

JOINT STRATEGIC NEEDS ASSESSMENT

CHILDREN AND YOUNG PEOPLE

CHAPTER: Key Groups

TOPIC: Young Lesbian, Gay, Bisexual and Trans (LGBT) People

Why is this important?

This paper focuses on Lesbian, Gay, Bisexual and Trans (LGBT) young people.

Lesbian, Gay and Bisexual young people all have sexual orientations which include same-sex attraction eg a lesbian is a woman who is attracted to other women, and a bisexual man is attracted to both men and women. Many young people also identify as pansexual in recognition that there might be more than two genders. People who are not LGB are known as heterosexual or 'straight'.

Trans is a spectrum of identities including people who are transgendered, transsexual, transvestite, intersex and non-binary gendered. The umbrella name of 'trans' usually means someone whose gender identity or expression is not the same as society expects it to be. Intersex means someone who biologically has both male and female sex characteristics such as genitalia, reproductive organs, chromosomes or hormones. People who are not trans are referred to as cis. Terms around gender and sexuality are changing all the time, but this glossary is helpful in describing terms currently in use. <https://www.theproudtrust.org/resources/glossary/>

LGBT people are grouped together under one acronym because often LGB and T people face similar oppression in society, namely homophobia, biphobia, transphobia and sexism.

Increasingly, many asexual young people (those who don't feel sexual attraction to any gender) are also identifying more under the LGBT umbrella. Some people also include a Q at the end of LGBT, which can refer to either 'questioning' your gender/sexuality or 'queer' (though queer can also be a term of abuse too, and should be used with caution).

Between 5-7% of the population is lesbian or gay, equating to 430,000 people in the North West, roughly the same as the population of Liverpool, (Ecotec, 2009). <http://lgbt.foundation/assets/Uploads/PDFs/Rainbow-Partnership/LGF-NW-community-report.pdf>

A YouGov poll in 2015 found that 49% of young people did not identify as exclusively heterosexual. <https://yougov.co.uk/news/2015/08/16/half-young-not-heterosexual/>

There has not been a large scale population survey to identify the number of trans people in the UK. Leading trans research organisation Gender Identity Research and Education Society (GIRES) (2009, 2015) estimates the figure at 1% of the population. Many of these people will not seek medical interventions or procedures. According to UK Trans Info, the numbers who do request access to Gender Identity Clinics have risen exponentially in the past five years and long waiting lists remain a big problem in accessing health care for trans young people.

<http://uktrans.info/waitingtimes>

GIRES (2015) also cites EU evidence that there are more people identifying as non-binary (neither male nor female gendered) than there are people identifying as trans-men or trans-women.

The Youth Chances Report, (2014), is the largest survey of LGBT young people in the UK, with 7,126 respondents of which 6,514 were LGBT young people and the remaining people were a control group of heterosexual and cis (non-trans) people.

The key findings from LGBT young people show:

- 74% have experienced name calling
- 45% have experienced threats and intimidation
- 23% have experienced physical assault
- 29% reported experiencing domestic or familial abuse, with 36% of these people perceiving the abuse was connected to negative reactions to their LGBT identities
- 18% experienced sexual abuse
- 49% said their time at school was affected by discrimination: results of this included lower grades, missing school and having to change school
- 15% of those who had been in employment said this experience was affected by discrimination
- 82% of people who had experienced a hate crime did not report it. Of those who did report, only 10% resulted in a prosecution

The key health findings of the Youth Chances survey revealed:

- Only 1 in 5 young LGBT people received any useful sex and relationships education (SRE) during their time at school, with almost no-one receiving trans inclusive SRE.
- 50% of gay male respondents reported having had a sexually transmitted infection (STI)
- 59% of female respondents reported being overweight
- 42% had accessed mental health services, most commonly for anxiety and depression (homophobia, biphobia and transphobia is cited as almost always being 'in the mix' in relation to poor mental health)
- 52% of all respondents reported having self-harmed, which rose to 72% of all trans respondents
- 66% of all trans respondents had experienced suicide ideation

The Youth Chances survey also found that commissioning of LGBT specific services was severely lacking:

'Only a minority of areas of England appear to have services that are sensitive to the specific needs of LGBTQ young people.' (Youth Chances, 2014)

Where young people had access to LGBT specific youth work or support, their outcomes were improved.

The Albert Kennedy Trust's recent national scoping report (2015) gives specific evidence of the significant over-representation of LGBT people within youth homelessness, demonstrating that:

- 24% of all young people who are homeless in the UK are LGBT
- 69% of them have faced familial rejection, abuse and violence as indicators of them becoming homeless
- Additionally, when homeless, LGBT young people are more likely to experience (when compared with other homeless youth) targeted violence, sexual exploitation, substance misuse issues, physical health issues and mental health issues

De Vries et al (2014) have identified a link between trans identities and autism spectrum disorders, whereby autism is more common amongst young people who identify as trans compared with the general population.

The Project for Advocacy and Counselling (PACE) report on risk and resilience in LGBT people (Risk and Resilience (RaRE) Report 2015) found that the following issues affected LGBT people disproportionately more than the general population:

- Suicide attempts and self-harm for young LGBT+ people under 26
- Alcohol misuse in lesbian and bisexual women
- Body image issues for gay and bisexual men

The RaRe report also identified that those most at risk of adverse mental health were LGBT young people who were from strict family backgrounds, including those where faith/cultures related to faith were prominent, such as Christian and Muslim communities.

There are many negative impacts on LGBT young people where social norms favour-

- heterosexual people - local schools having a Prom King and Queen who are usually a male and female couple); casual assumptions that boys will fancy girls and vice versa; presumption that all teen sex carries pregnancy risk; lack of visibly LGBT people on posters for services in school curriculum and in advice flyers that are in public spaces
- cis (non-trans identities) – gendered bathrooms; gendered uniform codes in schools; online forms requiring a title of Mr, Ms or Mrs which assumes you cannot be non-binary

The evidence here demonstrates that health and wellbeing outcomes are below that of the national general population and perceived or actual discrimination reduces people's educational and employment outcomes.

The National Union of Teachers, Ofsted, Professor Ian Rivers (Brunel University) and Schools OUT UK have evidenced that the toxic levels of homophobia and 'gender-policing' in schools experienced, by both teachers and peers, is having a negative effect on the whole school population. Conversely, where schools have delivered LGBT positive/ affirming and integrated pastoral support and curriculum delivery, then the learning experience for all pupils is more positive and productive.

The Manchester Picture

Manchester has both an active LGBT community and a thriving Voluntary and Community Sector. A wide range of targeted, specialist and mainstream services are available to young people, parents and schools etc. right through to services for older LGBT people.

In 2004, the Government carried out an impact assessment of the upcoming Civil Partnership Act, which included an estimate of the LGB population of the UK. This was based on the National Survey of Sexual Attitudes and Lifestyles (NATSAL) 2000, which asked respondents about sexual attitudes and behaviours, but not orientation, and on comparable research from Europe and America. It concluded that between 5-7% of the UK population were likely to be lesbian, gay and bisexual.
<http://www.natsal.ac.uk/home.aspx>

The total UK population was estimated at 65,110,000 in mid-2015 (Office for National Statistics), so using the 5-7% figure suggests that there are between 3,255,500 and 4,557,700 LGB people in the UK. With Manchester being one of the places in the UK seen as particularly attractive for LGB communities, the higher estimate of seven per cent may be applied to the North West and Greater Manchester. With the 2015 mid-year estimate showing a Manchester population of 530,300, by applying the higher-end LGB population rate of seven per cent it can be estimated that the LGB population of Manchester is around 37,121 people. The under 25 LGB population can be estimated at 12,218.

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates>

In the absence of large scale data, it may be useful to assume that the local picture broadly reflects the national picture as outlined above.

In addition, the Proud Trust (formerly LGBT Youth North West) has carried out a number of pieces of local research for and with LGBT young people:

1. How You Can Help Us research (2014) with 129 young people showed:
 - 25% of LGBT young people would not feel comfortable talking to ANY adult about issues which were causing problems for them.
 - Young people were less likely to confide in teachers, parents and GPs and more likely to talk to friends, youth workers, school nurses and librarians

(Both the above align closely to the research on LGBT mental health funded by the Dept of Health entitled 'Queer Futures') <http://www.queerfutures.co.uk/resources/>

2. Including Young People in Sport (2013) showed that many LGBT young people find organised sport to be intimidating and alienating, having experienced homophobia and transphobia within sport, particularly school sport, from an early age.

This research was done through focus groups with young people with the support of the England and Wales Cricket Board and Rugby Football League's National E&D team, see also <http://www.sportscoachuk.org/resource/rfl-challenging-homophobia-guide>

3. The School Street Home (SSH!) report (2008) interviewed 101 young people in Manchester and revealed:

- Over two thirds had been bullied
- Nearly two thirds had experienced hate crime
- One third had experienced domestic violence

4. Lesbian, Gay, Bisexual and Trans* (LGBT) people's health in the UK – key health needs, barriers to access, and implications for best practice: A literature review with a particular focus on the needs of young LGBT people (Fay, 2016 on behalf of the three Manchester NHS CCGs and The Proud Trust) revealed that LGBT young people are more susceptible than their heterosexual peers to cancers and poor physical health outcomes partly owing to negative health behaviours such as smoking, drug use, inadequate dietary intake (Fay, 2016 and Meads et al. 2009) and alcohol misuse (Chakroborty et al. 2011; King et al. 2003; LGT, 2014; Meads et al. 2009; Nodin et al. 2015).

The National Union of Teachers in 2012 carried out a prevalence of homophobia survey for Greater Manchester, revealing:

- 51% of teachers hear homophobia on a daily or weekly basis
- 36% of teachers see specific pupils targeted by homophobia on a daily or weekly basis
- 72% of teachers would appreciate specific training to address homophobia

<http://www.schools-out.org.uk/?resources=nut-prevalence-of-homophobia-survey>

There is research revealing that services are not providing adequate supplies of tailored materials and resources, such as safer sex items for young lesbian and bisexual women (Formby, 2011a referenced in Fay, 2016); inclusive advertising, counselling materials, and coming out literature for LGBT people in generic settings (LGF, 2014; Meads et al. 2009 referenced in Fay 2016).

What would we like to achieve?

The key national driver for addressing LGBT inequalities is the Equality Act (2010), specifically the Public Sector Equality Duty.

This Duty 'requires public bodies (like local councils, hospitals, and publicly-funded service providers), to consider how their decisions and policies affect people with different protected characteristics. The public body also should have evidence to show how it has done this.' (EHRC, 2015)

This Act requires public bodies to:

- Eliminate unlawful discrimination against LGBT people
- Proactively take steps to reduce discrimination between those people who have a protected characteristic and those who do not
- Promote good relations across people protected under the act (eg Religious people and LGBT people) and those who are not protected by the Act
- Advance equality of opportunities for people protected by the Act

To meet this requirement Ofsted now requires evidence that all inspected units are taking proactive measures to address homophobia, biphobia and transphobia.

We would like to achieve a City where young LGBT people feel safe, supported and are achieving their full potential.

What do we need to do to achieve this?

In order to address LGBT inequality these key main areas of work need to be addressed:

1. Education and training
2. Early Help and universal services
3. Targeted services for LGBT young people
4. Increased monitoring where relevant and proportionate of LGB and heterosexual (sexual orientation) and an additional question within gender monitoring about trans identity in children and young people's services

1 Education and training

The whole Children and Young People's workforce should commit to at least 1 hour of continual professional development (CPD) each year that focusses on the needs and identities of LGBT young people. GIREs have good e-learning modules for training people about trans identities. Online training could be used in conjunction with face-to-face training, not as a replacement.

Teachers and social workers should make this a priority but no part of the workforce should be exempt.

Training helps give confidence to professionals so that they can approach monitoring LGBT identities and supporting LGBT young people with confidence, sensitivity, and non-judgment.

The outcome of training should be to 'usualise' and 'actualise' LGBT identities (Sue Sanders, 2011).

Usualise means that LGBT identities should be in the mix for day-to-day practice eg same-sex families posters in Children's Centres, including LGBT people and themes within the school curriculum, or a social worker asking whether a child 'feels like a boy, a girl or something else' as part of routine meetings/assessments.

Actualising means to focus on LGBT identities specifically, eg celebrate LGBT History Month, run an event for Trans Action Day or Bi Visibility Day, or have direct conversations with young people about sexuality and gender. Some parts of the NHS, Council and voluntary sector already mark these key dates in the calendar, and an increased uptake should be encouraged.

Emergency services operators, the police (including Tactical Aid Unit), and the wider criminal justice workforce should receive training appropriate to their setting eg understanding the acronym LGBT, how to identify hate crime, ensuring LGBT people are not put in high risk situations during custody, (especially trans women who have historically been placed in male-only detention).

Likewise, registered social landlords should be trained to ensure they are recognising specific support needs related to LGBT identities, eg first time tenancy support should include LGBT signposting, and consideration of the area a person moves in to should pay regard to their safety.

2 Early Help and Universal Services

The best way to support young LGBT people is to make the time at which they realise they are LGBT and can talk to someone about it, as short as possible. Internalised homophobia, biphobia and transphobia often makes young people unwilling or scared to talk to adults, so adults need to take on the responsibility of being proactive.

Having a basic knowledge of LGBT identities through CPD, combined with general professional skills (such as listening, believing the young person, non-judgmental, signposting), are sufficient within universal services, provided the agencies also refer on/ signpost to LGBT-specific services. This does not mean keeping leaflets in a drawer, (which compounds a sense of shame), but does mean having leaflets on the back of toilet doors, having access to online information and mentioning LGBT organisations in the same way professionals refer to other agencies.

When relevant and proportionate ensuring services ask LGBT questions during equalities monitoring, this also opens up the space and permission for people to discuss any support needs they have.

Monitoring of bullying of young people should also be recorded in relation to whether it was discrimination based eg a hate crime / hate incident. When a disclosure happens, professionals should avoid saying: 'did this happen because you are gay?' because this is victim blaming. Instead ask: 'do you think someone did this because they think you are gay and they are homophobic/don't like gay people?'

Monitoring of hate crime/ incidents (eg bullying) should be recorded locally, then kept

centrally and acted upon eg the Local Authority should keep data on all homophobia, biphobic and transphobic (HBT) incidents which occur in schools, and be able to address 'hot spots'.

Most schools could be much more pro-active about usualising LGBT identities as this helps prevent issues before they start. A whole school approach is essential including inclusive curriculum, pastoral support, policy development, staff and governors training in addition to training peer supporters/ buddies in schools in basic LGBT awareness and how to support a young person 'coming out'. Sex and relationships education could be compulsory across all schools, and this needs to include LGBT identities. Mental health education could also be mainstreamed in schools, including signposting internally and externally to mental health support. Some schools could do more to challenge HBT bullying, and record these.

All Children and Young People's Organisations should have specific mention of LGBT people in their policies. Due regard should be paid to the fact that LGBT people will also have other characteristics eg disability, faith, ethnicity, low-income, and these characteristics should be acknowledged collectively/ holistically.

All Universal Services that are commissioned, do, by law, need to demonstrate that they have measures in place to fulfil the Equality Act.

Services such as sexual health services and homelessness services, should demonstrate during the commissioning process that they have specific knowledge of LGBT young people eg sexual health services should be able to respond to LGB and trans people's sexual health needs. Housing should be aware of increased housing needs of young LGBT people and location sensitivities regarding safety.

Health professionals should be encouraged to be aware of the LGBT youth services available and to look at social prescribing as a model to deliver best health outcomes for many young people. This could mean that instead of being offered anti-depressants or counselling, young people are offered the chance to go to a social group or sports group or perhaps in addition to treatment.

3 Targeted services for LGBT young people

Most LGBT young people talk about a sense of isolation, which then leads on to other related issues in their lives. Address social isolation through 1-2-1 support, LGBT social group or virtual groups and this will ensure the young person will have a peer group to help them problem solve issues in their lives more effectively, and can share top tips for self-care/ coping.

Targeted support and social opportunities for LGBT young people can help address this, and need to be commissioned adequately.

Targeted support needs to ensure that white, gay men do not become the only client/ servicer user demographic. Instead services should ensure bisexual people, women, trans people, BME LGBT people, refugees/asylum seeker and disabled LGBT young people are adequately supported.

This targeted support needs to pay due regard to social models and not just medical models of support. Examples of targeted work include adult mentoring and housing support through Albert Kennedy Trust (AKT), Inside Out project at 42nd Street, and the youth groups and peer support at the Proud Trust.

The government's recent transgender equality inquiry has found that trans young

people had very long waiting times to get support especially for gender identity support ('blockers', hormones and surgery). It also noted that transition from under 18s to over 18s services provides gaps in support and can lead to significant negative health impacts, so successful transition between under 18s and over 18s services is crucial.

From a Greater Manchester perspective it is recognised that there are gaps in support between services based on age especially between young people's and adult mental health support. In addition, people who may be eligible for a service may not feel that that service is appropriate for them. For instance, a young person who is 17/18 and is eligible to attend a youth service may wish to occupy a space for young adults instead. Therefore, it is also important to consider people's choice in terms of services for young people and young adults. Fundamentally however, services for young LGBT adults are scarce in Greater Manchester. It is useful to consider overlap services eg 42nd Street, AKT and The Proud Trust have services for 18-25s too, in order to aid transition. Extending services up to 25 is supported by the DoH Future in Mind report about Mental Health, which recognised also that the right time, place and having trusted adults is crucial to mental health support being successful.

4 Improve monitoring of LGBT identities

Where relevant and proportionate, monitoring in all children and young people's settings should include LGBT identities (e.g. "Are you: Lesbian, Gay, Bisexual, Heterosexual ('straight'), Other and Don't know" or "Are you: Male, Female, Other, and Don't know". Then an additional question: 'Do you also identify as trans? Yes, No, Not Sure').

Although young people tend not to identify their sexual orientation until early puberty (e.g. aged 11 onward), it is still important to consider sexual orientation questions in monitoring, although it may be necessary instead to ask, for example, if they have same-sex parents (to be aware of in case there are any bullying incidents). From aged 11 both questions should be asked to young people.

Staff should be trained so that they are able to ask these and record these responses confidently, and in the same way they would ask other equality questions.

This data **MUST** be kept anonymously, and information dealt with confidentially on a 'need to know' basis. It is important to acknowledge some young people will not answer truthfully for fear of their safety being compromised if they come out.

It is particularly important that schools, mental health services, looked after young people's services, social workers, and hospital staff fulfil this requirement when conducting equality monitoring etc.

Larger public bodies including CCGs and Manchester City Council may want to have centralised reporting systems so that they can use this data usefully to shape services.

What are we currently doing?

Manchester City Council has a long history of supporting and championing LGBT Services and continues to undertake specific LGBT youth services commissioning, including with The Proud Trust (youth groups, outreach and training), LGBT Foundation (seconded worker to The Proud Trust) and the Albert Kennedy Trust (homelessness support).

42nd Street (mental health support) is commissioned by the CCGs in the city.

The role of the voluntary sector is vital in supporting LGBT young people. The funding the voluntary sector receives from the council/CCGs only funds a proportion of the work undertaken, which is matched by non-statutory grants and community fundraising.

The Council has begun to monitor LGBT identities of young people through the Youth and Play Fund commissioning process

The combined North, Central and South CCG equalities team have begun to look at LGBT youth support in partnership with The Proud Trust, and have commissioned a national literature review into the needs of LGBT young people, with a view to integrating the findings in a number of ways, including GP contracts.

Nationally, the LGBT Foundation is working with the Department of Health to integrate LGBT monitoring across all health settings.

LGBT Foundation has been supporting volunteers to set up young adult LGBT social groups.

The two Universities both have LGBT societies and University of Manchester Student's Union is piloting a peer support programme for LGBT students in 2016

The Community Safety Partnership has established 3rd Party Reporting Centres to encourage and support people to report Hate Crime, which it is understood is under-reported. One of the reporting centres is the premises where the Proud trust is based.

In 2017 Hate Crime Awareness Week will have a focus on young people. Small grants will be available through the Community Safety Partnership to support activities to raise awareness of hate crime and what to do about it.

The Healthy Schools Team has developed the 'I Matter' safeguarding curriculum for Manchester secondary schools. Gender and sexuality are woven throughout the resource and covered as part of sexual health and relationships education (SRE) lessons; there is also a specific lesson on gender and sexuality. To ensure that consistent and positive messages are presented to students the lessons can be taught by a class teacher and supported by Healthy Schools. It is recommended that schools include gender and sexuality in their 'I Matter' Charter. The Proud Trust are the key provider to deliver any sessions on gender and sexuality in schools.

In 2015, as part of a programme of work commissioned by the Government Equalities Office and Department of Education, Brook worked with the national

charity, Diversity Role Models (DRM) to deliver training to teaching and pastoral staff in schools and workshops to school students, to challenge prejudice-based bullying and promote lesbian, gay, bisexual and transgender (LGBT equality). Manchester Brook delivered the training to five Manchester secondary schools and four primary schools reaching 54 staff and 584 students. In one school before the workshop, 93% of students reported having previously used homophobic, biphobic and transphobic (HBT) language and at the end 0% said they would carry on using this language. Brook continues to offer these sessions to Manchester schools.

Community and Stakeholder Views

See above: 'Why is this important?' section.

'People saying "that's so gay" really gets to me...I don't know if they mean it, but when they say it to mean "that's so rubbish" what it says to me is..."I'm so rubbish".'

Gay Young Man, 14, in How You Can Help Us, 2014

'If an adult doesn't call me by my chosen name and pronoun, then it says to me that I don't exist, that trans people shouldn't exist. That I shouldn't exist. My psychotherapist kept interrogating me about my name. I wasn't there to talk about that. She just couldn't accept it.'

Young Trans Person, 15, speaking at a Trans and Non-binary training for University of Manchester, School of Nursing and Midwifery, 2014.

'I got bullied for my weight and because people thought I was gay. The teachers didn't want to know. They didn't know how to deal with it. I was made to get changed in a cupboard during P.E'

Young lesbian, 18. from Manchester speaking in a film for the National Union of Teachers.

'Someone punched me in the face in the Village, asking if I was a boy or a girl. I told a policeman and he said "I have had worse than that at a rugby match" and took no action. It was only after talking to my youth worker that I discovered it was a hate crime.'

Young Person, 16, from Lesbian and Gay Youth Manchester, at the Proud Trust.

'I went in to have my appendix out and the nurse asked me what was in my pants. Why is that relevant?'

Trans Young Person, 17, at Trans Metro Express Event.

'I have been in a number of foster homes. You don't know how staff and other young people will react. I keep my clothes hidden in case they find out I am trans. I have to 'be a boy' round them. I hate it. I can't wait to leave.'

Young Trans Woman 14, at the LGBT youth group, 2015

'What turned my life around? I was getting support from 42nd Street and that really helped. AKT were supporting me through housing issues and I got a place at the Foyer which was great. I started going to LGYM [The Proud Trust youth group] and from there I started volunteering at the youth group and 42nd St. They helped me stick with college and I got a place at University. I couldn't believe it. Before that, people just saw me as disabled, and my family couldn't accept my sexuality. Now I am really going somewhere.'

Young volunteer, 20, at 42nd St and The Proud Trust

References and Links

Improving the region's knowledge base on the LGB&T population in the North West (NWDA and Ecotec, 2009)

<http://lgbt.foundation/assets/Uploads/PDFs/Rainbow-Partnership/LGF-NW-community-report.pdf>

YouGov Poll, 2015

<https://yougov.co.uk/news/2015/08/16/half-young-not-heterosexual/>

Gender Variance in the UK: Prevalence, Incidence, Growth and Geographic Distribution, Gender Identity Research and Education Society (GIRES), 2009

<http://www.gires.org.uk/assets/Medpro-Assets/GenderVarianceUK-report.pdf>

Interim NHS England Gender Dysphoria Protocol and Guideline 2013/14,

<http://www.gires.org.uk/health/interim-nhs-england-gender-dysphoria-protocol-and-guideline-2013-14>

UK Trans

<http://uktrans.info/>

Summary of First Findings: The experiences of LGBTQ young people in England, Youth Chances, 2014

https://www.metrocentreonline.org/pdfs/Experiences_LGBTQ_Intergrated%20Report_2015.pdf

LGBT Youth Homelessness: A UK national scoping of cause, prevalence, response and outcome, Albert Kennedy Trust, 2015

http://www.akt.org.uk/webtop/modules/repository/documents/AlbertKennedy_ResearchReport_FINALInteractive.pdf

De Vries et al (2014)

<http://online.liebertpub.com/doi/full/10.1089/lgbt.2013.0045>

The RaRE Research Report: LGBT mental health - risk and resilience explored, Project for Advocacy Counselling and Education (PACE), 2015

http://www.queerfutures.co.uk/wp-content/uploads/2015/04/RARE_Research_Report_PACE_2015.pdf

Population Estimates, Office for National statistics (ONS)

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates>

The National Survey of Sexual Attitudes and Behaviours

<http://www.natsal.ac.uk/home.aspx>

Queer Futures Understanding LGBT adolescents' suicide, self harm and help seeking behaviour, 2016

<http://www.queerfutures.co.uk/resources/>

How You Can Help Us, LGBT Youth North West, 2014

<https://www.theproudtrust.org/resources/research-and-guidance/how-you-can-help-us/>

Including Young LGBT People in Sport, LGBT North West, 2013

<https://www.theproudtrust.org/resources/research-and-guidance/including-lgbt-people-in-sport-a-guide/>

School, Street, Home (SSH!) Investigating The Violence in the Lives of LGBT Young People, LGBT North West, 2008

<https://www.theproudtrust.org/resources/research-and-guidance/ssh-investigating-violence-in-the-lives-of-lgbt-young-people/>

LGBT Young People's Health in the UK: A literature review with a focus on needs, barriers and practice, 2016

<https://www.theproudtrust.org/resources/research-and-guidance/lgbt-young-peoples-health-in-the-uk-a-literature-review-with-a-focus-on-needs-barriers-and-practice/>

National Union of teachers Prevalence of Homophobia Surveys

<http://www.schools-out.org.uk/?resources=nut-prevalence-of-homophobia-survey>

Equality Advice and Support Service, Equality Act 2010

<http://www.equalityhumanrights.com/your-rights/equal-rights/your-rights-under-equality-act-2010>

Equality Advice and Support Service, Improving Sexual Orientation Monitoring, The Equality and Human Rights Commission, April 2016

http://www.equalityhumanrights.com/sites/default/files/documents/research/improving_sexual_orientation_monitoring_v6_22-12-10.pdf

Gender Identity Research and Education Society

<http://www.gires.org.uk/resources>

The VisiAble Method, The Classroom, Schools Out

<http://the-classroom.org.uk/how-to-do-it/usualising-and-actualising/>

Evaluation of an anti-homophobic, biphobic and transphobic bullying programme. NatCen, 2016

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/536406/NatCen_s_independent_evaluation_of_an_anti-HBT_bullying_programme_Research_report.pdf

Future in Mind: Promoting, protecting and improving our children and young people's mental health and well being. Department of Health and NHS England, 2015

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

Government Response to the Women and Equalities Committee Report on Transgender Equality, 2016.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/535764/Government_Response_to_the_Women_and_Equalities_Committee_Report_on_Transgender_Equality.pdf

Other related JSNA Topics

- [Wider determinants of health](#)
- [Mental health and emotional health and wellbeing](#)
- [Safeguarding \(Children's Social Care\)](#)
- [Domestic violence and abuse](#)
- [Child sexual exploitation](#)
- [Young people's sexual health](#)
- [Smoking and substance misuse among young people](#)
- [16-18 year olds not in education, employment or training \(NEET\)](#)
- [Physical activity and fitness](#)
- [Childhood obesity](#)

Date first version completed: November 2016

Date of latest version: