

FOCUS GROUP TEMPLATE

ORGANISATION

42nd Street is an innovative Greater Manchester young people's mental health charity with over 40 years' experience of providing free and confidential services to young people who are experiencing difficulties with their mental health and emotional wellbeing.

42nd Street's offer includes groups where young people can access support. This includes Q42 – a weekly group for LGBTQ+ young people aged 13-18 and the LGBTQ+ Collective – an informal collective for LGBTQ+ young people aged 13-25 to access opportunities.

SUMMARY OF BRIEF & APPROACH

The brief given stated that focus groups should engage with the key question sets identified by the Cass Review (with input from involved services). The participants for these focus groups should be people with lived experience .i.e., those who identify as transgender, non-binary, gender fluid and/or young people who have been through a period of gender questioning, ideally, but not exclusively, people who have used NHS gender services, or are likely to use those services in the future.

Each focus group was expected to engage with 10-15 people in the age range of 14-30 years. There were three focus group sessions, each focused around a different theme. Each discussion session was required to last for a minimum of 1 hour.

42nd Street's approach to conducting this project has its foundations in partnership work –having bid to participate jointly with LGBT Foundation and the Proud Trust. Our joint approach aims to utilise the expertise and specialist areas of each of the partner organisations.

42nd Street works with young trans and gender diverse people, and have already established relationships with community members built on trust and lived experience. Our approach is specifically tailored to ensure that marginalised groups within LGBTQ+ communities such as queer, trans and intersex people of colour (QTIPoC) and neurodivergent people feel safe and included.

Our organisational approach is rooted in trauma informed practice, and this has informed each stage of our planning and implementation. After each session, we will dedicate time to providing support for participants – this includes space to check in and explore anything that may have come up for the young people. 42nd Street provides specialised mental health support, and this has informed our approach, ensuring that participants feel supported by facilitators before, during and after discussion groups.

RECRUITMENT

Our recruitment involved sharing a 'young people friendly' call out directly with LGBTQ+ young people who access 42nd Street, using our LGBTQ+ Collective's email and text newsletter. This newsletter is shared with LGBTQ+ young people from across Greater Manchester who are aged 13-25 and identify as LGBTQ+ (including questioning). This call out was also shared with all staff

members at 42nd Street, who were encouraged to invite young people who are known to 42 through our 1:1 or group offers of support. This call out was also shared on 42nd Street's social media, in hopes to reach a diverse range of young people who interact with our service online.

An important part of our recruitment practice was ensuring that young people could access the focus groups through a trusted service and known workers. A Mental Health Practitioner who leads on Q42 (our LGBTQ+ group for under-18s) was the main point of contact for recruitment, and then acted as lead facilitator – meaning that young people had a strong sense of familiarity and support throughout the process.

We wanted to ensure that the recruitment process was as accessible as possible. Recruitment information shared with young people stated that the focus groups sessions themselves would be accessible, and that young people would be able to request any accessibility requirements, such as alternative formats for the sessions themselves including participating through other mediums, including email, phone calls, and one-to-one sessions.

METHODOLOGY

We recorded qualitative data during all focus groups and analysed this data.

During in-person focus groups we recorded all verbal responses using a Dictaphone. This was then transcribed and analysed by grouping similar responses and topic areas. Moreover, analysis noted any affirmative responses (agreements and enthusiasm), alongside contrasting opinions amongst the participants (disagreements, silence in the recording).

During our online focus group we recorded audio using the in-app settings on Microsoft Teams, and all data from the 'chat' text function. This was then transcribed and analysed by grouping similar responses and topic areas. We utilised the 'upvote' functions in the chat, which enabled analysis of the most popular responses between participants.

We used 'search/find' functions when analysing the transcripts and facilitator input to observe patterns and trends in the responses.

As participants were encouraged to respond creatively during sessions, some pictorial data was also included. Some responses already recorded in audio or text were repeated here (i.e. written in bubble writing next to a drawing) which was analysed as an indication of these being important or 'primary' points.

HOW THE SESSIONS WERE RUN

We ran three formal focus groups.

Focus Group 1 and 3, which followed the corresponding question sets, were hosted at 42nd Street's building in our 'Group Space'. A setting which is familiar to participants.

The room was set up with sofas and bean bags, as well as two large tables with chairs. Participants had access to sensory items, snacks, drinks, and art materials. Participants were able to move around the space freely, and could access a quiet space if needed. Lighting in the space was dimmed. Participants were encouraged to write, draw, or otherwise be creative during the session. Any visual responses have been photographed and are attached to the transcript.

On arrival, participants were given packs with a monitoring form, safer spaces agreement, and a copy of the original call out. Once the monitoring form has been completed, participants had 15 minutes for socialising and introductions (Name, Pronouns, ice breaker question) at the beginning of the session.

Participants were then shown a simple PowerPoint presentation to facilitate discussion and support with accessibility. This included some basic information on The Cass Review and GIDS, and then each question and prompt in turn. This PowerPoint has been attached to the transcript.

Participants were given a 15-minute break midway through the discussion, and were encouraged to leave the space if wanted, or to

Speak to facilitators if any support was needed. Participants were also able to access hot refreshments during the break.

Participants then continued the facilitated discussion until all questions were covered. This discussion lasted a total of 1h 15minutes (not including breaks or introductions).

Facilitators remained in the space providing drop-in support to participants for 30 minutes after the session end.

Focus Group 2, which followed the corresponding question sets, was hosted online as a videocall via Microsoft Teams.

Participants were emailed packs with a monitoring form, safer spaces agreement, and a copy of the original call out prior to the call start time. These were returned to the facilitators.

Participants were again encouraged to take any breaks if needed during the focus group. Participants were able to turn camera and microphone on or off – and the majority of participants participated over the ‘chat’ function.

At the beginning of the online session participants had 15 minutes for socialising and introductions (Name, Pronouns, ice breaker question).

A virtual ‘whiteboard’ app was used to display the questions and prompts during the focus group. Participants could draw, doodle, add images and writing to this ‘whiteboard’ to enable creative responses.

Participants were given a 15-minute break midway through the discussion, and were encouraged to leave the call if wanted, or to speak to facilitators if any support was needed.

Participants then continued the facilitated discussion until all questions were covered. This discussion lasted a total of 1h 15minutes (not including breaks or introductions).

Facilitators remained in the space providing drop-in support to participants for 30 minutes after the session end.

Alternative/Accessible format focus groups

For each focus group, participants who required additional support and/or had an accessibility barrier to accessing the formal focus groups were invited to attend through an alternative format. Each alternative format focus group followed the same rough outline of the formal focus group – participants completed the monitoring forms, had time to settle into the session and do introductions, and were able to access support before, during, and after the session. The accessibility requirements and format varied slightly for each participant, but the alternative formats used was predominantly an email or other text-based session. Participants joined a 1-1 ‘focus group’ over email or our online live-messaging service with a facilitator. The participant could respond in turn to all questions and communicate back and forth with a facilitator.

Participants were able to contact facilitators by text, phone or email if any support was needed following all sessions. Facilitators also sent ‘check-in’ messages to all participants after sessions prompting them to reach out if support was needed.

SESSION INFORMATION (REPLICATE FOR EACH FOCUS GROUP)

GROUP TITLE & KEY QUESTIONS

DATE COMPLETED	FOCUS GROUP TOPIC	MODERATED BY
31/07/23	Present	Iona Dixon and Cariad Hughes (MHP at 42 nd Street)

RESPONDENTS INFORMATION

NO OF PARTICIPANTS

DESCRIBE GROUP COMPOSITION (AGE, EXPRESSED GENDER IDENTITY, WHETHER THEY HAVE ACCESSED GIDS, REGION THAT THEY ARE RESIDENT)

Participant	Age	Gender Identity	Have you accessed GIDS?	Ethnicity	Sexuality	Disability
1	19	Male (trans)	Yes	White English	Confused	Behaviour and emotional
2	17	Non-binary/Gender fluid	Yes - on waiting list	White English	Bisexual	Behaviour and emotional, Manual Dexterity, Learning disability, Mobility, Sight
3	15	Non-binary	No	White English	Bisexual	None
4	17	Trans man	Yes – on waiting list	White English	Bisexual	Autism and ADHD
5	16	Gender fluid	Yes - on waiting list	White English	Gay/lesbian	Behaviour and emotional, Hearing, Speech, Learning Disability
6	17	Agender	Yes - on waiting list	White English	Gay/lesbian	None
7	19	Male (trans)	No - GP refuses to refer me	White English	Bisexual	Suspected ADHD and Autism
8	18	trans man	Yes	Mixed other/multiple	Gay /aspec	Autism
9	16	Gender fluid	No	White English	Gay/lesbian	Behavioural and emotional
10	15	Trans (ftm)	No	White British	Bisexual	Autism, type 1 diabetes, ADHD
11	17	Male	No	White and Asian	Bisexual	Behaviour and emotional, learning disability

All participants are residents of Greater Manchester

OUTPUTS FROM THE SESSIONS

KEY THEMES IDENTIFIED (BY QUESTION)

QUESTION ASKED	THEME IDENTIFIED	SUPPORTING QUOTES
Why would you go to the NHS for gender-related care?	Lack of other options	Because I can't afford to go private Desperation Last resort I knew going private was a good option, but I couldn't afford it... so I just had to go with the NHS.

	<p>GPs can represent a barrier to accessing care due to referral</p>	<p>When I went to my GP, they'd never had a trans patient either and they seemed confused</p> <p>I was the first trans patient that my GP had had which was a bit awkward having to explain my 12-year-old self to this adult man who should probably know what being trans is and what I need to actually get from him.</p> <p>I was with someone who didn't really understand my identity [GP] and my mum, who had just found out my identity and was freaking out over everything and she didn't understand it either. And that's a really, really difficult thing to do.</p> <p>I think GPs know a lot about what you expect them to for day to day stuff like colds, or infections, but I don't think they know a lot specifically about what teens need from healthcare, especially trans young people,</p>
	<p>Lack of knowledge of how the system works</p>	<p>I didn't really know anything about the system at all, I knew like nothing, and my parents obviously knew nothing. So I still tried to get a referral right away, but it just felt so difficult when I knew nothing.</p>
	<p>Participants have to do a lot of research about their care themselves, but they struggle to access accurate information.</p>	<p>Neurodivergence comes into play, for example if you're dyslexic and you struggle with say reading comprehension, then how useful is a book at sharing information. I can imagine that could be quite overwhelming.</p> <p>I researched on google, and all of it was in America or geared at private healthcare or if you're rich enough. I didn't even realise that I couldn't get top surgery til 18 until I had spent weeks researching on the internet – it was all just so hard to find.</p> <p>I read a book about it [gender health care]. I think it was by Juno Dawson and that helped. But I still didn't really know a lot, I couldn't talk to my parents and I only knew a little.</p>
	<p>Parents have too much influence over care</p>	<p>there's a thing in the medical field of Gillick competence, where if you have informed consent, and appropriate knowledge and understanding, you should be able to make your own decisions. And I feel like this is being completely ignored in gender services</p> <p>I had one appointment when I was about</p>

		<p>14 when the law meant that my parents chose about puberty blockers, that was just all really awkward.</p> <p>Once you're 14 you don't have to disclose medical stuff to parents anymore, but that doesn't seem to count the same with Gender Services. You still should have the right to not disclose it to people if you don't want to, as it would help people to get help sooner, and then let them come out in their own time.</p>
<p>What is the purpose of being assessed at the gender clinic?</p>	<p>Participants unsure about diagnosis meaning and process.</p>	<p>Can I ask what the diagnosis is? I have researched and I'm waiting, but I don't actually know.</p> <p>My diagnosis is really funny, it says 'presents with symptoms of gender dysphoria' and another one says 'has clinically significant distress' what does that mean?</p> <p>There are some trans people who don't experience that much dysphoria at all, I worry the service won't understand that. Like if I'm not in clinically significant distress everyday then am I not trans enough for support and care?</p>
	<p>To help with support/advice</p>	<p>It can help deal with gender dysphoria and give guidance on what to do next.</p> <p>I guess to determine whether or not certain things are right for you</p>
	<p>The process (both the waiting list and the assessment/sessions) is too lengthy and drawn out.</p>	<p>It's all very drawn out when you finally get there – but it feels like it could have been more concise.</p> <p>Maybe those sessions would be useful if you had just come out/were just questioning. But it's years too late so it seems pointless. They've missed the boat.</p> <p>I waited 3 years... and when I got there, there were so many barriers.</p> <p>it's a long, laboured process that for lots of people feels pointless because of how long they've already waited. It feels like it feeds into the waiting list, like surely by making things drawn out they're just making the waits longer.</p>
	<p>The assessment is a means to an end</p>	<p>I did it because I knew it was the steps towards medically transitioning. But like, I personally found no benefit in the sessions themselves when I got there.</p>

<p>Is it important to have a diagnosis of gender dysphoria?</p>	<p>It's only helpful for medical transition</p>	<p>If you want to get any medical support whatsoever then yeah.</p> <p>Medically, diagnoses are important</p> <p>yeah you can't get any actual medical transition without a diagnosis can you...?</p> <p>I don't think it would affect my daily life at all if I had a diagnosis, it would just mean I get more medical support</p> <p>Don't think it's something that needs a diagnosis because it is just how you feel in your body and only you can know</p>
	<p>A diagnosis is good for paperwork</p>	<p>It's a means to an end – I'd get it if I need it for help for stuff I need.</p> <p>When you have a diagnosis can you get a GRC so you can change it on paperwork</p>
	<p>A diagnosis is validating</p>	<p>It could be good to get it to feel like yes, this is what I'm feeling, you can prove it.</p>
	<p>Parents, family and carers find a diagnosis reassuring</p>	<p>some parents might want you to have it, it might help them to understand.</p> <p>They don't always see how you are feeling until a professional proves it to them.</p> <p>It can help families feel like they're doing the right thing, like they need another adult to tell them what's happening, rather than their own child.</p> <p>My dad realised that I wasn't just like making stuff up for attention when I got mine, like he realised it was actually a real thing that he had to take seriously.</p> <p>It becomes like a medical performance that we're all doing to reassure others.</p>
	<p>Trying to get a diagnosis can lead to participants feeling invalidated</p>	<p>It felt really hard to put it into words and convince someone else that I am a trans man, and to prove to this person, who isn't trans, and who won't understand how I feel. I felt like I couldn't say I feel dysphoric because I wasn't diagnosed yet, but that's the only language I had.</p> <p>When I was going to my appointments at the clinic I was thinking, 'am I trans enough, do I need to be more like this instead?'</p> <p>Having a diagnosis to prove you're trans isn't right, it's like you have to prove to someone else that you're trans enough to be trans. It's messed up.</p>

	<p>Participants are concerned that having multiple diagnosis (i.e. mental health, autism) will negatively impact their ability to access care at gender services.</p>	<p>I just won't want to make anything harder for myself, I don't want to risk not being able to get gender support so I won't access any other support in the meantime, just in case.</p> <p>Worries about access to trans healthcare impedes me in accessing other healthcare that I may need.</p> <p>I don't want to be tested for autism because I think I will get tested positive. I think it will make things like this so much more difficult, and there's no benefits.</p> <p>they just see my diagnosis for dysphoria and they refuse to see the rest. It doesn't feel like my other experiences are valid</p>
	<p>Participants who are neurodivergent, autistic, and/or have mental health diagnoses report barriers to accessing support at assessment.</p>	<p>When they ask you questions they want you to be really specific about your feelings, and I am very autistic, so I found that very difficult. I experienced a lot of stress worrying about how to show them how I feel and that I am trans enough.</p> <p>I have a feelings wheel on my phone that I had to keep out the whole time because I couldn't manage how to express those things otherwise.</p> <p>when I tell people [<i>about my trans identity</i>] people say 'are you having a manic episode', and it's like NO, I have a diagnosis.</p>
	<p>Inconsistencies in assessment process across clinics/services</p>	<p>It's hard to know what you're getting into if everyone does it differently. If the questions are out of date and stereotypical then people might find it really hard to answer.</p> <p>We need another look at the diagnostic process to see if it's working and that it's not harmful.</p> <p>There is just too much variation between them all.</p> <p>Some questions are based on old stereotypes of what it is to be trans, it doesn't feel up to date. It's a barrier, how much trans input has there been on the questions? It needs to be looked into.</p> <p>.</p>
<p>What do you expect from clinicians in the service?</p>	<p>Clinicians should have a basic knowledge of supporting trans patients</p>	<p>It's basic respect of just getting names and pronouns right.</p> <p>I would expect them to be up to date with what is going on in the trans community.</p>

		<p>Knowing what people are nervous about, what's going on in the clinic, how to support people after a waitlist.</p> <p>It needs to be ethical, only wanting you to have one diagnosis or dead naming you is not ethical at all – it's not in the best interest of the patient.</p> <p>It's important for everyone in the medical sector to know the difference between sex and gender, they're completely different.</p> <p>I feel like even if they [clinicians] don't know what a label is, they shouldn't say 'I don't know' or 'explain' when they don't listen. They should ask what it means to you, and apologise</p> <p>Clinicians should use my name in an affirmative and supportive way, not just by stating my 'preferred name' or avoiding deadname, but by using my name in conversation and making me feel validated. It makes me feel comfortable and understood.</p> <p>That affirmation is so important – check pronouns, use the right name, and make their day.</p> <p>should already be educated on different aspects of gender dysphoria and know how to help the person without making them feel uncomfortable</p>
	<p>Communication is limited and should be improved</p>	<p>I'd like them to link you with other services and communicate better. Separate from medical stuff – like name changing, GRC, mental health stuff, trans stuff. They should help you to access all of those things.</p> <p>Communication, I'd like some more. They are bad at it, they don't tell me anything, I don't have a clue what's going on.</p> <p>The information you're supposed to know is never given to you or explained in a clear way. How are we meant to know all of this without being told?</p> <p>The website is a mess so that doesn't help.</p>
	<p>Easy to access assessment</p>	<p>it's still about 3 hours of travel for me to get there – it's a lot of time for me and my parents. The people there are so nice so it's worth it – but it is still a big barrier.</p>

I don't feel comfortable doing my appointments over zoom – so location becomes a big barrier to me as I don't have an alternative when it's a long journey.

SUMMARY MESSAGE/CONCLUSIONS

Brief overview of main conclusions from the focus groups. Focusing on:

1. How services could be organised going forward.
2. The care the participants would like to receive.

KEY MESSAGES IDENTIFIED

MESSAGE IDENTIFIED	SUPPORTING QUOTES
Consistency and communication are key hopes for future services	<p>I'd like them to link you with other services and communicate better. Separate from medical stuff – like name changing, GRC, mental health stuff, trans stuff. They should help you to access all of those things.</p> <p>The information you're supposed to know is never given to you or explained in a clear way. How are we meant to know all of this without being told?</p> <p>Communication, I'd like some more. They are bad at it, they don't tell me anything, I don't have a clue what's going on.</p> <p>There is just too much variation between them all.</p>
Services and clinicians to be accessible to autistic & neurodivergent patients	<p>they want you to be really specific about your feelings, and I am very autistic, so I found that very difficult. I experienced a lot of stress worrying about how to show them how I feel and that I am trans enough</p> <p>I have a feelings wheel on my phone that I had to keep out the whole time because I couldn't manage how to express those things otherwise.</p> <p>It needs to be ethical, only wanting you to have one diagnosis ... is not ethical at all</p>
Clinicians should have a holistic approach to supporting trans people	<p>It's basic respect of just getting names and pronouns right.</p>

	<p>I would expect them to be up to date with what is going on in the trans community.</p> <p>Knowing what people are nervous about, what's going on in the clinic, how to support people after a waitlist.</p>
<p>Services should be mindful of the level of influence that parents/families/carers have over young people's care</p>	<p>Once you're 14 you don't have to disclosed medical stuff to parents anymore, but that doesn't seem to count the same with Gender Services. You still should have the right to not disclose it to people if you don't want to, as it would help people to get help sooner, and then let them come out in their own time.</p> <p>It becomes like a medical performance that we're all doing to reassure others.</p> <p>there's a thing in the medical field of Gillick competence, where if you have informed consent, and appropriate knowledge and understanding, you should be able to make your own decisions. And I feel like this is being completely being ignored in gender services</p>
<p>Experiences at referral via GP are inconsistent and can form a barrier to accessing Gender Services – this should be changed.</p>	<p>“they'd never had a trans patient... they seemed confused”</p> <p>awkward having to explain my 12-year-old self to [my GP who should] probably know what being trans is and what I need to actually get from him.</p> <p>I think GPs know a lot about what you expect them to for day to day stuff like colds, or infections, but I don't think they know a lot specifically about what teens need from healthcare, especially trans young people,</p> <p>My younger sibling hasn't spoken to the GP yet about wanting hormones and top surgery, because they heard how bad it was for me.</p> <p>I think it varies drastically from GP surgery to surgery, or even between doctors in the same service.</p>

SESSION INFORMATION (REPLICATE FOR EACH FOCUS GROUP)

GROUP TITLE & KEY QUESTIONS

DATE COMPLETED	FOCUS GROUP TOPIC	MODERATED BY
02/08/23	Future	Iona Dixon and Cariad Hughes (MHP at 42 nd Street)

RESPONDENTS INFORMATION

NO OF PARTICIPANTS

10

DESCRIBE GROUP COMPOSITION (AGE, EXPRESSED GENDER IDENTITY, WHETHER THEY HAVE ACCESSED GIDS, REGION THAT THEY ARE RESIDENT)

Participant	Age	Gender Identity	Have you accessed GIDS?	Ethnicity	Sexuality	Disability
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6	17	Agender	Yes - on waiting list	White English	Gay/lesbian	None
7	19	Male (trans)	No - GP refuses to refer me	White English	Bisexual	Suspected ADHD and Autism
8	18	trans man	Yes - from 2018-23	Mixed other/multiple	Gay /aspec	Autism
9	16	Gender fluid	No	White English	Gay/lesbian	Behavioural and emotional
10	15	Trans (ftm)	No	White British	Bisexual	Autism, type 1 diabetes, ADHD

All participants are residents of Greater Manchester

OUTPUTS FROM THE SESSIONS

KEY THEMES IDENTIFIED (BY QUESTION)

QUESTION ASKED	THEME IDENTIFIED	SUPPORTING QUOTES
How important is the location of the service?	Not far away/accessible by public transport	<p>Accessible by bus or tram</p> <p>I don't think it's that important as long as it's accessible and comfortable for people</p> <p>It should be in bigger cities / towns. I shouldn't have to travel over three hours to get there I should be able to go one more local to me - so refer people to ones local to them</p> <p>Accessibility is important when it comes to location. They're always located in hard to get to places, which means some can't go to these places. They should be local in big towns and cities</p> <p>Travel 1hr/1hr30 or less to get to by car / public transport</p> <p>Maybe close to city centres, which are often easier to get to since local public transport goes directly to these places</p>
	Generally, community-based locations are favoured over formal hospital settings	<p>Hospital stuff feels really cold and clinical vs community-based sounds more friendly</p> <p>I'd prefer community-based</p> <p>Community clinics have a more 'human' feel than hospitals, and this can help people feel less anxious when going</p> <p>Would prefer the environment to not feel like a clinic if that makes sense. So you don't go in feeling like you are ill with something that a doctor will 'cure'</p>
	External and internal aesthetics are important	<p>[YP experience of accessing clinic] the Outside was really odd it just looked like an office but inside was really nice and had colourful chairs and open kitchen for patients and leaflets about mental and sexual health etc</p> <p>On the outside, maybe not make it obvious it's for trans people since some people don't want others knowing, so it allows some kind of privacy to others</p>

		<p>Approachable like 42nd Street is? It felt like a nice approachable building because of how it was painted it'd be nice to see stuff like that</p> <p>I would like the inside to be visibly trans supportive not just a medical setting that happens to be for trans people</p>
	Accessibility of space important	<p>Accessible like with lifts etc would be useful and away from a noisy area or good at cancelling out background noise</p> <p>Have stuff in the waiting room to do? like fidgets</p> <p>[Things to help] destress even though these appointments are great there's a lot of anxiety</p> <p>Lifts and ramps for those who need them, training on how to make spaces inclusive and diverse. Staff need to be educated on matters sufficiently, so that way they are aware of issues and can call out behaviour if needed</p> <p>Making a building accessible and able to meet people's needs is easier said than done. It needs to take all needs into account</p> <p>I think it could have a bit of a post-Covid, inaccessibility issue maybe. Like places put in all these precautions to help immunocompromised people during the pandemic and a lot of places have some aspects of these things left over but building a new service when everyone has the mindset that the time for these sorts of things is over, as most of us don't need them anymore. Which isn't fair.</p>
	Should be semi-open to allow people to access information	<p>trans art, books, community stuff, basically like 42nd street does</p> <p>it would be nice if at least a front entrance area would be open for people to go see what it is, find things out about the service and how to access it</p> <p>Have stuff they're doing local like outreach available as info just on website or at clinic</p>
	No 'buzzer' on the door as this can be anxiety inducing	<p>I don't like the 42nd street door buzzer its really scary and unapproachable</p> <p>i agree with the buzzer point</p> <p>they should just have normal doors [rather than doors that you need a buzzer for]</p>

<p>What challenges do you think the new service will have? What ideas do you have to address these challenges?</p>	<p>Integrating the new service with the old service</p>	<p>have a desk at the entrance</p> <p>being integrated with the old service while keeping track of people from old services just the actual logistics will be difficult they need a whole department for that on top of what there is already</p> <p>the waiting lists??</p>
	<p>Transphobia in society and the media, and how this affects people who access the service.</p>	<p>the UK is like lowkey transphobic and there will prob be protests like ppl are like with trans kids in America</p> <p>it is a barrier for going in... scared because of the UK's transphobia... and how the US is but I don't know how to address it</p> <p>Transphobia isn't just existent in strangers, it's also there within families and friends. Transphobia will always be a barrier, but we need to take steps to make sure people can access services in a way that trans people can be protected</p>
	<p>Privacy and independence for patients, particularly regarding parents/carers/families</p>	<p>more privacy for patients</p> <p>Not sharing so much with families unnecessarily to let people with unsupportive families access the server. Using the same privacy principles the rest of the medical system does</p> <p>more independence for 16-18s</p> <p>not having to be checked in or joined in appointments by parent/s</p>
<p>Are there any aspects of the current service you think should be built into the new services?</p>	<p>Some participants felt they didn't have enough experience of the current service [outside of waiting lists] to give an accurate answer, some reported having only heard negative things from others.</p>	<p>I've been waiting so long and have had 1 letter and that's it</p> <p>I don't think I've experienced enough of the current service because I've just been on the waiting list</p> <p>I haven't heard like anything good about it</p> <p>I don't know because I'm still on the waiting list</p> <p>I don't really know what the current services are</p>
	<p>Referral routes should be expanded and not restricted</p>	<p>Were they considering changing who could refer you? I can't remember but I wouldn't want referrals limited further</p> <p>I thought I saw some sort of potential new guidance or proposal suggested limiting referrals further ... I just want as many easy referral roots as possible. If waiting</p>

		<p>lists were reasonable it wouldn't be a problem for anyone who thought they might need support to be referred and see if it is for them and needed</p> <p>I think its more important to have the people who need the service get it rather than gatekeep it to such an extent that no one can actually use it</p> <p>I think if self-referral was possible it might be good? in an ideal world the gender services would be for trans and questioning people so allowing ppl who are just questioning to reach out for support might be good but itd only be more feasible once wait times have dropped drastically</p> <p>can organisations like 42nd street help you sort them [referrals]? would be good</p>
	Clarity and consistency of information regarding accessing the service needs to be improved	<p>The current service needs to be more accessible and make sure that everyone can assess resources and support. The process of even trying to get on the waiting list is shambles, and there isn't enough support from GPs as they are not educated on these issues.</p> <p>There needs to be clarity on information since accessing services is hard because it's scattered all over the place</p>
What type of support or treatment you would personally like to be offered by a Gender Service?	Inclusive care	<p>Personally, I would love holistic and inclusive care at the new GIDS centres. I would like to have the kind of care that i can without thinking twice recommend to someone struggling with the same thing.</p>
	Faster and more efficient treatment and support	<p>I wish treatment would be faster? I know they get you to jump through hoops to prevent people regretting it but ... it makes it really difficult to see the light at the end of the tunnel you know what I mean?</p> <p>Faster support.</p> <p>Right now, I wouldn't recommend GIDS to anyone because of the long wait times and current reputation, I hope that changes in the future</p>
	Tailored support whilst waiting for treatment	<p>We need support during the wait time</p> <p>Helping you find local projects/ groups that help trans ppl like counselling services but also social groups, art groups sport groups. Being trans can be really isolating and make accessing social spaces difficult so any way of linking to the community and directing to</p>

		<p>supporting resources is really important for mental health</p> <p>at least a newsletter is better than what we have currently</p> <p>i think that if they can't offer you treatment for a while they should contact you with links to therapists if the wait is hard for you mentally, tips (maybe a leaflet) for how to cope etc</p> <p>Support that can be offered could include assistance trying to affirm your gender, such as trying to find ways to minimise dysphoria while being on the waiting list, help trying to change legal names etc. since it can be rather difficult and confusing</p> <p>Finding support groups and spaces for those on waiting lists to help support them while waiting, providing resources and support networks so they aren't isolated or feeling alone in their struggles while waiting</p>
	<p>Communication whilst on the waiting list</p>	<p>Communication in wait times desperately needed. I think its ridiculous Tavistock never sent anything out to talk about them shutting down and then shutting down delayed and how they are currently working. You had to see it in the news and be stressed and confused</p> <p>I've been waiting 3yrs and I've heard nothing and it's been like awful.</p>
	<p>Supportive staff who are caring and knowledgeable</p>	<p>Supportive and caring environment with staff who know what they are talking about, and are actually willing to help you. You need staff who actually care to work with people, so that way they feel comfortable enough opening up about their experiences</p> <p>Workers who are human and are in their profession because they actually want to help and make a difference, not just because it's a job</p> <p>Staff who can relate to the people they're working with also helps people feel connected and engaged with the person so are more comfortable and at ease when opening up</p> <p>Yes! I want the staff who work best in this area and have the knowledge... The system is broken not all the individual staff</p>

		I feel like having staff who can fully understand what people are going through would help people feel understood, heard and seen. Not only having an experience they can relate to, but having staff who are aware of what people are into, e.g. mainstream trend awareness, lets people feel more comfortable since having common ground with someone who was a complete stranger can help break down barriers and make people feel less anxious.
What do you think the service should be called?	Not explicitly related to gender	Don't use explicit names that can relate to gender services, like 'silly funny gender place', something subtle and unidentifiable, yet has some kind of symbolic meaning
	A name with 'gender' in that can be shortened to a subtle symbolic word	<p>Birds, I love birds. Like Heron gender services or something but could be shortened to Heron to be subtle</p> <p>I think the name need to give an idea of what it is to make it easier but could have a fun word in it too</p> <p>I think gender definitely needs to be in it. I would get confused.</p>
	Natural names with links to each service	<p>could highlight local species we love conservation</p> <p>Lotus would be cool, they rise from mud without stains</p>
	Linked recognisable names to identify different locations within the service	Not a location please like maybe you could have a name for the national service and branches with names like indigo

SUMMARY MESSAGE/CONCLUSIONS

Brief overview of main conclusions from the focus groups. Focusing on:

1. How services could be organised going forward.
2. The care the participants would like to receive.

KEY MESSAGES IDENTIFIED

MESSAGE IDENTIFIED	SUPPORTING QUOTES
Locations should be accessible, in a community setting that is central and easy to access via multiple transport links.	I am autistic and that means sometimes i struggle with the idea of being in a different city and worrying about transport. it would cause more anxiety than anything else. It would make me reluctant to come.
Responses about names for the service were slightly split, participants wanted the service to be recognisable for clarity, but generally wanted the ability to shorten the name to give some subtlety and to avoid having to use 'gender' in shortened versions. For example, an identifiable name for the whole service, with more subtle names that could be shortened for each branch or location of the service.	Not a location please like maybe you could have a name for the national service and branches with names like indigo Don't use explicit names that can relate to gender service ... use something subtle and unidentifiable, yet has some kind of symbolic meaning
Participants requested improvements to the lack of communication and support received whilst on the waiting list for support. For many participants experience of lengthy waits formed the entirety/majority of their experience with the current service. Participants felt very strongly about the need for support during waiting times, and identified that much of the 'support' that they needed emotionally, physically and socially at this time was not met by gender services.	Communication in wait times desperately needed I've been waiting 3yrs and I've heard nothing and it's been like awful. Finding support groups and spaces for those on waiting lists to help support them while waiting, providing resources and support networks so they aren't isolated or feeling alone in their struggles while waiting given plenty of information about safely binding and also reassurance that you aren't wrong and it's going to be ok. Being trans can be really isolating and make accessing social spaces difficult so any way of linking to the community and directing to supporting resources is really important for mental health

COMPLETION

SESSION INFORMATION (REPLICATE FOR EACH FOCUS GROUP)

GROUP TITLE & KEY QUESTIONS

DATE COMPLETED	FOCUS GROUP TOPIC	MODERATED BY
07/08/23	Other settings	Iona Dixon and Cariad Hughes (MHP at 42 nd Street)

RESPONDENTS INFORMATION

NO OF PARTICIPANTS

11

DESCRIBE GROUP COMPOSITION (AGE, EXPRESSED GENDER IDENTITY, WHETHER THEY HAVE ACCESSED GIDS, REGION THAT THEY ARE RESIDENT)

Participant	Age	Gender Identity	Have you accessed GIDS?	Ethnicity	Sexuality	Disability
1	19	Male (trans)	Yes	White English	Confused	Behaviour and emotional
2	17	Non-binary/Gender fluid	Yes - on waiting list	White English	Bisexual	Behaviour and emotional, Manual Dexterity, Learning disability, Mobility, Sight
3	15	Non-binary	No	White English	Bisexual	None
4	17	Trans man	Yes – on waiting list	White English	Bisexual	Autism and ADHD
5	16	Gender fluid	Yes - on waiting list	White English	Gay/lesbian	Behaviour and emotional, Hearing, Speech, Learning Disability
6	17	Agender	Yes - on waiting list	White English	Gay/lesbian	None
7	19	Male (trans)	No - GP refuses to refer me	White English	Bisexual	Suspected ADHD and Autism
8	18	trans man	Yes - from 2018-23	Mixed other/multiple	Gay /aspec	Autism
9	16	Gender fluid	No	White English	Gay/lesbian	Behavioural and emotional
10	15	Trans (ftm)	No	White British	Bisexual	Autism, type 1 diabetes, ADHD
11	17	Male	No	White and Asian	Bisexual	Behaviour and emotional, learning disability

All participants are residents of Greater Manchester

OUTPUTS FROM THE SESSIONS

KEY THEMES IDENTIFIED (BY QUESTION)

QUESTION ASKED	THEME IDENTIFIED	SUPPORTING QUOTES
<p>Aside from specialist gender services what other services or support are/would be helpful (both within and outside the NHS)?</p>	<p>Charities or local groups are helpful</p>	<p>General mental health services that are accessible without a waitlist, like 42nd Street. Places that aren't CAMHS like charities who can help with mental health in a less formal way.</p> <p>When I was younger mermaids helped a lot – their resources are easily accessible.</p> <p>Having support groups and youth groups in your age range are really important. It's what makes you realise that it is all okay, and that you are normal. Like telling people groups in their area for during the wait list, so they can get peer support and affirmation.</p>
	<p>Support in schools varies currently</p>	<p>I find access to services through schools really varies, schools can be really inconsistent with what they tell each person. I don't know why, I just don't think they have a good or consistent system in place in schools for gender stuff.</p>
	<p>It's difficult to find information – trusted services sharing resources would be helpful</p>	<p>I would want information presented really clearly to me in school and places so that I wouldn't need to seek it out, I could just find helpful information and use it.</p> <p>I would want an NHS page with advise about binding, it's hard to get the right stuff about it. You can do it safely, but it took me a long time to convince my Dad that I could be safe. There is too much information that is biased and trying to harm trans people, it makes it hard to find the right information.</p> <p>It's harder to find accurate information, and it takes longer to get support and do things safely. If there was a nice clear NHS article on binding then that would help people to do things more safely.</p> <p>It would help to share information with other people if you could get something</p>

		<p>that helps them to understand it better – like the NHS is trusted.</p> <p>Maybe on the NHS website when you can look up things like coughs and that it could have binding safety instead, so you know that it's okay. Because I think if parents saw some guidance from the NHS then that would help.</p> <p>I'd like a master list of resources. Like lots of sites and stuff with gender affirming items and information. I'm always going all over the internet looking for things. In the UK you're limited in accessing gender affirming things, like Spectrum is good but there are no options. Otherwise you have to pay lots to have shipping from America. Having a master list sort of thing would be good.</p>
	<p>Information and resources should be fact checked and safe to access</p>	<p>I would like there to be some fact checking on rumours that go round about binding etc. I'm pretty sure some fearmongering things have been started by transphobic people to stop trans people accessing things. I want to know how to do it safely, but I would also want to know what is inaccurate information.</p> <p>I would like something that I can share with parents that they would understand.</p> <p>They should have on all of these things a quick link to get away, like an exit route – this could keep people safe if they aren't out, and would reduce risk.</p>
<p>What support should/could be given to parents / families / carers of young people accessing NHS Gender Services?</p>	<p>Young people should be prioritised</p>	<p>Pass- Why should the parents get support when we don't get any support? makes no sense that. come back to me when you support the young people</p>
	<p>Resources</p>	<p>Basic definitions and information about what being trans is and what it's like. What trans people might struggle with or need.</p> <p>Support on why families are confused or what they're struggling with – like a leaflet on conflicts with religion, like explanations. Or if they don't understand it could explain terms like gender identity and expression. It's easy to understand once there's a definition and summary. There should also be resources about history of trans people – we've always existed and adults can find it hard to understand.</p> <p>Resources for parents – what support is</p>

		<p>available for parents and how they can access it. It's usually on the young person to do this, but really the onus should be on the parent. They shouldn't put the pressure on the person is struggling, it would be helpful if they could figure out some stuff for themselves.</p> <p>I think it should be to educate them on what to do in ways of being respectful and such.</p> <p>I think information for families could be quite helpful? I know a lot of people have mentioned struggling with their families being uninformed and giving family members information might be helpful</p> <p>My parents won't go out and look for the information. I give them websites and articles but they don't bother. If it was given to them in like a pack or attached to emails then they might.</p> <p>I just want them to have it so that If they felt nervous or unsure about accessing it they wouldn't have to go out of the way or anything, they would just have it.</p> <p>A physical pack for family like leaflets and books could be useful as they don't always know how to use online things as well as we do - and they might be confused by negative information from transphobes too.</p>
	<p>Sessions or drop-ins for parents/families/carers to attend</p>	<p>Leaflets and NHS websites are good, but I think what GIDS were trying to do when they had my dad was in my sessions was trying to help him understand it. But I wish he had had a session for himself where he can figure it out in person with a professional without me having to be there. Because having to have sessions together was really awkward. It would mean he would be able to ask any questions he needs to ask to someone who understands and knows how to explain it- that would be pretty good.</p> <p>I also think that drop ins and stuff for family would be good. Like parents who have trans children and stuff, if they could come together and stuff. With adults they bond over things that happen in their life time. If they know lots of people in the same boat then they might bond over it and understand it all together. Sharing their own experiences and stuff like 'oh so my kid isn't the only one who's like this' it can stop them feeling like it's just their kid. It's actually</p>

		<p>not uncommon to have a kid who is trans, and this might help parents to realise that. Like 'back in my day no one was trans' is something my mum says a lot to me, like no they have always existed, I want parents to know as well that there are other people. They should be able to come together for mutual understanding and education. Like a peer support group.</p> <p>I kind of picture it as more of a community space thing. They might feel 'uuuugh' about going to a gender support place, but if it's in a familiar community environment then that might help. Sometimes they might be like 'why am I here' but it may be more accessible if they know the place.</p>
<p>What and/or where are your trusted sources of information if any?</p>	<p>Lived experience of other trans people – particularly online</p>	<p>Honestly my most trusted source of information is other trans people on social media. I think when cis people try to give out information from the wrong voice it isn't really something that I would want to listen to, unless it's like reposting or sharing what a trans person has said.</p> <p>I want a lot of trans input on things, I trust it, personal experience is one of the things I trust the most. Personal experience is always going to tell you more. I think it's important that when you speak about trans people getting support from social media it's not just a random person thinking everything from the internet is true and basing their identity on that. It's hearing other people's feelings to help you understand your own, or listening to their experience so you don't feel so alone about it. It's just helpful to hear from other trans people.</p> <p>People get too mad about where young people get their information from (like tik tok) but they aren't thinking about WHY they're getting it there. Like maybe they can't access alternative sources, it's hard to read news articles, they're usually behind a paywall.</p> <p>other trans people online</p>
	<p>Difficult to trust information sources and news</p>	<p>I personally find news resources can be really difficult – most newspapers are just transphobic, so I don't want to get my news from them, it's really not fun to read it. So I find myself finding queer media</p>

		<p>and newsletters that give the news in positive or non-transphobic ways.</p> <p>I have to spend time picking apart information and assessing it. I feel like I always have to be sceptical of the information I read, and really think about why they are writing it.</p>
	NHS should be more of a trusted source	<p>I would like the NHS to be more of a trusted source. There are so many places I don't trust who make up things about trans people.</p> <p>A list of accurate checked studies, articles, and research to share with people would be helpful – there's a big thing with misinformation so it's helpful to have something else.</p> <p>I wish they made good resources and shared them on social media. If you put positive things on it then it can make social media better.</p>
	Trusted services – charities and local groups	<p>My trusted sources of information are 42nd street and Mermaids. This is because they both provide excellent help and information on a wide variety of subjects. As a result of this, I would choose these places over say my GP or any other primary care service.</p> <p>Mermaids</p> <p>Other queer people who have experiences with it</p>
What general information would be helpful for young people thinking about their gender identity? How would you want this information to be provided?	Videos of people with lived experience	<p>I feel like what helped me when I was younger was like videos of people with lived experience and what happened for them. I watched Storm Ryan back in the day, he was the first trans person I saw back in the day and I thought wow that explains everything.</p> <p>jammidodgers YouTube channel really helped me, he's a UK based trans man who talks about his own experiences and is a generally positive youtuber who's helped me learn more, I also have found talking to other trans people really helped me</p>
	Guidance on non-medical or social transition	<p>Maybe like some stuff about clothes and general presentation and stuff would be good. Not like rules of how to do it or what you should do. But like queer creatives sharing what they like about clothes, hair and accessories and what they like... So it would be good to give</p>

		<p>resources on ways to explore different clothing and styles – it would be a really safe and easy way to support people to explore and try things out with their identity – it could be really accessible too.</p> <p>It would be helpful to show that there is no judgement in experimenting with their appearance such as clothing and makeup. Also to be shown how they don't need to have a specific label to use and should try to feel as comfortable as they can.</p> <p>Once I realised why I was uncomfortable I decided to fix it and work it all out as soon as possible, but there are waiting lists and things take ages. Any small things you can do in the meantime and things you can focus on are great. Like presentation or expression, it's really good to focus on those things cos those are the things you can do something about and feeling empowered quite early. There's no pressure or risk of 'turning back' with these things.</p> <p>I really think exploring gender identity and social transition is really important and shouldn't be overlooked.</p>
	<p>Information about what services are available and medical transition</p>	<p>I would like some medical stuff and information about services available</p> <p>i think a type of dictionary with trans terms such as trans, non binary, pronouns, dysphoria, top surgery, gids, would be extremely helpful. also information on the timelines to medically transitioning as well as the benefits and potential drawbacks, how to access medical transitioning and what it entails. Also make the focus on people who are medically transitioning or choosing not to rather than those who are detransitioning.</p>
<p>In your opinion, what information would you need to know if you were thinking about medically transitioning?</p>	<p>Multiple routes and options should be covered</p>	<p>I think it's helpful for people to know that there's not only one route or one set way to transition or be trans. They might want just hormones, or just surgery, people are different with different experiences, presentations and bodies. It's fine for that to be the case, it's okay to have different plans for your medical transition.</p> <p>Some individual practitioners seem to think there's a certain way to be trans or access medical transition – but people accessing services need to know that</p>

		there are lots of ways to be trans and to medically transition (or not).
	Individual accounts and experiences available to read/watch	Have people's own accounts of going through medical transitions, and their own perspectives and stories available. Like what they went through. Everyone's experience is different, but it's important to have that.
	Information and support about what to expect after a treatment or procedure	<p>People should keep being checked in with after medical care/procedures – it's not the end of the road. There can be big feelings or experiences around big medical changes. It would be good to have resources around how you might feel after procedures; what support is available etc.</p> <p>I think learning about the process after surgery is important. People work towards and learn about the surgery, but they don't get chance to think about the aftercare, the recovery which can be really strenuous.</p>
	Detailed information about the process that is simple and without pressure or bias.	<p>I would want to know all of the side effects very clearly. You don't need to terrify people over it, but they do need all of the information. People should also have time to think about and consider their decisions, without feeling pushed or like they are being scared. For example, people may need to know about freezing eggs, but they might not want to be pushed on having children when they're learning lots of new things and managing their own identity and experience in the service.</p> <p>generally just the sort of stuff that would be in like an informed consent packet? like what any form of medical transition would do, how it could help, positive and negative side effects etc</p> <p>I feel like they need to know the process maybe, like they don't need to be told the technicalities all in one go, it can be overwhelming. They need to simplify the information on medical transition procedures, make it more accessible for people, share the pros and cons, but in a non-biased way.</p>

SUMMARY MESSAGE/CONCLUSIONS

Brief overview of main conclusions from the focus groups. Focusing on:

1. How services could be organised going forward.
2. The care the participants would like to receive.

KEY MESSAGES IDENTIFIED

MESSAGE IDENTIFIED	SUPPORTING QUOTES
<p>Participants identified a gap in the current service's provision of non-medical support. More support around gender expression, social transition, and exploration is wanted – particularly to avoid exclusion of people who are questioning or exploring their gender identity.</p>	<p>I don't really think Gender Services are open to people who are exploring their gender identity right now. I know a lot of young trans people who don't feel 'trans enough' so they don't think they can access the service. Or people who don't think that they want a medical transition so they think the service isn't for them – even though they do need some other support about their identity. The waiting list is so long though that you don't want to wait 5 years just for help exploring your identity.</p> <p>Ideally the services will be at a point where waiting lists are short enough to just put you on the waiting list when you are questioning. The service should still be there for you if you are questioning and figuring it out – it shouldn't be gatekept for just medical transitioning, the service should help people who need support figuring it out.</p>
<p>Resources should be provided for parents, carers and families – participants particularly wanted the labour of 'educating parents' to be removed from them through direct provision of physical resources like leaflets and packs, and the option for parents, carers and families to attend in-person peer support groups.</p>	<p>They should be able to come together for mutual understanding and education. Like a peer support group.</p> <p>Resources for parents – what support is available for parents and how they can access it. It's usually on the young person to do this, but really the onus should be on the parent. They shouldn't put the pressure on the person is struggling, it would be helpful if they could figure out some stuff for themselves.</p> <p>I think it should be to educate them on what to do in ways of being respectful and such.</p> <p>I think information for families could be quite helpful? I know a lot of people have mentioned struggling with their families being uninformed and giving family members information might be helpful</p>
<p>Participants struggle to find trusted sources of information, favouring lived experience accounts over news. Participants would like to see better resources from the NHS that they know they can trust.</p>	<p>It's harder to find accurate information, and it takes longer to get support and do things safely. If there was a nice clear NHS article on binding then that would help</p>

people to do things more safely.

It would help to share information with other people if you could get something that helps them to understand it better – like the NHS is trusted.

COMPLETION

Name and Signature of Focus Group Moderator

Iona Dixon 

TO NOTE

Add full transcript to second page and additional materials if available