

Trans Needs Assessment

Analysis of the Stakeholder Interviews

March 2015



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1. Introduction

This report is part of the Brighton and Hove Trans Needs Assessment conducted over 2014 to 2015. The needs assessment has been conducted following the 2013 Brighton & Hove Trans Equality Scrutiny Panel recommended that “as a matter of some urgency a needs assessment needs to be undertaken to identify the size of the trans community and its needs”¹ The needs assessment is overseen by a Steering Group which is co-ordinated by a trans community representative.

This report aims to provide the service provider ‘stakeholders’ perspective on the service related needs of the trans community through an analysis of the stakeholder interviews. It is important to note that the findings of this report should be interpreted alongside other information being collected as part of the needs assessment including the views of local trans people. This results will be triangulated with evidence from the literature review, data snapshot and research seeking the views of the trans community survey that are being conducted alongside this report. This will then be presented in an overarching needs assessment that makes recommendations for action.

This report includes is interviews with stakeholders from public sector, statutory and community and voluntary services. The interviewees considered how their specific services do or do not meet the needs of the trans population in the city. The semi structured nature of the interviews also resulted in information about wider issues, assets and perceived needs.

The term transgender, or trans, is used as an umbrella term to describe people whose gender identity differs from their assigned sex at birth. Some transgender people will choose to transition socially and some will also take medical steps to physically transition to live in the gender role of their choice.

¹ Brighton & Hove City Council. Brighton & Hove Trans Equality Scrutiny Panel. 2013

The term trans also includes a broader group of people who find their personal experience of their gender differs from the assumptions and expectations of society, such as people who are intersex, androgyne, polygender or genderqueer. They may also experience some of the issues related to being labelled by others as a gender that doesn't match their gender identity.

2. Methodology

2.1 Stakeholders

Selection of relevant stakeholder services and the appropriate staff member for interview was derived from a range of sources:

- Those organisations which were invited to the Brighton & Hove City Council.: Brighton & Hove Trans Equality Scrutiny Panel. 2013
- The Trans Needs Assessment Steering Group comprising;
 - Brighton & Hove City Council; Housing, Children & Young People, Adult Social Care; Policy, Communities Equalities & Third sector, Public Health, Community Safety
 - Sussex Police
 - University of Brighton
 - Brighton & Hove NHS Clinical Commissioning Group, Including a GP
 - LGBT Health Improvement Project,
 - Brighton & Hove Trans Alliance including Trans*Pride Brighton; FTMB, The Clare Project
- Named services and individuals attending other relevant city Equalities forums e.g. Public Sector Equalities Group
- Those organisations who responded to the Call for Evidence
- Word of mouth
- Certain services that contacted the interviewers directly
- Interviewers identifying service gaps and subsequent invitation to interview.

Final selection of stakeholders was agreed by the Steering group. See Appendix 1 for the complete list of organisations

To inform the analysis the stakeholders were grouped into 3 sectors:

Sector 1: Public and Statutory services , this includes health services, Council services, Job Centre, Police, Fire Service, colleges and universities. A total of 41 interviews were conducted with 53 people.

Sectors 2: this includes general community and voluntary organisations (CVS). A total of 14 interviews were conducted with 15 people.

Sector 3: Trans specific community and voluntary organisations or those CVS groups with a specific trans service or high use by trans people.. A total of 9 interviews were held with 12 people. These interviews as expected were far longer and provided personal perspectives as well as service commentary.

Repeated approaches were made to the commercial & business sector via personal contacts, forums and mailing lists with no interviews resulting, which is a gap. In addition, it did not prove possible to arrange interviews with Trans* Pride Brighton and the Rainbow Fund.

In total this resulted in 64 semi-structured interviews were completed with 77 participants, using the stakeholder list and question format agreed by the steering group members.

2.2 The Interviews

Interviewees were sent pre appointment information pack outlining the rationale, aims, questions, section from the Joint Strategic Needs Assessment JSNA(for information) ² and consent form.

The interviews were conducted in person in the majority of cases with only two over the telephone due to time geographic or diary pressures. . The interviews were recorded to assist with the written notes and subsequently erased when the notes were agreed by the interviewee.

The interview questions were:

When thinking about your professional ³ role, what are the particular issues for the trans population?

When thinking about your professional role, what is working well to meet the needs of Trans people in the City?

Thinking about where needs are not being met:

What is currently happening that could be done differently?

What is not happening that should be?

What do you consider to be the most important priority for action and why?

Do you know of any information collected by your service that could be useful for the needs assessment?

What are your needs as professionals to be able to do this work?

Facilitating prompts were used as necessary.

² <http://www.bhconnected.org.uk/sites/bhconnected/files/jsna-3.2.5-Trans-%26-gender-identity.pdf>

³ Interviewers clarified that this includes peoples working role and in a recognised voluntary role.

The interviews took place between January and July 2014 and were conducted by Becky Woodiwiss, Health Promotion Specialist and Sarah Podmore, Health Promotion Practitioner from Public Health.

2.3 The analysis and presentation of results

Analysis was conducted by Becky Woodiwiss. The interviews were individually read, reread, emerging themes coded and grouped into a framework, reviewed and interrogated. Key themes identified were grouped according to the needs assessment topic structure agreed by the steering group. e.g. studying, health and wellbeing, housing etc. There is also an additional 'general' category that is holding cross cutting issues or issues that do not come under the other topic headings.

Additionally specific issues, additional comments, quotes and suggestions were also captured. This analysis has identified themes at a level that will support formulation of action and recommendations (alongside the data snapshot, literature review and community research). It aims to achieve a balance between high level themes (e.g. "mental health is an issue"), that although important do not set specific actions or do not provide new insight, and very specific issues that are not grouped and remain a list of individual's comments and suggestions.

A draft version of this report was considered at the Trans Needs Assessment Steering Group in October 2014. Comments made by group members have been incorporated in this report,

2.4 Data presentation

The themes have been presented in a bar chart format for each topic. Themes are RAG rated as:

Green: Services that are considered to be working well or can be considered as an asset

Amber: What is happening that needs to be improved?

Red: What are areas for concern or gaps in services?

Stakeholders were grouped into sectors and the first column of the chart identifies which sectors the themes emerged from:

- 1: Public sector / statutory sector
- 2: Community and Voluntary Sector (general)
- 3: Community and Voluntary Sector (LGBT or Trans specific).

The size of the bar is the frequency of which the themes were mentioned.



Each topic section has a summary text providing overall commentary including key quotes and interview participants' suggested recommendations.

Each section contains the bar charts representing the themes, commentary and suggestions made by those interviewed. Quotes are used to add further detail and are anonymised.

The bar chart horizontal axis may differ from section to section for example, the divisions represent up to 20 people for health and wellbeing care and up to 8 for housing. This has been done to make the bar charts easier to read.

3. Summary of main themes

	What is working well or is an asset? Green	What is happening that needs to be improved? Amber	What are areas for concern or gaps? Red
Children, young people & families	<p>The Trans* toolkit in schools is recognised as a valuable asset, an excellent example of successful partnership working and a solid basis on which to work proactively with children young people, their families and carers.</p> <p>BHCC are actively recruiting foster carers and adopters from LGBT communities.</p>	<p>There are some family support projects but much more is needed.</p>	<p>There are few services available to support families with trans children and children with trans parents.</p> <p>Services do not always work together to support trans children and families.</p> <p>Stakeholders identified that educational institutions need clearer guidance for staff on how to deal with transphobic bullying and abuse.</p>
Neighbourhoods & involvement in civil society	<p>There some good examples of trans inclusive work being done in specific communities e.g. in neighbourhoods.</p>		<p>Not all LGB (T) groups are trans inclusive.</p>

	What is working well or is an asset? Green	What is happening that needs to be improved? Amber	What are areas for concern or gaps? Red
	The increased awareness across the city amongst services partly due to the Scrutiny process and partly due to the protected characteristics requirements of the Equality Act amongst the city reflected by the increasing visibility of celebrations, performers and events.		
Homes		Increase use of Council powers to deal with discriminatory and abusive residents and landlords	Homelessness for trans people (especially young people) is a complex area that needs reviewing. Stakeholders noted the isolation experienced by trans peoples in certain types of accommodation and often with safety concerns.
Health & wellbeing	The key role of the local trans and some of the LGBT community groups in providing support and some services such as counselling, Speech Therapy and voice coaching, peer support.	Stakeholders identified the wide variation in GP and clinicians' knowledge and experience. Information needs to be available to clinicians and the public - clinical, legal and support groups.	Health care professionals need to be aware of the gender related health issues and screening programmes to ensure trans people are not missed.

	What is working well or is an asset? Green	What is happening that needs to be improved? Amber	What are areas for concern or gaps? Red
	<p>Sexual and domestic violence services are trans aware and inclusive.</p> <p>The Stakeholders interviewed from both the trans community groups and those working with people with Autistic Spectrum Conditions are aware of their need to work together.</p>	<p>There are good specialist sexual health services which include information about cancer screening but these needs to be more widely publicised.</p> <p>Recent developments in commissioning of older people services provides an opportunity to build trans awareness in the services and amongst services users.</p>	
Health care	<p>Some health related services are provided by local community groups such as speech therapy, psychotherapy which should be publicised to GPs hospital etc.</p> <p>There is a strong user voice that could be used to shape local services.</p>	<p>There are some local experts/clinics but it is not clear to clinicians or public if these are for NHS or private patients only.</p> <p>There is the perceived need and the potential to develop more pre and post Gender Identity Clinic (GIC) treatment support e.g. blood test, hormones, hair removal etc.</p> <p>Stakeholders identified example of good practice on call taking which could be widely shared.</p>	<p>Stakeholders identified a range of concerns around the GIC pathways for both adults and children and young people (waiting times, distance, communication, support etc.).</p> <p>There is a paucity of easily available information for the public, clinicians and general services about the treatment and care available for trans people.</p> <p>Stakeholders noted concerns about the mental health of trans people of all ages, especially with the additional pressure of waiting for treatment.</p> <p>Also frequently noted - the dearth of trans aware, skilled, supportive mental health &</p>

	What is working well or is an asset? Green	What is happening that needs to be improved? Amber	What are areas for concern or gaps? Red
			<p>wellbeing support and counselling services available in the city, especially for children under 11.</p> <p>Simple clear information about the effects of medication, surgery and hormones is also lacking.</p> <p>Little is known about trans sex workers in the city.</p>
Leisure	The trans only swimming sessions are a valued asset and a good model of joint working from which to build further work with sports and activity clubs.	Stakeholders noted how important it is for trans people to continue to take part on sport, activities and clubs – there is still much to do in breaking down barriers and gender divisions and challenge sport inclusivity with national bodies and local clubs	Leisure publicity does not always include information relevant to trans people.
Community safety	There are an increasing number of 'safe spaces' for trans people to meet.	<p>Increasing routes to report hate crime.</p> <p>Continue to build partnership working between police and community groups.</p>	<p>Transphobic abuse in public places is identified as a big area for concern.</p> <p>Specialist training needed for domestic abuse and sexual violence (DA&SV) services.</p> <p>There needs to be better understanding by services of the needs of trans people</p>

	What is working well or is an asset? Green	What is happening that needs to be improved? Amber	What are areas for concern or gaps? Red
			<p>around sexual and domestic abuse “</p> <p>Stakeholders noted concerns about custodial arrangements for trans adults and young people</p> <p>There is no refuge service for trans men.</p>
Studying	The learning institutions interviewed are committed to improving trans students experience and several have offered to meet and share good practice – a learning forum?		<p>Nationally, student information needs to include information about gender identity to enable Colleges and Universities to support their trans students from the start.</p> <p>Stakeholders noted a need for information in advance for International students (and visitors) about this diverse city.</p>
Employment & skills	Staff LGB and T forums – a useful organisational asset that could be better used to guide trans inclusive practice.	<p>Stakeholders suggested that adopting a zero tolerance approach helps tackling the variation in trans inclusivity within organisations.</p> <p>Stakeholders identified the availability of employment support and opportunities for retraining but uptake needs to be increased.</p>	<p>Statutory employers could be more proactive in recruiting and retaining, trans staff.</p> <p>Employers do not always fully implement the Equality Act for trans people.</p>
General issues	Stakeholders recognise how important awareness training is	Stakeholder noted the gradual increase in gender neutral toilets and	Services should self-review to ensure they are clearly trans inclusive for both staff & clients.

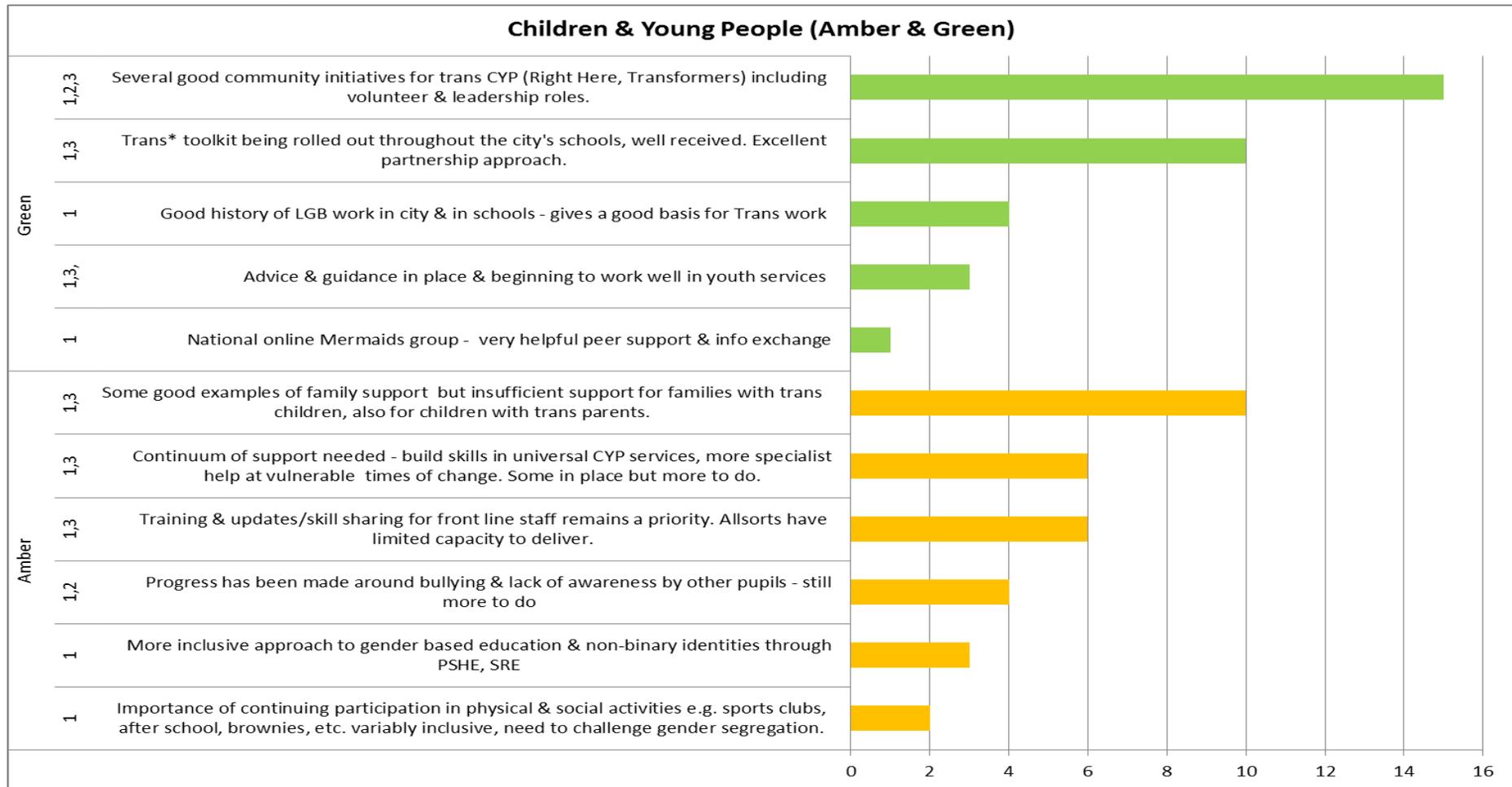
	What is working well or is an asset? Green	What is happening that needs to be improved? Amber	What are areas for concern or gaps? Red
	<p>and there is a commitment by many to continue to promote this working in conjunction with local trans groups.</p> <p>Mentoring and advocacy projects – although very few are in place they are highly valued.</p> <p>There are examples of good practice in data gathering and organisations are happy to share these.</p> <p>Stakeholders recognise there needs to be both trans inclusive general /universal services as well as trans specific services</p>	<p>changing facilities but much more to do.</p> <p>Stakeholders suggested a ‘quality mark’ to indicate a service is trans inclusive.</p> <p>Local services and trans groups are keen to look together to address barriers and improve services. But this needs resourcing.</p>	<p>Services need to recognise that trans men, trans women and non-binary trans people may have differing service needs, especially during different stages of transition.</p> <p>Funding and capacity development is a clear need for the trans (and LBGT) community groups – in terms of the services and support they provide to trans people, but also in their outreach and partnership working.</p> <p>Stakeholders identified the compounding effects of multiple vulnerabilities for some trans people - being older, with disability, from a Black or minority ethnic culture.</p> <p>Trans community groups and services need to reach the hidden trans people</p> <p>Nearly all interviews identified the importance of good awareness training – to include e.g. implementation of Equalities Act, data collection, making services accessible, trans persons perspective.</p>

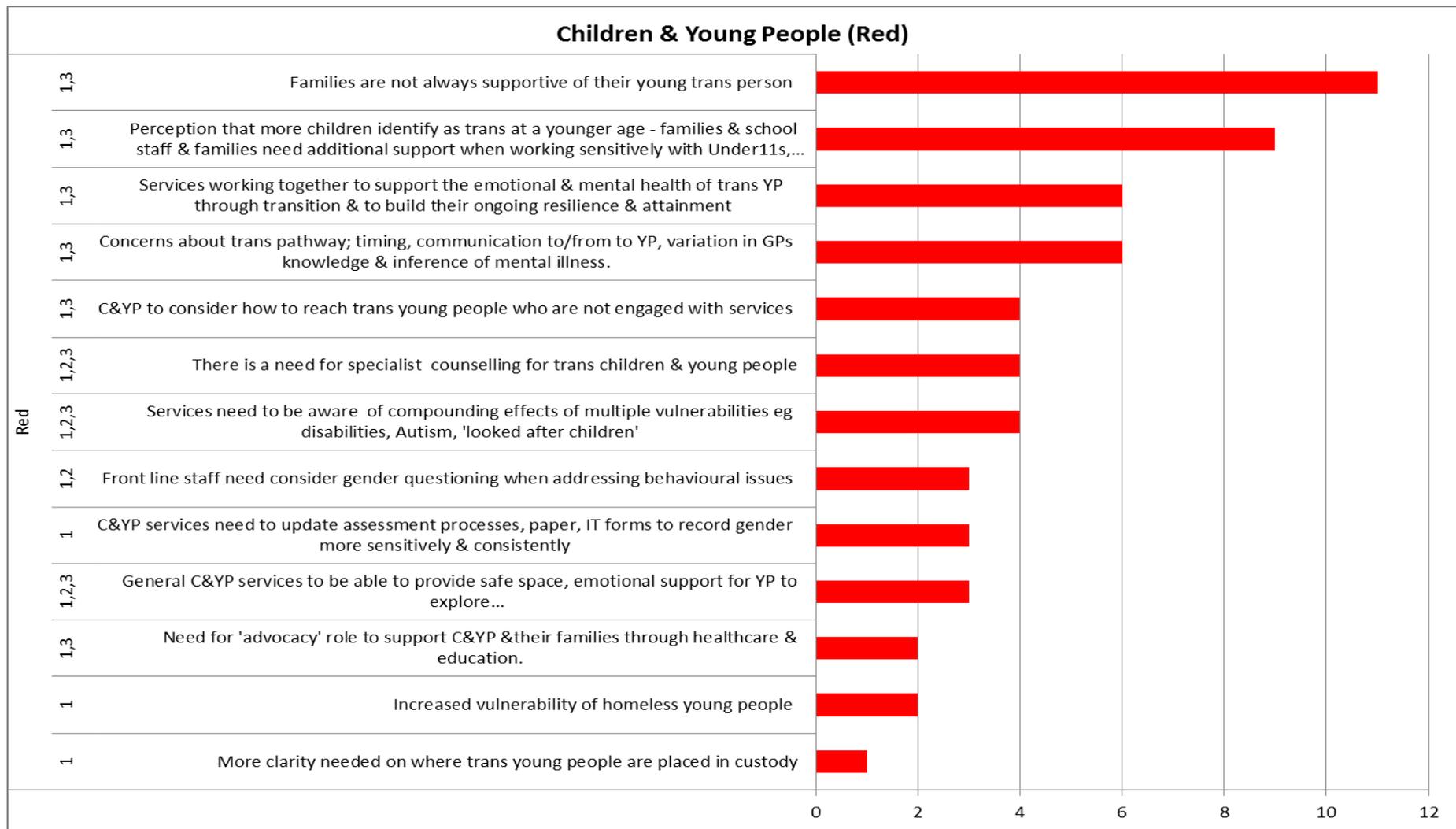
4. Detailed results

The results are presented under these agreed themes:

- Children, young people and families
- Neighbourhoods and involvement in civil society
- Homes
- Health and wellbeing
- Health Care
- Leisure
- Community safety
- Studying
- Employment and skills
- General

4.1 Children, Young People and Families





Of the 22 stakeholders that discussed issues for children, young people and families the majority of them identified as assets the excellent work of the community groups (Allsorts and Right Here) in supporting children, young people and their families. It was also acknowledged that there is limited capacity and investment in these groups is much needed.

Another key asset is the positive partnership approach to implementing the Trans* toolkit in schools. This has begun being rolled out to young people's setting and colleges.

All the ingredients are in place for really working well with children and young people... we just need staff time to move the work forward

This has helped towards building a more inclusive approach to gender based education, physical and social activities for children and young people although there is more to do.

It's the younger school kids on the playing fields that 'name call' my trans students

Stakeholders acknowledged the important role of the good community groups in supporting families. They recognise that gender variance in children is a sensitive and complicated issue for both the child or young person, and for their families. Families may not find it easy or know how to be supportive...

I hear unhelpful comments such as 'it's a phase & you'll grow out of it' and these do not help anyone.

Families may also be concerned for their trans child facing future discrimination in education and employment.

There is a perception that more children identify as trans at a younger age ...

It is easier for young people to articulate things about their gender identity - they have the language, information & awareness.

Stakeholders felt this would be positive in terms of preventing longer term distress *if* there were suitably skilled staff and services – but there is a gap in services for under 11s.

A major area of concern for stakeholders is that front line staff in general services need to be aware, confident and able to provide a 'safe space' in which children and young people can explore their gender identity. Also that appropriate timely levels of support can be

provided for all concerned. It is crucial for the emotional resilience of all that the services work together with *all* of those involved. Services also need to review their monitoring processes, be more aware during assessments and consider potential links with behavioural issues, some of this is happening but there is much more to do.

*Some trans YP just want to go to the same general services with their non-trans friends. Young people do not want **only** to be defined by their 'transness'*

Further efforts need to be made to reach out to children and young people who have multiple vulnerabilities often referred to as 'intersectionality' or are not engaged with services.

Stakeholders express real concerns about the trans pathway for children and young people given the crucial timing around puberty.

Timing of treatment around puberty is crucial - hormones at the right time will make all the difference.

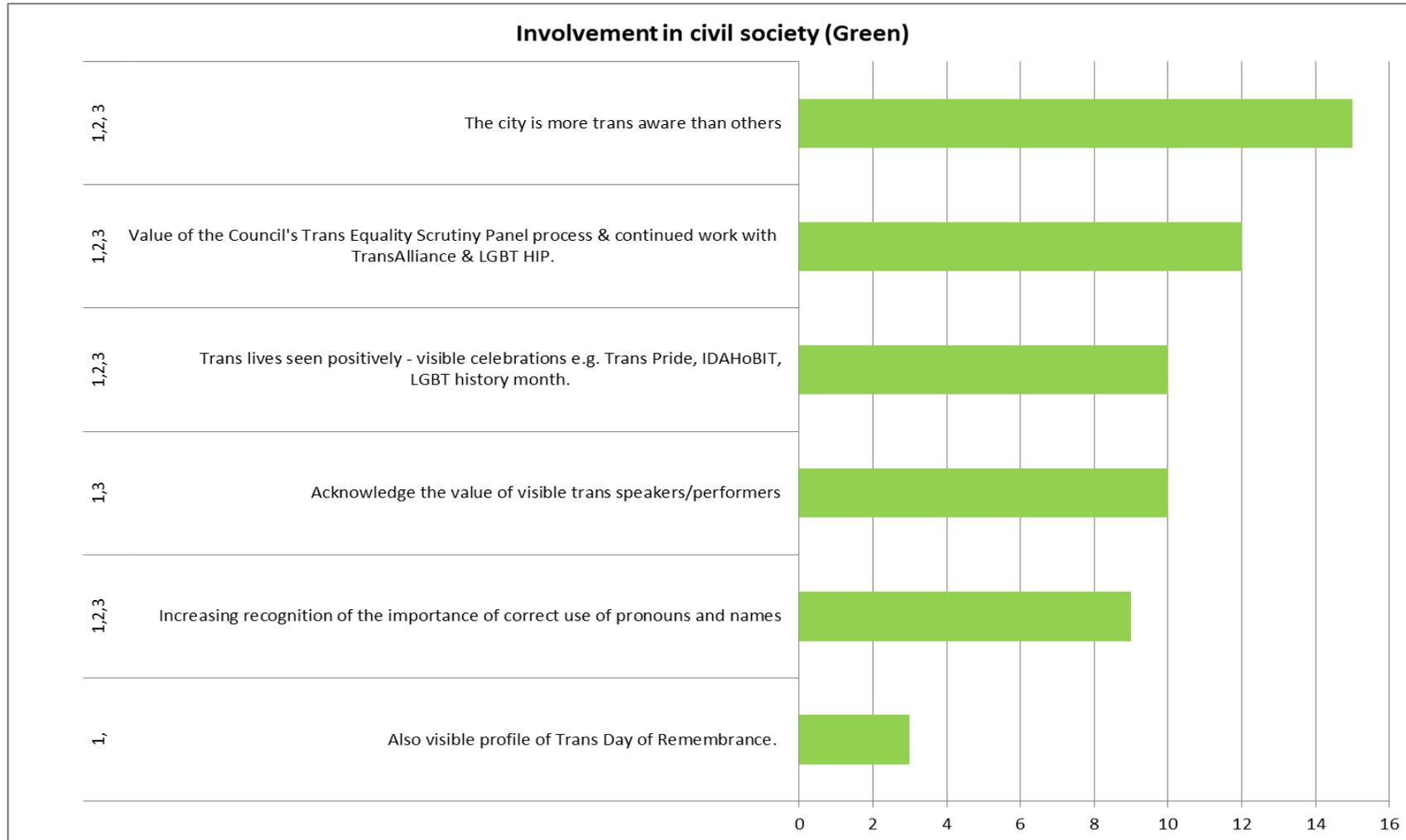
Gender variance in children is complicated & professionals shy away from advocating for them

The potentially pivotal role of the GPs was also identified and the lack of specialist counselling and advocacy support.

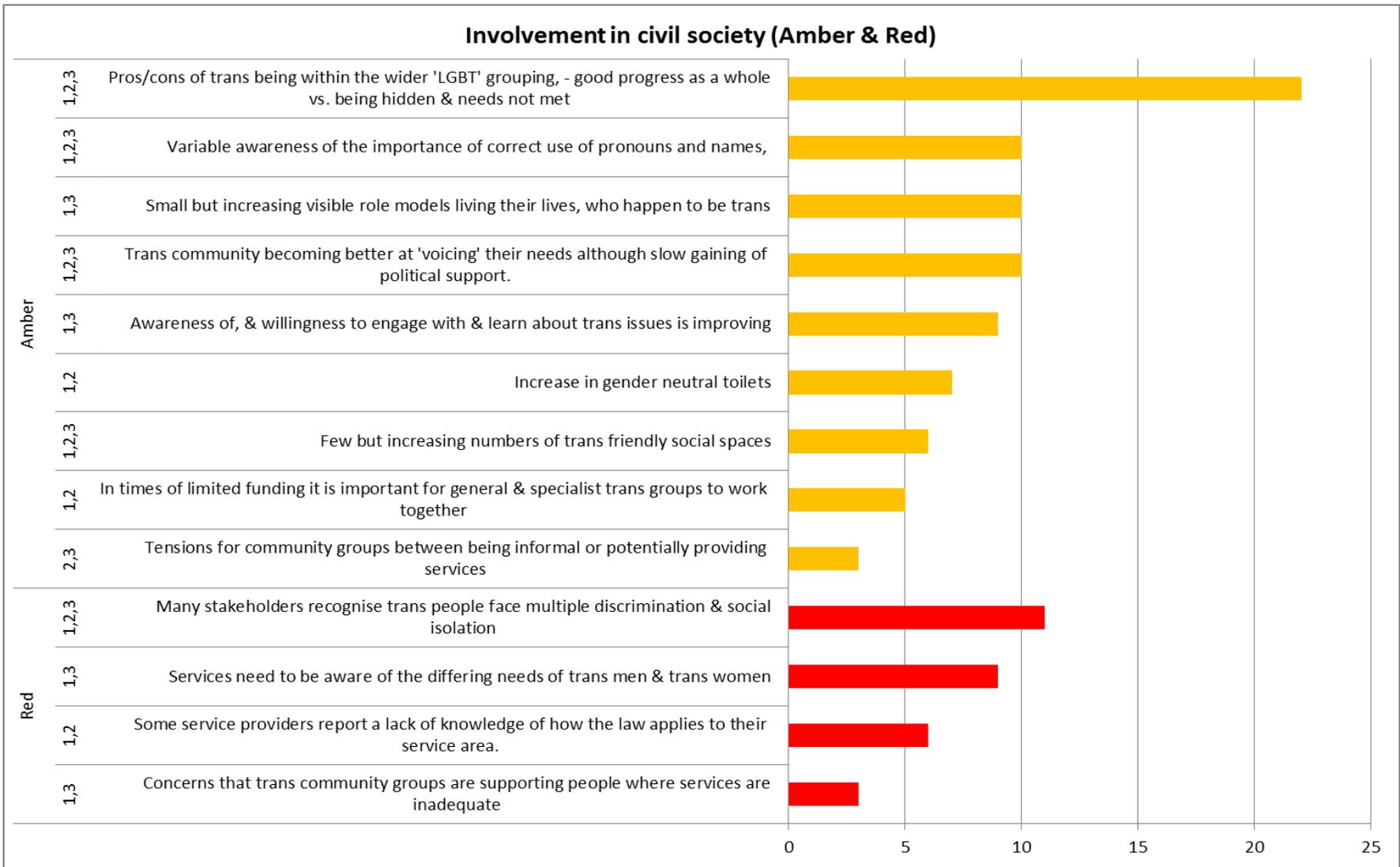
Suggestions

- Funding for community and voluntary sector support for children and young people and their families
- There needs to be a service that can support children with trans parent(s)
- An update/skill sharing mechanism – for front line staff would be helpful
- All services for children and young people need to show they are trans friendly for example, with a sign in the window, on their webpage etc.
- The care pathway for children and young people should be actively monitored by commissioners
- Actively publicise trans inclusive schools to assist parents and carers with their school choice
- Local services for trans children and young people should be publicised in A&E
- A simple flow chart for referral and care for gender variant children would be helpful for a wide range of workers
- There is a need for specific counselling for trans young people
- A local service for service for younger children and families (under 11s).
- Better information and training for GPs to be able to support trans children and families.

4.2 Neighbourhoods and Involvement in Civil Society



Involvement in civil society (Amber & Red)



We need to make the city a place where trans people can live their lives 'better' not just 'surviving'

Things for the community should be led by the community

There are a number of trans groups that mostly work very well together - but as with any oppressed groups still emancipating themselves there are often differing opinions in how to move things forward

52 stakeholders identified issues, assets and gaps relating to 'involvement in civil society'. This section produced some of the most positive comments.

Stakeholders from all sectors identified the more inclusive nature of this city, with slow but increasing trans awareness and of the key issues e.g. the importance of using correct pronouns. The Council Trans Equality Scrutiny Panel work is identified as an 'asset' because of the work that has come out of it and recent increase in role models and 'political' profile. Assets also identified include the city's trans celebrations such as Trans* Pride, LGBT history month and other events such as the Trans Day of Remembrance and trans speakers/performers.

Trans people are much more vocal now, following a similar path to the Lesbian and Gay community 10 years ago.

Trans people have to articulate their issues or hide them which heightens stress & increases vulnerability

Many stakeholders identified the benefits and challenges of being part of the LGBT 'umbrella'. This provides a mix of progress for the LGBT communities as a whole, but some felt that there has also been marginalisation of the trans community voice within this 'umbrella'.

An area of concern for stakeholders is that much of the work and services depends on small groups with limited capacity and funding, mainly staffed by volunteers. Most of these groups are primarily social groups, but are now providing small scale services to fill the gaps in mainstream support. This changing function may lead to tensions within and between these groups.

Trans people should be able to use all services rather than be 'ghettoised'.

Stakeholders also identified the importance of having a balance between having trans inclusive generic services and trans specific services.

There are a number of trans groups that mostly work very well together - but as with any oppressed groups still emancipating themselves there are often differing opinions in how to move things forward

Stakeholders are very clear that trans people continue to face multiple discrimination, social isolation and that general society still has much to understand.

Suggestions;

- Develop a proactive media strategy, embracing the city's diversity, including pictures of trans people in publicity materials, with a local campaign to address stigma & discrimination.
- Develop a trans community champion outreach role to link to services and help look at the barriers for trans people.
- Develop trans volunteers roles in key services e.g. CAB
- Build better collaboration between LGB & T groups so they are able to promote how trans inclusive they are.
- Commissioners should ask the LGBT groups they fund what they specifically do for their trans members.
- Council should develop a trans equality strategy and action plan as a result of this needs assessment.

4.3 Homes



Safe housing is very important as it makes life 'liveable not just survivable'

21 stakeholders discussed housing and identified small scale examples of good practice as important assets on which to build. For example, the communities in Hangleton & Knoll and St James have made positive efforts to engage and involve their trans residents in local initiatives.

A little appreciated asset is the Council's landlord powers to address discriminatory and abusive behaviours amongst their tenants and with their contracted and private sector landlords. However these are not well publicised and variably implemented. These could be more proactively used to challenge transphobic behaviour of residents and landlords amongst many housing areas and neighbourhoods.

This topic resulted in one of the highest number of identified areas of concern. Stakeholders identified specific issues to do with safety concerns and isolation relating to their housing tenure and type.

Some in sheltered housing may not be welcoming of those who look & behave differently.

Housing is unaffordable for many in this city. Many trans people experience periods of reduced income whilst undergoing treatment which stakeholders noted may result difficulties in meeting high rent and mortgage costs with resulting housing difficulties.

Brighton & Hove is becoming unaffordable in the private rented sector for many especially those who may be out of work due to periods of treatment.

Access to temporary housing is contentious. Some stakeholders stated it cannot be assumed that all trans people are vulnerable *because* they are trans yet others were emphatic about the need for safe temporary housing particularly for those who come to the city to avoid transphobic abuse.

There are different housing issues for those just moving here to explore/change gender identity to those who have lived here in their preferred gender.

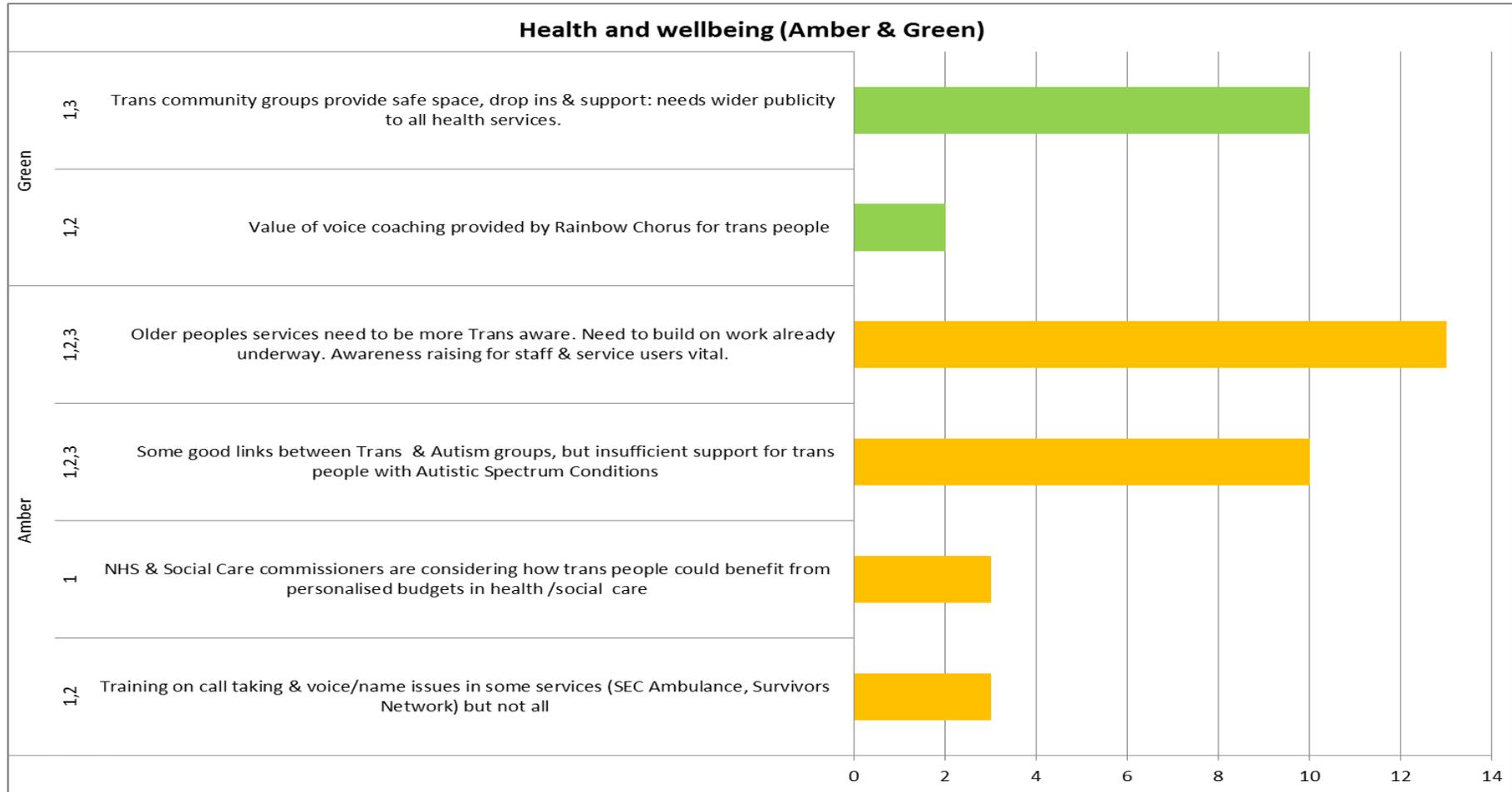
Responses by other residents in emergency accommodation may prompt a trans person to return to their dangerous home environment.

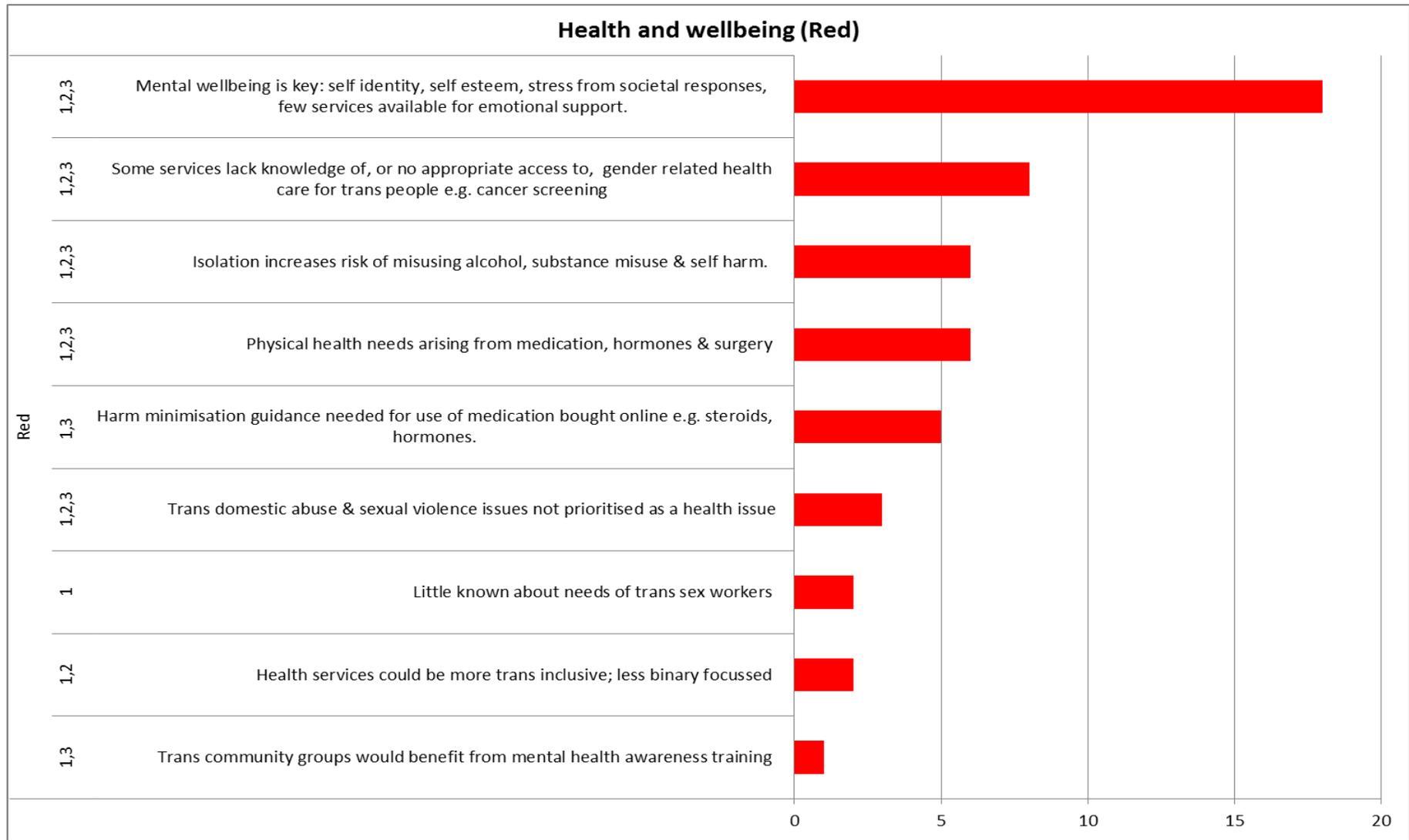
Stakeholders noted that young people are particularly vulnerable with the housing benefit changes and requirement to share housing.

Suggestions;

- Greater publicity (and implementation) of Council's guidance for tenants about discriminatory behaviour.
- Promote good practice and awareness of legal protection of trans people to private sector landlords
- Trans training and awareness raising for staff and residents in sheltered, supported, temporary and residential housing schemes.
- Build better links between housing services and domestic/sexual violence services to prevent trans people returning to an abusive home.
- Raise awareness of the council's discretionary housing payments (DHP) for people in transition or those under 35 affected by the single room regulation.

4.4 Health and Wellbeing





45 of the stakeholders had specific comments about health and wellbeing with some key assets as well as many areas of need identified. One key asset identified by the stakeholders is the crucial roles the trans and LGBT community groups have in supporting trans people in providing some services. These community groups and services need to be widely publicised to all health and wellbeing public sector services to facilitate 'signposting'.

The wellbeing of specific groups is an area needing greater understanding stakeholders noted. Specifically the differing needs of older trans people and the lack of awareness and understanding in older people's services across all sectors. There have been recent positive service developments, such as additional community activities for older trans (and LGB) people, Older and Out which these should be built on.

Age is a big issue - the later people transition the more it costs physically and psychologically.

There is greater awareness by the stakeholders interviewed of the additional needs of trans people with Autistic Spectrum Conditions. Several of the public and community services are beginning to work together however all felt there is more to do. The health needs of trans sex workers were felt to be little understood. Stakeholders identified that trans sexual and domestic violence needs to be higher on the 'health' agenda given the short and longer term health impacts.

Stakeholders identified the importance of ensuring trans people are included in gender based health checks and screening programmes such as cervical screening. There are good examples of this work locally but much more still to be done.

A gap identified by stakeholders is the lack of easily available and trusted information about the short and long term physical health and wellbeing effects of surgery, hormones and medications, especially when bought online.

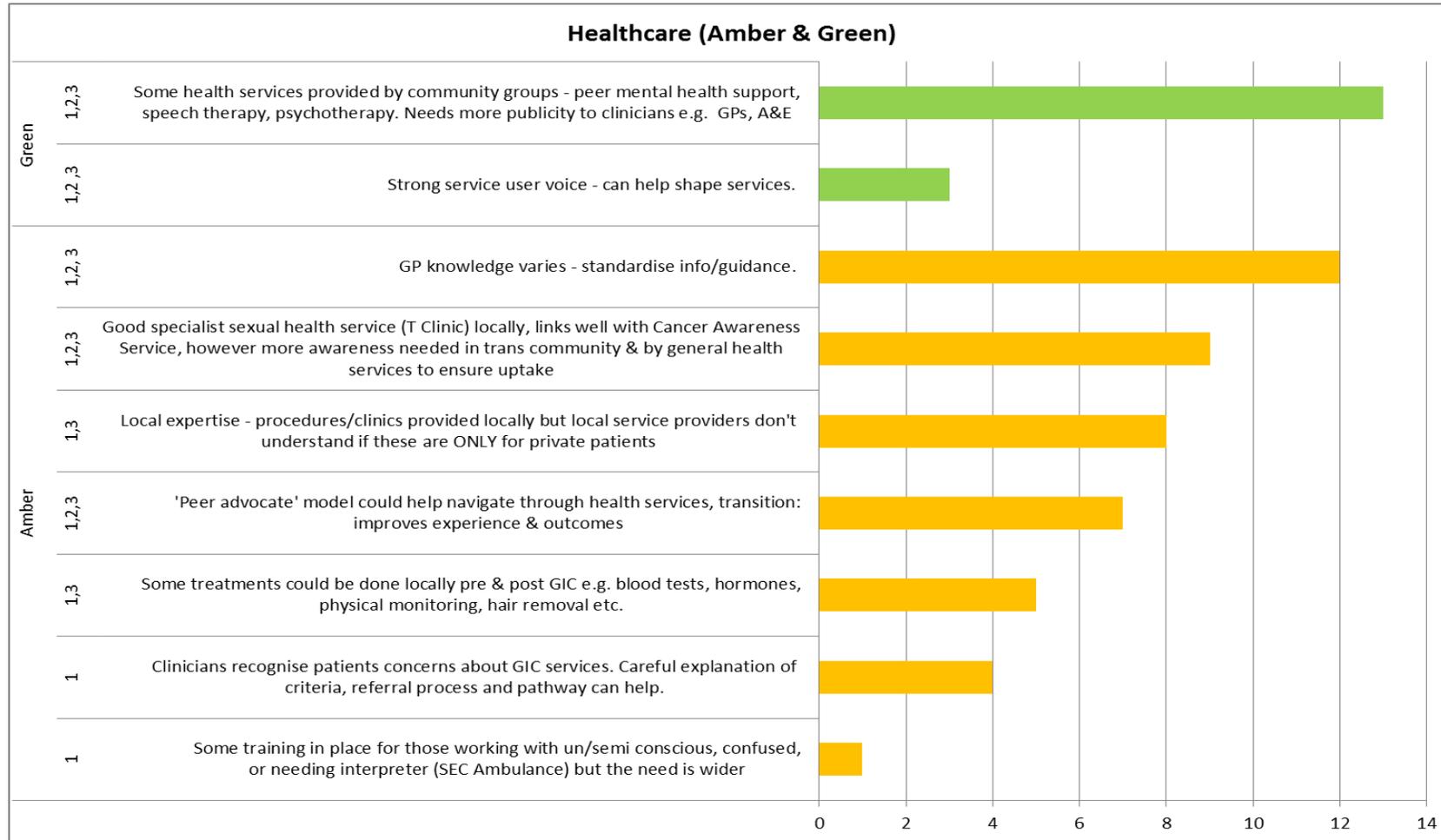
Mental wellbeing is a main area of concern given the pressures trans people experience from societal responses, potential isolation, increased use of alcohol, drugs and occurrence of self harm. In addition, there are few trans inclusive statutory services available for *emotional* support.

Trans people have the same mental health issues as the rest of the population BUT also have to deal with society's treatment.

Suggestions

- Publicise trans community groups and services widely
- Mental health awareness training for trans community groups.
- Ensure better access for trans people to NHS counselling services for general mental health support and ensure counselling services are aware and skilled to support trans people.
- A meeting between Trans groups and Autistic Spectrum Condition services to facilitate awareness and closer working
- Guidance for services on how to challenge transphobia from our other service users
- Harm minimisation guidance needed for use of medication bought online e.g. steroids, hormones.
- Sharing good practice guidance for call takers.

4.5 Health Care



Healthcare (Red)



45 stakeholders discussed health care issues. The main assets identified by stakeholders are the health services provided by community groups such as psychotherapy and speech therapy. Peer support and advocacy projects, the few there are, are very welcomed. These need to be publicised more widely to the GPs and clinicians supporting trans people.

A continuum of emotional, social & mental support is needed - from universal services through to specialist

The strong service user voice in the city was also identified as an asset. This could play an important role in reviewing or developing local services. Stakeholders noted that whilst some GPs are very knowledgeable and helpful, this varies across the city. Awareness training to some GPs was delivered in 2014. Careful, timely and sensitive explanation of the treatment process by the clinician can really support peoples experience, outcomes and resilience.

Specialist sexual health information is available in the city and is well linked to the cancer prevention work but there needs to be more done to promote this amongst the trans community and clinicians to increase the uptake.

There is local clinical expertise in various aspects of gender identity treatment and care. However it is not clear (nor well publicised) exactly which services are available to NHS patients or if only to private patients.

Stakeholders identified gaps in provision of (or opportunities to provide) local pre and post treatment services such as blood tests for hormone monitoring and there is more to do develop these.

The main area of concern identified by many of those interviewed is the treatment pathway, the GIC services. Most consider these problematic, slow, at a distance and disempowering. Communication with both the person and their local GP is patchy and there is very little support for those on the waiting list. Very strong views about the available services were expressed in some interviews.

The GIC is miles away and terrible.

The changes in the NHS interim protocol for gender identity services were generally welcomed but it was felt there is still much more to do. Not least of which is de-connecting the assumed link with mental illness which is widely contentious and considered to stigmatise trans people.

Mental ill health is also an issue raised by many stakeholders and the high levels experienced by trans people a matter for serious concern with few suitably skilled counselling services available. The level of risk was highlighted in comments that trans people are over represented in groups to support people at risk of suicide.

Stakeholders commented that clinicians are generally not very knowledgeable about gender Identity and often rely on patient's own knowledge which can cause ongoing misinformation to circulate. There is a recognised lack of easily accessible information and guidance on treatment referral routes, clinical information, legal matters and local support groups etc.

Being trans ... may need ongoing health care, as little is known about the long term health issues.

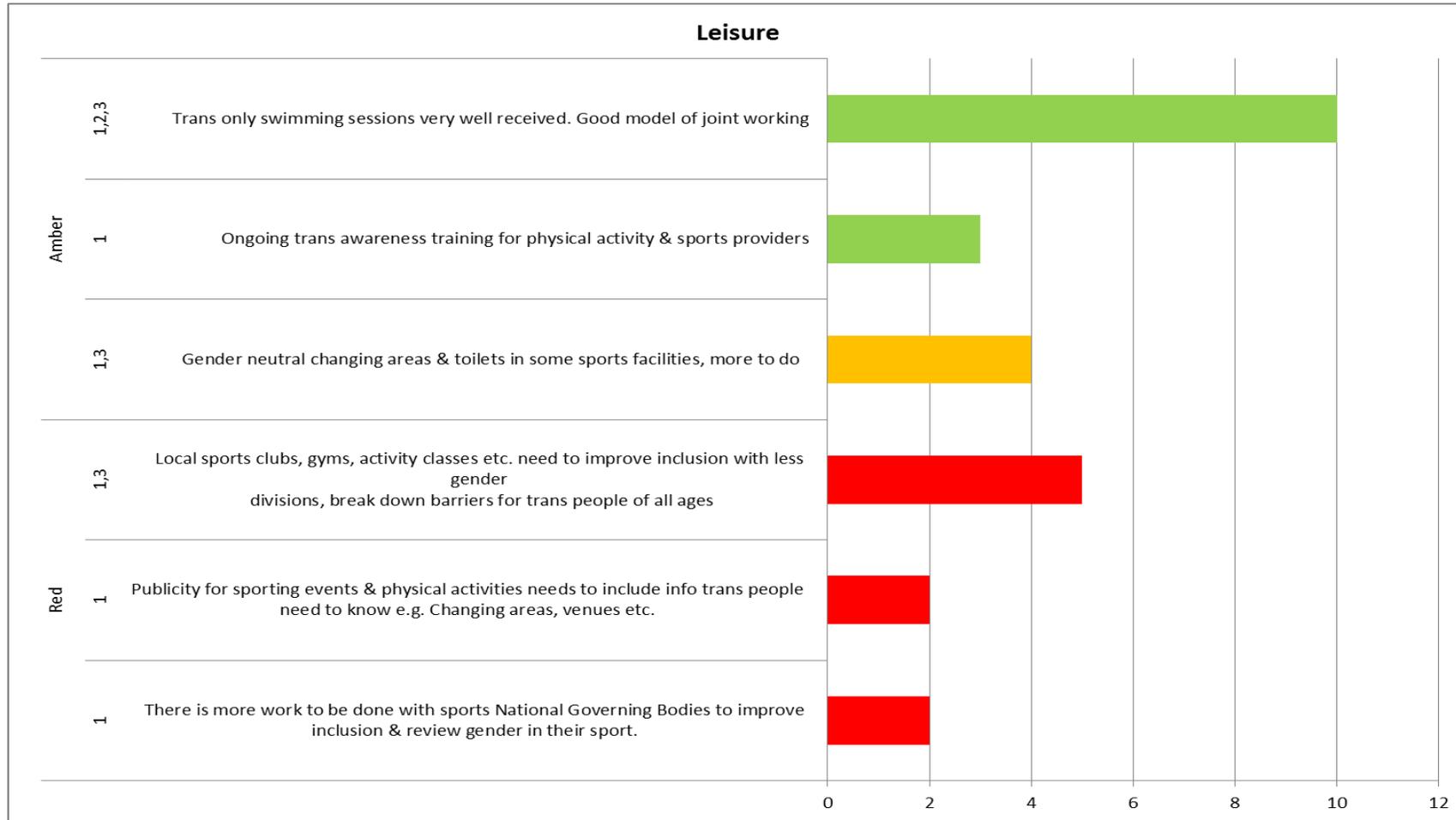
Specific needs of certain groups are even less understood such as those with Autistic Spectrum Conditions (ASC) who are additionally vulnerable to mental ill health.

Training for health care staff on asking gender questions is patchy and lack of awareness may lead to insensitive questioning which adds to the pressure on the trans person.

Suggestions;

- **Publicise health services provided by trans community groups to clinicians e.g. GPs.**
- **Explore potential of trans community groups acting as a 'referral' centre & commission them to deliver wrap around services.**
- **Need more appropriate sexual health/cancer resources**
- **Trans friendly GPs to be publicised in the trans community**
- **The new protocol provides opportunities to consider some local services e.g. a community group could act as a 'primary referral centre' where a clinician and Counsellor could advocate & co-ordinate access to certain locally provided services; Endocrinology, speech therapies, monitoring clinics; blood tests etc.**
- **GPs should ask trans people to sign a consent form for their trans status to be shared where medically necessary e.g. - for screening purposes.**
- **Explore funding for an advocacy project helping trans people through the health care system**
- **GPs could refer to community group services e.g. speech therapy.**
- **Gender identity codes on GP and health care IT systems are confusing, better consistency needed.**

4.6 Leisure



Issues to do with Leisure were raised during 13 of the interviews including all representatives from the specific trans community groups and projects.

There was general consensus amongst the stakeholders interviewed of the importance of keeping physically active to support physical, mental and social health.

Trans people still want to enjoy sport & physical activities for fun & the swimming is a great start - we need to widen participation!

A widely identified asset is the trans swimming sessions which are held up as a good example of how trans specific activities can be developed through a partnership approach between service commissioners, service providers and community groups. These are widely known about and well promoted throughout the city. Stakeholders from both the public and community sectors saw this as a positive start which has subsequently prompted additional activities such as the Walk & Talk project for young people.

We need to encourage sports leaders from within the trans community as good role models.

Stakeholders identified that there is more to do to increase awareness of the specific issues for the trans community amongst the city's many sports groups, clubs and leaders of physical activities. Whilst the city has some inclusive sports clubs, there are questions about the relevance of gender divisions in many sports/ activities. Stakeholders are keen to work with trans community groups to continue unpicking the barriers to participation with local clubs, county sports partnerships and where possible to influence the national governing bodies.

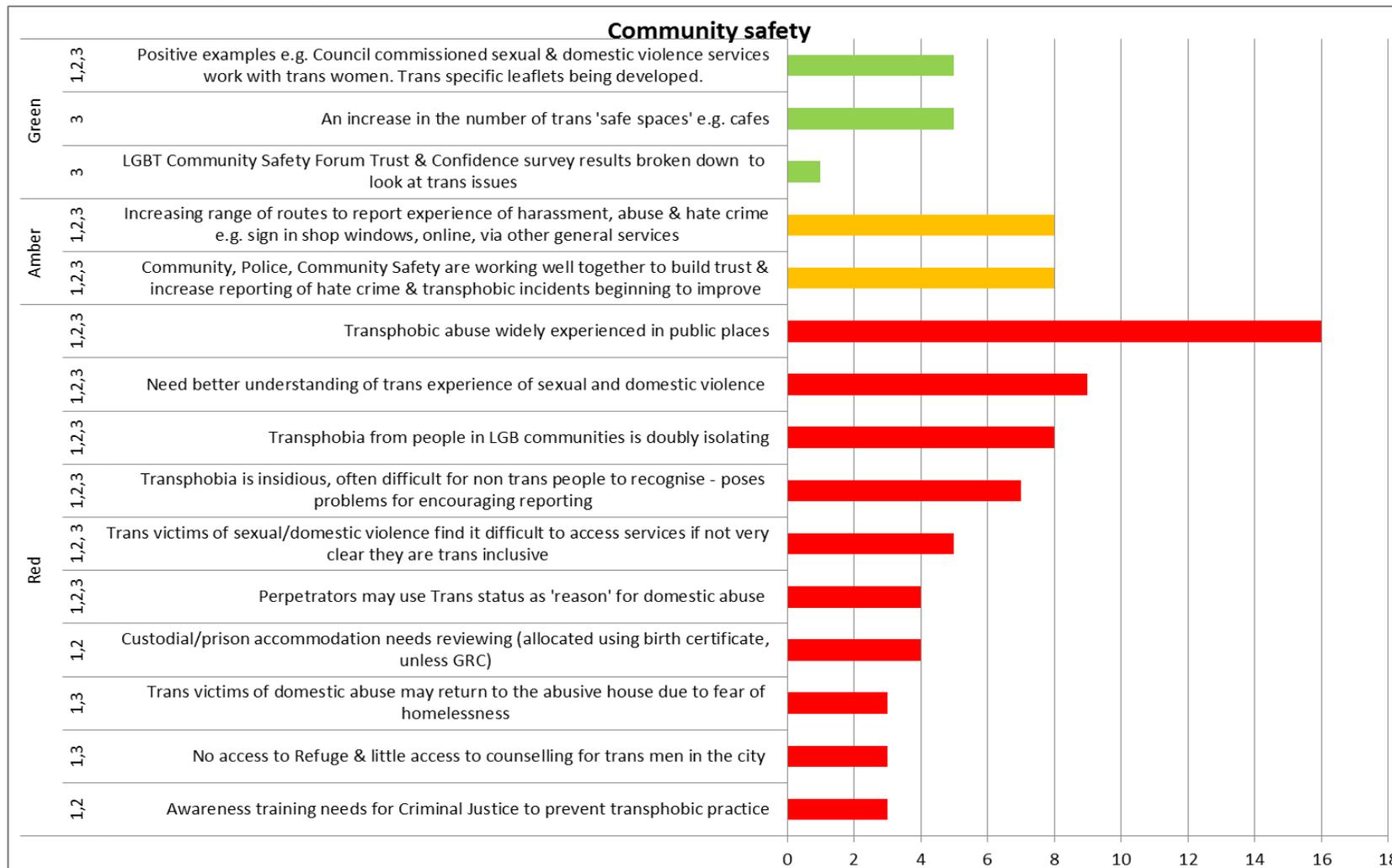
Many Brighton sports clubs have a good ethos of inclusivity but who knows how many trans people participate?

Stakeholders expressed concerns about the practical problems in accessing sport and physical activity opportunities to do with unsuitability of facilities - changing areas/rooms and toilets, some of which are being addressed during refurbishing and upgrading of facilities but there is more to do to.

Suggestions:

- Sports Development to work with trans community groups to unpick some of the barriers to participation
- Exploring the development of other trans only sessions e.g. golf
- Explore the possibility of a representative body similar to BLAGSS (Brighton Lesbian and Gay Sports Society).
- Continue to work with County Sports Partnership to develop equality training and policies for clubs.

4.7 Community Safety



33 stakeholders made specific comments about the assets, issues and gaps around community safety and hate crime.

An asset identified is that there has been a gradual increase in the number of 'safe spaces' for trans people in the city.

The notion of 'safety' for trans people covers both socio-psychological feelings of safety & physical safety from harm.

Also noted are the increasing examples of joint initiatives between the trans community, Community Safety and Police for example, the Trust and Confidence survey.

The 'Violence Against Women & Girls' strategy recognises the city's demography and includes work with the LGB & T community despite its proscriptive name. The city has some good specialist domestic and sexual violence services, which would benefit from wider publicity. However an area with more to do, stakeholders noted, is the lack of awareness and knowledge in general services about the complexities of domestic and sexual violence in the trans community.

There is a noted gap around the refuge arrangements for trans men that needs addressing immediately.

Many stakeholders identified concerns around the frequency of transphobic abuse and low levels of reporting transphobic harassment. This abuse continues to be an issue even with recent progress in widening routes to report.

It happens so often, several times in a day, so commonplace no point reporting & can limit people in going out.

Transphobia is often mocking, verbal, hostile body language & non-verbal communication in nature, the recipient knows what is being done ...but the cis gendered community may not realise.

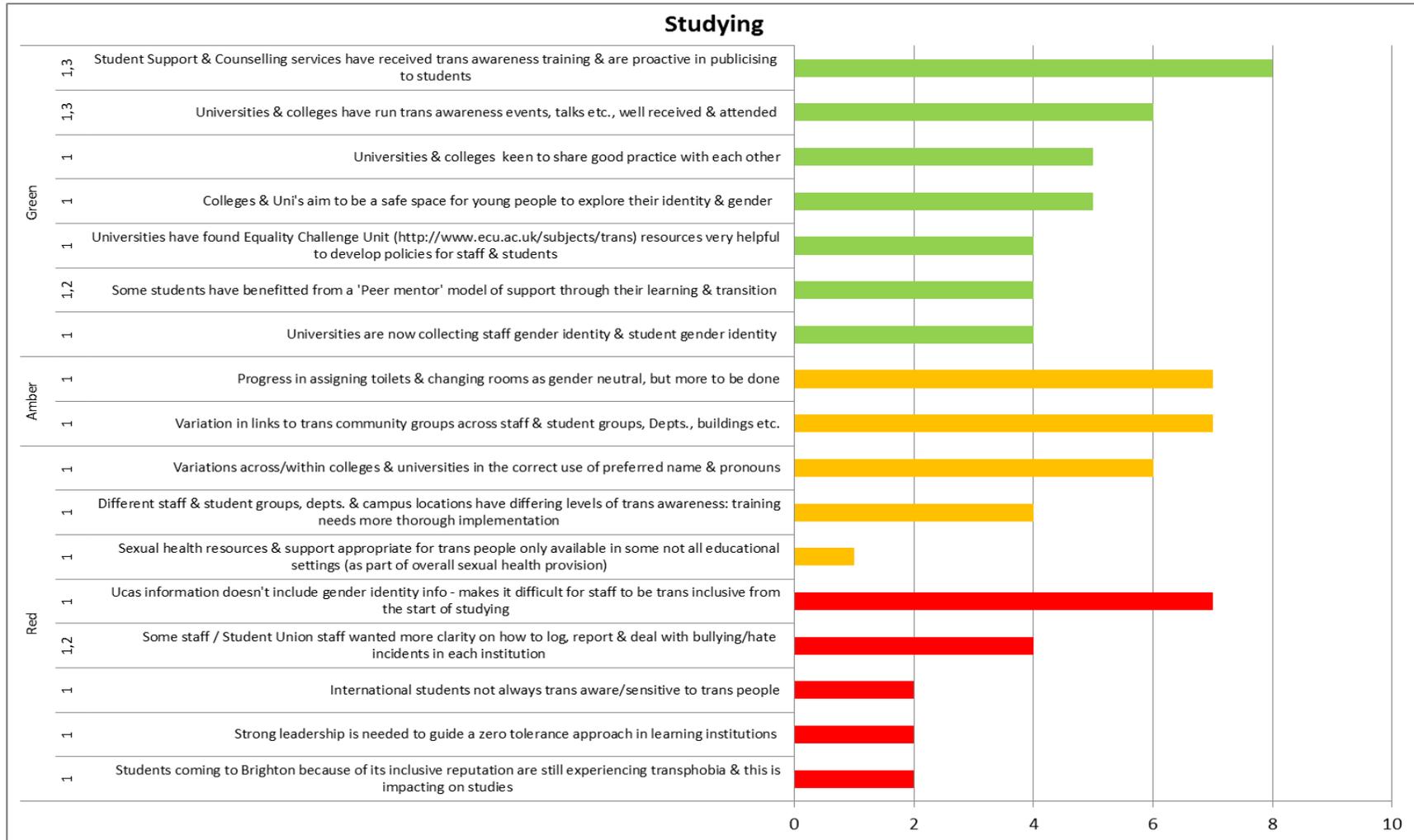
Many trans people feel they take their lives in their hands when they walk down the street & are genuinely scared of being murdered.

Criminal justice processes and custodial arrangements for trans people can be very challenging, stakeholders commented, and a more flexible approach is needed for example use of 'presented' rather than birth names.

Suggestions

- **Raising the visibility of trans people by including trans people in promotional publicity to celebrate and reflect the city's diversity.**
- **Specialist trans awareness training for sexual & domestic violence services.**
- **Trans friendly signs in shops, cafes etc. to add to the range of places people can take refuge if being harassed.**
- **To scope out how feasible it is to make these venues 'reporting' sites for hate crimes.**
- **Repeat the LGBT Community Safety Forum Trust & Confidence survey regularly as a means of identifying progress.**
- **Trans specific posts in the domestic & sexual violence services would make these services safer for trans people.**
- **A refuge service is needed for trans men.**
- **Trans awareness training is needed for criminal justice and custody staff**

4.8 Studying



Of the 65 interviews 11 people represented 5 of the city's Sixth Forms, Further Education Colleges and Universities.

Some (Trans) learners 'do it here first' before taking their preferred identity home & out into the community.

This quote by a stakeholder sums up the feelings expressed by many of those interviewed.

Assets identified by stakeholders include examples of good practice in staff awareness, specialist training of student support services and student counsellors, celebratory events and organisation specific trans policy development. Student Unions also have excellent examples of awareness campaigns, talks, surveys and celebratory events. Most of the institutions have strong links to LGBT community groups to support their students.

The Universities both identified additional relevant knowledge through their academic programmes for example LGBT Queer Life Research Hub, Gender Studies, Sexual Dissidence which could be potentially better shared across the city.

Stakeholders identified that where a peer mentor has been able to support a trans young person they have benefited both in their studies and with their health and wellbeing, it was suggested that this be more widely available.

Gender neutral toilets and changing areas are important and sometimes contentious issues and stakeholders identified there is much more to do to in order to provide safe and comfortable facilities that trans students can use in confidence.

Student information provided at the start of studies does not necessarily include preferred gender, pronoun or name which presents a potential hurdle to inclusion from the start of that study period. Some stakeholders have made good progress in establishing systems to monitor student and staff gender identity.

Several stakeholders noted the variations in levels of trans awareness and inclusivity between different departments, sites and staff groups. This needs addressing through good management direction and organisational commitment to address these variations.

Stakeholders identified additional awareness and consideration needed for specific groups of students for differing reasons, including:

- students with autistic spectrum conditions to maximise their student experience and prevent isolation.....

Many people with ASC have brilliant insightful brains, high IQs, advanced spatial skills of which society does not make the best use.

- international students who may not be trans aware and this may lead to misunderstandings and transphobia
- genderqueer people who may experience additional challenges with binary divisions of student life
- differing support needs of younger and older students....

There is a difference in the information & support needs for younger & older trans, especially those who have been living locally.

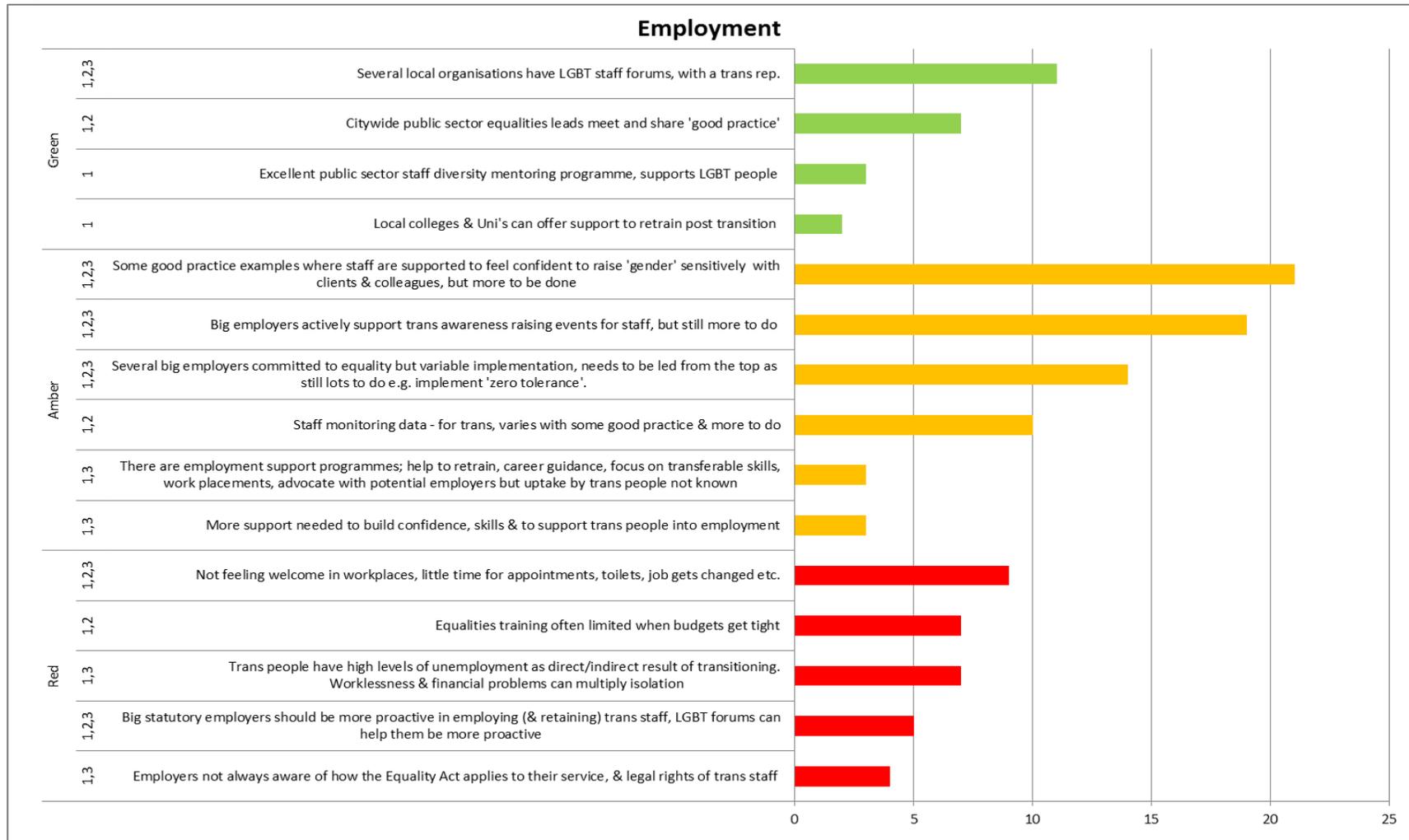
Particular concerns were noted about the cost and distance for students wanting to access specialist gender identity services and the impact on their studies as well as their health and wellbeing.

Getting to Gender Identity Clinic is stressful, takes time & is expensive for students.

Suggestions

- Sharing good practice across the studying stakeholder organisations. A Learning forum?
- More information given in advance to international students about the inclusive culture of Brighton & Hove
- Development of a peer mentoring scheme to support students through their studies
- Institution specific guidance from the top on how to log, report and respond to incidents of transphobic bullying
- More campaign, publicity and awareness materials for events or activities and closer links to local community groups.
- GIC pathway information to be available to universities/colleges so they can advise and support students through treatment to limit impact on their studies.
- Specific trans sexual health materials available at each institution.

4.9 Employment and Skills



48 stakeholders had discussions about employment or workplace issues. Only one specific employment organisation was interviewed.

Job security and income are really important, if you are visibly trans this can go against you. So even if you are suitably skilled you are just not rung back after an interview. We need to do something to change trans peoples working experiences.

Socio-economic status can become a changing feature as people transition and may lose their jobs or change career with reduced income.

The Equality Act 2010 is recognised as a key asset and it sets out clear legal requirements for employers both in terms of the services provided and as employers for their employees. However it is very variably implemented which is cause for concern.

There are several examples of good practice; ongoing staff training and awareness raising events which aim to skill up the staff, build their confidence in providing an inclusive service and improve monitoring information. This in turn supports a trans inclusive workplace, support for trans staff, and proactive in recruitment policies. Stakeholders identified the importance of sharing examples of good practice around implementing the Equality Act for staff and services across the city, often in climate of with limited capacity and variable funding.

Stakeholders identified the value of having equalities staff groups such as LGBT staff forums and the potential to use these forums more proactively in the workplace should be considered.

The highly valued public sector diversity mentoring programme is a well-regarded asset. There are opportunities for retraining provided by local further and higher education providers and the job centre plus which would benefit from wider publicity amongst the trans community to increase uptake.

It is clear that many services struggle to implement the Equality Act thoroughly for their workforce and a strong steer needed from the top of each organisation. The findings in this section underline the paucity of monitoring information found for the Data Snapshot element of the Needs Assessment.

Stakeholders identified additional specific employment issues for trans people with Autistic Spectrum Conditions.

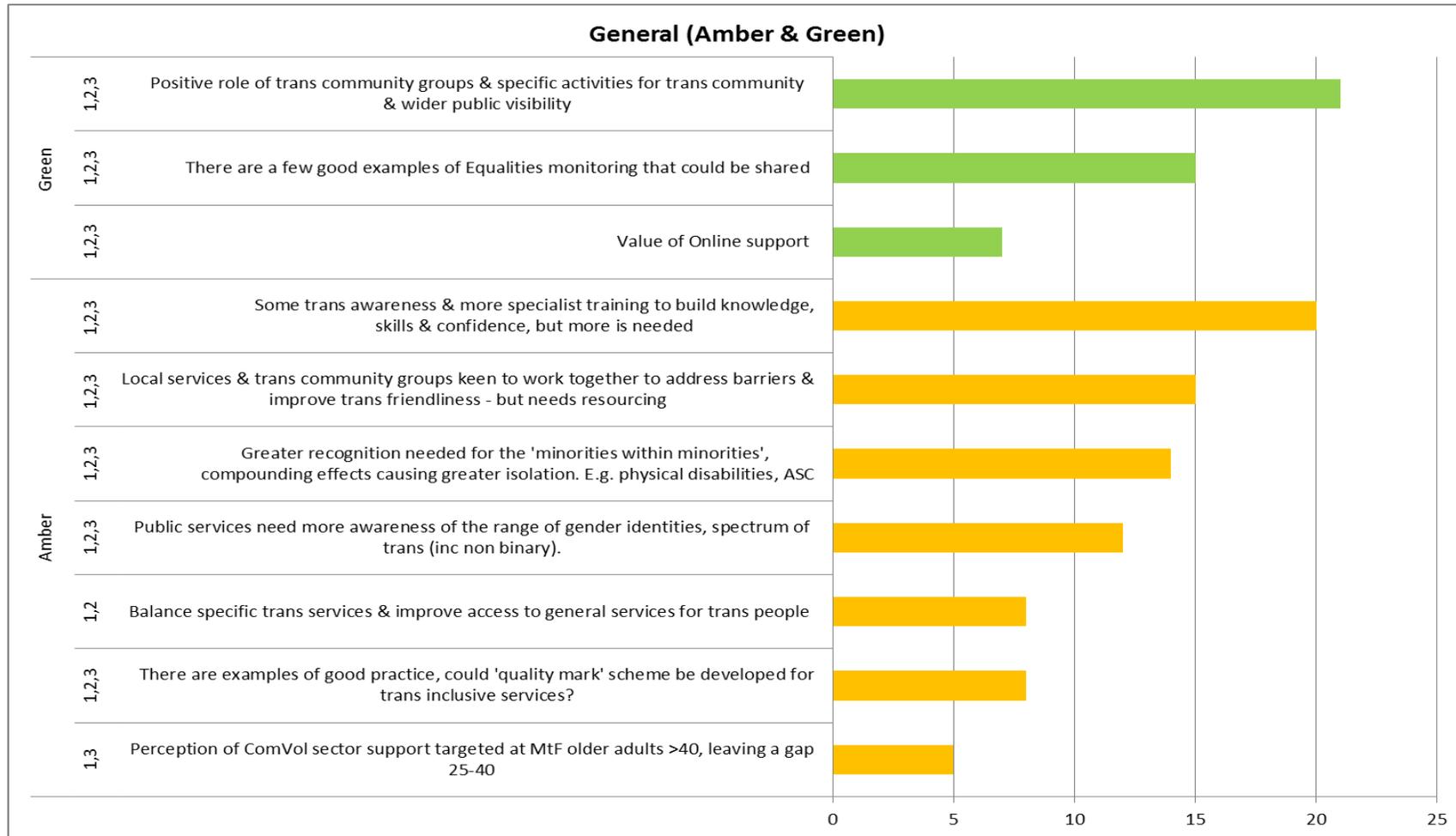
Community sector stakeholders identified the need for clear practical information to trans employees about the support and guidance to which they are entitled, pre/post and during transition. Equally employers also seek information about their role and relevant legal issues e. g. staff records

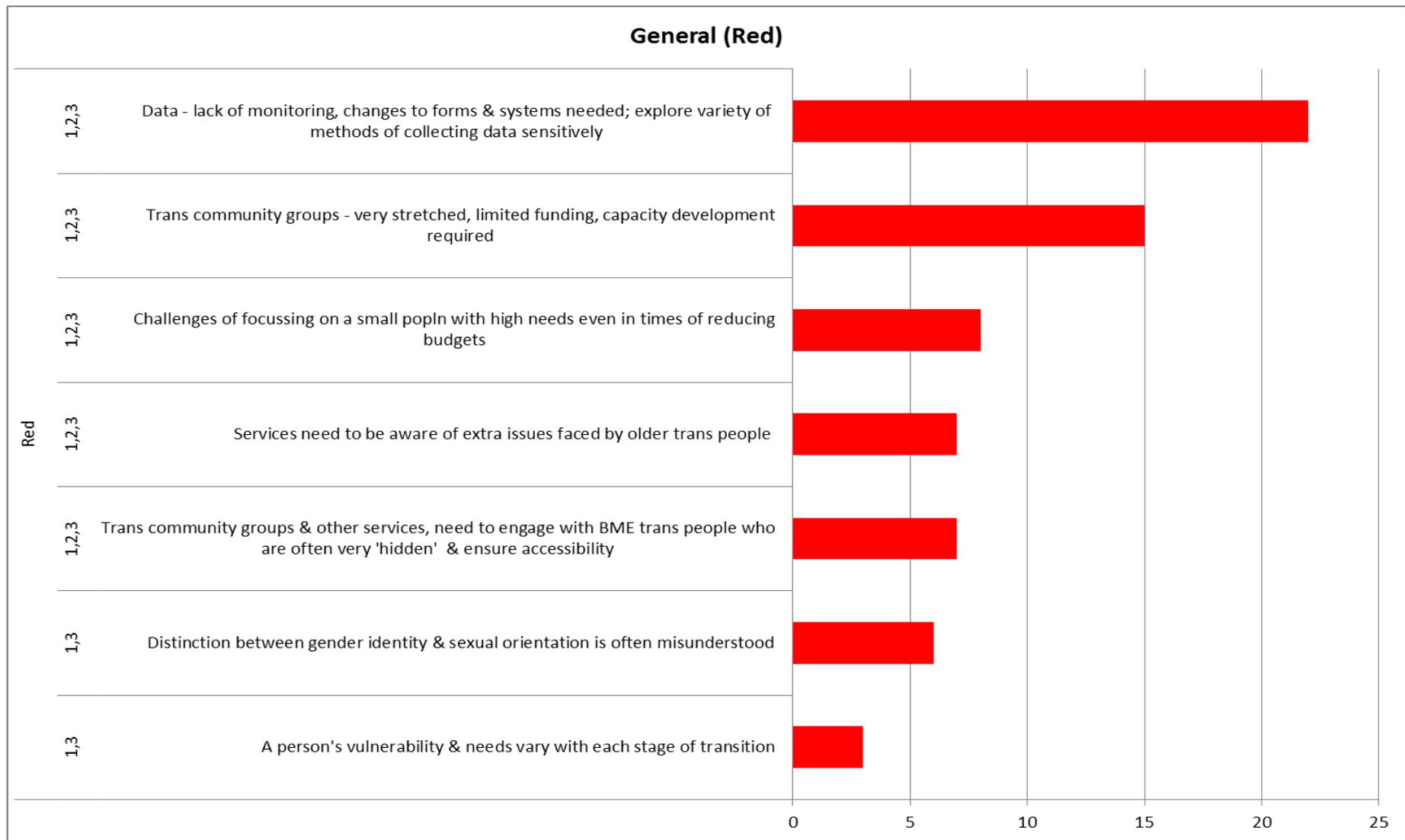
Stakeholder suggestions include the development of a sign, or quality mark standard to demonstrate to potential service users or employees that employment and services provided by that organisation are trans inclusive.

Suggestions;

- Development of a sign or quality standard to show trans inclusivity
- Promotion of supported employment programmes to trans community as these are currently underused.
- Guidance about employment for people during transitioning.
- Trans community groups to be invited to visit the Job Centre Plus to share information consider barriers to employment and increase awareness of support available.
- Advocacy/mentoring scheme - to support trans people into work

4.10 General Issues





This section captured the general issues raised by 62 stakeholders that relate to all sections or are wider than the specific topics.

One asset identified by stakeholders from every sector is the positive role that trans specific community groups and projects play in the city both by supporting trans people but also by providing wider public visibility and positive role models.

Also valued are the examples of good practice around equalities monitoring being developed and implemented in the city.

Many IT systems do not allow for an 'other' group – they only have M/F

The value of online support was raised by stakeholders in several sections.

There are good examples of awareness training delivered by community representatives to help build staff knowledge and confidence in the services but this varies across the organisations interviewed. Additional resources are needed to ensure this important work continues. It also reinforces the need to invest in capacity development of the local trans community groups, which although greatly valued, are often much stretched.

There is a willingness for services and communities to make the time to work together to look at the barriers for trans people to accessing general services, which also needs some resources. Some stakeholders suggested developing a 'quality mark' for trans inclusive services.

We need little signs to indicate trans inclusivity across the city

Another area of concern raised by stakeholders is that of trying to getting the balance right between trans aware and inclusive universal services and the development of trans specific services. This is ever more pressing in the current financial climate.

When resources are limited it is difficult to balance the needs of this small cohort with the needs of the many.

Addressing trans people correctly with the preferred honorific is really important as it validates sense of self.

Stakeholders recognised specific compounding effects for trans people, which may increase isolation. These include living with an autistic spectrum conditions, living with disabilities, being a trans person of colour, or being an older trans person. Whilst awareness of 'intersectionality' has increased there is still much more to do. There is also an acknowledgement of the differing challenges faced during the different stages of transition.

People feel they have to choose between a BME culture or faith identity OR being trans.

Stakeholders identified that any trans inclusive services needs to encompass the range of gender identities (non binary) when developing their approach and proactively work to dispel any conflation of gender and sexual orientation.

Conflation of gender identity & sexual orientation by services and public (often happens to young people) can result in incorrect assumptions & insensitive questions

Stakeholders perceived there are fewer community groups targeting those aged 25-40.

Suggestions;

- Development of a 'quality mark' to indicate a trans inclusive service.
- Invest in capacity building for the trans community.
- Develop and carefully manage online support community.
- Prepare standard guidance on data forms, suggestions for methods of collection.
- Trans groups funded to work with services to look together at how to make them more trans inclusive & to publicise to the trans community.
- Periodic training updates would also help keep staff competent
- A glossary of preferred terms would help staff not be inadvertently offensive.
- Extra support for minorities in minorities.

5. Appendix - List of stakeholder organisations interviewed

NB. * includes staff equalities groups / student representatives.

Organisation & Sector

Sector 1: Public Sector			
	No. of staff interviewed		No. of staff interviewed
Health *	Total 18	Colleges & Universities*	Total 15
Brighton and Sussex University Hospitals Trust	3	University of Brighton	8
Sussex Community Trust	3	University of Sussex	3
Sussex Partnership Foundation Trust	6	City College Brighton	2
NHS England	2	BHASVIC	1
South East Coast Ambulance	1	Varndean College	1
Primary Care - Clinical Commissioning Group (CCG)	1		
General Practitioners	2	Business / Workplace	Total 3
		B & H Chamber of Commerce	0
			0
Brighton & Hove City Council	Total 17	Federation of Small Businesses	
Housing – includes both Council provision, and Strategy	2	B & H Gay Business Forum	0
Leisure & Recreation	2	Jobcentre Plus	3
Children, Young People & Families includes youth services and Schools	5		
Communities, Equalities & Third sector	1	East Sussex Fire and Rescue Service	1
Policy	1		
Community Safety	2	Sussex Police	2
Adult Social Care	4		

Sector 2: Community and Voluntary Sector – general		Sector 3: Community and Voluntary Sector specifically for Trans community or with a high proportion of service users	
	No. of staff interviewed		No. of staff interviewed
	Total 15		Total 12
Assert	1	Allsorts	1
Autism Sussex	1	Clare Project	1
Age UK	1	FTM Brighton	1
Brighton Housing Trust	1	Regard	1
Local Charity	1	LGBT Community Safety Forum	1
Citizen Advice Bureau	1	Rainbow Fund	0
Carers Centre	1	LGBT Health and Inclusion Project	1
Community Works	1	Mind Out	2
The Fed	1	Mind Live	1
Hangleton & Knoll Project	1	Rise – LGBTQ	2
Brighton Women’s Centre	2	Terence Higgins Trust – Trans group	1
Survivors Network	1	Trans* Pride Brighton	0
YMCA Downs Link Group	1		
CRI	1		
Radio reverb	0		
Pride Community Interest Company	0		