



YORK ST JOHN
COLLEGE OF THE UNIVERSITY OF LEEDS

What Can We Do For LGBTQ Youth in North Yorkshire?

An Assessment of Service Needs and Provision in the Sub-Region

A Report By:

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Executive Summary

This report is the summary of a five-month project commissioned by Yorkshire MESMAC which investigated the provision of support for lesbian, gay, bisexual and questioning (LGBQ) youth living in the North Yorkshire sub-region. The project consisted of two elements:

Study - Part 1

The first part of the study was a mapping exercise of the current support available to LGBQ youth (16-25) in the North Yorkshire sub-region. Five voluntary and 15 statutory sector service providers provided input. Assessment was based on the extent to which each service provider catered for the specific needs of LGBQ youth. Results indicated a deficit in LGBQ specific service provision. Support specifically aimed at the LGBQ population was limited to three voluntary sector service providers and one youth group. Generic service providers varied in their ability to cater for the needs of LGBQ youth and only one was found to adequately address the needs of LGBQ youth.

Study - Part 2

The second part of the study involved a qualitative investigation into the experiences and perceived needs of twenty-two LGBQ youth living in the North Yorkshire sub-region. Participants reported a diverse range of needs linked to their perceptions of isolation and a lack of social support.

Recommendations

Based upon the findings from Parts 1 and 2 of this study, the following recommendations are offered:

- The development of a sub-regional internet site for rural LGBQ youth to access information and online support
- The establishment of LGBQ youth groups across the county, preferably run on weekends, and at times that coincide with the provision of public transport
- The provision of drop-in venues with appropriately trained support staff
- The provision of training opportunities for staff within generic support services.
- Regular evaluation of LGBQ youth provision among generic services and regular monitoring of access by LGBQ youth
- The development and maintenance of links between service providers for LGBQ communities and more generic service providers.

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Introduction

The Needs of Lesbian, Gay, Bisexual and Questioning Youth

Lesbian, gay, bisexual and questioning (LGBQ) youth encounter many challenges as they come to terms with their non-heterosexual sexual identities (Graber & Archibald, 2001). It is important that service providers understand the nature of these challenges so that services can be tailored to the needs of these often forgotten members of youth communities. For many LGBQ youth, difficulties in accepting or living with uncertainty around their own sexual identity can be compounded by the constant reinforcement of cultural heterosexism - the presumption of heterosexual status unless overtly stated (Herek, 1990). For these reasons friends, family and peers of LGBQ youth are often unaware of their sexual orientation unless they decide to disclose or 'come out'. There are a number of factors that can influence the decision whether or not to 'come out'; these include cultural or family views towards homosexuality, geographical location, and access to appropriate support systems and services (Fassinger, 1991). Parental reactions can vary considerably and some parents have been known to reject their lesbian or gay offspring after they have 'come out' (Farrow, Deisher & Brown, 1991). However, it should also be remembered that some LGBQ youth decide not to 'come out' as a result of the social pressures they have experienced at school, in the home or as members of a wider community (See Rivers, 1997).

LGBQ youth who have not 'come out' must learn to deal with the stigma they feel without the support and empathy of family and friends (Ryan & Futterman, 1998). Coping mechanisms are frequently left to LGBQ to develop on their own and can, in some cases, be misguided, having a detrimental rather than positive effect. For example, drug and alcohol use and self-harm are frequently reported within the research literature as mechanisms used to counter the negativity associated with homosexuality (Allen & Glick, 1996). A qualitative study of LGBQ youth living in the north of England (N=20) indicated that feelings such as alienation and isolation, inner conflict and of living a lie were common (Flowers & Buston, 2001). Weiss (1973) identified a

distinction between two types of loneliness commonly experienced by LGBQ youth: social loneliness (represented by a deficit in social relations) and emotional loneliness. Social loneliness is often the result of ostracism or hostility, and has been frequently found amongst LGBQ youth in various studies conducted in the United States (US) (Hershberger & D'Augelli, 1995; Garnets, Herek, & Levy, 1990). According to Savin-Williams (1990) social loneliness and social isolation correlate with suicidal ideation and behaviour. Remafedi, Farrow & Deisher (1991) have suggested that the period during which LGBQ youth feel most isolated is immediately after self-labelling. Specialist support provision for LGBQ youth would seem to be essential in dealing with such feelings. Using a sample of 17 LGBQ youth (aged 14–22), Nesmith, Burton and Cosgrove (1999) found that their youth reported needing help in dealing with parental reaction to sexual minority disclosure, locating LGBQ positive role models and help with entering the LGBQ community.

Several reports have highlighted the intensified feelings of vulnerability and self-doubt among LGBQ youth (e.g., Garnets, Herek, & Levy - 1990). The accumulation of minor stressors has been shown to lead to the development of poor mental health (Scott and Stradling, 1994). However Halpern (1993) found that many individuals from minority groups can cope with those stressors they encounter if appropriate support is at hand. Weiss (1976) defined three types of stressor each with a suitable form of support:

- i) Crisis - a stressor with finite duration and posing a threat to physical/emotional integrity;
- ii) Transition - a period of transition requiring a change in schema;
- iii) Deficit - 'chronically excessive demands'.

Halpern (1993) suggests that emotional support is the most beneficial following a crisis, but that cognitive support (helping individuals change the ways in which they think about or perceive themselves) is most beneficial during periods of transition (e.g. self-labelling or coming out). Given that homophobic victimisation at school is

estimated to affect approximately one third of LGBQ youth on a regular basis (Rivers, 2001) services focusing upon emotional and cognitive support would seem to be a worthy investment.

The support needs of LGBQ youth are not only limited to emotional health. Physical health, especially sexual health, has been highlighted as an area of particular concern, particularly among young men. There is evidence to suggest that gay and bisexual men and men who have sex with men (MWHSM) are continuing to engage in unprotected sexual behaviour despite the threat of sexually transmitted infections (STIs) (Crossley, 2000). Although various statutory and voluntary sector agencies are engaged in educating LGBQ youth about safer sex, they require self-identifying youth to access these services first. In a recent study conducted in Yorkshire, Reid, Henderson, Weatherburn & Hickson (2000) found that those aged 20 years and under were by far the least educated about STIs, prevention and treatment. Furthermore they were more likely to request information on sexual health than any other age group. Researchers have highlighted the potential link between low self-worth (a correlate of cultural heterosexism) and unprotected sexual behaviour (see, for example, Cranston, 1991). Risks associated with unprotected sex have also been found to be highest among runaway and homeless LGBQ youth (Durby, 1994) and this population seems to be continually growing in number (Dunne, Prendergast & Telford, 2002). Currently, the true size of the homeless LGBQ population is unknown, as the relevant service providers for the homeless do not always record information such as sexual orientation.

Although there is a wealth of information available on the support needs of LGBQ youth, much of it has focused on the emotional and mental health of urban populations (usually metropolitan areas) and little research has been undertaken with young people living in more rural settings. To date there has been no research into the provision requirement of LGBQ youth in the North Yorkshire area.

Services For Lesbian, Gay, Bisexual and Questioning Youth: An Overview

Effective social support consists of three main sub-types:

- (i) Emotional - the conveying of acceptance, empathy and the provision of a 'listening ear' (Brown, Andrews, Harris, Adler, & Bridge, 1986);
- (ii) Cognitive - guidance to assist cognitive functioning e.g. anxiety levels (Lutgendorf, Antoni, Ironson, Starr, Costello, Zuckerman, Klimas, Fletcher, & Schneiderman, 1998);
- (iii) Practical - the provision of practical assistance e.g. assisting a hospitalised person with practical daily needs (e.g. Thorne, Balneaves, & Reimer, 1999). Both voluntary and statutory service providers often deliver these types of social support, however researchers identified a deficit in LGBQ service provision as early as the 1980's (e.g. Plummer, 1989).

In a US assessment of LGBQ needs in 'out of home settings' Mallon (1992) made a number of recommendations to agencies providing 'gay friendly' services. Recommendations included:

- staff training on LGBQ youth issues;
- a policy of challenging homophobic language;
- support provision for LGBQ youth experiencing difficulties at home or at school;
- help in developing coping strategies in dealing with stigma and provision of a platform for youths to openly discuss sexuality.

Implementing such recommendations has proven somewhat problematic. Across the United Kingdom (UK), a number of local authority publications which were intended to support a range of youth have been recalled due to the inclusion of services for LGBQ support groups which was deemed to be in contravention of Section 28 of the 1988 Local Government Act (Stonewall, 2002). Indeed, a recent study has shown that one third of teachers currently believe that Section 28 applies to schools, resulting in students not being provided with the appropriate guidance on how they can develop healthy and happy relationships with both sexes irrespective

of sexual orientation (StudentUK, 2001). Despite the Government initiating the Healthy Schools Scheme, work is still ongoing to ensure that all pupils are catered for regardless of their sexual orientation (Warwick, Aggleton & Douglas, 2001). In terms of providing support to LGBQ youth, the majority of educational psychology services in the UK have also failed to acknowledge the specific needs of this particular group at school (Comely, 1993). Although some regional training programmes have been positively received by educational psychologists working with LGBQ youth (e.g. Imich, Bayley & Farley, 2001) such training initiatives are left to the local authorities to prioritise. However, it is clear that this lack of recognition of the existence of LGBQ youth and failure to address the specific needs this group of young people reinforces the institutionalised culture of heterosexism that occurs in many schools.

Although school is central to the lives of all young people, young people also come into contact with other health and welfare agencies delivering services schools cannot. The degree to which such agencies cater for LGBQ youths' specific needs vary. For example, a US study of sixty paediatricians revealed a reluctance on the part of these doctors to discuss sexual orientation with patients and a lack of understanding about the health needs of LGBQ youth (East & El, 1998). In a UK study of drug and alcohol treatment services, MacEwan (1994) found that staff members presumed many LGBQ clients were heterosexual. Fifty per cent of women felt that they could not disclose their sexual orientation and the majority of men found that their sexual orientation was treated as a pathology. Indeed, a questionnaire based study of the attitudes of psychoanalysts and psychotherapists in the UK revealed that only one out of 218 respondents disclosed homosexual orientation (Bartlett, King & Phillips, 2001). Indeed, LGBQ clients have reported greater support and assistance from LGBQ professionals than from heterosexual professionals (Nesmith, Burton & Cosgrove, 1999), suggesting a bias in the treatment of LGBQ clients which, in turn raises questions about the right of an LGBQ client to see an LGBQ professional.

In terms of law enforcement, currently police statistics on the frequency of homophobic hate crimes in local communities are unlikely to reflect the number of crimes that actually occur. Reluctance to report a homophobic hate crime could be due, in part, to the fact that the victim may have been attacked in a public sex environment (PSE) or perhaps perceives police officers as being less than sympathetic to the needs of the LGBQ community. However, some police forces have attempted to 'reach out' to the LGBQ community in an attempt to encourage the reporting of hate crimes. All sixty-three divisions of the Metropolitan Police now have a named lesbian and gay contact officer (Mullen, 1997) and some forces including North Yorkshire have attempted to recruit gay police officers by advertising in the gay press.

In a technology driven society, perceptions of services as offering little or no confidentiality have also been shown to result in low access rates of services (e.g. Cheng, Savageau, Sattler & DeWitt, 1993), and often information or support is sought elsewhere. The internet, for example, is an established and growing facility used by the LGBQ community. It offers those who are geographically isolated, in fear, questioning or curious the opportunity to access a wealth of information and offers a range of contacts with the greater LGBQ community (Haag & Chang, 1998). As an essential source of support for LGBQ youth, service providers should seek to understand the type of information the LGBQ community is accessing (Finlon, 2002). This can give service providers an insight into the types of support LGBQ youth are searching for through reviewing the on-line literature they are accessing.

Background of Present Study

The study was commissioned by Yorkshire MESMAC to map the needs of LGBQ youth in the North Yorkshire sub-region. The time scale of the project was five months, during which local services providing support to LGBQ youth were reviewed and a needs assessment was conducted with a sample of 22 LGBQ youth. Four objectives were agreed:

1. To map the services provided to meet the needs of lesbian, gay, bisexual and questioning (LGBQ) youth (16 – 25) in the sub-region (**Part 1**)
2. To assess the needs of LGBQ youth using personal accounts collected from semi-structured interviews (**Part 2**)
3. To present the preliminary findings at Yorkshire MESMAC's annual general meeting
4. To produce a written report highlighting findings from objectives one and two and include recommendations based on any deficit in service provision

Study – Part 1: Mapping Services in the North Yorkshire Sub-Region

The North Yorkshire sub-region is the largest county in England with seven district councils (Craven, Richmondshire, Harrogate, Hambleton, Ryedale, Scarborough and Selby), one unitary authority (City of York) and the County Council (North Yorkshire). The main centres of population are Scarborough, Harrogate, Northallerton and the City of York. The total population in 2001 was 569,660 with the 15-24 age category numbering 59,192 (North Yorkshire Census, 2001).

Methodology Employed

For this study local and regional statutory services and voluntary sector organisations were contacted by telephone or letter and asked to provide brief information about the service they provide for the general population and the services they provide specifically for LGBQ youth. Data was collated either by interview or by an assessment of the written work received at York St John College outlining services on offer. Data were evaluated based upon the following questions:

- Has the organisation acknowledged the specific needs and concerns of LGBQ youth?
- Are there any initiatives following acknowledgement of the issues?
- Have the initiatives been properly implemented?
- Do LGBQ youth access the service?

A full description of the criteria associated with each question is given in APPENDIX I.

Participating services included:

- Scarborough and Ryedale Gay Community Network
- Detached Youth Work Project
- GUM Clinics, Social Services
- Curriculum Advisory Services
- Police
- Leisure Services
- Housing Services
- Youth Services
- Further Education College counselling services
- National Union of Students

Results

Within the sub-region there are four organisations functioning specifically for the needs of the LGBQ community including LGBQ youth:

Scarborough and Ryedale Gay Community Network

Scarborough and Ryedale Gay Community Network is an umbrella organisation providing information and support to various groups and individuals. Groups currently supported by the network include: Scarborough Social Group, Whitby Social Group, Ryedale Social Group, East Coast Girlies, North and East Yorkshire Walking Group and a Safe Space Group. Currently there is no specific youth group, however there are a number of youth who are involved in many of the aforementioned groups.

York Lesbian Line

Ten volunteers provide guidance and advice to lesbians of all ages. The line runs on Fridays from 7:30pm to 9:00pm and provides an answer-phone with details of up and coming events out of hours. Approximately 1 – 2 people access the service per week. In the summer months most enquiries are regarding safe holiday accommodation in York, and in the winter months most access is for emotional support. Lesbian Line also arranges disco nights every second month at a venue in City, providing a safe space for lesbians to meet and also provides revenue to maintain the line.

Yorkshire MESMAC

Yorkshire MESMAC is a charitable organisation primarily dedicated to reducing the incidence of HIV and STIs among men who have sex with men. This is achieved through a community development approach with services including: outreach, literature, Internet and drop-ins. A counselling service is also available on request.

York LGBQ Youth Group

City of York Council (CYC) Youth Services now operates an LGBQ youth group every week in the city centre. The group is run by two youth workers and operates once a week on a drop-in basis. The

group provides information and services relating to social activities and events, drugs awareness, personal safety/sexual health, support in the work place and information on other available support groups and venues. The facility started in September 2002. Funded and run through CYC Youth Services, this is the only LGBQ specific provision available from any youth service within the sub-region.

The remaining services reviewed were generic services which, by default, are also likely to be accessed by LGBQ youth.

North Yorkshire Police

Telephone and face-to-face interviews were conducted with North Yorkshire Police to assess the extent to which they were aware of any homophobic crime. In total eight Crime and Disorder Reduction Partnerships were contacted. The Crime and Disorder Act (1998) requires that every local authority reviews levels and patterns of crime in its locale. Using this data, each district in conjunction with the police and other partners must produce a three-year strategy focusing on the main issues of community safety. Five of the eight districts acknowledged the existence of homophobic hate crimes whilst compiling their strategies. Of those, four have expressed a specific or intended initiative to tackle homophobic crime and two have also highlighted concerns about the low levels of reporting such crimes. Those who have not specifically mentioned homophobic crime have included generic initiatives such as anti-social behaviour, quality of life and fear of crime. Force wide, North Yorkshire Police have implemented a 'Diversity Incorporating Safer Communities' (DISC) unit.

A DISC incident is any incident, which in the opinion of either victim, witness or any other person, has occurred as a result of the victims minority or majority status. Causes may include racism, homophobia etc.

North Yorkshire Police (2002)

Victims can report a DISC incident through their local police station, via post or over the telephone.

Online reporting is also available, however no reports have currently been made in this way. One officer in the unit believed this could be due to the perceived lack of confidentiality. However ten LGBQ participants within the current study were asked if they were aware of the term 'DISC incident' - none were - suggesting little or no awareness of this service. The police acknowledge this as an area in need of improvement and are currently developing strategies to address this.

Social Services

North Yorkshire and City of York Social Services were contacted and asked to comment on the specific needs of LGBQ youth in care. North Yorkshire Social Services group managers, disseminated via the social services director, were not aware of any specific concerns relating to LGBQ youth.

City of York Social Services do not record information relating to sexual orientation, so numbers of LGBQ youth who access their services are unknown. However some LGBQ youth do disclose to support workers, and workers have been in contact with homeless youth who have left the family home following disclosure of their sexual orientation to parents.

Youth in care rarely decide to disclose to social workers, as they are perceived as 'authority' figures. According to one interviewee, youth under supervision rarely disclose personal information voluntarily as they believe the worker will disclose the information freely to anyone. LGBQ issues are absent from training and knowledge is often dependant on the life experiences of workers. Some youth are signposted to the Youth Enquiry Service who, in turn, can refer to Yorkshire MESMAC. City of York Social Services are creating a health worker post in conjunction with Selby and York Primary Care Trust that will be able to deal with issues surrounding emotional well-being, general health, sexual health and contraception. Social Services are also developing a Sexual Health and Relationships policy as a guideline for carers (including foster carers). This document will include references to lesbian, gay and bisexual people. LGBQ specific organisations have not been consulted.

Genito-Urinary Medicine (GUM) Clinics

The North Yorkshire sub-region has four GUM clinics, each of which was contacted and interviews with nursing staff were undertaken. All clinics provide Hepatitis B vaccinations. They also provide a full range of screening and pre-test counselling for HIV, Hepatitis B and C, and other STIs.

York GUM Clinic provides sexual health advice, testing and when appropriate referrals to Yorkshire MESMAC for counselling and advice. Previously a gay male staff nurse was working at the clinic and word of mouth ensured a reasonable and sustained number of gay youth visits. This staff member has now left and the number of gay youth visits has simultaneously fallen. There are also very few self identified lesbians who visit (estimated 2 –3 in past year). However the service is advertised in LGBQ periodicals such as ‘Shout’ and ‘The Pink Paper’ which are also available at the clinic. The York GUM Clinic is planning an audit of Lesbian Gay and Bisexual access to the clinic in conjunction with Yorkshire MESMAC.

Harrogate GUM Clinic is integrated into the general hospital and does not permit the display of ‘Shout’, ‘The Pink Paper’ and other similar literature as the hospital feels some of the literature would be inappropriate for children sharing the space. Currently a self-contained clinic is being planned which will provide a ‘safe space’ and greater anonymity for service users. Again LGBQ youth access rates for the service are low - especially for lesbians.

Scarborough GUM Clinic provides extra strong condoms and lubricant for gay men. Although they do have dental dams they only use them for demonstration purposes and do not provide them free of charge to lesbians. Very few lesbians visit the clinic and those who do are generally older. Equally, few bisexuals identify themselves although staff do enquire as to sexual behaviour to establish sexual risk. Gay men and youth that make first appointments often re-visit and continue to do so. Awareness of services is generated by ‘word of mouth’. Staff have made past visits to schools and the Home and Dry Centre (a Social Services initiative in Scarborough working with

homeless youth). The centre helped some young gay men who sold sex and outreach by GUM staff ensured some level of sexual health promotion and awareness. However, due to rising demands within the hospital, such outreach stopped. Nevertheless, a new sexual health youth worker has been employed who will be community based. Staff attend study days and conferences to ensure continued awareness of current LGBQ issues.

Northallerton GUM Clinic highlighted that they provide a generic service with no lower age limit. Young gay men do access the service however very few lesbians similarly do so. The clinic does not provide an outreach service but does train youth workers in sexual health matters. It has limited LGBQ resources available, but does give out an A – Z information sheet to gay men. Contraceptives are provided along with sexual health advice. Dental dams are available and provided although rarely requested. There are no formal procedures on accessing current information on issues relating to LGBQ youth although relevant literature is often accessed as a matter of course.

Housing Services

Each North Yorkshire District Council and the City of York Council housing department (or relevant housing association) was contacted and asked about their experiences of working with LGBQ homeless youth, tenants and harassment complaints. All responded and none were aware of any LGBQ homeless youth having contacted them. Although they do record situational circumstance they do not enquire about sexual orientation. Similarly, none were aware of any LGBQ tenants within their area, nor had they received any harassment complaints. All have an equal opportunities policy highlighting a non-discriminatory guiding principle, however only one specifically highlights LGBQ prejudice.

Local Education Authorities

Meetings were arranged with both the City of York Curriculum Advisory Service and North Yorkshire County Council Curriculum and Management Advisory Service.

City of York Curriculum Advisory Service acknowledged the occurrence of homophobic bullying within York schools. The response to this primarily comprises of guidelines to schools on tackling bullying presented within the Exclusion Guidelines for Schools (2002). It states:

Schools should also be aware that their duty to protect pupils from bullying extends to protecting pupils from homophobic name calling and abuse. In this respect, Section 28 of the Local Government Act, does not apply.

The responsibility for implementation of these guidelines rests with the schools and subsequently the degree to which they are prioritised. The authority estimated that 80% of the educational psychologists' time was used identifying young people with special educational, emotional and behavioural needs and 20% advising teachers and 'one-to-one' counselling. Consequently, behavioural support workers and educational support workers deal with the majority of 'one-to-one' counselling, although the authority conceded that they often have very few counselling qualifications and no specific LGBQ training.

North Yorkshire County Council Curriculum and Management Advisory Service promotes inclusion aspects within policy documents, however there has never been a strategic approach to deal with homophobic bullying specifically and supporting LGBQ pupils. The advisory service felt that schools' equal opportunities policies were not comprehensive enough to deal with the problems encountered by ethnic/cultural minority pupils and LGBQ pupils. After successfully writing guidelines informing schools on how to construct a policy for equality and diversity in response to racist incidents, the Local Educational Authority (LEA) is currently undertaking a similar project in response to homophobic bullying. The guidelines will be written in conjunction with Yorkshire MESMAC. When asked about any problems the LEA may experience in implementing these guidelines, the representative of the advisory service pointed out that the platform to launch such initiatives has been created with the

publication of papers such as the 'Equality Policy Statement' and 'Safe for All'.

In terms of Sex and Relationship Education (SRE) and health awareness for LGBQ youth, the authority promotes the Sex and Relationship Education Guidance published by the Department for Education and Skills (2000) which states schools should:

...make sure that the needs of all pupils are met in their programmes. Young people, whatever their developing sexuality, need to feel that sex and relationship education is relevant to them and sensitive to their needs.

Further Education (FE) Colleges

Students' Unions in the following FE colleges were contacted: Askham Bryan College, Craven College, Scarborough College, Harrogate College, Selby College, York College, and Yorkshire Coast College of Further and Higher Education. Currently there are no LGBQ officers within the students unions and no LGBQ groups. Both Askham Bryan and Craven College Student Unions were aware of LGBQ students within the college however they stated that no request for a group has been made by the students.

College Counsellors were contacted via postal correspondence and asked about the services they provide and how they may be relevant to LGBQ youth. Four responses were obtained (Craven College, Harrogate College, Scarborough Sixth Form College and Yorkshire Coast College). Responses included:

- No specialist service/generic service
- Promote equal opportunities within college
- No contact from LGBQ students
- Too busy to look into special interest groups
- Sign posting to specialist services available (e.g. Yorkshire MESMAC, Youth Enquiry Service)

Youth Enquiry Services

The Youth Enquiry Services (YES) have offices in York, Whitby, Harrogate, Scarborough, Malton and Skipton, and are attached to the relevant district Youth Service. All were contacted but only York Youth Enquiry Service responded. The Youth Enquiry Service provides information and counselling on issues relating to law, housing, mental and sexual health, and sexuality stocking leaflets provided by Yorkshire MESMAC. An outreach service is provided in youth clubs and this delivers sexual health advice. LGBQ youth do use the service, which can be accessed on a drop-in basis and by appointment.

Awareness of the services on offer is achieved through leaflet distribution in youth clubs, the maintenance of a web-site, through word of mouth and through referrals from other organisations. Regular quality assessments are undertaken to monitor performance. Statistics are also recorded to help build a demographic picture of clients accessing the service. During outreach to youth clubs, incidents of homophobia have been encountered and have been addressed by discussing issues of equality and diversity. Members of staff are kept informed of the changing needs of LGBQ youth through meetings and training sessions with external facilitators. The service noted that it is their policy to refer gay, bisexual and questioning clients to Yorkshire MESMAC where appropriate.

Detached Youth Work Projects

York and Ryedale both have Detached Youth Work Projects (DYWP) running as charitable organisations and working primarily as an outreach service. Issues covered by the DYWP include: independent living, drugs and alcohol awareness, health, sexual health and sexuality. York DYWP has worked with LGBQ youth both on the streets and through the Independent Living Scheme. The project manager described how some of the youth were more likely to be open about their sexual orientation when they were part of the Independent Living Scheme rather than whilst on the streets. When appropriate, the workers refer the youth to specialist agencies. Ryedale DYWP

has also worked with LGBQ youth, advising and referring when appropriate.

Leisure Services

Each district leisure service manager was contacted and asked if there were any initiatives specifically aimed at LGBQ youth (e.g. safe space provisions), or otherwise any leisure inclusion initiatives. All seven reported that there were no such specific initiatives within their districts.

Key Points for Consideration

The purpose of this part of the study was to map the services available for LGBQ youth in the sub-region. The predominant issue arising from the results, is that there is very little available in terms of service provision specifically for LGBQ youth. The geography and population profile of the region as a whole may account for the provision of more broadly based generic services. However, by not acknowledging the specific needs and issues of the LGBQ population, equal treatment is not always guaranteed. Although the majority of services mapped are generic and do not preclude LGBQ youth, a lack of insight into the specific needs of these youth may deter them from accessing the services available.

Using the results from the interviews and data gathered above, an assessment was made of the various services”**acknowledgement** of LGBQ specific issues, **initiatives/policies** drawn from that acknowledgement, the **implementation** of any initiative and policies developed and levels of **access** (A.I.I.A, See Table 1):

Table 1: A.I.I.A. Assessment of Services in North Yorkshire				
	Acknowledgement	Initiative	Implementation	Accessing
Police (DISC unit)	✓	✓	✓	
Social Services	✓			
G.U.M	✓	✓	✓	
Housing Services				
L.E.A (North Yorkshire)	✓	✓	✓	
L.E.A (CYC)	✓	✓		
F.E Student Union				
F.E College Counsellors	✓			
Youth Enquiry Service (York)	✓	✓	✓	✓
Youth Enquiry Service (Others) *				
Detached Youth Work (York and Ryedale)	✓			
Leisure Services				

* Attempts to contact all other Youth Enquiry Service groups were unsuccessful. Therefore no fulfilment of criteria could be attributed to these groups.

Study – Part 2: The Needs of LGBQ Youth in the Sub-Region

Methodology Employed

Participants were interviewed using a structured schedule consisting of sixteen basic questions (12 open ended and 4 closed questions, see APPENDIX II). The interview schedule covered participants' assessment of their own support service requirements and their experiences if any of accessing support or other services in the sub-region. Questions were also included assessing participants' awareness of both specific and general services available.

Participants were recruited through advertisements placed in the local press and 'SHOUT' magazine. Leaflets were also distributed at various LGB events and venues as well as local support groups. Each participant was given the option of talking to the lead researcher, Andrew Richards, face-to-face or by telephone. All interviews were recorded with consent from respondents and then transcribed. Each interview lasted approximately 20 minutes. Participants received a £10 gift token as a thank you.

Twenty-two young people (13 young women and 9 young men) took part in this study, and all identified themselves as lesbian, gay, bisexual or questioning and all currently live in North Yorkshire. Ages ranged from 18 to 25 years with an average age of 21 years. Anonymity was guaranteed to all participants, and all data would be returned on request.

Results

The results have been broken down to correspond with the key themes and questions arising from the interview schedule.

Growing up LGBQ - difficulties

Participants were asked to give an account of any problems they may have encountered whilst growing up in the sub-region (see Figure 1). Four reported that they had difficulties with finding a scene or place to go or finding any other LGBQ youth. Another four commented on the lack of information or education surrounding LGBQ issues when they were growing up. Three respondents felt that there was not enough support available to LGBQ youth generally and two said

that there was nothing available for the under eighteens particularly. Other answers included 'not enough groups' (n = 2), 'problems with family' (n = 2), 'nowhere to go' (n = 2), 'cliquey' or closed scenes (n = 2) and difficulty in 'trying to fit in' (n = 1). Three participants reported experiencing no problems whilst growing up. Three chose not to respond to this question.

I mean at times I have been a bit depressed about things and... em, I have self harmed and stuff though depression and stuff but... em, no I mean I've generally just got over things myself and got on with it but I suppose a lot of it still does play on my mind a bit and it would have been nice to have some sort of support in the area that maybe was aimed more at my age and things like that you know what I mean?

Female, 21

Awareness of support

Participants were asked whether there was anyone other than their family and friends they could talk to if they needed help (see Figure 2). Notably ten (45%) reported that they were not aware of anyone they could talk to, six (27%) stated that they would use a phone line, three a university or college counsellor and two would use Yorkshire MESMAC. Additional responses included doctor/GP, Youth Enquiry Service or a general counsellor. Only one person chose not to respond.

Oh I don't know if I would have talked to anyone, probably would have found out in magazines or books. I think because it's easier to find out information from texts

Female 25

I mean I would never have thought about telling anybody in this area about me just because it's so unheard of, well it's not too bad it's just a taboo area....it's just not advertised or anything

Female 22

FIGURE 1: What problems have you found growing up LGBTQ?

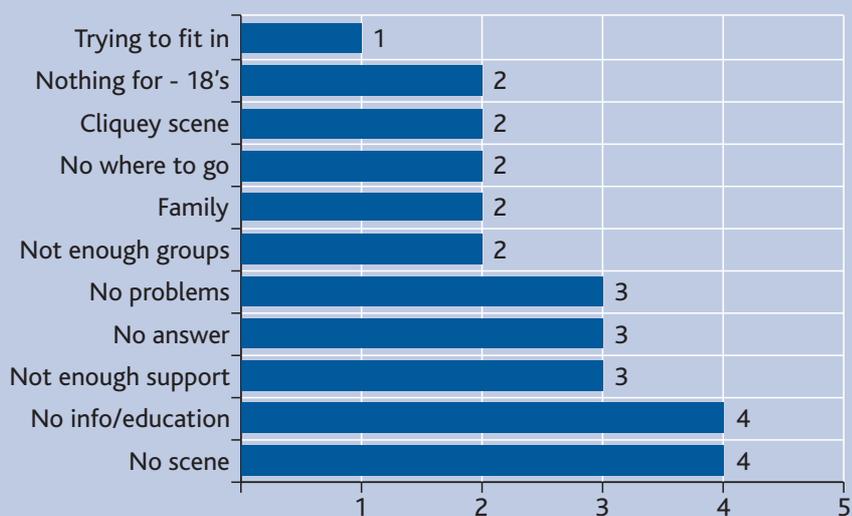


FIGURE 2: Other than Family and Friends, who could you talk to?



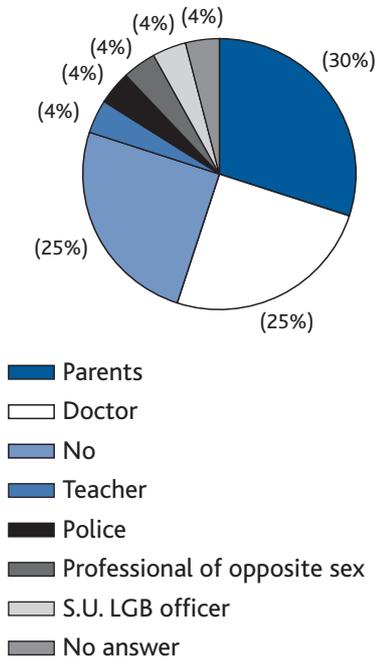
Seeking support – who not to approach

The next question focused upon whether there were any particular individuals or professionals participants felt uncomfortable talking to (see Figure 3). Seven participants (32%) expressed their reservations about talking to their parents. Six (27%) felt that they would not feel comfortable talking to their doctor/GP. Other responses included the police (n = 1), teachers (n = 1), professionals of opposite sex (n = 1), and student union LGB officers (n = 1). Notably only six participants indicated that they would feel comfortable talking to anybody. Only one participant did not answer this question.

A doctor, I got fed up with him one day, I'd gone along, just women's problems and I'd gone along to talk to him and he said do you think it would be a good idea to take a pregnancy test and he was pushing me and I was just like: it's not necessary, well are you in a relationship, yes, is it a sexual relationship, yes, are you taking precautions, no, well don't you think it would be a good idea then. It was like you're assuming I'm heterosexual...we've never really discussed it. I wouldn't really dare talk to him.

Female, 24

FIGURE 3: Who wouldn't you feel comfortable talking to?



Seeking support – who has helped you?

Participants were asked if they have ever had any help to deal with any problems (see Figure 4). Ten (45%) reported that they have never had any help with any problems, however one followed by stating that she had needed support. In contrast ten (45%) reported that they had received support in some shape or form. Of those ten, eight specified the source of support: Counsellor (n = 3), friends (n = 2), doctor/GP (n = 1), youth group (n = 1) and an older mentor (n = 1). Three chose not to answer this question.

Well I've seen loads and loads of counsellors at the enquiry centre, at the college as well. Well like I say I don't really like asking...I work at the hospital so I usually collar one of them that work at the hospital and ask one of those really, because at least they know a little bit about me. Cos [sic] it's so hard for someone when they ask you to tell them all about you and everything; they don't know anything about you, it's so difficult.

Male 21

Each participant was asked if they felt anyone had been unhelpful when talking to them about a problem (see Figure 5). Eleven participants reported that, in their view, no one had been directly unhelpful when talking about a problem. Of note, four also responded 'No' but followed-up by reiterating that they had not spoken to anybody. Lastly, four felt that their parents and friends had been unhelpful when they wanted to talk about an issue of concern.

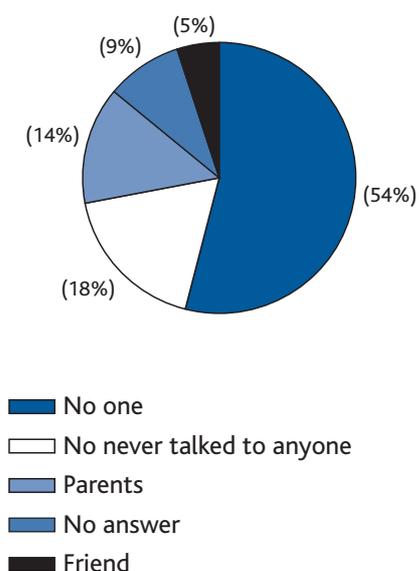
Probably my father. When I first moved out it was really hard, he wouldn't help me so I had to depend on myself, which was quite hard. My dad wrote a letter to the council saying that he wasn't happy with my sexuality and they put me in bed and breakfast for three months

Male, 18

FIGURE 4: Who has helped you?



FIGURE 5: Who has been unhelpful?



Finding information about sexual health

Participants were then asked where they thought they would obtain information about sexual health (see Figure 6). The most common response (n = 9, 41%) indicated that they would visit the GUM Clinic, five (23%) reported that they would use Internet resources, four would talk to friends, three would prefer to use literature and three would talk to a doctor. Further answers were LGB phone line (n = 1), student union LGB officer (n = 1), York AIDS Action (n = 1), Yorkshire MESMAC (n = 1), York Walk-in Centre (n = 1) or they did not know (n = 1). One participant abstained.

To be honest this is something that is close to my heart at the moment a really good friend of mine, she's bisexual and she's seventeen, she's just discovered she's HIV, and to be honest it's something since I came out and since I'd just only been with women I'd never really thought about it that much.

Female, 24

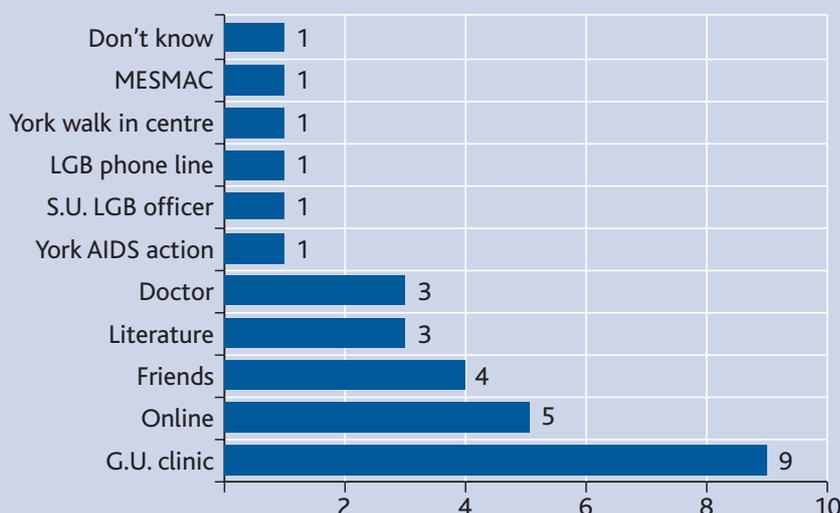
What LGBQ young people want

Participants were asked what they would like to see in their area for LGBQ youth (see Figure 7). Eleven (50%) stated that they would like to see an activity/social group in the area, six (27%) wanted more LGB venues and a further five (23%) expressed a wish for a venue for young people under the age of eighteen. Further responses included the better promotion of LGB events (n = 4) and one-to-one support (n = 2).

All I could say is maybe just more advertisement and get some more groups going that is aimed at younger people cos [sic] I mean I'm sure there is lots of confused sixteen, seventeen, eighteen year olds out there, I mean I'm twenty one and I'm still confused about things and maybe could do with some support and I mean as I say I've just split up with my girl friend and I just don't know anybody else to turn to.

Female, 21

FIGURE 6: Finding information about sexual health



Following this, participants were then asked comment on what they would like to see in the area for *younger* LGBQ people (see Figure 8). Again eleven (50%) of the sample reported that they would like to see an activity/social group. Eight (36%) highlighted the need for sexual minority discussions and information at school. Four felt that a professional to talk to would be beneficial and two specifically stated the need for support when ‘coming out’. Other answers included more support (n = 1), help lines (n = 1), LGB television programmes (n = 1), help when joining ‘the scene’ (n = 1), better promotion of LGB facilities and more access to information (n = 1). One participant again abstained.

I'd like it to be able to be discussed at school I think anything, if you try and hush it down, if you're hushing it down and won't discuss it, that's insinuating that it's wrong you know, if you try and discuss politics at school or religion out of religious studies or hunting or something they don't say we don't want to, let's just stay away from that so they won't. If they discussed it in school it might stop it being too much sort of like prejudice, if people think it's wrong they're going to have a problem with it if it won't be discussed"

Female, 24

FIGURE 7: What LGBQ young people want

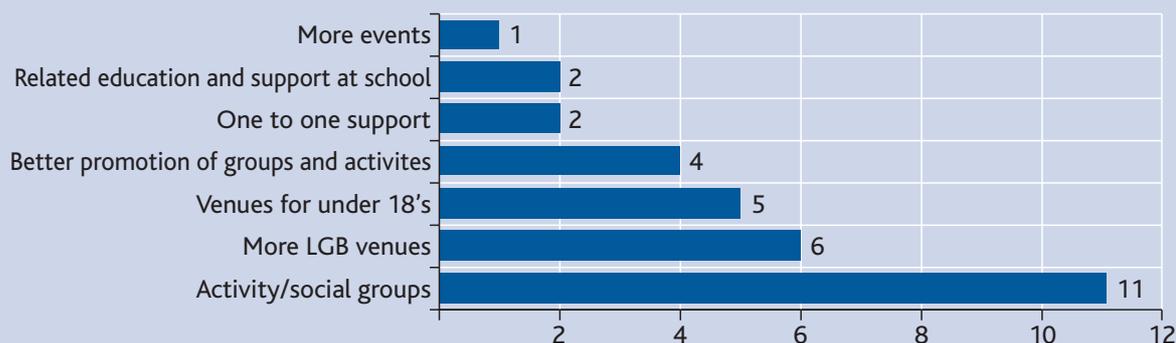


FIGURE 8: What would you like to see for young LGBQ people?



I think it's important that there's something in place that allows them to come to terms with the way they want to live their life and I think that's vitally important considering that they don't really get it at school. It's vitally important that they feel accepted by society and I think it's important that they do that, well, as soon as they realise that that's the way they want to live their lives.

Male 22

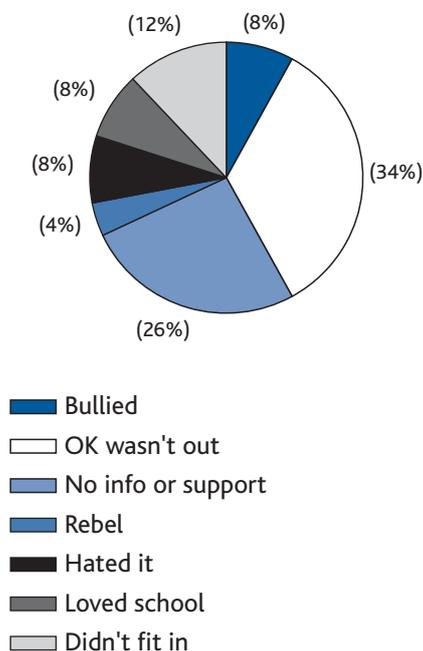
School Days

Nine (41%) remarked that they felt school was 'ok' but followed this up by stating that they were not 'out' at school (see Figure 9). Seven participants (32%) commented on the lack of LGBQ information or support at school. Three felt that they did not 'fit in', two did not like school because they had been bullied, and a further two said that they had 'hated it'. Two participants said that they 'loved school' (n = 2) and one reported being 'rebellious'.

Hated it, absolutely hated it, I just didn't fit in. I had some friends I just didn't like it. I think cos [sic] of people got bullied.

Male 20

FIGURE 9: School days



Being 'out' at school

Seven participants (32%) were 'out' when they were at school but the majority of those (n = 5, 23%) did not disclose their sexual orientation until either sixth form or college.

I hadn't come out to myself whilst I was at school it was only at university I actually decided this is the way I was, I had a fairly - I think the word is introverted - kind of childhood I kept to myself I didn't have particularly that many friends no real close friends which looking back, I wish I had.

Male 22

Talking to someone at school

Participants were then asked if there was anyone they could talk to at school. Nine (41%) felt that there was no-one they could talk to at school. Eight (36%) had friends they felt they could talk to, seven (32%) felt that they could talk to teachers if they wanted to but did not, two felt they could not talk to teachers and one did talk to his teacher. Two participants did not respond.

It was fine until I slept with a woman and then everything went to pot because I didn't have anyone to talk to and I didn't really know what was going on and I didn't know who I was and so yes that made things quite difficult and I ended up leaving early yes, I did my GCSE's but I left when I was fifteen [could you have stayed on?] yes probably if I had somebody I could have talked to out of friends you know explain things to me yes that would have been really helpful

Female, 21

Key Points for Consideration

There were a number of issues raised by participants that require further exploration. Only 11% of the sample reported not having encountered any major difficulties or problems growing up LGBTQ in North Yorkshire. Of those who did report difficulties/problems the range encountered was extensive. This may suggest the need for specialist service provision, as generic services may not be able to accommodate such a diverse range of needs.

A number of responses focused on the fact that social venues were few and far between for LGBTQ young people.

Forty per cent of participants were unaware of anyone they could talk to other than family and friends suggesting that the services that are available are not advertised or promoted as well as they could be. Interestingly, one quarter of participants reported that they would not feel comfortable talking to their doctor/GP despite the fact that all such conversations are confidential.

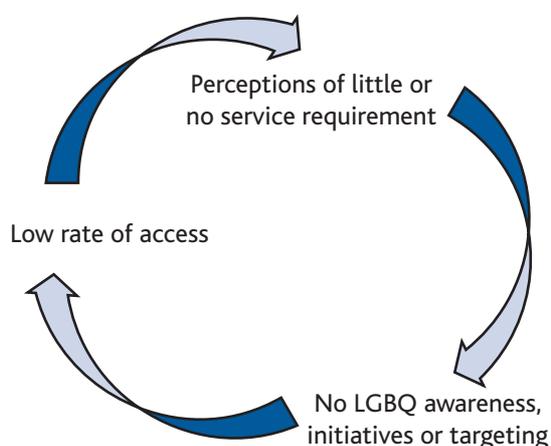
When asked about the types of services they would like to see in their area, participants' answers centred predominantly around LGBTQ activity/social groups (36%) and venues (20%). These must not be viewed simply as recreational needs, as peer support can be of great value within the LGBTQ community.

When asked to comment on what they would like to see for younger LGBTQ people, participants believed there was a need for more open discussion and information relating to sexual orientation at school. However, as noted previously, support needs do not reside solely with schools - 35% pointed out the need for social groups.

General Discussion

This report highlights the fact that there remains very little service provision specifically for LGBQ youth in the sub-region. As our findings illustrate, a number of the generic services have reported that they are currently unaware of the number, if any, of LGBQ youth accessing or requiring support. Although the majority of services approached by the authors reported that they do not ask about sexual orientation when assisting a client, the absence of any overt provision within the F.E. college sector is cause for concern.

Currently, the majority of the generic services feel that there is no need for specific LGBQ initiatives and that a general equal opportunities policy can cover such matters. However, young LGBQ participants in our study reported that they felt particularly uncomfortable when talking to members of the police, GP's or doctors and their teachers and lecturers. It is interesting to note that these three particular groups of professionals have perhaps the most significant contribution to make to the lives of young people outside the home, ensuring their safety on the streets, ensuring their physical well-being and mental health, and providing a socially-relevant inclusive education. Indeed, low rates of access by LGBQ youth resulted in these and other service providers suggesting that there is little or no service requirement. Thus, very few initiatives, staff training events or LGBQ targeting have been undertaken, and, as the following diagram illustrates, this cycle can result in the alienation of LGBQ through a reluctance to access service providers, and the perpetuation of a myth that young LGBQs do not need support.



When participants were asked about where and how they obtain information on sexual health, 18% said that they would use the internet as a primary source of information and 10% said they would use the available literature. While it is important to note that LGBQ youth may prefer to use remote or secondary sources of information about sexual health, this does not negate the need for face-to-face interaction with health professionals. Indeed, it seems that the failure to access sexual health information from health professionals is directly linked to the perceived lack of provision for LGBQs.

As Table 1 illustrates, based upon the information provided, the level of provision offered by many of the services in the sub-region suggests that there is a great deal to do to ensure that all LGBQ youth are able to access them readily and without prejudice. In fact, of the services reviewed in this report, only the York Youth Enquiry Service fulfilled the full criteria identified as important by the authors and maintains a good access rate from LGBQ youth.

At a time when homophobic bullying is being highlighted as a consistent problem within our schools, it is interesting to note two thirds of the young people interviewed reported that they were not 'out' at school. Approximately one quarter said that if they wanted to talk to someone about any problems they were having they would talk to friends. Again approximately one quarter felt that they could talk to teachers although they did not. Most significantly one third felt that there was no one to whom they could turn for support when they were at school. If these findings are generally reflective of general experience of LGBQ young people, they suggest that a significant number may feel very isolated at school. To counter this, contact with other LGBQ youth via youth groups and collaboration with local community organisations working with LGBQs would provide a means of supporting these young people at a time when they may be facing a number of difficulties alone. Admittedly, it may be more difficult to establish a support service for youth living in the more rural areas of the sub-region, however, on-line support providing both information and peer contact via a monitored 'chat room' may serve as a useful substitute.

Young LGBQs reported that the types of changes they would like to see in the sub-region are primarily related to the development social networks, safe spaces (particularly for under 18s) and the better promotion of established groups and social activities. On their part there is clearly a perceived deficit, and it is a deficit that can be rectified through training and the expansion of current services.

- Regular evaluation of LGBQ youth provision among generic services and regular monitoring of access by LGBQ youth
- The development and maintenance of links between service providers for LGBQ communities and more generic service providers.

Conclusion

As we have noted above, a great deal needs to be done to ensure that the needs of LGBQ youth are addressed in the sub-region. We believe that generic agencies and services must first of all recognise this deficit in provision. Active collaboration with LGBQ specialist organisations can help to build awareness and provide training and, as exemplified by York's Youth Enquiry Service, this model can be very successful. Moreover, the value of peer-led social support must not be overlooked. A lack of perceived social support and a feeling of isolation are the key issues for young LGBQs in the sub-region. As a result social groups and the provision of safe spaces (particularly for under 18s) would seem to be the corner stone ensuring that 'coming out' is a much more positive experience for young people in the county.

Recommendations

Based upon the data collected from Parts 1 and 2 of this study, the following recommendations are offered:

- The development of a sub-regional internet site for rural LGBQ youth to access information and online support
- The establishment of LGBQ youth groups across the county, preferably run on weekends, and at times that coincide with the provision of public transport
- The provision of drop-in venues with appropriately trained support staff
- The provision of training opportunities for staff within generic support services

APPENDIX I

Evaluation and Strategy Document for the Provision of Services to Lesbian, Gay and Bisexual Youth.

For the purposes of this exercise, the evaluation of LGBQ youth service provision within the sub-region was primarily a qualitative process. As with all the population, LGBQ youth benefit from accessing generic services. It is important that those who provide the services are prepared to meet the needs specific to this group. The aim of the evaluation is to both identify strengths and good practice and to recognise areas of deficit which may warrant attention. The purpose of these criteria is to standardise the evaluation and ensure consistency throughout. The criteria are as follows.

Acknowledgement, Initiative, Implementation, and Accessing standards.

The A.I.I.A criteria is a four-step process, each element following the previous one. The function of this type of evaluation is to highlight any area of deficit in the understanding that each step relies on the successful fulfilment of the previous. The criteria is as follows:

Acknowledgement:

- Has the organisation acknowledged the specific needs and concerns concurrent with LGBQ youth?

Different service providers whether statutory or voluntary/charitable sector will vary in their acknowledgement of LGBQ issues. A willingness to observe equal opportunities is an excellent starting point, and the first step in providing appropriate support for LGBQ youth is to acknowledge the need to do so. This can be achieved by recognising that there are needs specific to the LGBQ youth and ideally, in any organisation, this should be acknowledged at all levels. Provision requirements may not be immediately evident, especially when considering that both the youth and their needs may be hidden for numerous reasons (e.g. homophobia). Acknowledgement of service requirements may require 'outreach' or other investigative methods to adequately register the types of challenges LGBQ youth encounter. Secondary sources such

as input from professionals who have worked with LGBQ youth can also be helpful in acknowledging their specific life challenges and needs.

Initiative:

- Are there any initiatives following acknowledgement of the issues?

Following identification and acknowledgment of LGBQ related needs, the next stage involves constructing practical initiatives that aim to address these needs. Initiatives can take the form of a policy document or be included within a mission statement, but they should clearly express the areas of need that have been acknowledged and provide guidelines on how these needs can be practically catered for. Existing policies and procedures should be amended or revised to include any specific initiatives. Again, consultation with other organisations that have experience in delivering services for LGBQ youth is recommended. Wider ownership of policy documents and initiatives often helps to ensure appropriate implementation and assists in monitoring effectiveness.

Implementation:

- Have the initiatives been properly implemented?

Within generic organisations, at least one member of the team should be nominated to keep up-to-date with LGBQ issues, ensure wider staff awareness, and monitor the effectiveness of any LGBQ related action. Ideally both a male and female team member should take on the role. Initiatives in the form of policy can often be interpreted differently in terms of priority. It is important that implementation is consistent throughout any organisation.

Accessing:

- Do LGBQ youth access the service?

Although provisions may be established to cater for the needs of LGBQ youth, it is of little value if the young people cannot or do not access it. There may be a number of reasons why the service is not accessed. For example, how aware are LGBQs

of its existence? Secondly, there is always the issue of confidentiality and confidence. As many young people do not wish to disclose their sexual orientation to everyone, service providers must be perceived as trustworthy and considerate. Furthermore, LGBQ youth accessing services must be confident that those staff providing the service are appropriately trained and understand the issues relevant to them.

Youth Interview

- Are you, or have you been a member of an LGBTQ youth group?
IF YES
Which one?
Do you still go? If not why?
How did you get to know about it?
What are the best bits and what are the worst bits of the group?

IF NO
Would you ever consider joining a group?
Do you know of any? - Yes, how do you know about them?
- If you had any problems you wanted to get off your chest, other than family or friends, can you think of anyone who you could talk to?
- If you wanted to know about sexual health, who would you talk to?
- Is there anyone you wouldn't feel comfortable talking to? Why?
- Has anyone ever been unhelpful when talking to them about a problem? – Yes, do you think this was anything to do with being Lesbian/gay/bisexual?
- Thinking about school days, how did you find them? /How's school?
- Were/are you out at school?
- Who did/do you feel you could talk to at school
- What problems, if any, have you found growing up LGBTQ?
- Are there any particular types support you would like to see for younger LGBTQ?
- Do you do any sports or leisure activities? – Yes, what. – No, any reason why not?
- Have you had any help to deal with any problems?
- Do you know what a DISC incident is?
- What would you like to see in the area for young LGBTQ?
- Is there anything additional that you feel you should add?
- Lastly, why did you decide to participate in this research?

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