



Needs analysis of young people identifying as LGBT* in Co. Tipperary, Ireland



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EXECUTIVE SUMMARY

The needs analysis was commissioned by Tipperary Children and Young People's Services Committee, (CYPSC). It identified the needs of LGBT* young people as a priority for Co. Tipperary. The purpose of the work was to profile young people who identify as LGBT* under the age of twenty-five, to identify their needs and in particular, those needs which are unmet with a view to informing the development of initiatives and supports in Co Tipperary.

The analysis was carried out over an 8-week period, from January to March, 2018. The approach used was a mixed methods qualitative approach encompassing interviews, focus groups and case studies. A literature review was also carried out on the needs of LGBT* young people and appropriate responses to their needs. The stakeholders included in the research were LGBT* young people (N=20), young people's service providers (N=14) and educators (N=2).

The literature findings show that young people who identify as LGBT* or indeed who are questioning their sexual identities are at risk of difficulties across the spectrum of health, particularly mental health, social and educational environments as well as within the family and broader community. There is a need for a range of targeted supports across all environments that young people engage in. These environments require a scaffolding at policy and practice level which strengthens the basis for individual organisations' policies, procedures, structures and delivery of services. Young people identifying as LGBT* do so early in adolescence thus supports need to be actively in place at the age appropriate times in a young person's life. While there has been a number of pieces of research in the Irish context making recommendations to meet the needs it is clear that there is much to be done at policy and practice level to adequately meet the needs of the young LGBT* population.

The findings from interviews with other LGBT* service providers in Ireland show that there is a consistency across services in what is provided to young people. This involves support/befriending groups for the 14 to 25 old year age group as well as outreach educational services. The services for younger groups (14 to 18 years) tend to be activity led and co-designed by the young people, while the support services provided for older groups tends to be psychological/emotional and social. The needs they are responding to are a need for a safe space to engage with trusted adults and other LGBT* young people, and the need for outreach education and awareness workshops. The challenges identified by the LGBT* service providers for LGBT* young people were lack of education, training and awareness among adults, including

educators, unmet mental health needs among LGBT* young people, lack of local level support in rural areas, and tolerance of homophobia by teachers in schools.

The young people said that they need more safe, LGBT* friendly spaces in which to engage in social activities in Co. Tipperary. They also have psychological and emotional needs that are not adequately met, such as the need for psychological support around identifying as LGBT*. Mental health services are not available in a timely manner. The young people who took part in this research currently engage in some LGBT* activities but felt that they are not as widely or frequently available across all of the county. The young people reported experiencing a range of challenges in their everyday lives, such as homophobia (both in society generally and in school specifically), lack of education and awareness among adults, especially teachers, homophobic abuse in school from their peers, lack of sexuality education in school, and fears for personal safety directly linked to their sexual/gender identities.

The case studies of schools showed differences in how schools are responding to LGBT* students' needs. One school demonstrated that a series of planned education and awareness events about LGBT* issues in the school had a positive response from students. Another school had not had to deal with any LGBT* students heretofore but were welcoming a new LGBT* student in the next school year. The principal said that the school would be seeking advice from the National Educational Psychological Service about how to best support this student. The differences in responses from schools shows that there tends to be an ad hoc response generally in schools and a need for LGBT* awareness and training for educators.

The youth workers and the staff from other organisations who participated in the focus groups all said that they feel there are inadequate supports for LGBT* young people's needs in the county. They said there is a lack of a centralised information point about services that are available and that the needs are not being met especially in regards to young people's mental health and experiences of homophobia in both schools and in society. The findings from youth workers showed that the lack of a fully funded LGBT* project that would hold support groups, one to one work, outreach and information services means that young people who need support are relying on services that are subject to funding uncertainty resulting in gaps in the provision. A service needs to be in place that is planned and resourced to adequately meet the needs. The adult respondents to the research also identified a need to engage in regular training on LGBT* issues in order to ensure they are responding in a proactive way to discrimination against young LGBT* people. The lack of training for teachers was highlighted as an area of concern as was lack of access to schools to give education and awareness workshops.

This report recommends the need to seek further funding to improve life and well-being opportunities for LGBT* young people. Such funding is required to support the need for services for LGBT* young people in the county. The services required are:

- A LGBT* stand-alone youth project that would include support groups, one to one support, an information service, access to a counsellor, and a youth café or other type of social space
- A suite of outreach support services to provide information and support to LGBT* young people, parents, and the community as a whole.
- A strategy to design the delivery of education and awareness workshops to all primary and post primary schools in the county, either through Youth Work Ireland, Tipperary or in partnership with other youth organisations
- A strategy to design and deliver a response to educators' and other young peoples' service providers' education and awareness needs about LGBT* issues

Although the needs analysis was a local one, some findings point to the need for changes at a national level. Notably these are:

- The need for national funding for LGBT* education and awareness talks for adults in local communities
- The need for a national education and awareness media campaign to help to normalise LGBT* relationships and improve perception of personal safety for LGBT* young people
- The need for the Department of Education and Skills to make LGBT* education and awareness training compulsory for educators

1.0 BACKGROUND TO THE RESEARCH

In the development of its Children and Young People's Plan by Tipperary Children and Young People's Services Committee (CYPSC), the CYPSC has identified the needs of LGBT* young people as a priority for the county of Tipperary. The availability of funding under the Healthy Ireland Strategy for actions relating to Healthy Eating, Active Living, Smoking Cessation, and Sexual Health, in Q. 1, 2018, has enabled the CYPSC to commission this needs analysis, fulfilling one of the actions in its own Children and Young People's Plan.

Geographically, Tipperary is a large county encompassing both north Tipperary and south Tipperary. It consists of a number of medium sized towns and large swathes of rural areas. Currently, there are a number of LGBT* support services in the county. These are OUTstanding, Purple Hearts, and an LGBT* Health Support project (encompassing both a Transgender and LGBT* support group).

The purpose of the work was to profile young people who identify as LGBT* under the age of twenty-five, to identify their needs and in particular, those needs which are unmet. All of the evidence collected would be used to inform the development of initiatives and supports in Co Tipperary for the young LGBT* community.

2.0 METHODOLOGY

The needs analysis was conducted using a mixed methods qualitative approach in order to best facilitate getting the views of young people and stakeholders. A steering committee was formed to guide the research process and an LGBT* youth worker with Youth Work Ireland, Tipperary was appointed to liaise with the researcher in facilitating setting up research groups. Based on discussions within the steering group and in compliance with Article 12 of the UN Convention on the Rights of the Child, young people were consulted with to get expression of their views with regard to their needs. It was decided to hold focus groups with young people engaging with Comhairle na nÓg, the cohort of which is made up of both young people who identify as LGBT* and allies of LGBT* young people. (N=20).

Further aspects of the research included:

- A focus group with youth workers working with Youth Work Ireland, Tipperary (N=6)
- A focus group with other professionals engaging with youth in the county (N=8)
- Five interviews with other LGBT* service providers in Ireland
- A literature review focused on the needs of LGBT* young people and the supports that improve their well-being.
- Interviews with educators in two local schools.

3.0 LITERATURE FINDINGS¹

3.1 Introduction

The LGBTIreland report, the largest study of LGBT people in Ireland noted that in the last twenty years Ireland has made significant improvements in the lives of the LGBT* population. As a direct consequence of this, “Ireland has evolved from a society noted for being LGBT oppressive to being considered internationally as a forerunner in ensuring the equal civil rights of LGBT people”, (Higgins et al, 2016). In May 2015, Irish people voted in a referendum to change the constitution to give same-sex couples the rights of civil marriage. Ireland was the first country in the world to legalise same-sex marriage by public vote. Young people are thus coming out as LGBT* in a different Ireland than heretofore. However, the LGBTIreland report acknowledges that legislative developments may not inevitably equate to improved everyday experiences for all LGBT* people.

Both internationally and nationally the research shows that LGBT* people have challenges due to homophobia and discrimination. Current available research has consistently shown that LGBT* people are ‘at risk’ for elevated rates of mental health difficulties, in part as a result of minority stress. The findings of a study by Kelleher (2009) on sexual minority stress suggest that the oppressive social environment created through sexual/transgender identity-related stigma negatively impacts on the well-being of LGBTQ youth.

Evidence indicates that young people are coming out as LGBT in greater numbers and at an earlier age, (Mayock et al, 2008). Studies show that the most common age that someone knew they were LGBT was 12 years old, (Mayock et al, 2008, Higgins et al, 2016, ShOUT, 2009). Young people who identify as LGBT* have a higher probability of suffering from stress, and/or social isolation than other young people. The presence of homophobia and transphobia in our society can lead young people to experience stress or anxiety about ‘coming out’. Often there is a gap between self-disclosure and disclosure to others, and this can be a time of higher stress in one’s life, and thus a crucial time for appropriate supports being in place in a young person’s life.

¹ In this report LGBT* is used to identify the young people in this research. When LGBT, LGBTI or LGBTQ or LGBTQ+ are used it is citing research by different authors. Please see Appendix A for List of Terms related to LGBT*.

In 2017, in Ireland, the LGBT+ National Youth Strategy report, commissioned by the Minister for Children and Youth Affairs, reached 4046 young people aged between 16 and 25. Of the 3710 respondents who lived in Ireland, 63% identified as LGBT+. One in 10 (11%) described themselves as Trans-sexual and 1% as Intersex. A positive finding of the survey was that of young people experiencing acceptance and respect, however, there was a perception that younger people are more accepting of LGBT+ people than their older counterparts. Discrimination was reported in the forms of:

- A lack of full acceptance from minor remarks to hateful acts and language
- Poor or non-inclusive sex education and bathroom provision
- Discriminatory practice in employment recruitment; and the opportunities for LGBT+ people to have children
- Bullying and harassment was referenced by one fifth of respondents

The report recommended:

- Further law reform - including hate crime legislation, gender recognition for under-18s and removal of obstacles to adoption and surrogacy
- Improved sex education to include genders, relationships, sexualities as well as safe sex and consent
- LGBT+ awareness training for all healthcare staff.

3.2 Needs of LGBT* young people

Mental Health

Given that young people who identify as LGBT* have a higher risk of bullying, mental health challenges and difficulties, it is evident that they have similar but different needs to other young people. The needs typically identified are health related, (including mental health), social and psychological, educational, and community related.

The potential negative mental health impacts on LGBT* young people of widespread homophobic bullying have been well established. These impacts include internalised homophobia, poor body image and vulnerability to eating disorders, (Barron & Bradford, 2007). In 2009, the Health Service Executive in Ireland published a report outlining the particular needs of the LGBT community in relation to health and it stated that the rejection experienced by people contributes to depression, anxiety, self-harm, suicide and substance misuse. In an earlier study of young people (15 to 21 years, N=190) most had experienced some form of victimisation with no social environment being seen as free from risk of harm. Those who self-labelled or self-disclosed at an earlier age were particularly vulnerable for abuse. (Pilkington and D'Augelli, 1995).

Meyer (2013) in a meta-analysis of the literature found that LGBT youth have a higher prevalence of mental disorders than heterosexuals. He explains this using the conceptual framework of 'minority stress'—reasoning that stigma, prejudice, and discrimination create a hostile and stressful social environment that causes mental health problems.

In a detailed review of the literature for Australia, Delaney et al (2015) found that sexual minorities are at a higher risk of suicidal behaviours. A meta-analysis of 24 pertinent studies from North America, Europe and Australasia, (King et al, 2008) found that LGBTs (including high school students) showed a significantly higher lifetime prevalence of mental health disorders and negative health behaviours than their non-LGBT peers. In this study, the LGBT groups' overall exhibited a two to three-fold higher prevalence of major depression, a two-fold risk of suicidality, twice the risk of alcohol dependency and three times the risk of drug dependency than their heterosexual counterparts. Research carried out in Northern Ireland for the ShOUT report (Youthnet, 2003) into the needs and experiences of LGBT young people found that 26% of LGBT young people had self-harmed, 29% had attempted suicide, and 24% had been medicated for depression. Another relatively recent study in Australia, has found that 16% of young people who identify as Lesbian, Gay, Bi, Trans, Intersex or Queer (LGBTQ) have attempted suicide and 33% have harmed themselves as a result of widespread homophobic and transphobic harassment and violence in Australian society, (Robinson et al, 2014). Burton et al, (2013) also used the minority stress hypothesis to frame that targeted harassment and victimisation are partly responsible for the higher levels of depression and suicidality found in sexual minority youth.

Reach Out – The Irish Government's National Strategy for Action on Suicide Prevention, (2005-2014) has stated the necessity to "develop services, supports and information/education resources to improve mental health and reduce any increased risk of suicidal behaviour" among LGBT people. The LGBTIreland Report (2016) looked at the impact of minority stress on the LGBT population and found that a significant proportion of young people experience mental health difficulties, such as higher levels of anxiety and depression, self-harm, and suicidal behaviours. As a result of the extra challenges young LGBT* people are at risk of poorer outcomes in terms of health and education if they do not get the support they need particularly around 'coming out'.

In 2014, the HSE Operational plan for primary care for Carlow, Kilkenny and south Tipperary has recommended further research on the prevalence of health risk behaviours such as impact and causal factors for levels of smoking, alcohol and drug abuse in the LGBT population. Specific health promotion initiatives are identified as

being required for LGBT identifying people. Training in LGBT issues for health professionals was recommended as well as research to identify the needs of transgender people in the region. Information on support services for transgender people and information on transgender issues for service providers were also identified as being required. The mainstreaming of LGBT issues across all areas of service provision was recommended.

In the Rainbow Report, an investigation of the health needs and experiences of health sector responses and practices in the HSE South East Region in Ireland, (Crowley, 2015) found that the naming of LGBT people in health policy in Ireland is still only emerging and developing as a coherent practice. The report also noted that policies in relation to children and in the areas of suicide prevention, mental health, sexual health, and drugs have usefully referenced LGBT. Better Outcomes Brighter Futures, the National Policy Framework for Children and Young People 2014-2030 makes specific reference to young LGBT people. In relation to the goal of active and healthy children the framework has identified vulnerable groups, including young people identifying as LGBT. In relation to the goal of ensuring children and young people who are particularly vulnerable to bullying and discrimination, it includes LGBT youth as a vulnerable group and a commitment to reduce discrimination and intolerance towards this group.

Social and Psychological

Ryan et al (2010), in a study of 461 adolescents and young adults found that family acceptance of LGBT adolescents is associated with positive, young adult, mental and physical health. The study recommended that interventions that promote parental and caregiver acceptance of LGBT adolescents are needed to reduce health disparities, (Ryan et al, 2010). Family acceptance and support yielded the strongest positive effect on self-acceptance of sexual orientation, whereas friends' support and acceptance yielded the strongest positive effect on disclosure. Conversely, lack of family support had the strongest negative effect on youths' mental distress, whereas friends' and family support had the strongest positive effect on well-being, (Shilo and Savaya, 2011). Snapp et al, (2015) in a study of 245 LGBT youth found that family acceptance had the strongest overall influence on positive outcomes for young people when other forms of support were considered. The outcomes affected were life situation, self-esteem and LGBT esteem.

Young LGBT people are at greater risk of adverse life events if negatively affected by their families. A UNESCO report (2015) found that 51% of LGBT youth experience prejudice and inequity in their families, many of whom are placed in foster care,

juvenile detention, or find themselves living on the streets because of sexual orientation or gender identity.

Katz-Wise et al, (2016) found that parental rejection of LGBT children can, negatively affect youths' identity and health and parental acceptance was crucial to ensure that the young person develops a healthy sense of self.

3.3 Challenges for LGBT* young people in schools

Since young people generally spend much of their adolescent years in school, it has been important to study their experiences of identifying as LGBT* in this environment. Findings from the literature generally show that there are significant negative effects experienced by this group as a result of school based bullying, victimisation and/or sexual orientation discrimination. Furthermore, such experiences can lead LGBT* students to engage in health risk behaviours. There is also evidence to suggest that while teachers are aware of homophobic behaviours and bullying in the school situation, they are not adequately trained to deal with issues affecting LGBT students which has a negative impact.

Globally, LGBT* young people encounter a higher prevalence of violence against them, UNESCO. (2016). Apart from physical violence, verbal homophobic bullying leads to many mental health related problems for young people, in 2012, the large scale online survey by the European Union Agency for Fundamental Rights, encompassing all 28 European countries, found that 80% of LGBT respondents in every country said that they recalled negative comments or bullying of LGBT youth in schools. A much earlier large scale US school based survey found that the combined effect of LGB status and high levels of at-school victimization was associated with the highest levels of health risk behaviours. LGB youths who reported high levels of at-school victimization also reported higher levels of substance use, suicidality, and sexual risk behaviours than heterosexual peers reporting high levels of at-school victimization. (Bontempo and Augeilli, 2002).

Irish studies have found that almost one fifth of respondents experienced underachievement, truancy, early school leaving or changed schools, (Youthnet, 2003, Minton et al, 2008). In a European study surveying LGBT young people in Croatia, Denmark, Ireland, Italy and Poland, respondents reported feeling left out or isolated, having difficulties concentrating, obtaining lower marks, missing classes or changing schools as a consequence of homophobic and transphobic bullying, (Formby, 2013). Almeida et al (2009) found that perceived discrimination accounted for increased depressive symptomatology among LGBT males and females, and accounted for an elevated risk of self-harm and suicidal ideation among LGBT males. The LGBTIreland report (2016) also found that young people who are coming out are

doing so in challenging school environments where there has not been a significant reduction in anti-LGBT bullying in recent years. The data reveals that anti-LGBT bullying in schools can have a devastating impact on LGBT teenagers' mental health, increasing the likelihood of reporting stress, depression, anxiety, self-harm and attempted suicide. (Higgins et al, 2016). Findings indicated that being bullied in school because of LGBT identity had a strong influence on the onset of mental health difficulties for young people. Study participants (14-25 year olds) who experienced LGBT related bullying in school had significantly higher scores on the depression, anxiety, stress, and alcohol use scales.

Norman and Galvin (2006) found that 79% of SPHE teachers were aware of verbal homophobic bullying, while 16% reported awareness of physical bullying. A majority (90%) reported that school anti-bullying policies did not refer to homophobic bullying specifically. Minton et al (2008) reported that over two thirds of respondents said there was no discussion of LGBT issues in school. Similar results were reported in research carried out by Dublin City University which found that 94% of Social, Personal and Health Education (SPHE) teachers in single-sex schools and 82% in co-educational schools were aware of verbal homophobic bullying in their schools. Most teachers reported there was no mention of homophobic bullying in schools' policies on bullying. In this study, 90% of teachers indicated that there was no mention of gay and lesbian related bullying in their school's bullying policy, (Norman and Galvin, 2006). A study by the Anti-Bullying Centre in Trinity College Dublin (Minton et al, 2008) found that 50% of LGBT youth had been bullied in school in the past three months (this compared to 16% of the general youth population). In 2017, the Department of Education and Skills published a guide to second level schools for dealing with LGBT* issues. In this guide it is recommended that: "In line with the Department of Education and Skills' Anti-Bullying Procedures and the SPHE and RSE curriculum the school should provide education and awareness-raising opportunities" about gender and sexuality. Furthermore, it is stated that SPHE staff are provided with education opportunities in this subject area, that students get ongoing education about LGBT* issues and that schools respond in a planned way to students who want to come out and to students who want to transition gender, (GLEN/Department of Education and Skills, 2017). However, the guide is not enforced by a circular letter from the Department and as such it is up to individual schools how they want to address gender and sexual identity issues within schools.

Sherrif et al, (2011) found that young people require support, yet practitioners lack the training to provide that support. There is an urgent need for the development of appropriate and dedicated LGBT youth training for all practitioners working with young people. The presence of school-based supports, such as supportive staff,

student clubs for LGBT youth, and protective bullying/harassment policies, can improve the school climate for LGBT students. LGBT youth who have access to supportive teachers and other staff report feeling safer while at school (Diaz et al, 2010). The conclusions of a study by Russell, (2011) stated that “reducing LGBT related school victimisation will likely result in significant long term health gains and will reduce health disparities for LGBT people. Lee and Carpenter (2015) in a study of the training of student teachers found that both faculty and practice settings are heteronormative and indicate that student teachers felt uncertain about the safety of young LGBT people. Both LGBT and straight student teachers felt they had not been given adequate preparation to manage the complexities of diverse sexualities on teaching practice or in their future teaching. They argue that addressing heteronormativity in teacher training will better prepare student teachers for the rich diversity of students and families they will encounter in their teaching.

3.4 Community support

The evidence shows that young people identifying as LGBT* need supports in their local communities. When such supports are not available they are at risk of isolation and loneliness due to lack of social outlets, lack of peer support and opportunities to engage with others.

In Ireland, the LGBT West survey showed that 90% of the online survey respondents always or sometimes felt isolated because of their sexual orientation describing the isolation as being related to their fear of others finding out their LGBT status, (Gleeson and McCallion, 2009). The LGBT West needs analysis also found that respondents reported low levels of community supports, high levels of isolation and a number of barriers to accessing services, (Gleeson and McCallion,2009). In 2009, a Health Service Executive (Ireland) report on the health care needs of LGBT people, looked at the social exclusion of young LGBT people and the following areas were prioritised for policy makers in improving access to supports in communities:

- Improve accessibility of support and services for LGBT young people in terms of health and care services by providing training to health professionals;
- To support youth groups, in particular LGBT youth groups, who act as peer support groups for young LGBT people and to encourage health professionals and social providers to create a safe and open environment for LGBT youth, e.g. by showing receptiveness through symbols, making information accessible, demonstrating respect and acceptance, etc.
- To expand participation of, and provide support to, LGBT groups and in particular youth groups in order to raise self-esteem

Snapp et al (2015) found that as well as family and friend support, community support was a strong predictor of positive outcomes for LGBT youth. It is widely acknowledged that the young LGBT* population need safe social spaces in their communities. The LGBT West needs analysis for Galway, Mayo and Roscommon recommended the need for LGBT* targeted spaces such as a café or a resource centre, (Gleeson and McCallion, 2009). The Galway LGBT working group also noted that while there is a need to ensure adequate LGBT specific supports, it is equally important that members of the LGBT community make use of mainstream services, and that service providers ensure that their services are LGBT inclusive, (Galway LGBT Working Group, 2012). In a study of the needs of young LGBT people in Co. Clare, Tipperary and Limerick, Mannix-McNamara et al (2009) stated that initiatives for LGBT young people need to meet the young people who typically identify as LGBT early in adolescence and target early and mid-adolescence to support the process of developing a sexual identity. The report also highlighted the need for parents to have support and also that schools have a long way to go in terms of supporting LGBT youth. In a qualitative study of young people in the US, researchers conducted interviews with young people in their own communities in order to describe the resources they drew on for support. Participants described resources at many levels, emphasising organisational, community, and social factors such as LGBTQ youth organizations and events, media presence, and visibility of LGBTQ adults, (Eisenberg et al, 2017).

3.5 Gaps in service provision and recommendations for supports

The BeLongTo report (2009) found evidence of academic underachievement, isolation, fear of communicating and sharing feelings and experiences, low self-esteem and negative body image, fear of the future, bullying at school, negative reaction from family and friends among LGBT young people. The 'Access all Areas' Diversity Toolkit (Barron and Stephens, 2012) for the youth work sector in Ireland recommends the following for youth workers interacting with LGBT young people:

- Explicitly mention LGBT people in policies and procedures
- Specifically outline equality legislation in policies
- Ensure commitment to equality and inclusion are publicly known
- Ensure that policies and procedures are understood, supported and followed through by staff and volunteers on the ground
- Deliver programmes that promote diversity and challenge myths and stereotypes
- Design and deliver programmes to consciously include the needs and identities of LGBT young people
- Ensure that staff and volunteers are adequately trained to work with LGBT young people
- Provide literature, toolkits, and guidelines to educate and support workers and

volunteers on LGBT issues

The LGBTIreland study (2016) recommended the following for achieving positive change for LGBT young people:

- Reduce mental health risks and build resilience among LGBT* people
- Support the LGBT* community to flourish
- Protect and support LGBT* children and young people in schools
- Increase public understanding and change attitudes and behaviour
- Recognise the diverse needs within the LGBT* community
- Build the knowledge and skills of professionals and service providers
- Conduct further research and assess progress

3.6 Conclusions

The literature findings show that young people who identify as LGBT* or indeed who are questioning their sexual identities are at risk of difficulties across the spectrum of health, particularly mental health, social and educational environments as well as within the family and broader community. The findings from the literature support the need for a range of targeted supports across all environments that young people engage in. These environments require a scaffolding at policy and practice level which strengthens the basis for individual organisations' policies, procedures and structures. Young people identifying as LGBT* do so early in adolescence thus supports need to be actively in place at the age appropriate times in a young person's life. While there has been a number of pieces of research in the Irish context highlighting these needs and making recommendations to meet the needs, it is clear that there is much to be done at policy and practice level in terms of putting in supports to adequately meet the needs of the young LGBT* population.

4.0 FINDINGS FROM LGBT* SERVICE PROVIDERS

4.1 Introduction

This section presents findings from 5 phone interviews with LGBT youth workers in LGBT* youth services in Ireland. These services were in Galway, Louth, Tipperary, Kildare and Meath. The stand-alone LGBT* projects were in Louth and Galway and the LGBT and Trans support groups in Tipperary. The others were embedded in Youth Work Ireland projects. The purpose of the interviews was to explore the types of service provision in other areas of the country, to identify what works in terms of support to LGBT* young people and to determine the key features of the service provision.

4.2 Service description

There is consistency across service provision nationally. Support for young people is provided typically from age 14 to age 25, with the 14-17age groups meeting together and the 18-25s meeting together. The younger groups tend to be more activity led, activities that are largely determined by the young people. The activities are divided into fun based activities and issue based activities. Groups usually meet on a weekly basis and are facilitated by an LGBT youth worker and youth leaders and/or volunteers. Each LGBT service interviewed also offer awareness training to schools in their catchment areas. The training is usually a workshop offered to students, and less often is held with teaching staff.

The groups were typically set up in response to an identified local need. Sometimes they began as adult support groups and gradually came to setting up youth groups. There was evidence that some groups collaborated with each other or indeed consulted with more established groups prior to setting up. Other groups work together on specific projects e.g. Pride. Referrals 'in' tend to come from schools, community mothers, Túsla, while referrals 'out' would usually be to a counsellor, to Jigsaw or to other mental health services.

Consent and Confidentiality

Each young person (under 18) must have parental/guardian consent for joining the groups. This can present a difficulty if the young person is not 'out' to parents, in which case they are given a consent form that does not mention the LGBT* nature of the group. Most of the groups do not advertise publicly about the time and place of meetings. This is a youth led decision to ensure a feeling of safety and security about the groups:

“Confidentiality is important, time and place is not advertised. We have an informal chat first.. There is a safety and security because of that.” LGBT youth worker, Meath

“At the moment we don’t have signage, people are not up for it. There have been incidents of homophobic and transphobic bullying on the streets.” LGBT youth worker, Louth

“We are in the Youth Work Ireland building, we don’t have signage, we protect their anonymity there is nothing in the consent forms to say that it is LGBT.”* LGBT youth worker, Galway

Promotion

Some groups promote their service by putting up posters, having a facebook page, and giving out leaflets to other youth service projects. There was evidence that word of mouth was a significant method of promoting the services. Also, when the services give workshops there tends to be a growth in their numbers. Most groups send letters to schools annually to advertise their workshops.

“Biggest growth is through word of mouth but since the booklet and outreach work with schools numbers have increased”. LGBT youth worker, Meath.

4.3 Needs of the young people

The needs identified were:

- Need for a safe space to engage in peer support, support of trusted adults and to engage in relevant activities;
- Need for adults to be more educated about gender and sexuality;
- Need for schools to be more supportive of LGBT* students.
- Need for outreach to rural areas

The content of the activities of the groups is typically LGBT* specific though not exclusively so.

“[They need] a sense of identity and belonging, the feedback is that ‘this is my time’ they know that that time on Friday is a time to look forward to, they can be themselves, schools restrict...they want you to be male or female, we have gender neutral toilets, they [young people] get changed. They reclaim their personality.” LGBT youth worker, Meath.

The younger people attending need support about understanding gender and identity.

“We have a lot of non-binary young people, we work on what that means for them and we say that: who they are is not only their gender identity and we work on self-esteem and self-acceptance.” LGBT youth worker, Louth.

“[They need] support to be accepted, help to get them to understand that some people struggle that they have not got a label yet, feeling they need a label to fit in somewhere, we work by explaining that they don’t need a label, that they can go with the process.” LGBT youth worker, Galway.

There is also a social element to the support they get: *‘They need social activities where they can express themselves.’* LGBT worker, Louth.

The young people can come with experiences of mental health difficulties such as anxiety or depression, isolation or loneliness: *“They have anxiety issues, and that goes back to the sense of not knowing where they fit in”.* LGBT youth worker, Galway

“For the younger kids it’s a need for local support, for peer to peer social activities, huge sense of isolation and loneliness, and inability to talk about how they feel or what they are going through, lack of support in schools or from parents.” LGBT youth worker, Louth

“It’s a place for them to go, youth workers from all over the county would say that LGBT youth who are identifying are asking for a group, a safe space to go, to be able to be who they are, whether they are out or not.”* LGBT health support worker, Tipperary

4.4 Activities

The activities engaged in by the various LGBT* groups are wide ranging. The primary focus is on hosting LGBT support/befriending groups for both under and over 18s. The other focus is on training for other professionals and for schools, (both teachers and students). Most of the groups have youth leaders or volunteers supporting the groups as well as the paid youth workers. The activities are largely co-designed by the young people: *‘They are youth led in that the young people decide on what they want to do in their group time.’* LGBT youth worker, Louth.

There is a focus on fun themed activities as well as issue based activities. All activities involve some level of team building and/or personal development. There is an important social element to the activities.

“They are there to have fun and chat to other young people who are like themselves, it’s a supportive environment.” LGBT youth worker, Kildare

“We try to make it interesting and rewarding to the young people, they are [then] more likely to engage.” LGBT youth worker, Meath.

“A part of our integrated youth work process is about finding their talents or skills, and we get them involved in other activities that way, thus widening their circle of friends.” LGBT youth worker, Meath.

Examples of issue-based work were:

“We did an information booklet about LGBT services that were available in the county. We researched it and had a launch, the young people spoke at the launch, and invited other organisations.”* LGBT youth worker, Meath.

“We worked on gender recognition act.” LGBT youth worker, Kildare.

“The groups provide a much needed space for young people who identify as LGBT to learn the language and skills to communicate with others. A youth worker said: ‘We are providing a space for those conversations and how they can communicate those issues to others.’* LGBT youth worker, Louth.

The range of activities named were games, arts and craft, baking, song writing, radio expression, upcycling, workshops about respect, gender identity and sexual health, well-being programme, communications, self-awareness, pride events, internet safety and bullying.

The over 18s groups were described as being looser in terms of activities engaged in. They tend to be more focused on mutual support. There is also support available on a one to one basis should the young person present with a problem although it was stressed that if it is a bigger mental health difficulty they would refer on to an appropriate service.

External training and workshops

The workers all described how they offer LGBT* awareness workshops and training to external organisations including schools.

“We do LGBT awareness workshops, talk about terminology, cover issues that LGBT can face in their lives and schools, talk about how they can make their own environment more inclusive.” LGBT youth worker, Louth.

Some LGBT services provide training in schools, to both teachers and students: *‘We offer the training to the schools, around bullying, give teachers the skills of how to deal with that in the school.’* LGBT youth worker, Meath

The purpose of the workshops with students in schools was described as:

“To develop empathy in young people, to try and let them understand the issues, things that they can change about their own actions and own behaviour to make LGBT a bit easier.” LGBT worker, Galway.

“You want them to think before they say derogatory words, its little things like that, its only when we fully empathise that we will consider them in our actions.” LGBT youth worker, Galway.

There was evidence that the outcomes of such workshops were very positive:

“In some schools every student has had the workshop and they [teachers] have found that there is a huge reduction in homophobic behaviour and bullying, they are very thought provoking workshops.” LGBT youth worker Galway.

Apart from schools based training, training also takes place internally with staff or externally with other organisations. Most of the groups’ leaders spoken to have engaged in training youth leaders and volunteers. The training is in leadership, child protection and LGBT* specific issues, health related issues like STIs or related to self-harm or suicide. In some cases the training has extended to other organisations involved with youth such as Túsla community mothers, community housing staff, administration or care taking staff or with other youth services.

The need for such training was highlighted by many interviewees:

“You hear people in all walks of life getting the terminology wrong, there needs to be professional development in community and voluntary sectors. The whole

idea is that we get to a stage that we don't assume other people's sexual orientation, we look at them as a human being, for lots they don't understand, some people think it's a choice." LGBT youth worker, Galway.

There was evidence of ongoing professional development in LGBT* specific issues amongst youth workers:

"We have staff attend LGBT specific training and they feedback in staff meetings with new information, so we always get the most relevant up to date information. We are always waiting for new information but the next step for youth workers will be that in depth piece around gender."* LGBT youth worker, Meath

"We have freedom to attend any training that we might need. There is a standard child protection and induction training. We give LGBT separate training. Also other specific training around self-harm or suicide awareness training." LGBT youth worker, Louth

4.5 Challenges for LGBT* young people

The service providers identified the following challenges for LGBT* youth:

- Lack of education, training and awareness among adults, including teachers.
- Mental health difficulties
- Lack of local level support
- Tolerance of homophobic comments by teachers in schools

The interviewees spoke of the challenges faced by young people as emerging from the problem of lack of education and awareness of others, particularly in schools among both peers and teachers. Further challenges faced by the young people are mental health difficulties experienced because of feeling isolated or unsupported. The lack of training for teachers is viewed as a problem in schools.

"Lack of professional development, asking teachers to deal with issues that they have no understanding of. There is a need for continuous professional development on homo, trans and bi phobia, some teachers don't even know what transgender means so how can they explain it to a student." LGBT youth worker, Galway.

The lack of consistency among teachers in relation to school policy was noted.

“Some schools are fantastic and let kids change their name on the register, but individual teachers can become the issue, they will refuse to recognise the young person how they want to be recognised, they are then undermined by another adult.” LGBT youth worker, Meath.

There is also a gap in education around terminology for youth work staff that was noted by a youth worker and it was seen as important that this is addressed.

“Terminology, for youth workers, this is a huge topic, we are still learning ourselves, we want to make sure the information we pass onto teachers and schools that it is the best advice” . LGBT youth worker, Meath

4.6 Further supports required

Generally, the further supports needed by LGBT* youth were identified as:

- Need for more safe spaces for socialising and peer support
- Need for more visibility about LGBT* issues in society
- Need to address homophobic abuse in schools
- Need for gender neutral bathrooms in schools
- Need for education and awareness for adults

In order to meet the needs of LGBT* youth the changes that are needed were summarised as:

Need for outreach to rural areas

There is a need for more full time LGBT* workers who could travel to smaller towns.

“Especially in rural areas, there is no support in their communities, it may be the only time of the week when they connect with somebody, they may not be in school or training and they may be in their bedrooms all week, [there] needs to be a better presence of support services in their communities to support them around anxiety, stress, depression or self-harm.” LGBT* youth worker, Meath.

Need for more LGBT* support in schools

There is a particular need for teachers to have education and awareness training in the issues pertaining to LGBT* youth.

“There needs to be a lot more support in schools, teachers need better training, that’s the feedback, if it comes up in SPHE class, the teacher doesn’t know how to answer, that’s frustrating for the young person, they need somebody to be

there to support them, and people don't understand, they would like to see it being part of their education." LGBT youth worker, Galway.

It was viewed as a crucial time in a young person's life to have necessary support in the environment in which they spend most time.

"It always comes down to the school issue, a young person can really struggle for a year to get their identity recognised, it can cause an unnecessary amount of stress." LGBT youth worker, Meath.

"If support services are there it makes a huge difference. The feedback we get from parents confirms that. They see a huge difference, in their children over time and I hear that over and over again." LGBT youth worker, Galway.

Other needs were identified such as need for gender neutral bathrooms in schools and youth services, flexibility around school uniform for transgender youth, gender neutral official forms, Department of Education and Skills circular to be issued to schools for transgender students, particularly around name changes on school registers and more inclusive language on curriculum materials.

4.7 Summary

There is consistency across service provision from LGBT* service providers. Support groups are available for ages 14 to 25. The younger groups tend to be more activity focused and co-designed with the young people. The services usually provide education and awareness workshops on both an in-house and outreach basis. The needs are social, psychological/emotional, education and awareness, need for support in schools and outreach to rural areas. The challenges are mental health difficulties, lack of education and awareness in society, tolerance of homophobia in schools and lack of outreach to rural areas.

5.0 FINDINGS FROM LGBT* YOUNG PEOPLE

5.1 Introduction

This section presents the findings from 20 young people who took part in two focus groups in Co. Tipperary. 50% of those in the groups identified as LGBT*, while the remainder were allies. The purpose of the focus groups was to identify what young people need as people who identify as LGBT*, to describe what activities support those needs, to look at the challenges faced by these young people and to find out what further supports they feel that they need.

The age profile is shown in Table 1.

Table 1. Age profile of focus group participants

Age	Number
17	10
16	4
15	3
14	3

The young people represented at the focus groups attended second level schools in the following areas: Roscrea, Thurles, Clonmel, Carrick-on-Suir, Cashel and Tipperary. The young people were all involved in the Comhairle na nÓg group. Some of the LGBT* young people also attend the OUTstanding or Purple Hearts support groups in the county. Most got involved in the support groups either through word of mouth or through involvement in another youth service such as Foróige, Roscrea Youth Service, Waterford and South Tipperary Community Youth Service or Youth Work Ireland, Tipperary

5.2 Services

Services engaged in were the support groups 'OUTstanding' and 'Purple Hearts'. Other ancillary supports accessed by the young people were the support of youth workers, both one to one and in groups, and the support of some teachers in schools. Some young people accessed counselling or other mental health services as required.

5.3 Needs and activities

The needs of the young people were identified as social and psychological/emotional:

- a safe space to meet with others, LGBT* friendly places to go to
- timely access to appropriate counselling service (including gender therapy)

- the need for schools to be more responsive to their needs

Social needs

The young people said that they needed a ‘place to hang out’. The lack of an LGBT* friendly space in the county was noted.

“To drop into any time you want, a safe space with policies about homophobic language.” Young person, 17

“Informal place where people can go and build relationships.” Young person, 16

“If there was a building you could go into. There is nothing formal in Tipperary.”
Young person, 17

Psychological/emotional needs

The young people spoke about how there is a stigma associated with being LGBT*. This leads to a sense of shame and isolation about themselves. It happens amongst peers but also with teachers and school management. They said that having people around them who understood or who were open about sexuality and gender identity would help.

“If I say I identify as a guy in an all girls’ school, they may say you can’t because you are a girl. You feel ashamed.”, Young person, 17.

The lack of gender therapy was also highlighted. There are long waiting lists for Child and Adolescence Mental Health Services (CAMHS) and the nearest gender therapist is in Dublin. It is thus very difficult to access appropriate supports for mental health difficulties.

5.4 Challenges

Challenges identified by the young people were:

- The overlooking and tolerance of homophobic abuse (threat of physical and verbal) in schools’ environments
- Lack of awareness and education of significant adults in the young people’s lives
- Lack of a feeling of safety (on streets and in schools)

Homophobia

The young people spoke about the homophobia they experience, mostly in the school situation. There was evidence that this is tolerated by teachers' and that a 'blind eye' is turned when homophobic comments are made. It was noted that there is a dominant discourse of 'gay' being used as an insult and in general of homophobic language being used. Some young people said that they avoided situations which made them feel vulnerable to abuse, either physical or verbal, such as physical education class or using bathrooms.

"There is a really homophobic person in my class, he is really loud about it, and the teachers don't say anything. He just gets away with it. There is no empathy there. If it was racism it would be treated so differently." Young person, 16

"No one ever said anything to him. The teacher would just laugh." Young person, 17

"There is such a stigma around LGBT people. There is always stuff said about them."* Young person, 17

"[In] bathrooms, you can feel really awkward when they are there, you know that they are laughing at you." Young person, 17

"When I came out I was the only one, the lads were odd about it. They would make you feel awkward, around language and things like that. I hate sitting up in the front if they are behind me. I had to leave a subject once because of 'lad' lads. I wasn't supported by the teachers or the principal. They don't realise how bad it is because they weren't taught." Young person, 17

Lack of education and awareness

There was strong feedback from the young people about the lack of education in society about LGBT* issues. It was felt that there is a trend of thought amongst adults that identifying as LGBT* is 'just a phase'. Some young people said that adults think it is a choice. The lack of training of teachers in LGBT* issues was highlighted. In the young people's experience this results in tolerance of homophobia in schools. There was also evidence of management not fully recognising the importance of a discourse around LGBT* issues in schools with many examples given of tokenistic gestures happening in the schools situation without any meaningful actions to ensure equality for LGBT* students.

“Even when there is something in policy teachers can be so different about it. They haven’t been taught about how to deal with it.” Young person, 16.

“Educate the teachers before they educate us. If you put them on the spot they wouldn’t have a clue.” Young person, 14.

“It’s about getting people access to the information, adults have no clue, it’s not in the media, it’s not that parents are disgusted by it, they have no means of educating themselves, unless they really want to, unless they research it themselves. There is no way they would be exposed to the information.” Young person, 17.

“Having someone talk to a group of adults could really help someone, even pamphlets in public places, I know its basic, but adults are clueless in most places.” Young person, 16.

“It’s frustrating when teachers don’t know about things. SPHE is all about friendships. It’s disappointing when you get incorrect or random information.” Young person, 16.

There was awareness among the young people that there is a gap in their education with regards to sexual and gender issues generally.

“There should be more awareness in school, in RSE, I’ve never been given sexual education in school. The only talk I ever got was in 5th class, about puberty.” Young person 15.

There was also evidence of young people being treated inappropriately by health care professionals, in one instance a transgender boy reported:

“Social workers need to be educated on it too, in my personal experience they can be offensive. Once a social worker asked me if I was just a ‘confused lesbian’”. Young person, 17.

“Correct information, my teacher says the most ridiculous stuff. They never mention LGBTQ, you are lesbian or gay and that’s it. There’s no space for transgender.” Young person, 17.

School-based challenges

“In my school, gay is used as an insult.” Young person, 14.

The problems experienced by young LGBT* people in schools was a big area of concern for the young people in the focus groups. The problems span experiences of homophobia in the school situation, the lack of education of teachers and management in the school, the tolerance of homophobic language and behaviour by students and by teachers. There are difficulties experienced by transgender people who want to be recognised as the gender they identify with, such as changing name on school register or wearing gender appropriate uniform.

“You have to have parental consent to get your name changed on a school register for example. I don’t think you should need your parents’ consent to change your name, your opinion is not their opinion.” Young person, 17.

The young people reported that teachers overlook homophobic behaviours in some cases even joining in with laughter of students when a homophobic comment is made:

“I knew a gay couple in my school but the school wanted to shut down the openness about it, even though most people were fine about it. Adults are uncomfortable about it. They think that it’s easy to stop it. That it’s a choice.”
Young person, 16

There is a lack of visibility of LGBT* support in schools. Often when there are posters or leaflets displayed they are placed in less visible places in the school.

“There is nothing in school about LGBT, since I came out there is only one poster in the whole building, it was in the oldest part of the building, where it was dark and old and nobody goes there.” Young person, 17

“SPHE do one class in the whole year about LGBT. Teachers aren’t aware.” Young person, 16

One school of the six schools represented was described as being supportive to LGBT*: *‘Our school is very supportive, we have the flag all over the school, we had Stand UP! week and we made rainbow prints all over the school.’* Young person, 16.

Other schools were described as being more tokenistic in their support and highlighting of LGBT*: *'In my school there is a noticeboard, posters for transgender support, it's not a big thing though, it's not on the surface, it's behind the scenes.'* Young person, 15.

"Our school did Rainbow week, I feel its ticking the box, if they have a policy on it they have to prove that they have done it. The teachers are not aware of it. This year it came to the surface when the TYs [transition years] did a project. People, became aware of pronouns." Young person, 16

"It's [the noticeboard] there to look good, but it's never talked about." Young person, 15

There was also evidence of discrimination based on sexuality: *'You have to ask in school if you want to bring a girl to the debs. Last year was the first year a lesbian couple were allowed to go.'* Young person, 17

Personal safety

The LGBT* young people in the groups reported not feeling particularly safe in either schools or on the streets. In relation to schools, the young people said that it was easier to keep quiet about their sexuality because they felt that it would leave them vulnerable to either verbal or physical attack if it was known. Those who were not 'out' said that it was nerve wracking because they never knew when they would be 'outed'. They said that if parents did not know then this was a worry that they would find out without the young person having told them. They felt afraid that they would be treated differently by their peers if their sexuality was public, especially in situations like changing rooms, PE class and bathrooms.

"I generally keep quiet about it, so many people are influenced by adults, who talk about this gay thing as being new, people are agreeing with that, a lot of my close friends may not be accepting of it, you try educating them but they don't feel comfortable." Young person, 17

The young people also spoke about how they would not feel safe in public spaces especially in relation to being LGBT*.

"[My town] in general is not a safe place to walk around, there are fights, in the park, as a queer person you would not feel safe to walk around on your own. I was shouted at once. . . slurs about being queer." Young person, 16

"I know someone [who was LGBT] who had glass bottles thrown at them by someone random."* Young person 16

"The town is really religious, it's quite homophobic, I wouldn't feel comfortable holding the hand of a girl, people would come up and talk to you." Young person, 17

"Its nerve wracking because if it spread in the school, people would not like to do PE with you". Young person, 15

Some young people said that there is an insincere form of support shown towards them which can result in them experiencing heretofore friends distancing themselves from the LGBT* person because they do not feel comfortable around them.

"Girls can be condescending. Even if they say they are an ally, if your friend doesn't really accept LGBT they start distancing from you because they are afraid you'll want a relationship." Young person, 17

"In school you'd feel awkward walking past certain guys, in case he would say something to you or hit you. Or walking down the street you'd be afraid, you'd feel intimidated." Young person, 15

"Bathrooms are huge problem for trans kids and kids with different sexualities. People may not want to share bathrooms with them." Young person, 16

"The bathrooms are unmonitored so anything can be said or done. I don't use the bathroom in school anymore." Young person, 15

5.5 Outcomes

Young people described feeling happier when they felt supported. They said that they do better in life generally and in school particularly. They reported having more confidence and feeling that when they are accepted for their sexuality they are more motivated generally in life.

"You are happier, loads of people are depressed because they are not supported."
Young person, 17

“I do better in school when I’m supported. I’ve come out of my shell since I started coming to outstanding.” Young person, 16

“Knowing that there is someone you can talk to, and you feel accepted and you are motivated to do better.” Young person, 14

When asked what they would like to change for the LGBT* community they said to get rid of homophobia and for sexuality to become more normalised.

5.6 Summary

The young people said that they need a safe, LGBT* friendly space in which to engage in social activities in Co. Tipperary. They also have psychological and emotional needs that are not met, like the need for support around identifying as LGBT*. Mental health services are not as available as they need to be for this group. They currently engage in some such activities but felt that they are not as widely or frequently available all across the county. The young people who took part in the focus groups reported experiencing a range of challenges in their everyday lives, such as homophobia (both in society generally and in school specifically), lack of education and awareness among adults, especially teachers, homophobic abuse in school from their peers, lack of sexuality education in school, and fears for personal safety directly in relation to their sexuality.

6.0 CASE STUDIES: SCHOOLS

School 1. SPHE co-ordinator perspective

The teacher had previous experience of teaching in a school where two students had transitioned to a different gender. She learned a lot from this experience and ascribes it to helping her set up a response in the Tipperary school. When she first started in the school she said there was little visibility of LGBT* issues in the school environment. She was organising a well-being week and wanted to make LGBT* really visible on walls in the school as well as wanting to organise LGBT* art activities. In this regard, she consulted with two senior students in the school who were 'out'. She knew they would be open to being consulted. Conversely to what she had anticipated, the students had a different perspective on her ideas: *"They said our school was not ready for that yet."*

They recommended that she start with basic education and awareness, for both students and staff, with terminology as a key focus. She started with lessons in SPHE classes using the BeLongTo education pack, they then had a BeLongTo LGBT awareness week and displayed PRIDE flags and publicised the week and activities on twitter. She put a dedicated LGBT* noticeboard on display with information about available supports. She ensured that LGBT* issues were integrated into the work of the student support team. Students gradually became aware that she was a good source of support should they need it with regards to LGBT* issues. On the question of staff she reported that: 'it was really difficult, it never got beyond that [the student awareness]. *I went to the principal, he was very supportive but he said there are staff who would not be comfortable with it."*

She feels that older members of staff need awareness and education about LGBT* issues but says that there is resistance among several senior staff that has made it impossible up to now to arrange such training: *"There is a personal discomfort amongst people [some staff]."* She feels that in a school there must be *"the right person who is invested and who wants to help as much as possible and it must be embedded within the student support team."*

With regard to experiences of homophobia among students she reported that it was not so prevalent as a few years back. She described the needs of young LGBT* students in school as: *"wanting acceptance, wanting a progressive atmosphere. Using the correct terminology, not the flippant use of the word gay."* She also described how the LGBT* students knew which members of staff were uncomfortable with them.

With regards to the current environment she said that there is still a lack of an LGBT* community in the school. *"There are a lot of students who don't feel comfortable being 'out'. The big thing would be having the confidence. The senior students would be really good role models. It will be few years before we are down the line."*

It is evident from this case study that a little intervention can have very positive effects in a school environment, and that consultation with young people who identify as LGBT* is very important. However, there is resistance in schools to education and awareness around LGBT* issues especially from some teachers and there is resistance to increasing the visibility of LGBT* youth in the school environment.

School 2: Principal's perspective

The principal of the school reported that to date there had not been any students in the school who identified as LGBT*. She was aware that there were Education and Training Board (ETB) policies that deal with inclusion of all students generally. She also spoke about how a common discourse in assemblies was about how people are all different and that respect for everyone is of utmost importance. To date there had been no LGBT* responses in the school.

To the principal's knowledge there is direct reference to LGBT* issues in the SPHE programme and as far as she was aware some teachers would have had training in the relevant issues through SPHE continuous professional development (in service training).

An LGBT* young person was joining the school community in the coming new school year and the principal was actively seeking advice in this regard. The route to seeking advice would be speaking to the National Educational Psychological Service (NEPS) and to the ETB, as well as seeking advice from other principals.

The principal said that her own full understanding of LGBT* issues for young people would need to be looked at, she stated that she would like to be fully aware so that she could ensure the needs of such students in the future would be fully met and that she could be confident that the school's responses were appropriate and of benefit to LGBT* students. Having access to a unisex bathroom was referenced.

From this case study it can be seen that a school can exist without having any knowledge of students who identify as LGBT*. In this case there is thus no response in the school. A potential incoming LGBT* student is planned for and while there is an ethos of mutual respect for difference in the school there are no 'active' schemes involving the promotion of LGBT* rights and issues or visibility of same in the school.

7.0 FINDINGS FROM YOUTH WORKERS

7.1 Introduction

6 Youth workers from Youth Work Ireland Tipperary attended a focus group. The purpose of the group was to discuss the needs, activities and gaps in service provision for young people in the county who identify as LGBT*.

The following needs were identified as a priority: timely access to mental health services and access to education and information, the challenges they see LGBT* young people facing are documented and recommendations for changes are made.

7.2 Access to mental health services

The waiting lists for Child and Adolescent Mental Health Services are prohibitively long resulting in young people not being seen in a timely way. When a young person does get an appointment they may not necessarily get the service they need if they do not meet certain assessment criteria. The youth workers said that this was not helpful to many young people who are questioning their sexuality. It was felt that if a young person is questioning their sexuality or gender then they are entitled to psychological support. This support is not currently available.

In the under 16s age group there is a problem regarding consent. If a young person of this age does not have parental consent to attend counselling then they cannot access a service which can result in a vulnerable young person having worsening of mental health difficulties. The geography of the county also affects whether a young person can access mental health services also. The county was described as large and rural with poor public transport links.

7.3 Access to information

There is a lack of a central information point for services for young LGBT* people. A youth worker said: *'If I'm in a centre in a different part of the county, what are the services, what are recognised services, there isn't a structured centralised information point.'*

There was concern expressed about governance of LGBT* groups and indeed appropriate training for those working with such groups.

"We are affiliated to BeLongTo. There are other support groups for people but there is no guidance or control over it. There is confusion about what are the correct and right ones."

“I’d be happier if every group had to affiliate to Foróige or BeLongTo, so that there are policies and procedures and guidance to follow.”

7.4 Education and awareness

The ongoing education for staff was regarded as very important. The youth workers felt that they needed further training about how to raise awareness about LGBT* issues among the young people that they work with: *“The young people have prejudices, about people who identify as LGBT.”*

The youth workers said they would like to be upskilled about how to tackle homophobic language and attitudes in young people.

“[We need] training around challenging young people, you have to address other young peoples’ prejudices.”

The youth workers felt that LGBT* awareness needs to begin in primary schools, that it is too late by the time they get to second level as their views are already most likely to be formed.

The size of the county was viewed as a significant factor in how services are distributed. There is no public transport between north and south Tipperary so a young person may not be able to access a service. OUTstanding provides a bus collection service in a few of the bigger towns around the county to facilitate the rural spread of where young people are, however the group currently has a waiting list and cannot provide a service to everyone who wants it.

There is a distinct lack of certainty of funding for the OUTstanding group which results in pressure on staff. It is difficult to ensure there is adequate money for a consistent bus collection service. The bus service runs at least once a month. The young people who attend OUTstanding get a valuable experience of peer support as well as the support of a dedicated LGBT* youth worker. They can access one to one support as needed. Furthermore they can access other services within Youth Work Ireland, Tipperary.

7.5 Challenges

Training for teachers was regarded as a challenge. It is difficult to get into schools to provide training in LGBT* issues” *“They won’t train teachers in schools, they don’t free up time.”*

“We tried to do some training, we made a presentation to a school, we heard nothing back since.”

It was felt that there is a resistance amongst teachers about LGBT* issues.

“I was told by a teacher, ‘there are no gay young people in this school, and even if they are it’s a phase, they won’t know until they go to college’”.

It was also noted that since the Value for Money (VfM) initiatives in youth work there is a separation between youth work and schools, whereby youth workers are not encouraged to carry out work in schools.

It was felt that the Department of Education and Skills was failing to address LGBT* issues and that the lack of a top down approach to address the issues results in schools shirking responsibilities towards young people who identify as LGBT*.

“The schools will tell you they don’t need it, the barrier is the Department [of Education and Skills].”

“For a transitioning young person the nightmare can start first thing in the morning when they have to put on a skirt.”

The youth workers identified that there is also a problem in health care provision for LGBT* young people.

“Some GPs don’t know how to help, public health nurses are the same. By word of mouth young people will go to the GP who is understanding.”

The rural nature of the county was also seen as a barrier to young people who may be transitioning as there is not an appropriate service for such young people. The youth workers felt that these services are based in cities where there is more expertise.

“Accessing relevant services is very difficult, they need to go to city based projects to meet people who understand them, in terms of providing them with adequate information.”

It was felt that a solution could be if city based services could provide an outreach service at intervals, and that this would go some way toward serving the needs of young people who may be questioning their sexual identities. Likewise parents of young people transitioning lack psychological support for the change.

“Transitioning is a huge thing for a parent [of a young person], they need support, even counselling for parents, it can be like a loss.”

7.6 Recommendations for improvement of LGBT* service

The youth workers said that there is a need for a fully funded service for LGBT* in the county. The current provision is that of a part time LGBT* worker which they said is not enough for a large county. They felt that there is a need for a project that addresses the needs of young LGBT* people, and that such a service would also act as an information and referral point for other organisations.

As there is a lack of continuity of funding it was said that: *“there is uncertainty around how long the group can run for. That is wrong for the young people, that is wrong for their mental health.”*

There was evidence that such lack of certainty resulted in gaps in the service provision: *‘Last year we ran out of money and thought we couldn’t go to [the national] PRIDE, it was all up in the air for a while. It was stressful.’*

7.7 Summary

The findings show that there is a lack of support services in the county for young people who identify as LGBT*. The lack of a fully funded LGBT* project that would encompass support groups, one to one work, outreach and information services means that young people who need support are relying on an ad hoc service. A service needs to be planned and resourced to adequately meet the needs. The service should be governed in adherence to national policies and practice. There is a lack of timely mental health services available to young people questioning their sexual or gender identity which can lead to worsening of mental health difficulties for young people affected. There is a need for youth workers to engage in regular training on LGBT* issues in order to ensure they are responding in a proactive way to discrimination against young LGBT* people. The lack of training for teachers was highlighted as an area of concern, as was lack of access to schools to give education and awareness workshops.

8.0 FINDINGS FROM OTHER PROFESSIONALS

8.1 Introduction

The following a range of staff from other agencies and organisations working with young people including in Co. Tipperary attended a focus group to contribute to the research: an Advocate for Early School Leavers, an Administrator in HSE Primary Care, a Youth Justice Worker, (Garda Diversion Project), Two Youth Workers, a Child and Family Support Network Co-Ordinator, a Community Employment Leader, and a Social Worker, Túsla.

The professionals discussed the needs and challenges in relation to providing a service to LGBT* young people, the lack of education and awareness about LGBT* issues, lack of mental health services, and homophobia in professions and in schools.

The professionals expressed dissatisfaction with the service provision for young people who identify as LGBT* in the county. They described a lack of knowledge about where to access information about supports for these young people, lack of safe spaces for LGBT* youth, a lack of a centralised information point for professionals, a lack of training and awareness across all professions, a distinct gap in terms of education in schools about LGBT* issues and the existence of homophobia in general in society as well as within professions.

8.2 Needs

The professionals all felt there was nowhere to access information about the supports and services in the county. Even within one town a professional had been unaware that there was a support group for LGBT* youth in that same town.

“There is nowhere in Thurles, I would find it hard to access a support group for the young people I work with. As a professional, I find it hard to get support and advice. There is no forum to promote that there is a support group, we have a central office for everything else, this falls between departments, it should be somebody’s responsibility to information share.” Advocate for Early School Leavers

The need for an LGBT* friendly space was highlighted.

“A safe place for them to go, to have someone available to them at any time that they need. In Tipperary there are very little supports.” Youth Justice Worker.

“It’s a question of creating that sense of safety.” Children and Family Support Network co-ordinator.

Face to face support was seen as being important: *“Reading off the internet is not the same as having it explained to you, and being able to ask questions.”* Youth worker, North Tipperary

8.3 Education and awareness

There was strong evidence about the gap in education and awareness right across society about LGBT* issues and needs: *‘Even myself, I didn’t know about terminology until today.’* Administrator, HSE Primary Care.

There was consensus that education is a huge need. Training for professionals was regarded as severely lacking.

“You need as much training as you can get.” Youth worker, North Tipperary

“You can keep training, to brush up, because things keep changing.” Community Employment leader

“It’s important we are educated so that we are not further confusing them if they are starting to question themselves.” Youth worker, North Tipperary

“[We need] a media awareness campaign, nothing has been done since the referendum, there should be a campaign around LGBT relationships, to normalise it in society. I think it should start in national school. . . there is a problem with the Catholic ethos.” Child and Family Support Network co-ordinator

The social worker felt that parents and guardians need more support so that they can support the young people in their care.

“[With regard to] children in care, there is an education piece missing for parents and guardians, they struggle to know how to support young people around their sexuality” . Social Worker, Túsla

There was a sense that professionals working with young people who do not have training feel disempowered and ill-equipped to deal with LGBT* issues among young people.

“Even tutors in centres, they are not able to deal with LGBT, they are misinformed, there needs to be more training with regard to tutors and teachers. It needs to be normalised. There’s a fear of saying the wrong thing, they have openly identified that. They feel they are uncertain and that they need training.”
Advocate for Early School Leavers.

There was also a sense that although LGBT* issues come up for social workers in their day to day work it does not however translate to discussions with colleagues.

“In my team, it’s not something that comes up regularly, it’s very prevalent in the young people we are working with, but it’s not talked about in the office.”
Social Worker, Túsla

There was a sense of frustration that there is not a recognised, mainstream service to support LGBT* youth needs.

“It’s totally disjointed, everyone working with young people at any level should have access to training and information about issues as important as this, something so essential.” Advocate for Early School Leavers

The professionals reported that the lack of education in schools is a problem and that homophobic language is common among young people.

“[There is] bullying in school, name calling, that kind of thing. I don’t feel it’s being tackled in schools, there is a lack of acknowledgement from schools, I think a school thinks it has a certain [Catholic] ethos, and its brushed under the carpet, but it’s [LGBT young people] everywhere. Young kids throw queer around, like it’s a bad word.”* Child and Family Support Network co-ordinator

“It is not seen as a national problem that there is lack of recognition by the government for the LGBT community. They are not going into the schools. SPHE, it’s one class a week and it’s not compulsory for a teacher to deal with those issues.”* Community Employment leader

All attendees agreed that there was a need for a national awareness campaign about LGBT* relationships.

8.4 Lack of mental health services

The professionals felt that there is a gap in mental health services in general in the county which results in young people not getting the support that they need. It was particularly noted that when a young person turns 18 that there is a lack of supports available.

“An extra challenge is youth mental health, there is a big need in Tipperary for a Jigsaw, or a mental health service.” Child and Family Support Network co-ordinator

“Once they get to 18 they are considered adults and they are dropped out of the system that’s a big gap in service provision, there’s a huge void there for 18 to 23 year olds.” Advocate for Early School Leavers

Homophobia

When asked about homophobia in the workplace, the professionals all agreed that it was prevalent: *“Yes, there are comments, derogatory comments or jokey comments, where [LGBT*] people are downed.”* Child and Family Support Network co-ordinator

“The comments can be sly or subtle.” Youth worker, North Tipperary

“It can be adults, on tea break, they make those comments, they are uncomfortable in their own lack of knowledge.” Advocate for Early School Leavers

The evidence that homophobia is prevalent in the professional environment points to a need for national campaigns as well as to a need for regular professional development on LGBT* issues.

8.5 Summary

There was a consensus that LGBT* youth are not being addressed appropriately by the existing services. There is a lack of information available about support services, there is a lack of education and awareness in wider society as well as among professionals dealing with young people. There is evidence of homophobia existing

within professional organisations as well as in wider society. There was an expressed need for a national awareness campaign to promote LGBT* issues and relationships.

9.0 CONCLUSIONS AND RECOMMENDATIONS

9.1 Conclusions

The young people expressed a need for safe LGBT* friendly spaces to engage in, in the county. They said that schools are disappointing in how they deal with LGBT* issues and many young people experience homophobia in school and fears for their personal safety both within school as well as in the wider community. They also said that there is lack of access to mental health services when they need them.

The youth workers said that there is a need for a fully funded LGBT* project in the county, such a service would also act as an information and referral point for other organisations as well as providing support services, social space, and outreach services to rural communities, both for LGBT* young people and their families. The findings from the other professionals working with young people concurred about the lack of mental health services, lack of information and lack of support services for LGBT* young people. All professionals agreed with a need for further education and awareness for society as a whole, for educators in particular and for professional training in LGBT* issues for themselves.

The case studies of schools presented show that a little intervention can have very positive effects in a school environment, and that consultation with young people who identify as LGBT* is very important. However, there is resistance in schools to education and awareness around LGBT* issues especially from some teachers and there is resistance to increasing the visibility of LGBT* young people in the school environment.

There was a consensus from all stakeholders that the needs of LGBT* young people are not being addressed appropriately by the existing services. There is a lack of timely mental health services response and difficulties in relation to accessing counselling services. There is a lack of information available about support services, there is a lack of education and awareness in wider society as well as among professionals dealing with young people. There is evidence of homophobia existing within professional organisations as well as in wider society and particularly in schools. Young people are experiencing homophobia from peers in schools. There was an expressed need for a national awareness campaign to promote LGBT* issues and normalise LGBT* relationships.

There was a lot of consistency across findings from young people and professionals working with young people. There was a clear need expressed for further LGBT* supports in the county. In relation to schools, it should be noted that it was very difficult to secure interviews with schools, with only three responding. The schools that did contribute to the research show a mixed picture of how schools respond to and support LGBT* young people with one being proactive and youth led in terms of support, another responding on an ad-hoc basis.

9.2 Recommendations

The following is recommended based on the findings of the needs analysis:

Local

- A stand-alone LGBT* service is needed in the county, such a service could encompass a designated LGBT* friendly space for socialising for both LGBT* young people and allies, a point of support services for LGBT* young people, as well as serving as a central information point for anyone needing advice. The service would also serve as a gateway for counselling and other mental health services.
- Further funding should be sought to support youth services in increasing the offer of support/service provision to LGBT* young people and to roll out LGBT* support services to rural areas.
- Time should be allocated to LGBT* support staff for strengthening relationships between relevant school staff (SPHE, Pastoral care) in order to keep the conversation open about the needs of LGBT* young people in schools.
- Education and awareness training about gender and sexuality for adults is needed in the broader community at regular intervals.
- More support needs to be offered to schools, including awareness training for teachers.

National

- Lobbying to Department of Education and Skills to make it compulsory to have LGBT* training for teachers and trainee teachers and other staff in schools such as caretakers and administrative staff.
- Funding should be sought and used to provide education and awareness talks for adults in local communities.
- A national education and awareness media campaign is required to help to normalise LGBT* relationships.

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APPENDICES

Appendix A

List of Terms²

Bisexual is a term used to describe someone who is sexually, emotionally and romantically attracted to both men and women.

Biphobia is prejudicial or discriminatory attitudes and/or behaviour directed at bisexual people, whether intended or unintended.

Bi-erasure is ignoring, removing, or re-explaining the evidence of bisexuality.

Cisgender is a term used to describe an individual's gender when their experiences of their gender correspond to the biological sex they were assigned at birth.

Coming out is a process that involves a lesbian, gay, bisexual, transgender or intersex person developing an awareness of an LGBT* identity, accepting their sexual orientation or gender identity, choosing to share the information with others and building a positive LGBT* identity (King & Smith 2004). It not only involves coming out, but staying out and dealing with the potential challenges that one might encounter as an LGBT* person.

Demi-gender is a gender identity that involves feeling a partial, but not a full, connection to a particular gender identity. Demi-gender people often identify as gender non-binary. Examples of demi-gender identities include demi-girl, demi-boy, and demi-androgyne.

Families of choice, or 'friendship families', refer to social networks outside of one's family of origin, which have been highlighted as playing a larger role in the lives of LGBT people when compared to heterosexual people.

Female-to-Male (FTM) Transgender refers to a person assigned 'female' at birth but who identifies as male.

Gay is a term traditionally used to describe a man who is sexually, emotionally and romantically attracted to other men. While the term 'lesbian' is typically used to describe women who are attracted to other women, many women with same-sex attractions self-identify as 'gay'.

Gender fluid refers to a person who does not feel confined by the binary division of male and female.

Gender identity refers to a person's deeply-felt identification as male, female, or some other gender. This may or may not correspond to the sex they were assigned at birth.

² LGBTIreland report, 2016

Related to this is **gender expression** which is the external manifestation of a person's gender identity. Gender can be expressed through mannerisms, grooming, physical characteristics, social interactions and speech patterns.

Gender dysphoria is the formal diagnosis used by psychologists and psychiatrists to describe transgender people who experience significant distress with the sex and gender they were assigned at birth. A diagnosis of gender dysphoria does not imply mental illness but rather is used as grounds for a person to access medical treatment such as hormones and surgery.

Gender non-binary is an umbrella term for gender identities that fall outside the gender binary of male or female. This includes individuals whose gender identity is neither exclusively male nor female, a combination of male and female, or between or beyond genders. Similar to the usage of transgender, people under the non-binary umbrella may describe themselves using one or more of a wide variety of terms (e.g. androgynous, gender fluid, genderqueer, gender variant).

Gender reassignment surgery refers to a variety of surgical procedures by which the physical appearance and function of existing sexual characteristics and/or genitalia are altered to resemble that of another sex.

Heteronormative, or the 'heterosexual norm', refers to the assumption that heterosexuality is the only sexual orientation. It is closely related to 'heterosexism' (see below) and can often cause other sexual orientations to be ignored and excluded.

Heterosexual is a term used to describe someone who is sexually, emotionally and romantically attracted to a person of the opposite sex.

Heterosexism is the assumption that being heterosexual is the typical and 'normal' sexual orientation, with an underlying assumption that it is the superior sexual orientation. This assumption often results in an insensitivity, exclusion or discrimination towards other sexual orientations and gender identities, including LGBT.

Homophobia is prejudicial or discriminatory attitudes and/or behaviour directed at gay men or lesbian women, whether intended or unintended.

Internalised homophobia is the emotional and cognitive internalisation of homophobia, heterosexism and heteronormativity by lesbian, gay and bisexual people, which has a negative impact on their self-concept and self-esteem. It can be recognised or unrecognised by the individual but has been found to lead to struggle and tension, sometimes severe, for a person when dealing with their sexual orientation.

Intersex stands for the spectrum of variations of sex characteristics that occur within the human species. It is a term used to describe individuals who are born with sex characteristics (chromosomes, genitals, and/or hormonal structure) that do not belong strictly to male or female categories, or that belong to both at the same time. 'Intersex'

also stands for the acceptance of the physical fact that sex is a spectrum and that people with variations of sex characteristics other than male or female do exist.

Lesbian is a term used to describe a woman who is sexually, emotionally and romantically attracted to other women.

Lesbian/gay female is a term used in this study to denote the manner in which women self-identified. Some women identified as lesbian and others as gay, and as these groups were combined for the purpose of analysis, the term 'lesbian/gay female' is used throughout the report.

LGB is an acronym for 'lesbian, gay and bisexual'.

LGBT is an acronym for 'lesbian, gay, bisexual and transgender'.

LGBT* is an acronym for 'lesbian, gay, bisexual, transgender and intersex'.

LGBT*-friendly refers to services, programmes, groups and activities which recognise, are inclusive of and welcoming to LGBT* people.

LGBT*-specific is a term used to describe services, programmes, groups and activities that are aimed at and cater specifically to LGBT* people.

Mainstream is a term used to describe services, programmes, groups and activities which are aimed at the general population.

Male-to-Female (MTF) Transgender refers to a person assigned 'male' at birth but who identifies as female.

Minority stress is based on the premise that LGBT* people, like members of any minority group, are subject to chronic psychological stress due to their group's stigmatised and marginalised status in society. While LGBT* people are not inherently any more prone to mental health problems than other groups in society, coping with the effects of minority stress can be detrimental to LGBT people's mental health.

Pansexual is sexual attraction toward people of any sex or gender identity.

Self-harm refers to the act of harming oneself in a way that is deliberate but not intended as a means to end their life. Examples of self-harm include cutting, scratching, hitting, or ingesting substances to harm oneself.

Sexual orientation refers to an enduring pattern of emotional, romantic or sexual attraction to men, women or both. It includes a wide range of attractions and terms, the most common being gay, lesbian, bisexual and heterosexual. People who do not experience attraction to any sex may define themselves as asexual.

Transgender is an umbrella term referring to people whose gender identity and/or gender expression differs from conventional expectations based on the gender they were assigned at birth. This can include people who self-identify as transsexual, transvestite, cross-dressers, drag performers, genderqueer, and gender variant. Transgender is commonly abbreviated to trans.

Trans boy/man is a person who was assigned female at birth but who identifies as male or lives as a boy/man. Some trans men make physical changes through hormones or surgery; others do not.

Trans girl/woman is a person who was assigned male at birth but who identifies as female or lives as a girl/woman. Some trans women make physical changes through hormones or surgery; others do not.

Transphobia is prejudicial or discriminatory attitudes and/or behaviour directed at people who are transgender, transsexual, or people whose gender identity or gender expression differs from the traditional binary categories of 'male' and 'female', whether intended or unintended.

Transitioning is the process through which a person takes steps to live in their preferred gender. This can include changing appearance, mannerisms, name/ pronouns, legal documentation, and other personal, social, and legal changes. This may also include undertaking hormone replacement therapy, gender reassignment surgery and/or other treatments such as electrolysis, feminisation or masculinisation surgery and therapeutic supports.

Appendix B

Interview schedules

Young people focus group schedule of questions

1.0 Needs

I want to ask about your needs as a young person identifying as LGBT*in Co Tipperary.

Probe: Could you give me an idea of what those specific needs are, or were in earlier years?

Have you had access to facilities and support services, including community based services?

Do you see a need for a more planned and resourced community response?

Social: have you felt exclusion because of identifying as LGBT?

Have you experienced homophobia? Can you tell me more about that?

Probe: Can you give some examples?

2.0 Education

In your opinion are schools adequately addressing the needs of LGBT* young people? Probe: Can you tell me more about that?

3.0 Healthcare

Are there any difficulties in relation to getting mental health services like counselling?

What type of psychological/emotional support do LGBT* young people specifically require? In the community? In the county?

Do they get this support?

4.0 Barriers

What are the barriers for you in your community as a young LGBT* person?

Did you have barriers in your school experience?

5.0 Personal Safety

Do you feel safe as a young person living in Tipperary?

If not, can you tell me why not?

6.0 Outcomes

When your needs are met what is the result?

What improves for you when this happens?

7.0 Recommendations

Do you have any recommendations as to how things could be improved?

Probe: What you think needs to change?

School staff interview schedule

1.0 Needs

What do you see as the needs of LGBT* in your school?

2.0 Activities

Does the school address these needs?

Would you regard the school as being LGBT* friendly?

3.0 Challenges

Is lack of understanding of LGBT* issues a problem in your profession?

Is homophobia a problem that you see in your school (either among young people or staff)?

If yes, does the school address this in any way?

What are the gaps in provision? (e.g. Do you see a need for further training for staff, young people, outside organisations to come in?)

Where are the challenges for a school meeting the needs of LGBT* young people? (Probe: Lack of awareness, training? Education? Keeping up to date?)

4.0 Recommendations

What changes/recommendations would you suggest? (For management, staff, young people)

5.0 Policy and Practice

Are there policies and practice guidelines that your school uses in relation to LGBT* young people?

If there are practice guidelines does your school implement them? If not what is the barrier to this?

Would all staff be aware of structures to access support for young LGBT* in the school?

Focus groups with service providers schedule of questions

1.0 Needs

What do you see as the needs of LGBT* young people in the county

2.0 Activities

What activities address these needs?

3.0 Challenges

Is lack of understanding of LGBT* young peoples' issues a problem in your profession? In other professions?

Is homophobia a problem that you see in your work? In your organisation? In other organisations?

What are the gaps in provision?

Are the guidelines for working with LGBT* young people clear?

Are they implemented/communicated?

Do you know where to access information regarding LGBT* young people's services?

Where are the problems and difficulties for LGBT* young people?

Probe: Challenges, Schools, Other organisations, Professional development/training

4.0 Changes

What changes/recommendations are needed for the improvement of services for LGBT* young people?