

# Focus Group Report

## Organisation

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The Proud Trust is an LGBT+ youth charity empowering young people to be proud of who they are. The Proud Trust delivers youth work and one-to-one support across Greater Manchester and Cheshire.

## Summary OF Brief & APPROACH

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Please describe the brief given and the approach taken.

Working with young people meant we had to have a flexible approach to gathering their views, we did this in a few ways. One approach was to talk through the questions with young people during their youth group session, another way was to give them a space to submit their answers and thoughts on the questions without the attendance in a group and we ran an online and in person focus group.

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## Recruitment

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Please describe your recruitment practises for the focus groups.

With in youth group session:

- Prior to delivering the focus group sessions there was an honest conversation with the young people in attendance to see if they would be interested in taking part, after these discussions and the consensus being yes the youth worker facilitated two sessions to answer questions.

Online and In person focus group

- Emails to all known young people who have accessed our support in recent years/are still active with us to invite them to either or both focus group sessions. The email contained relevant information about the Focus group and what the Cass review is.

Anonymised feedback space

- With the email inviting young people to take part in a focus group we shared a space to feedback their thoughts our without being in a focus group as lots of our young people have highlighted these spaces can be hard for them to engage in historically.

## Methodology

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

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Our methodology involved the youth worker initiating the sessions by reintroducing the topics covered in the previous focus group, while engaging participants in group discussions. The opportunity for additional reflections was extended to the participants during these sessions. To ensure inclusivity, we employed online anonymous feedback mechanisms through Google Forms and email. This approach aimed to offer young individuals a clear and accessible way to participate. Both online and in-person focus groups were conducted in a relaxed manner akin to the style of the youth group focus group, creating an environment conducive to open dialogue and shared insights.

## How the sessions were run

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Please provide a breakdown of the format of the sessions.

With in youth group session:

- delivering the focus group sessions over two sessions with the young people in attendance who were interested in taking part.

Online and In person focus group

- One online focus group and one in person.

Anonymised feedback space

- Email inviting young people to take part in focus groups or share their thoughts for those less confident in engaging.

## Session Information (REPLICATE FOR EACH FOCUS GROUP)

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### GROUP TITLE & KEY QUESTIONS

DATE COMPLETED	FOCUS GROUP TOPIC	MODERATED BY
Jul 10, 2023	Anonymous feedback - All questions	Lewis & Liam
Jul 26, 2023	Past	Georgie
Jul 27, 2023	NA	Lewis
Jul 29, 2023	NA	Liam
Aug 2, 2023	Future	Georgie & Liam

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## No of Participants Information

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Anonymous feedback - 12 young people

In youth group - 9 young people over 2 sessions

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Online and In person - 0 attendees

**Describe group Composition** (age, expressed gender identity, whether they have accessed GIDs, region that they are resident)

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All young people are from Greater Manchester Combined Authority

Gender	Total	Age	Total
Trans Male	5	13	1
Trans Female	1	14	1
Female	1	16	4
Male	1	17	5
Non Binary	4	18	1
Unknown/Prefer not to say	4	19	5
Queer	2	20	1
Genderfluid	1	25+	1
Detrans	1		
Demi Boy	1		

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## Outputs from the sessions

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### Consultation Data:

This report offers a summary of the responses received during the NHS consultation on gender-related care. The consultation encompassed various aspects of gender identity care, including diagnosis, support, location preferences, challenges, and information needs.

**Genders of submissions:** Diverse range, including non-binary, queer, man/boy, genderqueer, woman/girl, detrans

**Trans Status:** Mix of individuals identifying as trans and those not specified as such

**Age:** Spanning from 14 to 26+

**Purpose of NHS Care:** Seeking happiness, support, transition assistance, gender exploration, addressing dysphoria

**Assessment Purpose:** Varied reasons, from affirming care to diagnosing gender dysphoria

**Importance of Diagnosis:** Differing viewpoints; important for access to care, validation, family understanding

**Clinician Expectations:** Desired qualities include compassion, understanding, avoidance of conversion efforts

**Location Preference:** Mainly community-based, accessible via public transport

**Challenges:** Noted issues include waiting lists, lack of age-specific services, and instances of transphobia

**Ideas to Address Challenges:** Suggestions include more clinics, overlapping age ranges, enhanced staff training

**Incorporate from Current Services:** Support for families, education on gender diversity

**Desired Support/Treatment:** Puberty blockers, hormone therapy, counselling, top surgery among the mentioned

**Supportive Resources:** Request for support groups, educational materials, access to mental health services

### Key Insights from Responses:

- Gender-related care sought for personal well-being, happiness, and support during transition.
- Varied purposes for assessment, ranging from affirmation to diagnosis for validation and healthcare access.
- Mixed perspectives on diagnosis importance; some stress systemic recognition, while others prefer less focus.
- Clinicians expected to display compassion, understanding, and validation without pressuring conversion.
- Preference for community-based clinics due to convenience, privacy, and accessibility via public transport.
- Challenges encompass waiting lists, service gaps for certain age brackets, resulting in extended waiting times.
- Proposed solutions involve establishing additional clinics, overlapping age services, and enhancing staff transphobia training.
- Utilisation of existing services like family support, gender education, and mental health resources is recommended.
- Desired assistance includes puberty blockers, hormone therapy, counselling, and surgical options.
- Clinic names should underscore inclusivity and accessibility, with suggestions such as "Gender Centre" or "Young People's Gender House."
- Supportive resources such as support groups, educational materials, and mental health services are highly valued by both families and transgender individuals.
- Credible information sources include LGBTQ+ organisations, NHS resources, reputable news outlets, and peer-reviewed articles.

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## Recommendations from young people:

- Address the specific needs of teenagers through age-tailored services.
- Provide comprehensive information on available transition paths, encompassing medical and non-medical choices.
- Offer counselling or therapy to tackle challenges related to dysphoria, mental health, and societal pressures.
- Establish a robust online presence, offering accurate, easily accessible information and peer support forums.
- Ensure staff training to effectively manage instances of transphobia, prioritising the safety and well-being of both staff and patients.
- Communicate transparently about wait times and offer interim support while waiting.
- Collaborate with schools to cultivate inclusive environments for transgender students.
- Foster a welcoming clinic atmosphere through affable staff and inclusive signage.
- Collaborate with established LGBTQ+ organisations to bolster support and resource availability.

## Conclusion:

The responses from this consultation underline the diverse needs, concerns, and expectations of those seeking gender-related care within the NHS. Providing comprehensive, accessible, and supportive services, coupled with addressing challenges like waiting times and transphobia, will play a pivotal role in meeting the requirements of these individuals and their families. It's notable that Response TPT-CASS-006 originates from a Parent or Carer of a Trans Young Person.

## Response TPT-CASS-006: Parent/Carer Perspective

### Perspective Overview:

This response is provided from the viewpoint of a Parent or Carer of a Trans Young Person, offering valuable insights into the experiences and concerns faced by those supporting transgender individuals within the NHS framework. The full response data can be found within the spreadsheet.

### Response Summary:

**Relationship to Trans Young Person:** Parent

**Trans Young Person's Age:** 16

**Supportive Role:** Active advocate for child's well-being and gender-affirming care

**Support Challenges:** Navigating complex medical decisions, providing emotional support, addressing societal stigma

**Importance of Diagnosis:** Views diagnosis as crucial for accessing necessary medical interventions and family understanding

**Clinician Qualities:** Seeks compassionate, knowledgeable, and non-judgmental clinicians

**Challenges Faced:** Confronting healthcare system hurdles, advocating for timely care, addressing misinformation

**Desired Support/Treatment:** Emphasises the necessity of puberty blockers, hormone therapy, and psychological counselling

**Supportive Resources:** Requests resources for parents to better understand gender diversity and support their child

**Communication:** Advocates for transparent communication and collaboration between healthcare providers, patients, and families

**Overall Perspective:** Stresses the significance of gender-affirming care in improving mental health and overall well-being of trans youth

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## Overview

As a parent of a Trans Young Person, my perspective sheds light on the challenges and expectations of those who stand alongside transgender individuals as they navigate gender-related care within the NHS.

Being a parent of a Trans Young Person has deepened my understanding of the significance of gender-affirming care. As we navigate this journey together, my hope is that the NHS continues to enhance its services, foster transparent communication, and provide comprehensive resources, ensuring that the physical and mental health needs of trans youth and their families are met with compassion and expertise.

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## Key themes identified (by question)

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QUESTION ASKED	THEME IDENTIFIED	SUPPORTING QUOTES

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## Summary message/Conclusions

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

The seeking of gender-related care is driven by personal well-being, happiness, and support during transition. Assessments serve various purposes, from affirmation to diagnosis, with differing opinions on the importance of diagnosis. Clinicians are expected to provide understanding and validation without pressure. Community-based clinics are preferred due to convenience, privacy, and accessibility. Challenges include waiting lists and service gaps, prompting solutions like more clinics, age-overlapping services, and staff training against transphobia. Utilization of existing resources, including family support and mental health services, is recommended.

Desired assistance encompasses puberty blockers, hormone therapy, counseling, and surgery. Inclusive clinic names are suggested, and supportive resources like support groups and educational materials are valued. Credible sources include LGBTQ+ organizations, NHS resources, news outlets, and peer-reviewed articles.

Recommendations from young people focus on age-tailored services for teenagers, comprehensive information on transition paths, counseling for dysphoria and mental health, strong online presence, staff training against transphobia, transparent communication about wait times, collaboration with schools for inclusivity, fostering welcoming clinic atmospheres, and partnering with LGBTQ+ organizations for enhanced support.

Overall, the emphasis is on holistic care, inclusivity, and collaboration to provide effective and supportive gender-related services for individuals during their transition journey.

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## Key messages identified

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MESSAGE IDENTIFIED	SUPPORTING QUOTES

## Completion

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Name and Signature of Focus Group Moderator

### To note:

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Add full transcript to second page and additional materials if available

Full transcript of in person sessions: [The Cass Review transcript](#)

[The Cass Review findings so far:](#)

Full anonymised spreadsheet of digital responses: [CASS Review \\_ Have Your Say Anonymous Responses](#)