

ICTA

Integrating Care for Trans Adults

Report Digest:

Analysis and implications of the Provision of Adult Trans Healthcare

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Introduction

This digest is a discussion drawn from the desk-based research report¹. This identified how and where transgender healthcare was recognised within NHS documents, and analysed policies and initiatives from across the UK which aim to integrate healthcare for trans (including non-binary) adults. Throughout the rest of our research project, we intend to build upon the findings within this work package and develop a more detailed understanding of trans healthcare in the UK through our survey, our case study interviews and our national sample interviews.

If you are interested in taking part, there is more information available on the Open University's website: <http://business-school.open.ac.uk/research/projects/icta/get-involved>

This digest aims to contextualise what we know from our qualitative document analysis of policies within the context of our knowledge of the field. In doing so, we hope to derive some of the likely outcomes for trans people, and some recommendations for public sector organisations to address any issues.

¹ Holti, R., Petch, M., & Vincent, B., (2020) Review of Current Arrangements for the Provision and Integration of Adult Trans Healthcare. The Open University; Milton Keynes [online].

Understanding the role of Third Sector Organisations

Where third sector organisations work in partnership with healthcare services, there are instances of clear improvement in the language used to discuss the healthcare outcomes of trans people, and an improvement in the level of knowledge around the varying needs of trans communities. Both features are likely to have positive impacts on healthcare outcomes for trans people. Through the research done in the desk-based research report, there were 3 different methods of integrative healthcare used by third sector organisations. Figure 1, taken from the report, demonstrates various organisations which were identified as being stakeholders in integrated care, and the role they played.

Figure 1 also demonstrates that third sector organisations are likely to take a very varied role in the ways in which they support trans people. These streams of work often overlap and can be done simultaneously. An example of this is Mindline trans. In running a helpline, someone may initially call enquiring about how to get a referral by their GP, but then discuss how their GP doesn't take their health seriously, and dismissed their suicidal ideation. At this point it has progressed from *amplification and advocacy* to *direct delivery of services*.

Equally, these forms of integration can also inform each other. Through *direct delivery of services*, LGBT Foundation is able to collect data for analysis and identify gaps within service provision. It is then able to analyse these findings anonymously and use this data to approach public sector organisations to create change, which falls under *amplification and advocacy*. This at times commissions new instances of *direct delivery of services*.

Education, Training and Influence

Medway Gender and Sexual Diversity Centre

GIRES Scottish Trans Alliance

TransgenderNI
Stonewall (Inc. Scotland & Cymru)

Gendered Intelligence

LGBT Cymru Helpline
Umbrella Cymru

Inclusion Support Service Kent

LGBT Foundation

Birmingham LGBT

Rainbow Project

Switchboard

LGBT Health and Wellbeing

Mindline Trans

Clare Project

Direct Delivery of Services

North Somerset LGBT+ Forum

Trans Bare All

Amplification and Advocacy

TG PALs

Proud Trust

Common Themes Emerging within Policies

Policies as barriers

Through our research we found policies that show some level of exclusion, whether it be through the main themes of “lack of understanding” or “lack of recognition”. In this instance, the policies in place in various different ways potentially present a significant barrier to trans people accessing effective healthcare.

We also found examples of trusts and other public bodies receiving challenging FOI requests, which is possibly caused by lack of visible policies. Many of these were targeted inquiries, often centred on whether trans people were allowed to use single-sex wards associated with their gender identity, regardless of their transition status. Some of these requests may be from trans people looking to clarify the position held by a local service, while others may be an attempt to challenge trans-inclusive policy despite the rights of Trans people to navigate single sex spaces being defined within the Equality Act 2010. We speculate that where trusts do not promote their policies of inclusion, this may allow there to be hostile investigation and challenge around this.

These barriers may compound the impact of minority stress, which can be understood as the negative experiences of belonging to a minority identity. Transforming Outcomes (LGBT Foundation, 2017) compiles several pieces of research looking at the

healthcare outcomes of trans people, and there are several pieces of research which find trans people are more likely to smoke, have worse mental health outcomes and are at greater risk of HIV, all whilst experiencing greater barriers to healthcare.

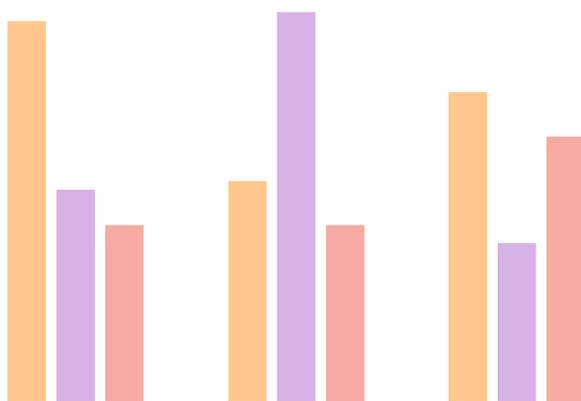
It is then possible that under some circumstances, trans people will experience overwhelming barriers to healthcare and this can lead to people disengaging. Trans people wishing to have gender-affirming healthcare they may find themselves having to continually access, or attempting to access, healthcare structures which are not designed for them.

Trans people also may not be equipped with the knowledge and resources to secure the healthcare they need and therefore may repeatedly run into barriers such as dead-naming (being referred to or called by a previous name, usually associated with the misidentified assignment at birth), and misgendering.

Estimating local Trans Populations

A further issue emerging from the research was a lack of reliable data on the number of trans people either within the UK, or within the remit of their service. Overall, organisations quoted various different statistics, but most often they would reference GIRES. Within this, there are two statistics, an outdated figure of 0.02% (more specifically, 20 per 100,000 who had sought medical care) from 2007 and a figure of 1% from 2011 (more specifically that 1% of the UK population may experience some degree of gender variance). These statistics are often used in the same way, yet there is a substantial difference in the way they report on trans people. Dependant on the report, they may only include those who have or are seeking a Gender Recognition Certificate, whilst others may only consider those who undergo, or intend to undergo, any form of medical transition.

Equally, this assumes an equal dispersal of trans people across the country, and that the regional proportion will be equal to the national figures. Anecdotally, it is known that trans people tend to move to cities, and these will often be cities which are close to GICs or which have a reputation of being LGBT-friendly (Leeds, Manchester and Brighton in England for example). This means that regional populations can vary, and it is important that healthcare providers consider what they can do to support an increased trans population in their area, or what they can do to provide affirmative healthcare in their area in order to retain trans people in their area. Subsequently, it does not encourage any level of exploration of the particular barriers and poorer health outcomes which trans people face within their area.



Considerations for Public Sector Organisations

A consideration for organisations who want to know how many trans people are accessing services is for organisations to implement trans status monitoring. This ensures that they can accurately assess the number of trans people accessing their services, and any healthcare issues they may encounter due to their minority stress. Trans status can be monitored separately from gender monitoring and from sexual orientation monitoring. LGBT Foundation, CliniQ and Action for Trans Health have produced a format for monitoring Trans status and gender identity with input from trans communities and the National LGB&T Partnership. More information on recommended wording can be found here: lgbt.foundation/downloads/transstatusmonitoringbriefingsheet. It is also important to acknowledge that Trans people can have any sexual orientation and that this should be monitored also. This was only acknowledged once throughout all the policies identified within this study.

Public health sector organisations also need to consider the importance of regularly updating webpages and either removing older documents or moving them to an archive. Trans rights, and our understanding of what trans inclusion is, are rapidly evolving, with frequent changes in terminology emerging. Public sector organisations have

not kept up with this, and for this reason, there were a significant number of documents found which discussed transsexualism, and the outdated distinction between being transgender and being transsexual. Some documents found were outdated with respect to the Equality Act and the Gender Recognition Act, and so were no longer relevant or indicative of the current approach of the organisation.

A further implication for healthcare organisations is to consider how better to celebrate their affirmative policies and initiatives within the inclusion sections of their websites. We found a number of instances where unsatisfactory policies co-existed with promising initiatives. It may that organisations can do more to promote their efforts on their website. By showing that they are taking clear steps towards trans inclusion they are not only showing a commitment to inclusion to existing service users but are showing accountability to new service users.

There are instances where trans people may inform healthcare delivery despite healthcare provisions not following any of the aforementioned models of integration. Services may have run community consultations, worked with an existing patient or staff member, or ensured trans people are included and made visible in policies. This level of inclusion again has potential benefits for the healthcare outcomes of trans

people, as it means services are listening to and considering trans people in the delivery of their service. There is however a danger that these inclusion attempts may not fully consider the depth and breadth of the needs of trans people; particularly those who are unable to attend consultations, whether this is due to previous poor experiences which have not been acknowledged, mobility issues or any other barrier to access. Ultimately, it can lead to services which fail to meet the needs of those that differ from the single patient/staff voice currently being heard.

Issues for further exploration in the ICTA project

The material analysed in the report suggests several directions for further investigation of adaptations which public sector organisation can make to remove some of the barriers which trans people may face to accessing healthcare. A first issue is whether Public Sector Equality Duty based on the Equality Act of 2010 in fact provides a sufficient basis for improving healthcare for trans people. It is possible that the duties created within this are a launch point for further policies to be put in place but are not sufficient to ensure that the needs of trans people are met by healthcare provisions.

A related issue is how best to engage with the trans community in designing healthcare. We found evidence of policies and practices being created in partnership with third sector organisations and in consultation with members of the trans community. This suggests the need to explore how best to include trans people on PPI boards, and how staff with a remit for equality and diversity can open dialogue with trans people. Some of these methods may require incentives or remuneration, recognising the worth of knowledge and expertise resulting from the lived experience of trans people.

A third issue concerns the role of education of public sector staff on trans awareness. Education programmes

of this nature are generally intended to support policies which are in place for trans people, cascading into service delivery and increase staff competence. It will be important to understand the impact of such education for all staff, not just clinical staff, since many kinds of staff can impact trans people navigating healthcare. A related point concerns the nature of effective collaboration or consultation with third sector organisations with a trans remit, or with trans communities, in developing educational materials.

References

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