Kent Community Health NHS
NHS Foundation Trust

Lesbian, Gay, Bisexual, Transgender and those questioning their sexuality and gender identity (LGBTQ) Youth

Assets and needs assessment.
Evaluation of LGBTQ youth hubs.

Report: Kent, 1 November 2015.

Report produced by Fiona Thomson, Health Promotion Practitioner, Sexual Health Services.

Contents

1. Introduction

This report outlines some of the experiences of a sample of young people identifying as lesbian, gay, bisexual, transgender and those questioning their sexual orientation or gender identity (LGBTQ) attending the LGBTQ youth hubs in Kent between August 2013 and December 2014 – as reported by young people themselves. It also provides useful information about both the role of the LGBTQ youth health adviser and the function of a dedicated LGBTQ youth space and how these young people experience them. The report is based on young people's responses to an in-depth survey (Appendix 1), designed and conducted by a health promotion practitioner based within Sexual Health Services, Kent Community Health NHS Foundation Trust and supported by Kent Integrated Adolescent Support Services (KIASS). The report also includes an outline of the business case for the provision of LGBTQ youth hubs (Appendix 2), and the end of year hub Practitioners' Report, 2014 (Appendix 3).

We are concerned about our findings. Young LGBTQ people continue to experience discrimination and abuse, poor emotional and mental health and social isolation. However, it is also very apparent that the presence of LGBTQ specific spaces with dedicated staff is playing a part in reducing risk factors and promoting protective ones. We recognise that this intervention could have significant impact on improving the health and wellbeing outcomes of LGBTQ youth should there be strategic leadership and commitment to enable its growth beyond a short-term project. We would hope that this report would impact on the continued development and management of LGBTQ youth hubs across Kent, involving commitment from commissioners and providers of key services to partnership working. We hope adequate resources would be committed through recognition that promoting, supporting and developing resilience requires long-term and consistent commitment, an effort which is likely to have far-reaching cost savings, particularly in HIV care and mental health.

1.1 Background

The aims of this engagement with young LGBTQ people were to identify their needs and assets, evaluate the health promotion intervention of the hubs in meeting/having the potential to meet their needs and cultivate their assets, and thirdly, to influence the improved commissioning and provision of responsive services. Sexual orientation and gender identity have not been historically, routinely monitored so their specific needs are not captured in any comprehensive way, either locally or nationally. However, the national survey, conducted by the Metro Centre, *Youth Chances, 2014,* is a recent example of a thorough identification of the health and wellbeing needs of LGBTQ young people aged between 16 and 25. To investigate whether our local picture reflected the national one, the survey was designed, applying the same criteria as Metro Centre: Elements of nationally recognised frameworks for identifying and measuring outcomes for young people: Health and wellbeing, safety, enjoying and achieving, participation and economic wellbeing.[1]

[1] The Children Act 2004. (c. 31). London: HMSO; Cabinet Office and Department of Education, 2011. Positive for Youth: a new approach to cross government policy for young people aged 13 to 19. (pdf) London: HMSO.

2. Survey design

2.1 Sample

Profile of sample:
The sample of 10 young people surveyed aged 14 to 19-years-old, with the following distribution:

Age	Amount
14	1
15	2
16	3
17	3
19	1

There were all white UK and living in Kent with three resident in Folkestone, three in Maidstone, three in Whitstable and one in Faversham. Six had been attending the hubs for over a year, one between six months and a year and three had been attending between three and six months. There were four males, three females, and three trans young people: two female to male and one male to female. Two males and one female identified as gay, two females and one male as bisexual, one female was questioning her sexual orientation and the three trans young people all identified as heterosexual.

For such an in-depth study a sample of 10 is regarded as adequate and likely to produce rich results (Mason, 2010). Bertaux (1981, p.37) describes how the researcher is surprised or learns a great deal from the first few interviews and how as the interviews go on, the researcher recognises patterns in the interviewees' experiences; "Saturation of knowledge" can occur according to Bertaux and 10 to 12 interviews of a homogenous group is all that is ample to avoid saturation (Guest et al. 2006). The researcher wished to capture a sample of young people which included lesbian, gay, bisexual, trans and questioning as well as those who had been attending a hub for a significant period so that impact could be gauged, hence the sample size became smaller.

2.2 Method

As we wished to capture young people's experiences, as reported by them, a qualitative method had to be applied and it was felt that an in-depth survey was an appropriate method to use. The survey design took place between September and October 2014, it was conducted between November and December 2014 and analysed and reported on between January and February 2015. The research was designed to identify needs and assets of LGBTQ youth alongside evaluation of the hubs in meeting presenting need and cultivating assets.

2.3 Methodology

Young people were invited to participate in the survey on the same day that they were to be conducted and were given an explanation of what would be expected of them and the purpose of the research. All 10 young people who were invited, agreed to complete the survey. The surveys were conducted face-to-face, and one-to-one, in the safe and familiar setting of the hubs. A health promotion practitioner conducted them with the young people, asking them the questions, and writing down their replies. All the young people were aware that this member of staff worked alongside the LGBTQ youth health adviser and some were already familiar with her.

3. Data analysis

3.1 Survey categorisation

The survey questions were already structured in to sections and clearly categorised:

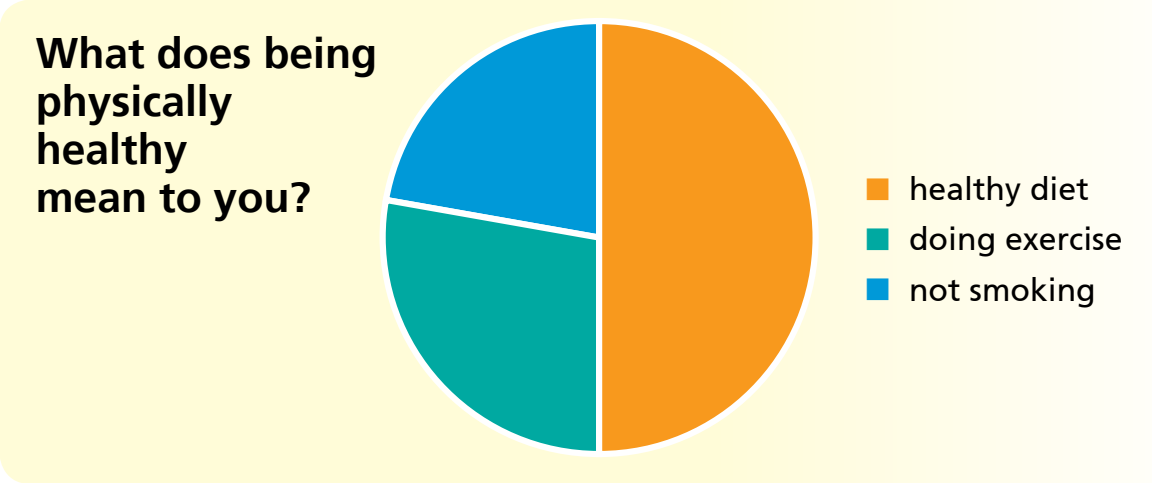
- **Being healthy:** Enjoying good physical, sexual and mental health and living a healthy lifestyle
- **Staying safe:** Being protected from harm and neglect
- **Enjoying and achieving:** Getting the most out of life and developing the skills for adulthood
- **Making a positive contribution:** Being involved with the community and society and not engaging in anti-social or offending behaviour.
- **Economic well-being:** Not being prevented by economic disadvantage from achieving their full potential in life.

3.2 Breakdown of reporting from young LGBTQ people:

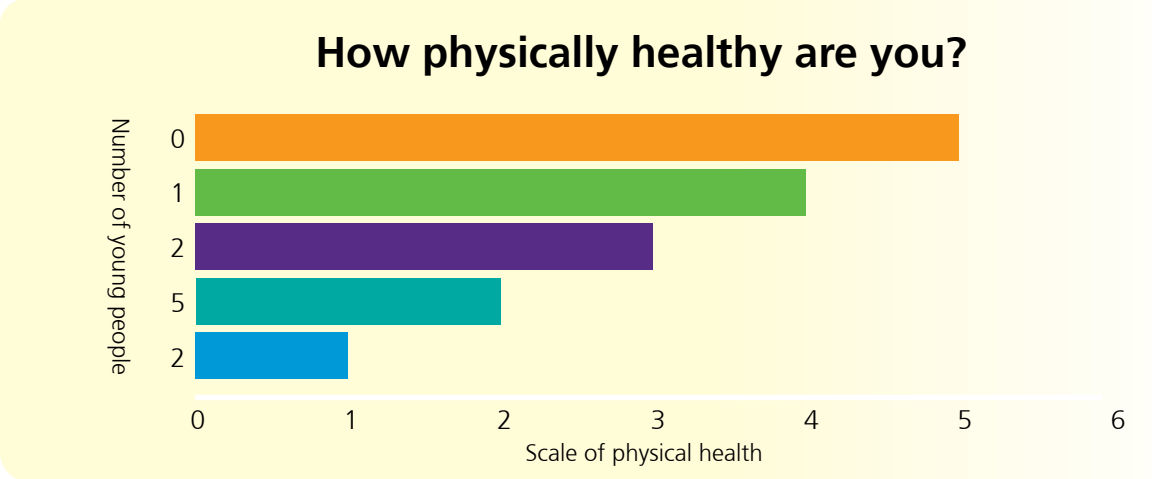
Reporting was further categorised linked to emerging themes according to the young people's replies.

Being healthy: Enjoying good and mental health and living a healthy lifestyle

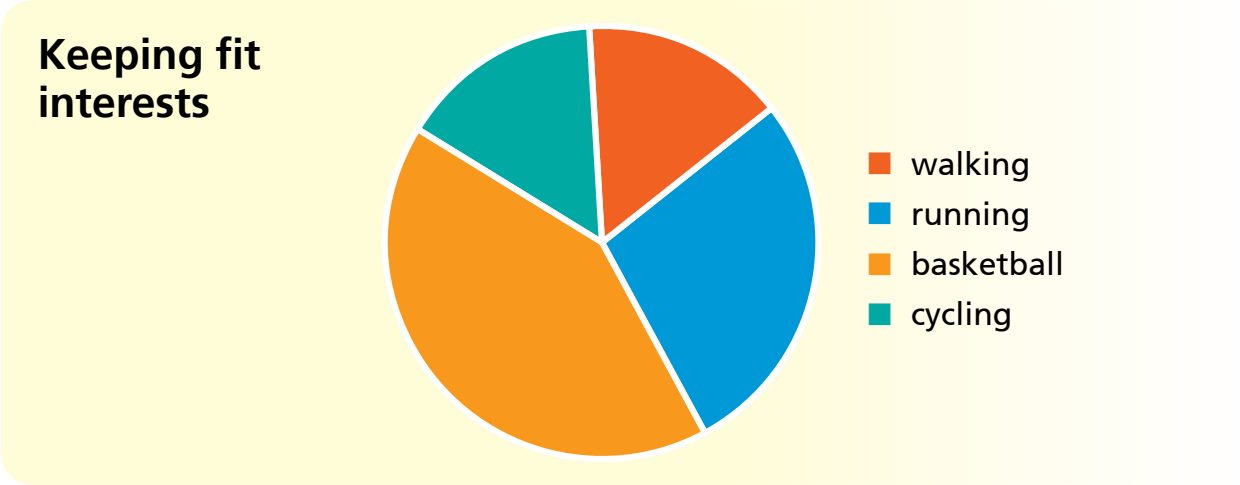
The 10 young people interviewed responded in the following ways:



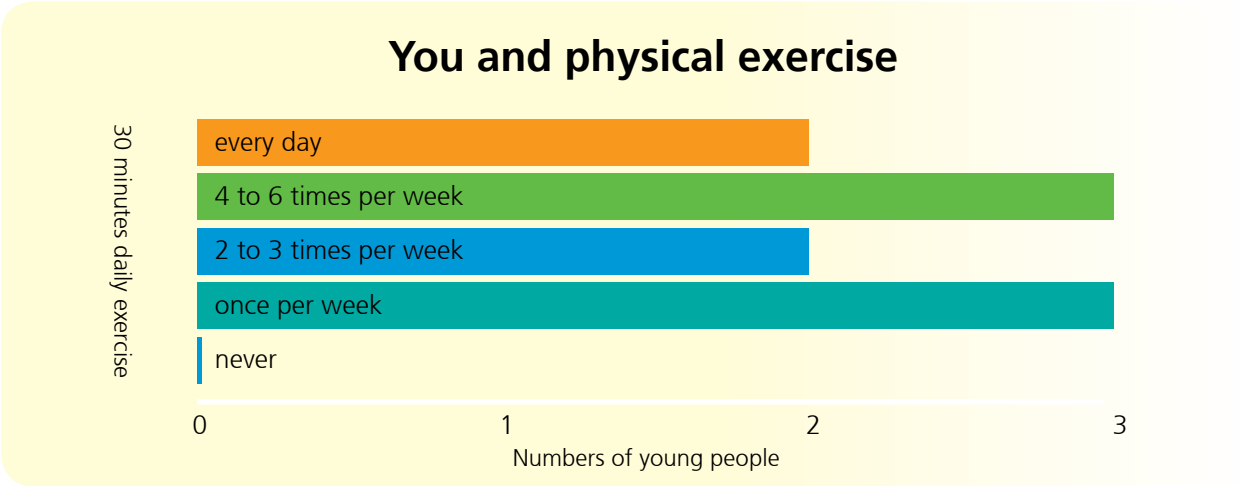
On a scale of 1 to 5, with 5 being very healthy, they were asked to rate themselves:



Three of the 10 reported having a preferred way of keeping fit, with two enjoying cycling and one walking. Of the seven who had no preferred way of keeping fit, they had some interest in the following:



They were asked if they did 30 minutes or more of daily exercise, on a weekly basis and they responded:



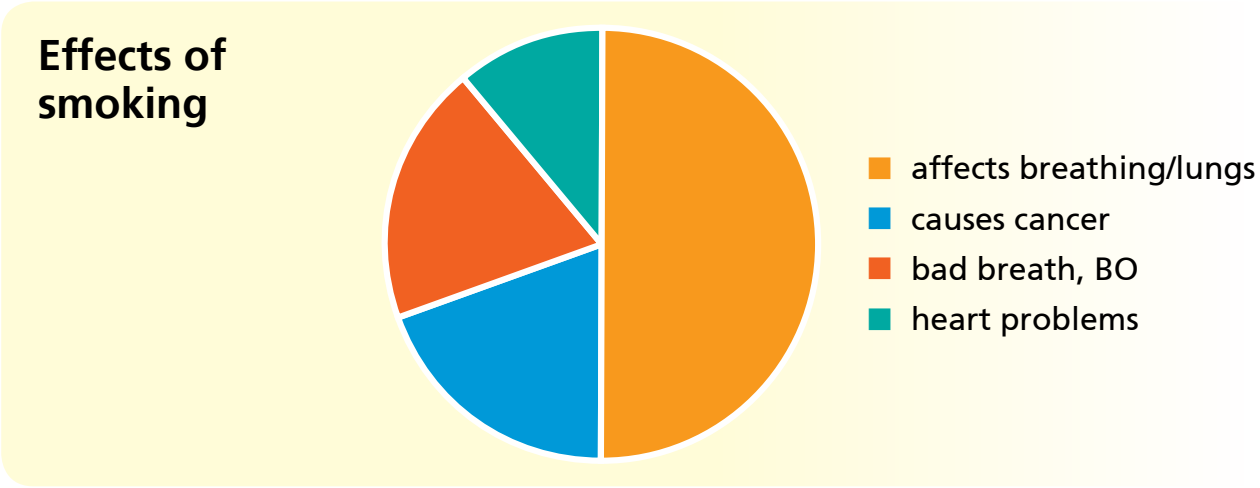
Nine of the 10 felt if the hub offered 30 minutes of physical exercise in a session that they would get involved. Six reported they would enjoy team sports.

Their understanding of a balanced diet was the following:

Not too many takeaways	two
Good nutrition	three
Balance of carbohydrates, protein, five-a-day	five

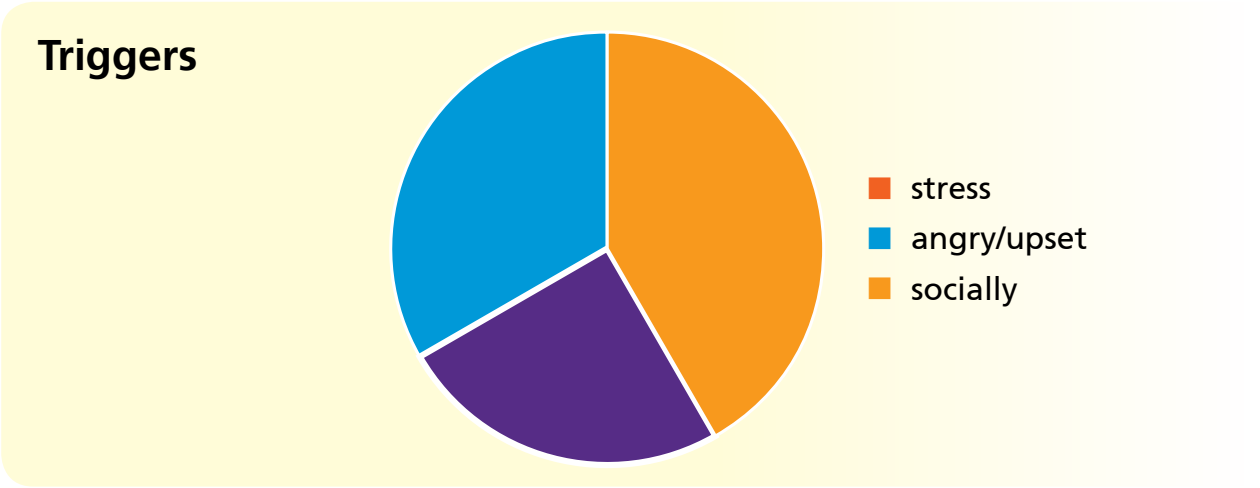
Two reported having a balanced diet rarely, four sometimes, three quite often and one always. Six felt being at the hub had helped them with this as they often cooked healthy food together and sat down and ate a meal together. Three did not feel the hub had influenced this and one did not know. All 10 would be keen to learn more about making healthy meals, should the hub offer this.

When asked if they knew ways smoking affected our health they responded:



Of the 10, seven smoke. Five smoke daily: One smoking one to two; two smoking two to five; one smoking five to eight and one smoking eight to 10. Two others reported smoking occasionally.

Of the seven who smoke ,their triggers were:



Heavier smokers (between five and 10 daily) are the ones triggered by stress, anger or upset and the social smokers smoke less frequently. Two would like support to stop smoking, four would but not right now and one does not want support to stop. Only one of the heavier smokers was interested in getting support now to stop. Four felt being at the hub has helped a bit with this as they really cut down because they had to go a distance away from the building to smoke and two felt the health adviser and youth workers reminded them it was bad for their health. Three reported not thinking about smoking while at the hub as they were relaxed and having a good time. Four would be interested in smoking awareness and stop smoking sessions at the hub.

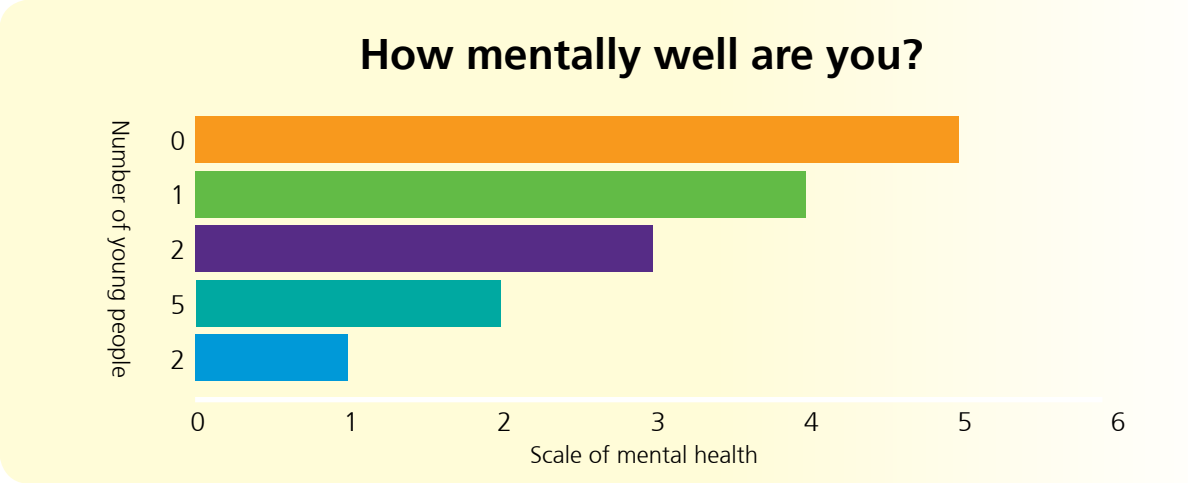
Sexual health

Nine of the 10 knew different ways sexually transmitted infections occur, with seven responding 'no condom' and two responding 'giving blow jobs'. All 10 knew condom use was the most effective prevention method. All 10 were aware of where to go for advice on relationships and sexual health and felt the hub really helped with this as the health adviser offered advice sessions, provided condoms, C-Card, chlamydia tests, and reported having discussions about safe sex, risks, dating online and healthy and unhealthy relationships. Eight of the ten felt the health adviser was really easy to talk to about relationships and sex and it wasn't embarrassing, unlike with teachers or parents. Five really liked the sexual health game 'double jeopardy' the health adviser had developed and it was felt it had been good for discussion (three) and peer support (three). Six said they found it helpful to talk to their peers about relationships and sex and four felt at the hub they all looked out for each other and challenged each others risky behaviour.

Mental and emotional health

When asked what being mentally and emotionally well meant to them they responded with the following:

and on a scale of 1 to 5, with 5 being very healthy they rated themselves:



Nine reported having ways of making themselves feel better when they felt bad: four reported self harm (one currently cutting themself/three having cut themselves, three getting drunk, two taking pills); three withdrew from friends and family; two reported shouting and getting angry; one lashed out at others; and two cried. One young person was new to the hub, lacking in confidence and not ready to share. The other nine felt being at the hub had offered them a place to be themselves (six), offload difficult feelings (four), learn to manage difficult feelings better (four). They felt this was due to the health adviser being easy to talk to (six), realising others were going through similar (five) and by meeting and talking with friends (four).

When asked 'Do you feel *unhappy*?' the young people replied:

never	none
rarely	one
some of the time	four
most of the time	four
always	one

and their *causes* for feeling unhappy were as follows:

Being judged	six
Being left out	four
Being bullied	three
Not fitting in	two

All 10 young people reported being *frightened* at times. Two rarely, four some of the time, three most of the time and one always. Their causes for fear include rejection from family (four), rejection from friends (three), difficult and harmful thoughts and feelings (two), bullies (two), getting HIV (one).

All 10 young people experience *anxiety*. One rarely, three some of the time, four most of the time and two always. Their reasons for anxiety included losing friends (four), rejection by family members (three), not getting good grades (three), and two were anxious about not finding a girlfriend.

Nine of the 10 young people felt their unhappiness, fear and anxiety was related to how they experienced their sexual orientation. Six felt people would not like them and two did not believe they would fit in anywhere and one felt they would be lonely all their life.

The three trans young people interviewed all felt their unhappiness, fear and anxiety was closely related to how they experience their gender identity. All three felt nobody really understood them; two felt they would always feel not quite right; two felt nobody could really understand what they were going through and one felt they wanted their family to know that they were not trying to be difficult.

When asked how they generally dealt with these difficult feelings, five reported harming themselves; four reported bottling them up and withdrawing; four reported taking them out on other people, for example having angry outbursts, blaming others, falling out; three talked to someone they trusted and two had a creative channel, for example singing, dancing and writing. Nine of the 10 young people felt being at the hub was definitely helping them manage these difficult feelings by talking things over with the health adviser (seven); meeting other LGBTQ young people and making friends (six); sharing experiences (five), talking things out in the group (five); learning new ways to feel good about themselves (five) and appreciating and respecting others (four).

Of the 10 young people two reported feeling *happy* most of the time, five some of the time, two rarely and one young person said they never felt happy. They gave the following reasons for feeling happy: Four reported friends; three said passing exams; two said making their family proud of them; two reported their boyfriend/girlfriend and singing/dancing brought happiness to two young people.

Two reported never feeling *confident*, four rarely, three some of the time, and one most of the time and offered the following reasons for this: Being accepted by LGBT friends at the hub (four); getting good grades (three); playing music (two); when people like them (two); being part of the hub (two).

One young person reported feeling *proud* of themself most of the time; four, some of the time; three rarely and two said they never felt proud of themselves. Things that make them proud include: Doing well at school/college (four); ignoring bullies (two); pleasing their family (two) and two did not know.

Of the 10 young people, one felt that *they mattered to other people* most of the time; four, some of the time; three, rarely; two, never and they knew this because they felt appreciated by others (four); they were liked (three); others kept in touch with them (two) and two young people did not know ways that people showed that they mattered.

When asked if they ever *felt in a good mood* they replied: never (one); rarely (two); some of the time (five) and most of the time (two) and things that affected this were:

Drinking alcohol (three); hanging out with friends (four); listening to music (two); cycling (one).

Eight of the 10 young people interviewed felt their happiness, confidence, pride, a sense that they mattered and being in a good mood were related to how they experienced their sexual orientation. One did not and one did not know. Of the eight who did, they responded with the following: I feel good if people think it's cool that I'm gay (three); when people accept me I am happy (five); I am proud of myself when I come out to friends (three); I feel bad when family members can't accept me (four).

Two of the three young trans people felt their happiness, confidence, pride, a sense that they mattered and being in a good mood was related to how they experienced their gender identity. The reasons they gave were they were proud of themself for coming to the hub and talking about being trans (two); they felt happy when people at the hub accepted them (one); they felt happy when their mum said she loved him anyway (one). Two of the three felt being at the hub had helped them feel positive about their gender and one did not know if it had or it had not. The two who did felt this was because people are friendly (two) and they met other trans people (two). One of the other young trans people did not feel positive feelings surrounded their gender identity and the other young people who identified as lesbian, gay and bisexual did not concern themselves with their gender identity.

Eight of the 10 young people had a friend who accepted them for who they were and one reported planning fun things together most of the time; five, sometimes; two, rarely; and two, never. Seven felt they could talk to their friend(s) about most things, two do not and one was not sure. Seven of them felt being at the hub had helped them with this as it is a small, regular group (three); time was set aside for group support and catching up (two); the health adviser encouraged them to listen to each other and support each other (four); they now meet outside the hub too (three); and they can keep in touch through Facebook (two).

Drugs and alcohol

Seven of the 10 young people have drank alcohol with four reporting more than two times in last six months; two, once/month; one, once/week. Four reported drinking socially and the other three drank when they were upset. Only one of the seven wanted support to stop drinking. Four felt being at the hub had helped become more drink aware as they had discussed binge drinking (two) and alcohol units (two).

Four of the 10 young people had taken drugs; four had taken cannabis and the frequency was: once a month (one); more than two times in the past six months (two) once only (one). One of these four had also tried Ecstasy once. All four said they took drugs socially and none of them wanted any support to stop. Only one of these four young people felt being at the hub had helped with this (as drug use was discussed in a one-to-one session with the health adviser). Three of the other six young people who had not taken drugs felt they had learned about drugs and their effects from information provided by the health adviser and youth worker.

Staying safe: Being protected from harm and neglect

All 10 of the young people reported feeling scared: About the way they look (three); being physically threatened/hit/chased (five); being called names (two) and the frequency: all of the time (two); most of the time (six); some of the time (two). Six of the young people felt they had people to help them when they felt unsafe, four did not. The four, who did not, wanted support to feel safer and five of the other six reported wanting support to feel more safe when they are on their own. All nine would want this support from the hub and six already felt the health adviser had helped them with personal safety through being more aware of social media and protecting themselves (two); building confidence to report bullies (two); building confidence to stand up to bullies (one); realise bullies are cowards (one).

Enjoying and achieving: Getting the most out of life and developing the skills for adulthood

When asked what they enjoyed doing they reported the following: Making friends (three); arts: dancing/music, singing, theatre, photography (five); sport: swimming (one); basketball (one); and seven enjoyed coming to the hub. They reported the following as things that made them smile: friends (three), girl/boy friend (two), pets (two) films (one), their dad (one) and one young person did not know.

Four young people did not know what things they were good at, while two reported playing an instrument; three said schoolwork and one said 'being honest'. Two would like to be better at not getting embarrassed so easily; making new friends (three); accepting themselves (two); not worrying what others think of them (three) and basketball (one).

To the question: *When you start something, are you likely to finish it?* The young people's responses were: always (two), most often (six) sometimes (two).

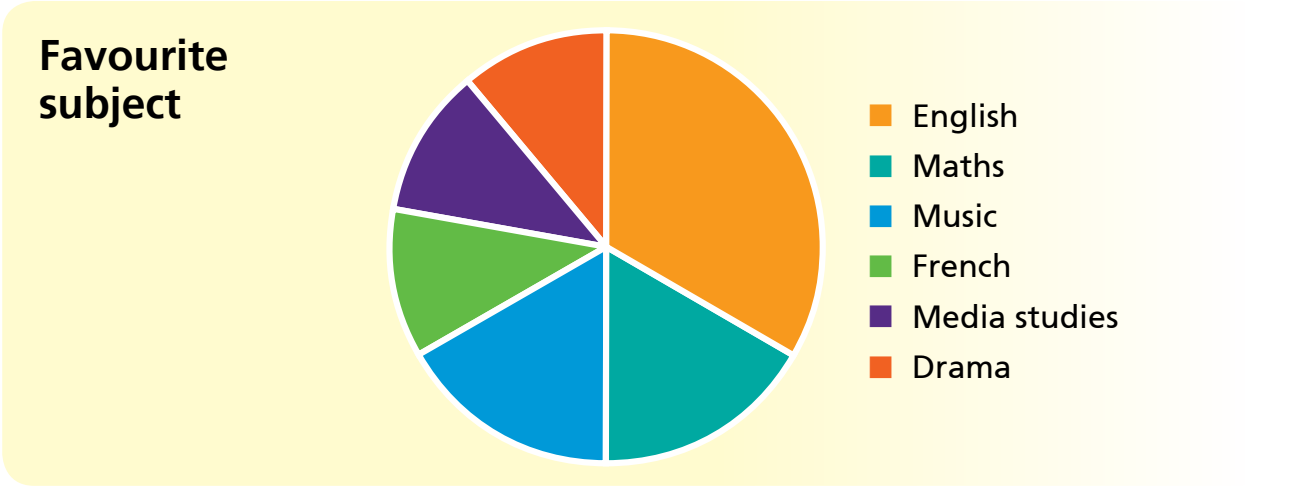
When asked: *What things are you proud of yourself for?* Three replied 'being a good friend'; two replied 'coming out to my family'; 'coming to hub' (two); did not know (two); and one replied 'getting an A in physics O level. Three felt being at the hub had helped them with this, five felt it had not and two did not know. Those who felt the hub had helped said this was because they had made new friends (three) and had got help there to come out to their family (two).

Making a positive contribution: Being involved with the community and society and not engaging in anti-social or offending behaviour.

Three reported having volunteered; two in school groups and one in an animal charity. Five of the remaining seven would like to get involved in volunteering; two with LGBTQ groups, two with arts-based groups and one did not know. Five felt being at the hub had helped get them involved in community events like World AIDS day, LGBT History Month, Kent and Medway LGBTQ Youth Summits and three did not know if the hub helped with this and two felt it had not.

Economic wellbeing: Not being prevented by economic disadvantage from achieving their full potential in life.

This was how the 10 young people responded to being asked what their favourite subject was:



Nine confirmed that this was the subject they achieved in too.

Five knew what job/career they wanted to pursue and knew what they had to do to achieve this; four did not know and one had not thought about this. Of the four who did not know what they wanted to do, they felt they knew who to discuss this with, and the one who had not thought about a future job did not know who to discuss this with. Nine of the 10 felt it was really important to like the work they did and feel good at it and one felt it was quite important. Four felt being at the hub had helped with this with two feeling it had given them self-belief, and two had been sign-posted for more specialist advice; four did not know if the hub had helped and two felt it had not.

Attendance at hub

Nine of the 10 young people were aware that they could visit other LGBTQ youth hubs in Kent, using their hub membership card. Two already had and often, and of the other eight, seven reported sometimes they would like to do this and one would never because of the travel involved.

4. Key findings

LGBTQ young people report significantly high levels of mental health problems including depression and anxiety, self-harm and suicidal thoughts, and poor emotional health is commonly reported including experiencing low self esteem, distress, fear, unhappiness and anger management problems.

Coming out for most of the young people and being accepted when they do come out, developing friendships and having a supportive family are key protective factors for young LGBTQ people.

Being left out, discriminated against, bullied, feeling lonely and isolated and perceived isolation and marginalisation are common concerns for young LGBTQ people and at the root of a lot of their distress, anxiety and depression.

LGBTQ youth have come to rely on the youth hubs as safe spaces where they can be themselves and get social, emotional, educational and practical support, free from judgement.

The hub serves to offer a safe space for young LGBTQ people because they are welcomed, accepted, can make new friends, have a laugh, meet people with similar experiences who understand them, talk about their worries, develop empathy through supporting others and learn to normalise feeling good about themselves.

The health adviser plays a crucial role in setting the tone and boundaries for the setting to enable young people to feel safe and comfortable and creates activities and space for coming together, sharing concerns and achievements, having fun and gaining knowledge and skills. She also offers one-to-one sessions for more private matters, for example sexual health, coming out, relationship and family troubles and difficulties experienced at school or college.

Several factors, including lack of management and commissioner commitment to develop the three-year hub programme and inconsistent project management, have resulted in the health promotion practitioner's role not been utilised as proposed in the original accepted business case. The health promotion practitioner could have been more instrumental in project management: Planning an integrated programme; developing effective partnerships across sectors; generating key stakeholders' commitment; researching theories of resilience and translating into practical application; designing innovative, evidence-based interventions and carrying out process and outcome evaluation, with outcomes that reduce the financial burden on sexual health and mental health services, in particular.

A lot of the above issues of local LGBTQ youth are reflected in the national survey conducted by the Metro Centre, Youth Chances: Summary of first findings, 2014 (www.youthchances.org/wp-content/uploads/2014/01/YC_REPORT_FirstFindings_2014.pdf)

5. Recommendations

These findings feed into the Kent Emotional Health and Wellbeing Strategy for Young People and as a result improved outcomes for LGBTQ youth are sought, planned for and commissioned.

The role of the LGBTQ health adviser is recognised as significant in supporting and promoting resilience in a healthy setting, as well as being key to linking young people to other relevant services. The level of competencies required to carry out this role effectively are recognised as being at Band 5.

The role of the project lead is recognised as being instrumental in identifying and assessing need, planning and designing responsive interventions promoting resilience, health and wellbeing, developing effective partnerships, offering innovative strong leadership and conducting research and project evaluation. The level of competencies required to carry out this role effectively are recognised as being at Band 7.

Commitment of resources is made to the hub model as an example of best practice in reducing risk factors and promoting resilience of LGBTQ youth, as well as being key to linking them to relevant services. This is strategically managed and developed as part of the wider young people's emotional health and wellbeing agenda. It takes guidance from the Public Health Outcomes Framework.

Plans are agreed to develop LGBTQ hubs across the 12 districts in Kent, by employing another full-time Band 5 practitioner to cover west Kent, in recognition of the significant saving this preventative, whole systems intervention will generate for future costs to health and social care.

Due to the presenting, significant, poor emotional and mental health outcomes a counsellor works alongside the LGBTQ youth health adviser in the hubs. The Child and Adult Talking Therapy Service has been identified as an appropriate local provider and a breakdown of their annual costs has been provided (Appendix 4). Other counselling services which are LGBTQ specific are emerging locally, including The Metro Centre and PACE which may be more appropriate and cost effective.

Strong leadership is offered to this project to generate effective and sustainable partnerships, enabling development of a model of integrated health and social care, in the drive to improve health and wellbeing outcomes for LGBTQ youth in Kent.

Innovative practice is prioritised and developed promoting resilience, drawing on models of mindfulness and protective behaviours.

LGBTQ youth's health and wellbeing outcomes are improved by both utilising the community's assets and addressing their needs, whilst applying and learning from a social capital framework.

End users' input and that of other key stakeholders, including hub practitioners, (Appendix 3) is sought, valued and used in service design.

6. Appendices

Appendix 1

LGBTQ survey

needs identification and LGBTQ hub evaluation

Survey Number:

Being healthy: Enjoying good and mental health and living a healthy lifestyle

Physical health

1. What does being physically healthy mean to you?

2. On a scale of 1 to 5, with 5 being very healthy, how would you rate yourself?

   Scale 1 2 3 4 5

3. a) Do you have a favourite way of keeping fit? YES/NO
   b) If so, what is this?
   c) If no, do you have an interest in anything particular?

4. On a weekly basis do you do 30 minutes or more of daily exercise?
   a) Never
   b) Once/week
   c) 2/3 week
   d) 4/6 week
   e) Every day

5. a) Has being at the hub helped you with this? YES/NO
   b) If so, how?
   c) If the hub offered you 30 mins of physical exercise/getting fit, would you get involved? YES/NO/Maybe with some encouragement

6. What do you understand by a balanced diet?

7. Do you have a balanced diet?

   a) never b) rarely c) some of the time d) most of the time e) always

8. a) Has being at the hub helped you with this? YES/NO
   b) If so, how?
   c) If the hub offered sessions on making healthy meals, would you like to get involved? YES/NO

9. a) Do you know any ways smoking affects our health?
   b) Do you smoke? YES/NO
   c) If so, do you daily smoke
      i) 1 ii) 2-5 iii) 5-8 iv) 8-10 v) 10+
   d) If so, when do you smoke?
      (prompt – triggers? Anxious? Angry? Stress? Upset? To be cool? Peer pressure? Socially?)
   e) If so, would you like some support to stop smoking? YES/NO/Not right now

10. a) Has being at the hub helped you with this? YES/NO
    b) If so, how?
    c) If the hub offered sessions in stop smoking/smoking awareness, would you like to get involved? YES/NO

Sexual health

11. a) Do you know different ways sexually transmitted infections occur? YES/NO
    b) Can you give me some examples.
    c) Do you know what the most effective method of prevention is?
    d) Would you know where to go for advice on relationships and your sexual health?

12. a) Has being at the hub helped you with this? YES/NO
    b) If so, how?

Mental and emotional health

1. What does being mentally and emotionally well mean to you?

2. On a scale of 1 to 5, with 5 being very healthy, how would you rate yourself?
   Scale 1 2 3 4 5

3. a) If you feel bad, do you have things you can do to make yourself feel better? YES/NO
   b) If no, do you have an interest in anything particular?
   c) If yes, what do you do?

4. a) Has being at the hub helped you with this? YES/NO
   b) If so, how?

5. a) Do you feel unhappy?
      i) Never ii) Rarely iii) Some of the time iv) Most of the time v) Always
   b) What causes you to feel unhappy?

6. a) Do you feel frightened?
      i) Never ii) Rarely iii) Some of the time iv) Most of the time v) Always
   b) What causes you to feel frightened?

7. a) Do you feel anxious?
      i) Never ii) Rarely iii) Some of the time iv) Most of the time v) Always
   b) What causes you to feel anxious?

8. a) Do you feel worried?
   i) Never ii) Rarely iii) Some of the time iv) Most of the time v) Always
   b) What causes you to feel worried?

9. a) Is your unhappiness, fear, anxiety, worry ever anything to do with how you experience your sexual orientation? YES/NO
   b) If yes, how?
   c) Is your unhappiness, fear, anxiety, worry ever anything to do with how you experience your gender identity? YES/NO
   d) If yes, how?

10. Do you generally deal with these difficult feelings by:
   a) talking to someone you trust
   b) bottling them up, withdrawing
   c) taking them out on other people, for example having angry outbursts, blaming others, falling out
   d) harming yourself
   e) some other way?

10. a) Has being at the hub helped you with this? YES/NO
   b) If so, how?

11. a) Do you feel happy?
   i) Never ii) Rarely iii) Some of the time iv) Most of the time v) Always
   b) What makes you happy?

12. a) Do you feel confident?
   i) Never ii) Rarely iii) Some of the time iv) Most of the time v) Always
   b) What makes you feel confident?

13. a) Do you feel proud of yourself?
   i) Never ii) Rarely iii) Some of the time iv) Most of the time v) Always
   b) What makes you feel proud of yourself?

14. a) Do you feel that you matter to other people?
   i) Never ii) Rarely iii) Some of the time iv) Most of the time v) Always
   b) How do you know this? What are the signs?

15. a) Do you feel in a good mood?
   i) Never ii) Rarely iii) Some of the time iv) Most of the time v) Always
   b) What puts you in a good mood?

16. a) Is your happiness, confidence, pride, a sense that you matter, being in a good mood ever anything to do with how you experience your sexual orientation? YES/NO
   b) If yes, how?
   c) Is your happiness, confidence, pride, a sense that you matter, being in a good mood ever anything to do with how you experience your gender identity? YES/NO
   d) If yes, how?

17. a) Has being at the hub helped you with this? YES/NO
    b) If yes, how?

18. a) Do you have a friend(s) who accept you for who you are? YES/NO
    b) do you plan fun things together?
    i) Never ii) Rarely iii) Some of the time iv) Most of the time v) Always

19. a) Can you talk to your friend(s) about most things? YES/NO
    (prompt with: Who you fancy? Why your parents bug you? Worries? What excites you?)

20. a) Has being at the hub helped you with this? YES/NO
    b) If so, how?

Drugs and alcohol

1. a) Do you drink alcohol? YES/NO
   b) If yes
      i) once only
      ii) more than 2 times in past 6 months
      iii) once/month
      iv) once/week
      v) more than once/week
   c) If so, when do you drink?
   (prompt – triggers? Anxious? Angry? Upset? To be cool? Peer pressure? Socially? Something else?)
   d) If so, would you like some support to manage or stop your drinking? Yes/No/Not right now

2. a) Has being at the hub helped you with this? YES/NO
   b) If so, how?

3. a) Do you take drugs? YES/NO
   b) If yes, what drugs have you taken?
   c) If yes:
      i) once only
      ii) more than 2 times in past 6 months
      iii) once/month
      iv) once/week
      v) more than once/week

4. a) If so, when do you take drugs?
   (prompt – triggers? Anxious? Angry? Upset? To be cool? Peer pressure? Socially?)
   b) If so, would you like some support to manage or stop your drug taking?
   YES/NO/Not right now

5. a) Has being at the hub helped you with this? YES/NO
   b) If so, how?

Staying safe: Being protected from harm and neglect

1. a) Do you ever feel unsafe? YES/NO
   (Prompt: bullied? Physically Threatened? Because of the way I look? Scared? made to do things you don't want to do? Made fun of? Anything else?)
   b) If yes, what makes you feel unsafe?
   c) Do you feel unsafe in this way
      i) all of the time
      ii) most of the time
      iii) some of the time
      iv) not very often
      v) rarely or never?
   d) Do you have people to help you when you feel unsafe? YES/NO

2. If not would you like some support to feel safer? YES/NO/Not right now

3. a) Has being at the hub helped you with this? YES/NO
   b) If so, how?

Enjoying and achieving: Getting the most out of life and developing the skills for adulthood

1. What things do you really enjoy doing?

2. What things make you smile? Happy?

3. What things are you good at?

4. What things would you like to do better at?

5. When you start something are you likely to finish it?
   i) Always ii) Most often iii) Sometimes iv) Rarely v) Never

6. What things are you proud of yourself for?

7. a) Has being at the hub helped you with this? YES/NO/Don't know
   b) If so, how?

Making a positive contribution: Being involved with the community and society and not engaging in anti-social or offending behaviour.

1. a) Do you/have you ever volunteered anywhere? School? Organisation? YES/NO
   b) If so, what have you been involved in?
   c) If not, would you like to volunteer? YES/NO
   d) If so, what would you like to get involved in?

2. a) Has being at the hub helped you with this? YES/NO/DON'T KNOW
   b) If so, how?

Economic wellbeing: Not being prevented by economic disadvantage from achieving their full potential in life.

1. What are your favourite subjects at school?/college?

2. Are these the ones you do well in too? YES/NO/Don't know

3. a) Have you any thoughts about what job/career you might fancy? YES/NO/Don't know
   b) If so, do you know what you have to do/achieve to be able to do this job? YES/NO
   (Prompt: qualifications, work experience, volunteering, courses)
   d) If not, can you discuss this with someone? YES/NO/Don't know

4. How important do you think it is to like the work you do and feel good at it?
   i) Really important
   ii) Quite important
   iii) Not important at all

5. a) Has being at the hub helped you with this? YES/NO/Don't know
   b) If so, how?

6. How long have you been coming to the hub?
   i) 0-3 months
   ii) 3-6 months
   iii) 6 months – year
   iv) over a year – 6 years

7. a) Did you know you could go to any of the other hubs in Kent using your hub membership card? YES/NO
   b) If yes, have you? YES/NO
   c) If no, would you?
   i) never ii) sometimes iii) often

Profile monitoring	
Ethnicity	White UK – 10
Age	14 – 1, 15 – 2, 16 – 3, 17 – 2, 19 – 1
Gender Identity	2 female to male; 1 male to female
Sexual orientation	3 gay male, 1 bi male, 1 bi female, 1 questioning female, 3 heterosexual (2 female, 1 male)
Is this the gender you were assigned at birth?	No – 3, Yes – 7
Postcode	Folkestone – 3, Maidstone – 3, Whitstable – 3, Faversham – 1

Appendix 2

Business case for LGBTQ youth provision – an outline

Background

Sexual Health Services, in Kent Community Health NHS Foundation Trust, has been a forerunner in Kent, over the past five years, in community engagement, needs assessment and service provision for lesbians, gay men, bisexual and trans people, as well as those questioning their sexual orientation and/or gender identity (LGBTQ). The lead has come from the health promotion practitioner whose role is LGBTQ specific.

Rationale

The business case advocating the creation of drop-in spaces for LGBTQ youth, aged between 14 and 19 was made and endorsed by line management April 2013. This was supported by the hard-to-reach funding, awarded by sexual health commissioning. The concept developed out of the growing evidence base, locally (The Metro Centre, 2008; Thomson, 2011,[1] Thomson, October 2012,[1] Thomson, December 2012,[1] Tonks & Rees, 2012[1]) and nationally (Health Protection Agency, 2012; 2013; Guasp, 2012; Medical Research Council and Health Protection Agency 2013; Stonewall, 2007; 2012; McNeill et al, 2012; The Metro Centre, 2014) demonstrating poor health and wellbeing of some LGBTQ people, disproportionate to their heterosexual counterparts (The Metro Centre 2014). The nature of their presenting needs were related to people's emotional, mental and sexual health and wellbeing and all were undermined by reported discrimination and isolation. This evidence base was generated from community consultations, focus groups, surveys, semi-structured interviews, patient feedback questionnaires and observation.[1]

The over-arching aim was to create welcoming, healthy settings where young LGBTQ can congregate, meet each other, and where a model of early intervention prevention could be applied, aimed at improving their health and wellbeing outcomes. The proposed working model, in recognition of the interconnectedness of emotional, mental and sexual health is to be integrated, relying on key partnership collaboration and a whole systems approach. (Tones and Tilford, 2001). The design of assessment and interventions relies on key frameworks: Every Child Matters (DfES, 2003), Safety Net's Protective Behaviours Model (Fletcher, 2009), principles in Antonovsky's Salutogenesis model of health (Perez-Wilson et al.) and the practice of Mindfulness (Halliwell, 2010). The overall ethos of the intervention is to promote resilience in LGBTQ youth through reducing risk factors and promoting protective ones.

The business case proposal is for three-year project funding with the aim that the hub model develops sustainability beyond this. In generating sustainability, focus will be on growing capability of the young people attending and developing a volunteer base, relying on a social capital framework based on harnessing assets of the LGBTQ community.

[1] For more information on this evidence base or copies of reports contact: fiona.thomson@kentcht.nhs.uk

Appendix 3

LGBT youth hubs Practitioners' report (December 2014)

(i) Hubs facilitator: Health adviser (LGBTQ youth)

Project drivers

When the project started, the Rosenberg self-esteem scale was used to track any progression young people made. This is considered a reliable and valid quantitative tool and has been effective in working to support young LGBTQ people; in particular EK, a 17-year-old trans male, who has been attending the Whitstable hub for a year now. When he completed the questionnaire he scored 6/30, which is extremely low. Anything under the score of 15 is regarded as having low self-esteem. One year on, he repeated the questionnaire and he scored 16/30; a significant improvement. He said that this improvement was as a result of him attending all sessions, always participating in a range of social and creative activities, learning to feel safe and be open about his transition and gaining many friends within the group. I have observed that he has started to develop leadership skills and an ability to empathise. He regularly encourages and supports new members and promotes the hubs to other young people, improving their access.

Outcomes

We aimed to make sexual health services easily accessible to LGBTQ youth and all young people attending the hubs gained fortnightly access to free sexual health advice, information, condoms, C-Card and Chlamydia screening. Young people also attended specific workshops re: sexting, internet dating, hate crime, same sex violence, self esteem.

We aimed to improve confidence of young LGBTQ people in accessing sexual health services and 73 per cent (28 out of 35) reported that the sessions in the hubs had given then the confidence to discuss sexual health matters and attend a GUM clinic when necessary.

We aimed to create spaces where young people can safely discuss any problems they may be having and develop opportunities for peer support. We achieved this by setting clear ground rules with the young people, generating circle time, preparing a simple, nutritious meal together and having one-to-ones with the health adviser.

We aimed to attract 10 young people to each of the four hubs in the first year and were successful in achieving this by 84 per cent (35 out of 40).

We aimed to reach all categories within LGBTQ young people and were successful in supporting seven lesbians, nine young gay men, five trans young people, nine questioning young people and five bisexual young people. We reached both male and female trans, bisexual and questioning young people.

We aimed that young people would participate in two community events in the first year and they participated in three: LGBTQ History Month event, LGBTQ Youth Summit and World AIDS Day.

We aimed to develop partnership working with key stakeholders to develop an integrated model of resilience but several factors hampered this including lack of overall leadership and coordination, public sector cuts and uncertainty of future commissioned services and roles.

We aimed to develop personal development plans and reviews based on the model of resilience with a programme of work generated to include HIV prevention interventions for young MSM; positive self-esteem and exploring positive experiences.

Project barriers

The project needed to be funded for at least three years to generate sustainable health and wellbeing outcomes, in line with the business case. However, in the first part of the second year, September 2014, Kent County Council re-tendered Sexual Health Services and KCHFT was asked not to develop any areas of work. Brook and The Metro Centre are the new commissioned services and are keen to continue and develop LGBTQ youth provision.

The hubs need to be within settings where other services are to maximise the integrated offer to young people.

There is a lack of Kent-based LGBTQ youth sexual health literature.

It has been difficult to promote and seek support for LGBTQ sexual health services and the hub within education settings.

(ii) Project lead: Health promotion practitioner

Project drivers

Leadership: We have recently gained representation on the Kent Children and Young People's Emotional Health and Wellbeing Strategy Group which should improve strategic buy-in, and development of an integrated model of resilience.

Evidence base: We have conducted a comprehensive in-depth study with LGBTQ youth in 2014, contributing to the local evidence base. The local health and wellbeing needs national evidence base for LGBTQ youth is becoming robust when considered along with national evidence base such as Metro Centre's *Youth Chances* research. There are indications that this healthy setting is enabling assets of the young people such as empathy, self worth, sense of belonging and community to be tapped and developed which serve as protective factors.

SMART[1] objectives: By exploring, understanding and applying social capital principles, such as identifying and harnessing a community's assets, coupled with a behaviour change model, this healthy setting offers an exciting opportunity to set SMART objectives in improving health and wellbeing outcomes. To extend the project to March 2018 will enable these skills, knowledge, attitudes to embed so maximising sustainable health giving behaviour change and positive sense of self.

Design and nature of the project: In year one, our engagement, consultation, observation with and of LGBTQ youth, coupled with developing relationships with them have affirmed the need for an LGBTQ youth specific space, the benefits of a dedicated space and facilitator. Improving sustainable health and wellbeing outcomes of young LGBTQ people will require focused project management for the second two years to identify and harness the assets of LGBTQ young people, to develop a model of co-production and to start the process of transferring power.

HCA role: The HCA who facilitated the hubs has been employed on a permanent basis and so there is scope to develop this role and have consistency in the post. Good working relationships with young people attending have been established.

[1] SMART: Specific, Manageable, Achievable, Realistic and Timely.

Hub venues: These were secured initially through partnership working with Kent Integrated Adolescent Support Services (KIASS) and subsequently Headstart, Kent County Council (KCC).

Cost-effectiveness: Research supports that this model of approach with LGBTQ youth is likely to impact on reducing the financial burden on current and future HIV and mental health services.

Captive audience: To deliver a participatory programme with young gay / bi males who present with high HIV risk behaviour.

Project barriers

Leadership: The business case, developed by the project lead, despite getting buy-in from line management and head of service did not have the opportunity to generate beyond its first year, due to the timing of the KCC tendering process and the requirement not to develop business. The project was therefore maintained but the overall project development was stifled. It is anticipated that Brook and The Metro Centre with the new commissioning arrangements will offer this project the strategic leadership now the new contract has been finalised.

Change in line management: Line management of the health adviser, who facilitated the hubs, changed after three months of recruitment. It brought a change in focus to more of a medical model, driven by clinical targets, rather than a psycho-social, educational model of empowerment, which we had planned to develop as an appropriate response to the presenting needs.

Uncertainty surrounding the role of HCA: Different supervisors gave different direction and emphasis to the role, which was confusing for the postholder and a barrier to development. During the last four months of the fixed-term contract, it was uncertain whether the post would become permanent, the role would be changed and the postholder be slotted in to this permanent post, or indeed, the post would cease at the end of the fixed-term contract. All this hampered any ability to develop, forward plan, bring clarity to the HCA/Hubs facilitator role.

Partnership working: As identified in the business case, the needs of LGBTQ youth are often complex and stem from their often poor emotional, mental and sexual, health and welbeing and the inter-relatedness of these. Identifying key partners and developing partnership working is key to improving outcomes through an integrated model, but this was hampered as Kent Integrated Adolescent Support Services (KIASS) folded.

Stakeholder investment: Stakeholders have barely been identified, because of previously mentioned setbacks. Collective responsibility has not been established and collaborative working on design and development of the hub model ethos and framework plus programmes within have not had the opportunity to generate.

Design and Implementation of the intervention: The long-lasting benefits for young people in developing their resilience, has a robust evidence base (Gilligan, 2000; 2008; Newman and Blackburn, 2002; Stein, 2007). This intervention is driven by a commitment to this at project management and practitioner level, however, for sustainability, requires buy in at commissioner and service lead level.

Recommendations:

The proposed duration of the project was for three years but given the setbacks in year one, it would be advisable to regard year one's focus as fact-finding: Determining the need and promotion of the service in four key localities and consider this as a three-year project from April 2015 to March 2018.

Clear line management leadership – the intervention has generated from health promotion principles and is a culmination of the work of the Health Promotion Practitioner, and it would make sense that they continue with the project management and leadership role for the duration of the project.

Relevant heads of service; Porchlight, Sexual Health Services, Headstart, CHATTS, KCA, The Metro Centre, Brook, CX and Headstart communicate with each other and commissioners and develop collective responsibility to commit, resource and champion the three-year project.

That stronger links are made between school nurses and sexual health services in the dissemination of information and support needs of LGBTQ youth.

That mentors/volunteers from the older LGBTQ community are recruited to support LGBTQ youth in a range of activities and within a social capital model.

An unanticipated outcome of the project was the amount of referrals from school teachers, parents, youth workers, probation officers and outreach nurses for 121 support for LGBTQ youth. The health adviser facilitated 81 contacts: 53 via telephone and 28 face-to-face and often signposted young people to their nearest hub. This proved to be very effective and is a model of good practice that we recommend is built on.

Appendix 4

Private and confidential

21st October 2014

CHATTS
Unit 2, Whitfield Court
White Cliffs Business Park
Honeywood Close
Whitfield
Dover CT16 3NY
Tel: 01304 828746

Child and Adult Talking Therapy Service (CHATTS) – Counselling Service

The CHATTS (Child and Adult Talking Therapy Service) was established to meet a need for access to counselling support for school-age students and young adults. All counsellors working in the team:

- are appropriately qualified to diploma equivalent level and beyond.
- are either accredited or working towards accreditation with the British Association of Counselling and Psychotherapy (BACP) or with an equivalent body.
- work to the BACP ethical framework
- have regular DBS checks.
- have a clinical governance framework.
- undertake annual appraisals
- receive regular line management.

The CHATTS team can offer:

- one-to-one counselling
- group counselling
- crisis intervention
- setting up peer mentoring/counselling schemes within schools and follow up supervision, if required
- debriefing
- clinical supervision.

Counselling is focused and short term, but with the capacity in the service level agreement to work to any number of sessions as requested. Counsellors usually visit students in the community.

Below are **some** indicators for possible referrals into CHATTS:

- If there are known family difficulties.
- If there has been a 'loss' of a significant family member or close friend, this also includes situations when parents divorce or separate.
- When there are difficulties with peer relationships, for example bullying or teasing.
- Angry or withdrawn students.
- When there is knowledge or suspicion of some form of abuse,
- If there are drug/alcohol/eating problems.
- Low self-esteem.
- Children and young people receiving palliative care.
- Where a child/young person with a chronic illness, for example epilepsy, is suffering from low self-esteem as a result of their illness and has started self-harming/abusing substances, as a consequence of this.

Counselling sessions can be contracted via a service level agreement on a per student basis or for weekly block sessions at £29.10 per hour.

Staff working with children and young people often find their work complex and stressful and CHATTS can provide supervision for staff, who found the service invaluable in dealing with stress. This has enabled them to become more effective in their everyday dealings with students. More information can be provided on this valuable service.

We supply regular evaluations of the service and we are members of the Royal College of Psychiatrist Quality Improvement Network for Multi-Agency CAMHS (Child and Adolescent Mental Health Service).

Provision for LGBTQ

I would suggest that the counsellor is the same every session (unless unforeseen circumstances) and is able to build a rapport with the young people by engaging in the group activities, where appropriate, for the first hour of the group. The last hour could be designated counselling time and/or drop-in time for the young people to seek more in-depth counselling. I would suggest we do not stick to the usual six to 12 week model of intervention, but use the time to let them lead on when they want to attend without constraints; giving them freedom to access or not over a given period. Until we start, it is difficult to gauge how long this might be, six months possibly.

CHATTS would also provide, free of charge, the online service which young people can access at any time for advice support and will allow us another avenue to re-engage them should they be absent or be of concern due to DNA.

CHATTS would provide improvement scales, HoNOSCA outcomes and, where possible, strengths and difficulty data which will demonstrate improvement. Customer satisfaction information will also be made available, but anonymised.

Regular evaluation of how the service is working in consultation with the young people will allow us to tweak as we go along if need be.

Six hubs/youth groups

- Folkestone
- Qtr deck Margate
- Whistable
- Ashford
- Maidstone
- Canterbury

Each meeting is two hours once a fortnight	
Cost for each group per year	£1,513.20
Cost for all groups	£9,079.20

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