

# THE KITE TRUST

## FOCUS GROUP 3

### ORGANISATION

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#### The Kite Trust

At The Kite Trust we envisage an inclusive society where LGBTQ+ young people are healthy, successful and celebrated. We support the wellbeing and creativity of LGBTQ+ young people in Cambridgeshire, Peterborough and surrounding areas, not only supporting young people directly but also seeking to change the environments and remove the barriers that prevent them from achieving their full potential. We do this through our Youth Work, Advocacy, Training and Research programmes.

Within our Youth Work programme, we provide many opportunities for social connection - youth social groups, individual support, family activities, inclusive sporting opportunities, workshops and residential opportunities. Each of these activities builds young people's confidence, self-esteem, sense of belonging and seeks to develop their skills and knowledge to enable them to thrive. We support over 500 young people each year.

Our Schools and Training programme recognises that many of the challenges LGBTQ+ young people face originate through environments and interactions with other people. We tackle bullying in schools through our Rainbow Flag Award, taking a whole-school approach to LGBTQ+ inclusion. We also work within other sectors that impact the lives of young people – healthcare, social care and a variety of employers - to ensure that LGBTQ+ inclusive practice becomes the default.

We also undertake a wealth of advocacy work and research, seeking to effect positive change for the LGBTQ+ community. All of our work at The Kite Trust centres around improving the lives of LGBTQ+ young people, with a particular focus on supporting trans and non-binary young people, as these make up the majority of our service users.

### SUMMARY OF BRIEF & APPROACH

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The Kite Trust (TKT) was engaged to undertake research/consultation with TKT service users, to explore the views of young people on gender identity services for children and young people and how these could be improved. We aimed to gather the most relevant and useful data possible while ensuring the research sessions remained safe and supportive spaces for young people.

We undertook this project by conducting three focus groups and a survey with TKT service users who had accessed, tried to access, or considered accessing NHS gender services when they were aged 18 or younger. The groups and survey explored questions provided by the Cass Review team, relating to experiences of NHS gender services and how these services could be improved, as well as the wider context of support for young people and their families in this area. More details of the recruitment, methodology and how the sessions were run are given below.

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## RECRUITMENT

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All current TKT service users were invited to take part in the focus groups, if they had accessed, tried to access, or considered accessing NHS gender services when they were aged 18 or younger. This included young people who were aged 18 or over at the time of the focus groups but had views to share that related to their experiences of NHS gender services when they were younger. Information about the focus groups and survey was included in the newsletter sent out to all current TKT service users and parents/carers who have opted in to receive this. Young people (or parents/carers on their behalf, for younger participants) were able to sign up for the focus groups by email or by registering using Eventbrite, the same process used for signing up to regular TKT youth groups and other events. The survey was completed through Microsoft Forms, via a link that was included in the TKT newsletter.

## METHODOLOGY

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Three focus groups were undertaken, each based on one of the topics provided by the Cass Review team: 'the present' (session 1), 'the future' (session 2) and 'wider support and information' (session 3). In some cases, the questions were explored fully with time to spare, so participants were also asked questions from the other question sets. This is made clear in the 'key themes identified' section below where relevant.

All focus groups were transcribed verbatim by another member of TKT staff. Data was anonymised at the point of transcription. Transcripts and audio recordings of the focus groups were analysed by TKT staff members, alongside written notes from the focus groups. Thematic analysis was undertaken, guided by the questions provided by the Cass Review team.

Following feedback from TKT service users that the focus group format was not accessible to all, a survey was also created and circulated to TKT service users via the newsletter. This was discussed with, and approved by, the Cass Review team before circulation. The survey included all questions asked in all three focus groups.

Numbers of participants and relevant demographic information shared in the group are given below.

Verbal consent was given by participants before each focus group began. Additionally, for the groups that were recorded via Zoom, a warning was given before recording commenced, where participants were advised that by staying in the call they consented to be recorded. In session 3, a written consent form was also used. In sessions 1 and 2, an amended consent form was circulated by email and written consent was given retrospectively.

## HOW THE SESSIONS WERE RUN

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Each of the focus groups took two hours and was facilitated by a TKT staff member. In all cases, a TKT youth worker was also present to support the young people. Each group took the same format:

- Initial introduction, review of the project information, and explanation of the focus of the specific focus group;
- TKT staff and young people introductions (name, pronoun and role if relevant) and icebreaker;
- Addressing Cass Review questions;
- Space for young people's questions and final comments (young people were also encouraged to ask any questions and share thoughts as they arose throughout the groups);
- 'Check-out' - young people sharing how they were feeling, youth worker and facilitator identifying any support needs to follow up;
- Discussion of next steps and reminder for young people of how to request payment for participation.

Participants were encouraged to contribute in whatever way felt most accessible to them. In all sessions, written notes were taken in addition to an audio recording. These notes were written collaboratively between participants and facilitator(s); In the first two groups, a Google Jamboard was used to record written notes. Participants had access to this Jamboard and could add their own notes, and the facilitator also made notes of their verbal comments. In session 3, participants and the facilitator made notes on A0 paper throughout the session, to which participants could contribute at any time during the group.

Participants were encouraged to speak freely and honestly, and steps were taken to ensure they were as relaxed and comfortable as possible. For example, snacks and drinks were provided, and participants were encouraged to move around freely and use fidget toys or other tactics to support their wellbeing. Breaks were taken where needed and facilitators ensured adequate time was available at the end of the sessions to ensure that any wellbeing needs or challenges could be addressed with young people.

## SESSION INFORMATION (REPLICATE FOR EACH FOCUS GROUP)

DATE COMPLETED	FOCUS GROUP TOPIC	MODERATED BY
13 July 2023	Wider support and information	Staff Member From The Kite Trust

## RESPONDENTS' INFORMATION

### NO OF PARTICIPANTS

5

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

Participants were aged between 14 and 25 years old. Three young people are or were on the waiting list for GIDS but had not been seen by the service. Two young people had been referred to adult GICs and not attempted to access GIDS. Participants were from predominantly rural areas of Cambridgeshire.

## OUTPUTS FROM THE SESSIONS

### KEY THEMES IDENTIFIED (BY QUESTION)

QUESTION ASKED	THEME IDENTIFIED	SUPPORTING QUOTES
Aside from specialist gender services what other services or support are/would be helpful (both	<b>Long waiting times and gatekeeping of gender care, and the high cost of private care.</b> Participants describing waiting years and having to navigate complex processes before accessing appointments for gender-affirming care. Some described feeling as though medical professionals were <b>actively trying to</b>	<i>"I was quoted two and a half years, I don't know about anyone else...it's just waiting times overall is a bit disheartening. It's not fair."</i>  <i>"Eventually eventually, I was finally actually referred to the gender clinic...This was when I was 18. That would mean 2016. I finally got my first appointment in 2021."</i>

within and outside the NHS)?

**stop them accessing gender-affirming care.**

Participants therefore argued that NHS healthcare for trans young people needs to be **available within an appropriate timescale**. This was highlighted as particularly salient for time-sensitive interventions such as puberty blockers, but was also emphasised as important for those wanting to access other treatment and/or who sought this out later in life.

*"[The GP] didn't expect me to actually be able to get into the thing [GIDS] because of the wait time. She said like, you keep your space so it would be helpful on the adult thing. So that would be helpful too. And I'm 14."*

*"I didn't seek any services before I was 18. Because that would require me going to the doctor with my parents, which wasn't great. But when I turned 18, I went to my GP and he did everything in his power to stop me actually being referred to the gender clinic."*

*"I think I got referred in like November 2017 and then I had my first appointment in like January 2020. Yeah. Okay. That was fun... I had like a couple appointments with them...then I moved on to adults' [gender services] because I was like 17 at that point."*

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*"I know what I want [from gender care]. I know what I want very clearly, in fact. And in theory, now, that is what is being done. Right, but it's not. That's the issue. It's like, I want all my hormones sorted, but it's just feels like purposeful failure on their [doctors'] part. I want speech therapy, but again, it just feels like people are doing an active effort to avoid giving it to us."*

*"It's not even the bare minimum."*

*"If it was a bare minimum, I'd at least, you know, get an appointment on the day I booked an appointment. It feels like just repeated effort to just do things wrong."*

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*"[the discussion about combining under-18s and adult services] is about waiting times as well. Because my GP, I asked her about it and she said that like, it's taken into consideration when you move up to the adult one [waiting list]. But I've heard other stories of people who've... Because I went and got on the list, like, well, I tried to. I was 15, so my three-year waiting list will almost be ended as I turn 18 and then move to the adult."*

*And so I'm only then going to have to wait another two years in the adults because apparently it's taken into consideration but I thought other people wasn't taken into account."*

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*YP: That's another thing that should probably be. I don't know about the rest of you, but I've actually had my GP. I mean, it's a bit, it's sort of been debunked a lot nowadays, I feel, but I don't know because I haven't started the process again. But my GP was very adamant that if you seek private care, the NHS would not care for you. For trans people. And*

like, if I, they said if you got private healthcare and then wanted the NHS and the GIC, you have to go back to the start of the list.

YP: Before, yeah, she told me that I could now. She did try and talk me out of going private for quite a while.

YP: Before that. Just, I don't know, I don't really know why. Yeah. It is expensive, I think, in total. For the meetings with the doctor I've gone with and the endocrinologist, which I still haven't seen, it's about 600 quid just on the meetings. It does, however, mean, so the two-year wait, two and a half year wait, it's eight months. Okay, it's better than it being two and a half years. It's still quite long, but nothing like two years.

Once those expenses are done with meetings, it's then the monthly payments of 130 quid for a prescription and blood work on top of that. I think overall the NHS services need to work better with private providers, especially for those that can't wait.

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[written contribution] "Puberty blockers before you're actually an adult"

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YP: That's another thing actually. I just, I really want people to stop holding my healthcare over my head like the sword of Damocles. Like, every time I go to hospital for something, every single time, their first suggestion is maybe you should stop hormones.

YP: For like any kind of physical problem you have, it's like oh, it's your hormones.

TKT Staff Member 1: Any kind of what?

YP: Any like, general healthcare thing, they blame hormones or whatever other treatment you're on.

YP: Yeah, it's er like, I had an occupational health meeting, right? And we were talking about my health because I was having struggles at work. And their first thing was, well, you know, hormones can really affect your emotions and maybe you should take a break from all that. I know what puberty is like, you don't have to tell me! And then it's like...When I went to hospital for other things like physical injuries, they're like, well maybe your hormones are affecting you and we should take you off while you recover.

TKT Staff Member 1: And does that feel like that's coming from people who know a lot about hormones and are giving objective information about the effects or?

YP: No, I mean one of them was a therapist. One of them was a nurse just changing bandages. And another was the doctor who was checking my lungs because I had a cough. I

**Gender-affirming care needs to be understood as holistic, personal and sometimes complex.**

Participants queried the definition of 'specialist gender services', explaining that gender-affirming care may comprise a huge range of interventions and services. A rare example of a positive experience was a participant who reported being given hormonal contraception as they found menstruation distressing.

**Participants argued that all aspects of gender-affirming care should be available on the NHS.**

**Healthcare needs effective and honest communication and follow-up.**

Many of the young people who participated in the focus group reported being **given incorrect information, never receiving follow-up communication, and/or being promised referrals that never took place.** They emphasised the amount of time and energy required to advocate for themselves to access the gender-affirming care they needed, and the unnecessary burden this brought to a process that was already time-consuming and often difficult.

**Healthcare in general (including, but not limited to, gender-related care) needs to be trans-affirming.**

Participants reported being referred to counsellors who were actively anti-trans, and

*just don't feel like they'd say that to like, a menopausal woman on like... oestrogen.*

*YP: I feel like it's [HRT for trans people] not really treated as like an actual medical treatment. It's like, kind of like, just treated as, you know, you just decided to do it for a bit of fun. But it's not.*

*“Well, what exactly do you mean by gender specialist services? Because depending on who you ask, a lot of people say, oh, no, that's specialized gender stuff.”*

*“Something that's actually been helpful was when I first went there [to the GP], she did put me on the pill, which was helpful.”*

*YP: I think sort of going back to the first one, we want to be able to access gender-affirming care in general, whether it's laser or literally anything else, it's gender-affirming care that I'm gonna go for. So gender-affirming care is lots of different things. And there are barely any sessions [of interventions such as laser hair removal] or anything that's covered by the NHS, correct me if I'm wrong.*

*YP: I got nine and a half sessions on the NHS because they ran out of money.*

*YP: So. Currently, yeah, currently costing me 700 quid for six sessions in Cambridge.*

*YP: I did have to argue for this, though, because they were ignoring my emails again. So I did have to go in, argue, go for back and forth. And then eventually they referred me to another. It's attached to the gender clinic, but it's separate to the gender clinic. Yeah. And it's got all their financial stuff that you have to go through. And then they will get you on the laser. But then I think a lot of clinics, like laser clinics and stuff, have actually been doing it less because the NHS has been taking like years to pay them for the treatments they've been doing.*

*“I'm just on the waiting list. I haven't had any appointments or anything. I was supposed to be on it [the waiting list] for like a year. But I think I wasn't even on it for like five months because there was issues with it...She told me she had [put me on the list] and then when we went for another meeting at my GP she was like 'I couldn't work out how to do it' and so yeah. I'm now on it...I think [the waiting list] is three years.”*

*“I finally got my appointment [with adult services]. I got hormones. I got hair removal. And I was meant to get speech therapy. But then my doctor referred me. And then the referral came back because the place that done the speech therapy didn't serve transgender clients. But the*

experiencing 'trans broken arm syndrome' (see Wall et al. 2023 for a full explanation of this phenomenon <https://pubmed.ncbi.nlm.nih.gov/36736052/>), where any health problems were automatically attributed to being trans or aspects of medical transition, even if these were clearly unrelated. One participant explained that this made them feel as though medical professionals were constantly telling her to stop taking hormones, which was particularly difficult after having struggled to access these for a long time.

**Medical professionals often lack appropriate knowledge and need better training about how to work sensitively and effectively with trans, non-binary and gender questioning young people.** Participants felt that medical professionals' knowledge in this area (both those working in gender services and others) was often very limited.

**Better access to, and communication between, existing services. Participants recounted difficulty in instigating shared care agreements between NHS and private providers.** They argued that these needed to be made more straightforward and easy to implement, particularly in the current situation where private healthcare is often the only option for accessing gender-affirming care in a timely manner.

Additionally, participants, who lived in a range of different areas across Cambridgeshire, Peterborough and the surrounding areas, noted that gender care needed to be available in more accessible locations. They explained that going to clinics in London or Leeds was not possible for lots of people, and that **gender care should be available at local healthcare settings.** They argued that limiting gender care to a small number of specialist clinics was an

*doctor never told me that came back. So then the doctor told me, Oh, well, I'll just refer you back to the in-house one at the gender clinic. And then two years, like a year later, I phoned up my GP and say, hey, have you heard anything? And they said, well, no, we definitely referred you and all this. And then a year later, I actually called, like I contact the gender clinic directly, but my GP never referred me.*

*And then in the meantime, trying to get the GPs to do all my blood tests and everything, they keep doing the wrong blood tests, they keep sending half the results back, they keep not sending all the results to the endocrinologist and then they keep giving me the wrong medication, they keep, oh, I'm sorry, we sent you the wrong appointment date. It's a lot of this."*

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*YP: One more - effective communication. Just because it took my... This is in all of them [services]. It's taken my GP, the GIC themselves, endocrinologist. I mean, obviously with the GIC they just weren't sending anything because I hadn't actually had like an appointment. But, for example, I sent blood tests off in January. I didn't get an email back until the 15th of April. Wow.*

*"First I was referred [by my GP] to a private therapist, which charged me 40 quid a session to tell me not to be trans."*

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*TKT staff member 1: so we want..is inclusive the right word? Affirming? Supportive? Like what's the opposite of anti-trans?*

*YP: PRO-TRANS!*

*YP: I guess like trans-affirming.*

*YP: They don't even have to be like really pro-trans. I just don't want someone actively telling me that everything I'm doing is just me being pathetic basically.*

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*YP: And it's like the therapy thing. When I first went to the GP. Don't refer someone who's just said, "I'm trans", to a group of therapists run by fundamentalist Christians who are anti-trans. That's the worst thing you can think of. And they've suddenly charged me forty quid.*

*YP: From what I'm hearing from that, they should do more background checks, on the people they like refer people to.*

*YP: Yeah, and actually pay attention to the background.*

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*"They [healthcare professionals] should be trained more. I mean, my GP, she sounded just curious because she said,*

unnecessary separation of gender-related care from other aspects of healthcare, and made it difficult to access.

**Gender care for all ages.** Some participants queried whether it was necessary or helpful for gender care to be divided by age. It was suggested that this posed an unnecessary barrier to accessing care, and seemed like an unnecessary division.

*like, I've never had anyone with a with this, like, to me, so yeah it's like they're like I don't know a lot about yes but I'm very interested. Which I found a little bit disconcerting yeah you kind of want them to know more than you yeah I was glad that she sounded more excited than like negative about it but still it sounded like. Yeah, I've never had anyone. It might have just been like she's young, but still a bit worrying. Like it's a bit weird, a bit concerning."*

*"I do feel when it comes to trans healthcare, those rules [about how the NHS should run] get ignored a lot. It's like their policy on my name change as well, for example. Even after literally getting the NHS, like, guides, the, uh, the, like, medical organisation that all the doctors are a part of, their guides and everything and literally literally going in with printed copies because they were ignoring my emails, they refused to [use my correct name]. I just feel like there's a lower standard of care when it comes to us."*

*"The big one [improvement to services] would be more funding for it and more knowledge into it and more doctors trained. And they don't have to be specialists in gender identity [to provide care]. You know, it could just be your GP, and they just need the knowledge to go, yes hormones are okay, or yeah we're testing for this blood work... I think the overall knowledge and more money into the service would be, I think it would benefit a hell of a lot of people."*

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*YP: [It should be easier to have] shared care with a private provider. My GP won't do it, hasn't told me why. It could just be a funding issue because it comes under [area]. [Area] is actually supposed to be quite well funded. It could just be lack of knowledge or something like that. But actually having shared care so it's not going to cost me like an arm and a leg... So shared care, pretty much... so I'm with... well... I'm in the middle of being referred to [private provider] with [name of doctor] and pretty much he can't prescribe hormones. So I'd have to go to an endocrinologist and then they would be able to basically give me a prescription for hormones. But when you go to your GP to ask if they will take on that prescription and then all you have to pay out for that prescription is £9, whatever it is at the moment, instead of £150 for a prescription of hormones. It also means they do the blood work on the NHS. It's just finding a GP that will take on shared care. If anyone lives near [area], do not go to [name of GP].*

*YP: I talked to my GP about doing shared care, and she was like, she'll do it. And so I then like, told her about all the different places that like, would take under 18s because most of them take over 18s. And then she was just like, I can't do shared care with any of these places. And so I'm not, I don't know what she needs for it to do shared care. She said that she would and she recommended one place to me, but they'd only take over 18s. That's the only place that she's said that that could happen.*

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YP: There need to be more actual locations because as far as, well when I was under 18, services like literally the only one was in London, which if you're not really close to London, it's not great.

YP: I mean even if you're close to London, it ain't great.

YP: Yeah. But yeah, just having one clinic in the whole of the UK isn't very convenient.

YP: I had believed that I was one in Leeds as well. But only two?

YP: Like over 18...That's fine. referred to Nottingham. Oh yeah, okay. Not too far away, it could be worse. Yeah. But, you know, how sort of widespread are they? You know, if you're under 18 and, you know, the likes of London.

YP: Yeah, London and Leeds. And Leeds....it's quite bad.

YP: How come they can't be shared? So because I got referred to Nottingham, what separates over 18s and under 18s? Apart from puberty blockers...What is the actual difference in terms of being diagnosed and the care received? There's not really much difference apart from the puberty blockers.

YP: Yeah. It's kind of like if you were to go to your GP and they'd be like, no, the under 18s one is like 1200 miles away from you.

YP: What other conditions is that the case?

TKT Staff Member 1: I guess mental health is the only service I can think of that's split in that clearer way. Because it's like you've got CAMHS and then you've got like adult services.

YP: But then again, I think that's probably more,,Even then it's only because of like safeguarding thing maybe. But it does seem really weird.

YP: So if there were shared clinics, I mean, how many over 18 adult clinics are there? Obviously Nottingham is one and however many there are, if you join the clinics. That would make it more accessible for under 18s instead of going to London or Leeds which is – is Leeds further North?

TKT Staff Member 1: Leeds is really far North. Yeah.

YP: Yeah. Yeah so if they're like shared clinics for the under 18s and over 18s and you know people have more access to them.

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		<p><i>"I do think I would, it'd [combined adults and young people's services] be more convenient for a lot of people. And it might even be comforting for some people to see like, just..see, be able to see like, to see trans adults"</i></p>
<p>What support should/could be given to parents / families / carers?</p>	<p><b>Reliable, accurate and 'legitimate' sources</b> - Information needs to both be accurate and come from sources that families/carers can trust and see as legitimate. Participants noted that it can be valuable for families to receive information from medical professionals as this can help them understand that being trans is 'real' and in some cases medical transition is necessary.</p> <p><b>Listening to trans people.</b> Participants repeated throughout the discussion that where possible, information about trans people/identities/experiences should come from trans people. They explained that this was important in supporting understanding, and also in ensuring trans people are speaking for themselves. They suggested that trans healthcare workers could explain unfamiliar concepts or ideas to cis (non-trans) adults, and websites and other sources written/voiced by trans people could also be a valuable source of information for families and others supporting trans young people. Participants highlighted certain sources such as MumsNet as risky places for families and other adults to find information about trans topics, as participants understood these to have an anti-trans bias. Participants also suggested that families may need <b>support in navigating transphobic media and internet content and finding reliable information.</b></p>	<p><i>TKT staff member 1: Do any of you have any sense of like...how they [parents etc] would want things to be explained to them?</i></p> <p><i>YP: That's a good question. It is a hard one...I feel like if my GP told my parents, yeah, they would trust her more than me. Because I feel like they just don't really get it if I try explaining to them.</i></p> <p><i>YP: Hearing it from a professional. Yeah.</i></p> <p><i>YP: Yeah, as bad as it sounds, they tend to not take it very well, but, you know.</i></p> <p><i>YP: Yeah they can kind of be more reassuring?</i></p> <p><i>YP:Yeah. And maybe some good book recommendations.</i></p> <p>---</p> <p><i>"Also, if you knew there were trans workers in the NHS who could explain it to you [a trans person's family]. Because like, I find it very hard to explain my emotions and I can see other people find that too. So if there was a section or like you could go to someone, someone trans who knew about this and could explain and that also works in the NHS, then it would be very useful. It's letting you just, merge the two together".</i></p> <p>--</p> <p><i>{written contributions}:</i></p> <p><i>"Listen to trans people!"</i></p> <p><i>"Websites by trans people"</i></p> <p>---</p> <p><i>YP: [families need to be told] Don't listen to the media.</i></p> <p><i>YP:Yeah.</i></p> <p><i>TKT Staff Member 1: So like media training for parents?</i></p> <p><i>YP: Yeah, I'm being serious. The way the media uses trans people as scapegoats.</i></p> <p><i>YP: Actually listen to trans people, not cis people with big feelings.</i></p>

**Understanding the experience of being a trans young person** – participants’ suggestions for information for families focused on helping non-trans families, carers etc. understand aspects of trans life and experience with which they may be unfamiliar, and which may be challenging for them. These included: understanding what gender dysphoria is, why some trans people seek medical intervention, and challenges or difficulties that trans and gender questioning young people may experience. However, participants also highlighted the prevalence of negative narratives around trans identity and experience, and trans youth/childhood in particular. They therefore argued that there is a need to **communicate clearly to families, carers etc. that being trans is not negative or something that should necessarily cause them to worry.**

**Role of families in supporting but not gatekeeping.** Although participants highlighted the potential positive role of families, carers and others in supporting their children to navigate transition and related care, they also emphasised that **adults should not be able to challenge/threaten young people’s autonomy or ‘gatekeep’ their access to gender care.**

**Information and signposting for themselves and for the young person.** Participants discussed the role of families, carers, friends and others in supporting trans, non-binary and gender questioning young people. They suggested that families and others supporting trans young people needed to be able to access information for themselves and also

YP: Listen to trans people. Don't trust the people who only want your clicks for money. And you don't have to click on everything you see about trans people.

TKT staff member: so what support should or could be given to parents/ families/carers?

YP: Info-reviews?

TKT Staff Member 1: What would they be about?

YP: gender dysphoria.

YP: That's a tricky question. Yeah. Yeah, I think it's hard to explain it to someone that doesn't experience it on a daily basis.

“Especially for other people who might face bigger issues with their family, who I know are a lot of people. I feel like especially something that says like, hey, yes, hey, yes, yes. Your kid may be like this, but yes, still your kid. Yeah. You know, like, you just- they’re trans, that doesn't change them radically. You know, it's OK for them to do this [be trans / transition]. Yeah. Chillax.”

“That's kind of the same as this one [another point], but like explaining why we actually want like treatments like hormones and stuff like that.”

“If my parents were better, I know I would have gone to the doctors a lot earlier. The only issue I find is the parents who need this sort of stuff the most are least likely to listen to it.... I honestly think the best way to help parents understand is by actually giving the trans kids themselves more support and independence. The ability to be themselves without hinging on everything their parents say... In my case, my parents, now mind you, they did actually stop me going to see the doctor once or twice about it, like physically locked the door. But once, you know, I was independent and everything, they suddenly became a lot better about it”

YP: I think sort of like maybe making them aware of support groups in the area. Not necessarily in paper form, it could be done through a website or something like that. Now you type in your postcode or your area or whatever, it pops up like all the support groups.

YP: Yeah, like Google Maps when you're like, I want a support group, but it's like I want a trans inclusive support

	<p>signpost their child/young person towards relevant local services.</p>	<p><i>group. And I know there is websites out there, not sure what they're called, I think TransWiki is a good one.</i></p> <p><i>YP: Yeah, something maybe sort of done by the NHS as well...[because] you type in gender dysphoria into Google and the first thing that pops up is, okay, maybe not the first thing, but like, one of the top 10 things that pops up is the NHS website. So yeah, sort of going from there. Yeah, I think it'd be sort of useful for families.</i></p>
<p>What and/or where are your trusted sources of information if any?</p>	<p>Participants explained that <b>reliable and accurate information for trans and gender questioning young people can be difficult to find</b>. Young people highlighted the prevalence of misinformation and anti-trans bias in mainstream media and preferred to search the internet themselves or seek information from trusted sources: known YouTubers, Reddit forums, and trans people on social media. They acknowledged that these sources were not always reliable but favoured these over mainstream sources such as the BBC. As with the previous question, participants said that <b>other trans people</b> / voices / writing were their most trusted and valued sources of information.</p>	<p><i>YP: Reddit. Reddit forums, specifically for trans people. They're usually quite well moderated.</i></p> <p><i>YP: It's not that I disagree with you. I just haven't... haven't trusted Reddit quite as much as yet. One time I searched up genderfluid because I believe that every time I was genderfluid. And like...one of the results I found, I think it was quite high on the results list, was a lot, was like a thing saying, hey guys, I've yet to feel valid and I had to scroll to the very end until I found someone actually supportive. Okay. So I feel a bit...about it, but I do, but I do trust some forums.</i></p> <p><i>YP: I think it's like anything on the internet, online, you do have to be careful. And not everyone has the best intentions. Yeah. Which brings us back to... Yeah.</i></p> <p>-----</p> <p><i>YP: And for that [finding reliable information]...well, obviously, you can't trust the BBC. Because they're just hilariously anti-trans for some reason.</i></p> <p><i>YP: I'm not aware of that at all but I'm very glad I know now.</i></p> <p><i>YP: Well, see they play very well at pretending to not hold opinions but then they do a lot of suspicious articles. In fact, they've done a whole article that was basically...calling trans people predators just worded nicely.</i></p> <p><i>YP: Honestly, the best bet for trans news is other trans people. Yeah. Somebody's put that [on the written notes]. Yeah, other trans people. Okay. Like, the homies. The homies that you know, or like, trans people.</i></p> <p><i>YP: To be honest, I normally do, like, look at, like, not necessarily famous people, but, like, yeah, on social media. Although it can be too positive. And it's like, a bit depressing.</i></p> <p><i>YP: Yeah. YouTube is a good source, I guess.</i></p> <p><i>YP: I found a channel, yeah, who I found quite interesting and quite informative on how we see people. Trying to remember their names. I think it was like, [inaudible]? I can't remember what it was. But they talk about how like media, which have depicted trans people. So like trans episodes or trans characters in TV shows and how it affects things. Interesting. They both cover bits which are good for</i></p>

	<p>One participant also noted that a relentless focus by the right-wing media on trans topics made this a <b>useful resource for knowing about current issues/events relevant to trans people's lives</b>. However, the participant noted that they used right-wing media sources only to identify these topics and would then research them using other sources.</p>	<p>reputation and bad. They did one on like the Good Doctor which is more positive than some people have been making it out to be um because you get Dr Scott out as transphobic because he grew up in a Christian white like Texan or something and I don't know how and but and like how surprisingly enough, Family Guy has better representation against The Simpsons, wow okay which seems... Yeah. And they talk on various shows.</p> <p>-----</p> <p>YP: I normally just search it up on the internet and read whatever comes up first.</p> <p>YP: But most of the time that's helpful. Like, most of the time it's not that bad.</p> <p>TKT Staff Member 1: Good. You've obviously got your, like, algorithm to do something good for you. And in general are there sources that you trust?</p> <p>YP: Social media.</p> <p>YP: Books.</p> <p>YP: You do sometimes have to be sceptical, you know? Can we just use the [inaudible] because... Yeah, of course. ..you have a problem with data, but... There's a website that says that there. Okay, thank you.</p> <p>TKT Staff Member 3: Erm... Like, how easy is it to find, like, relevant websites?</p> <p>YP: It depends if you know how to search. Yeah. And what the search's for.</p> <p>YP: if you're looking for something specific, then I think it's pretty easy. If not, then yeah.</p> <p>YP: Also, you have to be careful because there's actually a few places around that look trans-friendly.</p> <p>-----</p> <p>YP: Now, I was just laughing, right, and this is completely off the books, but... right-wing media never misses anything trans-related. They'll blow it completely out of proportion and it's completely wrong. But you can guarantee you'll find something trans-related on there. And then you just have to find where...</p> <p>YP: and then you just have to backtrack.</p> <p>YP: But, you just you find that and then you can research what they're actually talking about. But you just have to make sure not to actually...pay attention to anything in the article.</p>
<p>What general information would be helpful for young people thinking about their gender identity? How would you want this</p>	<p>Participants addressed these three questions together. Key themes are therefore presented together:</p> <p>Echoing earlier discussions of what families/carers should know and what healthcare should offer, participants</p>	<p>YP: Well, so in general, as I'm sure you covered, I do think it would be nice to know trans people exist. So for me, it was a book I was reading and there was just a... There was a gender swap story in it. And then that... That went... That made me go, hold on.</p> <p>And then I found a documentary on this girl in America who was trans. But the fact I didn't even know trans people</p>

information to be provided?

What information would you need to know if you were thinking about medically transitioning?

emphasised the need for information to be **clear, accurate, reliable and accessible**.

Participants argued that young people first needed to **know that trans people exist**, as this was often not communicated to young people, particularly at a young age.

**Knowing about gender dysphoria – and gender euphoria.** Participants felt it would be helpful for young people thinking about gender identity to understand and recognise gender dysphoria. However, they also noted the importance of not only seeing trans identities and experiences as negative. They highlighted that young people should also know about gender euphoria, and other positive aspects of being trans or exploring gender. Similarly to the information they thought parents/carers/families should have, participants emphasised that young people exploring their gender identity needed to know that being trans is not inherently bad.

Participants also argued that children and young people need access to information about gender identity and transition **as early as they were able to understand it**. They explained that better education for all about trans identities and experiences would also support cisgender young people in engaging compassionately with trans and gender questioning peers.

Participants thought that information about trans identities and experiences should be available within **education settings**. They did not make many other suggestions for where this information should be available.

*existed, now mind you that was a long time ago. But yeah that's a priority. But then for people who know they're trans, it'd just be nice to actually... receive information that it's okay and not like...*

*YP: Being trans is great, it's not just okay*

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*YP: I think another one is like actually teaching people about what dysphoria is, like teaching about it. Because I feel like even when you're taught like...in my single lesson I had of it [anything about trans topics], you just get like really basic like 'this person was a female', 'this person is now a male'.*

*YP: And not even just dysphoria, because I think euphoria is just as important. Because it's important. Yeah. Because dysphoria is very important. But you don't want anybody to think that being trans is just negative, because it's also euphoria!*

*YP: Apparently, some trans people don't even experience dysphoria...So if you just explain dysphoria, then they might not get it.*

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*YP: Because the entire thing...it just feels like everyone is trying to tell you "it's awful! Don't do it!". So it'd just be really nice to have some information saying hey, this is perfectly normal.*

*YP: Very slay...Being trans is very slay.*

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*TKT Staff Member 1: [What do you think about] either information or messages or like how those messages should get through, who should be delivering them, where are the kids hanging out, where are they going to learn these things?*

*YP: Kite Trust*

*YP: I think it should be taught in school. I mean, we had sex-ed at the end of primary school. Which okay didn't touch on it there at all and I think it was only like six sessions on like sex ed with like periods and hormonal changes and all that fun stuff. And then in high school we had something called PSHE or skills for life, pretty much the same thing where we learned about religion, relationships, drugs and stuff like that, basically life skills. But yeah, it was never touched on. You know, the first time I ever actually heard about trans people was when someone in my year group came out as transmasculine.*

*And yeah, I mean, you know, family and whatnot didn't really ever talk about it like that. It was very much, um, so I*

**Understanding all aspects of medical transition.** Participants highlighted a lack of reliable and accurate information about medical transition. They described wanting to be told 'this is how this works' - clear and accessible information on different medical interventions or aspects of healthcare that they might want to consider now or in future. This included, but was not limited to, hormones/HRT (effects on mental health / mental state as well as physical effects, on which information is more readily available). Participants thought it was important that young people have clear and accurate information about the effects on the body of different aspects of medical transition, including intended effects, timescale, side effects. They explained that where this information was shared with them, it was often based on research carried out with cisgender

don't know what the word for it would be, but yeah, it just was, just never really talked about because nobody in my family is LGBTQ at all.

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"I feel like there needs to be like, yeah, just more education to young people as well. Because I feel like no one really knows about trans people until they get older... Because, like, young... It's gonna be sound so silly, especially given... I haven't really had anyone bullying me for years, but like.. Some kids are mean! Yeah. They've been taught that it's okay to be mean. Mmm. And if you have this education thing, then it will both get your... eggs. Uh, your trans people who don't know it [don't know they're trans]. And get, get... Get where I recognise that, or if they start bullying someone, they'll know, those kids get, they'll know like, this isn't okay because, yeah, people, you know, they're [trans young people] just regular people. "

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"Yeah, I think [information about gender and trans topics should be available] just pretty much as soon as you're able to comprehend gender... I think pretty much as soon as they can comprehend gender, then you can inform them about it. I don't know [how old that might be]. Because I don't remember when I was younger, but like, I don't know if it's just the thing with one of us, sorry, with my sister, I see, well, she's just doesn't, doesn't get gender, or if it's every three year old. So I think just as soon as...it depends on the person. But if you wanted like standard, saying like standardised test, like you're going to be tested on gender! No. But I would say like maybe like five, six maybe. "

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YP: The first thing that I saw about it [being trans] was this TV show. I think it was called My Life or something. And there was an episode on a trans person and their experience and I think that was really helpful. Because that was when I first gained knowledge about it and I was like 9, 10. I think it was a CBBC thing. But yeah, that was good. But yeah, I think there should be more education in school, just about it in general.

YP: I think I did a single lesson of it in secondary school. And that was part of it.

TKT Staff Member 2 :Wow, what did you learn?

YP:I can't remember.

YP: I think it was in year seven as well. I can't remember.

YP: Yeah, it was never covered at any stage of education for me either.

rather than trans people and so they did not know if/how it applied to them.

Participants noted that they were **not sure where information on medical transition could come from as they found that medical professionals did not seem to know**, and/or weren't willing to share this information. Young people were also aware of the **limitations of current research**, highlighting the lack of good data on effects of hormones etc. on trans people.

Participants also noted that it was important for young trans and gender questioning people, particularly if considering or pursuing medical transition, to have **access to information about future health needs**. For example, one transfeminine participant pointed out that she had learnt accidentally that trans women taking oestrogen should have regular mammograms after a certain age but had not been told this by any of the medical professionals in her transition.

*YP: [I think it would be helpful] Just hearing straight up, this is how this works. Yeah. This is, this is how these drugs work. Like, this is how, this is like, this is how yeah. So like this is how hormones are...Injested? Injected? Like, injected? Yeah. I still don't know. I know about like, both testosterone, a TDA and T injections. But I have no idea about estrogen.*

*YP: There's not enough like actual doctors telling you how stuff works because they don't know enough.*

*YP: Yes, that's what I was going to say. Doctors haven't, I haven't heard anything about hormones or anything from doctors. All of my knowledge on hormones and everything about them, research, my own thing from online which okay yeah again take it with a grain of salt. But,*

*Yeah, I haven't heard anything from any doctors about it. And it goes back to what we were talking about before. I think it's a lack of knowledge. I mean, yeah. Yeah, I'm pretty sure I learnt about TDA from a pride parade I went to and T injections from like a TikTok compilation. Which doesn't seem like your best source to get information from.*

*YP:, this is just getting back to the doctors don't know anything...because I found pretty much all the information myself because I had to. Yeah. Everything is just, they like to do things but they don't tell you about what anything is that's been done. It's...I wasn't told about the side effects of like, because I'm on patches now, I hate them, they're awful, they're irritating, itchy, and they make me so angry at them. Not at people or anything, I just constantly want to scratch them off. But no one told me this. They were just like...Your pills are giving you a slightly too high or too low estrogen level, so we need to put you on patches because they're more steady. And my estrogen levels have dropped massively since I started patches because... Coincidence? I'm just having to, it feels like it's repeating the stuff you [other YP] were saying earlier about just having to like fight for... Yeah, but that's because I'm repeatedly having to fight.*

—

*YP: I think another thing would be the effects it has on the body. The minuses and the positives. So like taking tablets, it goes through...*

*liver or whatnot it can tend to affect your liver a little bit. In a negative way sometimes it's better to [inaudible]. But then the other one, what it is?*

*YP: Subcutaneous.*

*YP: Subcutaneous. Yeah, it tends to absorb a lot better. It does absorb a lot slower because it's obviously not going straight into the blood system. It's a lot safer. But it makes you mad though. And they itch like hell. And they give you awful rashes and it's kind of nasty. And I'm still not convinced on the absorption thing because like I said, my estrogen levels have dropped to like, cis man levels, so...*



Echoing earlier conversations, participants suggested that in general they would prefer to **learn about trans topics from trans people themselves**, and that it was important to 'know their [other trans people's] stories'.

Although participants gave numerous examples of information they thought was important/relevant to trans and gender questioning young people in general, they emphasised that the information that would be helpful would **vary among individuals**, and that it was important for individuals to be able to access the information relevant to them.

*YP: Have you had a look at doing injections? I have... Well, I'm not getting responses from my doctors, so it's really hard.*

*YP: Yeah, I think as well, on the hormones would be a time scale. Okay, right, three to six months you're going to notice mental changes. Yeah. Six months you might notice some changes to your body. There was a really, really, really useful chart that someone had made for estrogen. So three to six months you're going to notice some mental changes.*

*12 months then it was like oh yes you're going to, you know some physical changes and so on and so on. But yeah that was a chart that someone had made and I know obviously it's going to vary people to people and what sort of your starting levels and stuff like that. But yeah, I think having a good sort of timeframe of it from a doctor, yeah, I think it would help.*

*YP: And on that topic, I think there should be further explanations of the mental effects it will have because the little information I got was entirely focused on 'you'll grow boobs!' and that's about it.*

*YP: Mood changes, actually being able to feel something, yeah.*

*YP: The constant crying just for no reason, you know. Yeah. you know, fun stuff.*

*YP: The doctors vaguely explained it but in my experience all it was like the only kind of side effects were on cis males in the information leaflet that's about like that.*

*YP: That's the other thing is whenever I open medication you get that information leaflet and it's all about cis women for well for me. Yeah. And it's like great um yeah. That's not useful for us. But there's not enough information on trans people that take the drugs.*

*YP: It's just... the cis people side effects.*

*YP: Oh, you might experience breast growth? Sort of the point.*

*YP: Oh no, such a shame. What's happening?*

*YP: It's like 90% about it just doesn't apply to you or something.*

*YP: But then there's probably some actual side effects we should be keeping an eye out for.*

*YP: I mean, if they paid attention to trans people, they probably would.*

YP: I'm pretty sure we probably do end up having to sign that off in your informed consent forms, but like if they told us that, that would be greatly appreciated.

YP: Yeah, but it's like how informed was that informed consent if we...

YP: Didn't know.

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YP: It's like for a trans femme patient getting mammograms after you hit a certain age for it. It's not that well talked about. The only reason I found out about it is because my therapist, her partner, got a letter in the post recently about getting a mammogram. I don't know how old she is but, but yeah, I didn't know that until she told me.

YP: Sort of, whoever you're born as, if you have breast growth, you still get breast cancer. Trigger warning. Anybody can get breast cancer. I did not know that and I didn't know about getting mammograms until she's mentioned it to me. I was like, right, okay then.

YP: Nice thing to find out accidentally.

...

YP: And even when I went for my like top surgery consultation, it was literally just in like a breast clinic. I was like, yeah, this is fun.

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YP: [Young people should have access to] Well, just like anecdotal, anecdotal evidence, that doesn't sound right. But like actual trans people who have...transitioned in whatever way, like their experiences.

## SUMMARY MESSAGE/CONCLUSIONS

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### 1. How could services be organised going forward?

The full range of interventions that comprise gender-affirming care should be available through the NHS.

Access to care should be improved, through both increasing the number of clinics and making care available through existing settings such as local hospitals and community settings.

Better connection is needed among different services (including between NHS and private care). Participants argued that the separation of 'gender care' from other aspects of healthcare, and the division of services by age, caused unnecessary barriers to care that could be removed.

Better communication is needed within services, and more honesty, transparency and sensitivity is needed when communicating with trans and gender questioning young people.

A theme that arose throughout the discussion was the importance of listening to trans people. Participants also argued that wherever possible, information about trans people/identities/experiences should come from trans people themselves.

## 2. The care the participants would like to receive.

Participants called for care that was comprehensive, accessible and trans-affirming, providing the care they needed when they needed it. They strongly argued against the 'gatekeeping' of gender care by professionals, parents/families and others, anti-trans views and actions within healthcare settings, and waiting times that currently left them effectively without access to care before they reached adulthood. This was a particular concern given the cost of private care and the time-sensitive nature of certain interventions such as puberty blockers.

Participants wanted gender care not to be limited to only hormones and surgery, but to also include a variety of interventions and support such as laser hair removal, trans-affirmative counselling, and other aspects of care not typically available through the NHS at present or seen as 'gender care'. Shared care agreements between NHS and private providers should be more straightforward, as for many these currently represent the only way they can access gender care. Participants also called for clear and honest communication when engaging with services, and for the NHS to provide accurate and accessible information on all aspects of medical transition and the effects of particular interventions. However, participants were also aware of the limitations of current research on topics such as the long-term effects of HRT on trans people.

Participants argued that trans and gender questioning young people and their families need better access overall to reliable and accurate information about trans identities and experiences. This includes, but is not limited to, accurate information on all aspects of medical transition, explanations of phenomena such as gender dysphoria and euphoria, and reasons that trans people may wish to transition medically.

Participants argued that information on trans topics should be taught in education settings, and that children should have access to information about trans identities and experiences at whatever age they are able to understand this. Better signposting is also needed so that trans and gender questioning young people, and those supporting them, are able to navigate available information and identify legitimate sources.

Participants suggested that families and others supporting trans young people needed to be able to access information and support to help young people to navigate their experience and accessing appropriate care. They suggested that families may need particular support in talking to younger children about gender and trans identity, and it was vital for families to be able to navigate these conversations with children and young people of all ages in an informative and supportive way.

Participants argued that medical professionals needed more knowledge and understanding of trans young people's needs and experiences, how to work sensitively and effectively with trans, non-binary and gender questioning young people, and different aspects of medical transition. They argued that as well as improving young people's experience of gender-affirming care, and their ability to make informed decisions, improving medical professionals' knowledge in this area could also help parents/carers and families to better support trans and gender questioning young people.

Throughout the discussion, when considering medical professionals' attitudes, parents'/families' knowledge and views, and the information communicated to young people, participants emphasised the need for being trans not to be understood as inherently negative, and for the positive aspects of trans identities and experiences to be better understood and communicated.

## KEY MESSAGES IDENTIFIED

MESSAGE IDENTIFIED	SUPPORTING QUOTES
Waiting times and 'gatekeeping' are key concerns for trans and gender questioning young people, who are largely unable to access care from the NHS before they reach adulthood. Trans young people feel	<i>"[The GP] didn't expect me to actually be able to get into the thing [GIDS] because of the wait time. She said like, you keep your space so it would be helpful on the adult thing. So that would be helpful too. And I'm 14."</i>

<p>that gender-affirming care is withheld from them through a combination of lack of resources, active refusal and anti-trans views of health professionals, and poor knowledge and communication.</p>	<p><i>"I was quoted two and a half years, I don't know about anyone else...it's just waiting times overall is a bit disheartening. It's not fair."</i></p> <p><i>"I went to my GP and he did everything in his power to stop me actually being referred to the gender clinic."</i></p>
<p>Gender-affirming care for young people needs to be understood as holistic, encompassing a range of interventions and support. All of these should be available within an appropriate timescale and all services should be trans-affirming.</p>	<p><i>"We want to be able to access gender affirming care in general, whether it's laser or literally anything else, it's gender affirming care that I'm gonna go for. So gender-affirming care is lots of different things. And there are barely any sessions [of interventions such as laser hair removal] or anything that's covered by the NHS"</i></p>
<p>Gender care should not be separated from other aspects of healthcare, and should be made available in more accessible settings such as local hospitals. The necessity of separating adults' and young people's gender care was questioned.</p>	<p><i>"Well, what exactly do you mean by gender specialist services? Because depending on who you ask, a lot of people say, oh, no, that's specialized gender stuff."</i></p> <p><i>"It's kind of like if you were to go to your GP and they'd be like, no, the under 18s one is like 1200 miles away from you."</i></p> <p><i>"I do think I would, it'd [combined adults and young people's services] be more convenient for a lot of people. And it might even be comforting for some people to see like, just..See, be able to see like, to see trans adults"</i></p>
<p>Gender care needs effective and honest communication and follow-up, as poor communication or incorrect information add avoidable delays and difficulties to an already long and complex process.</p>	<p><i>"They [the GP] said if you got private healthcare and then wanted the NHS and the GIC, you have to go back to the start of the list. Which is a straight up lie."</i></p> <p><i>"I was supposed to be on it [the waiting list] for like a year. But I think I wasn't even on it for like five months because there was issues with it...She told me she had [put me on the list] and then when we went for another meeting at my GP she was like 'I couldn't work out how to do it' and so yeah. I'm now on it...I think [the waiting list] is three years."</i></p>
<p>There is a lack of reliable and accurate information easily accessible to trans and gender questioning young and those who support them. Notably, trans and gender questioning young people struggle to access accurate information on the options, effects, risks and benefits of different aspects of medical transition, even from medical professionals.</p>	<p><i>YP: There's not enough like actual doctors telling you how stuff works because they don't know enough.</i></p> <p><i>YP: Yes, that's what I was going to say. Doctors haven't, I haven't heard anything about hormones or anything from doctors. All of my knowledge on hormones and everything about them, research, my own thing from online which okay yeah again take it with a grain of salt. But, yeah, I haven't heard anything from any doctors about it... I think it's a lack of knowledge.</i></p>
<p>Participants largely relied on community knowledge, self-directed internet searching, and social media for information about trans topics. Participants struggled to identify trusted sources of information but named education settings and NHS resources as sources where they thought information should be available to them and their families.</p>	<p><i>"I'm pretty sure I learnt about TDA from a pride parade I went to and T injections from like a TikTok compilation. Which doesn't seem like your best source to get information from."</i></p> <p><i>"I normally just search it up on the internet and read whatever comes up first."</i></p> <p><i>"Honestly, the best bet for trans news is other trans people. Yeah. Somebody's put that [on the written notes]. Yeah, other trans people. Okay. Like, the homies. The homies that you know, or like, trans people."</i></p> <p><i>"I think there should be more education in school, just about it [being trans] in general."</i></p> <p><i>"I feel like if my GP told my parents [about aspects of being trans and transition], yeah, they would trust her more than me. Because I feel like they just don't really get it if I try explaining to them."</i></p>

Better training and increased knowledge of trans topics is needed for professionals, who were described as lacking the knowledge and skill to work effectively, sensitively and supportively with trans and gender questioning young people.

*"They [healthcare professionals] should be trained more. I mean, my GP, she sounded just curious because she said, like, I've never had anyone with a with this, like, to me, so yeah it's like they're like I don't know a lot about yes but I'm very interested. Which I found a little bit disconcerting yeah you kind of want them to know more than you yeah I I was glad that she sounded more excited than like negative about it but still it sounded like. Yeah, I've never had anyone. It might have just been like she's young, but still a bit worrying. Like it's a bit weird, a bit concerning."*

*"I do feel when it comes to trans healthcare, those rules [about how the NHS should run] get ignored a lot. It's like their policy on my name change as well, for example. Even after literally getting the NHS, like, guides, the, uh, the, like, medical organisation that all the doctors are a part of, their guides and everything and literally literally going in with printed copies because they were ignoring my emails, they refused to [use my correct name]. I just feel like there's a lower standard of care when it comes to us."*

Young people argued that in their experience, there is a prevalent view within healthcare and beyond that being trans is inherently negative, and that this should be challenged. They believed that there needs to be better understanding of trans identities in general, and viewing them in a neutral manner and/or amplifying the positive aspects of those identities. This would support trans people in accessing appropriate healthcare, increase support from family and friends, and support positive self-concept.

*"Being trans is great, it's not just okay"*

*"Not even just [learning about] dysphoria, because I think euphoria is just as important...Because dysphoria is very important. But you don't want anybody to think that being trans is just negative, because it's also euphoria!"*

*"Especially for other people who might face bigger issues with their family, who I know are a lot of people. I feel like especially something that says like, hey, yes, hey, yes, yes. Your kid may be like this, but yes, still your kid. Yeah. You know, like, you just- they're trans, that doesn't change them radically. You know, it's OK for them to do this [be trans / transition]. Yeah. Chillax."*

## COMPLETION

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