Trans people's experiences of healthcare in England

A Community Engagement Report from the TRANSforming Futures partnership

By Levi Hord

& Kirrin Medcalf

Transforming Futures

National Lottery Community Fund

Table of contents

Foreword 3

Executive summary 4

Methodology overview 7

Issues in healthcare for trans people 8

1. Issues with the gender clinic system 8
2. Barriers to accessing healthcare 12
3. Issues with healthcare practitioners 15
4. Accessing information about transition-related healthcare 18
5. Issues in the NHS 21
6. Availability of mental health support 25

Overall challenge: a lack of research 27

Ideas for improving healthcare for trans people **29**

1. Improving outcomes in the current healthcare system 29
2. Making changes to the healthcare system 32

Additional suggestions from experts and participants 38

What next? 41

Appendix 42

Partnership organisations 42

Supportive organisations mentioned by participants 43

Methodology and demographics 44

Glossary 49

Foreword

This is one of three Community Engagement reports from the TRANSforming Futures partnership. We are a group of trans equality focused organisations working together on a ground-breaking five-year project, funded and supported by the National Lottery Community Fund, which aims to create lasting change for trans communities in the healthcare and criminal justice systems. This report focuses on trans people's experiences of healthcare.

The TRANSforming Futures project came from a need to create space for, and make a record of, trans communities' ideas, experiences and voices. This is qualitative research led by, and focused on, a diverse range of trans people in England.

The proposals and solutions included here are not policy recommendations, and they do not represent the view of any one organisation or individual. We have foregrounded a range of suggestions from trans people themselves, with the hope that they will spark further discussion and future action. Suggestions herein may also go on to become funded projects with TRANSforming partners.

This report is the starting point of a conversation. As well as exploring trans people's experiences of healthcare and criminal justice systems, this project provided crucial time and space for trans communities to discuss the problems they face. Even more importantly, participants were asked to imagine their own solutions – large and small – to these problems. This in itself is an act of healing and reclaiming power.

In this report we use the term 'trans' inclusively (see the glossary on page 49), standing in for the rich variety of terms our participants used to express their genders. While there is no one single voice of trans communities, in these reports we have worked to centre the voices of those most impacted by transphobia – namely those whose gender identity intersects with other aspects of their identity, especially race and disability.

TRANSforming Futures is a partnership project between Be:North, CliniQ, Consortium, Galop, Gendered Intelligence, GIRES, Mermaids, Stonewall, and Sparkle. It is funded by the National Community Lottery Fund. The partnership intends to use the ideas generated within these consultations to create new projects that will run over the next three years.

This project would not have been possible without the generosity, trust, enthusiasm and love of every trans person who contributed. Particular thanks go to the phenomenal Levi Hord who analysed the data and created this report, to our fabulous graphic designer Cosette Pin, to the amazing counsellors Ellis Johnson and Kris Black, and to the brilliant facilitators: Chay Brown, Drew Simms, Ellis Johnson, Kirrin Medcalf, Sabah Choudrey, Shon Faye and Toryn Glavin. This project would not have succeeded without the hard work, advice and input of the fantastic Kieran Wilson, Kuchenga Shenje, Melz Owusu, Suzanna Hopwood and the Stonewall Trans Advisory Group.

Executive summary

This is one of three Community Engagement reports from the TRANSforming Futures partnership. Drawing on a survey, workshops and contributions from health and community experts, the research details trans people's experiences of problems in healthcare and highlights participants' proposed solutions to some of these problems. These are not policy recommendations, and they do not represent the view of any one organisation or individual. We have foregrounded a range of suggestions from trans people themselves to spark further discussion and future action.

Issues in healthcare for trans people

1. Issues with the gender clinic system

Many participants identified experiences with gender clinics as one of the hardest parts of their transition, mainly because of long wait times and difficult experiences with clinic staff. Problems included a lack of communication while waiting, administrative errors leading to people waiting longer, and many struggling with mental health breakdowns during the long wait.

Navigating NHS diagnoses and referrals processes was difficult, and many turned to private care or self-medication instead.

Many participants experienced medical gatekeeping, including invasive inspections of their personal histories, mannerisms and dress. Participants said information was withheld or obstructed, making it harder to navigate the system.

2. Barriers to accessing healthcare

Participants reported that getting access to healthcare can be dependent on your identity and level of privilege.

Trans people of colour reported avoiding healthcare far more often than the white trans people they know.

Autistic respondents reported being refused referrals to gender clinics – with their autism having been viewed as invalidating their gender identity. Neurodiverse people reported experiencing additional delays in their transitions because they were not provided with information in accessible ways.

Trans migrants and people who had experienced homelessness said a lack of permanent address made referral and registration difficult. Some trans sex workers also found it difficult to access appointment-based healthcare due to precarious and/or unpredictable schedules.

Trans people in rural areas said they lacked trans-specific services and many reported being the only trans patient that their GP had met.

3. Issues with healthcare practitioners

Participants and experts reported a lack of understanding from healthcare practitioners, in many cases having to educate their doctors about trans healthcare themselves.

Many GPs were unclear on how NHS transition pathways worked. A lack of GP knowledge led to some participants being refused gender clinic referrals and others referred to specialists for simple primary care needs. Participants struggled with GPs who were uncertain about prescribing hormones.

Participants reported often facing invasive and inappropriate questions, physical exams being conducted outside of standard procedure, and being repeatedly misgendered.

4. Accessing information about transition-related healthcare

Participants highlighted how difficult they found it to access information about trans healthcare, and that they got most of their information online from trans forums or informally from friends. Trans people often rely on people with no medical training for important medical information. Reliance on networks and online information means some people are cut off from knowledge completely.

Trans fertility, pregnancy and parenthood were highlighted as areas where health services have, and provide, particularly poor information and understanding. This leads to confusion about fertility and a lack of access to appropriate support. Participants and experts also pointed to policy gaps that leave trans parents without legal recognition of their gender.

5. Issues in the NHS

Transition-related care on the NHS was roundly seen as underfunded. This underfunding was seen to lead directly to lengthy wait times in gender clinics. The NHS was specifically criticised for underfunding, or not funding, aspects of feminising transition.

Participants expressed difficulties with changing a gender marker in NHS patient records during or following transition, and there is no option to record your gender as non-binary in NHS systems. The way that NHS records are set up results in some trans people's medical histories being deleted, and leaves others without access to important preventative care.

Hospital wards and sexual health services in the NHS are highly gendered, which forces trans people to identify as either 'male' or 'female' to access healthcare. Participants of all genders reported being questioned about their right to be in a certain hospital ward, but transfeminine non-binary people, including trans women in particular, reported higher levels of hostility within ward settings.

6. Availability of mental health support

Healthcare anxiety reportedly led trans people to avoid accessing healthcare in case they have negative experiences.

Participants had great difficulty accessing trans-inclusive general mental health services and negative experiences with therapists who did not understand trans backgrounds.

Workshop participants who had gone through a gender clinic often stated that they were negatively impacted by the lack of mental health support throughout the clinical process.

Overall challenge: a lack of research

Healthcare experts highlighted a distinct lack of research into transition healthcare compared to other healthcare fields. Trans identity is not currently used as a category of analysis in health research. This makes it more difficult to understand specific healthcare issues trans people may experience, e.g. gynaecological issues for those on testosterone, as well as hidden issues that trans people experience in general healthcare.

Ideas for improving healthcare for trans people

After identifying problems that trans people experience in healthcare, workshop participants generated ideas they thought would help alleviate these problems. Their ideas were as wide-ranging as the perspectives and experiences of the group. Ideas included:

Improving outcomes in the current healthcare system:

- Training specialist advocates and advisors so trans people can receive professional, reliable assistance when accessing general and trans-specific healthcare.
- Creating resources to help GPs provide thorough care by explaining transition pathways and transition-related care.
- Creating resources to help trans people navigate healthcare and transition pathways, with a focus on patients' rights, how to self-advocate, and simple information on key challenges within trans healthcare.

Making changes to the healthcare system:

- Mandatory trans training integrated into healthcare training and professional development programmes, provided by a trans speaker collective.
- Creating a trans healthcare think tank to advocate for trans people's healthcare more broadly.
- Reducing waiting times for gender clinics and improving mental health support.
- Moving to an informed consent model for gender-affirming treatment to enable people to choose the right healthcare without an assessment by a mental health professional.
- Specific support to overcome barriers that some identities are more likely to face, e.g. a support hotline for trans people of colour.
- Introducing trans district nurses to help improve broader healthcare needs while trans people are waiting for support from gender clinics.
- Improving how gender markers are recorded in NHS records by introducing a unified system to update names and pronouns across all services and doctors' offices.

Methodology overview

We collated trans people's experiences of healthcare and criminal justice through a survey of 348 trans people in England. Using this information to guide us, we interviewed experts in the areas trans people had highlighted. We then ran 19 community workshops where participants mapped problems in criminal justice and healthcare and generated solutions to the issues they had identified.

We sought a diverse cohort of participants so that ideas created were representative of wider trans communities. We also ran workshops which were specifically for Black trans people and trans people of colour.

Comprehensive information about the methodology, demographics and the community experts we consulted can be found in the Appendix from page 42 onwards.

Issues in healthcare for trans people

'In my experience, nothing really works. Everything got done, but I wouldn't say it's a working process.' (Participant, London workshop)

We spoke in-depth with 61 trans people from all regions of England in a workshop setting. First they were asked to map the biggest issues for trans people in healthcare, then to design their own solutions to these problems.

1. Issues with the gender clinic system

> *'I think they have an issue with communication, not understanding your actual needs, trying to fit you into a mould of what they think trans person is. I feel I have to shape myself into a box that they want and I can't be myself.'* (Participant, Trans People of Colour workshop)

All workshop participants highlighted a negative gender clinic experience when mapping the biggest issues for trans people in England. Most survey respondents who had mixed positive and negative experiences of healthcare specifically mentioned that most of their negative experiences took place at gender clinics.

Many participants identified experiences with gender clinics as one of the **hardest parts of their transition,** mainly because of **long wait times** and **difficult experiences** with clinic staff.

Wait times

Every participant who had gone to an NHS gender clinic spent time on a waiting list, with many waiting **three to five years**, and some reporting as many as **seven years,** for initial appointments. First appointments at gender clinics typically involve discussing transition pathways and the assessment of blood tests to check whether HRT is safe option. However, as is currently stated on various gender clinic websites[1], HRT will normally only be recommended after a second assessment, and there may be a 12-month gap between the two. During these waits, people received **no communication or updates from gender clinics.** Many patients face waits of between **four and eight years** before having access to hormones, and even longer for surgery.

People who changed their name or address while on waiting lists sometimes **lost their place on the list due to administrative errors**, which increased their wait even further. However, gender clinics require proof that patients have two years of 'lived experience' in their actual gender. The point at which someone changes their legal name is often regarded as the beginning of this two-year period – **so not changing name while on the waiting list can also delay access to transition healthcare**. The current waiting times were reported as impacting every aspect of trans participants' lives.

[1] For example, see the London gender clinic website: https://gic.nhs.uk/appointments/first-appointment/

'If I wasn't on testosterone, I don't think I could have gone to university. I don't think GPs understand the full implications of the wait times. I know people who have taken a gap year so they could transition before going to uni.' (Participant, North West workshop)

These long wait times **can cause emotional distress.** Some of our participants spoke about struggling with **mental health breakdowns**, **suicidal behaviours**, turning to **self-medication** or **self-harm** because they are not able to transition for years after being referred. Participants noted that wait times are particularly crushing following an affirming moment of coming out, and for older people who have waited until later in life to transition. Trans community experts who run support groups noted that **gender clinic wait times are the most common reason that trans people seek support.**

'If you've got to a point where you're finally ready for the process, the last thing you want is to have to wait two years before even getting to see someone.' (Participant, London workshop)

'Quite often one of the biggest reasons people come to us is to ease the pain of the wait.' (Gray, Service Manager, the Clare Project)

Wait times are a significant factor in many people choosing costly private transition care over the NHS, but the private pathway has its own problems with cost and time delays. NHS wait times also go against the **NHS constitution**, which specifies that **patients should wait no longer than 18 weeks** from GP referral to first appointment.

'It took a year to get my GP to accept private healthcare advice. I don't see any point in the gender clinics – from talking to other trans people, 1/12 of us have had any contact from the gender clinics (since referral). They're not fit for purpose.' (Participant, Northern England workshop)

<u>Gatekeeping in gender clinics</u>

'I couldn't seek mental health support from the NHS as that would go on my file and I didn't want the gender clinic to use that to refuse me care.' (Participant, London workshop)

'They have checklists of what you should be and you should just tick off the boxes, especially with the youth services – they want a specific narrative. Most of my friends who are non-binary have a lot of trouble accessing healthcare.' (Participant, Trans People of Colour workshop)

Trans people we spoke to reported negative experiences during the gender clinic process. Participants described assessments where:

- Their personal histories, mannerisms, and dress were inspected in a way they found invasive.
- Their clothing choices were questioned by gender clinic staff. Participants reported that clothing choices were questioned by gender clinic staff for not being adequately 'masculine' or 'feminine'.
- Their agency was compromised, either because participants were not given sufficient information about their options, or because they felt pushed towards binary identities.

- They were mistreated by people in gatekeeping roles through misgendering and/or racism.

We have referred to these practices as **medical gatekeeping**. Those in our workshops who were rejected by gender clinics overwhelmingly reported being rejected on mental health grounds or due to neurodivergence, which most often had to do with an existing autistic spectrum diagnosis (see 'Neurodiverse trans people' on page 13). The rejection letters were often sent using people's deadnames[2]. Participants felt that this was ableist gatekeeping in which it is assumed that disabilities render people unable to make their own choices, and which denies neurodiverse trans people full ownership of their bodies.

People also noted that **information was withheld** or not offered freely by clinic staff. This was also seen as gatekeeping, as it prevents participants from being able to navigate the system successfully. Issues included:

- Staff being unwilling to provide information even when contacted directly
- Lack of information being provided about access to HRT over several appointments
- Staff being extremely difficult to contact, and communications being one-sided
- Conflicting information being provided
- Lack of clarity about whether or not one's referral had been received

<u>Issues in referral processes and the necessity of NHS diagnosis</u>

> *'They (gender clinics) mess up the address or you get lost in the waiting list.'* (Participant, Northern England workshop)

Participants highlighted that the **NHS requires a gender clinic diagnosis to provide any transition healthcare** (even if one has already had private HRT and/or surgery). This, paired with the evidence from participants that the **gender clinic system is not functioning in an affirming or timely manner and neither is mental health support**, is causing major problems for trans people.

> *'At the same time as my gender clinic referral I was not at a great mental health spot, realising how long the wait would be was hard, and I wanted to try and get some CBT and I tried to self-refer for that and found out that had a wait time of 9-13 months. I finally realised that you're totally on your own [... with] these crazy wait times you're like, what is the point if you're waiting that long?'* (Participant, Northern England workshop)

Participants also reported **confusion over referral pathways**. This involved both confusion on their part about how to navigate the different pathways, and on the provider's part about the most appropriate pathway (see 'Lack of knowledge about professional duty' on page 17). The General Medical Council has published guidance about providing bridging prescriptions for harm reduction reasons while patients await gender clinic appointments, but participants reported being refused bridging prescriptions.

> *'I wanted my GP to prescribe me bridging testosterone. I was self-[medicating] before I saw the GP. [I told her that] I wasn't able to continue to do so safely, and that my access*

[2] See glossary for definition.

to meds wasn't secure. [To protect] my safety the GP should have prescribed them. [...]

I requested that she send me to a GIC [gender clinic], but had to really push for that. She was happy for me to go on self-[medicating] indefinitely [despite] her duty of care. [...] They didn't seem to think it was their responsibility to take me on a safe route. The way they saw it was they didn't have enough info or hadn't had specific experience of working with trans people.' (Participant, Trans People of Colour workshop)

Participants discussed sequencing problems with appointments, particularly for those with **pre-existing health issues.** For example, after waiting for an initial gender clinic appointment, one participant was then referred to other specialists with long waiting lists before their transition-related care could begin. They reported that these delays could have been reduced if the referrals had happened at an earlier stage, meaning that all the necessary test results could be prepared ahead of the gender clinic appointment.

> ' When I got all my blood tests done, they discovered I had diabetes [...] they referred me to a specialist clinic [before I could] get any trans healthcare.' (Participant, Trans People of Colour workshop)

Many people found navigating NHS diagnoses and referrals damaging and difficult, and turned to private care or self-medication as alternatives. One participant recalled a friend nearly dying from taking an unknown substance that was said to be HRT. Both private care and self-medication can make it difficult to access NHS care – including simple procedures like blood tests and hormone level monitoring – after the fact (see 'Lack of NHS funding and the choice to go private' on page 21).

'There's obviously no support available on the NHS if you're going down [a self-medication] route – the only recourse available to you is to hope your GP is sympathetic enough to offer blood tests to check what you're doing isn't doing severe damage to your body, and turning up at A&E if things go wrong.

Given how long gender clinic waiting lists are, [self-medication] is what most of the trans women I know have done. [...] the lack of accessible healthcare provision on the NHS puts people in a position where they feel like they have absolutely no choice.' (Participant, Trans People of Colour workshop)

.

2. Barriers to accessing healthcare

'Even with light-skinned privilege, I'm treated differently to white peers.' (Participant, Trans People of Colour workshop)

When we asked workshop participants to map **problems in trans healthcare**, we learnt about additional **barriers** preventing trans people from getting the care they need.

While these intersectional perspectives are present in each section of the report, it was expressed by participants how important it is to recognise the **particular issues encountered by trans people of colour, neurodiverse trans people, sex workers, migrants, older trans people, those who are geographically isolated** and **those who are healing from trauma**.

Participants reported that **public healthcare** can still be a system in which **receiving good service is dependent on your identity** and your level of privilege. This section outlines concerns that were brought forward by those in our survey and workshops who have **lived experience** of these barriers.

Trans people of colour

> *'To get healthcare, someone has to see you as a whole being. If you're white, cis, straight, male, it's easier to see someone as a whole. When you're anything that deviates from that category, they start nit-picking at everything. You can't be autistic and trans. You can't be queer and have mental illness. These things are pitted against each other. They can't see the complete person.'* (Participant, Trans People of Colour workshop)

Trans people of colour (TPoC) highlighted several barriers to healthcare. These issues often compounded barriers they already faced because of their gender identity. Many workshop participants reported being treated differently by doctors, having to **exaggerate pain** in order to be seen and believed, and being **characterised as 'pushy' when advocating** for their health needs.

> *'It is intimidating to go to a doctor's office because they don't know how to treat us.'* (Participant, Trans People of Colour workshop)

TPoC reported **avoiding healthcare** far more often than the white trans people they know, except in cases of dire emergency. They also reported having to do more research into **which doctors and surgeons are safe** to approach when seeking transition-related healthcare.

> *'TPoC experience will be different from white trans people. Certain surgeons are fatphobic and racist. A surgeon seems great but then you'll hear from a TPoC and find out no, they're not good.'* (Participant, Trans People of Colour workshop)

> *"Most of the stuff I've seen to do with trans healthcare has been quite white.'* (Participant, Trans People of Colour workshop)

Participants felt that most discussions around trans healthcare **do not represent trans people of colour** or seek information about their needs.

Neurodiverse trans people

> *'I waited five months after I was able to persuade my GP to refer me to the gender clinic before I received any communication from them. At that point they rejected my referral on mental health grounds and advised that I get a new referral in 12 months. I'm now trying to find someone to advocate on my behalf to explain how my dysphoria and autism impact my mental health.'* (Participant, Northern England workshop)

> *'[People with autism/neurodiverse people] are the people who, quite often, are being pushed to the back of the line with the gender clinic and they've had further wait times added because they're "not sure", when really they just haven't had someone communicate the pathway with them in a way that is more digestible for the way that they learn.*
>
> *We've had a lot of clients who have been really traumatised through health services just because of the way that people have been communicating with them, not understanding the difference between surgeries and making the wrong decision about surgery for them, carrying through with it and then having a lot of huge mental health impacts.'* (Gray, Service Manager, the Clare Project)

Almost half of workshop participants self-identified as being neurodiverse and/or living with a disability. Several workshop participants spoke about their **neurodivergence** (most commonly cited were mental illness and autism) **preventing them from accessing transition-related care**. Neurodivergence was highlighted as a barrier to transition-related care in many workshops and by two experts on trans mental health.

Autistic respondents reported being **refused referrals to gender clinics**. Having a diagnosis of autism or autistic spectrum diagnosis (ASD) was reported by individuals as being seen as **invalidating their gender identity**. It reportedly often became the explanation offered by doctors for all gender nonconformity, even when participants stated clearly and consistently that they are trans.

Neurodiverse people reported **experiencing additional delays in their transitions** because they were not able to access information about transition choices (e.g. choosing between vaginoplasty and labiaplasty) in a way that was accessible to them. Participants informed us that while their uncertainty was a result of no one explaining transition pathways clearly, they were thought to be uncertain about transitioning more generally. This led to months of additional counselling, further waiting lists and delays.

No mental health support had been provided to the neurodivergent people who took part in the consultation and who had experienced deeply upsetting encounters and delays.

Trans people experiencing homelessness

> 'If you haven't got a permanent address, just signing up to GP there's restrictions, catchment areas, deciding which GP to register with, if you end up with a GP who doesn't understand you face discrimination. You can't pick and choose. You're stuck with what you get and when I started out, my GP was at my uni address, I left uni because of it. I had

to tell GP what to do, he had no clue. "Give me some time and I'll do a referral" and after two weeks, he asked if that was still my address, couldn't pursue it. Precious time wasted. I was homeless after uni, sofa surfing so I couldn't sign up to a GP, delayed things for a long while.' (Participant, Trans People of Colour workshop)

Participants who had experienced homelessness reported that being homeless made it difficult to access transition-related care on the NHS because **a lack of permanent address made referral and registration difficult**. Being homeless also made accessing private healthcare options impossible due to the high costs involved.

Trans sex workers

'*In particular, sex workers haven't the money to access private healthcare. There are some in-roads to support sex workers affected by not having healthcare: "doctors of the world". Accessing that service is even more challenging for those impacted by drug taking, unable to keep appointments.*' (Participant, Trans People of Colour workshop)

Some participants pointed to issues impacting trans people in sex work. Trans sex workers were often **unable to afford private healthcare** that would allow them to bypass the gender clinic system. Many could not access other gender-affirming services that require payment and are not currently covered by the NHS. Some trans sex workers also found it **difficult to access appointment-based healthcare** due to precarious and/or unpredictable schedules.

Trans migrants

'Something that concerns me is the lack of access to information [...] I'm on a student visa and I don't have access to funding.' (Participant, Trans People of Colour workshop)

Trans migrants to England indicated during workshops that they had trouble navigating healthcare systems. Provided with no information, they reported it took them **years to learn how to access healthcare.**

Migrant status in itself was also seen as **delaying access** to transition-related care. Trans migrant participants highlighted difficulties accessing healthcare when they were **without a permanent address** during periods of settling. They often **lacked the funds to access private healthcare** and bypass the gender clinic systems and waiting lists.

One participant, who entered the UK with an existing HRT prescription, described the process of accessing transition-related healthcare as '**several years of hell**'.

Trans people in rural areas

'Doctors at universities are understanding, but back home, there are no trans people where I live. It's awkward – I go in and don't know if I'll have to explain everything if I get a new doctor.' (Participant, North West workshop)

Trans workshop participants who lived in **rural areas** or **outside metropolitan centres** reported having a much harder time accessing trans-affirming healthcare. Rural areas were reported as far **less likely** to have any form of **trans-specific services**. Trans people in these areas were also far more likely to be the **first and only trans patient that their GP had seen**. Participants reported having transphobic interactions and needing to educate their healthcare providers about gender identity and transition-related care.

<u>Older and ageing trans people</u>

> *'In the 80s when I saw my GP [about transition] I was told to join the army, so that lost me a few years.'* (Northern England workshop)

Concerns were raised about **ageing trans populations** who are beginning to develop more regular health problems. Since older trans people are likely to have experienced decades of discrimination (including healthcare discrimination), it was suggested they may be less likely to access healthcare. Participants feared that without systemic changes, healthcare in England **will not be safe for, or able to serve, trans populations** as they get older.

<u>Trans people healing from trauma</u>

> *'In terms of [people who have chronic health conditions] who have to engage with the system in different ways, it comes back to it being doubly traumatic because people don't understand trans people, or know how to talk about us or to us, or how to engage with our bodies or talk about our bodies.'* (Nim Ralph, activist and community expert)

Participants in our trans people of colour workshops highlighted the fact that often healthcare providers **do not understand how traumatic medical encounters can be** for trans people, and do not know how to approach those with prior trauma. For instance, when participants spoke about misgendering, transphobia or the crossing of boundaries to their healthcare providers, the incidents were more often treated as **minor embarrassments** than as serious incidents related to identity. The likelihood of healthcare trauma increases for people with **chronic health conditions** who are regularly in medical settings.

3. Issues with healthcare practitioners

> *'At best you're being misgendered, but at worst people don't know how to engage with your body.'* (Nim Ralph, activist and community expert)

All workshop participants and experts reported experiencing or witnessing a **lack of understanding and/or empathy** from healthcare practitioners. Most experiences fell into one of three categories:

A. Healthcare practitioners **not understanding trans identities**
B. Healthcare practitioners **not understanding their professional duty toward trans patients**
C. Healthcare practitioners **being overtly transphobic**

It was reported that **trans people are consequently reaching crisis point and feel unable to access healthcare,** especially in rural areas.

A. Lack of understanding around trans identities

> *'I've never had to go to my doctor with 200 pages of guidance on anything before and have to be the expert.'* (Participant, East Midlands workshop)

Trans people overwhelmingly reported **having to educate their doctors** about their healthcare needs. Often doctors had no knowledge about trans people and seemed to make **no effort to expand their knowledge.** Respondents reported being met with **resistance and confusion** when they approached doctors for care.

The vast majority of workshop participants and experts focused on this as a main area of concern.

> *'I've been surprised by how much onus there is for trans people to have to educate their GP.'* (Participant, North West workshop)

Participants reported that this lack of understanding led to doctors making **incorrect assumptions about trans bodies and lives**. Doctors reportedly asked **invasive and inappropriate questions** about trans patients' lives which were not relevant to their healthcare needs. This correlates with Stonewall's LGBT in Britain report, which found that for two in five trans people (41 per cent), healthcare staff had lacked understanding of specific trans health needs when they accessed general healthcare services in year preceding the study.

A lack of knowledge about what trans identity is – and how it impacts health needs – was seen as a core aspect preventing **the provision of adequate healthcare.** Participants reported being **refused transition-related care due to their GP's fear of legal repercussions** if the patient later changed their mind about transitioning. Participants whose GPs held these views felt that the GP had likely been influenced by transphobic media narratives surrounding 'detransitioning'.

Healthcare experts also mentioned that trans people experience frequent **diagnostic overshadowing**. This refers to doctors blaming other (often unrelated) health conditions on trans identity or medical transition, and thus failing to treat the issue that the individual had come to see them about. Participants occasionally referred to this as 'trans broken arm syndrome'. This term refers to the idea that if a trans person goes to a doctor with a broken arm, the doctor might suggest that being trans somehow caused the fall and recommend they stop taking hormones.

Participants also reported doctors creating additional barriers to trans-specific healthcare pathways by refusing referrals.

> *'[The GP I saw] didn't know what she was doing. I walked through her things, and she said, "why don't you wait a few more years?". I said there's no harm in putting me on a waiting list. She wouldn't look into it.*
>
> *That broke the trust [I had in] GPs to know what to do, and made me more reluctant to seek help from medical professionals. I'm defensive now when I am going into situations, which wouldn't have happened before.'* (Participant, Trans People of Colour workshop)

Many participants – especially trans people of colour – mentioned that this lack of understanding consistently **led them to avoid seeking healthcare** for fear that doctors will not understand their

bodies and needs. Trans people experiencing homelessness were also noted to be more likely to avoid seeking healthcare because of the risk of encountering a transphobic doctor.

B. Lack of knowledge about professional duty

> *'Trans people have been around and have needed healthcare for a long time. Our healthcare shouldn't be seen as experimental or surprising.'* (Participant, East Midlands workshop)

Participants also reported that their GPs were **confused about their professional duty**, with many stating that their GP was **unclear on how NHS transition pathways worked**. This caused **delays in transition and incorrect referrals** in many cases (e.g. psychosexual counselling or unnecessary psychiatric assessment). Some participants were **refused gender clinic referrals** because of their doctor's lack of knowledge about the process. Others were **continuously referred to gender clinics for simple primary care** (e.g. hormone level tests). One participant reported being told 'not to bother' their GP with requests for hormone level monitoring, because their GP did not understand why it was necessary.

Participants struggled with GPs who were **uncertain about prescribing hormones**. This included GPs who did not know if it was their responsibility to prescribe, or who refused to prescribe **even after a patient had been through a gender clinic** and had been recommended for a prescription by a specialist.

Some participants' GPs expressed uncertainty about **supporting them post-surgery,** and **were not aware of simple complications** that could occur during transition surgeries.

Many mentioned that their GPs did not provide even basic primary care because their trans identity meant their needs were seen as 'too complex'.

> *'My GP was suspicious [and] didn't want to engage with it.'* (Participant, Northern England workshop)

Participants who chose to transition through the **private healthcare system** experienced difficulty getting NHS GPs to agree to shared care. Some GPs told patients that they could not get shared or collaborative care, and also did not signpost patients to alternative healthcare options. Other GPs expressed confusion about who is **'in charge' of transition-related care**, and some were unwilling to share care with private clinics due to letters they had received from NHS gender clinics stating that they do not endorse them.

C. Transphobia from GPs and in gender clinics

> *'It would be nice to not have to do research to find out who is safe to go to, so we don't have to do extra work before going at all.'* (Participant, London workshop)

Some workshop participants reported experiencing **overt transphobia** from their GPs and from gender clinic healthcare providers.

Experiences with GPs included being having medical students brought into observe them due to the 'uniqueness' of having a trans patient, being **repeatedly misgendered** by doctors and administrative staff, being asked **invasive and inappropriate questions**, and being **challenged on**

one's right to be in certain spaces (especially gendered hospital wards, and in relation to prenatal care).

> *'I haven't had any experience in terms of my gender and healthcare because I've been too scared to talk about it with my GP. It's a mixture of not knowing how they will react, not wanting to be misgendered on purpose and not knowing how it would help my healthcare provision.'* (Participant, Trans People of Colour workshop)

Participants had also experienced transphobia in gender clinics, including **physical exams being conducted outside of standard procedure** (involving nudity and the inspection of genitalia) without informed consent. Some non-binary participants felt their identities were not been respected in the gender clinic system, or that they had **binary transition narratives** assigned to them incorrectly. Other participants believed that, since gender clinics perform a gatekeeping function, the resulting uneven power dynamics could be abused by healthcare professionals, and some participants felt that they had experienced this first hand.

4. Accessing information about transition-related healthcare

> *'I don't know how to change name or gender at doctors. Not out as non-binary to GP because not sure how to do it, what to say. I just deal with whatever [rather] than being true self.'* (Participant, Trans People of Colour workshop)

Participants, especially those in Trans People of Colour workshops, highlighted how difficult they found it to access information about trans healthcare.

Many indicated that they got most of their information **online** (from trans forums) or informally **from friends**. Many relied on trans friends to signpost them to trustworthy doctors who they themselves have seen.

> *'Being at university helps – LGBT association, they talk about waiting lists and getting through checklists before starting treatment. But most people are not PoC, can't see a lot of TPoC examples. Could be that I'm not exposed but I did feel a lack. Made me concerned, when it comes to that point, will there be [...] an additional difficulty.'* (Participant, Trans People of Colour workshop)

Participants stated that although intercommunity support is integral to trans survival, at the moment trans people are relying on people with **no medical training** for important medical information. This includes people who have already had surgeries acting as information resources

for those seeking or undergoing surgeries – including whether something is a 'normal' side effect, and whether people should seek emergency care.

While the centrality of word-of-mouth information makes some people dependent on their personal networks, others are likely to be **disconnected from knowledge entirely**, particularly:

- **Younger** trans people
- People who are **isolated** from trans communities
- Trans people of colour (**TPoC**)
- Those for whom English is a **second language**
- Those **not** part of **privileged** networks (e.g. universities)

Highlight: trans fertility and pregnancy

> *'I got denied/questioned for birth control. Asked about history, sleeping with a woman, told I don't need birth control.'* (Participant, Trans People of Colour workshop)

We spoke to two **experts on trans fertility and pregnancy**, as well as hearing testimony from **workshop participants** about their experiences accessing information about fertility, fertility clinics and prenatal care. The key problems they raised were: a **lack of understanding of trans parenthood,** problems with the **fertility preservation options provided during the transition process,** and **policy issues surrounding trans parenthood.**

<u>Lack of understanding and support</u>

> *'I had all these lovely people supporting me, but none of them knew anything about my particular situation. They weren't clinical experts in trans pregnancy, they were just good people, so there were gaps.'* (Freddy, trans pregnancy expert)

The most prominent problems people encountered while exploring fertility and pregnancy was a general **lack of understanding**, and confusion **around trans identity and pregnancy**.

In gender clinics and GP offices, people **felt pressured** to state they did not want children in order to **ensure access to hormone replacement therapy (HRT)**. Before starting HRT, people are required to sign a consent form acknowledging that HRT may make it impossible to have children in future. Several participants' doctors were said to express confusion or contradictory information about whether trans pregnancy is 'possible', and about how trans people relate to their biological children.

Workshop participants who had no intention of becoming pregnant or having biological children noted that the HRT form and clinical advice had led them to believe they were infertile when they were not. They reported that this misinformation led them to unknowingly engage in sex that carried a pregnancy risk.

One pregnancy expert reported his personal experience where he was **discharged** by his gender clinic doctor after choosing not to pursue surgery in order to have a baby, which **left him without access** to mental healthcare and endocrinologist support. Trans people who chose to become

pregnant found that most **prenatal care providers did not understand** the need for non-gendered pregnancy care, and continued to use trans-exclusive, woman-centred language.

Fertility preservation

> *'It felt like the decision around fertility was taken out of my hands.'* (Participant, North West workshop)

Participants felt that they did not have any information about their fertility, or were not offered satisfactory or accessible options for fertility preservation as they transitioned. While obligatory information around fertility is provided in gender clinics, participants reported receiving **insufficient or no information about fertility preservation options**, especially if they chose to access private care. Concerns were also raised regarding whether planning to have children in the future would be a barrier to accessing HRT.

Obligatory fertility preservation information offered by doctors to transmasculine people **focuses on gamete (egg) freezing** prior to starting HRT. Gamete freezing is **expensive**, can be **ineffective**, and may still result in gametes being **unusable.**

Participants across England reported there being **little NHS funding**[3] available for fertility preservation in their area or struggled to access the funding which existed in their area. This can make fertility preservation **systemically inaccessible** to many trans people as it costs thousands of pounds to fund privately.

Policy issues surrounding trans pregnancy

Both of our trans pregnancy experts spoke about the impact policy has on trans parenthood. Their summary of the current situation for trans parents in England is as follows:

1) **No trans person who has a child can register as a parent in their 'acquired gender'.** This applies even to trans people with gender recognition certificates – this means they have changed their legal gender on official documentation, including their own birth certificates. Consequently, trans men* who give birth must register as 'mother'. It also means that a trans woman** with a GRC must register as 'father' – and would not be able to register as 'parent 2', as cisgender female partners can. A trans man with a GRC whose partner gives birth must register as 'parent 2' rather than 'father'.

   In England, there is nothing a trans person can do to gain legal gender recognition when it comes to parenthood. The registrar general was allowed to maintain these practices in a recent court ruling.

2) The current wording of the **Gender Recognition Act** does not consider the fact that people may have children post-transition and only acknowledges children that trans

[3] NHS funding for fertility preservation has been introduced in some areas, but since it is determined by CCGs it is a postcode lottery. The NHS released guidance last year around commissioning in line with the Equality Act 2010. However, many participants we spoke to expressed that they were not able to access funding for fertility preservation through their GP practice at the time of their appointments, which presented financial and emotional barriers to transition.

people may have had before transition.

3) **Pregnancy is a protected characteristic**, but the legislation surrounding it refers to the pregnant person as a **'woman'** in all instances. This compromises the protection for pregnant trans people under this legislation.

*And trans people assigned female at birth who would rather be registered as 'father' than 'mother' on a birth certificate.

**And trans people assigned male at birth who would rather be registered as 'mother' than 'father' on a birth certificate.

5. Issues in the NHS

'*I call the gender clinics regularly and I get nowhere. I get told "maybe in 18 months" and this is how people get onto self-medicating. I've even been looking at self-castration.*' (Northern England workshop)

When we asked participants to map issues within healthcare, some were **specifically related to the NHS,** particularly in relation to their systems for registering genders and funding for trans-specific care.

<u>Lack of NHS funding and choosing to 'go private'</u>

'*[Gender clinics] don't have the time or the resources to manage their patients.*' (North West England workshop)

Transition-related care on the NHS was roundly seen as underfunded. This underfunding was seen to lead directly to lengthy wait times in gender clinics (see section 5 below). The NHS was specifically criticised for **underfunding or not funding aspects of feminising transition** that many transfeminine people find vital, such as electrolysis, facial feminisation surgery and breast augmentation.

Many participants in our workshops **opted to pay for private transition-related care.** This enabled them to avoid NHS bureaucracy and have simpler access to care, more flexible counselling, and shorter wait times. However, financial constraints made this option inaccessible to many.

One pathway reported for avoiding the long waiting times associated with the NHS gender clinics process is to pay for private transition care and then get an NHS GP to take over administering hormones and monitoring levels under a 'shared care' or 'collaborative care' agreement. However, some participants reported that this was a pathway they had explored but been refused. Upfront costs, along with reluctance from GPs and clinical commissioning groups around shared care, were highlighted as barriers preventing participants from accessing this pathway.

Those who opt for private care **pay out of pocket**, making economic stability a necessity. Those without stable, well-paid jobs and secure housing face severe barriers to accessing more affirming care. However, **because the NHS requires a gender dysphoria diagnosis for transition care,** the private pathway can leave people in a difficult position if they choose or require NHS care at any point. One workshop participant reported that their GP **rejected the possibility of collaborative post-operative care** following a private surgery, as they had not been officially diagnosed by a gender clinic. This person then had to be referred through the NHS and placed on a gender clinic waiting list – which was several years long – in order to receive the care they needed.

The bureaucracy of NHS transition-related healthcare was frequently identified by participants as a major barrier to trans healthcare.

Gender markers and patient records in NHS systems

> *'When the previous records are locked you can lose important info like an autism diagnosis, and if you end up in A&E with a new NHS number staff can react suspiciously because a new NHS number for a British adult doesn't make sense.'*
> (Participant, Northern England workshop)

Participants and experts discussed **difficulties with changing a gender marker** in NHS patient records during or following transition.

Some participants were **unsure how to change their gender markers** (along with names, titles and pronouns) at their GP office. This led to them avoiding healthcare altogether. Others reported finding it difficult and confusing to update binary gender information in NHS systems. Non-binary people who would like to use non-binary gender markers cannot, as there is currently **no option to record your gender as non-binary** in NHS systems.

Participants highlighted that when a request for a records change is made and a new NHS number is assigned, **previous medical histories can be deleted/invalidated.** The process, as outlined by the NHS, should involve transferring all previous treatments and pre-transition medical information to a new NHS number, but participants reported **facing difficulties** and

losing information.

Another issue flagged was that while GPs have the choice to delete certain information from a record (e.g. that which is sex specific), this **process is not consistent**, and different healthcare practitioners might carry over more or less data depending on their knowledge. This means that **relevant or life-saving data** about patients' bodies, histories and circumstances (including expected hormone levels, cholesterol levels and ability to become pregnant) could be deleted.

A similar issue mapped by participants was that **NHS gender markers are linked to automatic reminders for tests** (such as cervical screenings and prostate checks). Record changes of gender were reported by many workshop participants as having caused the system to stop providing reminders for 'gendered' procedures that trans people, depending on their bodies, may still need.

Others reported being contacted to book appointments for screenings for anatomy they did not have, such as a trans woman being repeatedly contacted regarding a cervical screening. She also struggled to access a necessary prostate exam as she was not listed as eligible.

The way that NHS records are set up results in some trans people's medical histories being deleted, and leaves others without access to important preventative care.

Gender divisions in NHS services

> '*I got invited to a breast screening. That was very good, I got treated very nicely. I got invited to a cervix screening and that was a whole rigmarole to get the GP to tick a box to say "this person don't have a cervix". I think people don't know what to do with me just because I'm a transsexual woman. If a cis woman didn't have a cervix they would just tick the box without making a fuss. It's very simple: my marker is female, treat me as a female. You'd think I was asking them to move the moon in another direction.*' (Participant, Northern England workshop)

Hospital wards, sexual health services, and medical spaces in the NHS remain highly gendered. This forces trans people to identify as either 'male' or 'female' to access healthcare. Dividing services and spaces in this way can act **as a barrier for trans people,** especially transfeminine non-binary people. Transfeminine people, including trans women, reported higher levels of hostility within ward settings.

Participants of all genders reported being **questioned about their right to be in certain hospital wards** by both nurses and fellow patients, or being put on the wrong ward due to their gender identity.

> '*I've had same experience with local hospital, [I] go to fertility clinic there. There's been a few times I've had to [call up and they've] put me on hold and put me through to the sperm preservation dept straight away, [assuming I'm] born male. Not realising there is a few of us... frustrating. When I book appts they always say, "you and your partner" and I give my details pretending to be my partner rather than explaining, pretending I'm booking appts*

for my female partner which is basically me.' (Participant, Trans People of Colour workshop)

Highlight: sexual health and gynaecology

Sexual health and **gynaecology** are both healthcare areas that **can be rigidly gendered** and where assumptions that patients are straight and cisgender are widespread.

Sexual health

> *'It does astound me that people working in sexual health services don't seem fully comfortable about our genitalia. They waste time by making assumptions.'* (Participant, Trans People of Colour workshop)

Participants' experiences with sexual health clinics were mixed. Some had **good experiences** at clinics that prioritised identity, sexual practices and lived circumstances rather than making assumptions about patients. Some found that for services such as HIV tests, hepatitis B vaccines and cervical screenings, sexual health clinics were a **preferable alternative to GPs** who were less knowledgeable about sex and gender. Some sexual health clinics that participants accessed were proactive about asking for pronouns and promoting trans inclusion.

However, other participants reported visiting clinics which were **unsure about how to deliver sexual healthcare to trans people.** Participants reported being asked **uninformed questions about trans identity,** being booked into the wrong doctor based on **assumptions about their gender, genitals** and/or **sex life**. Some also had to confront healthcare practitioners' **confusion** over which swab/test to use for their body, which meant having to repeatedly come out as trans.

In some cases, sexual health clinic services are still **divided between men and women**, meaning trans and non-binary people have to make difficult and sometimes inadequate choices when it comes to their sexual healthcare.

Reproductive health and gynaecology

> *'Just because they say they're LGBT friendly doesn't mean they're T friendly.'* (Participant, North West workshop)

Most participants who had accessed gynaecological care had a **negative experience.**

Accessing necessary reproductive health services means going into a **gendered clinic setting**, where **gendered language** will be the norm. Some participants were repeatedly misgendered by gynaecologists, even when they knew about their patients' trans identity. Some stated that it was **easier to misgender themselves and lie about their identity** when interacting with sex-specific health practitioners than it was to advocate for themselves.

Trans men and transmasculine workshop participants experienced **anxiety about how they would be treated** when accessing gynaecological services. This was especially true in the event of people

needing to access **emergency gynaecology** without adequate time to disclose and discuss their identity and needs.

A few participants reported having their **medical needs treated differently** because they were trans. This included an instance where a medically necessary hysterectomy was framed as elective due to trans identity, and an instance where a patient was denied birth control. Both of these instances point to a larger issue of **compromised healthcare** for patients who disclose their trans identity.

6. Availability of mental health support

> *'While you wait your GIC [gender clinic] won't support you. I have ended up having a mental breakdown as I was suddenly off my hormones for two months where I couldn't afford it. When admitted to the hospital they didn't have a clue what to do. It was mainly people of colour working there and I felt a bit uncomfortable and a bit ashamed where I know a lot of BAME cultures don't accept it. I've been estranged from my family since I came out to them in 2017. They ended up asking me to leave because they needed the bed for someone else. Before I went onto private treatment, I was self-medicating.'* (Participant, Trans People of Colour workshop)

Lack of mental health support was raised in every workshop, as well as being frequently mentioned by survey respondents and experts. Issues can be grouped into three main areas: **healthcare anxiety**, **lack of trans inclusion** in mainstream mental health services, and a **lack of mental health support** within transition-specific pathways.

Healthcare anxiety

The most prominent mental health issue raised by survey respondents, workshop participants and experts was the **stress and anxiety** of navigating healthcare.

> *'I can't just walk into the hospital, because I fear they won't know how to manage anything, and I fear being othered.'* (Participant, Trans People of Colour workshop)

Based on the potential for negative experiences with doctors, many people we spoke to experienced high levels of **anxiety leading up to medical appointments**, and found that **interacting with healthcare practitioners** caused them **emotional distress**.

> *'You have to think 20 steps ahead, which creates anxiety. You have to police yourself in how you present information, and minimise your feelings.'* (Participant, Trans People of Colour workshop)

Participants felt that it is necessary for trans people to be able to **self-advocate** during appointments. This was as a result of transphobia they had experienced in healthcare, along with the lack of knowledge about trans identity they had experienced from doctors. Participants said that having to teach themselves how to navigate healthcare, avoid certain doctors and ensure their needs are met causes **exhaustion, stress** and **anxiety.**

> *'You have to be prepared to self-advocate and "bulldoze" your way through the entire process.'* (Participant, London workshop)

Healthcare anxiety reportedly led trans people to **avoid accessing healthcare** in case they have negative experiences. Some participants detailed how they had **avoided seeking post-op care** for fear that doctors would not understand trans bodies. Carla, an expert from The Outside Project, explained how guests at the shelter who had experienced **hate crime, sexual violence** or **trauma** were likely to avoid healthcare services where they may have to disclose their gender identity.

> *'I think when people feel more vulnerable because of the situation that they've been in, they're less likely to put themselves in what they would see as risk [...] when people are scared, they will not put themselves in any risk whatsoever, and [healthcare] is one thing where they might decide, "I can't go there and talk about that," because something could potentially happen.'* (Carla, homelessness expert, The Outside Project)

<u>Lack of trans-inclusive and trans-specific mental health services</u>

> *'Anything to do with gender could be put down to mental illness or autism. It's a risk to be open about many other diagnoses as it could invalidate everything, which has happened before.'* (Participant, Trans People of Colour workshop)

Participants described having great **difficulty** accessing **general mental health** services.

One key issue highlighted in workshops was the **assumption that trans mental healthcare is narrowly focused on gender**. This assumption was seen by participants as linked to histories of trans identities being treated as a mental illness. This has resulted in participants experiencing service providers **refusing to see trans clients** because they do not have 'specialist knowledge' in gender identity, even when individual's mental health struggles were not related to their gender. Some participants were told that mental health support offered through their workplace was **'not equipped to deal with trans issues'** and that they had to pay for their mental healthcare out of pocket. This makes it **harder for trans people to access any form of mental health support.**

Those seeking mental health support for issues including **eating disorders** and **bereavement** reported that general services were not trans inclusive. Participants had **negative experiences** with therapists who did not understand trans backgrounds, and experienced anxiety when approaching new therapists while being unsure of their views.

Those seeking trans-specific mental healthcare (for example receiving counselling while transitioning, or having counselling about issues links to trans identity by somebody who is trans or trained in trans identity), face long waits. When this healthcare does come available, it almost

always takes the form of a short period of counselling rather than long-term support.

Lack of mental health support through gender clinics

> *'With the mental health side of things from my initial [gender clinic] rejection I ended up attempting suicide. As soon as I started HRT myself a lot of my mental health problems [were] completely resolved. There needs to be support while you're waiting to be seen.'* (Participant, Northern England workshop)

Workshop participants who had gone through a gender clinic often stated that they were negatively impacted by the **lack of mental health support** throughout the clinical process.

The NHS counselling provided through gender clinics was described as following a DSM-V diagnostic criteria (which focuses on mental disorders) rather than pastoral or individual support for trans people. Gender clinics were seen as providing **assessments rather than care** – which workshop participants indicated was often **more harmful** than helpful to their mental health. Several participants had been offered a short course of counselling through their local gender clinic. Some reported finding these counselling appointments **unhelpful** or overly **medicalised,** and some stated they felt **dehumanised**.

> *'There's no mental health support in the gender clinic. There's nothing to support you through the wait except for talking to other people. When you are seen they don't support you emotionally, you talk to them, tell them a story, they send you away until the next step. You can't ring them and ask questions.'* (Participant, Trans People of Colour workshop)

Participants felt strongly that **trans-specific and trans-inclusive mental healthcare** both through gender clinics and mental healthcare pathways **is not currently accessible for people who need either immediate or long-term support.**

Overall challenge: a lack of research

> *'Both in terms of research [...] and education and understanding, we need to be doing a lot more both sides of the aisle in terms of supporting people to access healthcare in a way that is fully trans inclusive, and really considering what 'trans inclusive' means in that context, where it means both respecting and supporting a trans person's lived experience, but also considering the clinical need that they may bring to any kind of healthcare interaction that might be different.'* (Harri Weeks, healthcare and community expert)

Two **trans healthcare experts** noted that there is a distinct lack of research into transition healthcare compared to other healthcare fields. This lack of data is a problem because the less we know, the harder it is to find solutions. A lack of research also makes it more difficult to discover and highlight hidden issues that trans people experience in general healthcare, as well as trans experiences dealing with particular health issues – such as gynaecological issues for those on testosterone.

A core component to this lack of knowledge was identified as trans identity being **not currently used as a category of analysis** in **health research**. This means that, for example, studies researching the experiences of cancer patients will not be able to address the experiences of trans cancer patients. **This was reported by experts as being the case for most general health research**, meaning that there is little, if any, data **about trans health.**

A second key problem is that there is still no **national population-level data** on trans people generally. This means that approximate numbers of trans people who might have certain health conditions cannot be estimated using general national averages.

Systemic change was seen as vital before **safe and effective** healthcare can be provided to trans people. In order for this change to happen, our healthcare experts stated we need trustworthy health research that includes trans people from its inception.

Ideas for improving healthcare for trans people

After identifying issues in healthcare, workshop attendees were asked to generate ideas they thought would help alleviate these problems. We have endeavoured to keep the ideas created by trans participants as close to the original wording used within the workshops as possible, while summarising expansive conversations into concise and accessible sections.

These ideas vary greatly in perspective, reflecting the breadth of different experiences and views within trans communities. We have relayed all of these approaches and sets of ideas without prioritising one over another. Participants shared a wide range of powerful insights which exist at every scale, from the systemic to the granular, and which are all worthy of reflection by the relevant organisations and decision-makers.

The first section covers suggestions that will improve outcomes for trans people in the healthcare system as it stands, and may be of **particular interest to trans-led organisations and community groups**. The second section focuses on suggested changes to the healthcare system and **may be of particular interest to those working in the healthcare sector**.

1. Improving outcomes in the current healthcare system

Train trans advocates and advisors

Workshop participants reported that they and other trans people struggled to navigate complex healthcare systems due to a number of structural barriers within the system that make it hard for trans people to get their needs met. Trans communities experience a lack of knowledge about the options available to them, alongside a lack of understanding of trans patients' needs from healthcare providers. One potential solution raised in various ways across multiple workshops was a trans-specific healthcare advocacy service.

> '*[We need] anything to bring attention to inconsistency in healthcare, pushing for greater awareness of what rights trans people have with seeing doctors.*' (Participant, Trans People of Colour workshop)

Trans healthcare advocates

Upskill, train, employ and pay trans people to act as healthcare advocates

Participants felt that trans people are the best experts on their own experience, and should be paid to provide expertise. Participants designed an initiative to **upskill trans people who are already passionate about trans healthcare but lack specific knowledge,** and to **pay these advocates** for their work. Advocates would provide **safety and accountability in medical appointments**, and help address barriers caused by economic disparity in trans communities.

Healthcare advocates could:

- Accompany people to GP appointments, gender clinic appointments and surgeries
- Assist with research about appointments/clarify what can be requested in an appointment
- Explain patient needs to doctors and nurses

- Explain issues and harms to medical professionals
- Help with gender clinic referrals
- Act as experts on patient rights

Experience-specific healthcare advocates could:

- Assist trans people involved in sex work, experiencing homelessness, or struggling with substance misuse, to access safe healthcare that meets their needs
- Support trans people of colour engaging with healthcare systems
- Ease experiences of pregnancy or fertility planning for trans people. This might involve duties such as calling ahead to prepare/educate ultrasound techs and doctors, or finding trans-inclusive birthing classes
- Advocate for/support trans people with disabilities and/or learning difficulties and neurodivergent people

> *'My treatment in gender clinics changed completely when someone else was there, even if they didn't say anything.'* (Participant, London workshop)

Create GP resources

'*GPs to be educated on trans healthcare because it sounds like a lot of GPs are not very knowledgeable about the trans community.*' (Participant, Trans People of Colour workshop)

A popular recommendation was easily and quickly accessible resources for GPs. The resources should help GPs provide trans patients with **thorough and uncompromised healthcare**. Suggestions for GP resources included:

- **A one-page standardised checklist** outlining initial steps to take when a patient discloses trans identity and requests support in transitioning.
- **A guide to transition pathways** including *clear guidance* on referral processes and GP responsibilities, and including a *comprehensive checklist* of referrals and services that should be offered to trans patients.
- **A guide to bridging prescriptions, shared care and collaborative care agreements,** clarifying GP responsibilities and addressing misconceptions about professional risk.
- **A community sharing site for GPs** with information on local referral options to endocrinologists and other specialists, printable forms, FAQs, and a referral checklist.
- **A video series** addressing common misconceptions and questions about trans healthcare, along with examples of best practice. This should feature real experiences of trans people which can be used to educate in instances where an in-person session is not possible.
- **A trans advice line for GPs**, staffed during business hours by trained trans advocates, for GPs or other healthcare staff to call and receive advice on common trans healthcare questions.
- *'There's been a break of trust, and it would be nice to know people are putting the effort in.'* (Participant, Trans People of Colour workshop)

Create resources to help trans people navigate healthcare

> *'Working with groups that are in the trans community, it's about how you disseminate that information in ways that are useful and accessible to people [...] you have to produce information that people believe in and trust has come from a good place, and researchers don't always fulfil that brief, so if it were in conjunction with community groups that would work really well.'* (Francis – trans pregnancy expert)

Participants reported they did not have access to reliable and trustworthy information about transition healthcare which would allow them to know about the standard of care they were entitled to.

Simple, accessible, community-crafted guides could help trans people navigate healthcare. Participants felt these should be available **in physical formats** to be placed in GP offices, gender clinics, and with other service providers. They should also exist **online or as an app** so that they can be accessed from anywhere, to help trans people prepare for appointments and learn about their options.

Trans people in our workshops indicated that they would be most helped by:

- A guide on their **rights as patients** accessing healthcare, and how to launch a complaint against a medical practitioner in case of discrimination.
- An information pack on **medical transition pathways** with advice on what to expect and how to approach doctors, ask for referrals and navigate your own transition.
- A guide on **how to self-advocate** at healthcare appointments and gender clinic visits.
- A guide on **HRT and gender-affirming surgeries** including standardised information on hormone dosages and common side-effects, experiences of surgery, healing times, and how to care for yourself post-op.
- A guide on how to **change your name and gender marker** on medical records.
- A guide to **fertility** and options for pregnancy and reproduction for trans people.
- An **accessible guide to transition pathways** that can be read by those with lower literacy skills, to help neurodiverse trans people prepare for and navigate common challenges posed by doctors when seeking transition.

2. Making changes to the healthcare system

Establish a trans healthcare think tank and trans speaker collective

All participants agreed that fixing issues in trans healthcare would be a **long and sustained process**. A 'think tank' made up of **paid trans participants** should meet regularly to **engage with healthcare policy, keep projects accountable and brainstorm further solutions** to start guiding long-term and meaningful reform.

This think tank would be available to **support existing trans organisations**. They would also act as a central group to **hold the government and other organisations to account** regarding their responsibilities to trans people.

This group should be made up of people who have been especially affected by current shortcomings, especially trans people of colour, neurodiverse trans people, trans people experiencing homelessness, migrant trans people, trans people engaged in sex work and trans people with chronic health conditions.

> *'We downplay our own abilities and the power of our own lived experience. We don't need to qualify to do it. We are the expert patient, expert by experience.'* (Participant, Trans People of Colour workshop)

Trans speaker collective

> *'Pay to consult with us and make the sessions accessible.'* (Participant, Trans People of Colour workshop)

One frequently proposed solution for reducing negative experiences with GPs was to include **modules on trans healthcare** as a **mandatory part of medical training** and as a **mandatory part of continued professional development training.** Participants proposed **forming a trans speaker collective** available for **paid consultation** to facilitate this training.

'Give back opportunities to the community to show [GPs] what they need to learn by [having trans people] leading the training.' (Participant, Trans People of Colour workshop)

Speakers would receive rigorous **training** on trans healthcare through collaborations **with leading trans organisations**. Participants felt that all speakers should be able to educate others about how trans identity and experiences differ based on race, culture, age, ability and economic status. People with these experiences, **especially trans people of colour**, should be prioritised as speakers, and neurodiverse trans people must be able to speak for themselves. There should be **opportunities for professional advancement** for trans speakers.

A UK-wide trans speaker collective could deliver trans-specific trainings for, e.g.:

- Continuing professional development through the Royal College of Physicians, as a part of their mandatory annual credit program.

- University medical courses, as a mandatory and continuous part of every medical doctor or nurse's early training.
- Schools, as part of PHSE modules or weekly school-wide teacher trainings.
- All levels of the NHS, from administrators to practitioners, as part of a large-scale educational initiative.

Make the NHS trans affirming

Participants raised issues related to **NHS systems for registering genders and funding for trans-specific care**. The four initiatives below were suggested by our experts and workshop participants as ideas that could **most effectively change trans healthcare** and which are **crucial to trans people's ability to access safe general and transition-related care**.

> *'Educating people is key to help understand our issues, whether it is healthcare or criminal justice or just everyday life.'* (Participant, Trans People of Colour workshop)

Create and expand trans-specific services

> *'I wish there was like a mark someone could pass that would let trans people know the service was inclusive.'* (Participant, London workshop)

The most common and pressing request from trans people in the workshops was for **more trans-specific clinics** – like 56T, Clinic T and CliniQ – that can address transition-related care, sexual health needs and general health. This request was **particularly emphasised in our Trans People of Colour workshops**. Participants felt this was the most effective way to improve outcomes for trans people, who currently face a lack of suitable GP care and may avoid doctors altogether.

Trans-specific clinics would **ideally employ trans doctors and healthcare workers**. While permanent practices are being established, **weekly clinics could be offered in existing spaces** (such as GUM clinics) that have pre-existing commitments to sex- and gender-affirming care.

Trans-specific clinics, if funded properly, could eventually **take over transition care from gender clinics** and offer trans-affirming transition pathways.

Introduce trans health district nurses

> *'I don't want to talk to a stranger about [my gender reassignment surgery], I want to talk to someone I am comfortable with.'* (Participant, East Midlands workshop)

District nurse roles for trans health could be **linked to existing gender clinics** around England and **work with GPs in the local area**. They could assist with transition-related care – in particular ensuring that the **referral process** goes smoothly, providing **support to GPs treating trans patients** and ensuring patient needs are met during **gender clinic wait times**.

District nurses would also be able to travel to trans patients and meet them in safe spaces. This would make healthcare accessible to those with **healthcare trauma** or **high levels of anxiety** about attending appointments.

Require trans representation in Clinical Commissioning Groups

> *'[These problems are] what happens when you don't listen to what patients need.'* (Participant, North West workshop)

The current NHS long-term plan was criticised for having only a few mentions of LGBT+ healthcare, and no plans to increase trans-specific care. Under the **public sector equality duty**, the NHS has a responsibility to consider how their policies and decisions affect trans people.

To correct this, participants recommended that trans people are included in the NHS's **clinical commissioning groups**. Each CCG should have at least one trans person – and ideally at least one trans person of colour – present to represent trans healthcare needs and to ask questions about current policies. There should also be more trans people in **patient representative roles** at the national and local levels.

Change how gender markers are recorded in NHS records

> *'Forms deadname you then the next page asks your preferred name. [Changing this] needs to be a priority*.' (Participant, Trans People of Colour workshop)

Participants stated that changing gender markers on NHS records must be made easier and safer. One suggested solution was for **the NHS to create a unified system to update names and pronouns across all services** and doctors' offices. This would mean people do not have to go through the process multiple times, or risk conflicting records.

Another recommendation was that the system for **annual test notifications** which are connected to anatomy **(e.g. cervical screenings or prostate examinations)** should be changed to a **tick-box system.** This would allow doctors to send notifications to patients based on their anatomy rather than the gender indicated on their NHS records.

To help GPs collect relevant information in a trans-affirming way, participants recommended that **surgery intake forms** include spaces to disclose gender, sexuality, relevant anatomy and physiological concerns. This must be done in a way that is safe, standardised, and prevents uncomfortable disclosures during face-to-face appointments.

Improve gender clinics

> *'Making excuses, they don't even know why they take so long, making up their own rules. They didn't apologise.'* (Participant, Trans People of Colour workshop)
>
> '*The biggest problem with the NHS is that they write their own rules and say they have to stick to them. But they don't.*' (Participant, South West workshop)

Participants reported that interactions with gender clinics are **often overwhelmingly negative**. Most workshop participants who had accessed gender clinic care struggled with **long wait times for appointments.** Most of these people – and all neurodiverse participants – reported they were **negatively impacted by the assessment and gatekeeping model.** When participants were asked to generate ideas to address these issues, the suggestions could be split into immediate and long-term actions.

Immediate actions: address distress caused by long wait times

'The waiting times have been the biggest issue.' (Participant, Trans People of Colour workshop)

Gender clinic wait times, and lack of communication from staff during wait times, are causing **high levels of distress** and need to be addressed immediately. The most common suggestion for addressing this was introducing an **online portal for gender clinics.**

An **online portal** would include:

- A tool that **generates a list of assessments** based on your transition path, **descriptions of the appointments**, and **approximate wait times**, so people can mentally prepare for the gender clinic process.
- An online app that shows a person's place **on the gender clinic waiting list**, to help mediate expectations during waits.
- A **patient account** for administrative tasks such as **changing a home address** – which has been known to cause delays and replacements on the waiting list – easily and without negative consequence.

> *'When I sent emails to[the] gender clinic, that's when problems happened. They said they can be contacted by email but they're not efficient on replying. Face to face they have a responsibility to send letter to you and GP. But if you ask any questions via email, they're not helpful. To see them face to face – is a long wait. Lack of communication.'* (Participant, Trans People of Colour workshop)

Participants also requested **mental health support** during long wait times, recommending that:

- Gender clinics should offer **free and accessible counselling appointments** for people on the waiting list. These appointments should **support, rather than assess**, patients.
- Existing trans organisations should **run in-person and online support groups offering support** to those on gender clinic waiting lists – especially those living outside city centres or without access to trans communities.

'A middleman, whilst you're waiting to be seen. Get the advice from a support group to be on your side through the whole journey.' (Participant, Trans People of Colour workshop)

Long-term actions: move to an informed consent model for medical transition

'It's common sense: the person has changed their name for the past three years, they haven't got identity issues, why do they have to drag it out over two [gender clinic] appointments?' (Participant, Trans People of Colour workshop)

The recommended alternative to the current gender clinic system was an **informed consent model** for gender-affirming treatment. This model argues that trans people have both the right and the capabilities to choose the correct healthcare options for themselves, **without requiring an assessment by a mental health professional.**

To achieve this, participants set out the following steps:

- Contact and **work with trans activists from countries with informed consent models**
- Move towards a **primary care model**, where more support is available in communities with GPs able to prescribe hormones etc
- **Map, fund** and **launch larger initiatives** targeted at reforming the gender clinic system in the UK

Increase trans-specific mental health and support services

'When I saw GP in London, I got referred to CAMHS and they were telling me that in London they have a trans MH specific place, but personally didn't get there, waiting lists and age limit. I don't know what that was like if a GP could say there is this specific trans mental health service. You're only limited to one or two people. Cis population has more choice.' (Participant, Trans People of Colour workshop)

Another issue mapped by participants was that, in their experience, many mental health professionals were reluctant to work with trans patients due to lack of expertise with trans identity. Some participants whose experience of transition-related mental health support came solely through gender clinics reported that their appointments functioned more like assessments than neutral and supportive meetings.

When generating ideas to address these issues, participants identified a need for **specific and tailored mental health support initiatives for trans people,** especially because of the additional challenges and traumas involved in seeking healthcare as a trans person. It was seen as vital that these services could be accessed without having to wait for a gender clinic referral. Ideas around how these services might function are as follows:

Low-cost, trans-specific therapy

> *'Having regularly updated resources that collects helpful info and places people can access support.'* (Participant, Trans People of Colour workshop)

Participants called for trans-aware, trans-positive therapists to work with trans people long term. This therapy should be available as both **individual sessions** and family sessions to work on **relationships** with key people in one's life. This support should **not be limited to crisis support or transition-related issues.**

To address existing disparities, these sessions should be **low-cost** or pay-what-you-can for service users. This could be accomplished by funding existing organisations (such as MindOut) to expand their mental health initiatives and reach more trans people across the UK.

<u>National online crisis support service</u>

'The conversation always gets stuck at trans-specific healthcare.' (Nim Ralph, activist and community expert)

Workshop participants created the idea of a trans **online service** for **mental health crisis support**, with resources to deploy frontline support when needed. This online service would be available 24/7 as a national initiative. It was seen as important that the support was not solely focused on exploring gender identity. It should also be capable of dealing with trauma caused by transphobia, along with other mental illnesses and situations which could cause someone to reach crisis.

<u>TPoC support hotline and spaces</u>

> '*We [trans people of colour] experience gender and the "trans experience" differently, things such as coming out and social stuff are different.'* (Participant, Trans People of Colour workshop)

Trans people of colour requested more **specific and informed support.** Among the most helpful things would be:

- A hotline – staffed by trained and paid Black trans people and trans people of colour – that can provide general support, signposting to other resources, and crisis support.
- Funding for Black trans people and trans people of colour specific in-person support spaces, oriented towards young people.

<u>Health trauma support groups</u>

> *'We've had a lot of clients who have been really traumatised through health services [...] they build up their resilience here [in support groups].'* (Gray, community expert)

Workshop participants requested **specific support groups** to enable psychological healing after negative experiences in medical environments. This need is especially present in non-urban areas, where it might be harder to access community spaces.

Additional suggestions from experts and participants

The discussions that we had with workshop participants and experts (see page 44 for full list) were deep and thorough, and often extended well beyond the categories of healthcare and criminal justice. People brought forward important ideas for improving trans lives and communities that would have an impact across several areas.

Below is a brief summary of ideas that were not specific to healthcare or criminal justice, but which would have positive impacts for trans people generally and would also address the root causes of problems occurring within the focus areas.

Establish trans community spaces

> *'I'd like to create a powerhouse, an institution that would have legislative power, a physical place where we could bring together the organisations that already hold trans people together, but to also have a community centre, a place to organise events, a place for people to come and chat.*
>
> *If this institution had this kind of power, [we could] get in touch with other institutions [such as] the police, and say [...] "this is what you can do better. We've got five seminars that you should take, just pay us to give them to you, we can put you in touch with workshop facilitators, we have models you can hire to put in your advertising".*
>
> *[We could] generate employment for trans and non-binary people [because it would be] trans-led and run by the group.'* (Participant, Trans People of Colour workshop)

> *'I'm sick of training people and talking to people, we just need our own projects. Give us our own buildings and our own money and just let us do it ourselves. [...] We need to accept at this point that [training] doesn't work, and that people are not responding to our community in a safe way.'* (Carla, homelessness expert, The Outside Project)

Having a physical space specifically for trans people, trans support and trans activism would allow the initiatives suggested in this report to find stability.

It was suggested that these spaces could also host:

- Advice sessions
- Initiative meetings
- Youth groups
- Specialist support groups
- Legal aid sessions
- Trans-specific mental health sessions
- Employment workshops
- Upskilling sessions
- Dispute mediation
- Cultural events

Currently, community spaces such as housing shelters, food banks and safe injection sites were reported as being potentially unsafe for trans people. Several experts felt that **trying to train community workers to respect trans people is not working** and that the most effective solution would be the creation of **trans-specific** spaces.

Within this idea there was a strong consensus that funding for such spaces should extend **outside metropolitan centres**, to reach trans people who are already living in relative isolation from larger trans communities.

Trans people of colour suggested that **TPoC-specific spaces** will be crucial to combatting the overwhelming whiteness of existing trans initiatives, and they must be viewed as **necessary rather than additional.**

Create trans media outlets

> *'We need to be informed [...] Myth-busting, making sure people know in a simple language as possible what the news means for them, in concrete terms [...] Making things as factual and calm as possible. Very simple infographics or social media outreach.'* (Trans People of Colour workshop)

Participants believed that media portrayals of trans people in the UK are excessively and increasingly negative. Participants and experts felt that **negative media portrayals impact medical and legal processes**. Concerns were expressed over how these portrayals might impact how professionals, for example doctors, understand, diagnose and communicate with trans patients. They may also dissuade doctors from specialising in trans medicine and may bias decision-making in court cases.

Currently, participants felt there are no reliable **fact-checking** mechanisms available to counter these negative portrayals, and only subpar regulation of the press is provided by organisations like the Independent Press Standards Organisation when reporting on trans stories.

To combat misinformation and broad generalisations about trans people in the press, multiple participants and experts recommended **creating trans-led media outlets.** The idea was that these would function as a **trustworthy source of information** on news that directly impacts trans people. It could also ensure a **strong trans voice in the media** to share experiences, and hold space for **success stories** to encourage and affirm trans people who are consuming overwhelmingly negative media content.

Upskill trans people with advocacy and activist skills

> *'Self-advocacy and letting autistic, neurodiverse and disabled people speak for themselves – and leading the sessions. Model sharing power.'* (Trans People of Colour workshop)

Trans experts already working in advocacy and activism highlighted a need to use funding and existing organisations to **educate trans community members on how to sustain and improve trans communities**.

Beyond skill-sharing workshops related to practical aspects of trans life came the idea of activist skill-sharing sessions.

These sessions could include information on:

- Trans initiatives that already exist, and what those initiatives need to sustain them
- How to start an advocacy or activist organisation and work within existing advocacy ecosystems
- How to participate in actions and sit-ins
- How to stand by someone who is being harassed or receiving a fine
- How to advocate to government (e.g. writing to an MP or joining a local forum)
- Understanding administrative organisation and how to secure funding via corporate sectors

Existing trans organisations could be drawn on for space and expertise to run such training sessions.

What next?

The partnership organisations listed below, with the help of funding from the National Lottery Community Fund, will start working on creating and supporting projects by community organisations based on the ideas and solutions created by workshop participants.

A similar community consultation will be conducted with under 18s on their experiences of healthcare, state agencies, and violence.

In the meantime, we encourage community organisations to use the ideas recorded and shared in this report as a starting point in discussions about forming their own projects that are for trans communities, by trans communities.

.

Appendix

Partnership organisations

The following organisations comprise the TRANSforming Futures partnership, which commissioned the community consultation workshops detailed in this report.

Be: North | *Trans Support and Community* | be-north.org.uk

CliniQ | *Inclusive Trans Sexual Health and Wellbeing* | cliniq.org.uk

Consortium | *Network and Support for LGBT organisations* | consortium.lgbt

Galop | *LGBT+ Anti-Violence Charity* | galop.org.uk

Gendered Intelligence | *Trans Youth and Adult Wellbeing Support, and Professional Services* | genderedintelligence.co.uk

GIRES | *Gender Identity Research and Education Society* | gires.org.uk

Mermaids | *support for families with gender diverse children and young people* | mermaidsuk.org.uk

Stonewall | *LGBT rights charity* | stonewall.org.uk

Sparkle | *National Transgender charity* | sparkle.org.uk

Supportive organisations mentioned by workshop participants

Workshop participants mentioned several existing trans organisations that they had found supportive and affirming. They wanted to share this list with communities and expand it over time.

Clinic T | *Brighton Trans Health Clinic* | brightonsexualhealth.com/service/clinic-t

CliniQ | *Inclusive Trans Sexual Health and Wellbeing* | cliniq.org.uk

First Lights | *Domestic Abuse and Sexual Violence Charity* | firstlight.org.uk

Gendered Intelligence | *Trans Youth and Adult Wellbeing Support, and Professional Services* | genderedintelligence.co.uk

GALOP | *LGBT+ Anti-Violence Charity* | galop.org.uk

LGBT Foundation (Trans Advocacy Service) | *Trans Advocates* | lgbt.foundation/how-we-can-help-you/trans-advocacy

MindOut | *LGBTQ Mental Health Service* | mindout.org.uk

Proud 2B | *Supporting LGBTQ+ People in South Devon* | proud2be.org.uk

The Outside Project | *LGBTQ+ Community Shelter* | lgbtiqoutside.org

The Clare Project | *Transgender Support and Social Group* | clareproject.org.uk

Trans Media Watch | *Improving Media Coverage of Trans and Intersex Issues* | transmediawatch.org

Ugly Mugs | *Ending Violence Against Sex Workers* | uglymugs.org/um

56T | Sexual Health and Wellbeing Support for Trans and Non-binary People and Partners | dean.st/trans-non-binary

We recognise that this is not an exhaustive list, however we believed it was worth noting the organisations participants felt were currently running good services and with whom they were regularly interacting.

Methodology and demographics

We collated trans people's experiences of healthcare and criminal justice through a survey of 348 trans people in England.

Using this information to guide us, we approached experts in the areas trans people had highlighted. These experts were either topic experts (who had specific experience in healthcare or criminal justice relating to trans experiences), or community experts (who were trans community group leaders and service providers). To centre and uplift trans people during every part of the project, we only worked with experts who identify as trans.

After speaking to experts, we ran 19 workshops in which participants mapped the areas of criminal justice and healthcare that had the biggest impact on trans people. We aimed to ensure a diverse and representative cohort of trans people fed into the project so that ideas created were representative of the wider trans community, rather than from a particular demographic. To achieve this, we ensured that participants came from areas across England, were a variety of ages, and from diverse sexualities, and religious and racial backgrounds. We also ran workshops which were for trans people of colour only.

Expert interviews

Throughout January and February 2020, 16 expert interviews were conducted:

Topic Experts	Community Experts
Giuliana Kendal – Private Prosecutor, London	Beccie Louise – formerly ran Oasis, Norfolk
Luke Williams – Lawyer, London	Serena James – runs Oasis, Norfolk
Dr Francis Ray White – Researcher (Trans Pregnancy Project), London	Reid – runs FTM Norfolk, Norfolk
Freddy McConnell – Taking UK Government to supreme court for right to be registered as his child's father or parent	Gray – Service Manager for The Clare Project, Brighton
Dr Kate Nambiar – GIC Clinician and ClinicT Founder, London and Brighton	Rowan – Trans Advocate at MindOut, Brighton
Alex Sharpe – Lawyer, Warwick University	
Dr S. Lamble – Trans Prison Policy Expert, London	

Harri Weeks – Manager at The National LGB&T Partnership; independent member of the Gender Identity Programme Board, NHS England Specialised Commissioning; and Equality, Diversity and Inclusion Advisory Group Member for Mayor of London
Saxon Hailes – ex-Met PC and LGBT Liaison Officer for Greenwich, Hate Crime advocate at Metro Charity, London
Carla Ecola – The Outside Project, London
Nim Ralph – Activist and Campaigner, London

All experts were asked questions relating to both healthcare and criminal justice, though some interviews tended towards one topic or the other based on expertise.

Community workshops

Everybody who completed the initial surveys were invited to participate in community workshops. 61 respondents took part in a facilitated discussion assisted by two trans facilitators. These discussions were split into two sections: assessing the main issues, and idea generation for potential solutions.

To support participants, we provided access to a qualified counsellor and a separate digital space for those needing a break from discussions. Follow-up support was offered to participants if needed. Participants were compensated for their time with £25 gift vouchers.

Demographics

Survey participant demographics

309 trans people responded to the general survey, and a further 39 trans people to the specific trans people of colour survey. This made a total of **348 survey responses**.

Of those who completed the surveys:

Gender identity
Man (16%)
Woman (20%)
Trans man / transmasculine (29%)
Trans woman / transfeminine (32%)
Non-binary (23%)
Genderqueer (10%)
Culturally-specific term (1%)

Sexual and/or romantic orientation
Bi (28%)
Gay or Lesbian (19%)
Heterosexual/Straight (13%)
Queer (30%)
Asexual (9%)
Other (11%)
Prefer not to say (23%)
No response (9%)

Age
18 - 24 (23%)
25 - 34 (23%)
35 - 44 (16%)
45 - 54 (14%)
55 - 64 (9%)
65+ (3%)
Not asked (11%)

Race and/or ethnicity
Arab (1%)
Asian or Asian British (4%)
Black or Black British (4%)
Mixed race (7%)
White: British (67%)
White: Irish (2%)
White: Gypsy or Irish Traveller (1%)
White: Other (8%)
Prefer not to say (1%)
Other (2%)
No response (9%)

Faith and belief
Christian (16%)
Jewish (2%)
Buddhist (3%)
Muslim (1%)
Other (17%)
Non-religious (60%)

Living with a Disability and/or Neurodiverse
No (56%)
Yes (44%)

Workshop Participant Demographics

In the **workshops** that followed the survey, we spoke to **61 trans people.** There were 19 workshops in total. Of those, there were four for trans people of colour only, one for people who had direct experience of criminalisation, one for survivors of violence, and the rest were linked to location. In all of these workshops, both healthcare and criminal justice were discussed.

Gender identity
Man (10%)
Woman (11%)
Trans man / transmasculine (25%)
Trans woman / transfeminine (15%)
Non-binary (23%)
Genderqueer (10%)
Other (1%)

Sexual and/or romantic orientation
Bi (30%)
Gay or Lesbian (15%)
Heterosexual/Straight (6%)
Queer (35%)
Asexual (5%)
Other (6%)
No response (3%)

Age
18 - 24 (11%)
25 - 34 (20%)
35 - 44 (13%)
45 - 54 (20%)
55 - 64 (3%)
65+ (3%)
Not asked (30%)

Race and/or ethnicity
Arab (1%)
Asian or Asian British (7%)
Black or Black British (10%)

Mixed race (19%)
White: British (41%)
White: Irish (4%)
White: Gypsy or Irish Traveller (1%)
White: Other (4%)
Other (1%)
No response (4%)

Faith and belief
Christian (18%)
Jewish (0%)
Buddhist (3%)
Muslim (7%)
Other (23%)
Non-religious (49%)

Living with a Disability and/or Neurodiverse
No (52%)
Yes (48%)

Note on inclusion

Initial recruitment failed to receive our target participation rates from trans people of colour, particularly Black trans people. To attract more TPoC participants we created an abridged survey so that trans people of colour could more easily register for a workshop. After these efforts, we achieved 50 per cent participation rates for TPoC in the workshops.

Glossary

CCG

Clinical commissioning group. They were created following the Health and Social Care Act in 2012, and replaced Primary Care Trusts on 1 April 2013. They are clinically-led statutory NHS bodies responsible for the planning and commissioning of healthcare services for their local area.

CISGENDER or CIS
Someone whose gender identity is the same as the sex they were assigned at birth. Non-trans is also used by some people.

CISNORMATIVE
is the assumption that all individuals are cisgender, and assumptions that prioritises cisgender understandings and experiences as universal truths.

DEADNAME
Also called 'birthname'. This term is how some trans person refer to the name they were raised with but have since stopped using, due to it not reflecting their gender identity

GENDER CLINICS / GENDER IDENTITY CLINICS
Gender clinics are the specialist clinics, both NHS and private, from which trans people who wish to medically transition have to get a diagnosis of gender dysphoria. They were previously called Gender Identity Clinics (GICs) but were renamed to Gender Dysphoria Clinics (GDCs). Trans communities still refer to them as Gender Identity Clinics, which you will see in several of the direct quotes. To reduce confusion, we have referred to them as Gender Clinics within the written summaries.

GENDER DYSPHORIA
Used to describe when a person experiences discomfort or distress because there is a mismatch between their sex assigned at birth and their gender identity. This is also the clinical diagnosis for someone who doesn't feel comfortable with the sex they were assigned at birth.

GPs

General practitioners who treat all common medical conditions and refer patients to hospitals and other medical services for urgent and specialist treatment.

GRA/Gender Recognition Act
The legislation in the UK that allows trans people to change the gender on their birth certificate.

GUM Clinic
Genitourinary medicine clinics, also called sexual health clinics, family planning, or sexual and reproductive health clinics.

HRT
Hormone Replacement Therapy, referring to the hormones a person may choose to take to help their secondary sex characteristics match their gender identity.

LGBT+
An umbrella term to refer to Lesbian, Gay, Bi and Trans people. The '+' communicates that this is intended as an umbrella term that includes all minority sexual and romantic orientations and gender identities. Some people and organisations explicitly include Queer, Intersex and Asexual in the terminology they use.

NEURODIVERSE
Neurological differences such as autism and ADHD (Attention Deficit Hyperactive Disorder).

NON-BINARY
An umbrella term for people whose gender identity doesn't sit comfortably with 'man' or 'woman'. Non-binary identities are varied and can include people who identify as: a gender other than man or woman, no gender, or multiple genders.

PRONOUNS
Words we use to refer to people's gender in conversation - for example, 'he' or 'she'. Some people may prefer others to refer to them in gender neutral language and use pronouns such as they/them and ze/zir.

RACISM

A system of power, oppression, prejudice, stereotypes and/or discrimination based on the belief in a hierarchy of races, including for social, economic, and political advantage

TRANS
An umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth. Trans people may describe themselves using one or more of a wide variety of terms, including (but not limited to) transgender, transsexual, gender-queer (GQ), gender-fluid, non-binary, gender-variant, crossdresser, genderless, agender, nongender, third gender, bi-gender, trans man, trans woman, transmasculine, transfeminine and neutrois.

TRANSFEMININE
A term used to describe a trans person who has a female, woman aligned, femme identity and is impacted by transmisogyny.

TRANS MAN
A term used to describe someone who is a man and was assigned female at birth. This is a shortened version of transgender man.

TRANSMASCULINE

A term used to describe a trans person who has a male, male aligned, or masculine identity and is exempt from transmisogyny.

TPoC

An acronym to refer to trans people, or a person, of colour.

TRANS WOMAN

A term used to describe someone who is a woman and was assigned male at birth. This is a shortened version of transgender woman.

TRANSITIONING

The steps a trans person may take to live in the gender with which they identify. Each person's transition will be different. For some it involves medical intervention, such as hormone therapy and surgeries, but not all trans people want or are able to have this. Transitioning also might involve things such as changing names and/or pronouns, telling friends and family, dressing differently, and changing official documents.

TRANSPHOBIA

Prejudice, fear, or dislike of someone based on the fact they are trans. Transphobia may be expressed indirectly and unconsciously, as physical, emotional, psychological, and sexual abuse, or through denial of access to needed services and rights.