THE CHURCHILL FELLOW

Jeremy Wiggins is the first transgender Australian to be awarded a Churchill Fellowship. Jeremy is a community advocate and has extensive project management experience working in trans and gender diverse health and lesbian, gay, bisexual, transgender and queer (LGBTQ) community development. Jeremy’s background is in grassroots activism and community building. Jeremy is Co-Chair of the Victorian Government Trans and Gender Diverse Expert Advisory Group, a member of the Victorian Government LGBTI Health and Human Services Working Group, Co-Chair of the Peer Advocacy Network for the Sexual Health of Trans Masculinities and was recently announced as 2018 Victorian LGBTI Person of the Year. Jeremy is also the Founder of LEAP and works with governments, organisations and communities to improve experiences and outcomes for LGBTQ people.
ACKNOWLEDGEMENTS

These recommendations were written on the lands of the Wurundjeri people and the Djadjawurrung people of Kulin Nations. Respect is paid to elders past and present and is also extended to the trans and gender diverse First Nations People, the Brotherboys and Sistergirls of these lands.

Throughout history, many trans and gender diverse people have created pathways to improve our health and wellbeing and in doing so have endured hardship, exclusion and denial of access to essential health care and services. These recommendations honour them and recognise their valuable contribution to this space.

Thank you to the Winston Churchill Memorial Trust for the opportunity to research this area internationally. These recommendations are extracted from the full Churchill Report which can be found at https://www.churchilltrust.com.au/

I want to acknowledge the following people who processed this information with me to develop the final recommendations through a community collaborative process: Starlady, Ted Cook and Ryan Phillips. Thank you for your valuable contribution.

I'd also like to thank and acknowledge Thorne Harbour Health, where I was employed when I travelled on my Fellowship.

GLOSSARY OF TERMS

TGD — Trans and Gender Diverse (including non-binary people)
Trans — Transgender, or of trans and gender diverse experience
LGBTI — Lesbian, Gay, Bisexual, Transgender and Intersex
LGBTQ — Lesbian, Gay, Bisexual, Transgender and Queer
LGBTIQ+ — Lesbian, Gay, Bisexual, Transgender, Intersex and Queer, plus anyone else who self-includes under this broad acronym

LOCATIONS TRAVELLED

Bangkok
Thailand

London, Manchester, Brighton, Leicester
England

Edinburgh
Scotland

Berlin
Germany

Toronto
Canada

New York, Boston, San Francisco
United States of America
INTRODUCTION

These recommendations are derived from my full Churchill Fellowship report and include a range of principles, values and ethical standards which underpin best practice in developing, establishing and delivering health care services to trans and gender diverse communities. It needs to be acknowledged that historically trans and gender diverse health and policy systems have often been designed by people who have no lived trans or gender diverse experience, nor appropriately engaged or consulted with the key affected populations the work seeks to serve. The primary aim of these recommendations is to provide practical and critical guidelines to inform best practice processes for multiple key audiences in an accessible manner. Should any information be difficult to understand, please email the author for further clarification as nobody should be left behind. Contact details can be found at the end of this document.
It is critical that trans and gender diverse people are in positions of power and have the respect and agency to make leadership decisions about our health care.
Trans and gender diverse people must be affirmed, respected and acknowledged as their gender, regardless of any social, cultural, medical, surgical or legal affirmation process.

Nothing About Us, Without Us: Strengthening, supporting and prioritising trans and gender diverse people, organisations, groups and structures

2.1 All strategies, funding streams and programs that focus on addressing trans and gender diverse health disparities must be co-designed, led by and include trans and gender diverse people, community organisations, groups and/or structures.

2.2 TGD, LGBTI and mainstream organisations must commit to appointing and providing appropriate support (including remuneration) to TGD people in governance structures including in management, senior executive positions and on boards.

2.3 Existing programs and services focussing on trans and gender diverse health must be realigned to ensure trans and gender diverse people are engaged and have legitimate and authentic agency in the governance, decision-making and delivery of services and programs.

2.4 Support programs must be established by government, NGOs and philanthropic organisations to build the capacity of trans-led organisations, including in respect of governance, peer support, policy, advocacy and delivering or partnering to deliver services.

2.5 A national alliance of trans-led organisations which represents the diversity of the communities should be developed.
Community mobilisation and empowerment

3.1 Trans-led programs focusing on community development, resilience building, education and capacity building for trans and gender diverse people should be developed and funded.

3.1 A national online hub to support self-navigation and information about service systems, rights, gender affirmation steps and pathways for complaints and peer support should be established.

Strengthening the trans and gender diverse workforce

4.1 Traineeships, formal training, higher education and scholarships should be established for trans and diverse workers to build their professional skills and access to employment.

4.2 Recruitment processes, employment pathways and skill development should be established for trans and gender diverse people to enable them to access a wide range of roles, including identified positions, leadership roles, and program and service delivery positions.

4.3 Processes should be established to ensure trans and gender diverse staff are rewarded, recognised and retained within LGBTI and mainstream services. This includes:

4.3.1 Paid leave for gender affirming care;

4.3.2 Fostering cultural safety for the trans and diverse workforce;

4.3.3 Training of workforces to better understand and respond to the employment experience of TGD staff;

4.3.4 Appropriate and culturally competent internal and external supervision that supports TGD workers to overcome and manage the unique stressors of working with trauma affected communities and to maintain good professional practice; and

4.3.5 Recognition, acknowledgement and responses that address transphobia, micro aggressions and lateral violence and trauma experienced by TGD employees; within their workplaces, sectors and stakeholder communities.
Legal affirmation: Easily amending legal name and markers on identity documents and in health systems

5.1 Law reform should be implemented to institute a simple, nationally consistent administrative process based on self-determination, which also minimises the need for trans and gender diverse people to submit information to different levels of Government and organisations.

5.2 Support (e.g. peer navigators), information and resources should be established/provided to assist trans and gender diverse people through the process of amending their legal sex classification and/or name on identity documents.

5.3 Any application fee should be waived for changes of legal sex classification and/or name for all trans and gender diverse people seeking legal affirmation.

(Adopted at the Twenty-second Session of the Committee on Economic, Social and Cultural Rights, 11 August 2000)

6.1 Trans and gender diverse people must be meaningfully included as a priority population in preventive health policy frameworks, strategies, programs, guidelines and health promotion such as cancer screening and sexual health.

6.2 Gender-based services and programs such as women’s health centres, maternity wards, sexual assault and family violence services must be inclusive, acknowledge and respect the gender identity and self-determination of trans and gender diverse people accessing services.

6.3 Inclusive, specialist domestic, family violence and homelessness services that accommodate trans and gender diverse people regardless of their gender identity must be developed. Specialist services should work in collaboration and partnership with existing gender-based services to allow trans and gender diverse people seeking support to have additional, appropriate service choices.

6.4 Trans and gender diverse people must have the right to gender affirming care (including medical and surgical) in a timely manner that is easily accessible, Medicare-funded, depathologised, and respects the trans or gender diverse people as the experts of their own experience.
6.5 Gender affirming surgeries including all post-surgical care, including all care and complications from surgeries performed overseas, should be accessible and Medicare-funded within all public hospitals in Australia.

6.6 Home-based care and practical support programs for TGD people with complex health needs (e.g. recovering from surgeries or acute mental health) should be developed.

6.7 Organisations should create gender affirmation policies, including staff being offered support from Human Resources to update details etc (HR to be trained in how to support trans and gender diverse staff regarding transition in the workplace. Refer to the Stonewall and VEOHRC Guidelines in Victoria).

Training, support, education and resource development for health and human services

7.1 All training should be co-designed through TGD community consultation and input.

7.2 All training should be delivered and/or co-delivered with paid TGD trainers (lived experience subject matter experts). Where content falls outside of the field of expertise of the TGD person it can be co-delivered with a person holding the relevant medical expertise.

7.3 Training on informed consent for TGD people to be delivered in medical school curriculum and should be rolled out to existing medical professionals through CPD and primary health network health pathways (PHNs).

7.4 Training should be adequately resourced, including setting a minimum safety standard of at least 2 workers to deliver training together.

7.5 Training, guidelines and resources for GPs and allied health professionals around delivering culturally safe healthcare to trans and gender diverse people should be developed and implemented Australia-wide. This includes:

7.5.1 Resource and support for physicians to work more sensitively with trans and gender diverse people about their bodies, sexual practices and healthcare needs

7.5.2 Funded secondary consultation services established nationally to support GPs providing primary health care and the initiation of gender affirming hormones through informed consent models.
Navigating the system for better health and wellbeing outcomes

8.1 A paid trans and gender diverse community professional peer workforce providing direct support, navigation and advocacy for trans and gender diverse people should be developed.

8.2 Funded specialist services, resources and peer support should be developed for parents, families, children, friends and partners of trans or gender diverse people.

8.3 Multi-disciplinary support programs should be developed that assist trans and gender diverse people to navigate complaints pathways and advocate for their rights including in partnership with community legal centres.

Support and engage with a diversity of trans voices (e.g. gender diverse, non-binary, trans, transsexual, trans families, Aboriginal trans people, trans people of colour, trans people with disabilities and other minority voices not always heard or included)

9.1 Measures to ensure Government engages with diverse voices should be established.

9.2 Social support groups and drop in centres should be funded.

Cultural change in social service system provision (health care, etc) to ensure TGD appropriate service delivery

10.1 Government to lead and engage closely with community re cultural change process – through funding decisions, mandating rainbow tick accreditation, better coordination to improve consistency of service delivery, and the appointments of TGD people to governance structures (senior executive positions & boards).

10.2 There is a need for stronger responses to health care complaints – Government(s) should address the capability / capacity of relevant health care complaints pathways. Note links to navigation support and the potential role of CLCs (see above).
10.3 Establish a national online portal to provide information about TGD rights.

**Relationships**

11.1 Research is required to learn more about trans and gender diverse people’s experiences of emotional, physical, romantic and sexual relationships.

11.2 The capacity of relationship services should be built to respond to TGD needs and the needs of their partner/s.

**Improved Data Collection**

12.1 Appropriate gender identity related indicators in all data collection mechanisms used across all Government and community sector contexts should be strengthened. This includes within the Census, data dictionaries used within research and health systems (MBS and PBS coding), justice, welfare, and education, social and legal settings to ensure population and service level datasets meaningfully include trans and gender diverse people.

**Research**

13.1 Research relating to TGD people should be co-designed and co-developed with TGD community, trans people should be the chief investigators, and trans people should own their own data (it should be considered unethical to conduct research otherwise).

13.2 Ethics requirements – involvement / leadership by TGD people must be a key consideration as part of ethics approval decisions.

13.3 Research projects should benefit the trans and gender diverse community and be aligned with the principles of self-determination, de-pathologisation and empowerment.
Human rights, self-determination and autonomy

14.1 The trans experience is not a mental illness and trans and gender diverse people should not have to get a gender dysphoria diagnosis to access gender affirming care, including medical and surgical intervention, unless they choose to. The process should be self-determined.

“TGD people experience a disproportionate burden of poorer mental health outcomes, including anxiety and depression, as a consequence of their experience of stigma and discrimination. It is important that culturally competent mental health services are available and accessible to those who can benefit from their care, but that this is not mandated. Situating the trans experience as a mental illness is not only inaccurate but a harmful barrier to positive health, employment, social, financial and wellbeing outcomes.”

"Respect the self-determination of each person as being the expert on their experience. This is often referred to as the informed consent model of gender affirming healthcare because it counteracts pathologisation and repositions the transgender person as being at the centre of their own life."

For those who are currently required or want to seek a gender dysphoria diagnosis to access to gender affirming care, people should be offered peer support (e.g. navigation support) or support by another professional (e.g. mental health or social work) who is not involved in the gender dysphoria diagnosis who works from a de-pathologised lens to provide support / de-briefing in respect of the pathologised process. This ensures that they can access authentic therapeutic care and support mechanisms, if they choose to do so. It also acknowledges that people may have needed to be performative to access care.

"I lied and said I was a binary trans man to gain access to the services I needed. The psych was very focused on gender norms and binary identities, and I felt judged and not trans enough because some of my hobbies are traditionally ‘feminine’ things.”

[Agender, 21]
The process of pathologisation can be harmful and violent.

De-pathologisation of trans health addresses the impact of this model on TGD health and mental health outcomes. Pathologisation & gender dysphoria diagnoses can also limit access to life & income protection insurance (increasing economic/financial vulnerability of TGD people and their families).

Discrimination when accessing life, income protection or health insurance on the basis of a gender dysphoria diagnosis should be unlawful.

"I felt like I had to prove that I was really trans (whatever the heck that means)"

[Female, 22]

Trans Pathways – some TGD people felt they had to be performative – prove they were trans enough, e.g. “The doctor used outdated and offensive terms to describe trans people, including myself, and referred to being trans as pathological.” (Trans Pathways p.103).

Decision making about gender affirming care should be centred around a trans persons self-determination and based on informed consent.

Accessing hormones is not specialised medicine – and should occur within primary health care settings.

Medical practitioners have used the Hippocratic Oath of “First do no harm” to pathologise TGD people and deny them access to care. Withholding gender affirming treatment is not a neutral option as it may harm (from NZ Guidelines on Gender Diverse Affirming Care) – there is an increased risk from denying or delaying care of poorer mental health outcomes, including risk of suicidality and self-harm.
Withholding gender-affirming treatment is not considered a neutral option, as this may cause or exacerbate any gender dysphoria or mental health problems.

There are very few reasons why access to hormones will be contraindicated. TGD people with co-occurring mental health conditions should not have their gender affirming health care delayed or denied.

Avoiding harm is a fundamental ethical consideration for health professionals when considering healthcare. Withholding gender affirming treatment is not considered a neutral option, as this may cause or exacerbate any gender dysphoria or mental health problems. Conversely, access to gender affirming care may reduce the mental health pressures a trans or gender diverse person is experiencing.
Informed consent

15.1 Informed consent to accessing gender affirming care (hormonal and surgical interventions) should be made available across Australia. Doctors already work with patients to enable them to provide informed consent in a range of clinical contexts.

15.2 Drawing upon the NZ Guidelines and Equinox Gender Diverse Health Centre Informed Consent Guidelines, community led and co-designed guidelines around informed consent should be adopted (clinically mandated) across Australia. NZ Guidelines should be localised to an Australian context. They should also be embedded into medical school and as part of health workers continuing professional development (GPs, practice nurses, psychiatrists etc).

15.3 Informed consent breaks down barriers to accessing TGD related health care. For e.g. national Trans Mental Health Study showed difference of rates of experience of depressive symptoms by hormone use and surgical status. In those taking hormone therapy the proportion experiencing depressive symptoms was 39.8% and those who were not taking it but wished to do so the proportion was 58.4%.

Access to sexual assault services and resources

16.1 Sexual assault services should develop their trans and gender diverse cultural competency.

16.2 LGBTIQ+ services should develop their sexual assault competency.

16.3 LGBTIQ+ services and sexual assault services should form partnerships to address barriers and service for trans and gender diverse in regard to sexual assault including:

16.3.1 Development of resources and guidelines for workers to provide trans and gender diverse culturally competent care.

16.3.2 Development of sexual assault resources for TGD people who are survivors of sexual assault.

16.3.3 LGBTIQ+ and/or trans and gender diverse sexual assault support groups should be developed and implemented.

16.3.4 Community education session and/or campaigns to increase awareness of the TGD community to enable it to respond to sexual assault should be provided.
Reporting crime and accessing support

17.1 Trans and gender diverse people who have experienced violence need safe, sensitive and culturally competent access to support. Should a person elect to notify authorities about a crime, people may need advocacy support to navigate the system of seeking justice.

17.2 It is critical that trans and gender diverse communities are educated and aware of the services available to them when wanting to report a crime or seek support as a result of a crime. These services should undergo cultural competency training to ensure they can safely support TGD victims of crime.

17.3 Victoria’s Victims Assistance Programs should undergo TGD cultural competency training.

17.4 Ethical and professional practice guidelines and professional development training should be established for the justice system, including courts, court staff, legal teams, judges and police to appropriately support trans and gender diverse people seeking justice for crimes against them.
CONCLUSIONS

Key components of a best-practice model

- Trans and gender diverse community needs to be empowered to lead in a meaningful way that is enabled by transparent and accountable governance structures.

- Non-TGD organisations (including LGBTI orgs and mainstream orgs) who receive government funding to deliver TGD health services need to be accountable to the TGD community and provide evidence that their service design and delivery is TGD led.

- Organisations need to provide appropriate support for the skills development of trans and gender diverse staff and develop a professional peer workforce.

- The work and skills of trans and gender diverse workers need to be appropriately remunerated, rewarded and recognised.

- Organisations need to operate on a human rights based and trauma informed care model that works to reduce the unnecessary barriers to access equitable and quality health care.

- Programs and services need ongoing review and evaluation with accessible reporting mechanisms to the communities they serve.

- Access to hormone therapy and surgeries should be de-pathologised and unnecessary psychiatric assessments removed, and trans and gender diverse health care reoriented into primary health.

- Program design needs to incorporate a whole of life experience, with responses and services that support trans and gender diverse people throughout their lifespan.
Services need to create intentional trans and gender diverse spaces and campaigns that address safety and inclusions within health settings.

Complaint pathways need to be clear, simple, supported and communicated to trans and gender diverse clients so that their rights are understood and protected.

Peer support and psycho-social support programs and services need to be integrated into the gender affirmation process.

Programs and services need to recognise the diversity within the trans and gender diverse communities, such as people from faith-based backgrounds, Aboriginal and First Nations people, people of colour, people living with HIV, people with a disability and people living with mental illness or drug and alcohol issues. Nobody should be turned away from accessing a gender affirmation process that is based on their desires and relationship to their culture and identity.

Programs and services need to be free or affordably low cost.

Health care pathways need consumer guidelines for clients to have access to in order to understand the care and treatment they should expect.

Australia needs the formation of a new national advocacy group for all TGD issues, with TGD people involved/TGD-led. Increasing TGD membership of existing groups such as ANZPATH and making it more accessible and adopting a co-design framework to every level of developing policy needs to be a priority.