

**Help Support and Advocacy Service, April 2016 - March 2017**

**Thematic report: Trans+ and Gender-Questioning Service-Users**

## **INTRODUCTION**



### **What the Service delivers**

The Intercom Trust's Help Support and Advocacy service provides integrated health and social care (non-intimate care) for those members of the public whose needs or other disadvantages are rooted in their experiences around growing up, or living as, an LGB or Trans+ person to a depth that makes it unreasonable or actually impossible to expect generic health and social care services to address their needs effectively, let alone on a level of equality with their other service-users.

These reports demonstrate the public benefit of this integrated 360-degree service for those individuals who need to turn to it, and for local communities and society as a whole.

They also stand as sound evidence that the providers and commissioners of health and social care in each locality who support this service are securely compliant with the provision of the Equality Act 2010 (§27) that lays down that a service provided to a protected minority must not be delivered to a lesser standard, or with access barriers, compared with the service being delivered to the general public.

## New format

This new tabular format contains more data than the Word-based PDFs that we have produced in the past, and allows us to publish our reports online as web pages.

This format will also make it far easier for us to create sub-reports for (e.g.) one locality, one cohort (e.g. young people, Trans+ people, older people), or, with certain limitations, one period (e.g. one quarter).

All data given here has been thoroughly anonymised. No individual service-user is identifiable.

## Source of the data

All data in this report come from our new, greatly improved, monitoring system, introduced in April 2016.

We can draw on three (partly-overlapping) cohorts within our global dataset:

### **A. "Identified" service-users**

All callers whom we can identify from one call / one meeting to another; we call these "identified service-users".

All we know about them is their general locality (in most cases), and whatever else they choose to disclose to the Helpline, or to a support-worker. However, we can connect their different contacts with the service, and thus develop a reliable profile of each individual's needs and concerns.

### **B. "Identified" service-users for whom we have opened a caselog**

The subset of group A above for whom we open a caselog. A caselog enables us to measure distance travelled and many other details of the case profile. (By "distance travelled" we mean "how far the individual has improved their health, wellbeing, personal safety, employability, etc., while supported or enabled by our Service.")

We open a caselog where there is a likely need for face-to-face, or medium-term Helpline, support.

### **C. "Unidentified" service-users**

Users of the helpline-service who as far as we can tell call us only once, maybe twice, give us little or no information about themselves, and can only be recorded as "unidentified helpline user".

### **Feedback**

We welcome feedback both about how this new report might be improved, and about future development of the Service as a whole. Please e-mail [Michael@intercomtrust.org.uk](mailto:Michael@intercomtrust.org.uk) with any thoughts.

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**Help Support and Advocacy Service, April 2016 - March 2017**  
**Thematic report: Trans+ and Gender-Questioning Service-Users**

**SUMMARY OF KEY INDICATORS**



**In this Thematic report, we have added a "Comparisons" tab, to compare the issues and profiles of our Trans+ — and Gender or Gender Identity Questioning — service-users with those of our other service-users who approached us on LGB issues only.** As would be expected, these service-users who brought the service a range of issues around gender identity also showed with a full range of sexual orientations. (See the Demographics tab.)

The Service reports very positive outcomes on some of the critical and most numerous issues brought to the service during the year, including Suicide, Self-harming, Barriers to accessing public and other services, Internalised phobia, Confusion around sexual orientation or/and gender identity, Depression, and Social isolation. (See Outcomes tab.)

In respect of all these, and others, the service has been able to prevent very significant downstream costs to the public sector, largely but by no means solely in respect of the NHS. (See Prevention tab.)

Satisfaction-levels are very high indeed. (See Satisfaction tab.)

**As always, the Service's primary functions have been (a) the provision of specialist mental healthcare, (b) the support of schools, children, young people, and families, and (c) support against crime, including historic and current sexual crime, harassment, and bullying.**

**Greatly increased use of the service**

The number of Trans+ and Gender or Gender Identity Questioning people who approached the service for specialist help in 2016-17 was **309**, a very significant increase over the previous year, when the figure was **213**.

New service-user numbers (those approaching the service for the first time), rose from **149** to **185**.

Many new service-users were from the under-18 age ranges: new CYP service-user numbers almost doubled, from **66** in 2015-16 to **124** in 2016-17. Our Transgender Guidance for Schools ([www.intercomtrust.org.uk/resources](http://www.intercomtrust.org.uk/resources))

All these figures can be found below in context in the tabs called "Overview" and "Changes"

## Help Support and Advocacy Service, April 2016 - March 2017

### Thematic report: Trans+ and Gender-Questioning Service-Users

#### Overview

Date range of this report: between 01 April 2016 and 31 March 2017

#### Number of Service activities:

#### In this period

Phone-calls, e-mails, SMS, etc.:	4,275
Face-to-face client meetings:	662
Unassigned:	2

#### Number of Service activities:

**4,939**

#### Number of different service-users:

C. Unidentified helpline callers:	16
A. Identified (at least partly) service-users:	293

#### Number of different service-users:

**309**

B. Number of identified service users for whom a caselog was opened:

157

#### First-time users: ALL

#### In this period

#### Previous period

Number of identified service-users who were using the service for the first time:

185

149

Percentage of all identified service-users:

63%

**First-time users: Children and Young People****In this period****Previous period**

Number of first-time service-users who were aged under 18:

124

66

New under-18s as a percentage of all new service-users for whom we have an age-range (n=177)

70%

**Service-users who did not use face-to-face support in this period**

Identified service-users who used the helpline service on

108

Unidentified helpline-users

16

**Total who used the Helpline service only:**

**124**

Percentage of all service-users:

**40%**

Percentage of helpline-only service users who made fewer than 3 contacts with the helpline service:

69%

**Maximum number of helpline-contacts made by any one service-user in this period:**

230

**For longer-term service-users (or those who are likely to become longer-term) we open much more detailed case-logs; these can show distance travelled, prevention of downstream costs, locality, etc.**

Number of case-logs open during this period:

177

Number of individuals (a few need more than one case-log, when they bring us several separate issues):

157

Number of case-logs closed during this period: 91

Percentage of case-logs open during this period that have been closed during the period: 51%

<b>Length of caselogs (weeks)</b>	Cases <u>opened and closed</u> within the period	Cases opened <u>earlier</u> and closed within the period
Maximum length:	48.14	294.00
Minimum length:	0.14	18.71
Number of cases:	61	30

<b>Number of cases open at end of period:</b>	86
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<b>Distribution of case-logs by <i>primary</i> locality</b>	<i>(Inevitably there are cases that cross locality-borders.)</i>	
Cornwall	26%	
Plymouth	15%	
Torbay	13%	
Devon County	40%	
Dorset Bmth or Poole	4%	
Wiltshire or Swindon	1%	
	100%	



## Help Support and Advocacy Service, April 2016 - March 2017

### Thematic report: Trans+ and Gender-Questioning Service-Users

#### COMPARISONS: Trans+ / Q service-users and other service-users

#### *Year-on-year comparisons: numbers of service-users*

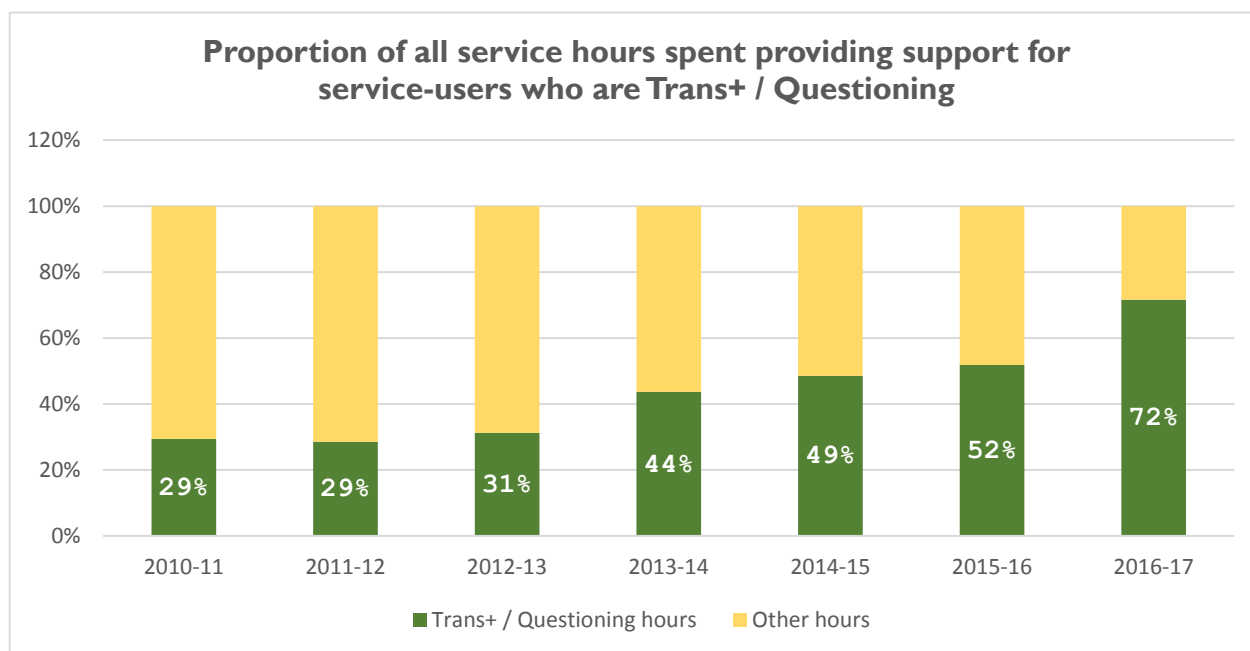
The numbers of Trans+ and Gender-Questioning service-users who approach the service for help, support and advocacy are increasing very noticeably.

The proportion of service-users who approach us on these issues increased slowly between 2010 and 2013-14, and then increased dramatically from 2014-15 onwards (see the chart of service-user numbers on the following tab, "Changes").

#### *Year-on-year comparisons: proportion of service hours*

In 2010-11, Trans+ / Q service-user hours constituted **29%** of all service hours.

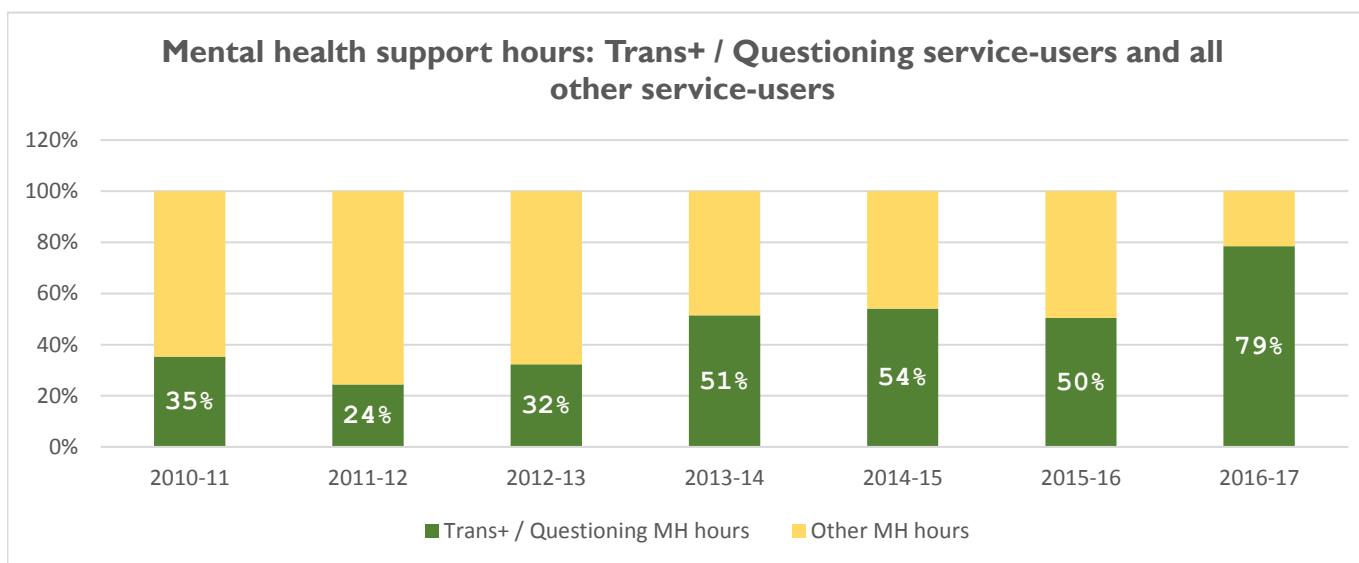
This figure has now risen to **72%** (2016-17).



**Specialist mental healthcare: proportion of service hours ...**

Providing specialist community-competent mental health support to Trans+ / Q people made up **35%** of the hours the service dedicated to providing mental healthcare.

This figure has now risen to **79%** (2016-17).

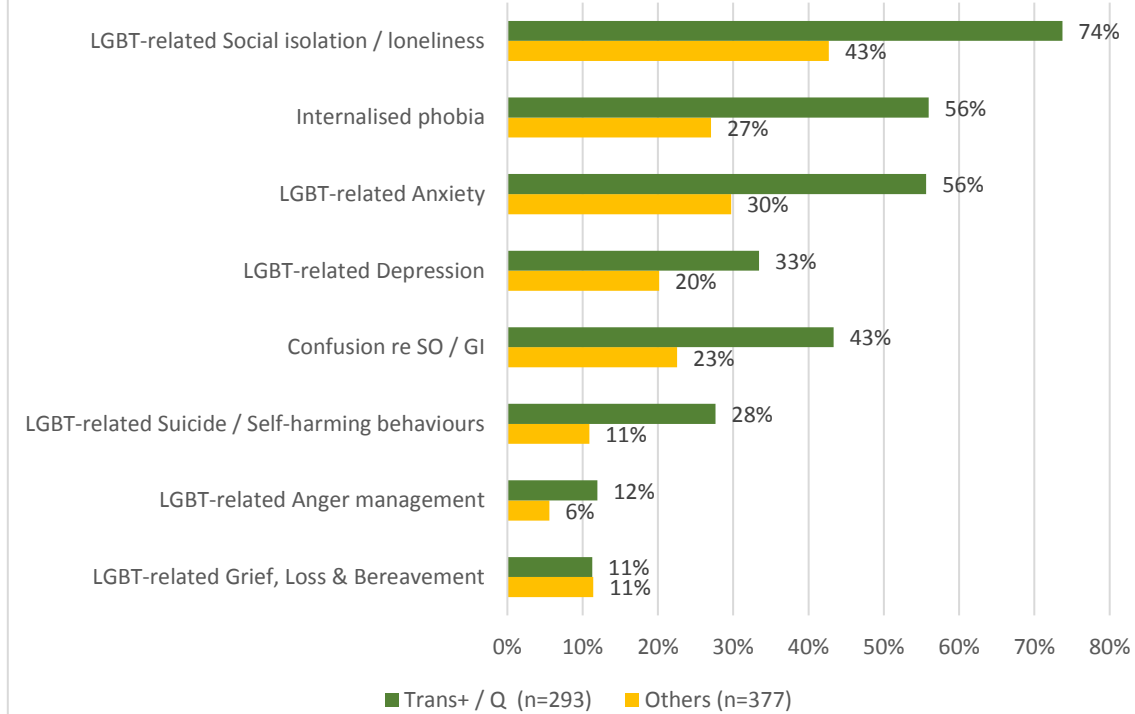


### **Mental health issues compared**

The chart below shows a very striking difference between the two groups in respect of **social isolation, anger-management, depression, anxiety and internalised phobia**. Trans+ and Questioning people are almost twice as widely affected by these as our other service-users.

Most worrying of all, however, are the comparisons in respect of **suicide and self-harm**. Our Trans+ and Questioning service-users are **nearly three times more at risk** than others.

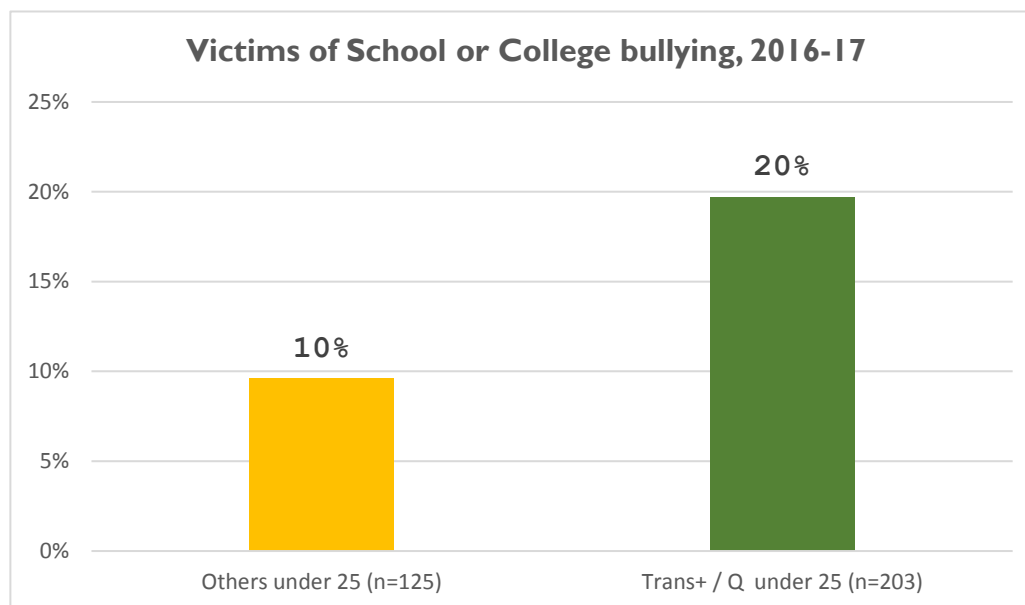
### Key high-level mental health problems, 2016-17



### Crime issues compared

There are few significant differences between the two groups in respect of crime issues, though it is noticeable that Trans+ and Questioning people present with a lower incidence of two crimes which relate to visibility in the wider community: neighbour harassment, and causing fear alarm or distress. This may relate to the higher incidence of social isolation and loneliness amongst Trans+ and Questioning service-users.

**However**, young Trans+ / Gender Questioning people are experiencing twice as much bullying at school or college as other young service-users (those who identify solely on the LGB / Questioning spectrum).



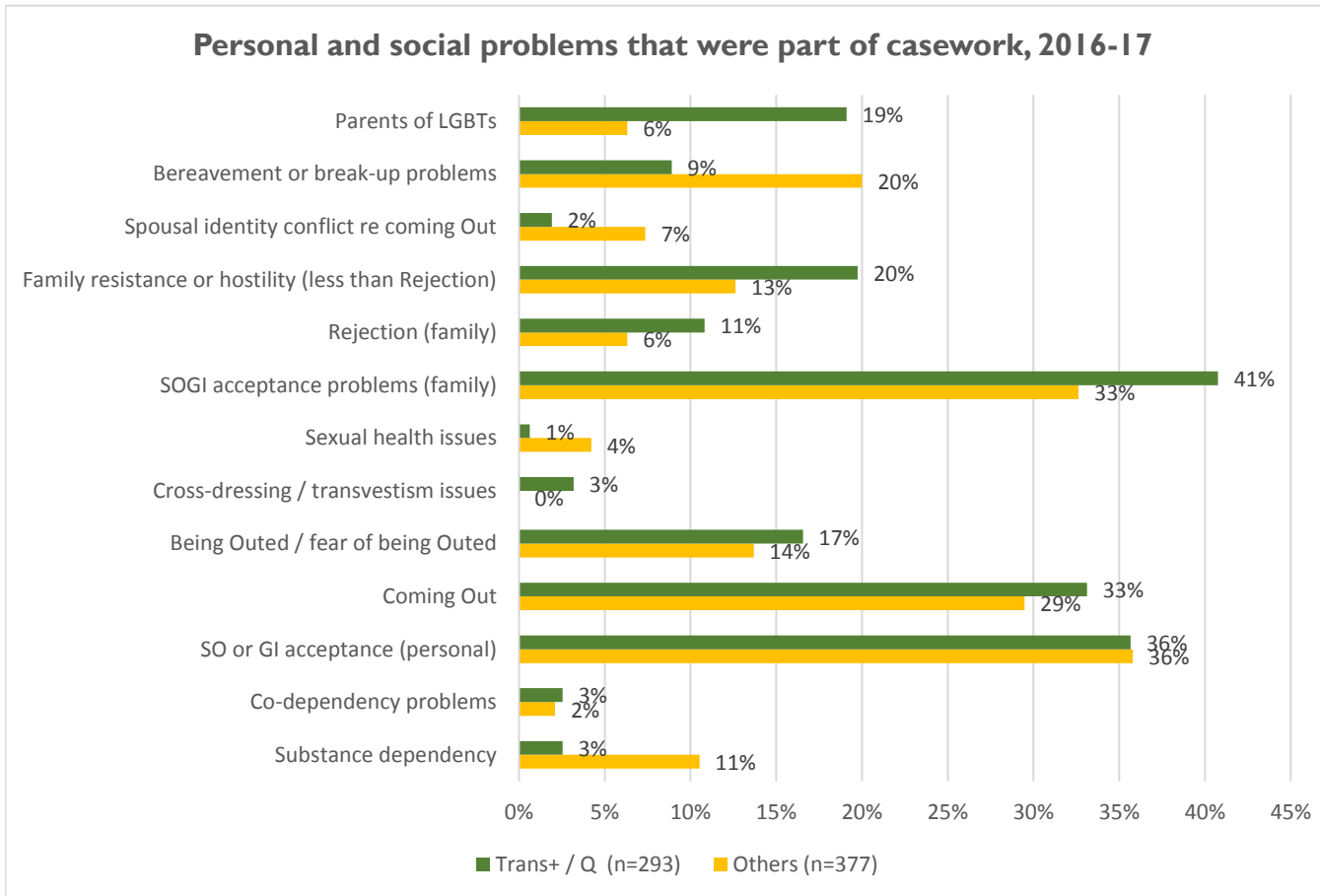
### ***Barriers to accessing services compared***

**45%** of Trans+ / Questioning service-users present with barriers to accessing services, compared with **14%** of others.

The major differences relate to schools and colleges, GPs and Health Centres, Mental Healthcare services, Children's Social Care, and Adult Social Care.

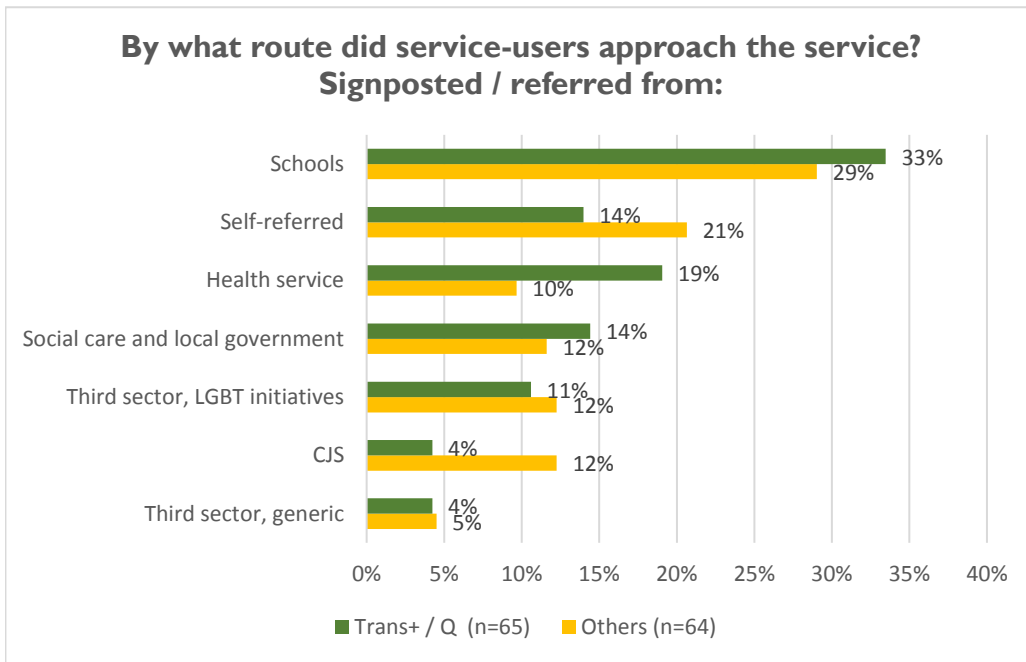
## Personal and social issues compared

Here we see that Trans+ and Questioning service-users present with a higher profile of family needs or problems, including help with parenting, family resistance or hostility, family rejection, and problems with the family accepting gender identity issues.



### How did service-users get access to the service?

A higher proportion of Trans+ / Questioning service-users were signposted to our service by the NHS, and a lower proportion were self-referred or were signposted from within the criminal justice system.



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**Demand vs capacity, 2010 - 2017**

**The service is currently funded at the level that we budgeted for in 2012-13, based on 2011-12 demand and staffing. However, in the intervening five years, demand for this specialist service from the public has increased three-fold. (See the charts below.)**

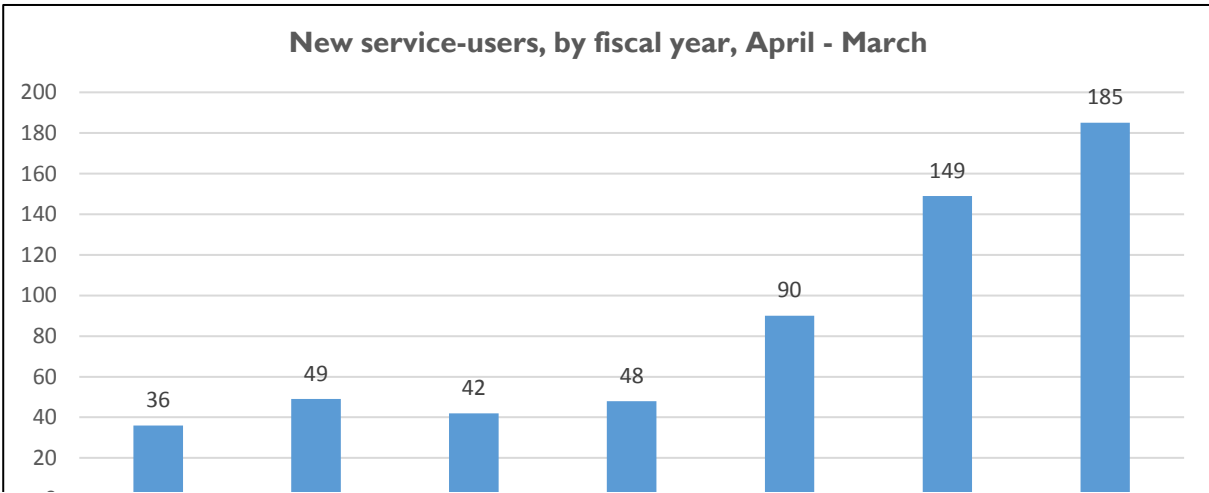
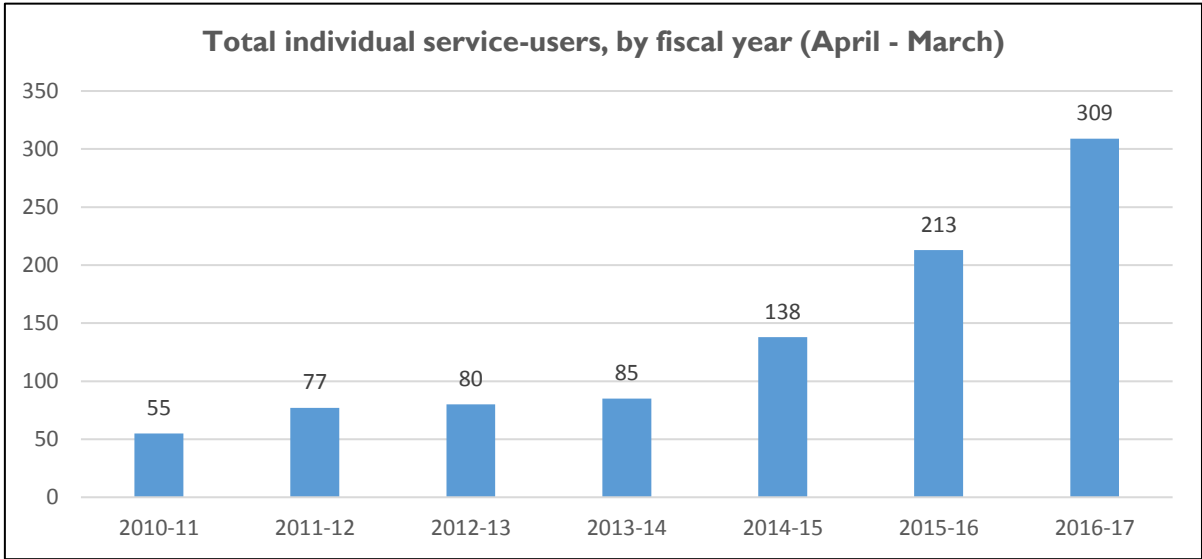
This is in spite of the fact that we are managing promotion of the service so as to try to keep demand in some relationship with the service's capacity. It is clear that if we promoted the service more widely across Cornwall, Devon & Dorset than we can risk doing at present, we would hear from many other disadvantaged people whose health, wellbeing, personal safety etc. would benefit from our support, but who do not know our Service exists.

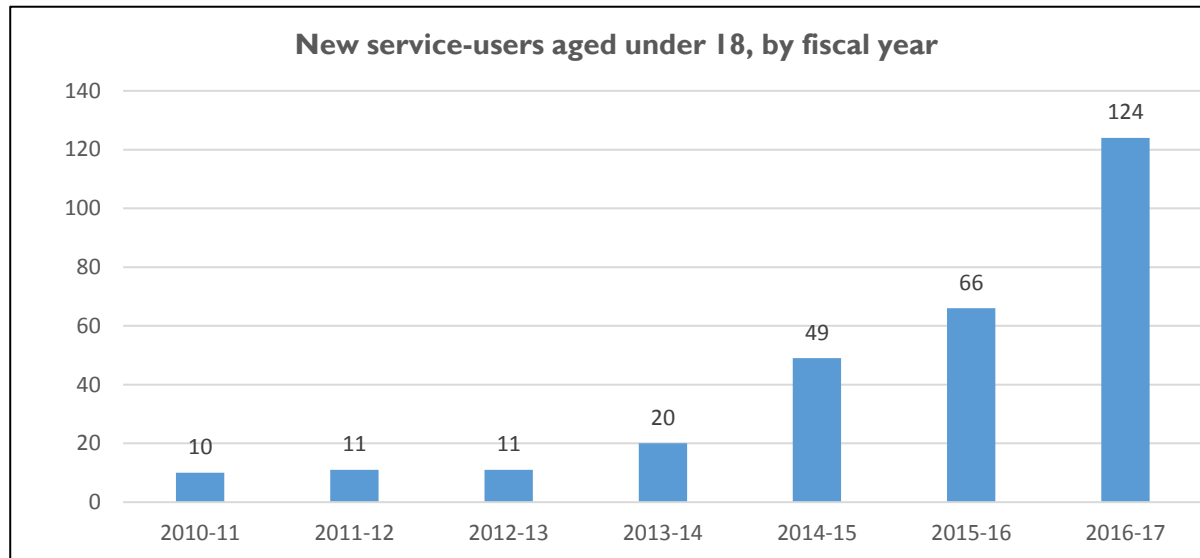
Since an increasing proportion of our cases now involve children and young people and their families (in particular families and schools, and other services, who are having to support children and young people with gender conflicts) our current casework is greatly more complex and demanding, as well as greatly increased in sheer numbers, compared with 2011.

**Also, as knowledge of the existence of our specialist service has spread to professional colleagues in the statutory and third sectors, we are finding increasing numbers of service-users are not self-referred, as they used to be, but are referred directly to us by our colleagues in other agencies. We accept only those cases where our specialist intervention and expertise are needed. The 2016-17 casework that we report on here includes only cases that generic agencies cannot be expected to deal with.**

**Recent external charitable funding does not go anywhere near filling the current gap between demand and capacity.**





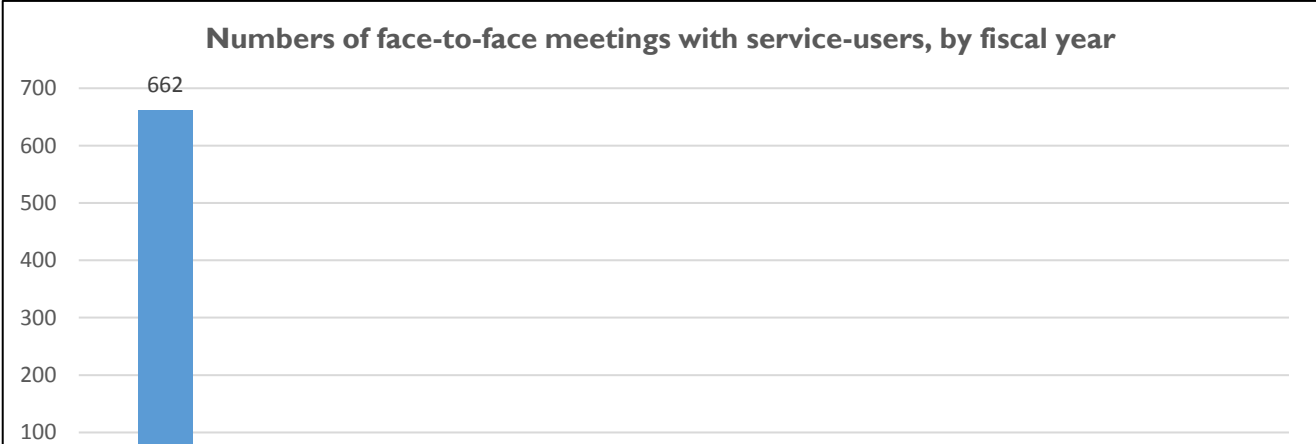
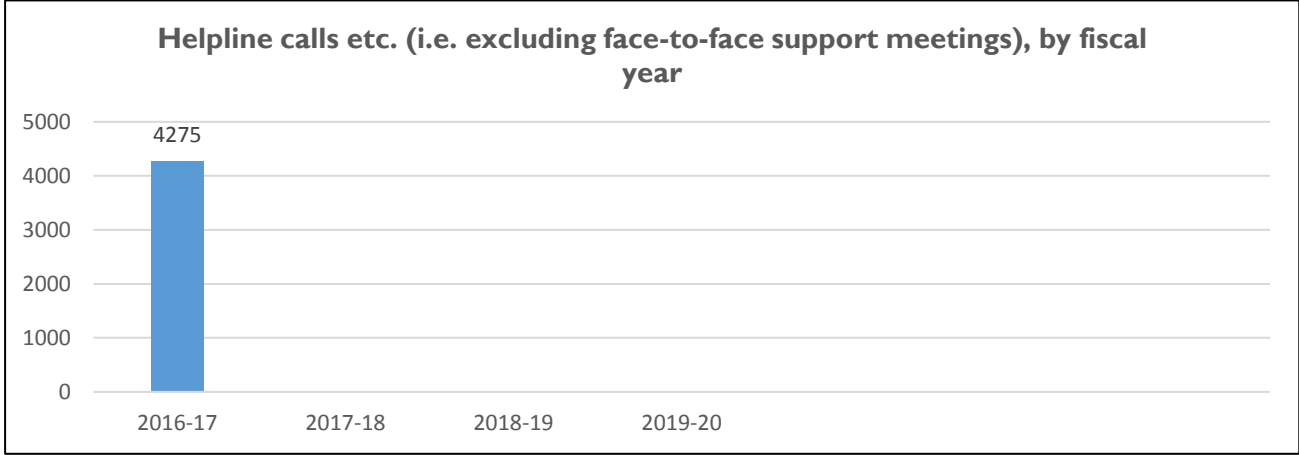


**Note on the two following charts** . We find on scrutiny that in the previous monitoring system the recording of the numbers of individual calls and client meetings was inconsistent within and across years.

The new system does not have this problem.

We will populate these charts in future years, using reliable figures from the new system.

All other records from past years are accurate (e.g. individual service-user numbers, issues, length and complexity of casework, etc.): only the counting of individual calls and meetings has proved to have been inconsistent.



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#### Demographics

<b>Age ranges (where known, n=282)</b>	
Under 12	7%
Young person 12-17	56%
Young adult 18-24	11%
Adult 25-54	21%
Older adult 55+	5%

<b>Trans+ and Questioning service-users</b>	
Service-users who approached us for help around gender / gender identity issues, including the transitioning pathway:	293
Percentage of all service-users:	100%
Percentage of these 293 who were encountering barriers to accessing public or other services:	40%
Percentage of these 293 who were encountering barriers specifically in relation to NHS care:	28%

<b>Disability / disadvantage / access needs (where relevant, and where disclosed)</b>	
Any physical, sensory or mobility disability	8%
Deaf	1%
Long-term physical health condition	10%
Long-term mental health problems	17%
Short-term mental health condition	15%
Learning disability (definite or possible)	8%
Asperger's or ASD (definite or possible)	17%
In residential care or supported / sheltered living	6%
Young carer	5%
Transport problems	10%
Rurality problems other than only transport	17%
Related problems around race / ethnicity / religion / culture / ASR status	4%
Asylum-seeker or refugee issues	0%
Offender status (not in prison)	1%
Rooflessness or risk of rooflessness	0%
Homelessness or risk of homelessness	2%
Other housing problems	5%
Substance dependency	3%
Co-dependency problems	3%

<b>Unemployment issues for those service-users for whom we had full case-logs</b>		
Unemployment is due to the problems they come to us for help with	9	
Unemployment makes these problems worse	5	
Unemployed — neither of the above	5	
<b>Total individuals affected by unemployment:</b>	<b>15</b>	<b>9.6%</b>

<b>True Gender (where disclosed and recorded, n=166)</b>	
Female	36.7%
Male	38.0%
Non-Binary	6.0%
Questioning	18.7%
Other	0.6%

<b>Gender Identity (where disclosed and recorded, n=177)</b>	
Birth Gender (e.g. where parents of Trans+ offspring were also receiving personal support)	7.9%
Trans+	72.9%
Intersex	0.6%
Questioning	18.1%
Other	0.6%

<b>Sexual orientation (where disclosed and recorded, n=49)</b>	
Asexual	6.1%
Bisexual	12.2%
Gay	6.1%
Heterosexual	14.3%
Lesbian	16.3%
Pansexual	12.2%
Questioning	26.5%
Other	6.1%

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**Barriers when accessing services**

**ANY ACCESS / ADVOCACY issues (all identified service-users)** 133 45.4%

<b>Consolidated, high-level analysis of access problems, all identified service-users (n=293)</b>		
Barriers: NHS	92	31.4%
Barriers: other health-providers	5	1.7%
Barriers: police and CJS	4	1.4%
Barriers: schools	60	20.5%
Barriers: Social Care	25	8.5%
Barriers: workplace and employment	5	1.7%
Barriers: DWP and benefits	2	0.7%
Barriers: Housing problems	4	1.4%
Barriers: third sector	1	0.3%
Barriers: commercial firms	4	1.4%
Barriers: other goods & services	5	1.7%

<b>BARRIERS AND ADVOCACY: in more detail, from the Case-logs (n=157)</b>		
Transitioning pathway (under-18s)	44	28.0%
Transitioning pathway (Adults)	34	21.7%
Schools and colleges	29	18.5%
GPs and Health Centres	24	15.3%
Mental healthcare services	17	10.8%
Adult Social Care services	8	5.1%
Children's services	10	6.4%

Hospital services	5	3.2%
Other goods and services	5	3.2%
Other health-providers	5	3.2%
Housing and landlord	4	2.5%
Policing	4	2.5%
DWP / ATOS etc.: other benefits and pensions	2	1.3%
Workplace and employment	2	1.3%
Non-Police CJS agencies (Courts, CPS, prisons, probation etc.)	2	1.3%
Shops, travel firms, etc.	3	1.9%
Problems with media / journalists	2	1.3%
Housing benefit	1	0.6%
Faith activities	1	0.6%
Non-faith third sector	0	0.0%
Leisure activities, gyms, camping sites etc.	1	0.6%
Hotels, B and Bs, restaurants etc.	0	0.0%



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#### Outcomes ("Distance travelled")

Outcomes are most useful and informative when measured at the time when a case is closed.

The tables below show the distance travelled for closed cases, under each issue,

and also report the number of cases with each issue that were still open at the end of the period.

#### Social Isolation (n=126)

Cases closed during the period	55	
Cases still open at the end of the period:	71	
<b>Total cases affected by this issue in this period:</b>	<b>126</b>	<b>71%</b>

#### Social Isolation : outcomes from closed caselogs

<b>Positive outcome:</b>	<b>45</b>	<b>82%</b>
No change:	8	15%
Situation has worsened:	0	0%
Situation has worsened for external reasons:	2	4%
	<u>55</u>	

#### Anxiety (n=107)

Cases closed during the period	47	
Cases still open at the end of the period:	60	
<b>Total cases affected by this issue in this period:</b>	<b>107</b>	<b>60%</b>

#### Anxiety : outcomes from closed caselogs

<b>Positive outcome:</b>	<b>39</b>	<b>83%</b>
No change:	6	13%
Situation has worsened:	1	2%
Situation has worsened for external reasons:	1	2%
	<u>47</u>	

#### Confusion around Sexual Orientation / Gender Identity (n=100)

Cases closed during the period	42	
Cases still open at the end of the period:	58	
<b>Total cases affected by this issue in this period:</b>	<b>100</b>	<b>56%</b>

#### Confusion around Sexual Orientation / Gender Identity : outcomes from closed caselogs

<b>Positive outcome:</b>	<b>37</b>	<b>88%</b>
No change:	5	12%
Situation has worsened:	0	0%
Situation has worsened for external reasons:	0	0%
	<u>42</u>	

### Internalised Phobia (n=91)

Cases closed during the period	41	
Cases still open at the end of the period:	50	
Total cases affected by this issue in this period:	91	51%

#### Internalised Phobia : outcomes from closed caselogs

<b>Positive outcome:</b>	<b>37</b>	<b>90%</b>
No change:	3	7%
Situation has worsened:	0	0%
Situation has worsened for external reasons:	1	2%
	<u>41</u>	

### Access barriers / Discrimination (n=99)

Cases closed during the period	54	
Cases still open at the end of the period:	45	
Total cases affected by this issue in this period:	99	56%

#### Access barriers / Discrimination : outcomes from closed caselogs

<b>Positive outcome:</b>	<b>53</b>	<b>98%</b>
No change:	1	2%
Situation has worsened:	0	0%
Situation has worsened for external reasons:	0	0%
	<u>54</u>	

### Depression (n=66)

Cases closed during the period	27	
Cases still open at the end of the period:	39	
Total cases affected by this issue in this period:	66	37%

#### Depression : outcomes from closed caselogs

<b>Positive outcome:</b>	<b>21</b>	<b>78%</b>
No change:	5	19%
Situation has worsened:	1	4%
Situation has worsened for external reasons:	0	0%
	<u>27</u>	

### Self-harming (n=45)

Cases closed during the period	22	
Cases still open at the end of the period:	23	
Total cases affected by this issue in this period:	45	25%

#### Self-harming : outcomes from closed caselogs

<b>Positive outcome:</b>	<b>18</b>	<b>82%</b>
No change:	3	14%
Situation has worsened:	0	0%
Situation has worsened for external reasons:	1	5%
	<u>22</u>	

### Suicide and Parasuicide (n=37)

Cases closed during the period	19	
Cases still open at the end of the period:	18	
Total cases affected by this issue in this period:	37	21%

#### Suicide and Parasuicide : outcomes from closed caselogs

<b>Positive outcome:</b>	<b>17</b>	<b>89%</b>
No change:	2	11%
Situation has worsened:	0	0%
Situation has worsened for external reasons:	0	0%
	<u>19</u>	

### Grief Loss and Bereavement (n=23)

Cases closed during the period	12	
Cases still open at the end of the period:	11	
Total cases affected by this issue in this period:	23	13%

#### Grief Loss and Bereavement : outcomes from closed caselogs

<b>Positive outcome:</b>	<b>8</b>	<b>67%</b>
No change:	4	33%
Situation has worsened:	0	0%
Situation has worsened for external reasons:	0	0%
	<u>12</u>	

### Crime (n=19)

Cases closed during the period	9	
Cases still open at the end of the period:	10	
Total cases affected by this issue in this period:	19	11%

#### Crime : outcomes from closed caselogs

<b>Positive outcome:</b>	<b>8</b>	<b>89%</b>
No change:	1	11%
Situation has worsened:	0	0%
Situation has worsened for external reasons:	0	0%
	<u>9</u>	

### Anger management (n=22)

Cases closed during the period	10	
Cases still open at the end of the period:	12	
Total cases affected by this issue in this period:	22	12%

#### Anger management : outcomes from closed caselogs

<b>Positive outcome:</b>	<b>7</b>	<b>70%</b>
No change:	2	20%
Situation has worsened:	0	0%
Situation has worsened for external reasons:	1	10%
	<u>10</u>	

### School Attendance (n=28)

Cases closed during the period	15	
Cases still open at the end of the period:	13	
Total cases affected by this issue in this period:	28	16%

#### School Attendance : outcomes from closed caselogs

<b>Positive outcome:</b>	<b>8</b>	<b>53%</b>
No change:	4	27%
Situation has worsened:	3	20%
Situation has worsened for external reasons:	0	0%
	<u>15</u>	

### Workplace and Employment problems (n=18)

Cases closed during the period	7	
Cases still open at the end of the period:	11	
Total cases affected by this issue in this period:	18	10%

#### Workplace and Employment problems : outcomes from closed caselogs

<b>Positive outcome:</b>	<b>2</b>	<b>29%</b>
No change:	4	57%
Situation has worsened:	1	14%
Situation has worsened for external reasons:	0	0%
	<u>7</u>	

### Substance Abuse / Self-Medication (n=11)

Cases closed during the period	6	
Cases still open at the end of the period:	5	
Total cases affected by this issue in this period:	11	6%

#### Substance Abuse / Self-Medication : outcomes from closed caselogs

<b>Positive outcome:</b>	<b>3</b>	<b>50%</b>
No change:	2	33%
Situation has worsened:	0	0%
Situation has worsened for external reasons:	1	17%
	<u>6</u>	

### Food and Eating problems (n=12)

Cases closed during the period	4	
Cases still open at the end of the period:	8	
Total cases affected by this issue in this period:	12	7%

#### Food and Eating problems : outcomes from closed caselogs

<b>Positive outcome:</b>	<b>0</b>	<b>0%</b>
No change:	3	75%
Situation has worsened:	1	25%
Situation has worsened for external reasons:	0	0%
	<u>4</u>	

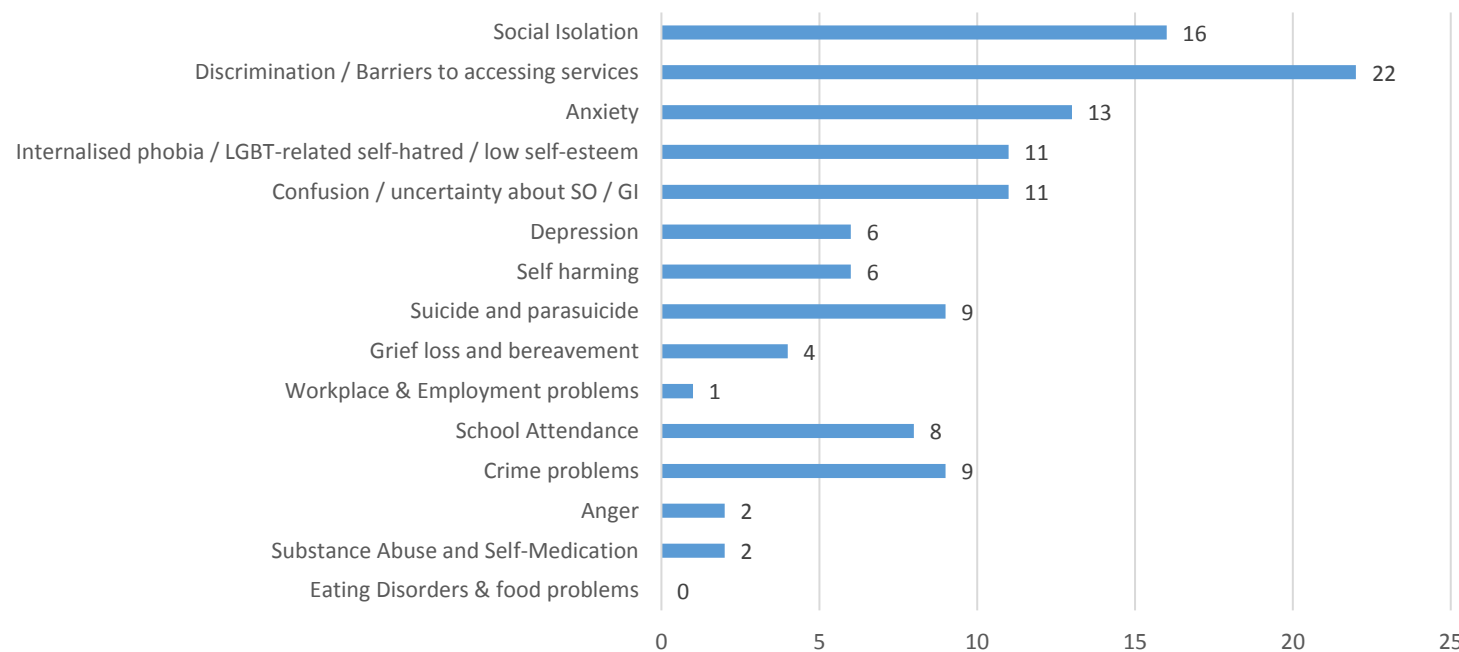
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### Thematic report: Trans+ and Gender-Questioning Service-Users

#### Prevention of downstream costs

Total of individuals with <u>closed</u> caselogs in respect of whom the Service has been able to prevent future downstream costs to the public sector	<b>40</b>	44%
Number of individuals with caselogs that are still open at the end of the period:	<b>84</b>	
Number of caselogs that are still open at the end of the period:	<b>86</b>	

HSA Service has prevented downstream costs to public services (per individuals, including those with cases that are still open)



## Help Support and Advocacy Service, April 2016 - March 2017

### Thematic report: Trans+ and Gender-Questioning Service-Users

#### Mental Health related issues

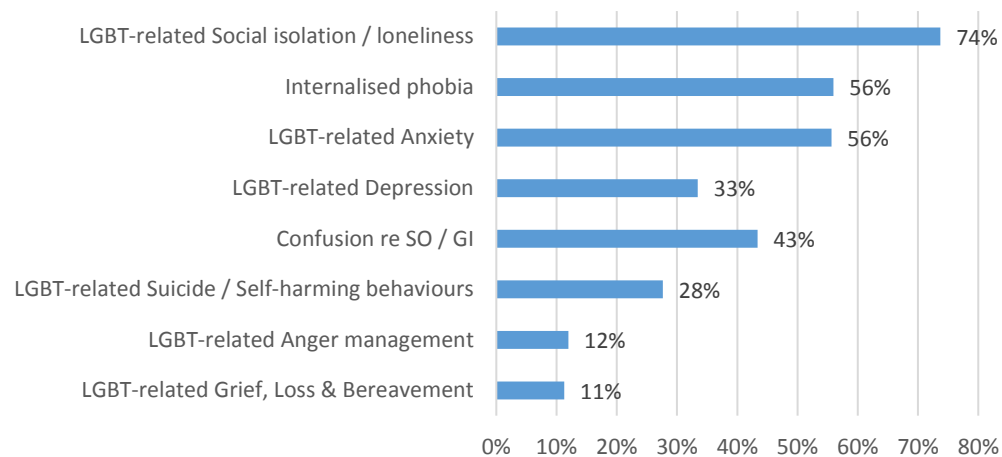
Number of identified service-users who bring us any mental health problem:	246
<b>Percentage of all identified service-users</b>	<b>84%</b>

#### MH support as a proportion of all support hours

MH support hours:	1818
All support hours:	2012
<b>Proportion of support hours which involve MH support:</b>	<b>90%</b>

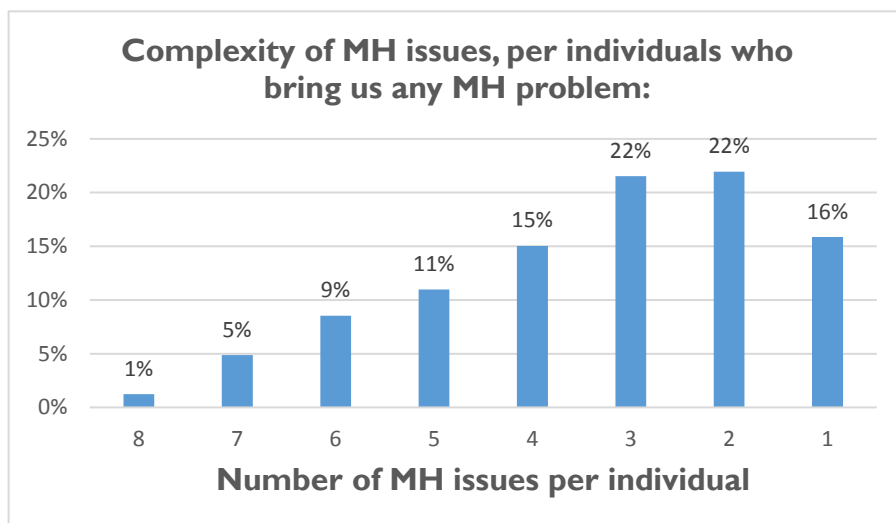
#### High-level mental health problems

High-level MH problems as a proportion of all identified service-users (n=291)



### Complexity of MH casework (all these issues are LGBT- related) — MH issues only

Proportion of identified service-users who bring us between 3 and 5 different mental health issues:	48%
Proportion who bring us between 6 and 8 different MH issues:	15%



### Other mental health issues from the more detailed Case-logs (n=157)

Self-esteem problems other than Internalised Phobia	57	36.3%
Social phobia / agoraphobia	17	10.8%
Grief and Loss other than bereavement / break-up	12	7.6%
Self-medication with drugs / alcohol	8	5.1%
Obsessive / compulsive behaviours / thinking	6	3.8%
Eating disorders	5	3.2%

Other food problems	5	3.2%
Sexual behaviour problems (non-crime)	4	2.5%
Other drug / alcohol issues	3	1.9%
Addiction (drugs / alcohol)	1	0.6%
Non-substance addiction issues (e.g. sex)	1	0.6%
Clinical issues: e.g. personality disorder, psychosis, bipolar, PTSD	0	0.0%



## Help Support and Advocacy Service

April 2016 - March 2017



### Thematic report: Trans+ and Gender-Questioning Service-Users

#### Crime-related issues

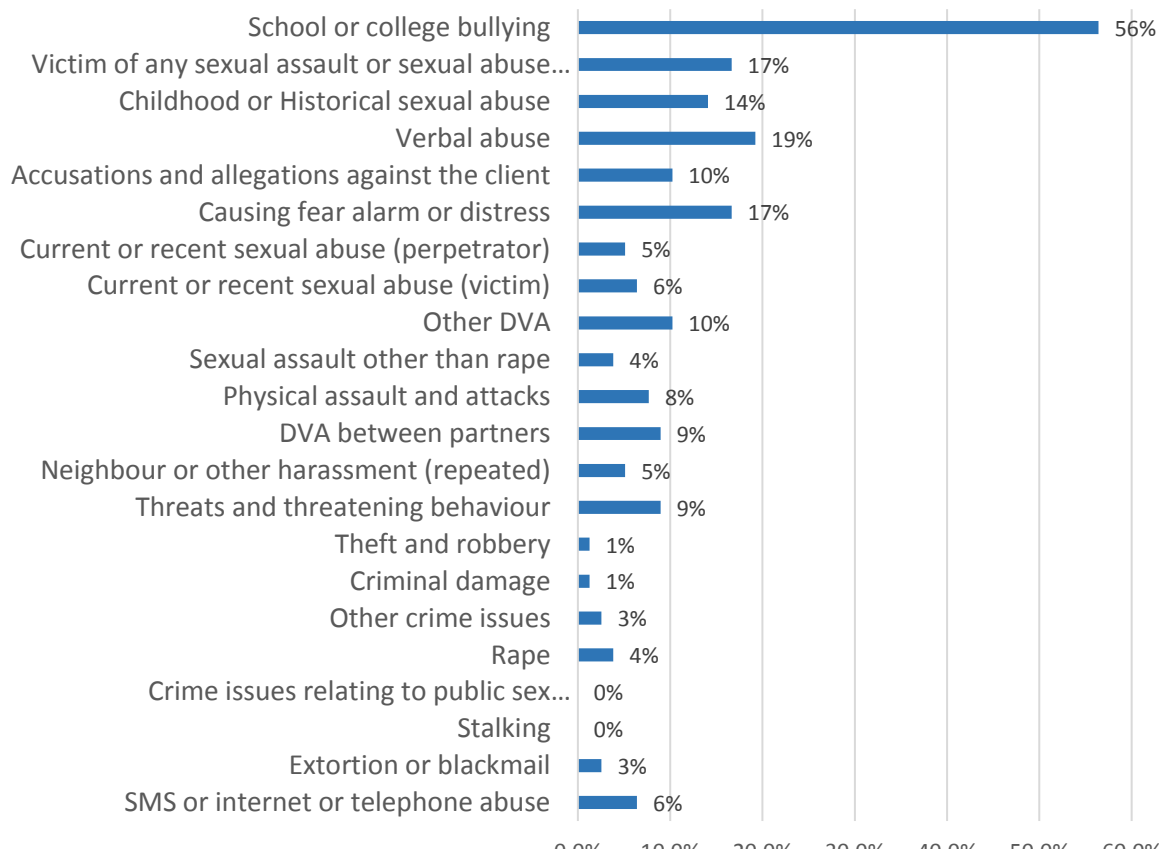
Number of identified service-users who brought us any crime-related problem:	78
Percentage of all identified service-users	27%

Number of one-off helpline-users who also brought us a crime-related problem:	0
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Number of service-users with caselogs that involved a crime-related problem:	18
Percentage of individuals with caselogs that involved a crime-related problem:	11%

Helped to stay safe (including open cases):	9
Percentage who have been helped to stay safe (including open cases):	50%

Percentage of those affected by crime, (n=78)



## Help Support and Advocacy Service, April 2016 - March 2017

### Thematic report: Tran+ and Gender-Questioning Service-Users

#### Family and Relationship problems

#### Amongst all identified service-users (n=293)

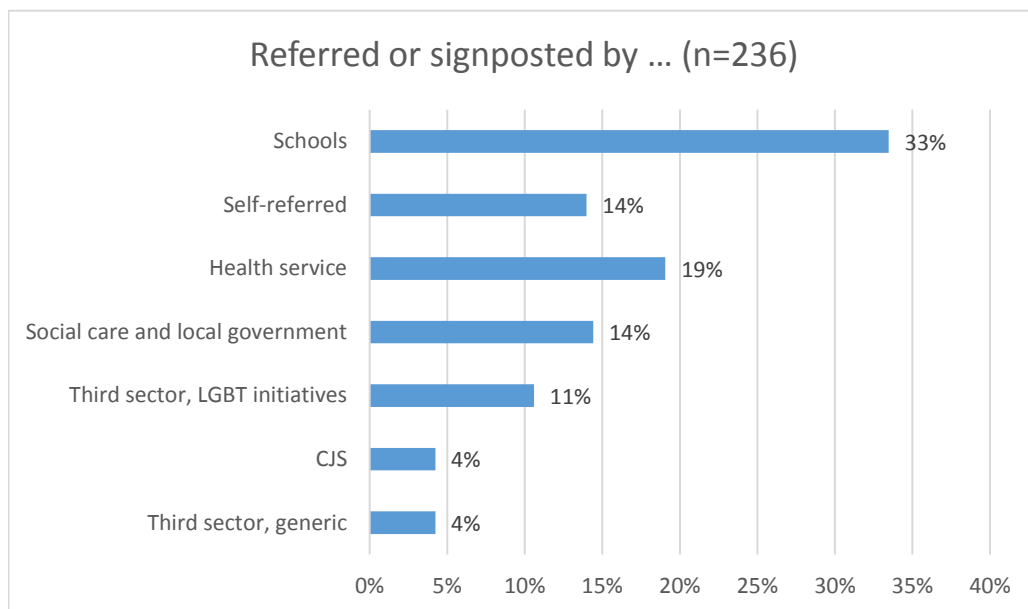
Any family or relationship problem (see below for details)	193	66%
Any DVA (see Crime tab for details)	30	10%

#### From the more detailed Case-logs (n=157)

Acceptance problems amongst family re Sexual Orientation / Gender Identity	64	41%
Family resistance or hostility (less than Rejection)	31	20%
Parents of LGBTs	30	19%
Friendship or peer conflict or other issues	39	25%
Other (non-crime) family or relationship issues	34	22%
Coming Out	52	33%
Bereavement or break-up problems	14	9%
Rejection by family	17	11%
Being Outed / fear of being Outed	26	17%
Spousal identity conflict re coming Out	3	2%
Co-dependency problems	4	3%
Sexual behaviour problems (non-crime)	1	1%
LGBT Parenting	4	3%

**Help Support and Advocacy Service, April 2016 - March 2017**  
**Thematic report: Tran+ and Gender-Questioning Service-Users**  
**Origins and Signpostings**

**By what referral or signposting route did service-users reach our service?**



**Which agencies did we signpost our service-users to for the provision of generic, or specialist services?**

Number of individuals with casefiles whom the Service signposted towards another agency:	124
Percentage of all service-users with casefiles:	79%

*Note: Signposting service-users towards other agencies for the generic support they needed on a particular topic does not necessarily imply that we ceased to provide them with our own support on our specialist issues.*

<b>Agencies we signposted towards:</b>	<b>%age of all case-logs</b>
Trans initiatives	48.6%
LGB initiatives	25.4%
Intercom's online community directory	27.1%
CYP gender clinic	31.6%
Adult gender clinic	15.3%
GP practice	10.2%
Mental healthcare (NHS)	6.8%
CAMHS	9.6%
Other agency	4.0%
Police diversity officers etc.	2.8%
Mental healthcare (Intercom counselling team)	3.4%
Social services	5.1%
NHS PALS or Ombudsman or Healthwatch	4.0%
Mental healthcare (private)	2.3%
GU clinic / Sexual health agency	0.0%
Citizens Advice	0.6%
Social housing provider	1.7%
Lawyer (civil or criminal)	1.1%
Hospital	1.1%
Learning difficulty support service	0.6%
IPCC (for police complaints)	1.1%
Other ombudsman	1.1%
Local Councillor / MP	1.1%
SARC	0.0%

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## Help Support and Advocacy Service, April 2016 - March 2017

### Thematic report: Tran+ and Gender-Questioning Service-Users

#### User satisfaction



Number of calls and meetings that were evaluated:	2,308
High-level evaluated user satisfaction:	99.26%

#### Detailed report:

User expressed explicit satisfaction:	53.5%
Service delivered exactly what was asked for:	37.7%
Support-worker had evidence to judge that service-user was satisfied:	8.1%
Service-user expressed themselves dissatisfied:	0.48%
Service-user expressed themselves very dissatisfied:	0.26%
	<hr/>
	100.0%

#### Balance of dissatisfaction and satisfaction

Number of individuals who at some point recorded being dissatisfied / very dissatisfied:	3
Number of events where these service-users expressed dissatisfaction:	17
Number of events where the same service-users recorded explicit satisfaction:	71

#### Representative comments from service-users (out of 264 similar comments)

[Client] immensely complimentary about Intercom's work,[senior staff member]'s skills, and specifically the way Intercom is leading on this and supporting her.

"You've calmed me down a lot and I've stopped crying now."

Client thanked me for my help and said she appreciated it and it helped to have me available for her.

"Thanks you've been an amazing support"

"Thank you for all your help [support-worker]. I felt so much better knowing we have some support. You were really helpful on the phone."

Thanked me for being there and for my ongoing help.

Was glad to have someone with whom to talk and said he looked forward to meeting with me and expressed hope we could help him find connection.

"And yesterday would not have concluded so well if u hadn't started that letter so thank you big time. It inspired me to complete what u started yesterday."

"Thanks [support-worker]. That's great - [Client]'s dysphoria is showing up more and in new ways at the moment so they'll be pleased is moving forward.

"Thank you, you've done a great job, so helpful."

"Thank you for your help and we are really grateful for the schools document."

Said he felt a lot better after talking about everything.

"Thanks ever so much for all your kindness and help."

Client stated that it was because of my help and work with her that she has been able to get out more and make the progress she has made. She was emphatic that it was because of me that she has made the progress.



"Great I know I now have local support."

Was really pleased with the genderbread visual and thanked me for helping them to understand things a bit clearer.

"Thank you so much, it's nice to talk to someone who understands."

"Genderbread leaflets were absolutely brilliant."

"Its great to know we have someone to support us...thank you for getting in touch so quickly."

"Thank you so much for your time. I was able to say what I needed to without being rushed."

"I knew you would be the right person to speak to as soon as your service was mentioned by my colleague."

"It always helps talking to you."

"Thank you so much for meeting me on Tuesday, I found it so empowering and am now feeling much more positive. You are doing a great job and are so easy to talk to."

"Life is made easier when there are organisations like yours around."

[Support-worker] has been amazing and helped her to "finish the puzzle with the right piece rather than trying to fit the wrong piece in". His kindness and persistence has made this happen and she's anxious to say thanks.

Mum and client thanked us for support.

"Thank you so much for coming in and chatting to us. It's really good having you to talk to and knowing you can support us."

"Thanks for the info! I feel happier. I can go through this process without worry now! Thanks again!"

"[Young client] was beaming after their meeting with you."

"That's brilliant...thank you so much..."

"Everyone feels it would be helpful to have you come in to support us."

"Thank you! Its been a challenging day! But made better by the fact I have support! Catch up later! Thanks again!"

"Thank you. [Young client] came home from school much more relaxed and happy."

"It's made a huge difference and enabled me to have the confidence to go out and meet people. People who I can build networks with and hopefully work with/for in the future".

Very happy we can assist him in looking at his gender issues.

"I am so glad that I linked in with Intercom Trust. They are a brilliant organisation. Grateful for the help, support and information they offer me. Helps me feel less scared and isolated."