

Trans health, care and wellbeing

INTRODUCTION

- For the past six years (2012 - 2018) The Diversity Trust has been researching the health, care and wellbeing needs and experiences of local Lesbian, Gay, Bisexual, Trans and Questioning (LGBTQ+) people.
- During this time we have surveyed and interviewed 1,500 LGBTQ+ people.
- This programme of community-based research has been used to influence policy and practice in health and care, including the Joint Strategic Needs Assessments (JSNA) and Health and Wellbeing Strategies across the West of England region.
- For a comprehensive list of reports visit The Diversity Trust W: www.diversitytrust.org.uk/research-reports
- Over the last year (2017-18) we have been working with Local Healthwatch across Bath & North East Somerset, Bristol, North Somerset, South Gloucestershire, Swindon and Wiltshire to identify the health, care and wellbeing needs of *Trans and/or **Non-Binary people.
- This report summarises the evidence, feedback, and experiences, from the Trans and/or Non-Binary people who took part in the research.

Definitions:

*Trans is an umbrella term for people whose gender identity and/or gender expression diverges in some way from the sex they were assigned at birth.

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**Non-Binary refers to any gender that is not exclusively male or female. A similar term is gender neutral or gender queer. Some other non-binary identities include: agender, bigender and genderfluid.

PROJECT AIM:

The aim of this community-based research project was to improve access to health, care and wellbeing for local Trans and/or Non-Binary people and communities.

The project focused particularly on the health inequalities, and discrimination, experienced by Trans and/or Non-Binary people and communities.

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Trans health, care and wellbeing

Non-binary identity is generally considered to be under the umbrella of Trans. However, some non-binary people do not identify as Trans.

Some countries are now allowing a non-binary identity to be assigned at birth, which will result in people whose non-binary gender is the same as the gender they were assigned at birth.

METHODOLOGY:

Between April and December 2017, 225 Trans and/or Non-Binary people from Bath and North East Somerset (B&NES), Bristol, North Somerset, South Gloucestershire, Swindon, Wiltshire and other areas in the South West took part in an online survey, interviews and focus groups.

Participants were recruited, through a range of methods, including social, community and support groups; online; and through social media. For a full list of groups and organisations who helped us to recruit the participants, please refer to the main research report available on our website.

HEADLINE FIGURES:

- 225 trans and non-binary people took part in the project
- 205 people took part in an online survey
- 20 people took part in interviews and focus groups
- Age range from <16 to 80 years. Average age - 36 years
- Transgender identity - 71%
- Cisgender identity - 25% **Note:** A breakdown of the cisgender category included people who identified as cross-dressers and included non-binary participants.
- Other gender identity - 4%
- 27% have waited a year or more for a first appointment. 31% have not yet been seen
- 33% of participants had a physical health condition
- 47% of participants had a mental health condition
- 71% of participants had sought help for anxiety or depression
- 57% of participants had self-harmed or self-injured themselves
- 71% of participants had thought about suicide. 40% of participants had planned suicide
- 16% of participants frequently used alcohol. 5% of participants felt they used alcohol too much
- One in five participants said they felt unsafe. One third feel unsafe in some situations
- 60% of participants had been called names in the street. 13% of participants had been subject to violence
- 60% of participants said they felt discriminated against because of their gender identity. 47% of participants felt discriminated at work. 30% of participants felt discriminated against in health care

“Public attitude to all trans people needs to change. People need to understand that non-binary genders are real and exist, and then I think hate would be reduced.” *Non-binary, aged 16-24, Bristol*

Trans health, care and wellbeing

CONCLUSIONS:

- Trans people face a significant amount of hostility in society and the health care system is a contributing factor.
- Trans people have very poor mental health compared to the rest of the population. The discrimination Trans people face is a significant contributor.
- Trans people's experiences of the health care system are very mixed. Some health care professionals are excellent in their treatment of Trans and/or Non-Binary people, others are not as good, and some professionals act in a discriminatory way towards Trans and/or Non-Binary people.
- Trans people often have to rely on word of mouth to find sympathetic health care professionals. Those Trans people who live in small, isolated and rural communities often have few choices available.

RECOMMENDATIONS:

1) Training

- Training on equality, diversity and inclusion should be mandatory for all staff working in health, care and wellbeing services.
- Equality, diversity and inclusion training should include transgender awareness and be provided both online and offline through classroom-based and e-learning.
- All training providers should review their training courses and materials to ensure they are Trans and/or Non-Binary inclusive.
- Trans awareness training should become part of all health, care and wellbeing professionals' Continuing Professional Development (CPD).

2) Policy development

- All health, care and wellbeing service providers should develop policies on challenging transphobic bullying, harassment, victimisation and discrimination in line with the Equality Act (2010) and the Public Sector Equality Duty (2011).
- All health, care and wellbeing service providers should develop a Trans Inclusion Policy, involving and consulting with Trans staff and patients, on best practice in supporting Trans colleagues and patients through their transition. The policy should address confidentiality, dress codes and the use of facilities.

"I consider my sex to match my gender (genderqueer), though was assigned differently at birth."

Genderqueer identity, aged 16-24, Bath & North East Somerset

Trans health, care and wellbeing

3) Specialist support

- Development of specialist Trans support organisations including drug and alcohol services and mental health services.
- Specialist support can be provided by external organisations. Trans people may be reluctant to go to a general drug support service for fear of discrimination by staff or by other service users.
- Audit of healthcare services to find out how much they know about Trans care.

4) Pronouns

- If unsure how to identify a person in relation to their gender identity or sexual orientation, it is acceptable to ask which term they would prefer you to use to describe them.
- Respect people's pronouns and use correct pronouns.
- Do not intentionally misgender or deadname Trans and/or Non-Binary people.

5) NHS England / Gender Identity Clinics (GICs)

- NHS England should increase funding to Gender Identity services.
- GICs should make improvements in their volunteer training.

6) Healthwatch England

- Research at a national level, with funding identified for a national Trans survey, including academic involvement.

7) Challenging Transphobia

- Challenging all forms of bigotry against Trans and/or Non-Binary people including bullying, harassment, hate crime and discrimination.

“I would be willing to explain to our neighbours if need be but my [partner] does not wish it known.”

Trans/cross-dresser identity, aged 61-64, North Somerset