering and monitoring is important in identifying prevalence of populations and related needs.

For some young people, it takes time and the development of trust before they will disclose LGB&T identities. This should be acknowledged and accounted for when reporting figures for Salford LGBT populations. Staff should revisit monitoring with young people if they are working with them over a long period of time, as their understanding of their identity may develop over time. This also gives them adult permission to discuss gender and sexuality.

2.4   Schools – Recommendations

The dual approach of usualising and actualising is necessary to remove the shoots and roots of discrimination, (taken from the 'VisiAble Model', Schools OUT, 2010).

Usualising is to bring LGBT identities into the everyday e.g. include LGBT lives, statistics, histories, geographies, literature, science across all subjects in the curriculum, and mention sexuality and gender in a usual way in everyday conversation/ discussions. Actualising is

proactively focussing on LGBT lives e.g. through marking LGBT History Month or International Day Against Homophobia. If this dual model was adopted, it would be unlikely that homophobia and transphobic bullying would occur in schools.

Anti-bullying work is necessary through outreach work into schools provided by LGBT youth provisions and through internal work from school staff. Moreover, spaces should be facilitated in which young people can share their experiences in school and discuss pressures they might feel are placed onto them. These spaces could include LGBT groups or Gay-Straight Alliances in schools.

Relationships and Sex Education is required which addresses different types of relationships and sexual acts, in ways which respect diversity and encourage consent, health and pleasure at the heart of fulfilling relationships. Existing specialist resources can be used, such as the guide to sex and relationships for young lesbian and bisexual women, and the Sexuality aGender tool kit which is available from The Proud Trust. School Nurses could play a vital role in supporting these initiatives and giving confidence to teaching staff to deliver this work.

2.5   Transitioning between young person to adult services – Recommendations

Better support is required to support people between services, particularly when young people reach the age of eighteen. Clear pathways between services are required in aiding the young person's journey and sense of being thought about and 'held' by professionals.

Better communication between services is needed to aid this. Supported visits to adult services can help young people feel more confident in transitioning to adult provisions. Utilise services such as 42nd Street and the Salford LGBT youth group that provide services for those up to 25 years old.

It is important to manage the expectation of young people about adult services, e.g. that they may not get the same level of support they had in children and young people's services.

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3. Good experiences with local services and recommendations

3.1   Good experiences with local services – Recommendations

There was a need for both youth work, group interventions and peer support along with more formal psychological help including one-to-one support. More colleges would benefit from training to support young LGBT people, and developing LGBT youth groups within colleges.

Continue and enhance interventions like those at 42nd Street, Salford LGBT Youth Group and The Proud Trust, in which young people trust the workers, feel that the workers care, and go 'above and beyond' to support them in navigating systems/ advocating for themselves. Recognise the role of services such as The Proud Trust, in providing more specialist services (a trans youth group) and services outside of the immediate area of Salford, which for some young people aided their anonymity.

Further funding could be supplied to the above services in order for them to maintain and enhance their current provisions.

3.2   Acceptance from others - Recommendations

Many people described the importance of acceptance from others and having a space in which to develop a clearer sense of identity and belonging. Staff need clarity and permission to facilitate this personal development in the young people through clear goals and targets for the work they are delivering around aspects of acceptance and progression in the young people's confidence. Obtaining feedback from young people in which they operationalise aspects of wellbeing such as acceptance and belonging is important alongside more qualitative data-gathering.

3.3   Safe space with time to explore/ reflect on sexuality – Recommendations

There is a need for clear safe space guidance in services which are collaboratively devised with the young people and open for regular discussion and review. Safety appeared to centre around a space free from judgements by others; people having time and patience in helping the young person feel safe enough to trust in the service; and spaces where young people felt consistently and reliably supported. Clear procedures and policies would help workers and young people feel safe and ease accountability. There might also be a need to

look to existing examples of good practice, such as the Empowerment People's Safe Person Project outlined in the Good Practice Examples section.

3.4   Not making assumptions – individualised care for specific subgroups - Recommendations

Workers need regularly training and reflective space regarding their levels of understanding about the specific needs and current issues of LGBT young people, as well as legal and social contexts. LGBT issues need to be part of the intrinsic agenda for training, rather than an add-on. Moreover, good existing practice elsewhere in the North of England should be referred to, such as the combination of targeted group support alongside individual support that is provided by the Warrington Youth Service's LGBT youth group as detailed in the Good Practice Examples section.

3.5   Young (LGBT) people at the centre of the work services provide – Recommendations

Commissioners and service providers need to actively consult young people in the design of youth services. Regular feedback and focus groups would help the young people feel more actively invested in the service, and enhance the degree of connectedness/ relevance the service has with young people. Service providers could enhance the sense of ownership young people have by meaningfully engaging them in consultations about service content and form of delivery, including considering peer-led provisions. A good practice example of such work already happening by The Proud Trust is the peer support project outlined in the Good Practice Example section. Spaces need to be less clinical and sterile to help young LGBT people to feel comfortable and more at ease in the space. The location of the buildings/spaces used should be prioritised by ease of access through public transport, and a balance between anonymity and a space young people already know. Flexibility in the ways services are provided is essential, e.g. outreach to where a young person would like to meet.

3.6   Accessibility of services - Recommendations

Service providers need to think creatively and sensitively about how they publicise their service and make it accessible. Although discretion was preferred by some of the young LGBT people for various reasons, there is also a balance to be struck with having a degree of visibility and publicity so that young LGBT people learn of the existence of the services to begin with.

In the Summer of 2016 CAMHS plan to increase the signage in the Pendleton Gateway building, so that service users do not have to ask people for directions. Once people find the CAMHS reception on the first floor, there is a rainbow flag on the wall in the reception area, which states 'everyone different, everyone welcome'.

Reducing some of the secrecy around services seems important to help combat stigma/shame and to enhance the reach that services have. One existing system which appeared to work well was having 42nd St operate from a The Beacon, (a building that is already known to many young people, and which offers various types of provisions, hence not resulting in 'outing' young people who might be seen accessing the building). Other providers such as CAMHS might consider co-locating in youth groups/ centres and whether it would be beneficial to conduct work in existing buildings which young people would access anyway. This might help to counteract the sense of CAMHS feeling too clinical.

Providers should tap into, and use, platforms already utilised by young people in order to advertise services and also to offer some types of interventions, with online support particularly discussed as a viable option (e.g. Kooth online from XenZone), although ideally in conjunction with face-to-face support as well.

3.7 Recommendations/ dream provisions

Explicit recommendations were made for further work to be delivered by 42nd Street, the Salford LGBT youth group and The Proud Trust. Commissioners might wish to consider the feasibility of this in terms of further funding and consideration approaching these organisations for consultations and ideas of ways to enhance services which were viewed less positively. The ideal service young people described is young person-orientated in design and in the attitudes of caring and thoughtful staff who take time to listen to and support young LGBT people.

Education and training is needed to enhance staff in other services to work in the positive ways as already showcased by the above named services. It was also expressed that there should be active educative campaigns against homophobia and transphobia, as well as support for young people and their families.

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Furthermore, there was a desire for LGBT ambassadors in every services, and in addition, a multi-agency specialist team which was young person-centred and dedicated to LGBT support for young people across Salford. This would be accessible and link in with the youth service, schools, sexual health, CAMHS, 42nd street and the Salford LGBT youth group. This should include outreach, training, and visible publicity.

Conclusions

Based on a thematic analysis of first-hand data from the young LGBT people and relevant staff in Salford, there are many clinical implications for commissioners and service providers to consider. Services in Salford need to actively address the current shortcomings in some of the local provisions, such as inaccessible or poorly advertised services which were often viewed as too 'clinical' and impersonal in setting and staff attitudes. Many of the young LGBT people perceived that staff either did not actively listen to them or expressed outdated or unhelpful attitudes regarding sexualities and gender identity. Instead, there was a desire expressed for services which were welcoming and young person-centred, with timely access and visible advertisement of them.

There was also a call for staff to be knowledgeable of the specific needs and diversity across the localities that comprise the city of Salford, to tailor the service delivery to meet the specific needs of local young people and to appeal to 'harder to reach' young LGBT people. Young people described wanting enough time under services in order to develop trust and a rapport, and not to feel pushed out owing to waiting lists and external demands on services.

There was a desire for services to acknowledge and work positively to redress difficulties in many of the young LGBT people's lives, including experiences of bullying, harassment and sexism, along with mental health problems (often owing to the bullying and stigma). They wanted services which could tailor their interventions to the individual, acknowledging wider trends and particular challenges faced by the four sub-groups which comprise the umbrella term L,G,B,T. Therefore, staff need to be regularly trained in current issues faced by these populations and to be reflective in challenging any stigmatising or stereotyping assumptions and language-use.

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In addition to the above, were calls for better trained and approachable GPs and school staff, with regards to discussions of sexuality and gender identities and relevant support, along with clearer support with moving from young people's to adult services. Services would be advised to have staff trained in monitoring sexuality and gender identities in confident and friendly ways, and the routine recording of such data would help inform the national picture of local and current needs.

Finally, there were examples of the young LGBT people in Salford enjoying good experiences with local services, particularly rating 42nd Street, the Salford LGBT youth group, and The Proud Trust. Commissioners might wish to consider the feasibility of further funding for these services and consideration of approaching these organisations for consultations and ideas of ways to enhance services which were viewed as less successful in their current forms of delivery. One of the main reasons the above services were rated well was that they were felt to be young person-oriented in design and in the attitudes of caring and thoughtful staff who took time to listen to and support young LGBT people.

Education and training is needed to enhance staff in other services to work in the positive ways as already showcased by the above named services. There was also a desire for services which facilitated cultures of acceptance and celebration of 'difference' and diversity. Services were requested that provided spaces which felt safe and included provisions over time for the young person to develop trust for the service, to explore and to reflect on their identities.

It was felt that one way of services ensuring such 'safety' was for staff to not make assumptions, and instead provide individualised care and take notice of the separate needs of specific subgroups under the LGBT umbrella. LGBT young people should be central to consultations about such changes to services and be active as part of teams delivering the services, such as through peer support.

Additional Recommendations from the Proud Trust

- Early intervention and prevention lies strongly with schools, and we would urge that schools look at the Ofsted best practice examples regarding LGBT inclusive schools, and develop whole school approaches, as outlined in the recent evaluation by the

Department for Education.[3] In addition, template policies are available to work from, including anti-bullying and SRE. These should not be used wholesale but should be considered alongside the school's existing culture and practice.[4]

- The Emerge leadership of a trans youth action plan for Greater Manchester is welcomed, and initial meetings with this group look promising. This work may need further resourcing.

- Training for the Children and Young People's workforce should be a priority and would be a 'quick win'.

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[3] http://www.schools-out.org.uk/?resources=new-ofsted-document-exploring-the-schools-actions-to-prevent-and-tackle-homophobic-and-transphobic-bullying

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413234/No_place_for_bullying.pdf

http://natcen.ac.uk/media/1216039/natcens-independent-evaluation-of-an-anti-hbt-bullying-programme_research-report.pdf

[4] http://www.educateandcelebrate.org/resources/#162

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Appendix

The following are available upon request:

- The focus group session plans
- The interview questions for young people
- The interview questions for adults
- The questionnaire for young people
- The questionnaire for adults
- Findings of the two surveys
- Interim analysis arranged into the You're Welcome Themes
- The Joint Strategic Needs Assessment for Children and Young People in Manchester: LGBT section

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