

TRANS AGEING AND CARE PROJECT/ HENEIDDIO A GOFAL TRAWS:

Dignified and inclusive health and social care for
older trans people in Wales



ExChange Wales workshop
8th February 2019



Paul Willis, Principal Investigator



Michele Raithby, Co-Manager

Christine Dobbs, Research Officer

Deb Morgan, Research Officer



Jenny-Anne Bishop OBE



Penny Miles



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Workshop outline

Time	Programme
10 am	Overview of project, methods and key findings (40 mins max)
10.40 am	Digital stories – trans people's lives in Wales
11 am	BREAK (20 mins)
11.15 am	Facilitated conversation on peer interviewer model (30 mins)
11.50 am	Group exercise: Think-pair-share 3 things to take back to your service/ agency
12.30 pm	Lunch/ close



National LGBT Survey July 2018 (UK GOV)

JULY 2018 SURVEY – 108,100 RESPONSES 16-65+ **but only 6% 55+ years**

- 13% respondents identify as trans, inc. **non-binary** (69.%), **transwomen** (3.5%) and **transmen** (2.9%)
- Life-satisfaction – trans respondents had lower scores than cis-LGB people and general population
- Health – 21% trans respondents state their specific needs were ignored or not taken into account when accessing healthcare services
- Gender identity services – 50% trans men and 43% trans women had accessed services – 80% stating accessing had not been easy, 68% stating the waiting lists were too long.
- 16% trans respondents had sought healthcare or medical treatment outside the UK.



What about older trans people's lives?

- Little research on older trans adults – often hidden in 'LGBT' samples
- Transitioning in later life – health and psychosocial impact of experiencing a 'second puberty' (Bailey, 2012)
- Individuals often wait to retirement before transitioning – avoiding work discrimination and loss of financial and social status (Bailey, 2012)
- Trans Mental Health Study 2012 – 65% (N=665) have experienced worries about 'growing old alone' because they are trans.



What about older trans people's lives?

Bouman et al.'s (2016) survey of 74 trans patients 50+ over 30-month period

- Mostly trans women (71) presenting for cross-hormone treatment – where are the men?
- 50% sourced hormone treatment via the Internet
- 28% had obtained hormone treatment via the Internet without medical advice
- Older trans women using cross-sex hormones were significantly less anxious and reported higher self-esteem than those who didn't



#transdocfail



Ignited in 2013. Several thousand tweets within the first 48 hours...
the tweets continue...

NHS Psych told me I wanted to transition to male cos I was too ugly to live as a woman. Also told me I'd never pass as male #TransDocFail

3 years after explaining how dangerous (and unlawful) it is, my GP still prints HRT prescriptions for "Mr Emma Brownbill"~ #TransDocFail

Hurting & fuming. 2 years on #nhswales gender pathway & I'm NOWHERE. I had the go-ahead a year ago NO REPORT has been written



Quiz quiz!

1. Who is included under the term **'trans'**?
2. What is meant by **misgendering**? Can you give an example?
3. What does it mean to be **cisgender**?
4. What does the identity **'non-binary'** mean?
5. What does it mean to be a **'trans ally'**?
6. What is your preferred gender pronoun?



Being trans in Wales

Seeking gender affirming treatment

- Diagnosis of 'gender dysphoria' required to seek gender affirming treatment – key to accessing gender identity clinics
- WHO 2018 – announced moving 'gender dysphoria' mental illness chapter to 'sexual health' chapter of International Classification of Diseases-11
- Transitioning means different things to different individuals – not always seeking gender affirming surgery



Being trans in Wales

Seeking gender affirming treatment

Gender Identity Clinics in the UK

Belfast
Edinburgh
Exeter
Glasgow
Leeds & York
Leicester
London
Newcastle
Northampton
Nottingham
Sheffield



Announced 25th August, 2017



‘The Current Adult Gender Identity Pathway - CP21

Currently, patients who are over the age of 18 who wish to access gender identity-related healthcare follow a pathway known as CP21 . The first step is to speak to your GP about your situation, and to request a referral to local mental health services where you will be assessed. Your assessment will be reviewed by the local ‘gatekeeper’ and a decision made about referral to the Gender Identity Clinic in London.

The New Interim Adult Gender Identity Pathway

There is a new interim adult gender identity service being implemented in Wales, hosted by Cardiff and Vale University Health Board. In the meantime, it is advised that patients continue to access treatment via CP21 to avoid delay. Arrangements will be made to ensure that people currently on the CP21 pathway at whatever stage, will be transferred to the new service at the appropriate place. People already on the list will not be disadvantaged.’

The TrAC project

2016-18

Aims and objectives

1. Identify health and social care needs of older (50+) trans people in Wales across the life course, as well as their hopes for, expectations of and concerns about trans service provision in older age



n=22. Two-part interviews

2. Examine attitudes and perceptions of health & social care professionals working with older people towards older trans people



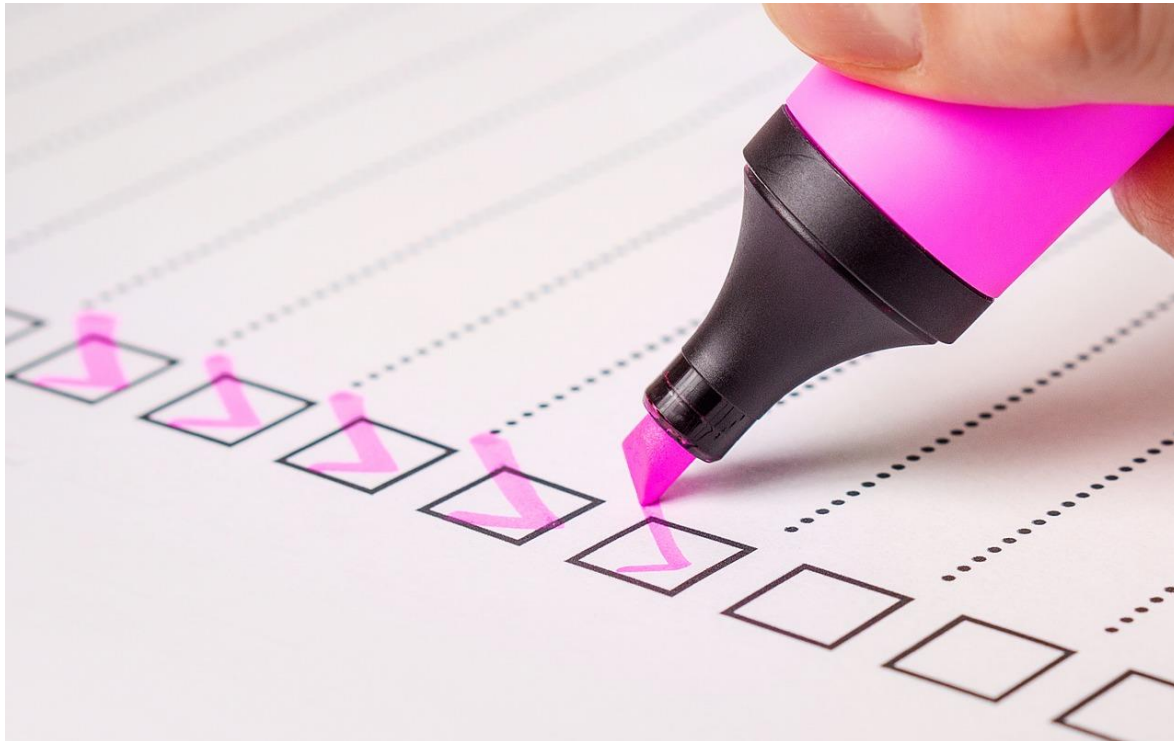
n=165. Electronic survey

3. Establish what will enable health and social care professionals to provide inclusive, person-centred services for older trans people in Wales



Three workshops with health and social care professionals and trans community members

Findings: online survey of health and social care professionals



Questionnaire content

- About me (demographics)
- Knowledge of trans issues – 11 true/false items
- Familiarity with trans individuals and issues
- Three scales measuring confidence and trans supportive beliefs and civil rights:

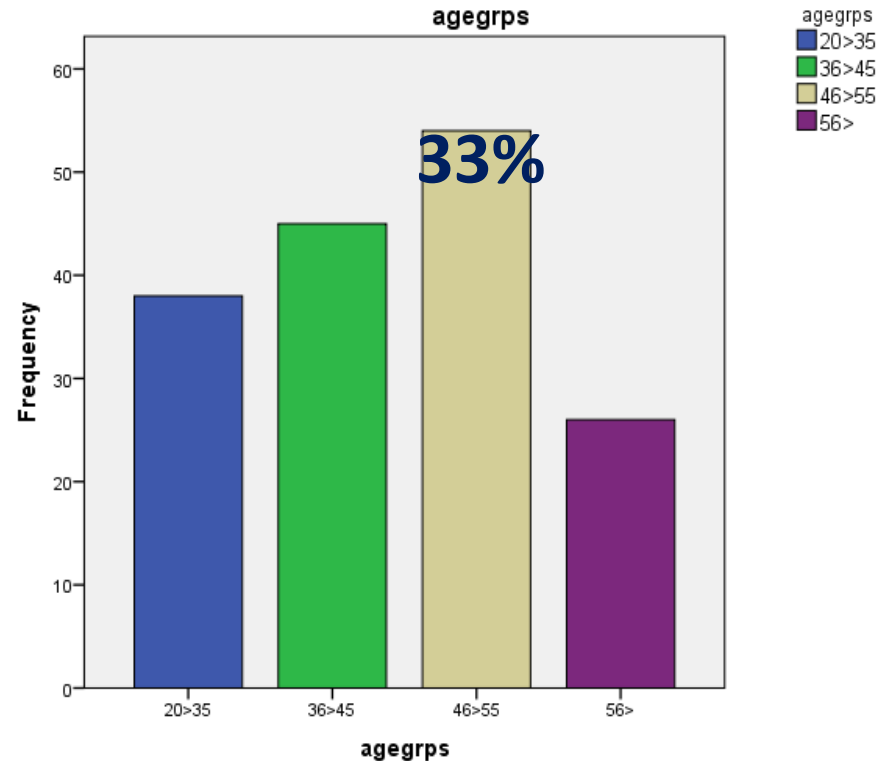
1. *Confidence in Working with Trans Clients Measure (CWTCM)*
2. *Trans persons Civil Rights Scale*
3. *The Trans Persons Beliefs Scale*

QUESTIONS				
1-	A	B	C	D
2-	A	B	C	D
3-	A	B	C	D
4-	A	B	C	D
5-	A	B	C	D
6-	A	B	C	D

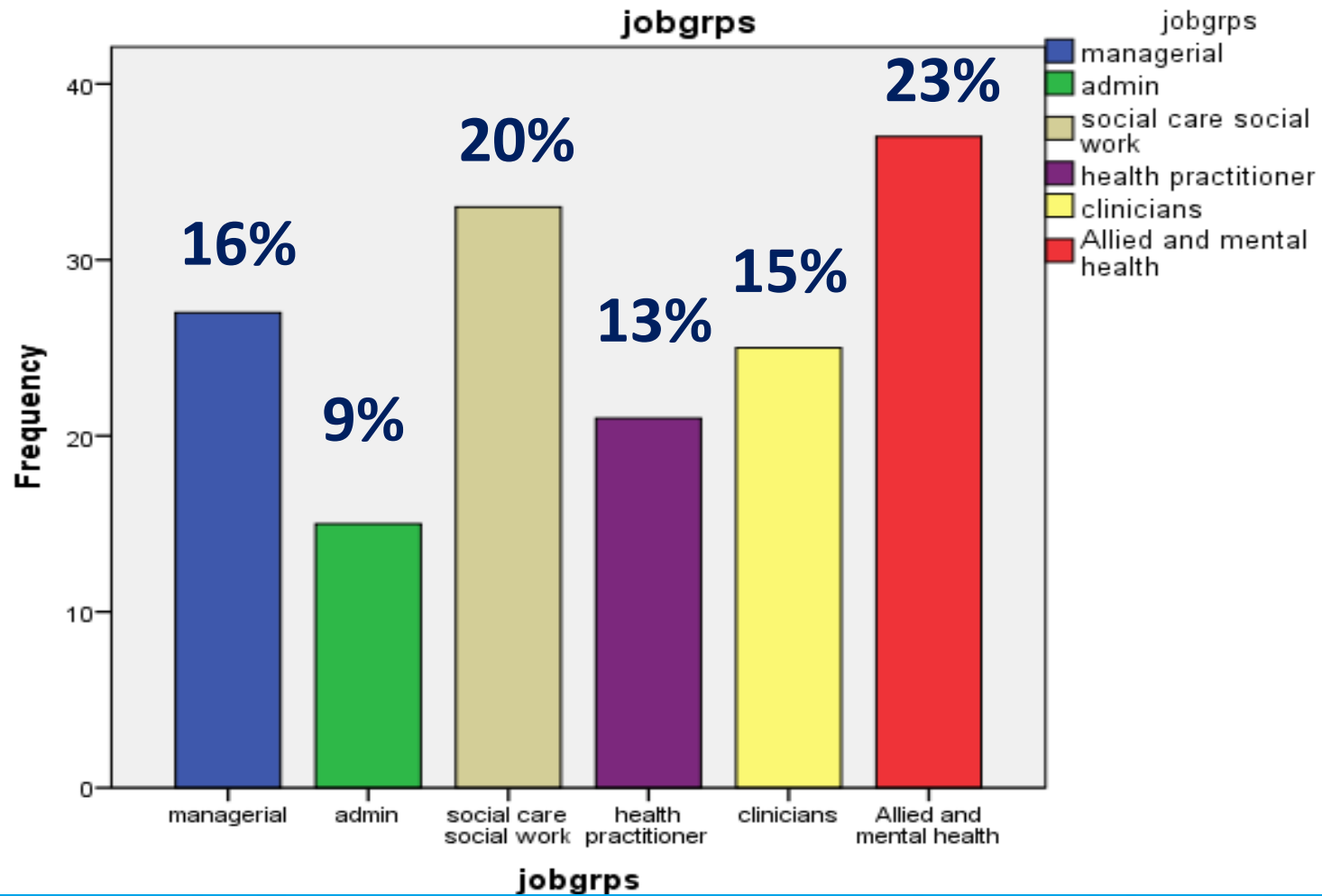


Demographics

- 167 participants, after data cleaning 165 participants
- 93% white
- 91% from the UK
- Average age = 37



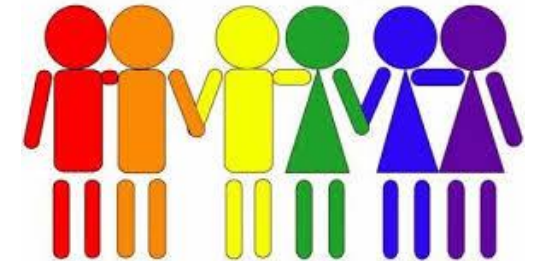
Demographics



Demographics

Gender identity & sexual orientation

Gender identity	<i>n</i>	%
male	33	20
female	128	78
other	3	2
Sexual orientation	<i>n</i>	%
Hetero	139	84
gay/lesbian/homosexual	8	8
queer	1	0.5
bisexual	6	4
prefer not to say	4	2
other	2	1



Demographics



How did our respondents fare?



Familiarity – 5 items – yes/no

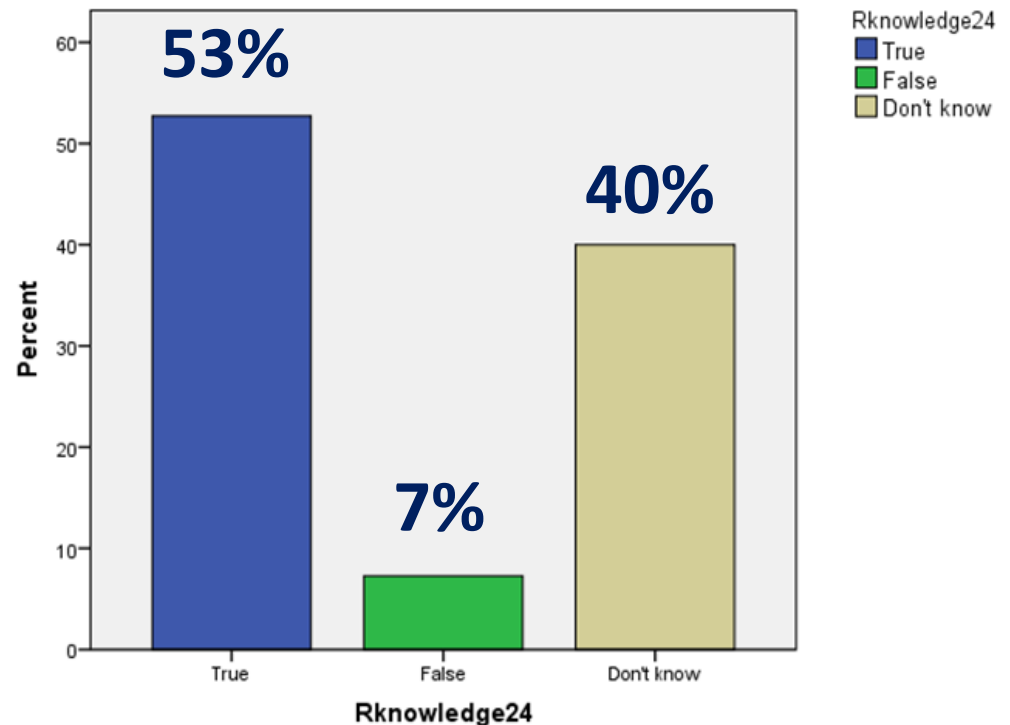
Statement	Yes
I have read information regarding the controversy over Gender Dysphoria as a formal diagnosis	44%
I have met someone outside of my role as a health or social care professional who identifies as transgender	66%
I have read information in the media concerning transgender individuals.	90%
I have read information regarding presenting issues common to older transgender people.	37%
I have at least one friend or family member who identifies as transgender.	19%



Knowledge – 11-items – true/false/DK

e.g. A transgender person must end their marriage before they can change their legal identity.

In Wales, an in-depth assessment must be carried out by at least two specialists before any older person considering transitioning can have access to any form of treatment.

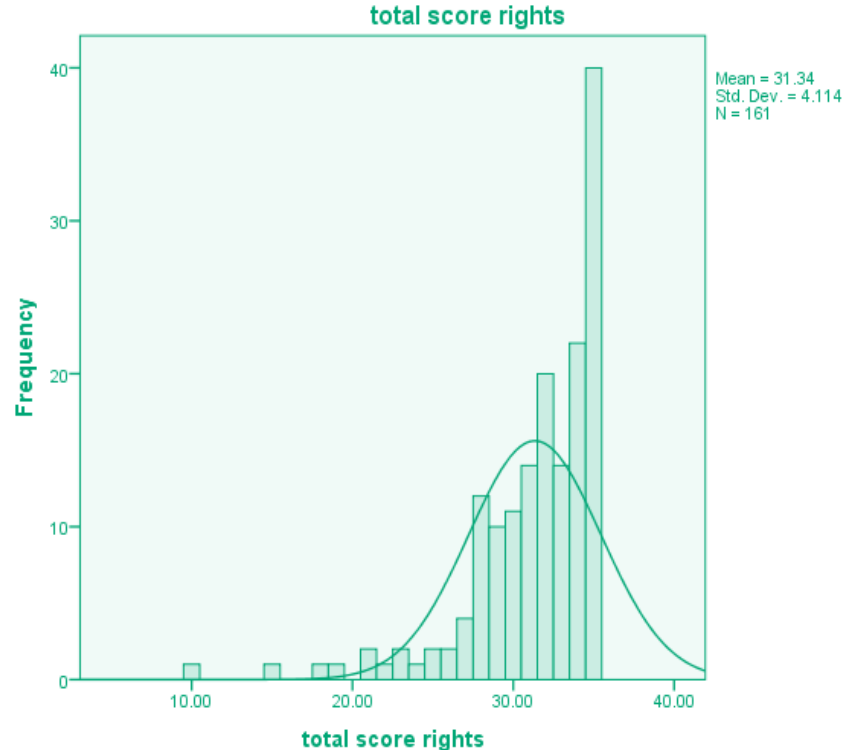


Civil rights – 7 items – 1=*not at all* – 5=*fully*



Transgender people should have the right to e.g.

- *have a new passport issued*
- *have an existing marriage to a person of the same gender as their 'new' gender still recognised after transition*
- *be treated in a hospital appropriate to their 'new' gender*



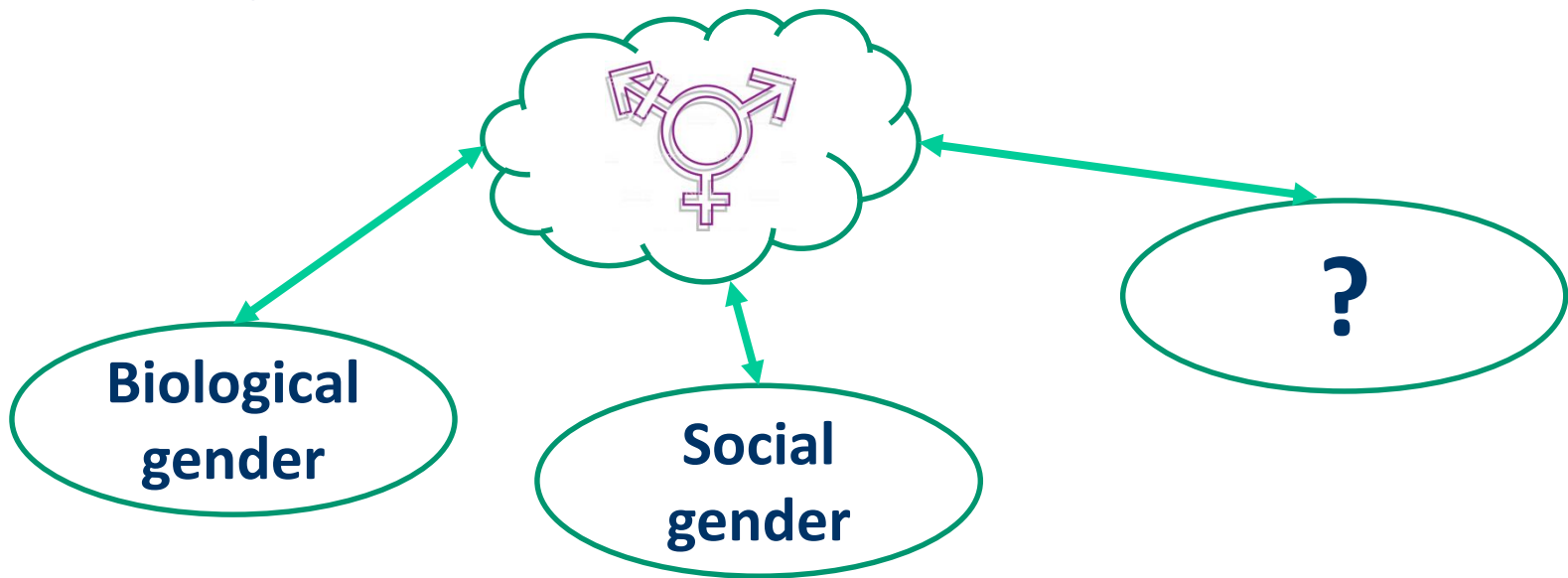
Range: 10 – 35
Mean: 31 (*SD*=4.11)



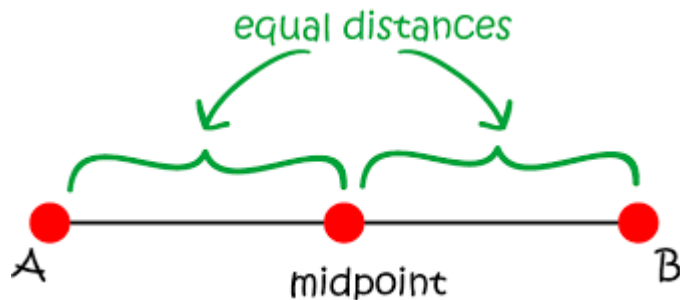
Beliefs about transgender people (11 items) 1=*not at all* – 5=*fully*

Tee, N. & Hegarty, P. (2006). Predicting opposition to the civil rights of trans persons in the United Kingdom. *Journal of Community and Applied Social Psychology*, 16, 70-80.

- *Gender is determined by biological factors, such as genes and hormones, before birth*
- *If someone wants a sex reassignment, their doctor or psychologist can talk them out of it*



Confidence in Working with Trans Clients (4 items) 1=*not at all* – 5=*very*



	Mean
I feel confident in providing a health or social care service to older (50+) transgender adults	3.6
I feel confident in providing a health or social care service to younger transgender adults	3.5
I feel confident in providing a health or social care service to transgender children and adolescents	2.9
I feel confident in providing a health or social care service to friends and family of older (50+) transgender adults	3.6





Do any factors such as age, ethnicity, gender, sexual orientation, religion, location or job role play a factor in that group's knowledge of, beliefs about or confidence in working with trans patients/clients/service users?

Probably...Not...

Conclusions (Deb Morgan)



‘The findings suggest that participants had an **awareness of trans issues** and this may have contributed to the lack of significant findings. In relation to the **trans civil rights**, participants scored higher end of the scale ... The lack of significant results suggests that participants were those with **an interest in trans issues** reflected in their score on the dependent variables.’



What have we learnt?

- A healthy sample across age, job roles and regions ⇒ **Very good base from which to report**
- Strong sense of social justice for trans people (civil rights) ⇒ **Although to be expected, very encouraging**
- Knowledge test & beliefs about trans people – not yet ascertained
- White, UK-born females ⇒ **unfortunate, but reflects reality**

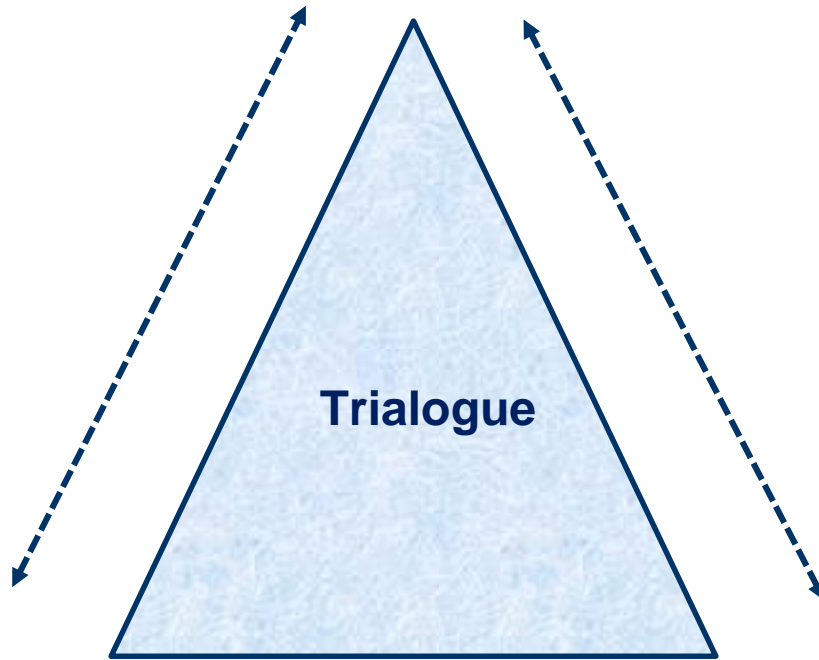
Gaps....

- Too little known specifically about **older trans people** and their needs and aspirations
- Too little training to bring about confidence in working with **trans people overall**



Findings: life-history interviews with trans adults





**n= 22 participants
50-74 years**

**Trans identities:
4 transmen
1 genderqueer
2 cross-dresser
15 transwomen**

About the participants

- ✓ Age range 50-74 years. 50% (n=11) were between 60-69 years, 45% between 50-59 years (n=10) with one person 74 years.
- ✓ All participants were White. Three born outside of the UK.
- ✓ Ten resided in a rural area (town, village or hamlet/isolated dwelling); others (12) based in urban areas.
- ✓ Two participants resided in England - life-stories of transitioning from female (sex assigned at birth) to male



1. Becoming me: a unique journey

- Variations in the language individuals use to identity and describe themselves: *transsexual; woman with a trans history; transgender woman; transgender; transgender woman; gender fluid/queer; sometimes just woman or man; non-transitioning person.*
- Not all participants were transitioning or sought gender-affirming treatment



1. Becoming me: a unique journey

- Two individuals described themselves as crossdressers; one individual as 'gender fluid'.
- Fifteen (15) were seeking or had sought to transition from male (sex assigned at birth) to female. Four (4) were seeking or had sought to transition from female (sex assigned at birth) to male.
- No one identified as non-binary.



Finding the right language for me:

I wouldn't use the phrase, I wouldn't use the phrase non-binary, um, I don't think I'd use the phrase, the thing with the word transvestite, has become very sullied, over years, be it through various connotations, I think there's a hierarchy in the trans community. (Dolly, non-transitioning, 54)

There were transsexuals... and I don't like the word 'transsexual' ... I'll use it in the context of the nineties, 'cause that was the word that was used... 'transsexual', who would not just want to dress up as a woman, but physically wanted to be a woman or felt they were a woman, inside themselves. And that awakened something inside me which I'd kept dormant all these years. (Gabriella, transitioning MTF, 56)



Individuals transitioning: For some, this was earlier in life; others later in life or post-work/retirement.



It was as if 40 years of complete blindness and denial had been removed ... I knew I had to give this one last, best shot in real life.
(Suzanne, 64)

I've had no qualifications, and um, even though when I tried, you know, when I came to my 50s and I decided I was going to transition and nothing was going to change my mind, and I was going to do that on my own, and then I thought, yes, and then I'll do a degree, you know. It's always there, get this thing over with first, but. (Richard, 63)



2. Growing older: living in the moment vs concerns for the future

- **‘Living in the moment’** – Preferred by many who were not concerned about growing older and had not thought much about it
- New lease of life – post-treatment resulting in desire to live life to the full
- **However**, this means many participants do not often discuss growing older with other people in their lives



2. Growing older: living in the moment vs concerns for the future

- Running out of time: concerns about transitioning late in life

You see yourself sort of ageing and you think, you know, where will I be in 10 years time? I don't fear, um, the ageing process, I just feel a bit sad that I'm nearly 70 before, I will be probably 70 by the time I actually finish this process (Barbara, 69)



2. Growing older: living in the moment vs concerns for the future

Socioeconomic differences - small number had concerns about their financial status in later life:

'My major concern is, is having somewhere stable to live. ... keeping a roof over my head. Having enough money to survive. And if you're living in sub-standard housing which you can't afford to keep warm properly, then your health is going to suffer ...'
(Elaine, 62)

'Well, I'm thinking about it a lot. My main concern is financial. So, I'm working to make sure I have all the money I need not to be worried about money. That's the most important concern I have'. (Sophia, 53)

Others were homeowners and/or had paid into pensions over long careers. Some chose to keep working, for others this was a necessity.

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2. Growing older: living in the moment vs concerns for the future

- Healthy trans ageing:

Most of the participants reported to be physically well with no pressing health concerns.

However, concerns expressed about the risks of taking hormones in later life, particularly if this was not properly monitored.

Family history of stroke:

'I'm aware of the fact that the medication I'm on, with oestrogen... which I now have to have for the rest of my life, having had gender reassignment surgery... puts me into a higher risk bracket as well.'

(Gabriella, 56)



2. Growing older: living in the moment vs concerns for the future

Small number expressing regrets about not transitioning earlier:

'...I just cover the sadness of all those years when I, I didn't know, I then start thinking about, well, I'm sure I did know, when I was 40, 42, 43, 45 maybe. And I think why really, did I not investigate my true thoughts then, but it pushed it away.'

(Barbara, 69)

Life wasted?

'I've got friends similar to myself that, feel as though our life has been wasted, you know, where could we have been um, using the energy and the strength to, to get where we are, where could we have been if we hadn't had to use that energy. Just to survive.'

(James, 63)

Four horizontal bars of varying colors (blue and pink) are located at the bottom of the slide.

2. Growing older: living in the moment vs. concerns for the future

Fears attached to living with **dementia** and **receiving social care**:

- Hearing stories of other trans people's experiences of forgetting they've transitioned
- Concerns about receiving social care and losing control over personal presentation, expression and dress

Worries about fitting in to care environments and receiving the same standard of care as cis people:

- Treatment by staff: Being correctly gendered, fear of being outed
- 'Male' bodies: not having any obvious medical markers of gender identity (e.g. not having undergone gender-affirming surgery)
- Fitting into the social environment of care homes



I'll be concerned that I'm not going to have any form of dignity whatsoever. It's much more difficult for an elderly transgender woman to maintain dignity in a social care context, than it is a cis-gendered woman [...] ... for an awful lot of transgender women just not having facial hair matters, hugely, um, are they going to get that care in a social care context? Will they be able to keep track of it? Or are they just going to be left to deteriorate into an increasingly masculine appearance.

(Suzanne, 65)



3. Resistance to trans identities and expressions within familial and social systems.

- **Emotional labour** of supporting other family members (e.g. spouses/ partners and adult children)
- Controlling the sharing of information about oneself – online and off-line – sometimes losing control.
- Experiencing misgendering (incorrect pronouns, deadnaming) from family members and work colleagues
- Trans status outed by family, friends and work colleagues/managers



'I still have huge problems with my family, on non-acceptance and misgendering me, and they will not use my new name, at all. Um, I am still working with them. ... So, I decided I'm not going to hide. I'm going to be out there, I'm going to be very visible. Um, I'm willing to take, you know, hostility, um, which does happen. I'm willing, without being too heavily hurt, to be greatly misgendered, um, which hurts desperately, um, some of the community, (pause) see, this is the emotional part ...'

(Skogsra, 57)



‘Oh, it was er, really a whole story in itself, the way people treated me at work. [...] I was constantly, it was uniformly bad. I had to ask for diversity training after a while, because they were all outing me all the time... That was part of the, oh by the way, you know, we have somebody who’s transgendered. Because, I find this out afterwards, and they would out me to people that I began to work with, who didn’t know.’

(Richard, 63)

‘There were some issues initially where some [work colleagues] would misgender me in the office. [Colleague], who works on our accounts desk took a little bit longer than some. Would call me ‘he’ or ‘him’ on the phone or whatever.’

(Gabriella, 56)



- Supportive allies: spouses/ partners, adult children, siblings, friends, nieces ...

'My brother's cancer got worse, um, I went up to see him two weeks before he died...he made me promise to be what I wanted to be. He said, don't put this off any longer. I said, well why didn't you say this years ago? He said, because I wasn't sure. But I'm sure you are no. You're in the wrong body. Which was his words. Er, so he said I want you to promise that you're going to do, to do this.'

(Elaine, 63)



4. Resistance to trans identities and expression with systems of care: healthcare.

GP interactions: inconsistent allies

- Most common theme: lack of knowledge many GPs have about trans people's needs and treatment pathways.
- Failure of GPs to follow up - not finding out how to progress gender affirming treatment
- Reluctant educators: frustration for trans individuals, onus is on them to seek information to tell the GP what should be done or to push for further treatment



'First time I ever went in there [GP practice], I just said ... I didn't go dressed ... I went as a man, but I just said I'd got these overwhelming feelings I want to be a woman ... I've had it all my life ... I'm fifty odd now and it's not going away ... I really feel now I've got to go for it. And the first thing she said is, "What do I do about that, then?" "I don't know," I said [...] I'd seen all this stuff about Exeter, so I said to her, "I don't know what to say, really. You're the expert", kind of thing. "I do know there's this clinic in [location]. Is there any chance at being referred to them?" And she was all a bit, "Oh well, I suppose I can write to them. I don't know". A bit airy fairy, you know. "Okay, perhaps I'll write to them and see"'.

(Sophie, 58)



- Shift in power between GP and the patient – challenging and questioning GPs knowledge and (lack of) actions
- **Indirect resistance to good care** – lack of knowledge about hormone prescribing, lack of monitoring (e.g. blood levels), ignorant of NHS entitlements (e.g. access to electrolysis sessions)
- **Direct resistance to good care** – instances of discrimination and being misgendered by GPs and other healthcare staff



Encountering **transphobia** in healthcare settings:

‘And um, so I had my first op [phalloplasty surgery for FTMs], and it just happened. You know, they, they just referred me and then I was given the op... After the operation I had to go back to my [local] surgery and that’s when the nurse in the surgery started to be really difficult with me... when she found out I’d gone to Harley Street she was really upset. She said the NHS is in a lot of trouble and this happens.’

(Richard, 63)

Misgendered in medical records and correspondence/ letters
confirming appointments



'[After starting treatment, I] saw my GP who couldn't even look at me. He used to be lovely when I walked in. [...] he couldn't look at me or anything. And he had to write the prescription. So the usual thing, oh you're the only one in the practice? Rubbish.'

(Clueless, 74)

'I reported my GP down there, back about a year or so ago, two years ago probably now, because he made an [issue] about the kind of person I am. And then, because I was discussing hormones, and he said, 'Oh I'll have to read your notes if you go and wait outside, while I read your notes'. And then he comes out, and he come out into the reception area, and called me by my male name.'

(Louise, 58)



- Such experiences are not universal – couple of participants describe positive responses from their GPs when presenting as themselves/ trans.
- Good support from district nurses post-surgery.

‘My GP, she’s been really supportive, and has genuinely you know, been there for me. ... The first time [I] went as Barbara she looked at me and went, ‘amazing’. She said, ‘where is that person who sat there is his, in his Barbour jacket, with his, sort of chin in his boots?’ Um, but she’s been wonderful.’

(Barbara, 69)

‘My GP was just wonderful. Absolutely wonderful. Um, she, she did more than she needed to, to help out. She sorted out funding for me [...] and, you know, there were things that she, she didn’t have to do, but she actually physically did most of it herself, um, rather than saying well if you did this, you could do that’

(James, 63)



4. Resistance to trans identities and expression with systems of care: healthcare.

Obstructed journeys through the Welsh healthcare system to access gender identity services

- Experienced as an ongoing struggle with bureaucracy and lack of knowledge about trans needs at ground level
- Initial “gatekeeper” interview (with mental health staff) in order to get a referral as an “**extra step**” people have to take in Wales (differs from those in England).
- Delayed waiting game - once referred, incredibly long waiting periods for appointments with the GI clinic and frequent appointment cancellations, further delaying treatment progression.



Relying on peer education

'[Y]ou have to deal with health, individual health boards here, and I am lucky, you know, in the fact that a person that I know had been through that particular health board, and kind of said, no. The only way you can get it is by actually talking to the gatekeeper who will confirm with the endocrinologist. Because the way the system at CP21 works in Wales is that, all doctors are very reluctant to take that level of responsibility, until there's been a formal diagnosis [of gender dysphoria].'

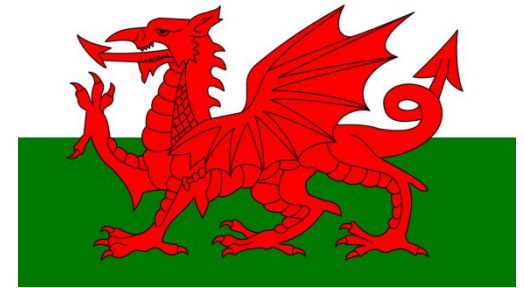
(Skogsra, 57)

'So, it's literally six, seven months you have to wait before you're in the gender clinic. But in Wales, it went through all the process... first you've got to see your GP... like I had to, you've got to see some Psychiatric Nurse... then you've got to go to M. hospital or K. hospital... see somebody there. And only after you've done all that, do you finally get referred to a gender clinic.'

(Sophie, 58)



A 'broken system' in Wales... ?



- Further delays once started the transitioning process and complications **accessing funding**
- **Variations across health boards.** Relies on peer knowledge of *knowing how to play the game* – how to ask the right questions
- Onus on the individual to keep pushing against the medical system in order to receive appointments and access to treatments
- Dealing with **ONE GI clinic only** results in a backlog \Rightarrow increases waiting times to gain access to services
- Couple of participants had sought private care or were 'keeping their options open' – **financial means** to exercise this choice.

Holding out hope for the new GI pathway in Wales:

‘Yeah, it’s the system more than anything that was a little bit broken. I’m hoping it’s better now [...] there’s going to be new Wales one now which is a bit late for me but great for transgender people coming through the system now who are going to be able to go to C. when it’s set up next year. It’s fabulous for them...’

(Gabriella, 56)



Mixed experiences of Charing Cross GIC:

- Some pleased with their treatment – *‘enjoyable’*, *‘very welcoming’*, *‘superb care’*.
- Others report long waiting times and appointment cancellations as the norm
- Long delays for GIC to communicate with their GPs closer to home. Expense of travel/overnight stay to and in London.
- Pressure to have an appropriately gendered name and to present in the ‘right way’ as sufficiently feminine/masculine



'I went to Charing Cross a couple of weeks ago, um, the doctor was brilliant, everything was fantastic, he said, yeah, I'll put you down for surgery this time next year. It was a lot earlier than what I thought, and everything was great.'

(Rebecca, 53)

Waiting for pre-surgery appointment:

'...the thing is that there's, a person of my age group, I'm sort of 70 soon. And you know, that's huge. And to think that I will be 70, I just don't feel, I think it's, I said to him [consultant] in one of the letters, I think it's being really cruel. In the circumstances. I've done everything I can.'

(Barbara, 69)



5. Wishes and expectations of trans individuals for the future

1. Increased knowledge and trans awareness among a) GPs and b) healthcare workers more generally
2. GIC in Wales – smoother process, decentralised/ closer to home, less hurdles to jump, less bureaucracy
3. Better standards of care – including medical records & correspondence, reminders about ‘sex-specific’ screening (e.g. breast/ prostate)
4. Recognition of gender dysphoria as important as cancer diagnosis



5. Wishes and expectations of trans individuals for the future

5. Concerns that care quality could *lower* in future due to lack of investment
6. More information for older trans people about GI pathways and treatments – widely accessible in GP surgeries, libraries, other services. Not all online – varying levels of digital literacy.
- 7. Dignity, respect and fair treatment in later life.**



Engagement workshops: what did we learn?

Three workshops in North Wales, Swansea & Cardiff.

45 participants. Third (15) identified as 'trans' (FTM/MTF) or 'gender queer'. Age range: 28-72 years

Other participants included **health care professionals** (e.g. GPs, OTs, nurse specialists, mental health nurses, clinical and assistant psychologists, assistant psychologists) and **welfare and social care professionals** (counsellors, social workers, teachers in adult education—dementia support).

Key learning points : Making systemic change in health and social care services.



Engagement workshops: what did we learn?

- 1) **Need for compulsory education and training** in a) primary and secondary care services and b) pre-qualifying professional programmes (e.g. medicine, nursing, social work). Involvement of people with lived experience.
- 2) **Benchmarking what to expect** for professionals and for trans individuals – kitemark or accreditation scheme for ensuring quality (trans-inclusive) care delivered by H&SC services.
- 3) **GPs knowledge and awareness at the heart of good care** – focusing on trans individuals' wishes; trans identities not always relevant to good healthcare ('trans' cold or broken finger'), need to be informed on how to support trans individuals.
- 4) **Enhancing social support for trans individuals** – lack of funding for trans groups and networks; need for advocacy in later life (e.g. trans older adults 'too old' for surgery).



Some areas for change

- Need to tackle cisnormative assumptions and beliefs across healthcare system
- Professional bodies to require pre- and post-qualifying/ ongoing education and training (GPs, nursing, medical practitioners/ surgeons, front of house staff, social care staff and professionals etc.)
- Standards agencies to set standards of care and support for gender diverse individuals – going beyond mainstream standards
- Recognition that not all gender diverse individuals are seeking gender affirming treatment and require medical support... but may need social support
- Increased funding and support for trans groups – recognition of the power of peer support.
- Wider public awareness of the impact of transphobia and cisnormative attitudes and practices

Planned outputs

1. Digital stories produced by Fox and Owl Fisher
2. Information sheets for health and social care professionals (good practice guidelines)
3. Policy briefing & summary of findings
4. Launch event at the **Senedd, 4th April 2019**



Diolch yn fawr

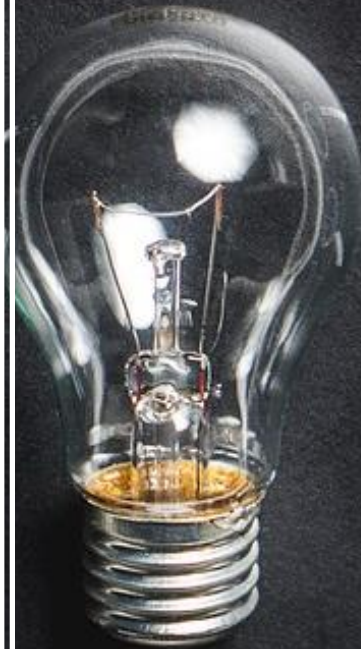
Any questions?



Think-pair-share

Identify **3 key things** to take back to your service/ agency.

1. What needs to change?
2. How will you start to address this?
3. Where might you need help/ input?



Further reading and resources

Age UK (2018). *Factsheet 16: Transgender issues and later life*. URL: [https://www.ageuk.org.uk/globalassets/age-uk/documents/factsheets/fs16 transgender issues and later life fcs.pdf](https://www.ageuk.org.uk/globalassets/age-uk/documents/factsheets/fs16_transgender_issues_and_later_life_fcs.pdf)

Davy, Z. & Toze, M. (2018). What is gender dysphoria? A critical systematic narrative review. *Transgender Health*, 3(1), pp. 159-160. Open Access Online.

Stonewall website: *The truth about Trans*. URL: <https://www.stonewall.org.uk/truth-about-trans>

General Medical Council (no date). *Trans healthcare - advice based on GMC guidance*. URL: <https://www.gmc-uk.org/ethical-guidance/ethical-hub/trans-healthcare---advice-based-on-gmc-guidance>

To learn more about the new GI Pathway commencing in Wales 2019: <http://www.genderdysphoria.wales.nhs.uk/gipg-updates>

Vincent, B. (2018). *Transgender Health: a practitioner's guide to binary and non-binary trans patient care*. London: Jessica Kingsley Publishers.

References

Bailey, L. (2012). Trans Ageing: Thoughts on a life course approach in order to better understand trans lives. In R. Ward, I. Rivers & M. Sutherland (Eds.). *Lesbian, Gay, Bisexual and Transgender Ageing: Biographical approaches for inclusive care and support*. (pp. 51-66). London: Jessica Kingsley Publishers.

Bouman, et al. (2016). Sociodemographic Variables, Clinical Features, and the Role of Preassessment Cross-Sex Hormones in Older Trans People. *The Journal of Sex Medicine*, 13, pp. 711-719.

McNeil, J., Bailey, L., Ellis, S., Morton, J. & Regan, M. (2012). Trans Mental Health Study. Scottish Transgender Alliance. Accessed online 3rd Oct 2015, http://www.gires.org.uk/assets/Medpro-Assets/trans_mh_study.pdf

UK Government (2018). National LGBT Survey: Research Report. Accessed 1st February 2019, URL: <https://www.gov.uk/government/publications/national-lgbt-survey-summary-report>