

Department of Health and Human Services

Development of trans and gender diverse services in Victoria

Final report

June 2018



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Glossary and list of abbreviations

Term/abbreviation	Definition
Affirmed gender	The gender that matches a person's gender identity rather than their sex assigned at birth
AHA	Australian Healthcare Associates
ANZPATH	Australian and New Zealand Professional Association for Transgender Health
CALD	Culturally and linguistically diverse
Care	For the purposes of this report, <i>care</i> refers to all requirements provided for the social, emotional, physical and mental health of an individual
CHC	Community health centre
Cisgender	Refers to a person whose gender identity is the same as their sex assigned at birth
CMI/ODS	Client Management Interface/Operational Data Store
Co-design	The process of designing a product or service with people who will use or deliver that product or service
Co-production	Delivering public service in an equal and reciprocal relationship between professionals, people using services and their families
Co-creation	The systematic process of creating new solutions with people, not for them; involving citizens and communities in policy and service development
CoE	Centre for Trans and Gender Diverse Care—referred to as the Centre of Excellence (proposed by AHA in this report)
DHHS	Victorian Department of Health and Human Services. Also referred to as <i>the Department</i>
<i>DSM-5</i>	<i>Diagnostic and Statistical Manual of Mental Disorders</i> (5th edition)
Gender	Can refer to biological sex, social roles or gender identity. There are many genders, but the most commonly recognised are male and female
Gender dysphoria	Involves a conflict between a person's sex assigned at birth and the gender with which this person identifies
Gender identity	A person's internal sense of their gender, regardless of their sex assigned at birth
GP	General Practitioner
<i>ICD-10</i>	<i>International Classification of Diseases and Related Health Problems</i> (10th revision)
<i>ICD-11</i>	<i>International Classification of Diseases and Related Health Problems</i> (10th revision)
Intersex	People with intersex variations are born with physical sex characteristics that do not fit medical and social norms for female or male bodies

Glossary and list of abbreviations

Term/abbreviation	Definition
<i>Key Directions Discussion Paper</i>	<i>Future Development of Health and Support Services for Trans and Gender Diverse Victorians: Key Directions Discussion Paper</i>
LCC	La Trobe Communication Clinic
LGBTI	Lesbian, Gay, Bisexual, Transgender, Intersex
MHGC	Monash Health Gender Clinic
Non-binary	An umbrella term and identity used to describe all kinds of people who sit outside the gender binary or whose gender identity is not exclusively masculine or feminine
Pathologise	To regard or treat as being psychologically or medically disordered
PBS	Pharmaceutical Benefits Scheme
PHN	Primary Health Network
RCH	The Royal Children's Hospital
Sex	Biological/physical attributes that are associated with biological sex, such as chromosomes, reproductive organs, internal and external genitalia, and anatomical and secondary sexual characteristics
Sex assigned at birth	The sex (male or female) assigned a child at birth, based on the child's genitalia
<i>SOC7</i>	World Professional Association for Transgender Health <i>Standards of Care Version 7</i>
TEAG	Victorian Trans Expert Advisory Group
TGD	Trans and gender diverse
The Department	Victorian Department of Health and Human Services
The Plan	Victorian Government's <i>Statewide Design, Service and Infrastructure Plan for Victoria's Health System 2017–2037</i>
Trans Trans and gender diverse	Umbrella terms that include many experiences of gender: trans, transsexual, transgender, genderqueer, etc. (National Center for Transgender Equality (United States) 2016)
Transgender	An umbrella term and identity used to describe all kinds of people who sit outside the gender binary or whose gender identity is different from the sex assigned to them at birth
WHO	World Health Organization
WPATH	World Professional Association for Transgender Health.

A note about language

In our society we commonly presume that a person's sex assigned at birth will determine their gender.

Trans and gender diverse people show that this presumption is incorrect.

The term *trans and gender diverse* may include people who identify as one or more of a range of descriptors, including *transgender*, *transsexual*, *trans woman*, *trans man*, *non-binary*, *agender*, *genderqueer*, *genderfluid*, *gender questioning*, *brotherboy* and *sistergirl*, among others.

Terminology in this field is contested and changes rapidly. In this report, we use the term *trans and gender diverse* as an inclusive term for the range of ways in which trans and gender diverse people identify themselves. Throughout the document we also refer to the term *affirmed gender*. This is the gender that matches a person's gender identity rather than their sex assigned at birth.

Acknowledgements

Australian Healthcare Associates (AHA) would like to thank the many people who provided their thoughts and views for the Trans and Gender Diverse Service System Development Project. In particular, we thank the trans and gender diverse people who shared their experiences so that we may be better able to gain an enriched understanding of their perspectives and service needs. Advocacy group representatives were also generous with their time in engaging with the project and providing expertise and feedback on service system developments and key directions.

We also appreciate the time taken by all service providers to make available details of delivered services, plus their views on service delivery in the future.

In particular, we also welcomed the expertise, insight and input of the Department and the Victorian Trans Expert Advisory Group, as well as AHA's expert advisors for this project.

Listening to and learning from this diverse range of stakeholders helped us to gain an improved comprehension of the viewpoints of the trans and gender diverse community and how services can be more effectively delivered in the future.

1 Executive summary

1. Executive summary

Key messages

- Demand for trans and gender diverse services in Victoria has rapidly increased, with growing waiting lists for existing specialist children, adolescent and adult trans and gender diverse services. In recent years, the Victorian Department of Health and Human Services (DHHS) provided expansion funding to the Monash Health Gender Clinic (MHGC) and The Royal Children's Hospital (RCH) Gender Service to meet the increased demand. In late 2017, DHHS established the Trans and Gender Diverse Service System Project to provide recommendations for the future development of health and support services for trans and gender diverse Victorians.
- Resulting from the Trans and Gender Diverse Service System Project, this Final Report outlines a new statewide service model for the delivery of trans and gender diverse health and support services in Victoria. It is based on extensive consultations with the trans and gender diverse community, support and advocacy organisations and health and support service providers, as well as a literature scan and feedback and comments from a public discussion paper released in February 2018.
- Fundamental to the development of the future service system are the principles of co-design, co-production and co-creation with the trans and gender diverse community.
- Key to the directions outlined in this paper is the proposal to 'mainstream' services for trans and gender diverse people. This involves the development of a three-tiered service system that includes:
 - A central role for general practitioners (GPs) and primary care services that also includes expanded community mental health services
 - The establishment of Care Hubs with expertise in trans and gender diverse health in regions across Victoria, to be based in general practices, community health centres (CHCs) or hospitals
 - The establishment of a collaborative Centre of Excellence in Trans and Gender Diverse Care (CoE) to provide clinical and specialist services and support, education and training, information, service quality improvement and research.
- Peer support and family support services across the service system are considered to be a core part of system development.
- The implementation of this new system will require capacity building in a range of areas including: health professional education and training; community awareness; and the development of referral and service pathways, standards and guidelines and improved data collection to better plan and meet the future health and support needs of the trans and gender diverse community.

1. Executive summary

1.1 Background

In 2015, the Victorian Government established the Lesbian, Gay, Bisexual, Trans and Gender Diverse and Intersex (LGBTI) Taskforce to advise the Minister for Equality to identify government priorities and ensure policy, programs and services are inclusive of LGBTI communities. In support of the work of the LGBTI Taskforce, the Department established the Victorian Trans Expert Advisory Group (TEAG) to provide expert advice on issues and projects in relation to trans and gender diverse people. The advisory group is made up of community members, clinicians and academics.

In March 2016, the Trans Expert Advisory Group (TEAG) hosted the Trans Health Service Model Workshop to explore the needs of the Victorian trans and gender diverse community (Victorian Trans Expert Advisory Group 2016). A community survey (Victorian Trans Expert Advisory Group 2016) was also conducted.

Together, DHHS and TEAG have been exploring strategies to improve the delivery of health and support services for trans and gender diverse people.

1.2 Objectives of the Trans and Gender Diverse Service System Development Project

Late in 2017, DHHS appointed AHA to develop a new statewide service model for the delivery of health and support services for trans and gender diverse people in Victoria. This is the final report of the Trans and Gender Diverse Service System Development Project.

This project was designed with a focus on the following six key objectives:

1. Develop a system architecture for a new client-centred trans and gender diverse services system that identifies key principles, service delivery components, service linkages and referral pathways
2. Identify system and service delivery capabilities (including peer support and client engagement) required for the provision of high quality services to trans and gender diverse people based on the proposed new service system
3. Identify areas of training and skills development required (in hospital and community settings) for the implementation and operation of the new service model. This will include training and skills development for GPs, endocrinologists, mental health professionals, surgeons, speech pathologists, nurses and other allied health staff
4. Identify any system and organisational constraints that will need to be addressed in the implementation and operation of the proposed new service system
5. Outline the capacity, oversight, governance and funding arrangements relating to the implementation and operation of the new service system, including a high degree of consumer participation
6. Outline the options and possible timeframes for the transition to the proposed new service system.

1. Executive summary

1.3 Project scope

The scope of this project encompasses services for trans and gender diverse children, young people and adults. Each person's journey and experience is different, as is the extent to which they affirm their gender, their process of gender affirmation and their health and support needs.

The process of questioning gender identity can begin at any stage in a person's life, including as a very young child. People may seek support and services at any time and sometimes over multiple periods of time.

The project scope includes people who:

- Question their gender identity
- Affirm their gender socially (e.g. by changing their name, title, pronouns and/or physical appearance)
- Affirm their gender medically, using hormone therapy and/or surgery
- Need ongoing health and/or social support in relation to their gender identity.

This project looks at a wide range of services for trans and gender diverse people, including health services and support services. As a statewide Victorian project, a key element of this project is to consider services across Victoria, including in regional and rural areas.

1.4 Methods

A four-phase mixed method approach was used to conduct the Trans and Gender Diverse Service System Development Project (see *Figure 2-1*). Information, including a combination of quantitative and qualitative data derived from multiple data sources, was then triangulated to generate a synthesis of findings and reporting. Human Research Ethics Committee approval (No: 2017-12-905) was provided by Bellberry Human Research Ethics Committee.

The project phases included:

- Phase 1—Initial consultation and evidence review, including ethics approval and stakeholder consultations
- Phase 2—Development and publication of *Future Development of Health and Support Services for Trans and Gender Diverse Victorians: Key Directions Discussion Paper* (hereafter referred to as *Key Directions Discussion Paper*)
- Phase 3—Secondary consultation: testing of concept
- Phase 4—Reporting.

Co-design was a key feature in the conduct of this project. This included:

- Extensive consultation with **trans and gender diverse people and parents of trans and gender diverse children** including through focus groups, surveys and online feedback on the *Key Directions Discussion Paper*

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- Engagement with **TEAG** via the presentation of, and feedback in relation to, all key documents, as well as the conduct of a workshop on the *Key Directions Discussion Paper* and this Final Report
- Engagement of **trans and gender diverse experts** as part of the project team
- **Co-facilitation** of focus groups with trans and gender diverse experts to ensure peer-to-peer engagement
- Specific strategies to engage with trans and gender diverse people who do not feel safe **and/or comfortable participating in the project in a group setting**, including the provision of information by anonymous survey.

1.5 Victoria's Statewide Design, Service and Infrastructure Plan

In 2017, the Victorian Government released its overarching *Statewide Design, Service and Infrastructure Plan for Victoria's Health System 2017–2037*. This plan focuses on five priority areas to guide the development of services over the next 20 years:

1. Building a proactive system that promotes health and anticipates demand
2. Creating a safety and quality-led system
3. Integrating care across the health and social service system
4. Strengthening regional and rural health services
5. Investing in the future—the next generation of healthcare.

The Trans and Gender Diverse Service System Development Project has been designed within the framework of this Plan.

1.5.1 Data sources

The evidence that has informed this Final Report has come from a range of sources including:

- A scan of Victorian, Australian and international literature
- Departmental documents including the *Transgender and Gender Diverse Health and Wellbeing Background Paper* prepared by the Gay, Lesbian, Bisexual, Transgender and Intersex Health and Wellbeing Ministerial Advisory Committee and the Department's *Trans Health Services Model Workshop Report*
- Project focus groups and consultations with trans and gender diverse people and parents/carers of trans and gender diverse children
- Project consultations with DHHS and 30 health services, peak groups and advocacy organisations
- A project survey regarding future service needs from 203 respondents including:
 - Trans and gender diverse people (173 responses)
 - Parents/carers of trans and gender diverse children (30 responses)

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- The preliminary results of two major, as-yet-unpublished studies:
 - Trans and Gender Diverse Health Survey conducted by the University of Melbourne for the Department (a survey of 692 Victorian adults)
 - Summary data from the Endocrine Specialist Centre national study Healthcare Needs of Adult Trans and Gender Diverse Australians (a survey of 964 Australians).

1.6 Key findings

A range of key findings are outlined in this report, including findings regarding:

- Trans and gender diverse people and their care needs
- Health services for trans and gender diverse people.

Trans and gender diverse people and their care needs:

- Trans and gender diverse people are one of the most vulnerable and high needs groups in Victoria. This community experiences high rates of mental health issues, stigma, discrimination, and disadvantage
- Encouraging the inclusion of trans and gender diverse people in our society 'is likely to be the most significant element of treating the mental health issues that trans people develop in an intolerant and still very ignorant society' (quote from *Key Directions Discussion Paper* respondent)
- Trans and gender diverse people can find the process of questioning, defining, and affirming their gender identity to families, schoolmates, workmates and teammates to be difficult, overwhelming and distressing. This process can also be difficult for people around them such as partners, parents, siblings and friends. Access to timely, affordable counselling and support is needed, as is family counselling, workplace training and leadership development
- The level of family support and acceptance can have a critical impact on the health and wellbeing of trans and gender diverse people.

In relation to health services:

- Current demand exceeds the available supply of services, with waiting lists for many services for both children and adults
- There is rapidly increasing service demand and waiting lists are therefore growing
- Trans and gender diverse people who are in the initial stages of questioning or affirming their gender and their families generally do not know where to access information or support, relying on word of mouth, social media, and Internet searches to access information
- There are few places to obtain care in Victoria where trans and gender diverse people feel safe and secure, with such services largely being provided by a small number of specialist general practice, community health and hospital services that are concentrated in Melbourne
- It can be very difficult to find a trans and gender diverse friendly GP to obtain a mental health plan and to gain access to mental health services. Many trans and gender diverse people fear rejection by their existing GPs/doctors
- People in the trans and gender diverse community need more doctors, counsellors, health workers and front-line staff who understand them and their health and support needs

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- Health professionals report that trans and gender diverse healthcare can be a vexed ethical and moral area, with many health professionals being very risk averse about providing primary care for their patients
- GPs are showing an increased interest in trans and gender diverse health, as more people seek their assistance
- Increasing access to mental health, counselling and support services is a priority
- Peer support and engagement with the trans and gender diverse community is essential to effective service development and to the quality of services delivered, with volunteer peer support and self-help groups playing a key role that needs to be supported. There is a clear need to expand professionally-facilitated support groups
- Quality education and training for health professionals, as well as the development of clinical guidelines and referral pathways, are a key component to expanding the delivery of community-based services
- Current clinical health service guidelines and pathways are framed within a mental health diagnosis of gender dysphoria. This reinforces the pathologisation of trans and gender diverse people's experiences
- The costs of accessing services, especially medical gender affirmation services, play a major part in limiting service access. In some cases, these services can be regarded as life-saving healthcare because of the associated risks of depression, self-harm, and suicide that trans and gender diverse people can face.

1.7 Service system recommendations

In alignment with the Victorian Government's *Statewide Design, Service and Infrastructure Plan for Victoria's Health System 2017–2037*, we propose six principles to underpin the design of the proposed new trans and gender diverse service system:

1. Mainstreaming service and support delivery
2. Building a proactive health system that anticipates demand
3. Creating a safety and quality-led system
4. Integrating care across the health and social service system
5. Strengthening regional and rural health services
6. Investing in the future and the next generation of healthcare.

These are to be supported by service development principles including:

1. Services respect the client's right to informed consent and self-determination

Services will respect that the human rights of trans and gender diverse people, especially in relation to informed consent and self-determination, are fundamental to service development and delivery

2. Services provide client-centred care

Services provide client-centred care that will:

- Recognise that each person will have a unique clinical presentation and their own individual care needs

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- Understand that not all trans and gender diverse people will seek medical affirmation or social affirmation services and the services they access will depend on their individual care needs and choices
- Use appropriate pronouns and respectful and affirming language
- Be designed to avoid causing harm

3. Services are co-created and grounded in authentic partnership with trans and gender diverse people

Services that care for and support trans and gender diverse people will:

- Be grounded in authentic partnership that involves co-design, co-production and co-creation of services with trans and gender diverse people
- Be informed by the voices and lived experience of trans and gender diverse people
- Involve trans and gender diverse people at all levels in the service system
- Wherever possible, support trans and gender diverse people to:
 - Lead trans and gender diverse healthcare reforms
 - Be employed (including in key positions of authority) in Care Hubs, the CoE and other services providing care to trans and gender diverse people

4. Peer support services are resourced as an essential component of the service delivery system

- Peer support services are resourced and recognised as key service system partners in supporting the social and emotional wellbeing of trans and gender diverse people
- Investment also supports the education, training and mentoring of peer support workers
- Reimbursement is provided for trans and gender diverse people who provide expertise or services such as board membership, in line with ethical practice and in recognition of their knowledge and skills.

1.8 Hub and spoke model

Figure 1-1 outlines a proposed hub and spoke model for the future delivery of trans and gender diverse health and support services in Victoria. This is framed within three levels of care (primary, secondary and tertiary care) and involves:

- A central role for GPs and primary care
- Expanded mental health services
- Integration of peer support services across all levels of the service system
- Development of a CoE for Trans and Gender Diverse Care.

1.8.1 Central role for GPs and primary care

In this hub and spoke model, the role of the GP and primary care is central to the proposed new health and support system (see *Section 6.2*).

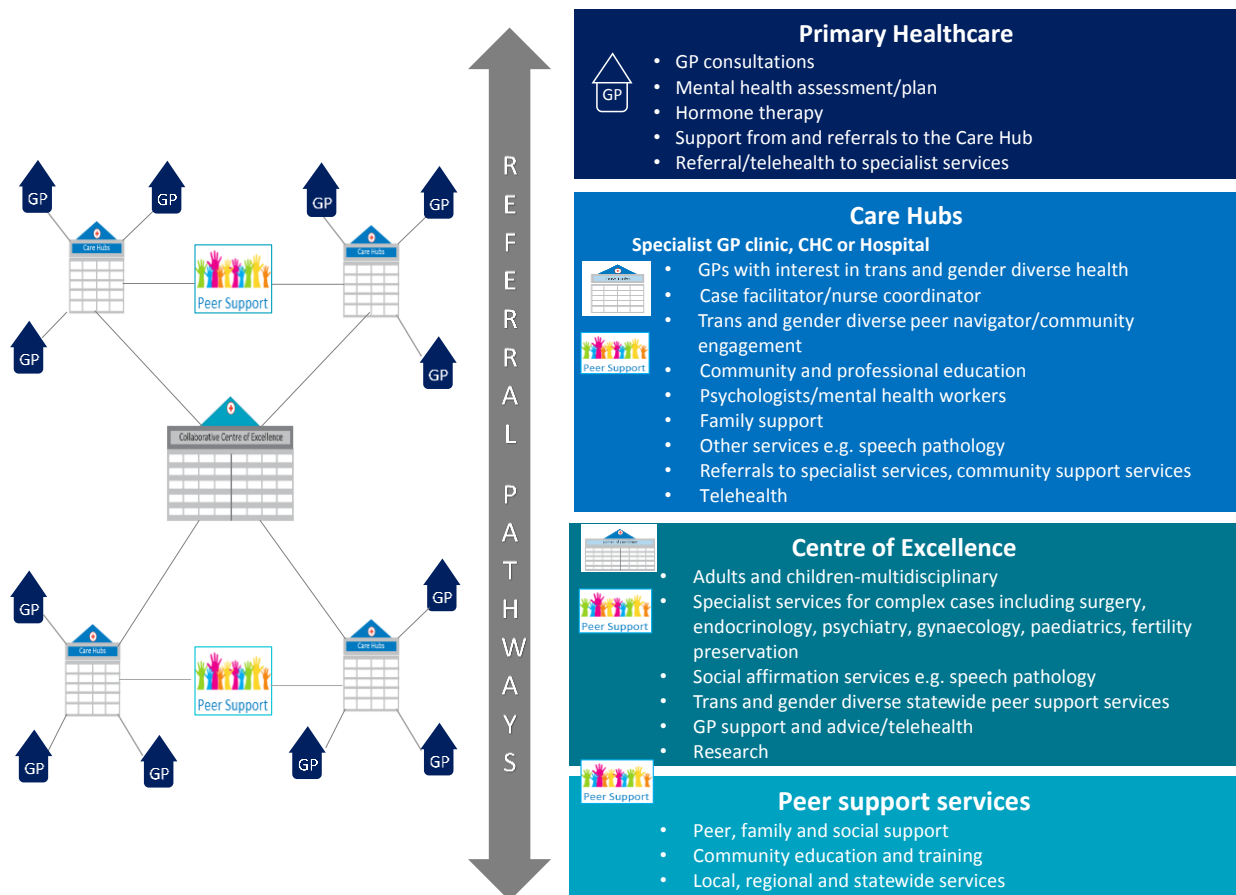
GPs are usually a person's first point of contact with the health system and the quality of this interaction can have a major impact on a trans or gender diverse person's experience of the health system. Trans and gender diverse people consulted reported experiencing stigma and discrimination in the health system, preferring to rely on personal networks and social media channels to actively seek out specialised GP clinics where they felt they would be welcome and understood.

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GPs who have a large client base of trans and gender diverse people consistently stated that much of the care required for adult trans and gender diverse people can and should be delivered in a primary care setting. With some training, GPs should be able to provide good, appropriate care for the majority of their patients' needs in a sensitive, holistic manner. Training could be offered through Primary Health Networks (PHNs), health professional colleges and associations, peer support organisations, Care Hubs and Australian General Practice Training organisations.

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Figure 1-1: Victorian Hub and Spoke Model for Trans and Gender Diverse people



Within the framework of adequate health professional education, people consulted overwhelmingly supported the introduction of an informed consent pathway, including the prescription of hormone therapy for patients. In the new service model, most GPs could be expected to continue hormone therapy prescription and monitoring after initiation by a GP with specialist training or an endocrinologist.

Referrals to specialist support services would be appropriate for:

- Children and young people, consistent with Australian Standards of Care and Treatment Guidelines for Trans and Gender Diverse Children and Adolescents
- Adults who experience complex issues and are seeking support from specialist psychiatry, endocrinology, gynaecology, fertility and surgical services.

Care coordination would occur at GP level with referral to Care Hubs, community mental health or support services or tertiary specialist services as required.

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1.8.2 Expanded mental health services

Current clinical health service guidelines and pathways are framed within a mental health diagnosis of gender dysphoria, which can reinforce the pathologisation of trans and gender diverse people's experience. Clinicians now accept that gender dysphoria is not a mental disorder, and the World Health Organization (WHO) is currently considering the declassification of gender dysphoria as a mental disorder in its forthcoming *International Classification of Diseases and Related Health Problems (ICD-11)*.

At times throughout their lives, trans and gender diverse people can experience high levels of stigma, distress, depression or mental health issues that for other people, would be expected to be treated in the community.

Expanding affordable mental health services for trans and gender diverse people, particularly in the community, is critical (see *Section 0*).

Mental health service gaps that were identified included a lack of:

- Mental health services in regional and rural areas of Victoria
- GPs and primary care practitioners with knowledge and training in trans and gender diverse care
- Community services providing mental health support for trans and gender diverse people
- Psychiatrists or psychologists with a specialist interest in trans and gender diverse health who can provide assessment services prior to gender affirming treatments.

Section 0 outlines a range of options to address these gaps. These options include:

- Investing in upskilling health service and community-based psychiatrists, psychiatry registrars and psychologists in trans and gender diverse health, particularly in rural and regional areas
- Funding for the DHHS Victorian Mental Health service system to provide clinical services through the child and adolescent, adult, aged persons and statewide and specialist services areas of the system. Upskilling of health professionals will be required so they are able to provide specialist trans and gender diverse counselling and telehealth services as part of the hub and spoke model
- Funding psychologists or counsellors within Care Hubs (and where they are not available, CHCs) to be appropriately trained local mental health workers with expertise in trans and gender diverse care
- Further development of telehealth services for rural and regional clients to decrease travel wherever possible
- Consider designating the mental health care of trans and gender diverse people as a specialist service under the Victorian Mental Health Service System to ensure this work is given prominence
- Provision of funding for peer support activities to improve inclusion and connect people to the trans and gender diverse community
- Upskill community members (peers and support group leaders) with mental health first aid training and/or counselling training
- Expanding web-based peer support services

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- Reserving referral to tertiary psychiatric care/gender clinics for those people with complex mental health issues related to their gender identity.

1.8.3 Integration of peer support services across all levels of the service system

Peer support is a critical component of the service system in relation to being a source of information as well as support for the trans and gender diverse community (see *Section 6.4*). The trans and gender diverse community is a vulnerable community that needs outreach and engagement to link into services. For this reason, we are proposing to integrate peer support as a core component of service delivery across the services system, with an investment of resources to peer support services so that they can play a key role in the co-design, co-production and co-creation of services. This includes:

- Co-design and development of the service system through participation in Government advisory groups
- Being partners in all aspects of the CoE including in its establishment and through participation in CoE advisory groups
- Provision of peer, family and other support services at the local level, in partnership with Care Hubs and through the CoE
- Delivery of cultural awareness and other education and training services
- Delivery of information to trans and gender diverse adults, young people, children and their families.

1.8.4 Development of Care Hubs

The development of Care Hubs across Victoria has been proposed to provide integrated, multidisciplinary services for trans and gender diverse people (see *Section 6.5*).

Based at a GP clinic, CHC or hospital, Care Hubs would provide trans and gender diverse people and their families with access to:

- General practice services with GPs who have specialty interest and training in trans and gender diverse care. These GPs would provide services under an informed consent model with referral pathways to specialist services including paediatric, psychiatry and gynaecology services
- Mental health workers such as counsellors or clinical psychologists with expertise in trans and gender diverse care
- Shared care services with a tertiary referral centre partner organisation of the CoE
- Multidisciplinary services as required, such as speech pathology and family support
- Delivery of or referral to local community support services such as education, training and housing support.

Professional services may be delivered as part of a regional consortium and may involve partnerships with private or public providers.

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Core to the delivery of services, feedback from consultations considered that each Care Hub would employ dedicated positions (either full-time or part-time), as follows:

- A case facilitator/nurse coordinator, who would be the point of contact for each trans and gender diverse person and their family, providing information and case facilitation services
- One or more community engagement/peer support workers who would be employed to engage the trans and gender diverse community and provide broader community education.

Because of the unique personal and mental health risk factors and relationship challenges that accompany gender affirmation, stakeholders also suggested that psychologist/counsellor/family case workers with skills and knowledge in working with trans and gender diverse clients and their families is essential.

In some cases, these roles may require additional funding for a salaried position within a service, or may include a referral to a private psychologist in the community with the appropriate skills.

Expressions of interest

Given the limited capacity within the existing workforce and the lack of a clear understanding of the full extent of service demand, it is proposed that DHHS seek expressions of interest (EOIs) from existing services to create a small number of outer metropolitan/regional Care Hubs on a progressive basis as staff capacity and resources are developed. It is suggested that Care Hubs initially be developed in regional/rural and outer metropolitan areas where there are already local initiatives underway and where there may be a pre-existing concentration of skills, experience, services and support.

It is important that Care Hubs be physically accommodated in family and child-friendly areas or community health locations that are suitable for the child and adult populations.

Stakeholders were of the view that:

- At the outset, sufficient coordination and engagement of key players is critical to success of Care Hub development
- Care Hubs be appropriately staffed, both in terms of employing sufficient staff but also appropriate staff including those with lived experience
- Services are trans and gender diverse inclusive and friendly in the broadest sense including for different population groups such as people from culturally and linguistically diverse (CALD) backgrounds, people with disabilities, Aboriginal and Torres Strait Islanders and people of colour
- Care Hubs are geographically accessible to those in remote areas, where trans and gender diverse people are particularly vulnerable and often lack services and support
- Services are free/affordable.

In the short to medium term, sufficiently trained staff may not be available in certain professions across the Care Hubs. It is anticipated that this is where Care Hubs would work closely with the CoE (see *Section 6.6*) to explore options to expand access to services.

Wherever possible, service development should be aimed at improving capacity for specialist consultation and service delivery at the local Care Hub level. In fact, the presence of Care Hubs may, in

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and of itself, raise awareness and hence client numbers. The aim of Care Hubs is to 'arrest' the increases in client numbers and waiting lists at specialist sites in Melbourne.

1.8.5 Development of a Centre of Excellence

Ideally, the development of a CoE (see *Section 6.6*) would involve the 'virtual' joining together of existing tertiary and specialist services. The development of the CoE is proposed as an addition to the existing tertiary support services provided through MHGC and RCH Gender Service.

The CoE should be part of a public tertiary referral hospital network to ensure the infrastructure and University links are in place to build the much-needed specialist clinical, surgical and training and research capacity required to fulfil the functions of a CoE as part of the mainstream health system. This will also afford access to complementary tertiary services where needed.

Concern has been expressed about locating the CoE within a hospital setting because of the real risk of pathologisation of trans and gender diverse issues and services. Careful consideration should be given to locating the CoE in a setting that is safe and welcoming for trans and gender diverse people, that will facilitate the full participation of the trans and gender diverse community in the CoE and provide health and social support services in a way that meets community need, whilst still being a part of the mainstream health system.

The appointment of a lead agency is recommended, with possible collaborating services to include:

- Endocrinology and surgery (as part of a multidisciplinary care model)
- Psychiatry and mental health
- Specialist services for children and adolescents
- Specialist speech interventions
- Research capacities
- Statewide peer support/advocacy organisations.

Over time, it may be that additional services are developed by collaborating or new service partners.

The CoE would bring together sector leaders from clinics, health services and the trans and gender diverse community to:

- Provide specialist and tertiary services that meet the identified needs of the trans and gender diverse community
- Support interdisciplinary service development, access and quality improvement across the Victorian services system, including the development of national standards, clinical guidelines, referral pathways and access to care
- Support the provision of trans and gender diverse services in primary care through outreach education and support services
- Integrate trans and gender diverse health, education, support and research into a collaborative centre
- Foster working relationships between researchers, practicing clinicians and the trans and gender diverse community and create a hub of research-based practice and innovation

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- Establish a policy forum that brings together the voices of leading researchers, expert clinicians and the trans and gender diverse communities, grounded in social and clinical best practice
- Deliver education and training programs for students and practicing professionals including research-based opportunities for students to learn and train in a practice-based environment
- Facilitate the development of a communication strategy to create a trusted source of information on trans and gender diverse concerns, practice and research.

It is proposed that the CoE and its partners will have a key role in overseeing the delivery of quality services for trans and gender diverse people across the Victorian service system. This role will include:

- Governance and oversight for safety and quality, such as:
 - Supporting health services statewide to adopt inclusive practices
 - Development and/or promotion of clinical guidelines for the delivery of services to trans and gender diverse people
 - Development and/or promotion of clear access and referral pathways for trans and gender diverse people to access care
 - Facilitation, promotion or production of evidence-based information and resources for consumers and the broader community
 - Specialist clinical guidance for GPs, Care Hubs and clients through telehealth services and/or specialists visiting outreach services
 - Facilitation and delivery of professional development and education, in partnership with other key organisations including advocacy organisations, Care Hubs, PHNs and specialist medical and health education and training universities and colleges
 - Inclusion, engagement and partnering with the trans and gender diverse community in reaching out to the community and in the delivery of health and support services
- Development of research, data and information systems that will:
 - Measure progress in meeting health challenges and providing equity for trans and gender diverse people in Victoria
 - Monitor and measure trends in service demand and access to services
 - Conduct research including developing a Victorian trans and gender diverse community clinical registry
 - Support monitoring and evaluation
- Development of workforce capacity that includes:
 - Build gender affirmation and feminisation surgical workforce capacity and skills through the appointment and/or recruitment of surgeons, and support the development of surgical training in this area. Given the few surgeons available in Australia, this may include an international search for suitably qualified surgeons, or the provision of scholarships to Victorian plastic surgeons to train and develop surgical skills with leading overseas surgical teams
 - Development of clinical placements and specialist training posts for undergraduate and postgraduate students from key multidisciplinary professions involved in the delivery of care. These professions include mental health clinicians, speech pathologists and medical specialists such as paediatricians, endocrinologists, gynaecologists and surgeons.

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The CoE could also have a role in supporting capacity development through managing subsidies and grants. For example, this may include administering a voucher system or subsidies for trans and gender diverse people to access hormones and/or surgery.

One of the first priorities should be to establish a steering group to develop an establishment plan and advise on the legal structure, membership and functions of the entity. Although structural issues should be decided as the CoE is established, it is expected that it will:

- Have a skills-based board
- Have a lived experience/community reference group that feeds directly into the board through a dedicated representative position.

This project provides the opportunity for Victoria to cement its place in Australia as a leading provider of services that are inclusive of and specific to trans and gender diverse people. Across Australia, there is clear evidence that such services are in demand and that a gap for this leadership role exists.

Should this opportunity be pursued, we would suggest that the CoE also establish a National Advisory Board, composed of clinicians, researchers and community members from the jurisdictions. Annual meetings should be held to:

- Plan national service priorities
- Work collaboratively on research initiatives
- Share information about the national trans and gender diverse service system.

Section 6.6.1 outlines the proposed functions of the Centre and *Section 6.6.4* proposes a staffing model for the Centre.

1.9 Healthcare and referral pathways

Section 7 details the proposed healthcare and referral pathways.

Trans and gender diverse people and their families need to be supported by clear pathways to access services across the three service levels (primary, secondary and tertiary).

This includes expanding the online trans and gender diverse *HealthPathways* resource being developed by the North Western Melbourne, Eastern Melbourne and Western Victorian PHNs, across all Victorian PHNs. This online resource would include a directory of local service providers for each PHN as well as regional and statewide pathway arrangements, providing an essential resource for GPs and other health professionals seeking advice on treatment and referral arrangements for their trans and gender diverse clients.

Section 7.1.2 outlines a possible referral pathway for children and adolescents detailing a shared care approach between GPs, Care Hubs and RCH/CoE.

Section 7.1.3 outlines a possible referral pathway for adults detailing a shared care approach between GPs, Care Hubs and the CoE.

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1.9.1 Capacity development

In addition to support of the Care Hubs and the CoE, the development of the service system will require additional resourcing in a number of key areas. These include:

- Funding and resourcing of **peer support services** to provide training and support and to deliver services through Care Hubs and the CoE (see *Section 8.1*)
- The development of a **central source of information, resources and advice** for trans and gender diverse people, their families and the broader community (see *Section 8.1.1*). Options for information sources include developing a smartphone app to provide information and promote support services, a statewide telephone enquiry service and a website and/or a suite of dedicated social media channels that incorporates a range of links to key training and research information
- **Professional education and training for GPs and health professionals** (see *Section 8.2*) such as GPs, psychologists, mental health workers, pharmacists and nurses. Training is needed across the service system and a suite of training resources will be required to fulfil different needs
- The development of **public surgical capacity** (see *Section 8.3*) especially in gender affirmation surgeries and restorative or reparative surgery. The practitioner base in Australia is critically low, particularly in urogenital reconstructive plastic surgery, with only one privately practicing surgeon available and no facial-cranial reconstructive surgeons providing facial feminisation surgery in Victoria. Consultations highlighted the need for governments, Medicare, and hospital administrations to recognise that key gender affirmation surgeries are not 'cosmetic' nor 'elective', but provide clear benefits to each trans and gender diverse person's capacity and personal circumstances to lead a productive and meaningful life

The lack of qualified/accessible surgeons in Australia, drives trans and gender diverse patients to travel overseas for high cost surgeries. Unfortunately, much of the surgery accessed by the trans and gender diverse population is technically complex and complications are not uncommon. Due to the technical complexities, litigation risks and costs, trans and gender diverse people who have had surgery overseas report that it can be very difficult to access restorative or reparative surgery in Australia. Further work should be done to investigate ways to ensure that the care required is delivered in Australia so that the best possible follow-up care is received and medical/surgical complications are minimised

- **Data and research** (see *Section 8.4*) – There is considerable lack of population data on the trans and gender diverse community which complicates service demand planning and service delivery

Across health and support service delivery, the collection of good **quality standardised data** on sex and gender specific to trans and gender diverse people is needed in the health system. This could be made the norm in Victorian hospital and health data collections such as the Victorian Admitted Episodes Dataset, Victorian Emergency Minimum Dataset and the mental health Client Management Interface/Operational Data Store (CMI/ODS). This needs to be developed hand-in-hand with training and education for health professionals.

It is proposed that the CoE should have a key role in progressing **data development and research** through the establishment of a Client Clinical Register, longitudinal studies and in the conduct of specific research such as on the impact of long term hormone therapy for the trans and gender diverse population

1. Executive summary

- Developing and promoting a formal health service **complaints system** (see *Section 8.5*). Central to developing a new service system for the trans and gender diverse community is a robust system of dealing with complaints and collecting feedback to improve the system. This is designed to provide trans and gender diverse people with suggested pathways for complaints management and could also be part of the central information resource.

1.9.2 Conclusion

This project has demonstrated the willingness of the trans and gender community to work in partnership with health and support services to improve access to services for, and the quality of life of, trans and gender diverse Victorians. We are grateful for the extensive involvement, input and generous contribution of time and expertise that this project has had from the trans and gender diverse community, peer support services, health and support service providers and experts.

The project has resulted in the description of the key essential elements that are needed for a new and better service system to improve service access and quality of life for trans and gender diverse people in Victoria.

2 Background and context

2. Background and context

This background and context section includes information on the:

- Background to the establishment of this project
- Project scope
- Project methods.

2.1 Introduction

Demand for trans and gender diverse services in Victoria has increased steadily over recent years. In 2015, the Victorian Government established the Lesbian, Gay, Bisexual, Trans and Gender Diverse and Intersex (LGBTI) Taskforce to advise the Minister for Equality on identifying government priorities and ensuring policy, programs and services are inclusive of LGBTI communities. In support of the work of the LGBTI Taskforce, DHHS established the TEAG to provide expert advice on issues and projects in relation to trans and gender diverse people. The advisory group is made up of community members, clinicians and academics.

Together, DHHS and TEAG have been exploring strategies to improve the delivery of health and support services for trans and gender diverse people. This has included:

- Convening the Trans Health Service Model Workshop
- Conducting a community survey.

2.1.1 Trans Health Service Model Workshop recommendations

In March 2016, the Trans Health Service Model Workshop explored the needs of the Victorian trans and gender diverse community (Victorian Trans Expert Advisory Group 2016) and resulted in the following recommendations to improve healthcare for this community:

- Education and training of primary care providers (such as GPs, psychologists, social workers and counsellors) to ensure high quality primary care services for trans and gender diverse people
- Provision of hormone prescriptions should be within the scope of most GPs
- Provision of holistic healthcare through a multidisciplinary team of healthcare professionals
- Development of support services for trans and gender diverse people and their families (e.g. peer support groups in community settings)
- Establishment of a CoE that ideally integrates paediatric, adolescent and adult services.

Regarding the establishment of a CoE, TEAG (Victorian Trans Expert Advisory Group 2016) recommended that this statewide CoE be developed with integrated service hubs in each PHN region. The purpose of a CoE is to advance the field through research and innovation; a CoE involves a team of highly skilled experts, and is often affiliated with a university (Sugerman 2013).

Currently, there is only one CoE in the world that is devoted to trans health: the Centre of Excellence for Transgender Health, located in San Francisco, USA. Founded in 2007, this CoE collaborates with the University of California, San Francisco. It actively engages a national advisory board of 14 transgender-identified leaders from throughout the United States. This CoE's mission is 'to increase access to

2. Background and context

comprehensive, effective, and affirming healthcare services for trans communities’ (About the Center of Excellence for Transgender Health: About Us 2017).

2.1.2 Community survey findings

The community survey conducted by TEAG (Victorian Trans Expert Advisory Group 2016) identified that the most important services for trans and gender diverse people were hormone therapy, followed by mental health services, GPs, social welfare and endocrinologists/other specialists.

2.2 Overview of the Trans and Gender Diverse Service System Development Project

Late in 2017, DHHS appointed AHA to develop a new statewide service model for the delivery of health and support services for trans and gender diverse people in Victoria.

This project was designed to build on the recommendations of the Trans Health Service Model Workshop with a focus on the following six key objectives:

1. Develop a system architecture for a new client-centred trans and gender diverse services system that identifies key principles, service delivery components, service linkages and referral pathways
2. Identify system and service delivery capabilities (including peer support and client engagement) required for the provision of high quality services to trans and gender diverse people based on the proposed new service system
3. Identify areas of training and skills development required (in hospital and community settings) for the implementation and operation of the new service model. This will include GPs, endocrinologists, mental health professionals, surgeons, speech pathologists, nurses and other allied health staff
4. Identify any system and organisational constraints that will need to be addressed in the implementation and operation of the proposed new service system.
5. Outline the capacity, oversight, governance and funding arrangements relating to the implementation and operation of a new service system, including a high degree of consumer participation
6. Outline the options and possible timeframes for the transition to the proposed new service system.

The Trans and Gender Diverse Service System Development Project has been conducted within the parameters of the Victoria’s *Statewide Design, Service and Infrastructure Plan for Victoria’s Health System 2017–2037*. This plan focuses on five priority areas to guide the development of services over the next 20 years:

- Building a proactive system that promotes health and anticipates demand
- Creating a safety and quality-led system
- Integrating care across the health and social service system
- Strengthening regional and rural health services
- Investing in the future—the next generation of healthcare.

2. Background and context

2.3 Project scope

The scope of this project involves trans and gender diverse children, young people and adults. It acknowledges that each person's journey and experience is different, as is the extent to which they affirm their gender, their process of gender affirmation and their health and support needs.

The process of questioning gender identity can begin at any stage in a person's life, including as a very young child. People may seek support and services at any time and sometimes over multiple periods of time.

Accordingly, the project scope includes people who:

- Question their gender identity
- Affirm their gender socially (e.g. by changing their name, title, pronouns and/or physical appearance)
- Affirm their gender medically, using hormone therapy and/or surgery
- Need ongoing health and/or social support in relation to their gender identity.

This project looks at a wide range of services for trans and gender diverse people, including health services and support services. As a statewide Victorian project, a key element of this project is to consider services across Victoria, including in regional and rural areas.

2.4 Methods

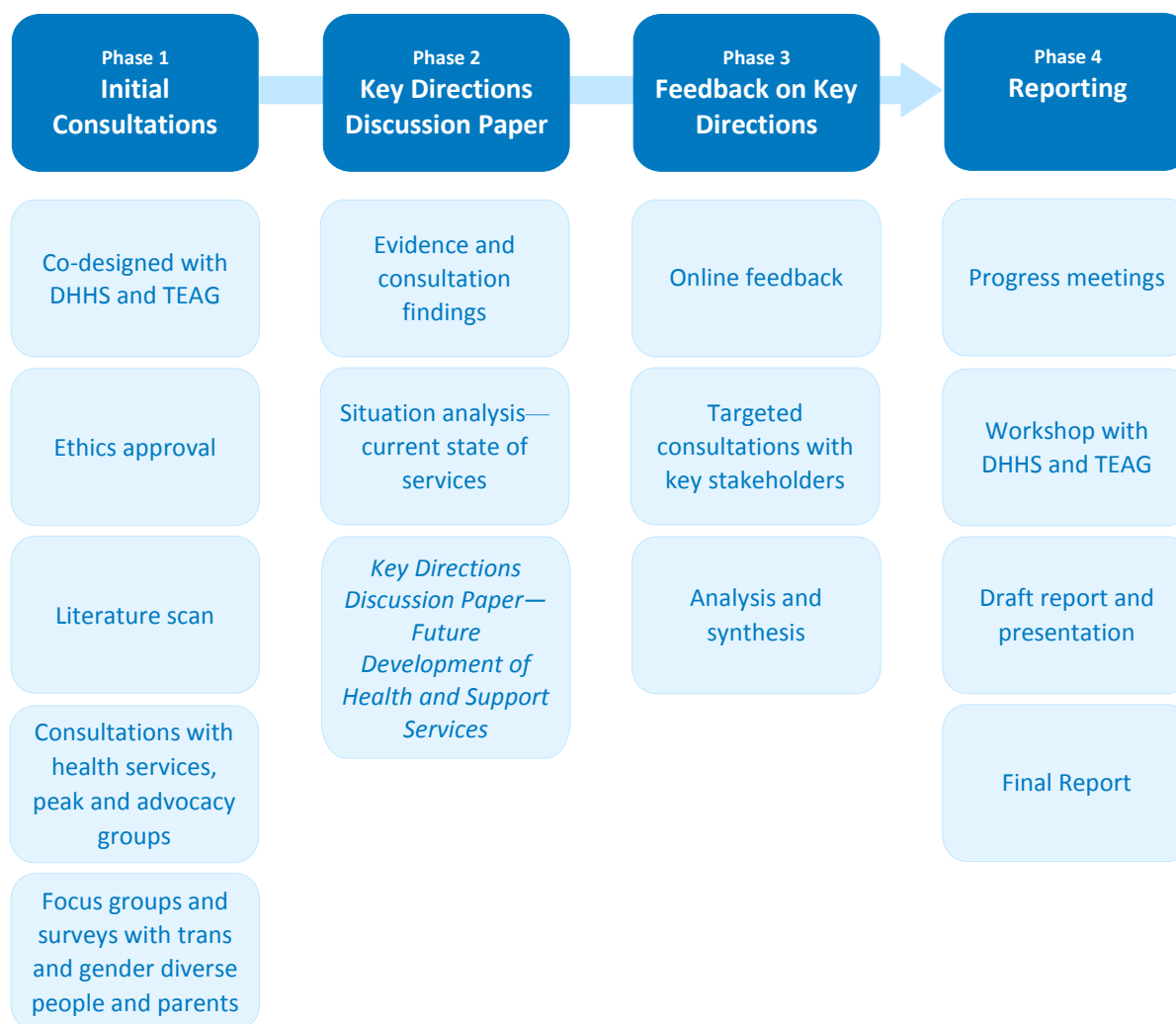
2.4.1 Overview

A four-phase mixed method approach was used to conduct the Trans and Gender Diverse Service System Development Project (*Figure 2-1*).

Information, including a combination of quantitative and qualitative data derived from multiple data sources, was then triangulated to generate a synthesis of findings and reporting.

2. Background and context

Figure 2-1: Project methods



2.4.2 Summary of method phases

Phase 1: Initial consultations

Phase 1 involved:

- **Initial briefing meetings** with the Department and TEAG in the establishment of the project
- **Expert feedback** from TEAG and AHA's trans and gender diverse experts
- Application and receipt of **ethics approval** for the project. Human Research Ethics Committee approval (No: 2017-12-905) was also provided by Bellberry Human Research Ethics Committee
- A **literature scan** of published documents
- Focus groups and surveys with trans and gender diverse people and parents of trans and gender diverse children
- **Consultations with health services, and peak and advocacy groups.** The main stakeholders consulted, and the mode of engagement used in each case, are summarised in *Table 2-1*. *Appendix B* details the list of stakeholder organisations involved in all consultations.

2. Background and context

Table 2-1: Stakeholders consulted and mode of engagement

Stakeholder	Mode of engagement
Initial consultation phase	
Trans and gender diverse community: <ul style="list-style-type: none"> • Trans and gender diverse people • Parents of trans and gender diverse children • Advocacy and support groups. 	<ul style="list-style-type: none"> • Survey for trans and gender diverse people (n=173) • Survey for parents of trans and gender diverse children (n=30) • Focus groups in Melbourne and Geelong (n=27 participants, 3 focus groups).
Service providers and medical organisations: <ul style="list-style-type: none"> • Service providers including MHGC, RCH Gender Service, Austin Endocrinology Clinic, GPs and Community Health Services (n=13) • Peak bodies (n=7) • Peer support and advocacy groups (n=9). 	<ul style="list-style-type: none"> • In-depth Interviews (n=29) • Email and phone contact.
Other stakeholders including representatives from: <ul style="list-style-type: none"> • DHHS and Department of Premier and Cabinet • TEAG • Mental Health Task Force. 	<ul style="list-style-type: none"> • Attendance and presentations at stakeholder meetings.
Discussion paper consultation phase	
Secondary consultations with: <ul style="list-style-type: none"> • Initial consultation phase participants (including members of the trans and gender diverse community, service providers and medical organisations) • DHHS • TEAG. 	<ul style="list-style-type: none"> • Feedback forms from trans and gender diverse individuals and organisations (n=20) including: <ul style="list-style-type: none"> – 14 trans and gender diverse people – 6 health professionals • Email and phone consultations (n=18) with: <ul style="list-style-type: none"> – 3 organisations/community member advocates – 5 expert advisors/academics – 10 health professionals/health services.

Phase 2: Key Directions Discussion Paper

Development of the *Key Directions Discussion Paper* in Phase 2 involved:

- A **synthesis and analysis** of consultation findings and a key evidence review. Survey data was collected via Survey Monkey. N-Vivo v11 was used to analyse qualitative data derived from the survey and interview transcripts. Quantitative data analysis was undertaken using SPSS Version 22 and MS Excel 2016
- A **situation analysis** of the current state of services. This included mapping known services using Tableau

2. Background and context

- The development and publication of a public Key Directions Discussion Paper for public comment (Future Development of Health and Support Services for Trans and Gender Diverse Victorians: Key Directions Discussion Paper). The Key Directions Discussion Paper provided a synthesis and analysis of evidence and consultation data, and included:
 - Background and context—a summary of research and consultation findings
 - Where are we now?—a summary of existing Victorian health and support services for trans and gender diverse people
 - Where should we be heading?—an outline of the proposed system architecture and rationale for the proposed changes, including key consultation questions for feedback.

The *Key Directions Discussion Paper* was delivered to the Department on 23 February 2018. Feedback from TEAG was received on the paper and the revised paper was hosted on the AHA website and released for public comment from 20 March 2018 to 9 April 2018.

Phase 3: Feedback on the *Key Directions Discussion Paper*

The focus of the secondary consultations was to explore stakeholder responses to the *Key Directions Discussion Paper* and inform this Final Report.

Phase 3 involved:

- **Stakeholder feedback** on the *Key Directions Discussion Paper* that was hosted on the AHA website. A SurveyMonkey feedback form was provided to enable stakeholders to address a series of questions. Responses were received from trans and gender diverse individuals, stakeholder organisations and health service providers.

The online paper and feedback form were promoted by emailing all key stakeholders identified through the consultation and engagement strategy. All those involved in the initial round of consultations were invited to complete the form and to promote it amongst their networks. The secondary consultation phase was promoted directly to key stakeholder organisations as well as through Facebook.

Feedback was received from 20 stakeholders (see *Table 2-1* for further details).

- **Expert feedback** from TEAG members, departmental staff and AHA's trans and gender diverse experts. TEAG considered the feedback on the paper at its meeting on 18 April 2018. This meeting provided an opportunity to discuss and triangulate findings
- Further **targeted consultation** with stakeholders to gain further information and to clarify some issues.

Phase 4: Reporting

Phase 4 involved:

- Regular fortnightly reports
- Draft Final Report
- Final Report.

2. Background and context

2.5 Data sources

The evidence for this Final Report has come from:

- A literature scan. This includes:
 - The *Transgender and Gender Diverse Health and Wellbeing – Background paper* prepared by the Gay, Lesbian, Bisexual, Transgender and Intersex Health and Wellbeing Ministerial Advisory Committee
 - The Department's *Trans Health Services Model Workshop Report*
 - Seminal Australian trans and gender research studies including the Trans Pathways study (Strauss et al. 2017)
- The preliminary results of two major, as-yet-unpublished studies:
 - Trans and Gender Diverse Health Survey conducted by the University of Melbourne for the Department (a survey of 692 Victorian adults)
 - Summary data from the Endocrine Specialist Centre national study Healthcare Needs of Adult Trans and Gender Diverse Australians (a survey of 964 Australians).
- **Focus groups and telephone interviews** with trans and gender diverse people and parents/carers of trans and gender diverse children
- Survey data on future service needs information from 203 survey respondents:
 - Trans and gender diverse people (173 responses)
 - Parents/carers of trans and gender diverse children (30 responses).
- **Stakeholder organisation consultations** with 30 health services, peak groups and advocacy organisations. A full list of organisations consulted is in *Appendix B*.

This information has been used to gather key themes and findings discussed in this document.

Appendix A provides further information on the detailed survey results from the Future services for Trans and Gender people and the Survey for parents or guardians of Trans or Gender Diverse people that were used in this project.

3 Key findings

3. Key findings

3.1 Trans and gender diverse population in Victoria

This section includes key findings on:

- The trans and gender diverse population in Victoria, including:
 - How trans and gender diverse people identify themselves
 - Population size
 - The vulnerability of the trans and gender diverse community
 - Stigma, discrimination and vilification
 - Awareness and understanding of the trans and gender diverse community
 - Mental health and other social impacts
 - Family support
- Health and support services including:
 - Gender dysphoria and diagnostic classifications
 - Health and support services used
 - Health and support service needed
 - Informed consent model of service delivery
- Summary of key issues.

3.1.1 How trans and gender diverse people identify themselves

Trans and gender diverse people represent a unique component of the broader LGBTI community; one that has distinct healthcare and social support needs. Trans and gender diverse is ‘an umbrella term to refer to those people whose gender identity is not typically associated with the administrative sex category they were assigned at birth’ (Victorian Department of Health, 2014, p.7).

A key issue that emerged from the consultations was the need to recognise that people do not necessarily identify in a binary way (i.e. as male or female). In fact, survey respondents highlighted the diverse and often multiple ways in which they identified themselves (*Figure 3-1*). Whilst a small number of trans and gender diverse people participating in the consultations also identified as intersex, this cohort was out of scope as this report does not focus on the health and support needs of intersex people.

3. Key findings

Figure 3-1: How project survey respondents identified themselves



3.1.2 Population size

There is a lack of population data on the size of the trans and gender diverse community.

Best available data suggests that there are approximately 73,800 trans and gender diverse people in Victoria.

In recent years, society's awareness and acceptance of the trans and gender diverse community has grown, due to increased community awareness and higher quality media coverage.

Gauging the size of the trans and gender diverse population in Victoria is difficult. Detailed information on gender diversity was not recorded in major data collections such as the Australian Census until very recently.

In the 2016 Census, the ABS trialled an online form on an opt-in basis that contained three response options to the Sex question: Male, Female and Other (please specify). The analysis of the census reported a rate of 5.4 per 100,000 people who provided a gender diverse response, and noted that this rate is considered inaccurate, being minuscule compared to international rates in similar settings. The ABS attributed this under-reporting to the additional special reporting procedures involved and a lack of willingness by people to reveal information in an official document. It was also noted that it is common for one person to complete census responses on behalf of other household members, who may not know or respect how other household members would report their sex or gender (Australian Bureau of Statistics 2017).

Where gender diverse information is captured, fear of disclosure and stigma can also limit reporting. Further, some people who have been through a gender-affirming process will often be counted as their affirmed male or female gender, whilst they still may need to access trans or gender diverse health services or support services.

Conservatively, international evidence suggests that around 1.2% of the population may be trans and gender diverse (James et al. 2016, Clark et al. 2014, Gates 2011). This means there could be at least 73,800 trans and gender diverse people in Victoria.

3. Key findings

3.1.3 A vulnerable, at-risk community

‘If anyone would understand the suffering experienced in the life I have led, they would understand that this is not a choice—I did not choose to be this way.’ (Focus group participant)

The trans and gender diverse community represents one of the most vulnerable, at-risk groups in Victoria, experiencing high rates of:

- Stigma, discrimination, vilification and harassment
- Depression, self-harm and suicide
- Family rejection and isolation
- Significant social and financial disadvantage.

3.1.4 Stigma, discrimination and vilification

In Victoria, the Equal Opportunity Act 2010 makes it illegal to discriminate against a person based on their sex, sexual orientation and gender identity (Parliament of Victoria 2010). Furthermore, the Victorian Charter of Human Rights also states that, ‘Everyone is entitled to equal and effective protection against discrimination, and to enjoy their human rights without discrimination’ (Victorian Equal Opportunity and Human Rights Commission 2015).

Despite these laws, trans and gender diverse people continue to report high rates of stigma, discrimination and vilification, all of which serve as barriers to accessing healthcare (Riggs et al. 2014, Couch et al. 2007, Strauss et al. 2017, Ooi et al. 2017, Leonard et al. 2015).

For decades, the trans and gender diverse community has been advocating for legal and social reforms to reduce the discrimination that they encounter. This project has, in part, been enabled by that work.

3.1.5 Awareness and understanding of the trans and gender diverse community

‘[Trans and gender diverse] people report being treated as objects, being dehumanised and not knowing to speak up about it ... there is an inherent distrust of the system—no recourse, nowhere to complain, so people go online and share terrible stories that feed the distrust.’ (Service provider consultation participant)

A repeated issue raised by trans and gender diverse people is the lack of awareness and understanding of trans and gender diverse health and support needs by GPs, health professionals, health services and the broader community.

Consistent with the literature (Grant et al. 2011, Hyde et al. 2014, Riggs et al. 2014), consultation participants reported multiple instances of health professionals and front-line service staff mis-gendering trans and gender diverse people, questioning the validity of their experiences or lacking the

3. Key findings

knowledge about the sensitivities to be borne in mind whilst working with this population. For example, there was a call for:

‘Better education about transgender people. Busting myths about trans lived experience. Better access will occur when people understand just how hard it is to deal with services that simply don’t understand what a trans person is. Also we want to see those people involved in service provision better connected.’ (Survey participant, 55-64 years)

Trans and gender diverse people noted the importance of health and support services providing inclusive, welcoming and affirming service environments for trans and gender diverse people. This includes using the right pronouns, referring to people using their identified gender, and being trained in trans and gender diverse awareness. For example, one participant stated the need for:

‘Being comfortable and confident that my gender identity is affirmed when I’m accessing services and the people providing those services are sensitive to those needs. I’ve put off seeing doctors, dentists, radiologists and all sorts of medical professionals because I have to deal with being misgendered as I’m non-binary and although it sounds silly, I have put off serious health care because of it.’ (Survey participant, 35–44 years).

Acknowledging the diversity of different trans and gender diverse populations was also highlighted by participants. Few resources on trans and gender diverse health that are culturally appropriate and inclusive are available for groups such as Aboriginal and Torres Strait Islanders, people of colour and CALD people. Thus, participants called for:

‘more resources that are not rigidly binary, that represent and include voices of CALD people, Aboriginal and Torres Strait Islanders and other People of Colour, given access is inhibited at the moment as much by financial obstacles as it is by representational and culturally exclusive obstacles’ (Survey participant, 18–24 years)

‘more education and training endorsed and formulated by actual trans/gender diverse people from different backgrounds (CALD, low income, gay etc.)’ (Survey participant, 18–24 years)

This need to recognise diversity was also evident in the literature (Victorian Department of Health 2014).

Trans and gender diverse people reported seeking out affirming health services, sometimes travelling long distances to find such services:

‘For me personally, growing up in a rural part of the state where facilities are limited for trans and gender diverse people. There are no specialists, and doctors in town don’t seem to know what to do with trans patients, in terms of referrals or mannerisms.’ (Survey participant, 14–17 years)

A number of services discussed Rainbow Tick standard accreditation, and whilst supporting the intent, they noted that this was generally cost prohibitive for CHCs and general practices. The introduction of inclusive policies and procedures, gender neutral toilets and training of front-line and professional staff was seen to be imperative to good service provision.

In summary, the expansion of training and education for GPs and health professionals is an essential component in the delivery of services for trans and gender diverse people. This includes training for GPs, mental health professionals, medical specialists such as endocrinologists, and surgeons, as well as nurses (including school nurses), speech pathologists, pharmacists and other allied health staff. The

3. Key findings

training needs to raise awareness of the issues faced by trans and gender diverse people and to improve the quality of communication and care.

3.1.6 Mental health and other social impacts

Trans and gender diverse people experience disproportionately high rates of mental health issues and other negative social impacts, as the following studies illustrate.

The Trans Pathways study (2017) focused on trans and gender diverse people aged 14–25 years and parents/carers of trans young people (Strauss et al. 2017). Of its 736 respondents:

- 75% had been diagnosed with depression
- 80% reported self-harming
- 82% reported suicidal thoughts
- 48% had attempted suicide.

The First Australian National Trans Mental Health Study (2014) found that of its 946 adult participants:

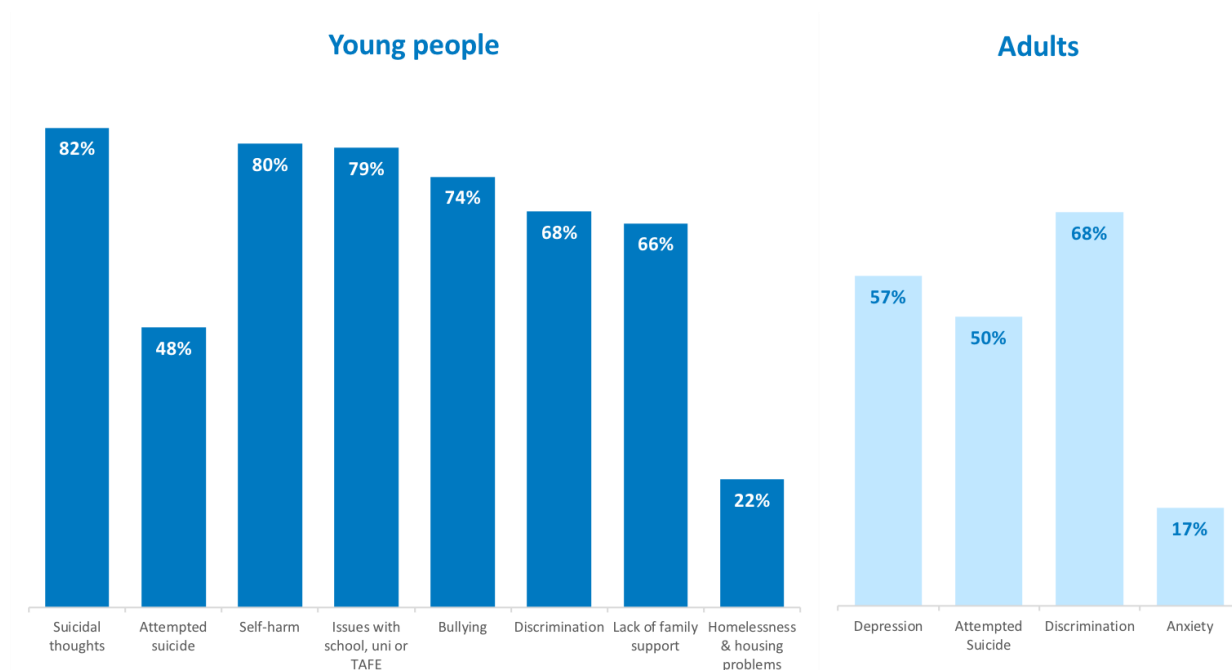
- 57% had been diagnosed with depression
- 44% reported that they were currently depressed
- 17% met the criteria for major anxiety (Hyde et al. 2014).

Figure 3-2 reflects the high mental health and social support needs of trans and gender diverse young people (Strauss et al. 2017) and adults (Hyde et al. 2014).

Feedback from trans and gender diverse people and families highlighted the essential support role that volunteer peer support and self-help groups play and the need for continued support and funding for these services.

3. Key findings

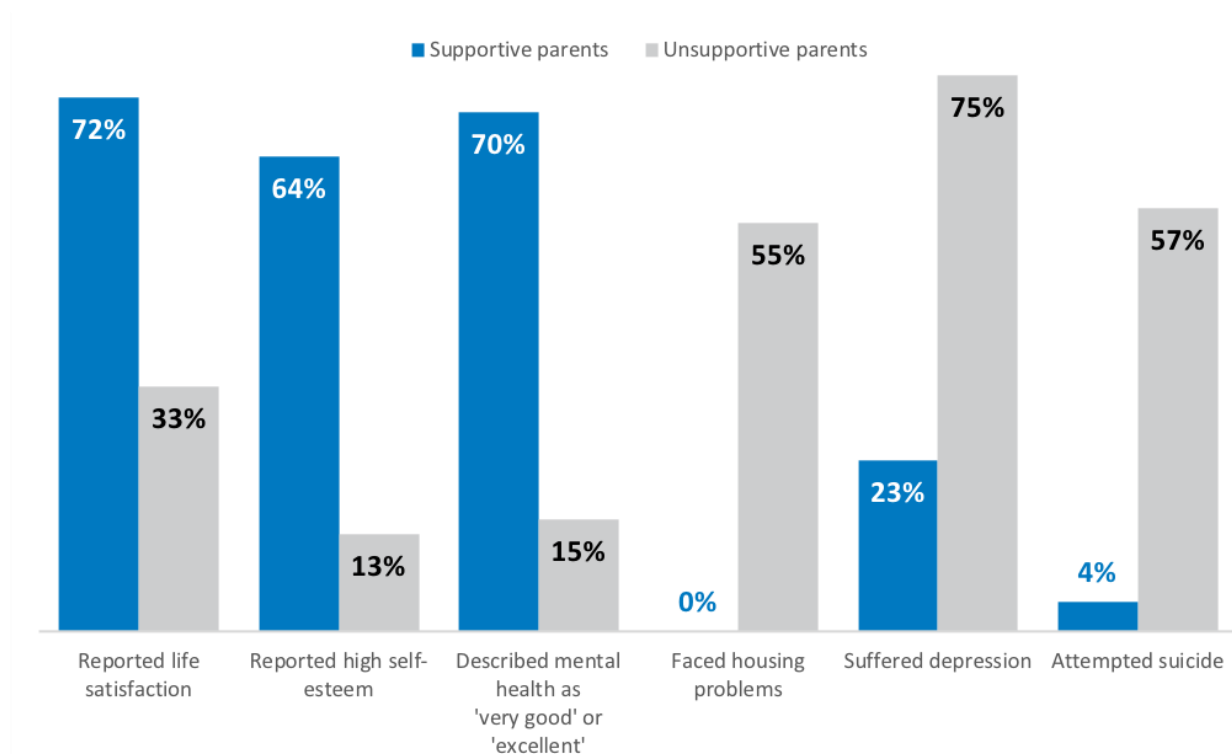
Figure 3-2: Mental health issues and social impact—Rates among trans and gender diverse young people and adults



3.1.7 Family support

Parent/carer support can have a critical impact on the mental health of young trans and gender diverse people. *Figure 3-3* shows the findings of a Canadian study on the impact of supportive and unsupportive parents on the mental health of trans youth (Travers et al. 2012).

Figure 3-3: Impact of supportive and unsupportive parents on the mental health of trans youth



3. Key findings

3.2 Health and support services

3.2.1 Gender dysphoria and diagnostic classifications

It is now recognised that gender dysphoria is not, in itself, a mental disorder. The critical element to gender dysphoria is the presence of clinically significant distress/and or problems with functioning associated with gender dysphoria (American Psychiatric Association)

Gender dysphoria is defined in the 5th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* as a marked incongruence between one's gender identity and one's assigned sex at birth, lasting for at least six months duration (see *Figure 3-4*) (Gender Dysphoria 2013).

In previous versions of the DSM guidelines, trans and gender diverse adults required a psychiatric diagnosis (such as *gender dysphoria*) in order to access gender-affirming medical services, such as hormone therapy and surgery.

In Australia, access to gender-affirming medical services is also guided by the World Professional Association for Transgender Health (WPATH) *Standards of Care Version 7 (SOC7)* (World Professional Association for Transgender Health (WPATH) et al.

2012).

According to *SOC7*, adults do not require a **diagnosis** of gender dysphoria in order to access **hormone therapy**, or **surgery** but they do require **documentation** of persistent gender dysphoria.

For **hormone therapy**, adults require either a chart documentation of a psychosocial assessment or a referral to a specialist who prescribes hormone therapy (for the purposes of eligibility for Medicare rebates for specialist consultation fees). It is not necessary for the referral for specialist assistance to come from a qualified mental health professional.

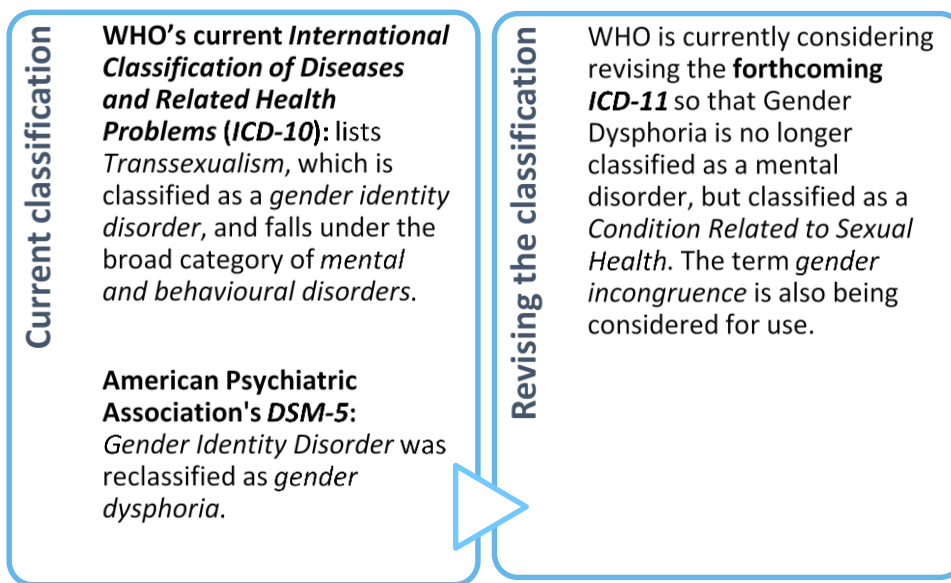
From a **surgical** perspective, adults require:

- One referral from a qualified mental health professional for **chest/breast surgery**
- A referral from two qualified mental health professionals for access to **genital surgery**. It is also recommended in *SOC7* that these patients have:
 - Regular visits with a mental health or other medical professional
 - Lived for 12 continuous months in a gender role that is congruent with their gender identity.

For some types of surgery, 12 months of hormone therapy prior to procedure is recommended.

3. Key findings

Figure 3-4: Diagnostic classifications



Classification issues

Consultations highlighted the existence of perceived double standards in the health system, where cisgender people do not require a mental health assessment to access surgery such as breast augmentation, whereas trans and gender diverse people require rigorous mental health assessments and approval letters. The imposed requirements placed on trans and gender diverse people revolve around pathologisation and leads to significant harm to trans and gender diverse people wanting to medically affirm their gender identity.

In Victoria, gender dysphoria is mainly diagnosed by psychiatrists or clinical psychologists. Psychiatrists have been seen as playing a significant gatekeeping role in facilitating access to hormones and surgical services for trans and gender diverse people. Long waiting lists to access psychiatric services have been a barrier to service access. More recently, trans and gender diverse people have had increasing access to clinical psychologists who have also been able to undertake gender dysphoria assessments.

Whilst a clinical diagnosis of gender dysphoria by a mental health clinician is not a WPATH requirement, many medical practitioners require such a diagnosis before they will provide gender-affirming medical services.

The mental health burden is very high for trans and gender diverse people and the majority of trans and gender diverse people may require mental health support at some time in their lives. However, not all trans and gender diverse people need access to a psychiatrist or clinical psychologist for clinical support, especially if appropriate GP and psychological support is available in the community (Victorian Department of Health 2014).

Some medical practitioners reported having a greater level of comfort if their clients had received a gender dysphoria diagnosis from a psychiatrist. A mental health assessment is currently a requirement to access surgery.

3. Key findings

The access to medical affirmation procedures for non-binary people was reported as needing significant improvement. In the course of consultations, people who identify as non-binary reported:

- Being forced to meet binary gendered stereotypes as part of the diagnosis of gender dysphoria, in order to access medical affirmation procedures and/or medications
- Having their care delayed or extended because they have a non-binary identity or experience.

Non-binary trans and gender diverse people sometimes seek to access hormones and/or surgery to affirm their gender. Medical diagnoses and treatments as they are currently framed are perceived by non-binary people as excluding them.

‘It is ridiculous that people need a diagnosis of gender dysphoria to access treatment. This care needs to be integrated into general practice. Trans and gender diversity shouldn’t be singled out as an issue.’ (Psychiatrist, in-depth interview participant)

Children and young people’s diagnoses and treatment

In Victoria, young people are currently required to have the approval of one mental health clinician to access hormone therapy.

Until recently, young people also required the approval of the Family Court in order to access medical affirmation services. As a result of recent rulings, court permission is no longer required, and trans and gender diverse youth will be able to access hormone therapies and surgeries with permission from their parents or legal guardians and their doctor. Where parents/carers object, they need to go to court to reach a resolution.

Because of the legal and ethical issues and risks, medical practitioners consulted considered the current processes of referral and assessment for specialist psychiatric or psychological support to be especially important for young children.

Some parents/carers reported that a diagnosis of gender dysphoria provided an important pathway to accessing services.

3.2.2 Health and support services used

The healthcare and support needs of every individual vary and can be influenced by the social determinants of health, which are the conditions in which people are born, grow up, live, work and age. Trans and gender diverse people will seek access to a range of services depending on their care needs and choices.

A number of healthcare professionals can be involved in the healthcare of trans and gender diverse people, including:

- GPs
- Counsellors
- Psychologists
- Psychiatrists
- Speech pathologists
- Nurses

3. Key findings

- Paediatricians
- Endocrinologists
- Gynaecologists
- Surgery teams
- Social workers
- Community development workers
- Welfare workers
- Pharmacists.

Figure 3-5 summarises some options for trans and gender diverse people in terms of psychological, medical and social support services and changes in gender expression. Further, given the level of discrimination and disadvantage within the trans and gender diverse community, stakeholders considered that access to broader social support services is an important part of the development of the trans and gender diverse health and support service system as a whole.

It is worth noting that the timing of access to services can be critical—for example, in cases where medical hormonal support and mental health support are urgently required due to the onset of puberty.

Figure 3-5: Some options for psychological, medical, and social support and changes in gender expression

Options for psychological and medical treatment include:	Options for social support and changes in gender expression include:
<ul style="list-style-type: none"> • Therapy to: explore gender identity, role and expression; address negative impacts on mental health; enhance social and peer support; improve body image; develop resilience; support family and friends • Puberty blockers for children to inhibit puberty • Hormone therapy to change secondary sexual characteristics • Surgery to change primary and/or secondary sexual characteristics (e.g., chest, external and/or internal genitalia, facial features, body contouring). 	<ul style="list-style-type: none"> • Offline and online peer support resources, groups and community organisations that provide avenues for social support and advocacy • Offline and online support resources for families and friends • Wearing clothing and/or engaging in types of grooming that are more consistent with individuals' sense of their gender • Name, title, gender marker and pronoun changes (including changes to identity documents) • Voice and communication therapy to help individuals develop verbal and non-verbal communication skills that facilitate comfort with their gender identity • Hair removal through electrolysis, laser treatment or waxing • Chest binding or padding, genital tucking or prostheses, padding of hips or buttocks • Access to a wider range of broader social support services such as: <ul style="list-style-type: none"> – Student support services at schools, universities and other educational institutions – Employment services – Sporting activities and facilities – Housing and homeless support services.

3. Key findings

3.2.3 Health and support services needed

Analysis of survey data considered in this project indicated that service needs differ within the trans and gender diverse community.

Figure 3-6 provides a summary of the service needs expressed by three different segments of this community: trans people, gender diverse people and parents/carers of trans and gender diverse children.

The figure compares the average measure of importance of different services, as rated by trans people, gender diverse people and parents/carers of trans and gender diverse children. Score options ranged from 1 and 5, with 1 being 'not important at all' through to 5 being 'absolutely essential'. The values listed for each service represent the average score for that service. Significance testing was not undertaken due to the small sample size of each group.

Figure 3-6 summarises service needs, in relation to:

- Exploring gender identity
- Assistance with coming out
- Support to deal with stigma
- Support to assist with social affirmation of gender identity
- Speech pathology, voice training and vocal health
- Access to psychological services
- Access to psychiatric services
- Medical services for gender affirmation
- Related support services such as housing or employment support
- Support for families.

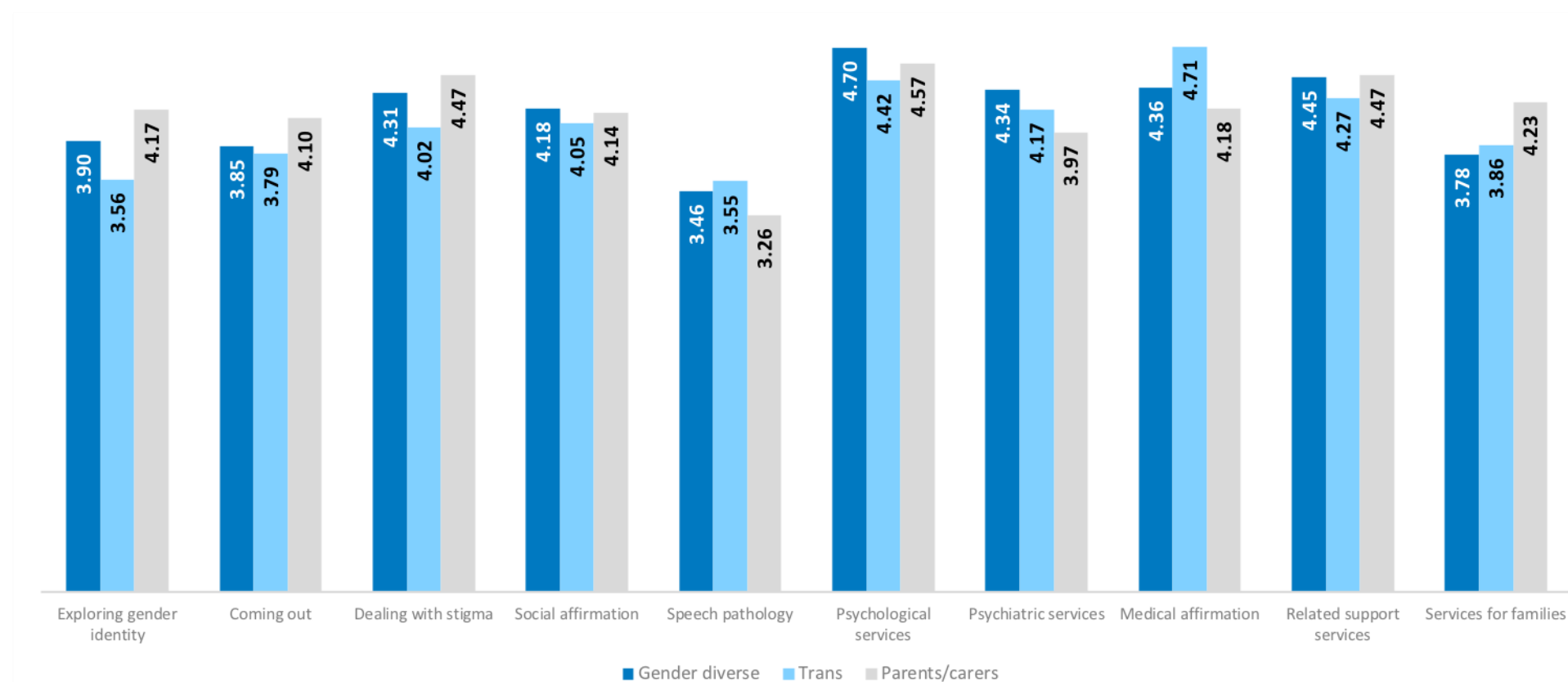
Figure 3-6 indicates that while all services were ranked highly, especially access to psychological services, there were some differences in the ratings across the three community segments. In particular:

- Transgender people ranked access to medical gender affirmation and psychological services especially highly
- Gender diverse people ranked psychological services and related support services, such as housing support and employment services, as most important
- In addition to psychological services, parents/carers of trans and gender diverse children also seek services to support dealing with stigma, social support such as assistance with housing or education and—unsurprisingly—services for families.

These findings indicate that different segments within the community have different needs that should be considered in the delivery of future services.

3. Key findings

Figure 3-6: Average weighting of service needs identified by trans people, gender diverse people and parents/carers of trans and gender diverse children



3. Key findings

3.2.4 Informed consent model of service delivery

Definitely more informed consent [is needed]. Not every doctor who has the ability to use informed consent will give it every time, but it negates the need to refer EVERY patient to a gender psychologist every time. But also offer psychologists easy access to further training on gender issues so that psychologists who don't specialise in it won't be scared off and end up dropping or referring patients on. It's hard enough to open up to one person, and then to be dropped the second 'trans' is mentioned. It reinforces the 'trans is bad' stigma.

(Survey respondent, 25–34 years)

Client-centred care begins with the individual's needs. For the trans and gender diverse community, this means a shift to the use of an informed consent approach to the delivery of services, which provides more autonomy for trans and gender diverse people to make decisions about their own health. Advocates considered that informed consent as a model should not just be limited to hormone therapy but also extended to include surgery.

This shift to an informed consent model of service delivery needs to occur within a framework that ensures safety and quality of care. An informed consent model can take multiple forms, and various forms are accepted in several other countries, including the United States, Canada and the United Kingdom. Equinox Gender Diverse Health Centre, which is operated by the Victorian AIDS Council, uses the only Victorian informed consent model approved by ANZPATH.

The Equinox Informed Consent Model

This Informed Consent model is a cooperative effort between the patient and their doctor in which patients are the primary decision makers in relation to their care. Under the Equinox model, the GP/regular doctor is the primary treating doctor for hormone therapy. Health professionals provide education about hormones and general health to assist patients to make informed decisions about all aspects of their health.

One example of how an informed consent model works is that the GP/regular doctor, as the primary treating doctor for hormone therapy, would perform initial health assessments, play a key role in mental health and risk assessments, and organise referrals for secondary consultations where required (e.g. endocrinologist consultations). To access hormones, seeing a mental health professional would be recommended, but not required, for most adults. Mental health assessments would still be required for people who are: under 18; seeking access to surgery; or in complex situations, such as having significant mental health issues that impact on their ability to provide informed consent. (Adapted from Equinox Gender Diverse Health Centre Informed Consent guidelines.)

3. Key findings

During our consultations, people overwhelmingly supported the introduction of an informed consent pathway. There was a strong view that—with appropriate education and training, and clinical guidelines—hormone therapy for trans and gender diverse adults could be predominantly managed in primary care settings. Some specialist trans and gender diverse services are implementing versions of informed consent in Victoria. The provision of hormone therapy within primary care was considered appropriate, given that GPs are already experienced in providing hormone therapy for other patients.

However, there was more reticence expressed by health professionals in working with trans and gender diverse children and young people. This is considered a minefield of family, ethical, social and medical indemnity risk issues. As a result, there is more reluctance to shift from the current clinical guidelines, which rely on the tertiary expertise of RCH Gender Service. However, where cases are not complex and where tertiary services are not required, it should be possible to put shared care arrangements with GPs in place for hormone therapy.

There are currently very few primary care practitioners in Victoria with sufficient training or experience to implement an informed consent model of service. As a result, any expansion of the informed consent model of practice will require:

- Early investment into adequate health professional education, training and support for primary care and the relevant medical specialist workforce. In the initial stage, this is likely to focus on the education and training of GPs, mental health clinicians and medical specialists who have trans and gender diverse patients and/or who have expressed an interest in trans and gender diverse healthcare
- In the longer term, greater exposure to trans and gender diverse healthcare across health professional education: in undergraduate, postgraduate and medical and health professional education and training
- Further development of clinical standards and guidelines. Professional standards and clinical guidelines have been developed by RCH Gender Service for children and young people, but there are no corresponding Australian standards and clinical guidelines for trans and gender diverse adults
- The development of regional service and referral pathways for GPs and other primary care practitioners, specifically tailored for trans and gender diverse people.

3. Key findings

3.3 Summary of key issues

The high rates of mental health issues experienced by many trans and gender diverse people, the long waiting lists for some services and the lack of available services mean that this is a population group with high levels of unmet needs.

During consultations, people were asked to provide information about the barriers and gaps in current services and to suggest ways to improve service access.

3.3.1 Service barriers and gaps

The most commonly identified barriers to accessing services for trans and gender diverse people were:

- A lack of services that are easily accessible or inclusive of trans and gender diverse people. The available services are almost all located in inner-city Melbourne with a scarcity of services that are inclusive of and specific to trans and gender diverse people in outer metropolitan Melbourne and in rural and regional Victoria
- A lack of understanding/training about trans and gender diverse people within the health system. Many people reported being misgendered, having staff question them or refer to them by their birth-assigned name, and/or generally interacting with services that lack knowledge about how to work with trans and gender diverse people. These experiences were often traumatic and made it hard to return to the service. Many people told us they had to educate health professionals about trans and gender diverse issues and what services they need, as health professionals lack knowledge in this area
- A 'gatekeeping' approach by medical practitioners that controls and limits access to services
- A lack of representation from the trans and gender diverse community in the running of health services, which contributes to the non-inclusivity of health service environments
- The costs of trans and gender diverse services, such as psychology/psychiatry, speech pathology, hormone therapy, surgery and Children's Court costs were deemed prohibitive and a major barrier to accessing services. This was closely linked to other costs, such as the cost of transport/accommodation for people living in regional/rural Victoria travelling to Melbourne
- Lack of access to specific medical services, including surgery, was frequently highlighted. Few surgical options exist in Australia. As an alternative, people travel interstate or overseas to countries such as Thailand to have surgery. On returning home, or as people aged, some people who experienced surgical failure or post-surgical complications reported not being able to have post-surgery follow-up treatment or reparative surgery in Victoria, and were left in considerable distress
- Many pharmaceutical and surgical procedures are not listed on Medicare/PBS schedules and require private funding, which can be expensive
- Lack of awareness in society, manifesting in experiences of bullying and discrimination
- Lack of trans and gender diverse inclusive mental health/psychiatric services. Existing services were deemed unaffordable to the vast majority of trans and gender diverse people
- Lack of social support services for trans and gender diverse people, such as employment and housing services.

3. Key findings

3.3.2 Suggestions to address barriers and gaps

The most commonly offered suggestions to address barriers and gaps included:

- Expanding publicly funded services, including in rural and regional areas, to address the waiting lists and high costs associated with gender-affirming medical procedures
- Greater promotion of trans and gender diverse friendly services
- Collecting good quality standardised data in the health system on sex and gender. This could be made the norm in Victorian hospital and health data collections such as the Victorian Admitted Episodes Dataset, Victorian Emergency Minimum Dataset and the mental health CMI/ODS. This data collection needs to be developed in parallel with training and education for health professionals
- Increased education and training, including:
 - Awareness training across the health service system to cover issues such as terminology, respectful interactions with trans and gender diverse people and respect for preferred pronouns and names
 - More targeted education and training in trans and gender diverse awareness and healthcare for health professionals and front-line staff
 - Trans and gender diverse specific medical education for GPs regarding the prescription of hormone therapy
 - Provision of surgical training places in the public hospital system to support the provision of gender-affirming surgery
 - Including trans and gender diverse specific content in GP/medical and health professional education that is guided/delivered by trans and gender diverse people
 - Training/scholarship opportunities for trans and gender diverse people to enter health professions, with targeted recruitment to increase visibility and representation and to provide more inclusive services to trans and gender diverse clients/patients
- Reducing the financial burden on trans and gender diverse individuals, including:
 - Facilitating better access to PBS subsidies for hormone therapy
 - Providing publicly funded surgical services to provide gender-affirming surgery and post-surgical support
 - Providing subsidies for surgery and delivery of surgery in the public health system
- Eliminating the perception that gender-affirming surgeries are ‘cosmetic’ procedures
- Introducing complaints pathways that are clearly articulated, impartial and well-advertised to build trust within the trans and gender diverse community towards services.

4 Where are we now?

4. Where are we now?

This *Where are we now?* section includes information on:

- Current trans and gender diverse services in Victoria
- Distribution of services
- Demand for services
- Training and resource development.

4.1 Current trans and gender diverse services in Victoria

Current trans and gender diverse services in Victoria include:

- Specialist gender clinics: MHGC and RCH Gender Service
- Specialist GPs and CHCs
- Other specialist services such as speech pathology and surgery which are limited in availability
- Peer support, family support and advocacy services, which are largely reliant on volunteers to deliver the services with limited available time and resources. These services include online services, telephone-based services and online/offline support groups, some of which are facilitated by health professionals.

Figure 4-1 is a map of services identified during the project that are located outside of Melbourne, including online and statewide services. Figure 4-2 is a map of Melbourne services. Table 4-1 provides further details about services provided across Victoria. Whilst every effort was made to identify available services and support groups, it is acknowledged that this list may be comprehensive. These maps also do not include:

- Individual practitioners providing services to trans and gender diverse people
- Facebook groups
- Services that are not specific to trans and gender diverse people, such as Lifeline and individual headspace services
- Secondary services such as trained radiology clinics, physiotherapists, pharmacists, and safe facilities and services such as gyms, pools, and emergency housing or accommodation providers
- Any services with sexually explicit online content.

4.1.1 Distribution of services

When the distribution of services is mapped across Victoria, a clear picture emerges of the overall scarcity of services across the state and the concentration of services in metropolitan Melbourne. Further points raised by these maps are detailed below.

In regional and rural Victoria:

- There are two specialist primary care clinics providing specific services for trans and gender diverse people:
 - Gateway Health Wodonga, which provides services for people under 25 years

4. Where are we now?

- Kardinia Health Geelong, a GP service
- Peer support services available in rural and regional Victoria are reportedly inadequate to service the level of community need.

Metropolitan Melbourne services include:

- Hospital-based gender clinics
- Specialised general practice and community health services that provide statewide and local services. These are largely based in inner-city Melbourne
- Other specialist services such as speech pathology, endocrinology and surgery
- Psychologists with trans and gender diverse clients.

Statewide, online and peer support services are predominantly delivered by volunteer organisations with limited resources, who currently play a vital role in support, community education and information. These include peer support, family support and advocacy organisations.

Although various peer support and advocacy organisations have developed service directories, no comprehensive, centralised statewide directory or source of information exists for trans and gender diverse people and their families, health professionals and the broader community.

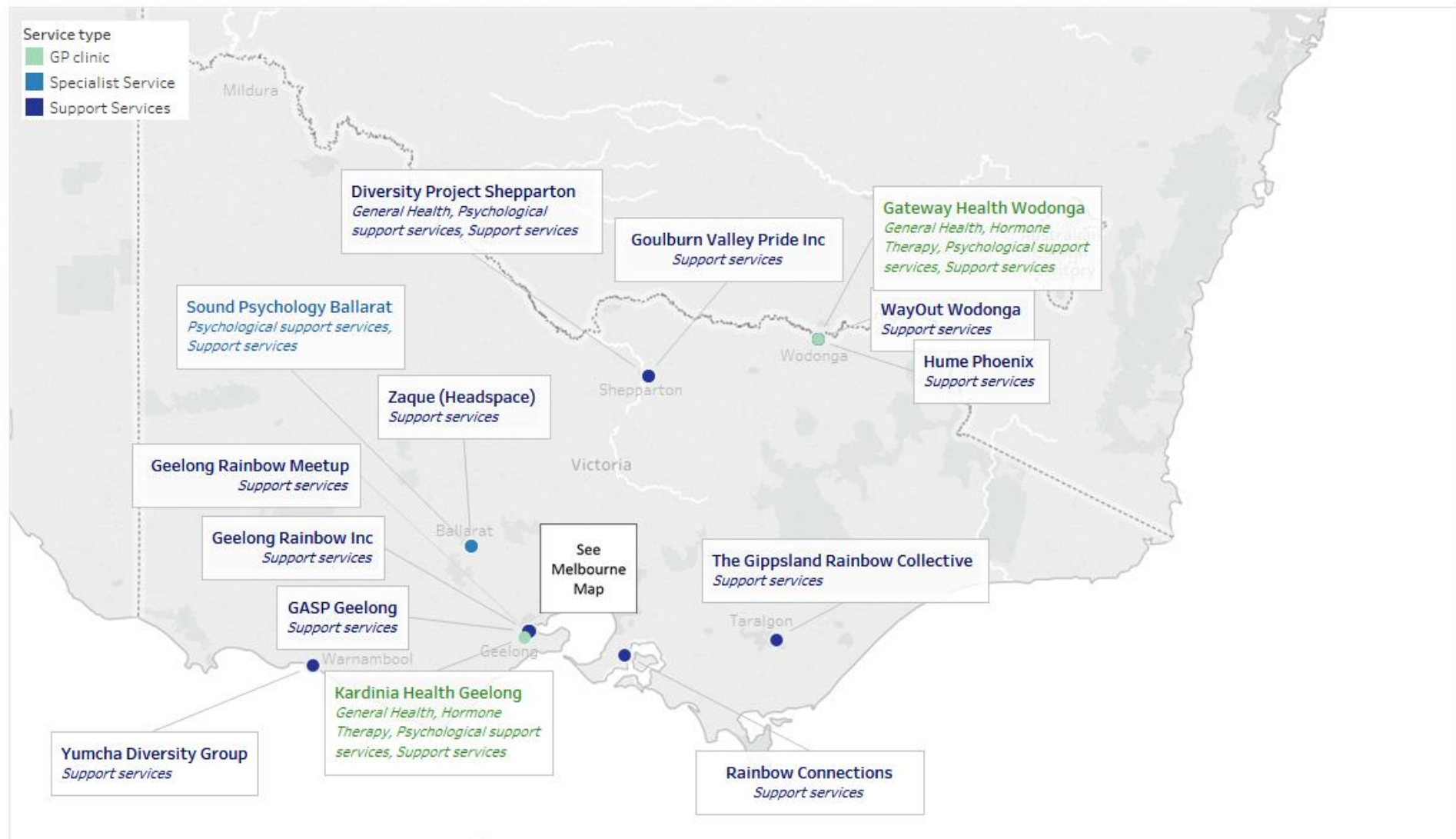
Funded specialist services

In recent years, in response to rapidly increasing service demand, the Victorian Government has provided expansion funding to RCH Gender Service and MHGC. Whilst funding for specialist clinics is ongoing, the expansion funding was provided as follows:

- **RCH Gender Service:** Funding of \$6 million over four years from 2015–16 to 2018–19 to expand services to meet the increasing demand of referrals. It includes funding for hormone subsidies for young people who cannot access hormones through the PBS. Funding is provided through DHHS Acute Health Services, as part of hospital funding. It was expected that the funding would provide for more than 150 referrals per year
- **MHGC:** Funding of \$6.6 million over four years from 2016–17 to 2019–20 to expand MHGC's clinical services. Funding is provided through DHHS Mental Health Branch to allow better access for clients and to develop comprehensive, multidisciplinary services including additional counselling services, facilitation of support groups and teleconferencing support to other services. It was expected that that this would provide services to an additional 250 patients per year. The funding also included \$250,000 to assist patients to access private surgery and to purchase specialist speech pathology services (0.4 EFT) from La Trobe Communication Clinic (LCC).
- **LCC:** LCC is a speech pathology clinical service, student education and clinical research unit within La Trobe University, Bundoora. LCC has 10 speech pathology clinic rooms and an audiology suite, and houses a range of specialist clinics offering speech, voice and communication therapy to paediatric and adult individuals. The Voice Clinic, which is one of these specialist clinics, has provided voice training for trans and gender diverse individuals since 1980 and receives referrals for approximately 70 new clients each year.

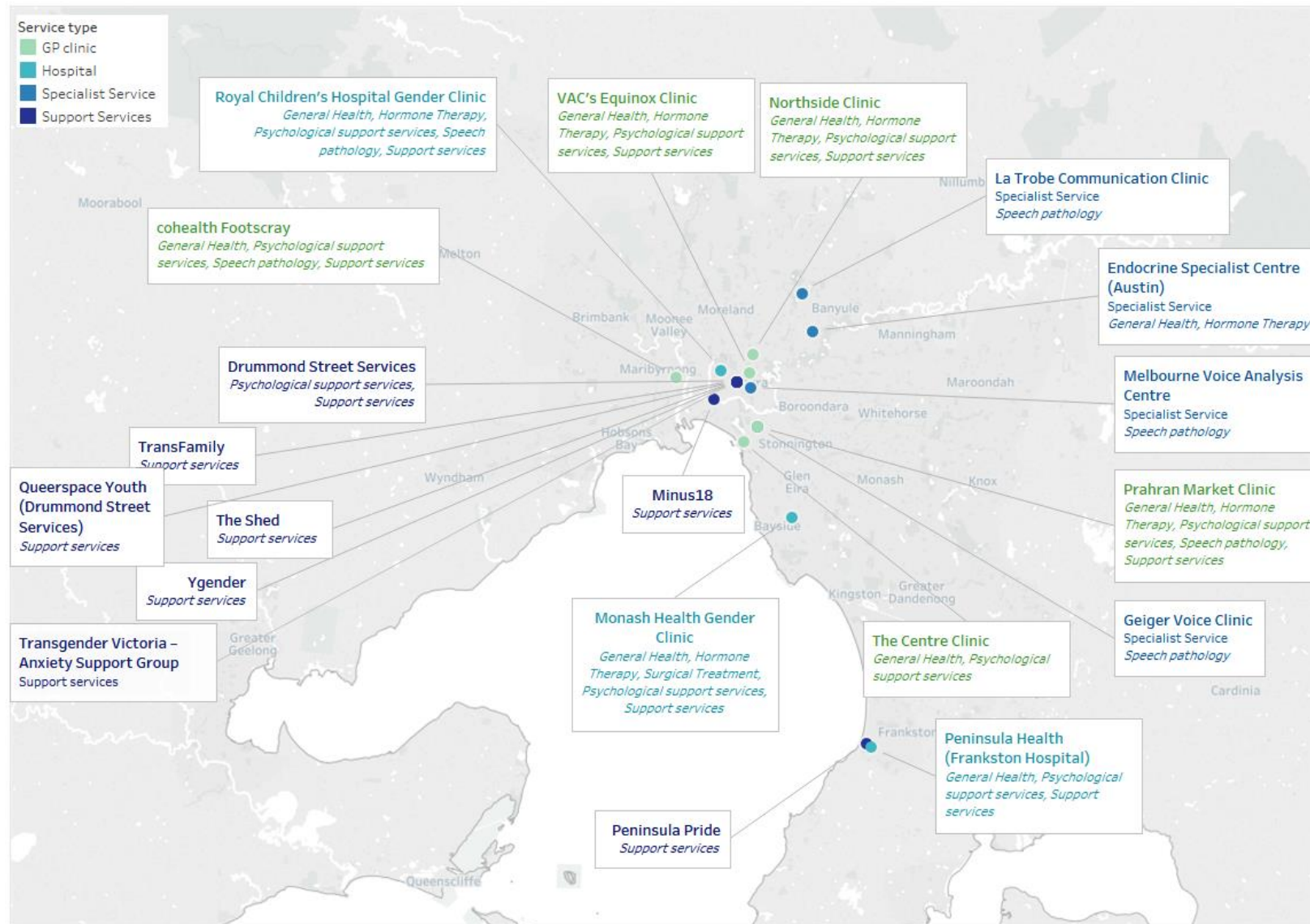
4. Where are we now?

Figure 4-1: Services outside of Melbourne, including statewide and online services



4. Where are we now?

Figure 4-2: Melbourne services



4. Where are we now?

Table 4-1: Victorian services for trans and gender diverse people

Service name	Location	General health	Hormone therapy	Surgical treatment	Psychological support	Speech pathology	Support services
Alphabet Soup	Statewide						✓
cohealth Footscray	Footscray	✓			✓	✓	✓
Diversity Project Shepparton	Shepparton	✓			✓		✓
Drummond Street Services	Carlton				✓		✓
Endocrine Specialist Centre (Austin)	Heidelberg	✓	✓				
Equinox Gender Diverse Health Centre	Fitzroy	✓	✓		✓		✓
GASP Geelong	Geelong						✓
Gateway Health Wodonga	Wodonga	✓	✓		✓		✓
Geelong Rainbow Inc	Geelong						✓
Geelong Rainbow Meetup	Geelong						✓
Geiger Voice Clinic	Prahran					✓	
Genderqueer	Online						✓
Goulburn Valley Pride Inc	Shepparton						✓
HEY! Projects	Statewide						✓
Hume Phoenix	Wodonga						✓
Kardinia Health Geelong	Belmont						
La Trobe Communication Clinic	Bundoora					✓	
Melbourne Voice Analysis Centre	East Melbourne					✓	
Minus18	Docklands						✓

4. Where are we now?

Service name	Location	General health	Hormone therapy	Surgical treatment	Psychological support	Speech pathology	Support services
Monash Health Gender Clinic	Hampton East	✓	✓	subsidies for surgery	✓		✓
Northside Clinic	Fitzroy North	✓	✓		✓		✓
Parents of Gender Diverse Children	Statewide						✓
Peninsula Health	Frankston, Mornington Peninsula, parts of the City of Kingston	✓			✓		✓
Peninsula Pride	Mornington Peninsula Shire						✓
Prahran Market Clinic	Prahran	✓	✓		✓	✓	✓
Qlife	Statewide						✓
Queerspace Youth	Carlton						✓
Rainbow Connections	Melbourne South						✓
Rainbow Network	Statewide						✓
Redefining Androgyny	Online						✓
Royal Children's Hospital Gender Service	Parkville	✓	✓		✓	✓	✓
Safe Schools Program	Statewide						✓
Seahorse Victoria	Statewide						✓
Sound Psychology Ballarat	Ballarat				✓		✓
Switchboard Counselling Service	Statewide						✓
The Centre Clinic	St Kilda	✓			✓		
The Gippsland Rainbow Collective	Latrobe Valley						✓
The Shed	Carlton						✓
Transcend Support	Statewide						✓

4. Where are we now?

Service name	Location	General health	Hormone therapy	Surgical treatment	Psychological support	Speech pathology	Support services
TransFamily	Carlton						✓
Transgender Victoria	Statewide						✓
Transgender Victoria—Trans and Gender Diverse Anxiety Support Group	Carlton						✓
WayOut Wodonga	Wodonga						✓
Ygender	Carlton						✓
Yumcha Diversity Group	Warrnambool						✓
Zaque	Ballarat						✓
Zoe Belle Gender Collective	Online						✓

4. Where are we now?

4.2 Demand for services

4.2.1 New Referrals

Specialist health services reported a very significant change in the demand for trans and gender diverse health and support services over recent years. This trend is evident in *Figure 4-3*, *Figure 4-4* and *Figure 4-5*, which provide data on new referrals for, respectively, the following services:

- Equinox Gender Diverse Health Centre (which opened in February 2016)
- MHGC
- RCH Gender Service.

Figure 4-3: New referrals to Equinox Gender Diverse Health Centre (2016–2017)

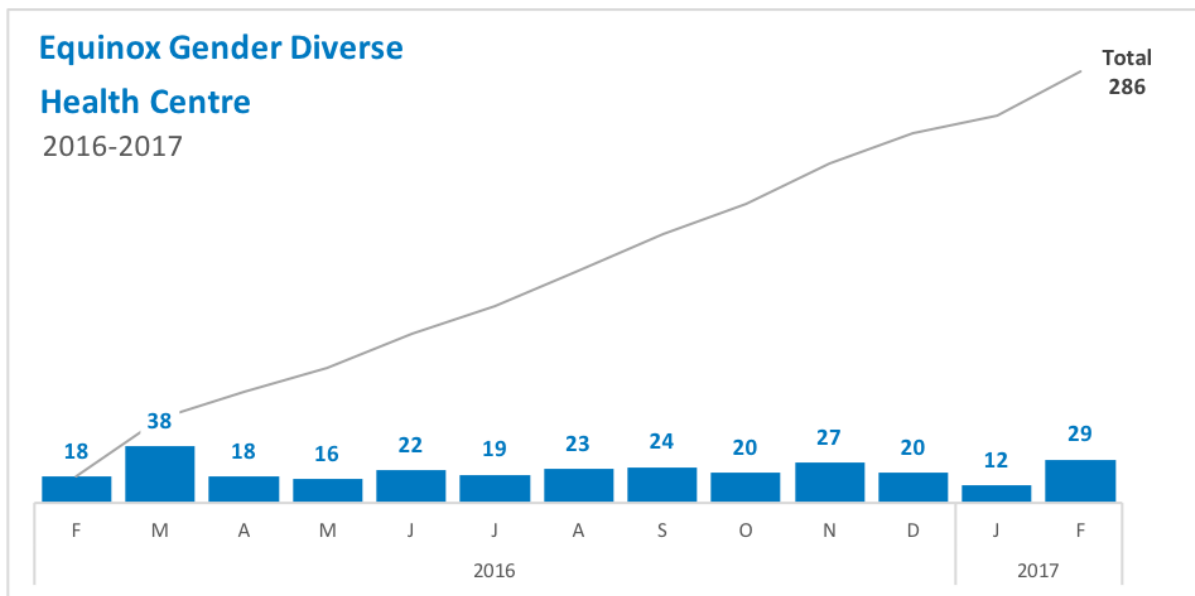
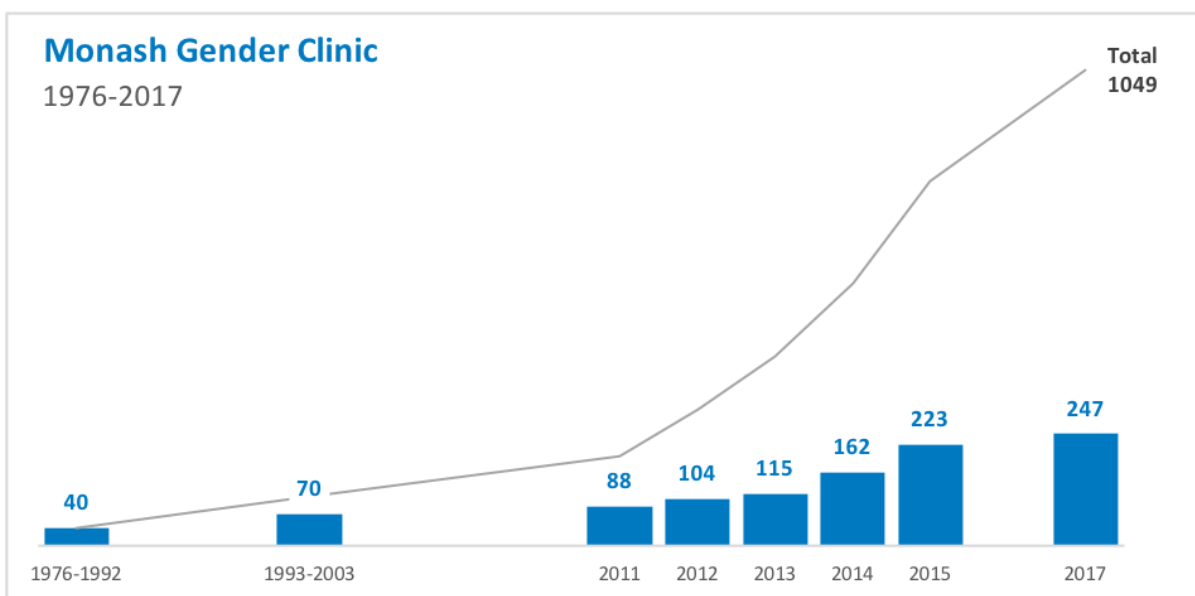
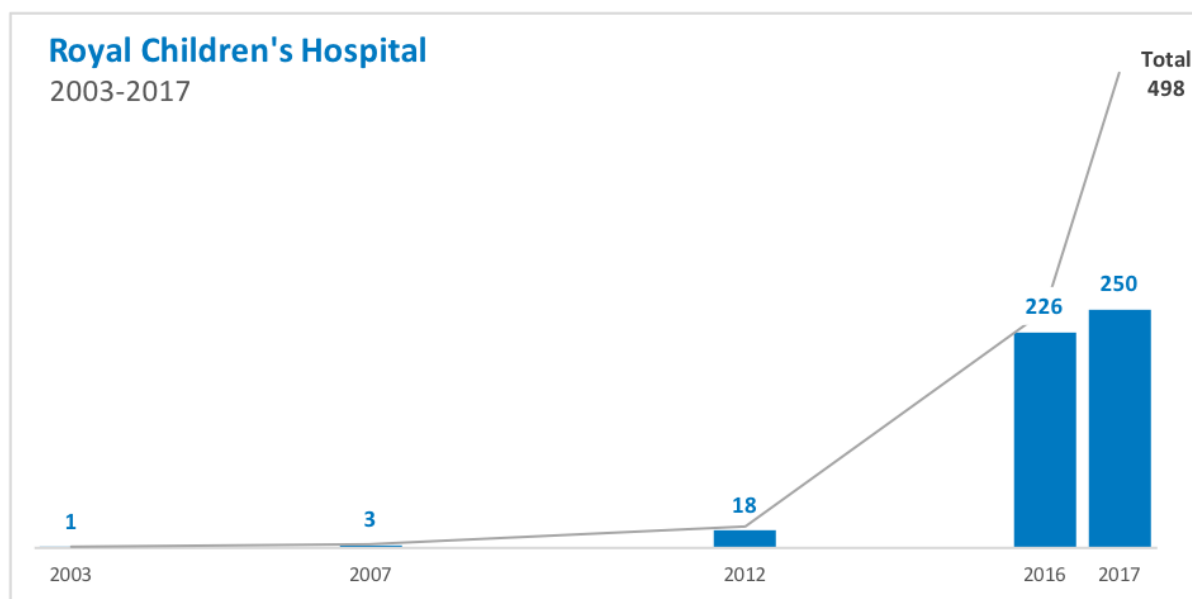


Figure 4-4: New referrals to Monash Health Gender Clinic (1976–2017)



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Figure 4-5: New referrals to The Royal Children's Hospital (2003–2017)



4.2.2 Health service waiting lists

'The wait times for appointments are brutally long, as dysphoria gets worse.'
(Survey participant, 14–17 years)

Despite recent additional government funding for some services, most service providers report growing waiting lists (Table 4-2). Waiting times can be a contributing factor to deteriorating mental health, particularly for people experiencing gender dysphoria.

Table 4-2: Health service waiting lists (Dec 2017–Jan 2018)

Health service	Waitlist (months)
Surgeon	2–12 (depending on surgery type)
Monash Health Gender Clinic	6
La Trobe Communication Clinic	6
Gender Service	3–4
Endocrine Specialist Centre (Austin)	3

4. Where are we now?

4.3 Training and resource development

There are a range of trans and gender diverse resources, programs and new initiatives under development. Training and resource development may be undertaken by a wide range of training and service providers. During the consultations, the following initiatives were identified:

- **Trans and gender diverse awareness and training.** Stakeholders reported an increasing number of training organisations providing LGBTI cultural awareness training across Australia. Victorian programs include:
 - LGBTI training designed to promote the development of LGBTI-inclusive health and human services
 - LGBTI ageing and aged care training for personnel working in the aged care sector
- **LGBTI-inclusive service development.** DHHS is funding a pilot project that involves the development of resources for CHCs to adopt practices that are more inclusive of LGBTI people, including trans and gender diverse people
- **An online training module on trans and gender diverse care for GPs** has been developed and is being piloted and rolled out. It includes videos and a range of interactive educational content. The module was developed by experienced practitioners and in consultation with a trans and gender diverse community reference group. Additional modules for other health professionals are being discussed
- **Health professional training and skills development courses.** ANZPATH has developed a training course that covers a range of issues such as trans and gender diverse health, diagnosis, effective hormone therapy and the management of patients with complex needs. This course was offered on a pre-conference day at the most recent ANZPATH conference
- **An online Trans Health pathway.** HealthPathways Melbourne is a collaboration by the Eastern Melbourne Primary Health Network (EMPHN) and North Western Melbourne Primary Health Network (NWMPHN) to provide a free, web-based portal for GPs on the assessment and management of common clinical conditions, including referrals guidance and service providers. The pathways are written by GP clinical editors with support from local GPs, hospital-based specialists and other subject matter experts. NWMPHN is reviewing a Trans Health pathway to provide guidance to GPs
- **Health professional special interest groups** are also being developed. For example, PHNs have developed peer support networks for health professionals with an interest in trans and gender diverse care. The Australian Psychological Society has a trans and gender diverse special interest group supporting psychologists in their clinical practice.

5 Future service system: key development principles

5. Future service system: key development principles

Sections 5 to 7 provide an overview of the future architecture of the health and support service system for trans and gender diverse Victorians.

This section outlines:

- What we know about the current system and service delivery
- Proposed *system development principles*, which are in alignment with the Victorian Government's *Statewide Design, Service and Infrastructure Plan for Victoria's Health System 2017–2037*
- Proposed *service development principles* that focus on principles for the co-design, co-production and co-creation of the service system in partnership with the trans and gender diverse community.

5.1 What we know

In relation to trans and gender diverse people and their care needs, we know that:

- Trans and gender diverse people are one of the most vulnerable and high-needs groups in Victoria. This community experiences high rates of mental health issues, stigma, discrimination, and disadvantage
- Encouraging the inclusion of trans and gender diverse people in our society 'is likely to be the most significant element of treating the mental health issues that trans people develop in an intolerant and still very ignorant society' (quote from *Key Directions Discussion Paper* respondent)
- Trans and gender diverse people can find the process of questioning, defining, and affirming their gender identity to families, schoolmates, workmates and teammates to be difficult, overwhelming and distressing. This process can also be difficult for people around them such as partners, parents, siblings and friends. Access to timely, affordable counselling and support is needed, as is family counselling, workplace training and leadership development
- The level of family support and acceptance can have a critical impact on the health and wellbeing of trans and gender diverse people.

In relation to health services, we know that:

- There is rapidly increasing service demand and growing waiting lists for services for both children and adults, and current demand exceeds the available supply of services
- Trans and gender diverse people and their families in the initial stages of affirming or questioning their gender, generally do not know where to access information or support, relying on word of mouth, social media, and Internet searches to access information
- There are few places to obtain care in Victoria where trans and gender diverse people feel safe and secure, with such services largely being provided by a small number of specialist general practice, community health and hospital services that are concentrated in Melbourne and regional areas

5. Future service system: key development principles

- It can be very difficult to find a trans and gender diverse friendly GP to obtain a mental health plan and to gain access to mental health services. Many trans and gender diverse people fear rejection by their existing GPs/doctors
- People in the trans and gender diverse community need more doctors, counsellors, health workers and front-line staff who understand them and their health and support needs
- Health professionals report that trans and gender diverse healthcare can be a vexed ethical and moral area, with many health professionals being very risk averse about providing primary care for their patients
- GPs are showing an increased interest in trans and gender diverse health, as more people seek their assistance
- Increasing access to mental health, counselling and support services is a priority
- Peer support and engagement with the trans and gender diverse community is essential to effective service development and to the quality of services delivered
- Volunteer peer support and self-help groups play a key role that needs to be supported. There is a clear need to expand professionally-facilitated and funded support groups
- Quality education and training for health professionals, as well as the development of clinical guidelines and referral pathways, are a key component to expanding the delivery of community-based services
- Current clinical health service guidelines and pathways are framed within a mental health diagnosis of gender dysphoria. This reinforces the pathologisation of trans and gender diverse people's experiences
- The costs of accessing services, especially medical gender affirmation services, play a major part in limiting service access. In some cases, these services can be regarded as life-saving healthcare because of the associated risks of depression, self-harm and suicide that trans and gender diverse people can face.

5.2 System development principles

5.2.1 Health system priority areas in Victoria

The Victorian Government's *Statewide Design, Service and Infrastructure Plan for Victoria's Health System 2017–2037 (the Plan)* sets out how the Victorian Government intends to respond to the growing pressures in the health system (Victorian Government Department of Health and Human Services 2017). The intention is to deliver lasting changes to the health system by focussing on five priority areas:

1. Building a proactive system that promotes health and anticipates demand
2. Creating a safety and quality-led system
3. Integrating care across the health and social service system
4. Strengthening regional and rural health services
5. Investing in the future—the next generation of healthcare.

5. Future service system: key development principles

‘The Plan has been designed to guide service, workforce and infrastructure investment over the next 20 years. By setting a clear direction and priorities for design of our future health system, administrators and clinicians will be better supported to provide world class health care that meets growing and changing demand and delivers better outcomes for all Victorians’(Victorian Government Department of Health and Human Services 2017).

These five priority areas provided the foundation for the development of the following proposed trans and gender diverse system development principles.

5.2.2 Principles used in developing the trans and gender diverse service system

In alignment with the Victorian Government’s priority areas (see *Section 5.2.1*), six principles underpin the development of the proposed new trans and gender diverse service system:

1. Mainstreaming service and support delivery
2. Building a proactive health system that anticipates demand
3. Creating a safety and quality-led system
4. Integrating care across the health and social service system
5. Strengthening regional and rural health services
6. Investing in the future—the next generation of healthcare.

1. Mainstreaming service and support delivery

What will be needed?

- Recognition that being trans and gender diverse does not define the whole of a person’s health. Trans and gender diverse people should feel comfortable and safe when accessing any form of healthcare, whether or not it is related to being trans or gender diverse
- Substantial training and professional development is needed for all personnel in the mainstream health and support system to:
 - Improve awareness, knowledge and understanding in trans and gender diverse health, so that the past negative experiences of many trans and gender diverse people are not repeated
 - Include trans and gender diverse healthcare in medical and health professional education curricula
 - Encourage and support mainstream health and support services to adopt inclusive and respectful service delivery policies and practices that respect the healthcare needs and human rights of trans and gender diverse people
- Continuous effort to reduce stigma and transphobic discrimination within the Victorian health system to allow complete incorporation of trans and gender diverse care into the mainstream health system

5. Future service system: key development principles

- Additional funding will be needed to support both the development of the system and the much-needed education and training of mainstream personnel
- Data collection issues need to be addressed at all levels of the service system, including that:
 - Care providers use preferred names, pronouns and gender identity descriptors for trans and gender diverse people
 - There is greater understanding of the trans and gender diverse population and this population's health and support service needs
 - Information about trans and gender diverse people is collected as part of the standard service data capture system
 - Appropriate client data is recorded for important healthcare monitoring, tests and reminders, as appropriate
 - Data collection methods ensure the protection of privacy and confidentiality
- Victoria's existing trans and gender diverse specific services must continue to be supported and developed as valuable services. These services need to have input into supporting the development of new and existing services
- Trans and gender diverse people need to access healthcare close to where they live, rather than travelling long distances to seek out services known to be trans and gender diverse friendly
- Referral pathways need to be developed to guide trans and gender diverse people to Care Hubs, or to tertiary specialist services to manage more complex issues as needed
- In order for GPs and outside specialist clinics to prescribe and monitor the use of hormone therapy, appropriate clinical guidelines and dedicated training and support need to be provided.

Although ambitious, integrating most of the care for trans and gender diverse people into the mainstream health and support service system should be achievable.

2. Building a proactive health system that anticipates demand

What will be needed?

- A national unified data collection system that respectfully records peoples' gender identity and intersex status to build an evidence base to monitor, measure and anticipate future demand for service
- Education of all healthcare providers on trans sensitivity and healthcare needs so that more service options are safer and more accessible and demand for services therefore increases
- Accessible, evidence-based information, education, and resources for trans and gender diverse people, their families and friends, health professionals and the broader community on trans and gender diversity, and related health and support pathways, resources, and services to ensure people have the information required to make informed decisions about their health.

3. Creating a safety and quality-led system

What will be needed?

- Trans and gender diverse community involvement, engagement, and co-design

5. Future service system: key development principles

- A client-centred and client-driven approach that assists trans and gender diverse people to navigate the service system
- Readily accessible health and support services tailored to the needs of trans and gender diverse people
- Improved access to timely and early mental health services as a priority for this high-risk population.
- Development of guidelines for the care of trans and gender diverse adults
- Wide promotion of the existing standards and guidelines for the care of trans and gender diverse children and young people
- Developing and/or promoting evidence-based information and training resources for all health professionals
- Developing and promoting information for trans and gender diverse people and parents of trans and gender diverse children on what to expect from healthcare, healthcare options and pathways and what to do if they are unhappy with care
- Developing and promoting a formal health service complaints system.

4. Integrating care across the health and social service system

What will be needed?

- System-wide capacity building across all health and support services so that, in time, the balance of service delivery can be moved from tertiary specialist services to a more sustainable primary care model, in which people receive most care close to where they live
- Funding for the integration and implementation of community-based, community-led peer support services and programs as an essential part of the health and support services
- Coordination, collaboration, and integration between key services at all levels of the health and support service system to provide a clear continuum of care for trans and gender diverse people throughout their lives
- Development of statewide health and support service pathways, including pathways for accessing hormones and surgery for gender-affirming purposes.

5. Strengthening regional and rural health services

What will be needed?

- Creating trans and gender diverse collaborative service hubs in regional and rural Victoria
- Increasing the capacity of all health services to provide trans and gender diverse care
- Developing regional health service pathways for trans and gender diverse children and adults, with identified referral pathways to local services and resources, and to tertiary specialist services in Melbourne.

5. Future service system: key development principles

6. Investing in the future—the next generation of healthcare

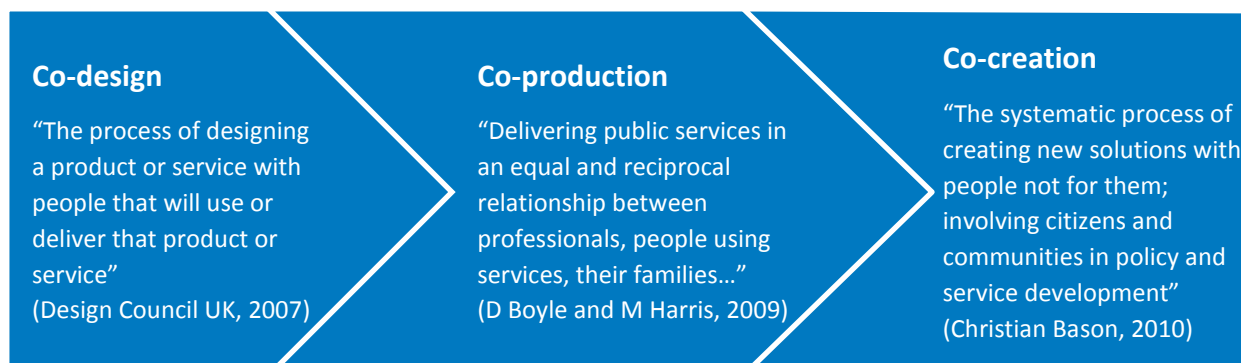
What will be needed?

- Recognition that most care of trans and gender diverse people does not require specialist input
- Excellent social and peer support services
- Collaborative service delivery arrangements across primary, specialist trans and gender diverse services and tertiary care, as well as across services in the public and private sector
- Professional training pathways in trans and gender diverse multidisciplinary practice
- A reduction in the out-of-pocket costs of care related to gender-affirming services. This will require:
 - Concentrated effort to lobby for sex hormones used for gender-affirming purposes to be covered on the PBS
 - Work with private insurers to commence/improve cover for gender-affirming services
 - Developing capacity for the expanded delivery of surgical affirmation services in the public system.

5.3 Service development principles

The system delivery principles (*Section 5.2*) are supported by service development principles. These principles were repeatedly highlighted throughout the consultation process (i.e. in the surveys, focus groups, stakeholder consultations, and *Key Directions Discussion Paper* feedback). They are centred on the principles of co-design, co-production and co-creation (see *Figure 5-1*).

Figure 5-1: Co-design, co-production and co-creation



5. Future service system: key development principles

The proposed service development principles are:

1. Services respect the client's right to informed consent and self-determination

Services will respect that the human rights of trans and gender diverse people, especially in relation to informed consent and self-determination, are fundamental to service development and delivery

2. Services provide client-centred care

Services provide client-centred care that will:

- Recognise that each person will have a unique clinical presentation and their own individual care needs
- Understand that not all trans and gender diverse people will seek medical affirmation or social affirmation services and the services they access will depend on their individual care needs and choices
- Use appropriate pronouns and respectful and affirming language
- Be designed to avoid causing harm

3. Services are co-created and grounded in authentic partnership with trans and gender diverse people

Services that care for and support trans and gender diverse people will:

- Be grounded in authentic partnership that involves co-design, co-production and co-creation of services with trans and gender diverse people
- Be informed by the voices and lived experience of trans and gender diverse people
- Involve trans and gender diverse people at all levels in the service system
- Wherever possible, support trans and gender diverse people to:
 - Lead trans and gender diverse healthcare reforms
 - Be employed (including in key positions of authority) in Care Hubs, the CoE and other services providing care to trans and gender diverse people

4. Peer support services are resourced as an essential component of the service delivery system

- Peer support services are resourced and recognised as key service system partners in supporting the social and emotional wellbeing of trans and gender diverse people
- Investment also supports the education, training and mentoring of peer support workers
- Reimbursement is provided for trans and gender diverse people who provide expertise or services such as board membership, in line with ethical practice and in recognition of their knowledge and skills.

6 Development of a new health and support system: a hub and spoke model

6. Development of a new health and support system: a hub and spoke model

This section outlines the architecture for the development of a new trans and gender diverse health and support system. It includes information on:

- Characteristics of the Victorian hub and spoke model
- The central role for GPs and primary care
- Care Hubs
- Centre of Excellence for Trans and Gender Diverse Care
- Expanded mental health services
- Peer support services.

6.1 Characteristics of the Victorian hub and spoke model

Figure 6-1 outlines the roles and responsibilities of stakeholders in a proposed hub and spoke model for the future delivery of trans and gender diverse health and support services in Victoria. This model is framed within three levels of care (primary, secondary and tertiary care) and involves:

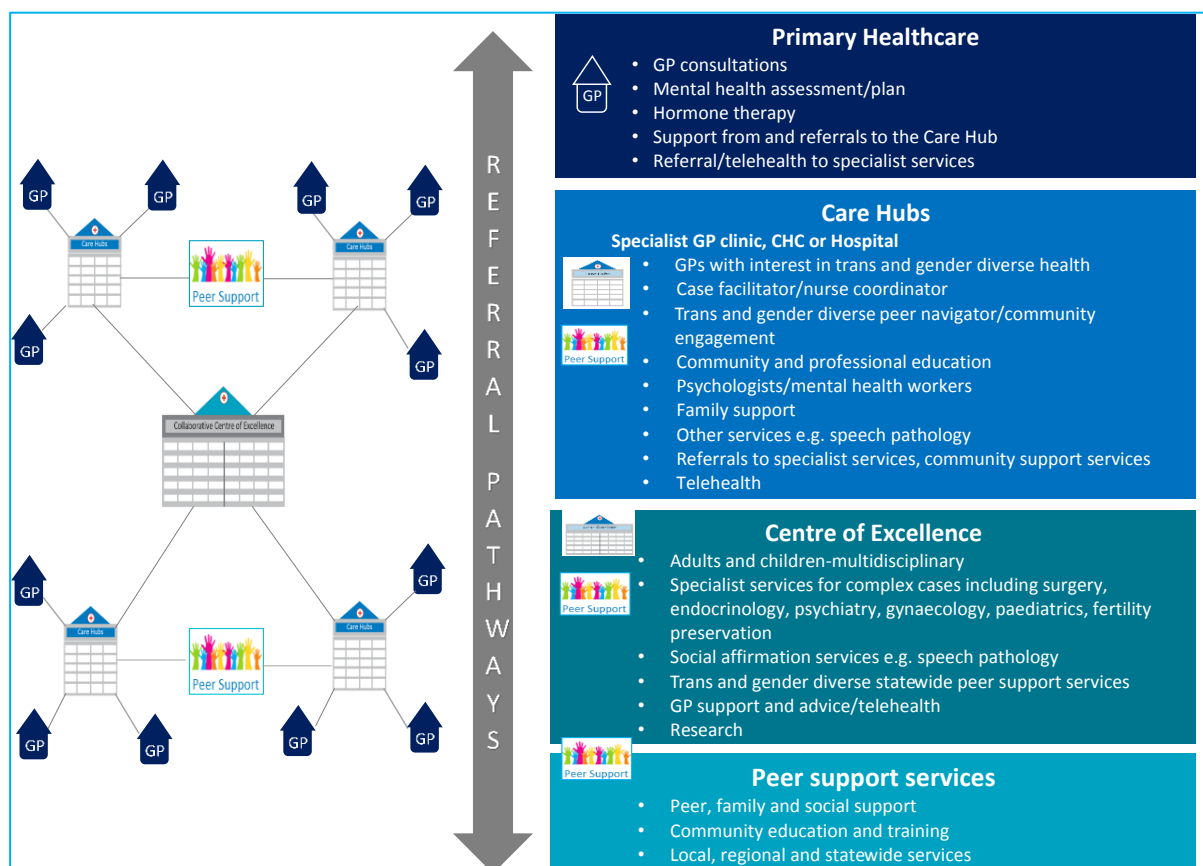
- A central role for **GPs and primary care** (see *Section 6.2*)
- Expanded **mental health services** (see *Section 0*)
- Integration of **peer support services** across all levels of the service system (see *Section 6.4*)
- Development of **Care Hubs** (see *Section 6.5*)
- Development of a **CoE for Trans and Gender Diverse Care** (see *Section 6.6*).

The success of the proposed model relies on:

- Significant capacity development and health professional training as a high priority.
- Decentralisation of service provision. Wherever possible, service development should be aimed at improving capacity for specialist consultation and service delivery at the local Care Hub level. In fact, the presence of Care Hubs may, in and of itself, raise awareness and hence client numbers. The aim of Care Hubs is to arrest the increases in waiting lists at sites in Melbourne.
- Clear pathways for trans and gender diverse people and their families to access services.

6. Development of a new health and support system: a hub and spoke model

Figure 6-1: Victorian Hub and Spoke Model for Trans and Gender Diverse people



6.2 Central role for GPs and primary care

6.2.1 Current and future potential

At the core of the proposed new system architecture is the role of the GP and primary care. GPs are usually a person's first point of contact with the health system and thus the quality of this interaction can have a major impact on a trans or gender diverse person's experience of the health system. During consultations, trans and gender diverse people reported relying on personal networks and social media channels to actively seek out specialised GP clinics where they felt they would be welcome and understood. In Victoria, trans and gender diverse support groups have developed informal lists of GPs whom they consider trans and gender diverse friendly.

GPs reported variable levels of confidence in dealing with trans and gender diverse health needs, sometimes preferring to refer these patients to more specialist GPs or hospital clinics. With some training, GPs should be able to provide good, appropriate care for the majority of their patients' needs in a sensitive, holistic manner.

GPs who have a large client base of trans and gender diverse people consistently stated in consultations that much of the care required for adult trans and gender diverse people can and should be delivered in a primary care setting. Referrals to specialist support services would be appropriate for people who experience complex issues and for specialist psychiatry, endocrinology, gynaecology and surgical services.

6. Development of a new health and support system: a hub and spoke model

Under the proposed health and support system, care coordination would occur at GP level with referral to Care Hubs, community mental health or other community-based support services or tertiary specialist services as required.

6.2.2 Hormone therapy for gender affirmation in general practice

GPs routinely prescribe hormone therapy for cisgender patients and refer to specialist services when needed. As already noted (see *Section 3.2.4*), the only ANZPATH-endorsed model for informed consent is the model used by Equinox Gender Diverse Health Centre. Other informed consent models exist and operate to varying degrees in Victoria.

Currently, there are very small numbers of GPs prescribing hormone therapy for trans and gender diverse patients. While there are some GPs who have special interests and prior clinical experience in the care of trans and gender diverse people, the large majority of GPs require training, advice and ongoing support to safely undertake this role.

In the proposed new service model, most GPs could be expected to provide hormone therapy prescription and monitoring. GPs with specialist experience in caring for trans and gender diverse people uniformly advised that, in their view, GPs with additional professional development could prescribe and manage hormone therapy within general practice for patients who do not have additional complex issues. Endocrinologists supported initiation of hormone therapy by an endocrinologist and continued care by GPs.

GPs with a higher trans and gender diverse patient base (who have undergone training and have a formal support and advice mechanism in place):

- Could use an informed consent process in which these GPs:
 - Conduct a mental health assessment and initiate hormones without the need to refer clients to specialist mental health providers or an endocrinologist
 - Offer their patients other assistance such as review by a mental health practitioner and screening for other comorbidities which may mean referral to other professionals, if required
- Need to remain current in their treatment knowledge. Practice guidelines need to be agreed at the level of medical colleges. It is likely that GPs with a higher number of trans and gender diverse clients seeking hormone therapies would be able to stay ‘up to date’ enough to feel that they are able to maintain their professional knowledge in this area. Although the intention is not to stop GPs prescribing, the safety and quality of care for clients must be the highest priority.

6. Development of a new health and support system: a hub and spoke model

6.2.3 Expanding the informed consent model into general practice

During consultations, informants overwhelmingly supported the introduction of an informed consent pathway for the prescription of hormone therapy within the framework of adequate health professional education, training and support. This training could be offered through PHNs, health professional colleges and associations and regional Care Hubs.

As part of this project, informants were asked what would be needed to expand the informed consent model of practice for hormone therapy into more general practices. Responses were categorised into five key thematic areas, which are discussed below.

Attitudinal change

Central to service improvement overall and changing the way that services are delivered to trans and gender diverse people is attitudinal change. Although attitudinal change at a population level is difficult, there needs to be greater transparency around:

- The difficulties and shortcomings of the health sector with regard to trans and gender diverse people
- Pathways to complaints management.

Acknowledgement of the current issues in the system could provide a lens through which to drive attitudinal change. Inclusion of trans and gender diverse health in mainstream health education programs, beginning at school and continuing through a variety of modes, is important in eliminating discrimination.

Education and resources for trans and gender diverse people

It is important that trans and gender diverse people are educated on their rights and how to get help if difficulties arise in obtaining the care they need. A national resource for trans and gender diverse people, available in a variety of accessible formats and languages, is needed.

Training of health professionals and support staff

Training of all health professionals needs to include information about providing excellent quality care to trans and gender diverse people. The aim of this education would be to:

- Depathologise trans and gender diverse identities
- Drive widespread attitudinal change amongst health professionals
- Recognise that trans and gender diverse people are the experts of their own experiences
- Encourage interest in the lives of trans and gender diverse people to allow genuine understanding to develop.

6. Development of a new health and support system: a hub and spoke model

Specific support needs for prescribing GPs

This would entail:

- Provision of accessible training options
- Expanded use of the informed consent model, through a statewide roll-out at clinics that express interest
- Creating expectation in the trans and gender diverse community about having a larger number of prescribing GPs to help drive the building of a critical mass of prescribers
- Specific information, delivered by endocrinologists, on hormone prescription and monitoring
- Creating awareness of the model among all GPs so that they can easily access online resources and telephone support as required
- Development of a community of practice (through the CoE) for ongoing peer and specialist support
- Guidelines that include information about education and mentoring opportunities and secondary consult arrangements/pathways.

Policy change

From a policy perspective:

- The informed consent approach needs to replace the WPATH approach as the preferred model for trans and gender diverse healthcare in Victoria
- Discussions between the State and Commonwealth Departments of Health are needed as currently, many patients are not able to access the PBS for their hormone therapy
- Subsidies for puberty-blocking hormones are currently only available through RCH Gender Service in Melbourne. Consideration should be given to greater dispersal of these subsidies to alleviate the bottleneck at RCH Gender Service.

6.2.4 Ensuring quality and safety in an expanded informed consent model of service delivery

The most significant consideration in the expansion of an informed consent model of practice is the quality and safety of patient care. To support a high quality, safe implementation of an informed consent model of care, stakeholders suggested the following range of requirements.

Training, resources and support for health professionals

GPs in particular need to:

- Access high quality training
- Undertake trans and gender diverse healthcare training/certification courses in person where they can ask questions

6. Development of a new health and support system: a hub and spoke model

- Access advice that is clear and supported by responsive systems of professional enquiry and guidance
- Increase their understanding of depression/anxiety presentations in trans and gender diverse communities, and of the often dramatic improvements that can occur when treatment is initiated
- Ensure that they are equipped to deal with the mental health needs of trans and gender diverse people. Addressing the mental health needs of people who are seeking hormone therapy extends past the initial assessment for hormone therapy and must also cover social and emotional wellbeing
- Undertake training to shift pathologising thinking that there is something 'wrong' with trans and gender diverse people, which currently contributes to the belief that trans and gender diverse people are unable to make an informed choice. Increased awareness as well as the removal of stigma over time, will help GPs in this regard
- Access new trans and gender diverse specific risk assessments and diagnostic tools that include discussions about the consequences of certain treatments
- Have access to other kinds of support. For example:
 - A regional GP who may wish to use the informed consent model but is not confident could be paired with a mentor/supportive experienced GP, who could guide them (remotely) through the process and address any questions or concerns
 - Secondary support/consultation. This could be organised in a networked system potentially utilising the CoE partners.

In general, **all health professionals** need to receive extensive training and exposure to trans and gender diverse people to generate genuine understanding of the care needs of their patients.

Improving access to information and care for trans and gender diverse people

Trans and gender diverse people need:

- Improved visibility of trans and gender diverse medical treatment/referral sites and resources such as peer support
- Improved statewide access to mental health support. This should also include greater access to free/low-cost mental health support with understanding of issues related to the trans and gender diverse community
- Improved access to information about:
 - Healthcare pathways
 - What to expect of their service providers
 - Their rights.

6. Development of a new health and support system: a hub and spoke model

Evaluation and accountability

In its implementation, the new model will require:

- GP accountability through reporting back to Care Hubs or endocrinologists
- Ongoing evaluation of health providers to ensure commitment to informed consent models
- A formalised complaints system for patients that leads back to the training development cycle
- Consideration of establishing a register of patients who generate data for longitudinal research through the research arm of the CoE
- Development of a database allowing trans and gender diverse people to rate healthcare providers based on their ability to work with trans individuals and potentially a 'review and rating' website
- Patient satisfaction and experience surveys incorporated into existing general health surveying already being undertaken, with appropriate ways for trans and gender diverse people to be identified in the data
- A research and evaluation program to bolster the evidence base about best practice.

Circumstances in which informed consent approaches may not be appropriate

In the absence of severe mental health issues or intellectual disability, people are usually able to give informed consent.

In practical terms, the informed consent model should only be used with trans and gender diverse people using the same parameters for informed consent as would apply to the general patient population. Accordingly, if a practitioner is not confident that the patient has the capacity to give their consent to the proposed treatment, treatment should not commence until the consent issues are satisfactorily addressed. This process may incorporate substitute decision makers and specialist mental health review and assessment.

6. Development of a new health and support system: a hub and spoke model

6.3 Expanding mental health services

‘In the absence of wholesale societal reform around the inclusion and acceptance of trans and gender diverse people in the population, we will need to continue to treat trans and gender diverse people for society's rejection of them ... treating individuals for their (very understandable) emotional distress aroused by societal ignorance and intolerance is the best way forward for now.’ (Key Directions Discussion Paper survey respondent)

It is proposed to mainstream mental health services so that, like cisgender people, trans and gender diverse people can be treated within their community unless they require specialist care for complex issues.

Current clinical health service guidelines and pathways are framed within a mental health diagnosis of gender dysphoria, which reinforces the pathologisation of trans and gender diverse people's experiences. Clinicians now accept that being trans and gender diverse is not a mental disorder in itself (as it was classified historically). As noted earlier (see *Section 3.2.1*), WHO is currently considering declassifying gender dysphoria as a mental disorder in its forthcoming *ICD-11*.

Like all community members, at times throughout their lives, trans and gender diverse people can experience high levels of stigma, distress, depression or other mental health issues. In the case of trans and gender diverse people, these issues may or may not be associated with being trans or gender diverse. Whilst some trans and gender diverse people may require specialist gender-related assessment or mental health services, most trans and gender diverse people should be able to access care in their local area, provided by appropriately trained mental health practitioners.

Expanding affordable community mental health services for trans and gender diverse people, including through the state mental health system, is critical. Currently there is a lack of mental health services, especially in regional and rural areas of Victoria, and a lack of practitioner training and awareness of trans and gender diverse healthcare.

Mental health service gaps identified included a lack of:

- Knowledge and training in trans and gender diverse care amongst GPs and primary care practitioners
- Community services providing mental health support for trans and gender diverse people
- Psychiatrists or psychologists with a specialist interest in trans and gender diverse health who can provide assessment services prior to gender-affirming treatments.

Suggested options presented during consultations to address these gaps included:

- Investing in upskilling health service and community-based psychiatrists, psychiatry registrars and psychologists in trans and gender diverse health, particularly in rural and regional areas
- Funding for Victorian Mental Health service system to:
 - Provide clinical services through the child and adolescent, adult, aged persons and statewide and specialist services areas of the system

6. Development of a new health and support system: a hub and spoke model

- Upskill health professionals so they are able to provide specialist trans and gender diverse counselling and telehealth services as part of the hub and spoke model
- Ensuring that trans and gender diverse Care Hubs (and where they are not available, CHCs) have trained mental health workers and counsellors with expertise in trans and gender diverse care
- Further development of telehealth services for rural and regional clients to decrease travel wherever possible
- Designating the mental health care of trans and gender diverse people as a specialist service under the Victorian Mental Health Service System to ensure this work is given prominence
- Providing funding for peer support activities to improve inclusion and connect trans and gender diverse people to the trans and gender diverse community
- Upskilling community members (peers and support group leaders) with mental health first aid training and/or counselling training
- Expanding web-based peer support services
- Referral for care to the tertiary psychiatric/gender services should be reserved for those people with complex mental health issues related to their gender.

6.4 Integration of peer support across all levels of the service system

Peer support is a critical component of the development of the service system as it provides information and multiple levels of support for the trans and gender diverse community. The trans and gender diverse community is a vulnerable community that needs outreach and engagement to link into services. For this reason, integration of peer support as a core component of service delivery across the services system is proposed, so that peer support groups can play a key role in the co-design and co-production of services. This includes:

- Co-design and development of the service system through participation in government advisory groups
- Partnering in the establishment of the CoE and participating in CoE advisory groups
- Provision of peer, family and other support services at local level, in partnership with Care Hubs and through the CoE
- Delivering cultural awareness and other education and training services
- Delivering information to trans and gender diverse adults, young people, children and their families.

6.5 Development of Care Hubs

The development of Care Hubs across Victoria has been proposed to provide integrated, multidisciplinary services for trans and gender diverse people outside metropolitan areas. The Gateway Health approach is an exemplar service model for the development of Care Hubs (*Figure 6-1*)

6. Development of a new health and support system: a hub and spoke model

Services offered by Care Hubs

Based at a GP clinic, CHC or hospital, a regional Care Hub would provide trans and gender diverse people and their families with access to:

- General practice services with GPs who have specialty interest and training and are providing trans and gender diverse care under an informed consent model, supported by referral pathways to specialist services including paediatric, psychiatry and gynaecology services
- Mental health workers such as counsellors or clinical psychologists with expertise in trans and gender diverse care
- Shared care services with the CoE and MHGC (for trans and gender diverse adults)/RCH Gender Service (for trans and gender diverse children)
- Multidisciplinary services as required, such as speech pathology and family support
- Delivery of/or referral to local community support services for assistance with needs such as education, training and housing.

Professional services may be delivered as part of a regional consortium in partnership with other private or public providers.

Involvement of trans and gender diverse community members

In line with the core principle of co-design, Care Hubs will need to demonstrate that trans and gender diverse community members are involved in:

- Co-designing and delivering services
- Providing advice (eg. through community advisory groups)
- Roles as employees in front-line reception and/or professional roles. Upskilling community members to undertake these roles would be part of service system development.

Services will need to ensure the implementation of trans and gender diverse inclusive practices and principles. This will include employing people who have a solid, holistic and very broad view of trans and gender diverse health and support, including for non-binary people.

Staffing of Care Hubs

Core to the delivery of services, feedback from consultations indicated that each Care Hub needs to employ dedicated positions (either full-time or part-time), as follows:

- **Case facilitator/nurse coordinator**, who would be the point of contact for each trans and gender diverse person and their family, providing information and case facilitation services. The case facilitator/nurse coordinator would advise on pathways, local services, and issues related to accessing services, and link trans and gender diverse people into peer support services
- One or more **community engagement/peer support workers** who would be employed to engage with the trans and gender diverse community and provide broader community education. This role would be undertaken by trans and gender diverse community members

6. Development of a new health and support system: a hub and spoke model

(peers and support group leaders) who have been upskilled with mental health training and/or counselling training as required

- Community engagement/peer support workers would work closely with **statewide and local peer support groups (funded and voluntary), as well as parent/partner and family support groups** to deliver support and education services. Most of this peer support work is currently unfunded. Providing funding and building capacity in the peer support sector is critical to the success of the overall service system approach.
- Because of the unique personal and mental health risk factors and relationship challenges that accompany gender affirmation, stakeholders also suggested that **psychologist, counsellor, and/or family case worker** roles involving very good skills and knowledge in working with trans and gender diverse clients and their families are critical to success of Care Hub services. In some cases, these roles may require additional funding for a salaried position within a service, or may involve a referral to a private psychologist in the community with the appropriate skills.

Expressions of interest to establish Care Hubs

Given the limited capacity within the existing workforce and an absence of data on the full extent of service demand, it is proposed that DHHS progressively establish the outer metropolitan/regional Care Hubs. Expressions of interest (EOIs) should initially be sought from existing services to create a small number of outer metropolitan/regional Care Hubs to provide opportunities for staff capacity building and resources development in other potential sites.

Key selection criteria for assessing EOIs could include experience in and/or willingness to:

- Develop trans and gender diverse inclusive policies and practices
- Provide GPs and health professionals experienced in working with trans and gender diverse people
- Implement the informed consent model
- Enable staff to undertake clinical placements for professional development where needed
- Engage and build key relationships with GPs, service providers and tertiary referral centres
- Collaborate and establish service and referral pathways with key medical specialists and mental health and community services, and implement shared care pathways
- Involve trans and gender diverse people in service advisory committees and in the co-design and staffing of services
- Deliver peer support services.

Stakeholders suggested that Care Hubs be developed in regional/rural and outer metropolitan areas where there are local initiatives that are already underway and where there may be a pre-existing concentration of skills, experience, services and support (such as Geelong, Warrnambool, Wodonga, Frankston/Peninsula, Shepparton, Bendigo, Gippsland).

Some stakeholders suggested that services should be located in busy, central areas of city and towns where people can enter the buildings without feeling exposed. It was considered important that Care Hubs be physically accommodated in family and child friendly areas or community health locations.

6. Development of a new health and support system: a hub and spoke model

Other considerations included choosing locations/towns that will have the support of local medical providers and government, so that these bodies can act as advocates and promote inclusive services across the region.

Care hubs development issues and potential risks

Stakeholders were of the view that:

- At the outset, sufficient coordinating and engagement of key players is critical to the success of Care Hub development
- Care Hubs must be appropriately staffed, both in terms of employing sufficient staff but also appropriate staff, including those with lived experience
- Services are trans and gender diverse inclusive and friendly in the broadest sense including for different population groups such as people from CALD backgrounds, people with disabilities, Aboriginal and Torres Strait Islanders and people of colour
- Care Hubs are geographically accessible to those in rural/regional areas, where trans and gender diverse people are particularly vulnerable and often lack services and support
- Services are free/affordable.

In the short to medium term, sufficient trained staff may not be available in certain professions across the Care Hubs. It is anticipated that this is where Care Hubs would work closely with the CoE (see *Section 6.6*) to explore options to expand access to services.

This might include telehealth, targeted training programs or visiting services to address defined workforce gaps. A key role for the CoE will be the development of a statewide professional development and workforce plan to support the implementation of the service system (see *Section 6.6*).

Consultations also identified possible risks to the development of Care Hubs that may need to be managed. These included the following:

- Local GPs and service providers may simply refer patients to a Care Hub rather than upskill themselves. A broad upskilling program is needed for GPs as well as the development of shared care arrangements between hubs and local GPs. Clear pathways and guidelines need to be developed on referral arrangements between Care Hubs and local GPs, as well as between Care Hubs and specialist services/the CoE
- Wider community objection to dedicated services/resources for trans and gender diverse people. Creating broader community awareness will also be required as part of the development of Care Hubs
- Given that the trans and gender diverse service community is a small and active community, it is possible that conflicts of interest may arise. Any conflict of interest will have to be declared and managed in funding and decision-making processes, if and when they occur.

6. Development of a new health and support system: a hub and spoke model

6.6 Developing a Centre of Excellence for Trans and Gender Diverse Care

Ideally, the development of a CoE for Trans and Gender Diverse Care would involve the ‘virtual’ joining together of existing tertiary and specialist services. The development of the CoE is proposed as an addition to the existing tertiary support services provided through MHGC and RCH Gender Service.

The CoE should be part of a public tertiary referral hospital network to ensure the infrastructure and University links are in place to build the much-needed specialist clinical, surgical and training and research capacity required to fulfil the functions of a CoE as part of the mainstream health system. This will also afford access to complementary tertiary services where needed.

Concern has been expressed about locating the CoE within a hospital setting because of the real risk of pathologisation of trans and gender diverse issues and services. Careful consideration should be given to locating the CoE in a setting that, whilst still being a part of the mainstream health system, will.

- be safe and welcoming for trans and gender diverse people
- facilitate the full participation of the trans and gender diverse community in the CoE
- provide health and social support services in a way that meets community need.

The appointment of a lead agency is recommended, with possible collaborating multidisciplinary services to include:

- Specialist services for children, adolescents and adults
- Endocrinology and surgery (under a multidisciplinary care model)
- Psychiatry and mental health
- Specialist speech interventions
- Research capacities
- Statewide peer support/advocacy organisations
- Telehealth specialist consultations.

Over time, it may be that additional services are developed by collaborating with new service partners. This might include:

- Building surgical and specialist capacity (surgery, endocrinology, psychiatry, paediatrics, gynaecology), as well as post-surgical support for Victorians as required
- Creating formal university links for research, development and training
- Developing professional support and education
- Creating professional training posts
- Developing data collection and research capacity.

6. Development of a new health and support system: a hub and spoke model

6.6.1 Role of the Centre of Excellence

The CoE will seek to improve the health and wellbeing of trans and gender diverse children, young people and adults, and increase access to comprehensive, effective, and affirming healthcare services for the trans and gender diverse community.

Wherever possible, people with lived experience of being trans and gender diverse should be employed in roles right across the CoE. In some cases, this may require formal mentoring or 'upskilling' which should be undertaken to support ongoing workforce development for this under-employed group.

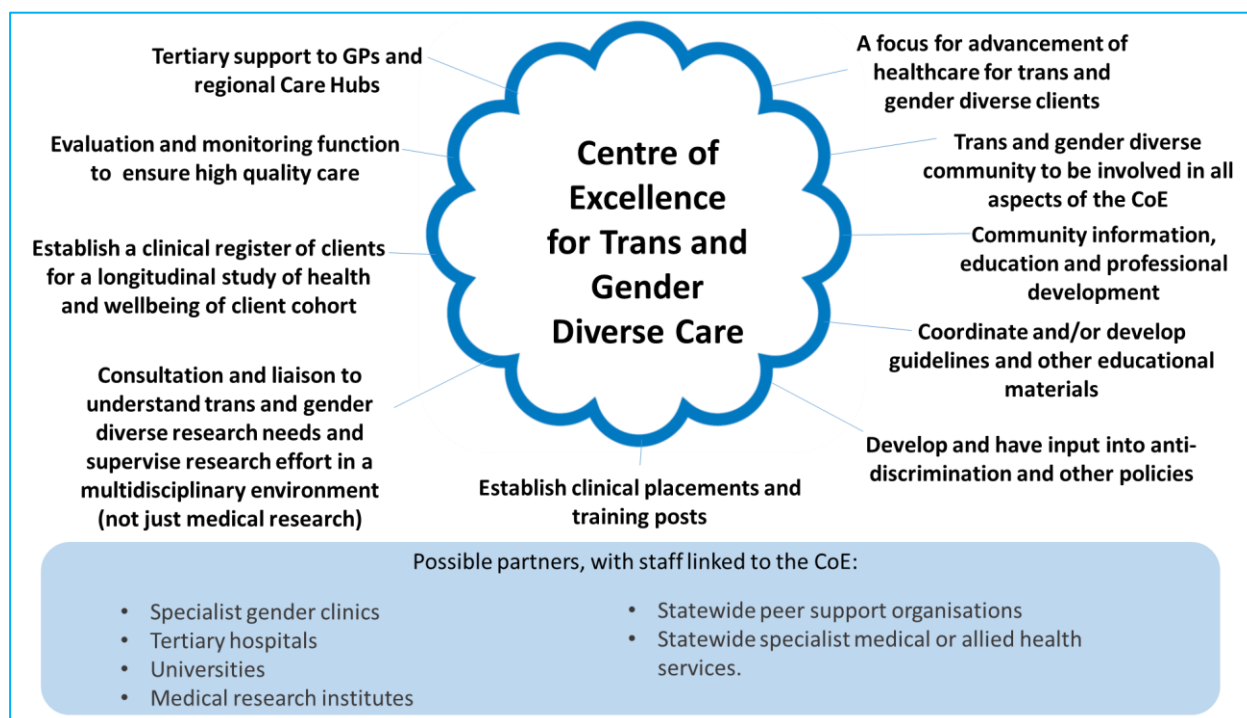
The CoE would bring together sector leaders from clinics, health services and the trans and gender diverse community to:

- Provide specialist and tertiary services that meet the identified needs of the trans and gender diverse community
- Support interdisciplinary service development, access and quality improvement across the Victorian services system, including the development of national standards, clinical guidelines, referral pathways and access to care
- Support the provision of trans and gender diverse services in primary care through outreach education and support services
- Integrate trans and gender diverse health, education, support and research into a collaborative centre
- Foster working relationships between researchers, practicing clinicians and the trans and gender diverse community and create a hub of research-based practice and innovation
- Establish a policy forum that brings together the voices of leading researchers, expert clinicians and the trans and gender diverse communities, grounded in social and clinical best practice
- Deliver education and training programs for students and practicing professionals including research-based opportunities for students to learn and train in a practice-based environment
- Facilitate the development of a communication strategy to create a trusted source of information on trans and gender diverse concerns, practice and research.

Figure 6-2 summarises the proposed functions of the CoE for Trans and Gender Diverse Care. It is anticipated that the CoE will also provide clinical Care Hub and specialist services.

6. Development of a new health and support system: a hub and spoke model

Figure 6-2: Proposed functions of the CoE



6.6.2 Governance of the Centre of Excellence

Once funding is secured, one of the CoE's first priorities should be to establish a planning group of CoE partners to develop a business plan and advise on the legal structure and functions of the entity. It is proposed that this planning group be led by an independent chair.

Although structural issues should be decided as the CoE is established, it is expected that the governance of the CoE will include:

1. A skills-based Board, preferably at least co-chaired by a person with lived experience. Moreover:
 - Preferential appointments should be made to ensure significant representation from the trans and gender diverse community
 - Consideration should be made to paying sitting fees for Board attendance
2. A lived experience/community reference advisory group that feeds directly into the Board through a dedicated representative position. It is crucial that the members of this group are people with lived experience and/or active supporters of this community
3. A clinical advisory committee, consisting of clinicians who will act as representatives for partner agencies.

6. Development of a new health and support system: a hub and spoke model

6.6.3 Service system quality

The CoE and its partners will have a key role in overseeing the delivery of quality services for trans and gender diverse people across the Victorian service system. This includes:

- Governance and oversight for safety and quality including:
 - Supporting health services statewide to adopt inclusive practices
 - Development and/or promotion of clinical guidelines for the delivery of services to trans and gender diverse people
 - Development and/or promotion of clear access and referral pathways for trans and gender diverse people to access care
 - Facilitation, promotion or production of evidence-based information and resources for consumers and the broader community
 - Specialist clinical guidance for GPs, Care Hubs and clients through telehealth services and/or specialist visiting outreach services
 - Facilitation and delivery of professional development and education, in partnership with other key organisations including advocacy organisations, Care Hubs, PHNs and specialist medical and health education and training institutions
 - Inclusion, engagement and partnering with the trans and gender diverse community in reaching out to the community and in the delivery of health and support services
- Development of research, data and information systems that will:
 - Measure progress in meeting health challenges and providing equity for trans and gender diverse people in Victoria
 - Monitor and measure trends in service demand and access to services
 - Conduct research including developing a Victorian trans and gender diverse community clinical registry
 - Support monitoring and evaluation
- Development of workforce capacity for services that includes:
 - Building gender affirmation and feminisation surgical workforce capacity and skills through the appointment and/or recruitment of surgeons, and support the development of surgical training in this area. Given the few surgeons available in Australia, this may include an international search for suitably qualified surgeons, or the provision of scholarships to Victorian plastic surgeons to train and develop surgical skills with leading overseas surgical teams (see *Section 8.3*)
 - Development of clinical placements and specialist training posts for undergraduate and postgraduate students from key multidisciplinary professions involved in the delivery of care. These professions include mental health clinicians, speech pathologists and medical specialists such as paediatricians, endocrinologists, gynaecologists and surgeons
- Fund holding/financing for services:
 - The CoE could also have a role in supporting capacity development by fund holding. This could include functions such as administering a voucher system or subsidies for trans and gender diverse people to access hormone subsidies and/or surgery.

6. Development of a new health and support system: a hub and spoke model

6.6.4 Staffing the Centre of Excellence

The proposed staffing for the CoE (*Figure 6-3*) would reflect the functions of the CoE listed above. It is envisaged that peer and social support organisations and other associated organisations would have a presence at the CoE, with some space available for work to be undertaken there.

It is highly recommended that positions in the CoE are filled by appropriately qualified and experienced support group members wherever possible. This is particularly important for front-line staff. As noted earlier, in some cases this will require upskilling and using mentoring arrangements, but this should be seen as part of a wider employment and capacity building strategy for this under-employed group.

Figure 6-3: Proposed staffing for the Centre of Excellence

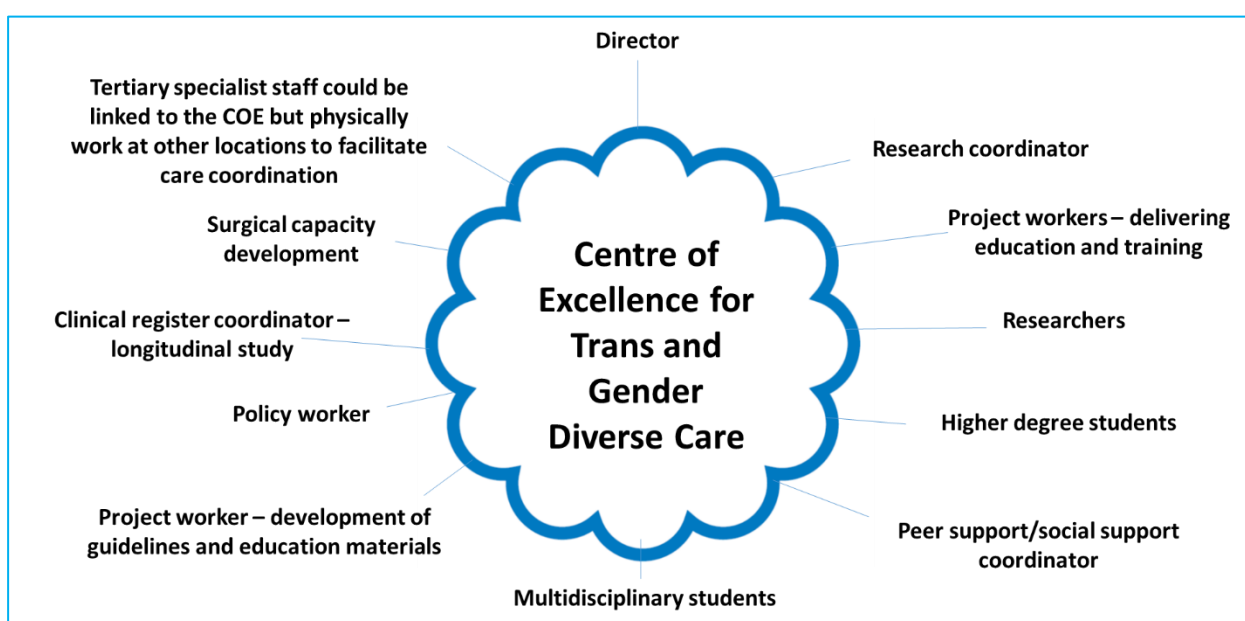


Figure 6-3 outlines the proposed staffing for the CoE. These staff include:

- A Director who is responsible for the CoE
- Tertiary specialist staff linked to the CoE from partner organisations who will work together to ensure the best possible collaborative arrangements are in place for providing optimum care to trans and gender diverse clients in Victoria
- Specialist consultants to provide tertiary health services to the CoE
- A peer support/social support coordinator to liaise with Care Hubs and support services and to support the development of the central source of information and advice
- A training and education coordinator to develop guidelines and education materials and work with clinicians, Care Hubs, colleges and associations, PHNs and GP training organisations in the development and delivery of training and education

6. Development of a new health and support system: a hub and spoke model

- A policy and research director, and co-ordinators (including a clinical register coordinator) and project workers to:
 - Oversee policy and research functions
 - Develop policy papers on key trans and gender diverse issues such as discrimination and access to medical services, and to develop service standards and guidelines
 - Collect and analyse research data, including longitudinal studies
 - Coordinate CoE activities
 - Ensure communications channels are maintained
- Trans and gender diverse enquiry/reception staff.

The CoE would provide opportunities for undergraduate and higher degree students and training placements.

A key role of the CoE would include providing statewide support for the development of Care Hubs and advising on the development of the service system as a whole. Over time, it is envisaged that the Care Hubs, the CoE and other education and training providers will play a key role in building the service capacity and expertise required to improve the health and wellbeing of trans and gender diverse people and their families.

6.7 A National Centre of Excellence

The development of the CoE provides the foundation and opportunity for Victoria to cement its place in Australia as a leading provider of services that are inclusive of and specific to trans and gender diverse people. Across Australia, there is clear evidence that such services are in demand and that a gap for this leadership role exists.

Should this be pursued, we recommend that the CoE also establish a National Advisory Board, composed of clinicians, researchers and community members from the jurisdictions to expand the centre into a national CoE. Yearly meetings should be held to:

- Plan national service priorities
- Work collaboratively on research initiatives
- Share information about the national trans and gender diverse service system.

7 Healthcare and referral pathways

7. Healthcare and referral pathways

7.1 Developing healthcare and referral pathways

7.1.1 HealthPathways framework

The online trans and gender diverse HealthPathways resource being developed by the North Western Melbourne, Eastern Melbourne and Western Victorian PHNs could provide a model for future pathway development to support GPs across Victoria. It is proposed that a health and support service referral pathway for use by GPs and other service providers be developed for each PHN region. This pathway would include a directory of local service providers for the PHN, as well as regional and statewide pathway arrangements.

Access to online health pathway information would provide an essential resource for GPs and other health professionals seeking advice on treatment and referral arrangements for their trans and gender diverse clients.

7.1.2 Pathway to services for children

Figure 7-1 outlines a possible referral pathway to services for children. This pathway details a shared care approach. Under this approach, Care Hubs would be developed as specialist primary care centres to work in partnership with the CoE/RCH Gender Service.

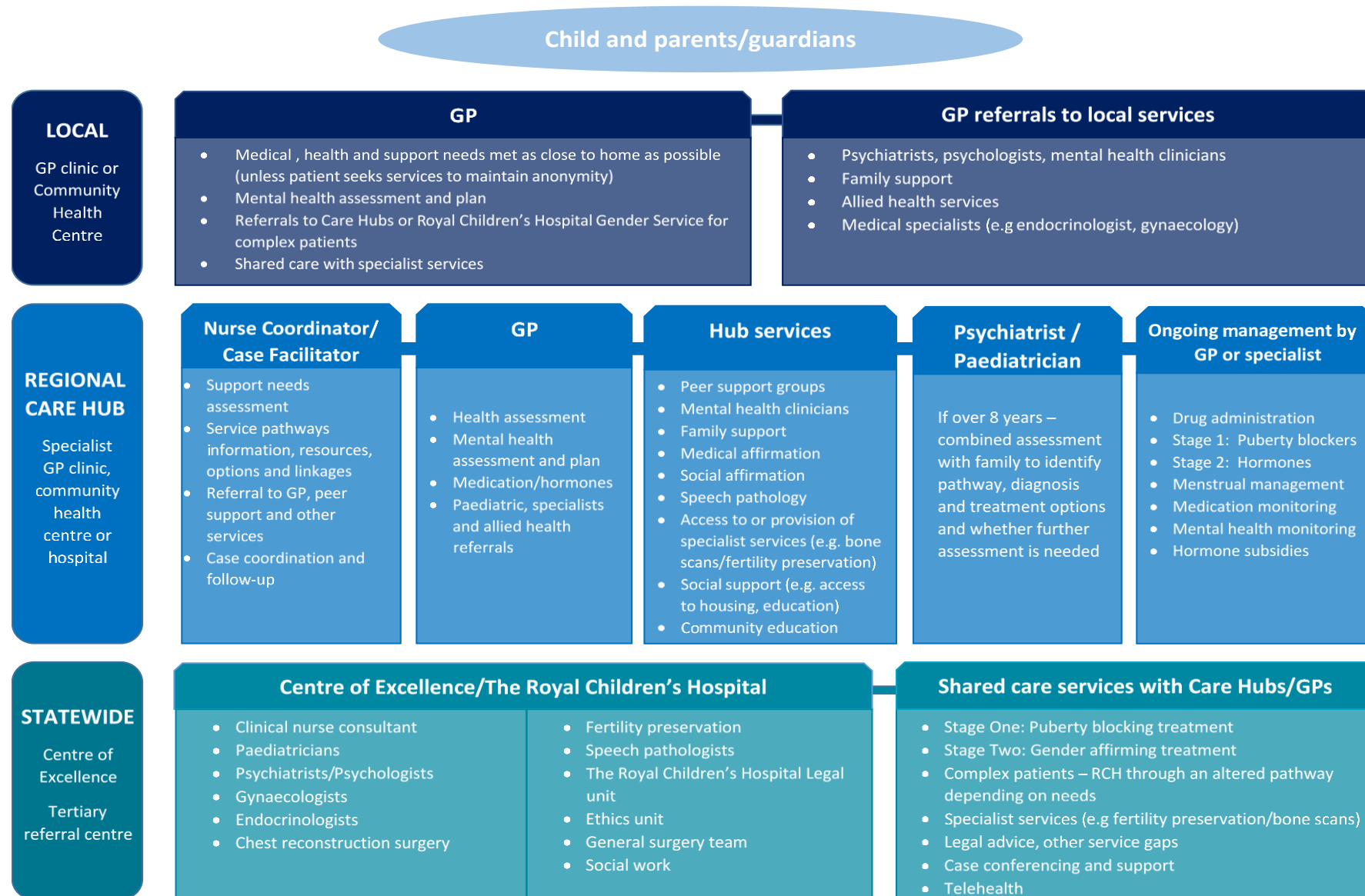
7.1.3 Pathway to services for adults

Figure 7-2 outlines a possible referral pathway to services for adults that details a shared care approach.

7. Healthcare and referral pathways

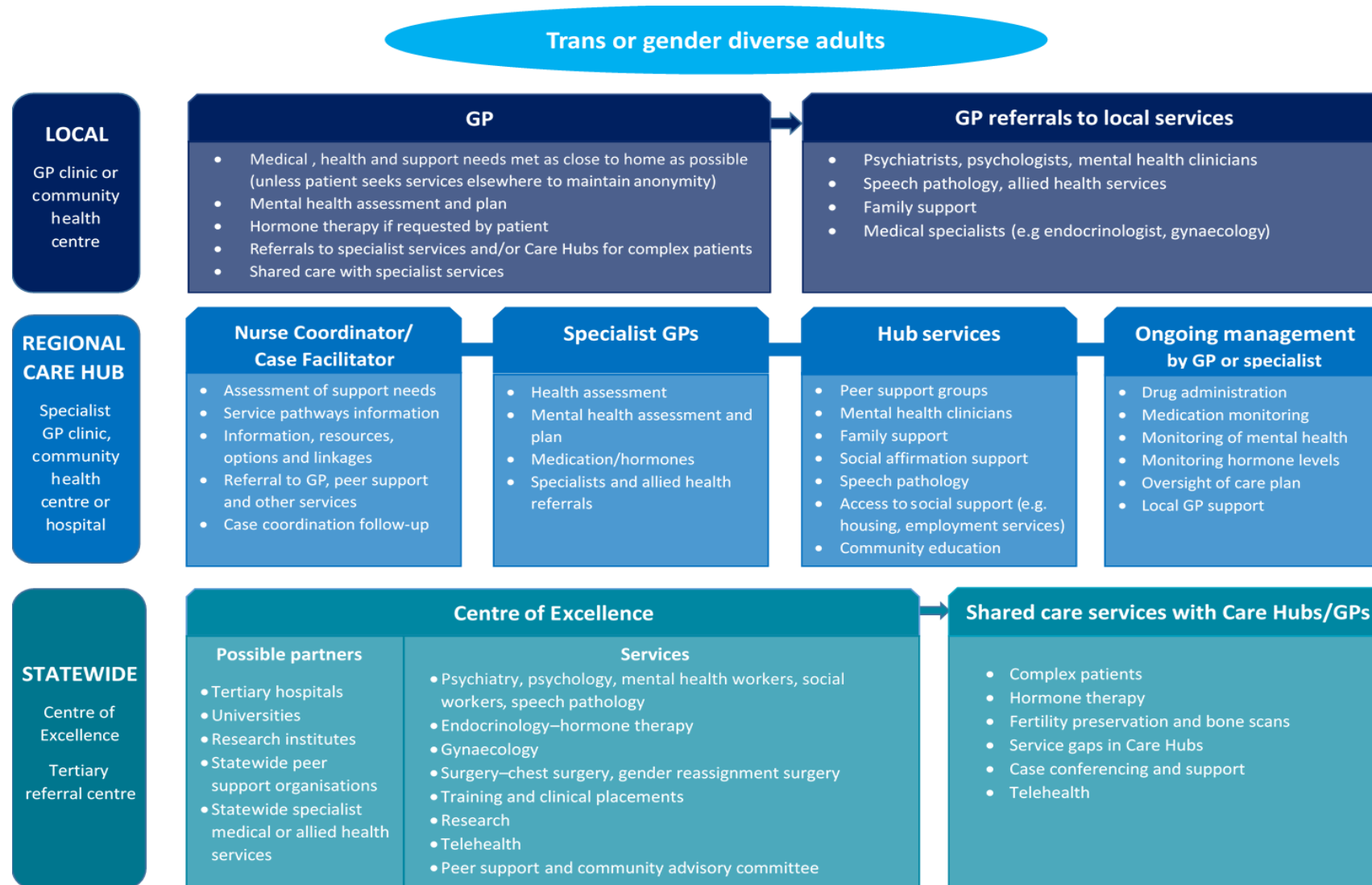
Figure 7-1: Children and adolescent shared care model—A proposed referral pathway

7. Healthcare and referral pathways



7. Healthcare and referral pathways

Figure 7-2: Adults shared care model—A proposed referral pathway



8 Capacity development

8. Capacity development

8.1 Peer support services

Project findings indicate that peer support services are an important part of the trans and gender diverse service system. Currently, these services are under-resourced and, in most cases, reliant on volunteers.

Funding and resourcing of peer support services including family support services is required to provide training and support and to deliver services through Care Hubs and the CoE. Peer support would ideally be organised at the level of the Care Hub, with additional resources provided for statewide services to provide support by telephone or over the Internet for people who do not live close to a Care Hub or do not wish to attend a face-to-face program. It will be important to understand the current volunteer network and invest in its knowledge and expertise to leverage their experience and community connections to improve the future service system.

At present, the limited peer support funding that is available results in the current unfunded, volunteer-run trans and gender diverse organisations receiving requests that can be beyond their capacity to fulfil. This includes phone calls that request:

- Home visits in regional Victoria
- The organisation of housing for people traveling to Melbourne for surgeries
- In-person visits to isolated people.

8.1.1 A central source of information and advice

As a key element of the new service system for trans and gender diverse care, it is proposed that a **central source of information, resources and advice** be developed. This central repository would form the basis of a broader awareness campaign to improve access to information on peer support groups and health and support services. Over time, the resources could be developed to include a wide range of trans and gender diverse friendly services such as pharmacies, allied health professionals, swimming pools, gyms, etc.

The consensus view expressed by contributors to this service redevelopment project was that this work should be led by the trans and gender diverse community, with the assistance of healthcare providers as required.

Options for information sources include developing any/all of the following:

- A smartphone app to provide information and promote support services
- A statewide telephone enquiry service
- A website and/or dedicated social media channels.

A representative from the peer support group The Shed informed the project team that groundwork has already been done on a smartphone app with substantial community consultation directing the work, along with guidance from app developers Portable. This work could be reviewed and used as part of the new suite of resources proposed in this service redevelopment project.

8. Capacity development

General principles for the development of the directory and online access to information (via websites, social media or apps) are:

- Wide accessibility
- Easily updatable
- 'Have legitimacy' by being under the banner of the government or a hospital (and backed by user evaluation—such as the Mobile Application Rating Scale)
- Contains information pitched at two levels:
 - Generalised 'triage'-styled advice
 - Focussed advice where specific guidance can be given to enquirers
- Multiple versions of the platform to meet the needs of different stakeholders.

What should the central resource contain?

- Locations of trans and gender diverse trained health providers and other trans and gender diverse friendly services: gender neutral toilet locations, barbers, wig services, radiology, gyms, pools, beauticians, clothes, etc.
- A Google-Maps-style searchable map of nearby services
- An option for users to 'rate' or 'review' listed service providers
- Ways of linking people to social and support networks to obtain peer-to-peer information
- Inclusion of culturally appropriate information, such as the locations of practices where services are delivered by healthcare providers who are CALD/people of colour/Indigenous
- Translated information in multiple community languages
- Trained trans and gender diverse peer telephone counsellors who can provide support and information, including crisis services
- Information on social, medical and legal transition options, including the sharing of information on how to navigate the system or advocate for oneself or a loved one.

It is also important that information for youth has youth ownership and input; examples that exist in the community should form the basis of work going forward. For example, headspace Ballarat has developed a services directory that has been very well received by young people, their families and supporters and the youth clinicians in the Ballarat district (see <https://www.ydir.com.au/>).

8.1.2 How are information services to be provided and by whom?

General advice could be provided by apps, brochures, websites and, perhaps, dedicated and well-trained, enquiry-line staff. It is particularly important that any enquiry service be well-managed and that any people employed are mindful of advice limits and practice good referral approaches (as designed in accordance with Care Hub and CoE guidelines). For more focussed advice, the depth and breadth of support to be provided over the phone or Internet will need to be considered by the CoE.

8. Capacity development

8.2 Professional education and training

The expansion of evidence-based training and education for GPs and health professionals (and a range of other people who provide services to trans and gender diverse people) will be an essential component in improving services for trans and gender diverse people.

Education and training is needed for a broad range of health professionals, such as GPs, psychologists, mental health workers, pharmacists and school nurses. Training is needed at a number of levels and a suite of training resources will be required to fulfil different needs. The training could include:

- A trans and gender diverse HealthPathways online resource currently being developed by the North Western Melbourne, Eastern Melbourne and Western Victorian PHNs. This resource will provide details of referral pathways for GPs
- A trans and gender diverse online GP training module that has recently been developed by experienced GPs and is currently being piloted and rolled out. It includes videos and a range of interactive educational content. Importantly, this resource was developed through consultation with a community reference group including people who are trans and gender diverse. Additional modules are being discussed. It has been suggested that this be further expanded to include videos, guidance and referral resources for clinicians who need more information. New online training modules for psychologists and endocrinologists are also needed
- ANZPATH has developed a course for its members. This course covers a range of issues such as trans and gender diverse health, diagnosis, effective hormone therapy and the management of patients with complex needs. Such a course needs to be more broadly available and regularly conducted.

PHNs can also play an important role in:

- Organising professional development
- Supporting platforms such as HealthPathways
- Developing and supporting 'communities of practice' for health professionals working with trans and gender diverse people.

Health professionals also suggested that:

- PHNs, health professional colleges and associations, peer support organisations, Care Hubs and Australian General Practice Training organisations have a key role in professional development for existing GPs and the education of GP trainees. It was suggested that the needs of trans and gender diverse people should be considered as part of practice accreditation
- Universities also have a key role in improving awareness of trans and gender diverse health through the education and training of medical and health students.

A scheme similar to the Program of Experience in the Palliative Approach (PEPA) model could be developed. This scheme would provide opportunities for primary health providers to undertake clinical placements within trans and gender diverse specialist services, which would serve as host sites. These placements might incorporate learning with regard to:

- Community practice

8. Capacity development

- Managing patient and family needs when patients have complex problems or need access to inpatient or specialist services such as surgery.

Collectively, these suggestions may reduce the reluctance expressed by some health professionals to engage in trans and gender diverse healthcare due to a lack of awareness, confidence or clinical interest.

8.2.1 Who should be responsible for developing professional education?

Trans and gender diverse people should be heavily involved in the development of professional education. The proposed CoE would be well placed to bring together representatives of medical and other health professional training organisations with a range of trans and gender diverse individuals and groups currently working in this area, to develop a multi-level curriculum guidance document.

A wide range of professionals currently delivering best-practice services and best-practice education and training across the community should be included in the development of materials.

The curriculum could then be used to guide consistent, evidence-based training to a wide range of audiences.

8.2.2 How should professional education and training be delivered?

Considering the negative experiences trans and gender diverse people report (and the mental health burden this creates), there is a strong argument for trans and gender diverse awareness training to be broadly endorsed and promoted beyond the health professional realm. This expanded audience may include school teachers, social workers, police, government personnel and family counsellors who may interface with trans and gender diverse people in their professional roles.

When all health and social care professionals interact with trans and gender diverse people in a respectful and positive way, the quality of life for trans and gender diverse people could be improved and the burden on the health system could be eased. For example, if trans and gender diverse young people and their parents are treated with respect and understanding by their teachers and school communities, this may help to reduce the burden on the mental health and social support system.

8.2.3 Training delivery

A suite of resources is needed to suit a wide range of topics and audiences. The suggested list below is indicative and this could be reviewed and completed by the CoE as an early priority, possibly with existing organisations contracted to develop the materials. An emphasis on webinar and online modules may improve regional and rural accessibility, however, face-to-face training is important so that health professionals can ask questions of an actual trans and gender diverse person.

The suite of resources should include, at a minimum:

- An online service directory
- Written resources suitable for a range of general public audiences including information about trans and gender diverse care pathways

8. Capacity development

- More detailed written resources for health professionals
- Online modules (information resources and training material)
- Face-to-face workshop material packages covering a variety of topics for different audiences
- Webinars providing in depth information for health professionals
- Online resources guide
- Online access to ongoing support and additional training
- A collection of YouTube stories from trans and gender diverse people on how they successfully navigated their mental health and healthcare.

The development of training video packages might also be considered. However, training packages have the tendency to age—especially in a field that is experiencing significant change as systems and treatment resourcing grow.

Overwhelmingly, we heard that all training should be delivered by trans and gender diverse educators where possible. As necessary, a co-presentation model could be used where experienced health professionals provide specific elements of the education with the trans and gender diverse person delivering content within their areas of expertise. The centrally developed curriculum could be adapted to target audiences by:

- Trans and gender diverse services currently providing training
- PHNs (professional development on care requirements for trans and gender diverse people)
- Universities
- TAFE colleges
- Registered Training Organisations.

People with lived experience and other health professionals strongly suggested that existing healthcare providers should have access to:

- Face-to-face training
- Online training modules that would attract Continuing Medical Education points to encourage participation.

Online programs can reach many professionals. According to a survey participant:

‘the Federal Government Ageing and Aged Care strategy has many good points to model here. The education was developed as a collaborative effort and then managed by the LGBTI Health Alliance at a National level with delivery contracted out through organisations in each state.’

Consideration should be given to each large service provider appointing a trans and gender diverse staff member who, as part of their paid duties and capabilities, could assist in training, consultation, research support, and supporting clients in complaint pathways. The model provided by the Aboriginal hospital liaison officers is a good exemplar.

8. Capacity development

8.3 Surgical capacity

Throughout the consultations, the need for developing surgical capacity was highlighted as critical. The two aspects of surgical services requiring immediate attention are:

- Gender affirmation surgeries
- Restorative or reparative surgery.

The practitioner base in Australia is critically low, particularly in urogenital reconstructive plastic surgery, with only one privately practicing surgeon available and no facial-cranial reconstructive surgeons providing facial feminisation surgery in Victoria. Given the relatively small numbers of people who seek this surgery, it is likely that without additional intervention the low practitioner base may remain. This means it is not possible for most people seeking this surgery to have it undertaken in Australia.

Consultations highlighted the need for governments, Medicare, and hospital administrations to recognise that key gender affirmation surgeries are not 'cosmetic' nor 'elective'. Effective surgeries provide clear benefit to the trans and gender diverse person's capacity and personal circumstances to lead a productive and meaningful life. Consistent with Victoria's Human Rights charter, stakeholders were of the strong view that surgery should be available as a necessary health treatment in public sector hospitals, supported by Medicare.

Consultation participants suggested several options for developing surgical capacity and skills in Victoria. These included the following:

- Stakeholders argued that the best solution seems to be in helping build the skills of locally based plastic surgeons (including craniofacial surgeons). One of the most pressing needs in gender affirmation surgery is in craniofacial reconstruction (facial feminisation) for post-puberty gender affirmation of people assigned male at birth. This surgery can be very expensive, costing up to \$50,000–\$70,000, and there is presently no private health or public health coverage for it. Almost all Australian trans women undergoing this surgery attend clinics overseas, paying for all travel, living, and accommodation costs on top of surgical and hospital costs. This could be much more affordable (and potentially safer) if sufficient skill in facial feminisation was available locally and practised in the public hospital system. This would become more affordable if it were covered, even partially, by Medicare. The benefits to the enjoyment of life, work life productivity, and social relationships are a significant positive outcome reported worldwide
- Funding the provision of public hospital surgical sessions
- Providing training scholarships to interested surgeons to take up traineeships with appropriately qualified and reputable surgical teams, especially advanced teams operating outside Australia
- In the longer term, increased awareness amongst medical trainees about gender-affirming surgeries is required. When these surgeries are not part of the learning experience of potential surgeons, an opportunity to develop interest and skill is lost. Making trans and gender diverse health part of the medical curriculum has the potential to raise awareness and encourage proactive professional commitment to the needs of this minority, poorly understood population.

8.3.1 Accessing surgeries overseas: Some repercussions

The lack of qualified/accessible surgeons in Australia doing gender-affirming surgery results in a very small number of surgeries being completed locally. This, along with the high cost of private surgery and

8. Capacity development

lack of support for publicly funded intervention, drives a growing number of trans and gender diverse people overseas to have gender-affirming surgeries. Unfortunately, much of the surgery accessed by the trans and gender diverse population is technically complex and complications are not uncommon.

Due to the technical complexities, litigation risks and the costs, trans and gender diverse people who have had surgery overseas report that it can be very difficult to access restorative or reparative surgery upon returning to Australia.

Further work should be done to investigate ways to ensure that gender-affirming surgeries required by trans and gender diverse people are delivered in Australia so that the best possible follow-up care is received and medical/surgical complications are minimised.

8.4 Data and research

There is currently a considerable lack of population data related to the trans and gender diverse community in Australia, which impacts on the information available for planning for future service demand.

Across the health service delivery system, the collection of **good quality standardised data** on sex and gender is needed. Victoria could lead the way in this area by standardising a methodology for collecting accurate and useful information in Victorian hospital and health data collections such as the Victorian Admitted Episodes Dataset, Victorian Emergency Minimum Dataset and the mental health CMI/ODS. The data collection also needs to be developed hand-in-hand with training and education for health professionals.

Changing data collection fields to accurately identify trans and gender diverse people would allow identification of data obtained from trans and gender diverse people using general health services.

The CoE could also have a key role in progressing **data development** and research through the establishment of a Client Clinical Register, longitudinal studies and in the conduct of specific areas of research, such as the impact of long term hormone therapy for the trans and gender diverse population.

8.5 Complaints and feedback system

Central to developing a new service system for the trans and gender diverse community is a robust system for handling complaints and collecting feedback to improve the system. This should include measurement of client experience and satisfaction with specific health services and the service system more broadly.

Some of the early work of the CoE will be to investigate current medical complaints procedures/systems and develop and promote a formal health service **complaints system** throughout the trans and gender diverse service system. The system documentation should provide trans and gender diverse people with suggested pathways to raising complaints and this documentation should be promoted through the CoE and the central information resource.

8. Capacity development

8.6 Conclusion

This project has demonstrated the willingness of the trans and gender community to work in partnership with health and support services to improve services and quality of life for trans and gender diverse Victorians. We are grateful for the extensive involvement and generous contributions that this project has had from the trans and gender diverse community—both from individuals and peer support organisations—along with health and support services providers and experts.

The project has demonstrated that a new and better service system is needed. This Final Report details the key essential elements that are needed to improve services and quality of life for trans and gender diverse people in Victoria.

Appendix A Survey results

Appendix A. Survey results

A.1 Introduction

This appendix details the results from the two surveys conducted as part of the consultations for this project. These surveys are the:

- Trans and Gender Diverse Survey
- Parents/Carers of Trans and Gender Diverse Children Survey.

A.2 Trans and Gender Diverse Survey (AHA)

The following section details findings from the Trans and Gender Diverse Survey to inform the design of a trans and gender diverse health and social service system in Victoria.

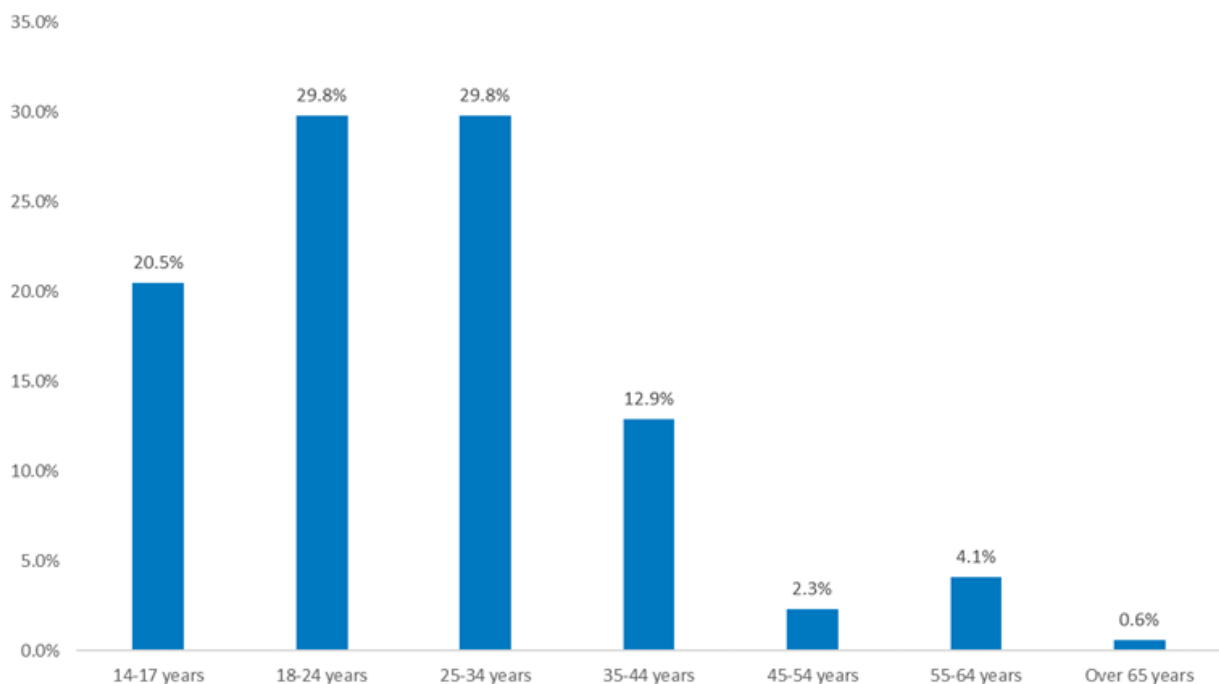
With regard to the response to the survey, 216 people started the survey. Of these, 43 respondents did not enter any data. This left a total of 173 respondents who completed the survey.

Some respondents skipped questions, resulting in missing data. All tables presenting frequency data specify the total number of responses for the collected items.

Respondents were primarily aged between 18–24 years and 25–34 years (29.8% each) (*Figure A-1*). In addition:

- 35 respondents were aged 14–17 years (20.5%)
- Respondents aged 45 and over were in the minority, with a total of 12 respondents identifying as 45 years or older.

Figure A-1: Respondents by age group



Appendix A. Survey results

The survey allowed respondents to openly respond as to how they currently describe their gender. Given the diversity of responses, frequencies are not reported. Respondents were also asked which gender identity type they most closely identified with (*Table A-1*). Please note that respondents were able to select one or more options for this item, therefore the total n will not reflect the number of respondents to the survey.

- Almost half of the sample (49.4%) most closely identified as non-binary
- This was followed by trans man (25.0%) and genderqueer (22.2%).

Table A-1: What do you most closely identify with?

Response option	n (%)
Man	27 (15.3%)
Woman	27 (15.3%)
Trans man	44 (25.0%)
Trans woman	32 (18.2%)
Non-binary	89 (49.4%)
Genderqueer	39 (22.2%)
Gender fluid	28 (15.9%)
Agender	22 (12.5%)
Prefer not to say	1 (0.6%)
None of the above	-
Other identity	14 (7.9%)

Respondents were also asked what sex they were assigned at birth. Results are displayed in *Table A-2*.

- The majority of the sample were assigned female at birth (66.9%)
- A total of 48 were assigned male at birth (27.9%).

Table A-2: Sex assigned at birth

Age	n (%)
Female	115 (66.9%)
Intersex	1 (0.6%)
Male	48 (27.9%)
Other	2 (1.2%)
Prefer not to say	6 (3.5%)
Total	172 (100.0%)

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Further analysis was undertaken of the responses by those Assigned Female At Birth (AFAB) and those Assigned Male At Birth (AMAB). Statistical testing indicates there is a significant difference between the two groups, with those assigned male at birth placing greater importance on speech pathology services. (Table A-3)

Table A-3: Relative importance of speech pathology between Assigned Females At Birth and Assigned Males At Birth

Response	AFAB	AMAB	Total
	n (%)	n (%)	n (%)
Not important at all	17 (16.3%)	3 (6.7%)	21 (13.6%)
Of little importance	12 (11.5%)	3 (6.7%)	15 (9.7%)
Of average importance	29 (27.9%)	11 (24.4%)	42 (27.3%)
Very important	27 (26.0%)	13 (28.9%)	40 (26.0%)
Absolutely essential	19 (18.3%)	15 (33.3%)	36 (23.4%)
Grand Total	104 (100.0%)	45 (100.0%)	154 (100.0%)

Table A-4 displays results regarding the relative importance of health and social services for trans and gender diverse people. Please note that 'not applicable' responses (ranging from 2 to 7 respondents) and 'prefer not to say' (2 respondents) have not been included in the following calculations, and that there were some missing data which varies between response items. Overall:

- Access to psychological services was rated as most important by respondents, followed by medical transition support services and various social services
- Speech pathology and services for families were rated as least important *when compared with other service types*.

Table A-5 displays the results related to how respondents rated services in most need of development. Results were similar to rated levels of importance:

- Medical transition support, access to psychological services and support for various social services were all rated as areas in most need of development by respondents
- Speech pathology and services for families were rated as least in need of development *when compared with other service types*.

Importance and developmental need are plotted together in Figure A-2, showing that the top three most important services as rated by respondents were also rated as services in most need of development.

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Table A-4: How important are the following trans and gender diverse services and support?

Service or support	Weighted average	Not important at all	Of little importance	Of average importance	Very important	Absolutely essential	Total
	0-5	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Access to psychological services	4.56	1 (0.6%)	2 (1.3%)	11 (6.9%)	33 (20.8%)	112 (70.4%)	159 (100.0%)
Medical transition such as puberty blockers, hormone therapy or surgery	4.36	8 (5.1%)	7 (4.5%)	5 (3.2%)	26 (16.6%)	111 (70.7%)	157 (100.0%)
Related support services for trans and gender diverse people such as housing support, seeking employment, participating in sports, legal documents, dealing with government agencies or attending school/work	4.27	2 (1.3%)	5 (3.2%)	16 (10.3%)	43 (27.6%)	90 (57.7%)	156 (100.0%)
Support to assist with dealing with stigma	4.12	2 (1.3%)	11 (7.0%)	16 (10.1%)	55 (34.8%)	74 (46.8%)	158 (100.0%)
Access to psychiatric services	4.09	7 (4.5%)	7 (4.5%)	14 (9.1%)	41 (26.6%)	85 (55.2%)	154 (100.0%)
Support to assist with social transition e.g. to change name, physical appearance through make-up, clothing, or hairstyles	4.04	8 (5.0%)	6 (3.8%)	24 (15.1%)	47 (29.6%)	74 (46.5%)	159 (100.0%)
Support to assist with coming out	3.73	6 (3.8%)	19 (12.1%)	26 (16.6%)	57 (36.3%)	49 (31.2%)	157 (100.0%)
Support to assist with exploring gender identity	3.68	7 (4.5%)	14 (8.9%)	34 (21.7%)	60 (38.2%)	42 (26.8%)	157 (100.0%)
Services for families	3.62	5 (3.3%)	15 (9.9%)	33 (21.9%)	54 (35.8%)	44 (29.1%)	151 (100.0%)
Speech pathology for voice training and vocal health	3.22	21 (13.6%)	15 (9.7%)	42 (27.3%)	40 (26.0%)	36 (23.4%)	154 (100.0%)

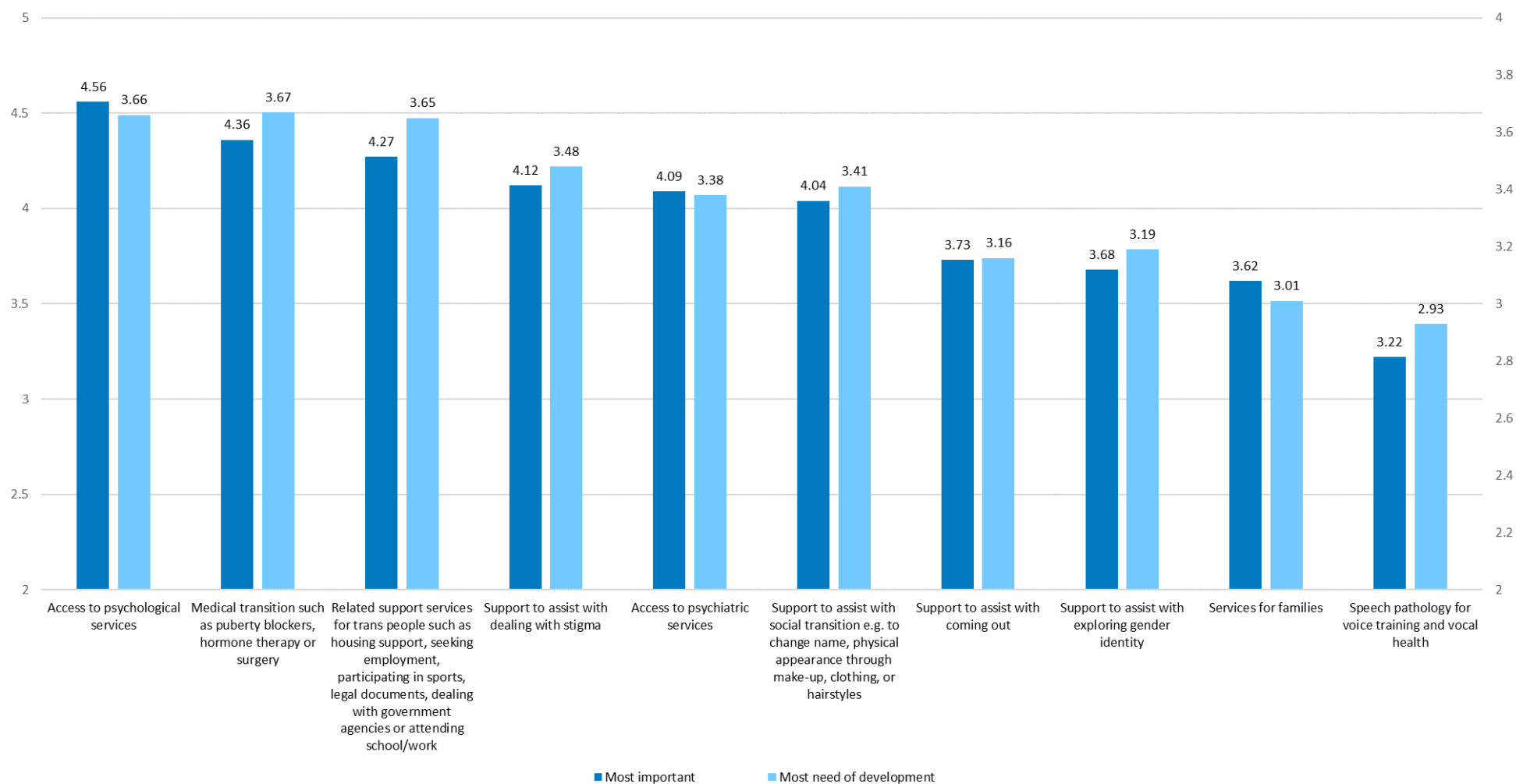
Appendix A. Survey results

Table A-5: Please rank services and supports that you consider in most need of development

Service or support	Weighted average	Don't know	No need	Of little need	Of average need	High need	Total
	0-4	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Medical transition such as puberty blockers, hormone therapy or surgery	3.67	3 (1.9%)	2 (1.3%)	3 (1.9%)	26 (16.4%)	125 (78.6%)	159 (100.0%)
Access to psychological services	3.66	1 (0.6%)	-	5 (3.1%)	40 (25.2%)	113 (71.1%)	159 (100.0%)
Related support services for trans and gender diverse people such as housing support, seeking employment, participating in sports, legal documents, dealing with government agencies or attending school/work	3.65	5 (3.1%)	-	2 (1.3%)	28 (17.6%)	124 (78.0%)	159 (100.0%)
Support to assist with dealing with stigma	3.48	7 (4.4%)	1 (0.6%)	4 (2.5%)	38 (23.9%)	109 (68.6%)	159 (100.0%)
Support to assist with social transition e.g. to change name, physical appearance through make-up, clothing, or hairstyles	3.41	4 (2.5%)	2 (1.3%)	9 (5.7%)	47 (29.6%)	97 (61.0%)	159 (100.0%)
Access to psychiatric services	3.38	7 (4.4%)	3 (1.9%)	7 (4.4%)	43 (27.2%)	98 (62.0%)	159 (100.0%)
Support to assist with exploring gender identity	3.19	8 (5.0%)	5 (3.1%)	7 (4.4%)	65 (40.9%)	74 (46.5%)	159 (100.0%)
Support to assist with coming out	3.16	9 (5.7%)	3 (1.9%)	12 (7.5%)	65 (40.9%)	70 (44.0%)	159 (100.0%)
Services for families	3.01	19 (12.1%)	2 (1.3%)	12 (7.6%)	50 (31.8%)	74 (47.1%)	157 (100.0%)
Speech pathology for voice training and vocal health	2.93	16 (10.1%)	2 (1.3%)	23 (14.5%)	55 (34.6%)	63 (39.6%)	159 (100.0%)

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Figure A-2: Weighted average for importance of services against weighted average for services in need of development



Appendix A. Survey results

A.3 Parents of a trans or gender diverse young person survey results

A total of 41 parents accessed the online survey, with 11 respondents not entering in any data. This left a dataset with 30 parent responses.

Parents were asked limited demographic questions, including is the age of their child (*Table A-6*) and their assigned sex at birth (*Table A-7*). Open ended responses to the question ‘how does your child describe their gender?’ are presented in the qualitative results.

- Most parents reported their child was aged between 14 and 17 years (36.7%), followed by 18-24 years (30.0%) and 5-9 years (16.7%)
- Of the 30 responses, 15 parents stated their child was assigned female at birth (50%) and 14 stated their child was assigned male at birth (46.7%), with 1 no response (1.3%).

Table A-6: How old is your child?

Age	n (%)
5-9 years	5 (16.7%)
10-14 years	1 (3.3%)
14-17 years	11 (36.7%)
18-24 years	9 (30.0%)
25 years or over	4 (13.3%)
Total	30 (100.0%)

Table A-7: Child's sex assigned at birth

Response option	n (%)
Female	15 (50.0%)
Male	14 (46.7%)
Missing	1 (1.3%)
Total	30 (100.0%)

Table A-8 displays the ratings of importance of various service types by parent respondents, with 1 being ‘not important at all’ and 5 being ‘very important’. Parents rated:

- Access to psychological services, social services and support to assist with stigma as the most important services and support for the trans and gender diverse community
- Speech pathology was rated as least important *when compared with other services*, followed by access to psychiatric services, indicating that psychiatrist support is not rated as highly as psychological services.

Table A-9 displays respondent's rating of services in need of most development, with 1 being ‘no need of development’ and 4 being ‘high need of development’. Respondents felt that access to psychological services was in most need of development, followed by support to assist with stigma and medical transition support. It should be noted that the sample size for the parent survey was low and may not be representative of the population being surveyed.

Appendix A. Survey results

Table A-8: How important are the following trans and gender diverse services and support?

Service or support	Weighted average	Not important at all	Of little importance	Of average importance	Very important	Absolutely essential	Total
	0-5	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Access to psychological services	4.52	1 (3.3%)	-	2 (6.7%)	6 (20.0%)	21 (70.0%)	30 (100.0%)
Related support services for trans and gender diverse people such as housing support, seeking employment, participating in sports, legal documents, dealing with government agencies or attending school/work	4.34	1 (3.3%)	1 (3.3%)	-	10 (33.3%)	18 (60.0%)	30 (100.0%)
Support to assist with dealing with stigma	4.31	1 (3.3%)	-	1 (3.3%)	11 (36.7%)	17 (56.7%)	30 (100.0%)
Services for families	4.19	1 (3.3%)	-	4 (13.3%)	12 (40.0%)	13 (43.3%)	30 (100.0%)
Support to assist with social transition e.g. to change name, physical appearance through make-up, clothing, or hairstyles	3.88	2 (7.1%)	3 (10.7%)	2 (7.1%)	5 (17.9%)	16 (57.1%)	28 (100.0%)
Support to assist with exploring gender identity	3.84	2 (6.9%)	3 (10.3%)	1 (3.4%)	7 (24.1%)	16 (55.2%)	29 (100.0%)
Medical transition such as puberty blockers, hormone therapy or surgery	3.81	4 (14.3%)	1 (3.6%)	-	8 (28.6%)	15 (53.6%)	28 (100.0%)
Support to assist with coming out	3.81	2 (6.9%)	2 (6.9%)	4 (13.8%)	6 (20.7%)	15 (51.7%)	29 (100.0%)
Access to psychiatric services	3.68	4 (13.8%)	2 (6.9%)	2 (6.9%)	8 (27.6%)	13 (44.8%)	29 (100.0%)
Speech pathology for voice training and vocal health	2.88	4 (14.8%)	7 (25.9%)	3 (11.1%)	8 (29.6%)	5 (18.5%)	27 (100.0%)

Appendix A. Survey results

Table A-9: Please rank services and supports that you consider in most need of development

Service or support	Weighted average	Don't know	No need	Of little need	Of average need	High need	Total
	0-4	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Access to psychological services	3.74	-	1 (3.3%)	1 (3.3%)	2 (6.7%)	26 (86.7%)	30 (100.0%)
Support to assist with dealing with stigma	3.63	1 (3.3%)	1 (3.3%)	1 (3.3%)	-	27 (90.0%)	30 (100.0%)
Medical transition such as puberty blockers, hormone therapy or surgery	3.34	2 (6.7%)	2 (6.7%)	-	3 (10.0%)	23 (76.7%)	30 (100.0%)
Related support services for trans and gender diverse people such as housing support, seeking employment, participating in sports, legal documents, dealing with government agencies or attending school/work	3.34	2 (6.7%)	2 (6.7%)	-	3 (10.0%)	23 (76.7%)	30 (100.0%)
Services for families	3.25	3 (10.0%)	1 (3.3%)	-	4 (13.3%)	22 (73.3%)	30 (100.0%)
Access to psychiatric services	3.23	3 (10.0%)	1 (3.3%)	2 (6.7%)	4 (13.3%)	20 (66.7%)	30 (100.0%)
Support to assist with exploring gender identity	3.22	3 (10.0%)	2 (6.7%)	-	3 (10.0%)	22 (73.3%)	30 (100.0%)
Support to assist with social transition e.g. to change name, physical appearance through make-up, clothing, or hairstyles	3.16	3 (10.0%)	2 (6.7%)	-	5 (16.7%)	20 (66.7%)	30 (100.0%)
Support to assist with coming out	3.16	3 (10.0%)	2 (6.7%)	-	7 (23.3%)	18 (60.0%)	30 (100.0%)
Speech pathology for voice training and vocal health	2.50	6 (20.0%)	3 (10.0%)	2 (6.7%)	6 (20.0%)	13 (43.3%)	30 (100.0%)

Appendix A. Survey results

A.4 Comparison of survey findings between AHA, Austin and DHHS trans and gender diverse surveys

High level findings are presented in this section of the Austin and DHHS trans and gender diverse surveys to provide further context and make comparisons between the three datasets. It should be noted that while comparisons are made in a general sense, in particular:

- The surveys were not designed with comparison in mind
- Items and scales differ even though they focus on similar areas.

High level findings are presented for the Austin and DHHS surveys separately, with comparisons against AHA's findings highlighted in call-out boxes.

DHHS trans and gender diverse survey

Several caveats should be stated before presentation of findings. These include:

- Response numbers to some items are small, and may not be representative of the broader trans and gender diverse population
- The findings are preliminary in nature, and may be subject to further analysis, interpretation and presentation.

Some differences between the DHHS survey and AHA's survey include:

- AHA's survey had a greater proportion of respondent's identifying as gender diverse or non-binary
- AHA's survey had a greater proportion of respondents who were assigned female at birth.

Health service use and access

GPs were accessed for general health purposes by almost all participants, followed by:

- Psychologist/counsellor (75.5%)
- GPs for transition and gender (54.3%)
- Hormone treatment (52.7%).
- Children's support (2.5%) and drug and alcohol services (4.5%) were the least accessed services.

Accessing GPs for general health was either very easy (40.6%) or easy (36.7%), and access to laser/electrolysis hair removal was also rated as accessible. Less accessible services included:

- Psychiatry and mental health teams
- Surgical treatment
- Housing support.

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Metropolitan and regional/rural differences existed in accessibility of services, with the greatest disparities in access relating to:

- Surgical treatment (easier access for metropolitan participants)
- Voice and communication (easier for metropolitan participants)
- Housing support (easier access for metropolitan participants).

Long waiting times and the cost associated with accessing services were most often cited as difficulties faced when accessing services. Surgical treatment, psychiatry, psychology and laser hair removal services were viewed as costly, whilst long waiting times were cited as difficulties associated with access for the following services:

- GPs (transition/gender support)
- Psychiatry/mental health team services
- Housing support.

AHA's survey found that access to psychological services, and other social services including housing, were in most need of development.

Service knowledge

Health professionals' knowledge of trans and gender diverse health needs was highest in the following services:

- Voice and communication
- Surgical treatment
- Endocrinologists
- Hormone treatment
- GPs (transition/gender support).

Knowledge of trans and gender diverse health needs amongst services was rated lowest in housing support services, GPs (general health) and reproductive health services.

GPs providing transition/gender services were rated as having greater knowledge of trans and gender diverse people's health needs in metropolitan areas when compared with regional/rural areas. The opposite was observed for psychiatric and mental health team services. Disparities in health professionals' knowledge of trans and gender diverse health issues between metropolitan and regional/rural areas also existed in:

- Gynaecological services (lower knowledge in metropolitan areas)
- Drug and alcohol services (lower knowledge in metropolitan areas).

Inclusivity and supportiveness of services was rated highest amongst:

- Voice and communication services
- Hormone treatment services
- GPs (transition/gender support).

Appendix A. Survey results

Services rated as not being supportive or inclusive at all included:

- Housing support services (over half of respondents)
- Gynaecologic and urological services (a third of respondents).

Inclusivity and supportiveness of services were broadly similar between metropolitan and regional/rural areas with the exception of housing services, whereby regional/rural respondents felt these services had a low level of inclusiveness/supportiveness.

Discrimination and complaints

Incorrect pronoun use was cited as the most frequent complaint associated with health services, followed by pathologising attitudes. Positively, 87.5% of respondents reported never having experienced verbal abuse or harassment from staff.

Discrimination experienced by metropolitan and regional/rural respondents was largely similar, with minor differences observed in the following areas:

- Lack of respect for privacy (greater proportion of metropolitan respondents experiencing this)
- Pathologising attitudes (more regional/rural respondents experiencing this)
- Inappropriate curiosity (more regional/rural respondents experiencing this).

80% of respondents had not submitted any form of complaint in response to a negative experience at a service provider. The most cited reasons for not submitting a complaint included:

- Believing it would not make a difference or be taken seriously (56.2%)
- Concern about ongoing relationship with clinician/service (44%).

Service priorities

Service priorities identified by metropolitan and regional/rural respondents were similar, with both calling for more priority for low cost surgery and trans and gender diverse education for health professionals. The two groups differed in their calls for more local services however, with regional/rural respondents placing greater priority on having services closer to where they live.

A.5 Austin trans and gender diverse survey

The Austin Trans and gender diverse survey asked broad questions regarding demographics, socio-economic status, health status and service usage/access of trans and gender diverse persons across Australia. A total of 964 persons responded to the survey.

Demographics

- Most respondents identified as Trans Male/Trans Masculine/Trans Man.
- This was followed by Trans Female/Trans Feminine/Trans Woman.

Compared with AHA's survey, less respondents identified as non-binary, whereas the majority of the AHA sample identified as non-binary when describing their gender identity.

Appendix A. Survey results

- Other descriptions of gender identity included female, male, gender non-binary and gender queer.
- Almost one fifth of the Austin survey respondents described themselves as unemployed, whilst almost a third were employed fulltime
- Over half did not receive any government assistance.

Most respondents were assigned female at birth, consistent with the AHA survey.

Health status

- The Austin survey sample described themselves as having good overall health, with a minority (2.8%) describing their health as very poor
- The majority of respondents did not smoke or take illicit drugs.

Health service access for gender related care

- Most respondents had accessed their GP for gender related care
- Psychologists, psychiatrists and endocrinologists were also frequently accessed
- The majority of the sample had never taken hormonal treatments without a prescription
- Key difficulties in accessing hormonal treatment included the difficult pathway required and being unable to afford the cost of appointments
- A third of the sample had accessed a GP 6-10 times over the previous 12 months.

Mental health

- A fifth of respondents felt that mental health assessments prior to accessing hormonal treatments should not be required
- The majority of respondents (greater than 80%) had been diagnosed with either depression or anxiety
- Less common medical conditions included: Autism spectrum or Asperger's syndrome, ADHD and bipolar disorder
- Over 60% had self-harmed intentionally
- Over 40% had attempted suicide.

Funding for transgender health

- Better training for doctors was identified as an area for greater funding
- This was followed by education about gender diversity for the general population and greater funding for establishing gender clinics.

Funding for psychology/psychiatry services was identified as priority funding by approximately 4% of respondents, whereas respondents to the AHA survey cited access to psychological services as the area in need of most development.

Appendix A. Survey results

Summary of key findings from AHA, DHHS and Austin surveys results align with findings from AHA consultations. Whilst the population cohorts differ, common findings included:

- Access to psychiatry services is not seen as overly important by any of the survey respondents
- Access to psychological services are considered important, to assist people to 'get through' their situation
- As expected, parents wanted more services for families
- Trans respondents wanted more medical affirmation services and support
- The Austin survey found higher than population rates of Asperger's, ADHD and autism
- Non-binary people did not rate medical affirmation services as importantly as trans participants, and rated access to psychological services as high in importance
- All showed high rates of mental illness, including self-harm and attempted suicide.
- Overall the GP is the main 'go to' service provider. Together with the high importance of psychologists, it would be reasonable to embed change in the primary care sector to support these practitioners.

Appendix B List of organisations consulted

Appendix B. List of organisations consulted

B.1 List of organisations and service providers consulted

Alphabet Soup	North Western Melbourne Primary Health Network
ANZPATH (Australian and New Zealand Professional Association for Transgender Health)	Northside Clinic
Austin Endocrinology Clinic	Parents of Gender Diverse Children
Australian Psychological Society	Plastic Surgeon
cohealth Footscray	Prahran Market Clinic
Commissioner for Gender and Sexuality	Psychiatrist
Department of Health and Human Services	Queerspace
Department of Health and Human Services Mental Health Branch	Rainbow Network
Department of Health and Human Services' Trans Expert Advisory Group	RANZCP (Royal Australian and New Zealand College of Psychiatrists)
Equinox Gender Diverse Health Centre	Redefining Androgyny
GASP Geelong	The Centre Clinic
Gateway Health Wodonga	The Endocrine Society of Australia
General Practitioner	The Royal Children's Hospital
headspace Mildura	The Shed
HEY Project	Transgender Victoria
Kardinia Health Geelong	Transgender Victoria Executive/The Shed
La Trobe Communication Clinic	VAC
Mental Health Clinician	WayOut Macedon
Monash Health Gender Clinic	Zoe Belle Gender Collective

Appendix C References

Appendix C. References

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