

GIDS healthcare focus groups

Summary and findings

Organisation	2
Summary of brief and approach	2
Recruitment	2
Methodology & how the sessions were run	3
Session & respondent information	4
Group composition (age, gender identity, GIDS access, region of residence)	4
Outputs from the sessions	5
Key themes identified (by question)	5
FOCUS GROUP 1: THE PRESENT	5
FOCUS GROUP 2: THE FUTURE	12
FOCUS GROUP 3: WIDER SUPPORT & INFORMATION	18
Summary messages / conclusions	27
Completion	27
Supporting materials	28

Organisation

[Gendered Intelligence](#) (GI) is a registered charity founded in 2008 that works to increase understanding of gender diversity and improve the lives of trans people, in particular young trans people.

Our vision is of a world where diverse gender expressions are visible and valued, and where trans, non-binary and gender questioning people live healthy, safe and fulfilled lives.

We are a trans-led and trans-involving grassroots organisation with a wealth of lived experience, community connections of many kinds, and a depth and breadth of trans community knowledge that is second to none.

Summary of brief and approach

Please describe the brief given and the approach taken.

GI is one of several LGBTQI+ civil society organisations commissioned by the Cass Review (the Independent Review of Gender Identity Services for Children and Young People) to undertake a series of three focus groups.

The aim of these focus groups was to capture the views of service users to inform the work of the Review. Each of the three focus groups covered a different theme - the present, the future, wider support & information - and included a set of pre-agreed questions.

We approached this as an opportunity for the young people we work with to feed into and influence the Review. This report presents a summary of their views and experiences.

Recruitment

Please describe your recruitment practises for the focus groups.

A call for participants was advertised internally within GI's networks of young people. The call explained:

- Who could attend the focus groups (people aged 16-30; identifying as trans, non-binary, gender fluid and/or questioning; former, current or potential future GIDS service users);
- The topic of the focus groups and how the data would be used to produce a report for the Cass Review (and information about the work of the Review);
- The dates, (online) format, content, and facilitation of the focus groups and how participation would be compensated.

The call also contained a link to a sign-up form, which prospective participants could complete to register their interest. This sign-up form collected the following details:

- Name
- Email address
- Date of birth
- Relationship to GIDS (former, current or potential future service user)
- Identity / background (gender identity, ethnicity, class, disabilities)
- Availability for each of the three focus groups

The first 20 prospective participants to complete the sign-up form were contacted via email and sent further details of the focus groups including Zoom links for each one and a consent form. The remainder were informed they had been added to a waiting list. Participants were given the opportunity to ask questions prior to completing the consent form.

Methodology & how the sessions were run

Please provide an overview of your methodology for running the focus groups.

Each focus group session consisted of a 2-hour online meeting via Zoom.

- The first 30 minutes was facilitated by two youth workers who welcomed participants and took a register, checked in with everyone individually and as a group, and ensured each person in attendance had submitted a consent form. They then led the group in a warm up exercise or game.
- The focus group itself took place next, lasting approximately one hour with a ten minute break in the middle.
 - It was facilitated by Dr Hil Aked, who began by verbally explaining the nature and purpose of the research, as explained in writing on the call for participants.
 - They also explained the theme of each focus group, format and timings, the logistics of “raising a hand” digitally to make a contribution, indicating agreement using “thumbs up” reactions, and the fact that there were no “right” or “wrong” answers. They encouraged the group to ensure everyone had an equal chance to participate.
 - Participants were reminded that the sessions were being video and audio recorded and would then be transcribed, and that their anonymity would be protected.
 - There was also an opportunity to ask any outstanding questions prior to the focus group commencing.
- After the focus groups, the last ~ 20 minutes of each session was facilitated by the two youth workers. This format was designed to minimise risk of harm to participants by ensuring that should any of the young people taking part find the content of the discussion in any way distressing, there would be an opportunity to get support for their welfare after the focus group ended.
- Automated transcripts were checked and corrected against the video recording. Quotations used in this summary report are presented verbatim except where tidied to remove “kind of”, “like” and “you know”.

Session & respondent information

Group title & number of participants

Date completed	Focus group topic	Moderated by	Participants
Tues 25 July	The present	Dr Hil Aked	13
Weds 26 July	The future	Dr Hil Aked	13
Thurs 27 July	Wider support and information	Dr Hil Aked	17

Group composition (age, gender identity, GIDS access, region of residence)

Of the 20 people who signed-up and were invited to participate, 17 people attended the sessions and took part. Of these, 11 people took part in all three sessions.

The participant sign-up form collected data on age (date of birth), relationship to GIDS (former, current or potential future service users), and identity / background (ethnicity, gender identity, class, disabilities). This showed that the group had:

- **Age:** An age range of 17 to 28 years old, with a mean age of 20 years old.
- **GIDS use:** 5 former services users, 4 current GIDS service users and 8 potential GIDS service users
- **Ethnicity:** Just under half the group (8/17 participants) identified as white; 7 identified as mixed race (including white, Caribbean, Indian, Jewish and SE Asian); 1 as Arab; 1 preferred not to say
- **Gender identity:** diverse gender identities were represented within the group, including:
 - 4 men / trans men
 - 3 transmasculine people
 - 4 other masculine identities (“genderfluid FTM”; “nonbinary trans masculine”; “trans masc / gender queer”; and “agender - trans masc, FTX”)
 - 2 nonbinary / trans nonbinary people
 - 2 trans women
 - 1 person identified as “queer, trans and butch”
 - 1 preferred not to say.
 - The disproportionately small number of women and femme-identified people was noted.
- **Class:** 7 people identified as working class; 4 as middle class or lower-middle class; 6 people did not provide their class background.

- **Disabilities, neurodivergence and mental health:** a high proportion of the group identified themselves as disabled and/or neurodivergent and/or living with mental health conditions.
 - Disabilities included 2 hearing impaired people; 2 who stated they were disabled or had multiple disabilities; 2 people with chronic pain / fatigue; 1 with arthritis; and 1 with dyslexia.
 - Neurodiversities included 6 people with autism (or suspected autism) and 2 people with ADHD
 - Mental health conditions mentioned included 2 people with anxiety; 2 people with depression and 1 with OCD
 - 2 people preferred not to answer.

The participant sign-up form did not collect data on region of residence. However, participants' residence was cross-checked with other sources and showed that a variety of regions across England and Wales were represented in the focus groups.

Outputs from the sessions

Key themes identified (by question)

FOCUS GROUP 1: THE PRESENT

Question asked	Theme identified	Supporting quotes
1. Why would you go to the NHS for gender related care?	A. FINANCES i) Financial accessibility was key	i) “Even though the waiting list is definitely longer [than private care], it's a lot easier for people who are struggling financially” “The financial reasons” “You've got the financial aspect” “Obviously like I didn't have the finances [to go private]” “I was 16 when I got referred...as a young trans person like it's scary enough even telling your parents so the idea of asking them to pay for such a thing is almost out of the question.”

	<p>ii) Relatedly, entitlement to publicly funded healthcare was also cited</p>	<p>ii)</p> <p>“I didn't want to go private because I thought that, [the] NHS is...funded by our taxes that we pay. And in this country it should be sort of bog standard that I can receive like proper health care on the NHS without having to go private”</p> <p>“We pay as taxpayers for these services so why not use them?”</p>
	<p>B. NATURAL / TRUSTED / ONLY POINT OF ENTRY</p> <p>i) Several of the group viewed the NHS as the obvious route, or were referred by a GP or CAMHS</p> <p>ii) Several cited the NHS's trusted reputation, which offers validation and legitimacy</p> <p>iii) Several also noted a lack of knowledge about alternative options</p>	<p>i)</p> <p>“The NHS, especially when it's anything to do with medical related, it's like the first step for everything”</p> <p>“When you think of health care the first thing that comes to mind is NHS over private any day, it's just something that's kind of embedded in our culture in the UK”</p> <p>“I went to my GP for both depression and gender things. And she was incredibly helpful...she was the one who told me about GIDS / the Tavistock and referred me straight away.”</p> <p>“The first person you then go to when you experience these things is more than likely your GP.”</p> <p>ii)</p> <p>“I think the NHS kind of had a certain level of respect from my parents....I wasn't really believed in my identity and my transness and I knew that having a clinician to kind of validate what I was saying would kind of just back me up”</p> <p>“The NHS is seen as quite, legitimate, it's got a lot of regulations”</p> <p>“Getting that diagnosis makes you feel a bit more like you can have that valid aspect”</p> <p>“The NHS, it just had a certain amount of respect.”</p> <p>iii)</p> <p>“I didn't know that there were other options...all that I was ever given was the route of going to the NHS”</p>

		<p>“It was kind of just the only thing I was told”</p> <p>“Especially when you're younger, you don't necessarily know all about like the different private places you can go to”</p> <p>“I just had no idea that there was a private option for under 18 gender care.”</p>
	<p>C. INADEQUATE</p> <p>The reasons above were cited <u>despite</u> a widespread feeling that there are inadequate NHS resources and unacceptably long waiting lists</p>	<p>“I was hoping that I'd be patient enough to wait, but..”</p> <p>“[I] just wish they all had more funding and better communication to make the services better as I know many trans siblings have been failed by the system”</p> <p>“I've been on the waiting list for about 3 years and I'm still waiting but we are also looking at private now”</p> <p>“I think maybe in the process you probably don't realise how long you are expected to wait.”</p> <p>“I didn't even get put on the waiting list for about a year...after having come out to like my GP and everyone. So, yeah, I think some GPs really have no idea what they're talking about.”</p>
<p>2. What do you think the purpose of assessment in the gender clinic is?</p>	<p>A. SUPPORT</p> <p>The group unanimously felt the purpose <u>should</u> be to support young people to explore their options and access the care that's right for them</p>	<p>“To gauge what pathway you should go down in order to achieve a better quality of life...To broadly discuss what options there are and what would work best for you.”</p> <p>“To determine gender / social / medical, (physical and mental) history and support the young person in understanding all of these aspects in relation to their gender...then properly educating the patient on all of their options”</p> <p>“To help determine and figure out an individual's relationship with their gender and what services they can provide to...help them feel more comfortable in their body...and help use the resources that are available such as hormone therapy and gender affirming surgeries or even helping to figure out the process of socially transitioning.”</p> <p>“Everyone's needs are different and I think having an open space where it's patient focused and patient-led is essential.”</p> <p>“I think the purpose of the assessment is supposed to be to help you figure out what you want from health care.”</p>

	<p>B. GATE-KEEPING</p> <p>However, in <u>reality</u> the group felt unanimously that the purpose currently often feels like gate-keeping, especially with regard to people with trans identities which aren't binary</p>	<p>"They were questioning a lot of things...it kind of became like you had to ...check their boxes for it to be valid and..the experience became really negative"</p> <p>"Having to be ...this check box kind of list of you must fit into these boxes to identify as a male or to identify as a female and it's as we see fit"</p> <p>"I'm not fully trans to FTM or MTF...if you're anywhere in the middle, it's a lot more difficult, I think."</p> <p>"Essentially I felt at the time that the purpose of assessment was to sort of scrutinise me and see if I was, quote unquote, really trans...if I was the right sort of trans to be allowed medical intervention...It definitely felt like the purpose was just to kind of hold up hoops for me to jump through"</p> <p>"I felt like I had to perform my gender in an exaggerated way...be male in a very narrow definition of male."</p> <p>"I honestly just felt like they were trying to trip me up. It felt quite...I don't know..inhumane... it just felt like I was being tested about what I was saying about my own gender. Almost like, yeah, like an interrogation...I don't know if that's their purpose, but that's what it felt like to be on the receiving end."</p> <p>"It felt like I was trying to prove that I deserve to get there...I definitely felt like I was kind of going into it fighting."</p> <p>"Seeing whether you're trans enough or not...and as someone who's genderfluid, that makes me really uncomfortable because I don't fit in the category of FTM or MTF...I had to just kinda lie. And say that I'm FTM just so I don't have to go through the loopholes of trying to medically transition while identifying as gender fluid."</p>
<p>3. Is it important to you to have a diagnosis of gender dysphoria ?</p>	<p>A. NOT PERSONALLY, EXCEPT...</p> <p>i) Mostly NOT important (or even resented) personally...</p>	<p>i)</p> <p>"A diagnosis of gender dysphoria is not important to me personally"</p> <p>"Personally, not so much"</p> <p>"For me personally, it was a formality."...</p> <p>"The opposite...I really resented the fact that I had to get that diagnosis....I hated the need for the diagnosis"</p>

	<p>ii)...except as a gateway to accessing gender-affirming healthcare; and <u>for a minority as validation</u></p>	<p>because it labelled a core part of my identity as a disorder.”</p> <p>“I want a gender dysphoria diagnosis literally only because it will make getting my legal gender changed easier....I think it's really stupid that it's a whole thing that you have to jump through so many hoops to get”</p> <p>ii)</p> <p>“All the diagnosis meant to me personally was that I jumped through the hoops correctly and therefore would get the health care that I wanted.”</p> <p>“Unfortunately it is a necessity to be able to get many things like your gender changed on legal documents but I feel like it shouldn't be a necessity”</p> <p>“I think having it on paper gives you the opportunity, it gives you more of an opportunity to seek the help that is needed”</p> <p>“I think for me personally, a gender dysphoria diagnosis would be very helpful...It opens that gateway for the help...And I think it's definitely important to be able to get one to affirm to yourselves that you are like finally on the right path”</p> <p>“I personally think that like that diagnosis for gender dysphoria is important...but the same time it shouldn't really [be]”</p> <p>“To me, yes, it validates how I feel.”</p>
	<p>B. MORE IMPORTANT / USEFUL FOR FAMILIES & SOCIETY</p> <p>i) It was more important to group members' parents & families</p>	<p>i)</p> <p>“I think it was very important for my parents, etc, as it made them realise it was real...it was something other people go through and is legit and understood in the medical world.”</p> <p>“I think for...helping maybe get your parents, family members and carers around to the idea of it...because it's from a professional.”</p> <p>“With the whole parent situation, family members, friends...it depends which sort of background you come from and how supportive..”</p>

	<p>ii) and sometimes (but not always) useful or important in other settings such as work and education</p>	<p>“It wasn't sort of inherently useful. But where it was useful was that I could kind of use it as a, for like convincing or reassuring my parents that like, being trans was like real and permanent and it wasn't just a phase”</p> <p>“It did help with kind of making [my parents] more supportive because they then felt it [had] been sort of confirmed or made valid by the approval of a specialist, a doctor.”</p> <p>“It's good to show [parents] the urgency of the whole situation.”</p> <p>“My friends and health care would likely feel more at ease with the confirmation, especially when the medical parts are so life-changing, it can really comfort a parent to know that their child ...is being handled responsibly”</p> <p>ii)</p> <p>“So a school situation, yes, to some degree. I had to kind of have a meeting with my teachers when I came to uni and to college...to be called a particular thing on the register just because my name wasn't legally changed and kind of having that diagnosis really helped with that.”</p> <p>“The school was so set against it that they didn't care whether I had a diagnosis or not...it's only useful if the people you're showing it to care to see it or care to listen to it”</p> <p>“School - I definitely feel like it's not so important...I feel like if you tell them you're trans they should respect that you're trans.”</p> <p>“Every job I've ever had from the age of pretty much 17 and above has never called me by my legal name, only by my preferred name and that's due to having that diagnosis”</p> <p>“I think it also applies...health care, school and socially”</p> <p>“School and society shouldn't need...a diagnosis...They only need to know your name and pronouns and if they can't respect that then it's an issue on their part”</p>
<p>4. What do you expect from the clinicians in the</p>	<p>A. SUPPORT</p> <p>The group unanimously expected</p>	<p>“I expect fair and equal treatment for all, respect and care for all during this difficult time in a young person's journey.”</p> <p>“Respect, understanding and communication”</p>

<p>service?</p>	<p>support, understanding, and respect (especially for diverse gender identities)</p>	<p>“They should be, knowledgeable and understanding”</p> <p>“Overall - support”</p> <p>“Understanding that everybody identifies in a different way”</p> <p>“Supporting, and understanding that trans people don't always experience and feel the same way about certain things...for them to be aware that there are many different gender identities that aren't just trans FTM, trans MTF...There are people who identify as non binary and genderfluid and they are valid genders.”</p> <p>“Support, safety and sympathy. Empathy is even better. We need more trans clinicians”</p>
	<p>B. LISTENING & GUIDANCE</p> <p>They also wanted clinicians to <u>listen to young people themselves</u> and be clear & informative when communicating</p>	<p>“[They should] have the idea that, you know, this is something you've been thinking about for a long time and especially with the waiting list...So you probably have quite a good idea of what's going on, so, listen.”</p> <p>“What I would expect from clinicians is to just be treated like a person and not a medical case.”</p> <p>“I just think it would feel more comfortable having a discussion with them where they're being informative and presenting options, but it doesn't feel impersonal...they were very much in a position of power and I think that the power needs to be a bit more equalised because obviously the trans person going into it knows more about their gender than the clinician does”</p> <p>“When I went to the Welsh gender service for the first time because I moved to Wales, the clinician asked me where I felt like I was at in my transition and what I wanted in the future, which was a question I was never asked in GIDS, which seems a bit ridiculous really.”</p> <p>"Almost like guidance, as well, through the whole thing. Someone who is there for you and is able to talk through different options, able to give you different alleyways if that makes sense and different doors like basically, open up the world to you...someone who's able to just help guide through everything that's needed in order to get you to where you want to be.”</p> <p>“What I would like to see is for them to know and point me to other sources of support and information... point you to like sources of trustworthy information just because there's a lot of misinformation online”</p>

		"I would expect clinicians in the service to make it as easy as possible and have clear communication."
--	--	---

FOCUS GROUP 2: THE FUTURE

Question asked	Theme identified	Supporting quotes
1. How important is the location of the service?	A. COMMUNITY SETTING A community location was unanimously preferred over a hospital setting	<p>"I feel like a community location would be more comfortable for people as a hospital environment often implies illness and seriousness and being trans isn't an illness."</p> <p>"I prefer community location"</p> <p>"I'd probably also go with a community location. ...I think hospitals just make things a bit too serious and a bit too...you might drop dead kind of vibe so...I would say somewhere more comfortable that doesn't seem so serious."</p> <p>"I think definitely a community centre or something like that"</p> <p>"Some people have trauma with hospital environments."</p> <p>"I would personally go to a community clinic than hospital because it doesn't feel overwhelming"</p>
	B. ACCESSIBILITY VITAL Many said a central location and good transport links were essential for accessibility (a few also wanted the option of remote appointments)	<p>"The location is pretty important because you want to have somewhere that it's easy to get to"</p> <p>"Close to multiple links of public transport, with lots of parking"</p> <p>"Like in the middle of the city, somewhere where there's a lot of transport"</p> <p>"[A] place that's easily accessible to all and any type of person"</p> <p>"Realistically... there's only gonna be so many clinics, so I think also having the opportunity"</p>

		to have remote appointments is also important for people who can't necessarily travel or just who can't get to capital cities”
	<p>C. WELCOMING</p> <p>Several said a welcoming and attractive environment - building, entrance, waiting room etc - was important</p>	<p>“A nice attractive building ideally because I remember going to the Tavistock...it is a soul-sucking, depressing, big block of sadness.”</p> <p>“[I] think the entrance is a big thing...if the entrance is a bit gloomy then I think it is a bit... standoffish”</p> <p>“Somewhere where you feel supported and very much at home kind of because this will be a place where you'll most likely be going quite a lot of times and you wanna feel comfortable and feel like you belong there, so maybe a lot of flags [and] a lot of different art”</p> <p>“I think trans people should decorate the waiting room”</p> <p>“The Welsh gender clinic...waiting room has...all of these queer books and...sexual health leaflets and... a lot of resources, things for mutual aid groups in the area, youth groups. And it just makes you feel a little bit more like you're part of a community.”</p>
<p>2. What do you see as some of the challenges for the new services, and what ideas do you have to address those challenges?</p>	<p>A. WAITING LISTS</p> <p>i) Waiting lists emerged as a key theme felt strongly by the whole group</p> <p>ii) To respond to this challenge, the group advocated more funding and planning ahead for demand to rise</p>	<p>i)</p> <p>“For me the biggest challenge is still gonna be the waiting times. I think that will always be the biggest issue and that will have the biggest impact as well”</p> <p>ii)</p> <p>“Part of what they need to do about the waiting list to prevent it getting that bad...to plan for demand to keep going up...they need to think...there's gonna be more people 10 years from now and they need to kind of plan growth in at the start.”</p> <p>“You need to have...sustainable services...because yeah demand is going to keep going up.”</p> <p>“If they can't fund more [permanent] clinics...the kinda like temporary clinics [are needed at least] to try and get through more people, like Transplus...that help you get</p>

		<p>through people a lot faster and give them kind of the care that they deserve as well.”</p>
	<p>B. COMMUNICATION</p> <p>i) Communication (including <i>about</i> the waiting list) was a second major challenge / problem cited often</p> <p>ii) To respond to this challenge: proactive communication including an online service offering transparency about waiting times</p>	<p>i)</p> <p>“Communication...both within the team and between patient and clinician... there's so many...stories [of poor communication]”</p> <p>“They never have had any information to give me when I was trying to get an inkling, an idea of how long I might have to wait.”</p> <p>“Communication needs to be better”</p> <p>ii)</p> <p>“They need to make the effort to send emails, like a quick call or message just to reassure people that they haven't been forgotten.”</p> <p>“Complete transparency would be really helpful in that instance”</p> <p>“[Idea of a] website service where you can see your [place] in a queue...so you can see that there is progression”</p> <p>“Having a visual queue”</p>
	<p>C. TRUST</p> <p>i) Trust in services was also identified as a problem, closely related to A (waiting lists) and B (communication)</p> <p>ii) Responses to this challenge: shorter waiting lists and better communication (as above), more trans involvement, and more trans &</p>	<p>i)</p> <p>“A big problem is people trust in the service...a lot of people that I speak to that are going into it, they've heard so many horror stories that they just are expecting that they're gonna have to put up a fight to get what they want and to get proper help and I don't think people have much faith in these kind of services because people have been let down so much by them.”</p> <p>ii)</p> <p>“Maintaining trust with services I feel like part of it is you need to have...sustainable services”</p> <p>“Making the service reliable will generally bring back in trust as well by not letting people</p>

	<p>POC [people of colour] staff who stay in their roles long term</p>	<p>down”</p> <p>“One of the things they can do for trust is to bring trans people in sort of at the top, like so that you're not going as a trans person to see a completely cis team... there needs to be trans involvement on the management or the oversight of it”</p> <p>“There’s not diversity... not enough trans clinicians or people of colour..I definitely felt alienated...I just feel like they didn't understand the nuances of like gender and race and culture”</p> <p>“All of the people that I see under [private provider] are all trans people themselves and there's just a small bit of like relatability”</p> <p>“More incentives for like staff to stay on”</p>
<p>3. Are there any aspects of the current service you think should be built into the new service?</p>	<p>There was minimal engagement from the group on this question but a few people made the following individual contributions</p>	<p><i>Financial support:</i> “They helped financially a little bit with transport and that really helped at the time.”</p> <p><i>Youth group:</i> “When I was there, they had...like a youth group like during the school summer holidays and that was really good because that was like my first time speaking to other trans people”</p> <p><i>Supportive staff:</i> “Maintain the incredible support that can be accessed. The workers I've interacted with have all been wonderful and it's made the process much easier.”</p> <p><i>Psychiatric assessment:</i> “The main thing that should stay is the psychiatric assessments. Because I think... without that I think you'll end up with more people kind of having that regret in the future.”</p> <p><i>Written summaries:</i> “Probably a really obvious one, but ...when I got to the end of my sessions with GIDS I got like a really long summary letter of everything we talked about that then also went to the adult services, but then I also got a copy...it's good that...there was like a concrete...evidence of communication between the 2 clinics.”</p>
<p>4. Do you have a sense of the type of support or</p>	<p>A. COMPREHENSIVE INFORMATION,</p>	<p>“More information about different identities...gender identities and sexualities ...because I feel otherwise as a trans young</p>

<p>treatment that you would personally like to be offered?</p>	<p>GOOD COMMUNICATION</p> <p>The group wanted a broad range of supportive and impartial information (including for parents / carers), the chance to ask for information anonymously, and proactive communication</p>	<p>person, you kind of rely on the internet, or your friends and it would maybe be good to have a somewhat impartial...education”</p> <p>“Having something like...bios of trans adults, being like ‘this is a trans man’, ‘this is a non-binary person’...”</p> <p>“More information about fertility, more information about mental health.”</p> <p>“Especially when I was younger...my only access to information was through the internet...it would be nice if there could be some sort of concise list o, for example, the effects of testosterone, the effects of oestrogen, whatever, for my route I’m planning on taking.”</p> <p>“Resources for parents and carers as well”</p> <p>“There should be some support for social transitioning and support with coming out to family”</p> <p>“I wanted to be able to ask for information anonymously...like impacts on fertility ... because like I didn't feel able to ask openly to my clinician because it felt like that's then a risk that they'll take that as hesitation or uncertainty and like delay treatment or even deny treatment.”</p> <p>“More communication - just how everything is going because... especially during the kind of timeline I just didn't have...any sort of communication...It's an awful process. And I really wish there was just a little more communication to at least keep me going.”</p>
	<p>B. HOLISTIC HEALTHCARE</p> <p>A holistic range of timely and accessible treatment options, in a <u>patient-centred</u> service</p>	<p>“Better access to hormones”</p> <p>“Definitely for things to be a lot more broad than they currently are...going over what your transition could be for you personally. I know a lot of people who don't want to medically transition, but that doesn't change their identity...just kind of being given options”</p> <p>“Mental health counselling”</p> <p>“Support with mental health and having a way to cope with the stress that comes with going</p>

		<p>through the process, and that comes with being trans”</p> <p>“Fertility counselling”</p> <p>“Having it as like patient-led and patient-focused, I think it's really important”</p> <p>“If someone is...wanting something, be that like hormone treatment or surgery, making sure those referrals happen. And they don't have to wait years on years just to get on the list.”</p> <p>“Treatment through the GP because GPs don't really like to go with private clinics and so if we're on the NHS through GIDS having that quick pathway of going all the way through the NHS just being able to go to your GP to get a prescription is really helpful”</p>
<p>5. Do you have suggestions about what the service should be called?</p>	<p>A. 'STEALTH' POTENTIAL</p> <p>There was a strong desire for a name that can allow for confidentiality</p>	<p>“I think it's quite important to have gender in it, but I think in a way that can be easily avoided when you're saying it to someone because...whenever I mentioned I'm with a service to someone I get...a very big wave of anxiety saying it's a gender service...I think there's confidentiality having it as something, like...‘Lighthouse Gender Service’ so you can just say I'm with ‘Lighthouse’ without having to say it [gender]”</p> <p>“It has to be stealth for people”</p> <p>“I very much like the idea of it having a completely different name, or it having like 2 names - a broad name and then I guess a clinical name...something to refer to it on paper as..a gender health service...and then just a general name”</p> <p>“I think that the name for the gender service shouldn't feel too medical. So it's a service that people feel safe using and saying the name of without getting judgement from people because there's often a lot of judgement when people find out that you're with a medical service group.”</p>
	<p>B. TRANS HISTORY</p> <p>There was</p>	<p>“[It] would be really good to name the service after notable trans people...I think that's a really cool idea.”</p>

	considerable enthusiasm for the idea of naming the service after a trans figure from history	“Maybe naming [it] after significant trans people in the past who have contributed to the medical field or something would be a good idea.”
--	---	---

FOCUS GROUP 3: WIDER SUPPORT & INFORMATION

Question asked	Theme identified	Supporting quotes
1. Aside from specialist gender services, what other services or support are, or would be, helpful?	<p>A. HOLISTIC, TRANS-FRIENDLY HEALTHCARE:</p> <p>i) Counselling and mental health support</p> <p>ii) Physical health check-ups</p> <p>iii) Sexual health resources</p>	<p>i)</p> <p>“Counselling would be a really big one”</p> <p>“Good mental health services would have really been a big benefit for me as I was exploring my identity, dealing with things like dysphoria...”</p> <p>“I'd like them to like train the CAMHS therapists better because...my experience of CAMHS therapists was that they really didn't know what they were talking about trans wise”</p> <p>“Mental health help. Specifically aimed towards gender and questioning, as for me, my therapist doesn't know a lot of information about the subject”</p> <p>ii)</p> <p>“Could be really good to have a physical screening of sorts to kind of go over any issues...especially I imagine if someone's trans, they might be a bit more resistant about going to the doctor”</p> <p>iii)</p> <p>“Because you learn...when you start secondary school about...sexual education and reproductive education from obviously a</p>

	C. FINANCIAL SUPPORT	<p>“I think having funding or grants available to help young people cover the cost of changing ID documents, like getting a new passport.”</p>
2. What support should or could be given to parents, families and carers?	A. SUPPORT GROUPS, MEETINGS, Q&As, COUNSELLING In-person and online support groups for parents and carers to meet other parents and carers, adult trans people, and professionals who can answer their questions and provide mental health support / counselling if needed	<p>“A place where like parents could meet other parents of trans children or grandparents can meet other grandparents”</p> <p>“What was really useful for my parents when I was about 13 was meeting trans adults in their like thirties and forties who were doing well like in their careers or in their family life or whatever so that they could see that I had a future...it was really useful for them to actually meet and talk to people as opposed to just hearing about them”</p> <p>“Real life examples of successful trans people, young and older, and the outlines of their journeys and their feelings on their social and medical transitions...In-person and online spaces to talk to 18+ trans people and to others in similar positions”</p> <p>“If parents or carers could meet trans adults to understand that being transgender and being able to medically transition can genuinely better a trans person's quality of life.”</p> <p>“Gender specialist-led discussion groups and gatherings.”</p> <p>“Meetings or calls to help explain things that they may not understand and to ask questions to professionals.”</p> <p>“A group or a therapist, or something, but a place for parents to be able to vent their feelings about it so that it's not their trans kid who they're venting their feelings to.”</p>
	B. ACCESSIBLE INFORMATION Clear and culturally competent informational resources (so parents don't rely on their trans children) provided	<p>“To have a professional be that middle ground...to tell my parents stuff so that I didn't...have the pressure to do it myself. So, providing the same information they would hopefully provide other trans people about the effects of medical transition, the options, the identities...so it takes off that weight from a child of trying to explain this whole big complicated thing to their parents.”</p>

	<p>in multiple languages, including templates to help them navigate conversations with school, health, work etc</p>	<p>“Resources on what the service can provide for the child under their care and what can be provided by related services.”</p> <p>“For people of colour and people from religious backgrounds, I think, having resources specifically for different religions and different cultural backgrounds would be really helpful...there weren't a lot of Arabic resources that my parents could understand. And culturally they couldn't relate to gender in the way that people in the UK might”</p> <p>“Something that my parents probably could use to help with is like when you have to fight other organisations...email templates for talking to schools or GPs.”</p> <p>“I think that parents and carers could be educated on what being trans entails and that being transgender has nothing to do with your sexuality as many people get confused as to why you would transition.”</p> <p>“Information, but specifically for things like, like paperwork...so like name changes or like gender markers and passports, or employment rights”</p>
<p>3. What and/or where are your trusted sources of information, if any?</p>	<p>A. OTHER TRANS PEOPLE</p> <p>Overwhelmingly other trans people (in-person, books, and online - blogs, YouTube etc)</p>	<p>“For me personally, it's elder trans people, trans people who...have life experience.”</p> <p>“Word of mouth, of other people who have gone through the experience”</p> <p>“I do think the main trust comes from people who have already gone through the experience already.”</p> <p>“Trans friends”</p> <p>“My friends, family and community”</p> <p>“I've always found that talking to people who have life experience is the best, either on like forums or like places like Reddit or on social media and other places”</p> <p>“A lot of trans people make YouTube videos which I think is a [major] informational source for a lot of people, and that's mainly where I get my information from, not so much professional services.”</p>

		<p>“I definitely benefited a lot from Youtubers who made content on it when I was younger.”</p> <p>“From other trans people who would put their stories online”</p> <p>“Trans adults, people who transitioned...books written by trans people”</p> <p>“I think generationally...some parents...see the internet as untrustworthy...so I think this is a really important point, having trusted sources of information for young people and for parents, because it's something that definitely caused a lot of arguments in my household.”</p> <p>“Older trans people I've seen online or met in person”</p> <p>“Transgender people on the internet solely because they have lived it”</p> <p>“Personally the first informational sources are trans YouTubers who make videos on how they experience their transition”</p>
	<p>B. TRANS ORGANISATIONS</p> <p>Secondly trans community support groups</p>	<p>“Youth groups”</p> <p>“GI [Gendered Intelligence] and GI workers”</p> <p>“GI youth workers”</p> <p>“I also benefited from joining GI”</p> <p>“Mermaids was one that definitely helped me because they're the ones where I found out about name changing via deed poll”</p> <p>“Shout out to Mermaids because I used their helpline a few times, like a couple of years ago”</p> <p>“Yeah, trans charities or helplines like Switchboard, I know GI have a helpline... those were quite trusted sources of information for me.”</p>
	<p>C. NHS / PROFESSIONALS</p> <p>A minority from professionals or</p>	<p>“Now I tend to get a lot more information directly from my care navigator that I'm with. But I think especially before I had access to that, I would usually just use Google, any trans people that I knew”</p>

	<p>the NHS - but clear desire for more, (and more diverse) trans information from these sources</p>	<p>“I feel the NHS should have more resources linked on the website to different types of trans individuals, not just FTM or MTF.”</p> <p>“NHS sources give you standard medical information, but there's so much I've heard from other transgender people that isn't mentioned in any medical sources.”</p> <p>“I want to be able to get medical information from the NHS website, but they very rarely mention trans-specific stuff.”</p> <p>“If you're reading sexual health / reproductive type information on the NHS website, then it doesn't consider trans people...So as a trans man, I can't read about some parts of my body on the NHS website without it getting constantly talked about like in quotations “Some women” experience X problem. Can't get reliable info without misgendering.”</p>
<p>4. What general information would be helpful for young people thinking about their gender identity, and how would you want this information to be provided?</p>	<p>A. DIVERSE GENDER JOURNEYS</p> <p>Impartial and comprehensive information about diverse gender identities, expressions, and journeys (including gender non-conforming cisgender people) and all aspects of, and options for transition, including dealing with transphobia and bullying</p>	<p>“Information on how many gender identities there are...and how you can identify as gender fluid or non-binary and what each of the gender identities entail”</p> <p>“Types of dysphoria need to be discussed a bit more”</p> <p>“Whatever the information is...the authors should include people who've made different conclusions after exploring their gender, made different decisions afterwards. So, have input from people who've...found a wide variety of ways of responding to their gender, so like some people have done medical transition and some people have chosen not to do anything medical, for instance. And I think it would be useful also [to have] input from people who are cis...gender non conforming, but don't consider themselves trans. So it's...showing lots of different ways of expressing your gender.”</p> <p>“Stories...and explain what being trans and all the different non binary [identities are]”</p> <p>“Full and comprehensive information on their options within and outside of the NHS services and both the short and long-term effects of all options - medical or otherwise - for example, changing name / sex marker,</p>

		<p>etc”</p> <p>“Information about the different options for transitioning would be useful. Information about hormones and also medical procedures, not just what they are but also I guess the side effects of doing both, positively and negatively...unbiasedly, so that it’s just information rather than attempting to kind of sway people away or towards.”</p> <p>“Information available on how to handle it when someone expresses...a lack of understanding in someone's identity”</p> <p>“How to deal with transphobia and how to deal with, you know, bullying in school and that kind of thing because that, unfortunately that does happen to...a lot of trans people. So yeah, how to navigate that and get help and the support available.”</p>
	<p>B. PROVIDED ACCESSIBLY</p> <p>Through a variety of accessible, engaging online and offline channels, including via schools</p>	<p>“Something that could be easily found online”</p> <p>“I like the idea of information being presented in an animation...those smooth, simplistic child-friendly, I guess, simple information...for people that just can't sit there and read a leaflet”</p> <p>“Things where it could be discreet, things that people can just pick up like in passing and things like that...leaflets, posters, in schools, any kind of like youth clubs...around shopping centres...for GP appointments ...any kind of counselling appointments that people might go to”</p> <p>“At school...like some kind of PSHE [personal, social, health and economic information]...and then maybe have some websites ...if you want to know more”</p> <p>“Information should be clearly communicated during in-person [and] online sessions. But followed up with a written up summary with signposts to find out more independently.”</p> <p>“I think schools should direct young trans people to support groups”</p> <p>“Another way is to have someone in schools who is knowledgeable about the trans</p>

		community and can offer support to those young trans people”
<p>5. What information would you need to know if you were thinking about medically transitioning?</p>	<p>A. COMPREHENSIVE, ACCESSIBLE INFORMATION ON HORMONES AND SURGERIES</p> <p>Impartial and comprehensive information about the full range of gender-affirming treatment options (hormones and surgeries) available, both on the NHS and privately, explained in accessible ways</p>	<p>“Pretty much: give as much information about it as possible.”</p> <p>“Properly explaining like the health aspects”</p> <p>“All the current options available on the NHS as well as medical options available outside of the NHS.”</p> <p>“All the effects of hormones”</p> <p>“Detailed information about long-term and short-term effects of both hormones and surgeries”</p> <p>“I think talking about the side effects...wasn't described very well. And similarly, the side effects of hormones aren't described very well”</p> <p>“What treatment involves and the effects in - both short and long-term - and associated risks, and any methods to mitigate said risks”.</p> <p>“Knowing all the pros and cons of medically transitioning ...on social media, it feels like cons of medical transitions are always downplayed...I also think helping parents understand the benefits of medically transition- transitioning is also a necessity”</p> <p>“The terms and conditions of surgeries such as reasons that top or bottom surgery would not or cannot be performed on an individual.”</p> <p>“And having this information presented simply, not in a childish way but I guess not using complex medical terms if they're not necessary, or if you do, defining them just so everyone understands everything”</p>
	<p>B. TRANSPARENCY ABOUT WAITING TIMES</p>	<p>“The kind of waiting times and subsequent timelines you can currently expect for these options and what is physically involved.”</p> <p>“Information about how long waiting times could be.”</p> <p>“More communication with waiting lists because it's stressful not knowing how far</p>

		<p>down you are”</p> <p>“A wide range...covering all the bases and...how long it's gonna take..for this whole process..also just..knowing how it all occurs.”</p> <p>“What happens and when”</p>
	<p>C. NON-MEDICAL OPTIONS VALID TOO</p> <p>Acknowledgement that trans people who decide <u>against</u> some or all aspects of medical transition are equally valid</p>	<p>“It's good for people to know that it's okay to decide something is not for you....it's good to know that you can start hormones, for example, and then say, 'hmm, this actually isn't the route for me'.”</p> <p>“To let the clients know that they don't have to necessarily have any medical transitioning and that they are still valid”</p> <p>“What to do if you want to go off T in future.”</p>
	<p>D. MORE EMPHASIS NEEDED ON...</p> <p>More information about the role of genetics, fertility, vocal training, blood tests / monitoring and new developments in surgical techniques</p>	<p>“I think the biggest thing for me would be the kind of genetic aspect...Due to the fact like for example both of my cis born brothers have gone bald before they're 30.. and I know if I took testosterone and all that kind of stuff, that was a high chance that it could happen to me too....I think that's a really big thing that they should incorporate”</p> <p>“Having some kind of meeting if you want to have it, with a fertility counsellor”</p> <p>“Vocal training should be more emphasised.”</p> <p>“Clearer information about, I call it 'gender admin', so that's things like blood tests, how often I have to get medication and reviews for my testosterone. Like what to do if there's like a national shortage of testosterone which has happened a couple times. Because no one teaches you how to navigate that. And I think just acknowledging that those are some challenges”</p> <p>“It'd be really good to hear about surgeries and techniques that are experimental now or being researched right now, but that might be available 10 years from now that it might make sense to wait for rather than like looking into having a less good surgery now.”</p>

Summary messages / conclusions

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

1. How services could be organised going forward

- Increased funding and planning ahead for demand growth in order to reduce unacceptably long waiting lists
- Services geared towards supporting young people to understand their gender and access available care, rather than gatekeeping
- Better communication including an online service offering full transparency about waiting times
- Services located in attractive welcoming buildings, in community settings (rather than hospitals), in central locations with good transport links
- More trans involvement in designing and managing services; recruitment of more trans clinicians and clinicians of colour
- Services with names which are not obviously gender-related, perhaps named after trans figure from history
- Offering service users the chance to ask questions anonymously

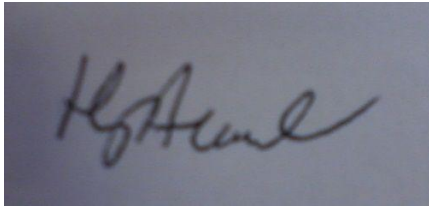
2. The care the participants would like to receive

- Clinicians who listen and are truly person-centred, offering empowering guidance on all available options to enable young people to make the best choices for themselves
- Timely access to hormone and surgical treatment options
- Holistic care including mental health counselling and fertility counselling, as well as trans-friendly physical health check-ups and sexual health resources
- More awareness, visibility, and respect for trans identities which aren't binary
- Much more comprehensive information for young people on diverse gender journeys provided through a range of accessible channels, including via schools
- Connections to support groups and informational resources, including for schools
- Provision of a broad range of supportive and impartial information for parents and carers, in multiple languages, plus in-person and online support groups, Q&As and counselling

Completion

Name and Signature of Focus Group Moderator

Dr Hil Aked



Supporting materials

Add full transcript to second page and additional materials if available

- Transcripts for focus groups 1 - 3 attached