A BLUEPRINT FOR IMPROVING THE HEALTH & WELLBEING OF THE TRANS & GENDER DIVERSE COMMUNITY IN NSW

Brielle
trans woman
she/hers

ABOUT ACON

ACON is New South Wales' leading health promotion organisation specialising in HIV prevention, HIV support and lesbian, gay, bisexual, transgender and intersex (LGBTI) health.

Established in 1985 as the AIDS Council of NSW, our mission is to enhance the health and wellbeing of our communities by ending HIV transmission among gay and homosexually active men, and promoting the lifelong health of LGBTI people and people with HIV.

We provide information on relevant health issues, and we offer a range of specific and general education programs and services delivered by caring people who genuinely understand the health issues affecting the LGBTI community.

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- The Gender Centre
- Trans Pride Australia
- Hunter Centre for Sex and Gender Diversity Inc
- Rainbow Rights Watch

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ACON acknowledges the Traditional Custodians of all the lands on which we work and pays respects to the Elders, past, present and emerging. In particular, we acknowledge Brotherboys, Sistergirls and other Indigenous LGBTIQ people for their support and guidance in our work.

Skylar
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Introduction

The NSW health sector is guided by the goals of keeping people healthy, providing world-class clinical care and delivering truly integrated care. Central to this is a commitment, as outlined in the *NSW State Health Plan: Towards 2021* to supporting healthier communities for all of those who live in NSW, with recognition that "some people and communities have particular health needs and barriers to accessing the care they need"[1].

Trans and gender diverse people are one such community that are in urgent need of a comprehensive and coordinated plan for improving their health and wellbeing, having to date largely been absent from health strategies, services and program delivery in the state.

The small number of healthcare providers and non-government organisations that provide services and programs for the trans and gender diverse community do so with very limited resources, making it impossible to meet the increasing demand from the community.

NSW faces a crisis in addressing the particular health needs of the trans and gender diverse community and the barriers they experience in accessing care on a daily basis. *A Blueprint for Improving the Health and Wellbeing of the Trans and Gender Diverse Community in NSW* provides a way forward for government, healthcare providers, NGOs, researchers, healthcare professional associations, educational institutions and other stakeholders in the health sector.

WHO ARE THE TRANS AND GENDER DIVERSE COMMUNITY?

Trans and gender diverse people identify their gender as different to the legal sex that was assigned to them at birth. Trans and gender diverse people may position 'being trans' as a history or experience, rather than an identity, and consider their gender identity as simply being female, male or a non-binary identity. Some connect strongly with their trans experience.

Trans and gender diverse people may take social steps (such as publicly changing their name, pronouns and appearance), medical steps (such as taking hormones and/or having surgery) and/or legal steps (changing their legal sex and name in official documents) to live as their defined gender, based on what is right for them.

The absence of questions that accurately capture gender diversity in population-based surveys makes it difficult to conclusively estimate the size of the trans and gender diverse community[2]. A 2016 study by the UCLA School of Law, which used the US Center for Disease Control's Behavioural Risk Factor Surveillance System (BRFSS) data to estimate the size of the US trans population, found that 0.6% of US adults are trans, with younger age groups associated with a higher reported number of people identifying as trans[3].

Extrapolating this figure to the NSW population would mean approximately 48,000 trans people living in NSW, without taking into account non-binary people and others who do not identity as trans. Further, the survey found that a higher percentage (0.7%) of people aged 18-24 considered themselves trans than people aged 25-64 (0.6%) and people 65 and older (0.5%), which supports the likelihood that, as greater visibility, awareness and acceptance makes it easier for people to 'come out' as trans and/or gender diverse, estimates on the size of the trans and gender diverse community will increase over time.

Within the context of widespread stigma, discrimination and marginalisation in society, trans and gender diverse people appear to be 4 times more likely to have ever been

[1] NSW Health. 2014. NSW State Health Plan: Towards 2021, page 8.
[2] The ABS included pilot questions on gender diversity in the 2016 Census, however, they have recognised that the final count of gender diverse people from the Census results is not accurate due to limitations. See Australian Bureau of Statistics.2018. 2071.0 - Census of Population and Housing: Reflecting Australia - Stories from the Census, 2016.
[3] Flores A.R., Herman J.L., Gates G.J., Brown T.N.T. 2016. How Many Adults Identify as Transgender in the United States? The Williams Institute, UCLA School of Law, Los Angeles, USA, page 2. The BFSS is conducted through random sampling telephone interviews in each of the 50 US states, with 19 states asking whether someone considers themselves to be transgender. This question has limitations in that someone people with trans experience may not identify as transgender, and therefore may not answer the question in the affirmative. This suggests that there is a possibility that the figure of 0.6% is an under-representation of the actual population of US adults who are transgender.
[4] Hyde Z, Doherty M, Tilley PJM, McCaul KA, Rooney R, Jancey J.2014. The First Australian National Trans Mental Health Study: Summary of Results. School of Public Health, Curtin University, Perth, Australia. Executive summary, page iv.

diagnosed with depression, and 1.5 times more likely to have ever been diagnosed with an anxiety disorder, than the general population[4]. A national survey of 859 trans and gender diverse people aged 14-25 (20% of whom were from NSW) found that almost seven in ten had been subject to discrimination and almost one in six had experienced physical abuse because of their gender identity. Almost half had attempted suicide at some point[5]. The same survey found that there are many trans young people who wish to access medical transition services within Australia but cannot[6].

Empirical and anecdotal evidence on health disparities facing the community, and at the same time, increased visibility and awareness about gender diversity in society, is supporting rapidly expanding demand from the trans and gender diverse community for accessible, appropriate and effective healthcare, including for gender affirmation. This means action must be taken now by key stakeholders in the NSW health sector, in partnership with and informed by the expertise of the trans and gender diverse community.

WHY A BLUEPRINT?

A blueprint is a technical plan that outlines the multiple parts needed to design a final product or outcome. Recognising the need for action to improve the health and wellbeing of the trans and gender diverse community in NSW, both within its own services and programs and across the NSW health sector and legal environment, ACON engaged the trans and gender diverse community to understand their priorities.

From the start, trans and gender diverse community members have been central in the conceptualisation, design and implementation of this process. For most community members who participated in the consultation, it was the first time they were asked about their health and wellbeing, the issues they face and what should be done to address them. The input from more than 450 people from every region of the state reflects the most comprehensive picture to date of the needs and priorities of the trans and gender diverse community in NSW.

The expert input and direction from community members, along with health providers, parents, carers and allies, attained through this process, combined with best practice evidence

From the start, trans and gender diverse community members have been central in the conceptualisation, design and implementation of this process.

[5] Strauss P, Cook A, Winter S, Watson V, Wright Toussaint D, Lin A. 2017. Trans Pathways: the mental health experiences and care pathways of trans young people. Summary of results. Telethon Kids Institute, Perth, Australia, page 10, page 45.
[6] See footnote 5, page 117. The survey found that of those who were in the process of, or had, medically transitioned, 15.5% wanted to access gender-affirming surgery but could not because of cost. More than 30% could not access hormone blockers, which may be as a result of a number of factors, including costs, lack of access to health services and/or lack of parental consent. Further one in ten could not access hormone replacement therapy, although it should be noted that the additional legal barrier of seeking family court approval (which was removed after this survey was done) may have also been a factor.

from Australia and internationally, led to the emergence of six foundation priorities (or parts) needed to improve the health and wellbeing of trans and gender diverse community in NSW:

PRIORITY A: Clear and easy pathways for accessing gender-affirming care

PRIORITY B: Affordable and available gender-affirming healthcare

PRIORITY C: An inclusive and knowledgeable NSW health sector

PRIORITY D: Official government I.D.s and records that reflect trans and gender diverse people's gender through simple administrative procedures

PRIORITY E: Workplaces, education settings and other environments that are inclusive and respectful of the needs of trans and gender diverse people

PRIORITY F: A vibrant, resourced trans and gender diverse community advocating for its own needs and priorities

These priorities are foundational in recognition that historical and ongoing discrimination, stigma and marginalisation means that there are many issues beyond the six that need to be addressed. They provide an essential starting point for all stakeholders responsible for improving the health and wellbeing of the trans and gender diverse community in NSW[7]. Recognising that achieving the priorities of the Blueprint is a collective effort, those stakeholders include:

- NSW Health
- ACON
- Commonwealth Government
- GPs and other healthcare practitioners
- Local Health Districts and Primary Health Networks
- Trans and gender diverse, LGBTI, human rights and health NGOs
- Healthcare professional associations and educational institutions
- Research bodies and researchers
- Other NSW Government departments.

The *Blueprint* provides concrete and realistic solutions that will help achieve each of the six priorities. For each priority, the context for why such a priority is important is outlined along with specific solutions for one or more of the above stakeholders to lead going forward. As ACON commenced the project in order to understand what it can do to strengthen its own services and programs, the Blueprint also includes a summary of the steps that ACON will take across each of the priorities over the next three years. Recognising that some readers may be approaching trans and gender diverse health issues with less experience or familiarity than others, a guide to common terms used in the Blueprint is also included.

CURRENT FUNDING AND RESOURCING IMPLICATIONS FOR REFORM AND MEANINGFUL SERVICE DELIVERY

A crucial impact of insufficient attention to trans and gender diverse health within the NSW health sector, by both governments and peak/leading bodies in different fields, has been the lack of specific funding available to address the health issues impacting the trans and gender diverse community. In reading this Blueprint, it is important to recognise that in order for the priorities outlined below to be achieved, the overarching goal must be for the establishment of specific, dedicated and sufficient public funding to improve the lived experiences of the trans and gender diverse community in NSW.

ACON, like other community-based organisations, primarily relies on government and other external funding to deliver its services and programs. Therefore, in order to be able to achieve the things the organisation plans to do under the Blueprint, ACON will advocate to key external funders to provide long term support, whilst also identifying potential internal funding sources. This will include building the trans and gender diverse knowledge, capacity and competence of external funders.

At the same time, ACON will reform existing appropriate projects and programs within the organisation, which can commence work on improving the health and wellbeing of the trans and gender diverse community.

[7] A broad range of issues impacting the health and wellbeing of trans and gender diverse people arose during the consultation process beyond these foundational priority areas. These include alcohol and other drugs, cancer, mental health, aged care and domestic and family violence. Action in these areas, including developing further evidence, will be crucial in improving the health and wellbeing of the trans and gender diverse community in NSW.

Overview

The Blueprint development process

The process leading to the development of this *Blueprint* has been guided by three important principles:

- It should effectively capture and reflect the diversity of expertise, lived experience and knowledge of the trans and gender diverse community in NSW.
- It should ensure that the trans and gender diverse community feels connected to, and empowered by, the final recommendations and outcomes; and,
- It should draw on existing expertise, knowledge, skills and practice in trans and gender diverse community health within ACON as well as other service providers in NSW and across Australia.

In the first phase, Communities of Change Consultancy worked with ACON staff and the ACON Trans and Gender Diverse Community Health Strategy Advisory Group (comprised of trans and gender diverse community members and organisations as well as ally health professionals) to establish the expected outcomes and parameters of the strategy development process.

The second phase involved a literature review and rapid assessment of ACON's services and programs, which led to the development of a discussion paper that outlined a range of possible priority action areas for the Blueprint.

The Advisory Group reviewed these priority action areas and, following a survey of the group, a list of 28 priority issue areas were developed to take to community consultation.

Based on the principles outlined above, a consultation process was designed and implemented that enabled the trans and gender diverse community in NSW, as well as parents, caregivers, family members, friends, allies and healthcare and service providers to provide input. The consultation involved three parts:

1. **An online survey from August 30-September 30, 2018 that received more than 450 responses.** Survey respondents were asked to score the list of 28 priority issue areas from 1 to 10 based on how much of a priority they thought each option was for improving the health and wellbeing of trans and gender diverse people in NSW.

2. **Six face-to-face community consultation meetings across NSW from October 16-November 7, attended by more than 150 community members.** Consultations were held in Newcastle, Sydney (Surry Hills and Liverpool), Lismore, Wollongong and Wagga Wagga. The community meetings gave an opportunity for community members to talk about why the top priorities that emerged from the online survey were important or why other priorities that did not score as high through the online survey should be included in the final Blueprint. In addition, community members also provided feedback on how ACON could act on those priorities (either through its own services or programs, or through external advocacy).

3. **Stakeholder interviews with 23 trans and gender diverse community leaders, GPs, endocrinologists, sexual health physicians, NSW Health officials, and human rights lawyers.** These stakeholders were identified based on recommendations from the Advisory Group, with a final list determined by ACON. Each stakeholder was chosen because of their experience and expertise in trans and gender diverse health and/or because they have an important role to play in advancing the health and wellbeing of the trans and gender diverse community in NSW.

For more information on the consultation process, including analysis on the outcomes of each of these three processes, see *ACON's Trans and Gender Diverse Community Health Strategy: Consultation Report* on ACON's website.

Hayden
trans masculine
he/they

Priority Areas

A Blueprint for ACON, Government, Health Practitioners, Service Providers and NGOs to Improve the Health and Wellbeing of the Trans and Gender Diverse Community in NSW

Priority A	**Clear and easy pathways for accessing gender-affirming care**
Priority B	**Affordable and available gender-affirming healthcare**
Priority C	**An inclusive and knowledgeable NSW health sector**
Priority D	**Official government I.D.s and records that reflect trans and gender diverse people's gender through simple administrative procedures**
Priority E	**Workplaces, education settings and other environments that are inclusive and respectful of the needs of trans and gender diverse people**
Priority F	**A vibrant, resourced trans and gender diverse community advocating for its own needs and priorities**

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PRIORITY A

Clear and easy pathways for accessing gender-affirming care

Trans and gender diverse people face significant, unnecessary barriers in navigating the health system when seeking medical care to affirm their gender.

SOLUTIONS

1. Develop plain-language resources on trans and gender diverse health and human rights, and establish a peer worker program to support trans and gender diverse people in navigating the health system, including when seeking gender-affirming care.
2. Provide ongoing GP training, information and support so trans and gender diverse people can access gender-affirming hormone therapy through primary healthcare, using an informed consent model, and gender-affirmation treatment plans that are based on the individual needs of the patient.
3. Increase the availability of specialists who are inclusive and have expertise in gender-affirming care, for those who may need specialist care as part of their gender affirmation.

The overarching goal of the *NSW State Health Plan: Towards 2021* is to ensure that all people in NSW can access 'the right care, in the right place, at the right time'[8]. The community consultation process informing this *Blueprint*, and research on health disparities facing the trans and gender diverse community, highlights how far the NSW Government's vision for healthcare in NSW is from the experience of many members of the trans and gender diverse community, and that urgent attention must be given if trans and gender diverse people are to experience this vision.

Through community consultation meetings held across the state, participants consistently shared the considerable challenges they faced in accessing appropriate healthcare, particularly in relation to affirming their gender. Gender-affirming healthcare can include hormone treatments, vocal and communication therapy, genital surgical interventions, non-genital surgical interventions and/or psychological support.

Whether a trans or gender diverse person seeks any or all of these depends on how they affirm their gender. A fundamental principle is that historically, and in some cases, ongoing models of healthcare that pathologise trans and gender diverse people as inherently unwell, must be reformed. Gender-affirming care must be patient-centred, individualised, accessible and rights-based.

Many trans and gender diverse community members in NSW are accessing information about gender-affirming healthcare and related-aspects of social and legal gender-affirmation through websites and peer networks.

Because of the historical lack of attention to gender diversity within the health system, when trans and gender diverse people do access care many report that they are having to educate healthcare providers about trans and gender diverse health issues. Many reported being referred to specialists, because their GP did not feel that they had the requisite level of knowledge to assist someone who was seeking to affirm their gender.

Some participants reported having bad experiences when seeing doctors, including misgendering and the use of incorrect pronouns, as well as intrusive questions being asked that participants felt were not relevant to the care and support that they were seeking.

For non-binary community members, the binary nature of the healthcare system exacerbated the challenge they faced in accessing appropriate and supportive care. Some raised their experience of health professionals assuming they wanted treatment to medically affirm a female or male identity, rather than recognising their individual health needs based on their non-binary gender identity. The individualisation of treatment is in line with international guidelines.

Trans and gender diverse people should be able to access gender-affirming care through their local GP, with specialist support only where needed.

Several participants highlighted the problem with the current assumption amongst many health professionals that trans healthcare is specialised medicine, which has meant that they have been referred to numerous specialists, which is both costly and time consuming, for gender-affirming care that they felt was relatively straight forward. This sentiment was supported in the stakeholder consultation process by a number of healthcare professionals, with expertise in trans and gender diverse healthcare.

Concern was also raised that in some areas this has given rise to medical professionals being seen as "gatekeepers" to a person affirming their gender. This was particularly an issue in regional and rural areas, where considerable feedback was given on the importance of local GPs having the knowledge and cultural sensitivity to provide gender-affirming care, including prescribing and monitoring hormone therapy.

Consultation with key stakeholders in government and the health sector, confirmed the absence of any government strategy or dedicated resources in NSW to address the health and wellbeing needs of trans and gender diverse people nor any formal training or ongoing professional support for healthcare professionals, and very little for medical students[9].

Research on the role of the education of medical professionals and students in the delivery of trans and gender diverse healthcare, conducted in the Hunter New England region in 2016, found that clinicians were significantly more comfortable in facilitating healthcare for trans and gender diverse people after a single education session, which highlights the importance of training[10].

CASE STUDY

CPD-accredited GP training in Wagga Wagga

In early 2019 ACON partnered with the Murrumbidgee Primary Health Network (MPHN) and the Murrumbidgee Local Health District (MLHD) to develop and deliver a CPD-accredited Active Learning Module to local GPs and allied health professionals in order to build confidence and competence in delivering gender-affirming healthcare for trans and gender diverse clients.

The training was co-facilitated by a sexual health physician and ACON to introduce the trans experience, present case studies for small group learning and share the MPHN HealthPathway on trans and gender diverse healthcare. Importantly, the training also included a panel of local trans and gender diverse people sharing their lived experienced and perspective of accessing healthcare in Wagga Wagga.

As Dr Michelle Telfer, Head of Adolescent Medicine at the Royal Children's Hospital in Melbourne and President of the Australian and New Zealand Professional Association for Transgender Health, noted in the stakeholder consultations, the key to expanding access for trans and gender diverse people in Australia to gender-affirming care is through the primary healthcare system.

While the Victorian government announced $3.4million in funding in 2018 to support increased capacity on trans and gender diverse health across the entire state health system, the absence of government funding and training within the primary healthcare system in NSW has meant that only a small number of publicly-funded health services provide gender-affirming healthcare. These services, which include the Newcastle Community Health Centre, The Albion Centre's T150 service, Concord Hospital Andrology Clinic, Dubbo Sexual Health and RPA Sexual Health Clinic for adults, and John Hunter Children's Hospital and the Children's Hospital, Westmead for children and adolescents, have developed a focus on gender-affirming care in order to meet client demand, but with very little dedicated resources.

CASE STUDY

Trans and Gender Diverse Health Services in the Hunter Region

In recent years a range of health services for trans and gender diverse children, adolescents and adults have emerged to meet unmet need in the Hunter New England region. Trans and gender diverse adults can seek gender-affirming care in Newcastle through a public clinic at John Hunter Hospital.

[8] See footnote 1, page 4.

[9] Based on key informant interviews, the medical school at the University of Newcastle was the only school mentioned as including trans and gender diverse health in the curriculum. A more comprehensive assessment of all medical school curriculums in NSW may be useful to fully understand the current level of teaching on trans and gender diverse health to medical students.

[10] Wynne,K , Arora,M , Walker,K , Luu, J, Duvivier,R & Dune,T. 2018. Education of Medical Students, General Practitioners and Internal Medicine Physicians to facilitate the delivery of Transgender Healthcare in Australia (Oral Presentation). World Professional Association of Transgender Health (WPATH) Conference, November 2018.

To meet demand, the same team opened a monthly clinic at the Newcastle Community Health Centre in 2018, this is staffed by two endocrinologists and a sexual health physician and uses an informed consent model. Over the last eighteen months, 120 new clients have accessed medical care through these services. The team are currently providing care within the existing funding provision for general services. For those seeking speech therapy as part of their transition, the team refers to a public speech therapist at Rankin Park Day Hospital. ACON's Hunter Office offers counselling and care coordination, with almost a third of its clients identifying as trans or gender diverse.

The Paediatric Endocrinology Unit at John Hunter Children's hospital provides gender-affirming care and support to adolescents, seeing over 60 trans and gender diverse clients in 2018. The paediatric and adult services work closely together and have created an web-based resource to help their clients navigate the health system (hnekidshealth.nsw.gov.au/gender) and a trans and gender diverse HealthPathway for primary care. The creation of these services has arisen largely by local advocacy, coordination and goodwill facilitated by the Hunter Gender Alliance, a charity that includes trans and gender diverse community members, health practitioners and service providers.

International and domestic best practice is increasingly moving towards an informed consent model for gender-affirming healthcare, which recognises the right and capability of trans and gender diverse people to choose care options that most align with their gender identity, without the requirement of a diagnosis or therapy by mental health professionals. In 2017, the Equinox Clinic in Melbourne developed the first informed consent protocols for hormone initiation in Australia, based on the world-first protocols developed by the Callen-Lorde Community Health Center in New York, United States.

Under Equinox's protocols, which have been endorsed by the Australian and New Zealand Professional Association for Transgender Health (ANZPATH), GPs are generally the primary treating physician throughout the therapeutic process, including making the initial assessment to determine if the patient has the capacity to make an informed decision about the commencement of hormone therapy, ensuring that the patient has the full knowledge about their treatment options and providing ongoing monitoring and support once treatment has commenced[11].

Prioritising primary healthcare as the principal place for the delivery of gender-affirming care in NSW, using the informed consent model, makes sense for several reasons.

First, the trans experience or that of being trans or gender diverse is not a mental health disorder. The World Health Organization affirmed this in June 2018 with the release of the 11th version of the International Classification of Diseases (ICD-11), which removed all trans-related categories from its mental health chapter. Trans and gender diverse people should have access to inclusive mental healthcare, if needed to work through any psychosocial issues related to affirming their gender, but this should not be a prerequisite for receiving gender-affirming healthcare.

Second, reframing the trans experience as an experience of the body, many trans and gender diverse people who seek gender-affirming hormones, do so with the view that their body is not producing the level of androgen or estrogen needed to physically best align with their gender. For other instances where people who are not trans have androgen or estrogen deficiency, GPs are generally recognised in the health system as suitable to lead treatment, except in more complex cases that are referred to specialists[12].

Third, the limited number of existing specific trans and gender diverse public health services do not have the capacity to meet the rapidly increasing demand for gender-affirming care arising as a result of increased visibility and acceptance of gender diversity in Australian society, which makes it crucial for gender-affirming healthcare to be integrated into primary healthcare settings.

Fourth, the size of NSW and geographical distribution of the population, including trans and gender diverse people, heightens the role that local GPs must play in ensuring that people have access to healthcare.

[11] Equinox and VAC. 2017. Protocols for the Initiation of Hormone Therapy for Trans and Gender Diverse Patients. Victoria. page 4
[12] See for example: www.healthdirect.gov.au/hormone-replacement-therapy.

SOLUTIONS

PRIORITY A - SOLUTION 1

Develop plain-language resources on trans and gender diverse health and human rights and establish a peer worker program to support trans and gender diverse people in navigating the health system, including when seeking gender-affirming care.

Trans and gender diverse people (and their families, friends and support networks) should be able to easily access comprehensive and up-to-date plain-language information about trans and gender diverse health and human rights. This would include information about gender-affirmation, sexual health, mental health, how to navigate the healthcare system as well as government agencies, verified referral pathways as well as how to make complaints in the event of challenges with healthcare providers. ACON will look to take the lead in the development of such a resource, ensuring that trans and gender diverse people are central to the design and distribution. Building on the growth of the peer worker model across the NSW mental health sector, NSW Health should support the development of a trans and gender diverse peer worker program, with paid peer workers based in GP practices and other healthcare settings with high numbers of trans and gender diverse clients.

PRIORITY A - SOLUTION 2

Provide ongoing GP training, information and support so trans and gender diverse people can access gender-affirming hormone therapy through primary healthcare, using an informed consent model, and gender-affirmation treatment plans that are based on the individual needs of the patient.

GPs should be at the centre of providing gender-affirming care in NSW, working with their trans and gender diverse clients to design treatment plans that are based on their individual needs. Each PHN should develop specific HealthPathways in NSW on trans and gender diverse health, which is shared with all GPs so that they have access to up-to-date, clinical and referral information to support any trans or gender diverse patient seeking care. Each of the Primary Health Networks (PHNs), the Australasian Society of HIV Medicine, GPs NSW and the Royal Australian College of General Practitioners (RACGP) should ensure that GPs have access to CPD-accredited training that includes cultural competency and the use of an informed consent model for working with trans and gender diverse clients seeking gender-affirming hormone therapy. In addition, ACON will look to work with Thorne Harbour Health and NSW-based trans and gender diverse health experts, to adapt the Equinox informed consent protocol for the NSW context through two versions – one for health practitioners and one for the trans and gender diverse community as consumers.

PRIORITY A - SOLUTION 3

Increase the availability of specialists who are inclusive and have expertise in gender-affirming care, for those who may need specialist care in affirming their gender.

In line with its *Health Professionals Workforce Plan 2012-2022*, NSW Health, in partnership with Local Health Districts (LHDs), should undertake a review to determine the specialist workforce needs related to gender-affirming care, in the fields of endocrinology, paediatric endocrinology, sexual health, speech therapy, urology, gynaecology, general surgery, plastic surgery and post-surgical care. Based on this review, NSW Health (through the Health Education and Training Institute (HETI)), in partnership with the RACGP and the Royal Australasian College of Surgeons (RACS), should provide training and support to existing practitioners and current and future trainees, as part of a long-term strategy, to ensure that there are sufficient practitioner levels in each field with expertise in gender-affirming care, with particular attention on ensuring equitable access for trans and gender diverse people living in regional and rural areas of NSW and those requiring post-surgical care.

Kerry
man
he/his

PRIORITY

Affordable and available gender-affirming healthcare

Most gender-affirming healthcare is not covered by the public health system which presents significant barriers to improved health and wellbeing for many trans and gender diverse people.

SOLUTIONS

1. Cover gender-affirming healthcare as medically necessary services under Medicare and the Pharmaceutical Benefits Scheme (PBS).
2. Provide an exemption for trans men and non-binary assigned female at birth people from the 2015 Pharmaceutical Benefits Advisory Committee (PBAC) restrictions on how testosterone is prescribed under the PBS.
3. Amend the NSW Health Waiting Time and Elective Surgery Policy to remove “gender reassignment surgery” as a discretionary procedure and conduct a review to ensure that all gender-affirming surgeries are included within one of the three clinical urgency categories.
4. Remove gendered categories in health services or programs, such as Medicare billing codes, where there is no clinical need for them.

For medical services to be covered by the public health system in Australia, they must be medically necessary, clinically effective and cost effective[13]. For many trans and gender diverse people, the ability to alter their body is part of affirming their gender and can be an important treatment if they are experiencing distress or unease from being misgendered and/or feeling incongruence between their gender identity and their body.

Research has demonstrated that access to gender-affirming care has led to reduced mental health risks and improved quality of life for trans and gender diverse people.

According to the First Australian National Trans Mental Health Study, published in 2013 by Curtin University and BeyondBlue, amongst the 946 respondents there was a significantly lower rate of clinically relevant depressive symptoms for people who were receiving hormone therapy than those who had wanted to, but currently were not (39.8% vs 58.4%).

Similarly, people who had undergone at least some surgery were much less likely to have clinically relevant depressive symptoms[14]. These results reflect similar findings from research conducted in similar contexts in the US[15] and the World Professional Association for Transgender Health has affirmed that gender-affirming care provides effective health outcomes for trans and gender diverse people[16].

As a result, an increasing number of countries such as the UK, Canada, Sweden, Argentina and Malta cover gender-affirming care under their public health systems[17]. Whilst some aspects of gender-affirming healthcare in Australia are covered through the public health system, there are still several key aspects which are not, resulting in significant and sometimes prohibitive out-of-pocket expenses for those seeking to affirm their gender medically and/or surgically.

The standard medications recommended for use in hormone therapy are not all subsidised through the PBS. In April 2015, the Pharmaceutical Benefits Advisory Committee (PBAC) introduced new requirements for accessing testosterone treatments subsidised under

[13] Medical Services Advisory Committee. What is the Medical Services Advisory Committee? (Factsheet) http://www.msac.gov.au/internet/msac/publishing.nsf/Content/factsheet-04 [accessed 8 December 2018]
[14] See footnote 4, page 23.
[15] Reisner, S. L., Radix, A., & Deutsch, M. B. 2016. Integrated and Gender-Affirming Transgender Clinical Care and Research. Journal of acquired immune deficiency syndromes (1999), 72 Suppl 3(Suppl 3), S235-42.
[16] World Professional Association for Transgender Health. 2016. Position Statement on Medical Necessity of Treatment, Sex Reassignment, and Insurance Coverage in the USA. https://www.wpath.org/media/cms/Documents/Web%20Transfer/Policies/WPATH-Position-on-Medical-Necessity-12-21-2016.pdf [accessed 8 December 2018].
[17] See UK National Health Service. Treatment: Gender Dysphoria (webpage). https://www.nhs.uk/conditions/gender-dysphoria/treatment/ [accessed 8 December 2018]; McHardie, D. 2016. New Brunswick will now cover gender-confirming surgeries. https://www.cbc.ca/news/canada/new-brunswick/gender-confirming-surgeries-1.3614766 [accessed 8 December 2018];ILGA Europe. 2015. Swedish law proposals on legal gender recognition and gender reassignment treatment. https://www.ilga-europe.org/resources/news/latest-news/swedish-law-proposals-legal-gender-recognition-and-gender-reassignment [accessed 8 December 2018]; World Health Organisation. 2018. Breaking down barriers to healthcare access for transgender people in Argentina. https://www.who.int/gender-equity-rights/news/breaking-down-barriers-to-healthcare-access/en/ [accessed 8 December 2018]; Transgender Europe.2018. Trans Rights Europe Index 2018. https://tgeu.org/wp-content/uploads/2018/05/SideB_TGEU2018_Print.pdf [accessed 8 December 2018]

the PBS[18]. Those seeking these treatments, or their prescribing GP, must have a consultation with an endocrinologist, urologist, paediatrician or sexual health physician.

Where such a specialist is not available, a GP can prescribe testosterone on a private script, which can be significantly more expensive. Generally, when a person is prescribed hormones as part of their medical transition, the treating physician will use a diagnosis such as androgen deficiency or estrogen deficiency, as there are no trans-specific codes in Medicare[19].

While the lack of trans-specific codes for hormone therapy means that it is not possible to understand exactly how many trans and gender diverse people are accessing hormones, introducing such codes would also mean introducing a specific diagnosis, which may add to the pathologisation of trans and gender diverse people.

There are a wide variety of surgeries that a person can undergo as part of affirming their gender, with most not explicitly covered by Medicare and some not available in Australia, even through the private health system. Out of pocket costs for chest surgery can be up to $10,000 and vaginoplasty surgery can cost between $25,000-30,000[20]. There is currently only one surgeon in Australia performing phalloplasty surgery, working through a private hospital in Brisbane.

In NSW, genital surgeries for gender-affirmation purposes are considered discretionary procedures under the NSW Health Waiting Time and Elective Surgery Policy, which means that it must be proven that such surgery will improve a patient's physical health before it can be conducted in a NSW public hospital[21].

As such, it is common for trans and gender diverse people to access surgery overseas. Many trans women travel to Thailand, where surgeries are more affordable and there is an established field of expertise in gender-affirming care. Trans men access genital surgery in some European countries, Thailand and the USA.

The limited availability of surgery options in Australia is further compounded by the lack of specialist knowledge on post-operative care, particularly where people experience complications as a result of their surgery.

Speech therapy is currently not covered under Medicare[22]. Up to 10 consultations with a psychologist or social worker per calendar year are available under Medicare, if referred under a GP mental health treatment, where a GP has assessed the patient as having a mental health disorder[23].

The current exclusion of many aspects of gender-affirming care from the public health system was highlighted as a major issue by the trans and gender diverse community through the community consultation process. Having all gender-affirming healthcare covered under Medicare and the PBS ranked as the 4th highest priority out of 28 for the total sample and trans and gender diverse respondents in the online survey.

Many participants in the community consultations raised the lack of public funding for gender-affirming care as a major issue impacting their health and wellbeing, particularly in relation to surgery and current restrictions on access to testosterone, as mentioned above.

[18] These requirements were introduced following a review by PBAC that found testosterone utilisation in Australia had doubled between 2005 and 2011. In a meeting with the National LGBTI Health Alliance in November 2015, the BPAC recognised that restrictions on access to testosterone for trans and intersex populations was an inadvertent consequence of the new requirements. Although PBAC did request that the Commonwealth Department of Health work on amendments to the restrictions to facilitate access for trans and intersex populations, the requirements remain in place. Source: National LGBTI Health Alliance. 2015. Public Summary Document - November 2015 PBAC Meeting.
[19] Cheung AS, Wynne K, Erasmus J, Murray S and Zajac JD. Position statement on the hormonal management of adult transgender and gender diverse individuals. Statement on behalf of the Endocrine Society of Australia and Australian and New Zealand Professional Association for Transgender Health. In submission to Medical Journal of Australia, February 2019.
[20] Victorian Department of Health.2014. Transgender and gender diverse health and wellbeing: background paper. page 25.
[21] NSW Health.2012. PD2012_011 – Waiting Time and Elective Surgery Policy. Page 5-6.
[22] Private Health Insurance Ombudsman. 2014. What is covered by Medicare? www.privatehealth.gov.au/healthinsurance/whatiscovered/medicare.htm [accessed 7 December 2018].
[23] Commonwealth Department of Human Services. Education Guide: Better Access to mental healthcare for general practitioners and allied health professionals. https://www.humanservices.gov.au/organisations/health-professionals/enablers/education-guide-better-access-mental-health-care-general-practitioners-and-allied-health [accessed 12 December 2018].

SOLUTIONS

PRIORITY B - SOLUTION 1

Cover gender-affirming healthcare as medically necessary services under Medicare and the PBS.

The Commonwealth Government should take action to ensure that trans and gender diverse people in Australia are able to access healthcare necessary for them to affirm their gender through the public health system. The Medical Services Advisory Committee, the body responsible for advising the Health Minister on medical services and procedures to be included in the Medicare Benefits Schedule (MBS), should be tasked with reviewing the feasibility of including gender-affirming surgeries and gender-affirming speech therapy as services covered under the MBS.

PRIORITY B - SOLUTION 2

Provide an exemption for trans men and non-binary people assigned female at birth from the 2015 Pharmaceutical Benefits Advisory Committee (PBAC) restrictions on how testosterone is prescribed under the PBS.

Given the unintended consequences of creating barriers for trans men and non-binary people assigned female at birth in accessing testosterone based on its 2015 decision, the PBAC should work with trans and gender diverse healthcare experts and the trans and gender diverse community to establish an exemption that would remove the barrier by not requiring them to see a specialist in order to access affordable hormone therapy.

PRIORITY B - SOLUTION 3

Amend the NSW Health Waiting Time and Elective Surgery Policy to remove "gender reassignment surgery" as a discretionary procedure and conduct a review to ensure that all gender-affirming surgeries are included within one of the 3 clinical urgency categories.

The current policy assumes that not all gender-affirmation surgeries are clinically necessary, which contradicts evidence that shows the importance of such surgeries in improving the health, particularly mental health, of trans and gender diverse people who seek such surgeries. Currently, if someone wanted to access gender-affirming surgical procedures through a NSW public hospital they would need to go through additional approval processes that other citizens seeking medically necessary surgery do not.

PRIORITY B - SOLUTION 4

Remove gendered categories in health services or programs, such as Medicare billing codes, where there is no clinical need for them.

Recognising that people should have access to healthcare based on a specific health need and not their gender, in 2013 the Australian government announced its intention to review and remove gendered discrimination from about 6,000 clinical services covered under Medicare[24]. A review of the MBS showed that some gendered billing codes exist, which warrants the continuation of the review by the Commonwealth Department of Health to ensure that all unnecessary gendered categories/restrictions in codes are removed.

[24] See footnote 20, page 10.

Chana
woman
she/hers

Luka
man
he/his

PRIORITY 6

An inclusive and knowledgeable NSW health sector

Trans and gender diverse people have historically been invisible across the health sector, which means they often do not receive appropriate services that are responsive to their specific needs.

SOLUTIONS

1. Create a NSW health sector strategy to improve the health and wellbeing of trans and gender diverse people across their lifespan, including the adoption of best practice, consistent collection of clinical data on gender identity across the sector. Meaningfully integrate trans and gender diverse issues into existing NSW Health strategies.

2. Include trans and gender diverse people as a priority population in the next NSW HIV strategy.

3. Undertake training and develop targeted resources for health professionals working in parts of the health sector that are key to addressing specific issues facing trans and gender diverse people. This includes:

    - for GPs and Aboriginal Community Controlled Health Services about the specific health needs of Sistergirls, Brotherboys and Aboriginal and Torres Strait Islander members of the trans and gender diverse community.
    - for GPs about the specific needs of trans and gender diverse people from culturally and linguistically diverse backgrounds.
    - for mental health professionals to ensure that trans and gender diverse people are treated for their presenting mental health issue, and not pathologised because of their gender identity.
    - for doctors, nurses and support staff to ensure that trans and gender diverse people receive appropriate, respectful and supportive care when presenting to hospital.

4. Strengthen the evidence base on trans and gender diverse community health in NSW by supporting the inclusion of demographic indicators on gender identity in population-based surveys and investing in credible trans and gender diverse community-led research projects.

5. Ensure that the diversity of the trans and gender diverse community is explicitly included in all health campaigns, programs and services.

Trans and gender diverse people in NSW have a right to access quality information and care that is appropriate and responds to their health needs.

Yet, the historical marginalisation and invisibility of trans and gender diverse people in society, particularly Sistergirls, Brotherboys and other gender diverse Aboriginal and Torres Strait Islander people, those from culturally and linguistically diverse backgrounds and people with disabilities, means that many parts of the NSW health sector do not have the strategies, processes and programs in place to specifically address the needs of trans and gender diverse clients. This relates not only to gender-affirming care, but also for health issues that have nothing to do with their gender identity.

Very few NSW government health strategies identify trans and gender diverse people as a priority population, and those that do, provide little specific detail. The cisgenderist structure of the health system assumes that only cisgender women have certain body parts such as a vagina, ovaries, uterus and only cisgender men have a penis, testes and prostate.

As was reported during the community consultation process which informed the development of this *Blueprint*, this can lead to health professionals making decisions about screening for certain diseases based on an assumed cisgender identity and sex characteristics instead of the actual clinical need. This particularly impacts non-binary people who may not identify as either male or female or may identify as both.

This challenge is compounded by the exclusion of adequate questions on sex and gender diversity (or even LGBTI more broadly) in population-based surveys and clinical and administrative data collection processes, which means that it is difficult to fully understand the health status of trans and gender diverse people in NSW in comparison with the general population.

CASE STUDY
CheckOUT Clinic

The CheckOUT clinic, which provides free and confidential sexual health and cervical screening to the LGBTIQ+ community at ACON's Sydney office, is a recent initiative of ACON in partnership with Family Planning NSW. The service has been designed to be inclusive of all members of the LGBTIQ+ community. The clinic uses a peer model for client intake, including a number of trans and gender diverse peers, and visual representations of trans and gender diverse people are prominent in the main reception area of the clinic. Using a trauma-informed model, the client intake process with a peer involves a conversation where the client is provided detailed information about each step that will take place, with their right to determine what happens during the visit consistently affirmed. The clinic uses gender-neutral language to describe sexual practice and does not ascribe body parts to any gender. Recognising that some clients may have names on their Medicare cards/records that differ from the one they use, effort is taken to ensure that clients only need to provide that once (to the sexual health nurse providing the clinical service) and that it does not need to be spoken, only written down.

What is known from both the limited number of research projects that have studied trans and gender diverse communities in Australia, as well as anecdotal information collected by organisations like ACON, is that trans and gender diverse people face significant challenges in accessing appropriate healthcare. According to the *From Blues to Rainbows* report on trans and gender diverse people aged 14-25, thirty percent of respondents indicated that negative past experiences with healthcare professionals had prevented them from seeking mental healthcare[25].

A survey of 188 trans and gender diverse Australians about their healthcare experiences found that whilst there was a diversity of both positive and negative experiences, there was a need for better education of Australian medical professionals on engaging with trans and gender diverse clients[26]. One of the biggest priorities emerging from the community consultation was the need for hospitals in NSW to become more inclusive and knowledgeable about trans and gender diverse issues.

An area where there is a considerable amount of evidence highlighting health inequities for trans and gender diverse people is in mental health, particularly for trans and gender diverse young people.

Whilst mental health is a central focus of the NSW Government's state health plan and the LGBTI community is a recognised priority population in

[25] Smith, E., Jones T., Ward R., Dixon J., Mitchell A., Hiller L. 2014. From Blues to Rainbows: Mental health and wellbeing of gender diverse and transgender young people in Australia. Melbourne. Australian Research Centre in Sex, Health and Society, page 73.
[26] Riggs, D, Coleman, K, Due. Healthcare experiences of gender diverse Australians: a mixed-methods, self-report survey. BMC Public Health 2014, Vol 14, 230. http://www.biomedcentral.com/1471-2458/14/230, page 235.

NSW Mental Health Commission's *Living Well: A Strategic Plan for Mental Health NSW in 2014-2024*[27], the absence of specific focus on the mental health impact of transphobia, pathologisation and societal discrimination against, and invisibilising of trans and gender diverse people, particularly people who identify as non-binary or a different gender identity, makes it less likely that mental health providers will be equipped to provide tailored and appropriate care to all trans and gender diverse people when they present for care and support.

In particular, the historical pathologisation of gender diversity in western medicine needs to be undone across the mental health sector. In the community consultations for this *Blueprint*, several participants reported frustration at having to move their mental health professional beyond their gender identity as the assumed presenting issue to discuss their underlying mental health concern.

The NSW health sector has been a world-leader in responding to HIV/AIDS as a result of a coordinated community-based response, led by the NSW Government. The exclusion of trans and gender diverse people from the NSW response has been justified on the basis that there is not the epidemiological evidence to show that they are a high-risk population.

However, HIV surveillance systems do not accurately reflect HIV prevalence amongst trans and gender diverse populations, with the notification system in NSW designed using gender and sexual transmission categories that fail to consider the diversity of bodies, genders and sexual practices that exist[28].

As one trans woman participant in the community consultation stated, "our sexual health practices are complex… all the [societal and structural] factors that have made gay men at risk of HIV since the start of the epidemic are impacting us now". HIV-vulnerable and HIV-positive trans women urgently require and deserve to be meaningfully included in, and affirmed by, all HIV programs and services, both at ACON and across the sector.

The diversity of NSW society is reflected in the trans and gender diverse community. As a result of transphobia, racism and colonialism, Sistergirls, Brotherboys and other gender diverse Aboriginal and Torres Strait Islander people are particularly impacted by the lack of specific attention to trans and gender diverse health in NSW. Several community consultation participants shared the discrimination they faced when accessing GPs as well as Aboriginal health services, which left them feeling like they had no options for accessing appropriate and affirming healthcare.

Whilst knowledge about gender diversity within the health system in general needs to greatly improve, it is crucial that such knowledge moves beyond western medical and cultural identities to acknowledge and understand gender diversity within Aboriginal and Torres Strait Islander community contexts.

These intersectionalities of transphobia and racism also apply to trans and gender diverse people in NSW from culturally and linguistically diverse backgrounds. The significant, and increasing, number of people in NSW who were either born or have cultural backgrounds in Asia and the Pacific means that there needs to be greater awareness of diverse gender identities in various cultures that do not necessarily match with western concepts of gender and sexuality. For example, within the Pacific, there are a range of indigenous terms that gender diverse people may identify with rather than as transgender, such as whakawahine (Maori), fa'afafine (Samoan) and fakaleiti or leiti (Tongan).

A number of studies in recent years have indicated that trans and gender diverse people with a disability are at an even greater risk of violence and face higher levels of discrimination in accessing services than cisgender people with a disability[29]. Workers supporting people with disabilities can be reluctant, lack confidence or are unwilling to address issues around gender diversity, which can create barriers to accessing appropriate information and support[30]. Through the community consultations, feedback was given that healthcare providers need to do more to improve their services to make them more accessible for trans and gender diverse people with a disability.

[27] NSW Mental Health Commission.2014. Living Well: A Strategic Plan for Mental Health NSW in 2014-2024, page 84.
[28] ACON, The Gender Centre and PASH.tm. 2017. Effective and Meaningful Inclusion of Trans and Gender Diverse People in HIV Prevention, page 6.
[29] Leonard, W. and Mann, R. 2018. The everyday experience of lesbian, gay, bisexual, transgender and intersex (LGBTI) people living with disablity, No.111 GLHV@ARCSHS, La Trobe University: Melbourne, page 6.
[30] See footnote 29, page 7.

SOLUTIONS

PRIORITY C - SOLUTION 1

Create a NSW health sector strategy to improve responses to and strengthen the health and wellbeing of trans and gender diverse people across their lifespan, including the adoption of best practice, consistent collection of clinical data on gender identity across the sector.

Building on the numerous plans addressing the health needs of specific populations that fall under the NSW Government's overall plan for health, NSW Health should develop a trans and gender diverse health strategy based on the principles of client-centred care, self-determination and bodily autonomy. Such a strategy, which should be informed by the solutions outlined in this *Blueprint*, would provide guidance for the department, LHDs and NGO service providers on how the historical health inequities facing the trans and gender diverse community can be addressed, including through consistent data collection and challenging cisgenderist assumptions within the health sector. The strategy should focus on health issues across the lifespan, paying attention to the needs of children and adolescents as well as older trans and gender diverse people. Attention should also be placed on the specific needs and experience of the diverse parts of the trans and gender diverse community, including non-binary people, Sistergirls and Brotherboys, people from culturally and linguistically diverse backgrounds and people with disabilities. Further, NSW Health should ensure that the needs of trans and gender diverse people are meaningfully integrated into other existing strategies.

Building on this strategy, leading NGOs and service providers working in Aboriginal and Torres Strait Islander health, multicultural health, mental health, sexual health, cancer and aged care should work to implement policies, guidelines and support to healthcare providers on working with trans and gender diverse clients.

PRIORITY C - SOLUTION 2

Include trans and gender diverse people as a priority population in the next NSW HIV strategy.

When NSW Health launches its next HIV strategy in 2021, it should follow the lead of the *Eighth National HIV strategy 2018-2022* in identifying trans and gender diverse people as a priority population[31]. The 2017 discussion paper, *Effective and Meaningful Inclusion of Trans and Gender Diverse People in HIV Prevention*, published by ACON, PASH.tm and The Gender Centre provides a useful foundation for informing the next strategy development process.

PRIORITY C - SOLUTION 3

Undertake training and develop targeted resources for health professionals working in parts of the health sector that are key to addressing specific issues facing trans and gender diverse people. This includes:

- for GPs, allied health professionals, Aboriginal Community Controlled Health Services and Local Health Districts about the specific health needs of Sistergirls, Brotherboys and Aboriginal and Torres Strait Islander members of the trans and gender diverse community.
- for GPs, allied health professionals, Multicultural Health Services and Local Health Districts about the specific needs of trans and gender diverse people from culturally and linguistically diverse backgrounds.
- for mental health professionals to ensure that trans and gender diverse people are treated for their presenting mental health issue, not pathologized because of their gender identity.
- for doctors, nurses and support staff to ensure that trans and gender diverse people receive appropriate, respectful and supportive care when presenting to hospital.

NSW Health should invest in supporting the development of specific and targeted trainings and accessible resources that focus on increasing the cultural competency of health professionals in the NSW health sector to work with trans and gender diverse people, as well as provide evidence-based information on trans and gender diverse health issues, including gender-affirming care. Building on community experience and expertise, trans and gender diverse people should play a central role in the design and delivery of such training and resources. Key stakeholders should include ACON, leanding NGOs and service providers, Aboriginal Community Controlled Health Services, LHDs, leading mental health services providers in NSW, Australian Medical Council, RACGP, RACS, Australasian Society of HIV Medicine, Australian College of Nursing and the National Prescribing Service.

PRIORITY C - SOLUTION 4

Strengthen the evidence base on trans and gender diverse community health in NSW by supporting the inclusion of demographic indicators on gender identity in population-based surveys and investing in credible trans and gender diverse community-led research projects.

The current lack of nationally agreed set of data items on gender diversity, and indeed LGBTI more broadly, means that there has been limited capacity to draw evidence on the health and wellbeing of trans and gender diverse people from national population-based surveys. Research bodies responsible for existing surveys should work with researchers with expertise in trans and gender diverse issues as well as trans and gender diverse advocates to develop an agreed set of data items and include them in such surveys going forward. In addition, NSW Government and Commonwealth Government agencies, and other bodies that fund research, should invest in community-led research projects that address evidence gaps on health issues impacting the trans and gender diverse community.

PRIORITY C - SOLUTION 5

Ensure that the diversity of the trans and gender diverse community is explicitly included in all health campaigns, programs and services.

ACON and other health services should appropriately and meaningfully include trans and gender diverse people across the breadth of programs delivered, paying particular attention to those individuals most marginalised. This includes preventative health screening programs related to cancers that affect sex characteristics such as prostates, testes, cervixes and breast tissue as well as other cancers where mis-assumptions about gender identity may have led to under-screening of trans and gender diverse people.

[31] Commonwealth Department of Health. 2018. 8th National HIV Strategy, page 19.

Erica
trans woman
she/hers

PRIORITY

Official government I.D.s and records that reflect trans and gender diverse people's gender through simple administrative procedures

The current processes for changing NSW birth certificates requiring surgery, and passports, Medicare records and other Commonwealth Government documents requiring medical intervention are restrictive and deny the basic human rights of trans and gender diverse people.

SOLUTIONS

1. Enable people to change the legal sex classification on their NSW birth certificate or recognised details certificate through a simple administrative procedure that does not require any medical intervention or verification by medical professionals.
2. Enable people to change the legal sex classification on Commonwealth documents and records (such as Passports and Medicare records) through a simple administrative procedure that does not require verification by medical professionals.

Having official identification that does not reflect your gender can cause significant challenges in your daily life and impact your health and wellbeing. It can create barriers in accessing health and other social services, enrolling in educational facilities, and cause complications in applying for jobs.

Given the level of transphobia and lack of understanding about gender diversity that exists throughout society, including within the health system, incorrect documentation can increase the possibility that trans and gender diverse people who haven't been able to change their identification documents will face discrimination and/or healthcare that does not adequately meet their needs. In turn, the possibility of denial of access to services or negative experiences during service provision itself can cause unnecessary stress and anxiety, which impacts an individual's health.

For someone born in NSW to change their birth certificate or someone born overseas to change their recognised details certificate, which are core forms of identification required across our daily lives, they are required to have had a "sex affirmation procedure", which involves the alteration of their reproductive organs.

This must be verified through statutory declarations by two doctors or registered medical practitioners[32]. This is not the case in the Australian Capital Territory, South Australia and the Northern Territory, who have legislated that this requirement is discriminatory and no longer necessary, and in Western Australia, following the High Court decision in *AB v Western Australia*[33]. For people under the age of 18 in NSW, they are also required to have their parent(s) or guardian apply on their behalf[34]. Requiring someone to undergo surgical alterations to their reproductive organs in order to have documentation that reflects their gender amounts to coerced sterilization and has been deemed a serious violation of the right to freedom from torture by the UN Special Rapporteur on Torture[35].

To change Commonwealth Government documents, such as passports or Medicare records, a person does not have to undergo surgical intervention, but is required to produce verification from a medical professional that they are undergoing transition-related healthcare. However, such a requirement still presents challenges for the health and wellbeing of trans and gender diverse people.

First, it creates unnecessary power dynamics between doctors and their patients that may hinder the ability for effective health services and support to be delivered, as the ability of the latter to have their gender recognised before the law is at the discretion of the former.

Second, it reinforces a pathologised idea about the trans experience as something that necessitates medical verification, rather than respected as an inherent part of humanity and therefore the right of all to self-determine and to have recognised before the law. For this reason, the World Professional Association for Transgender Health, the Australian Human Rights Commission, and numerous United Nations and international human rights experts, have all voiced support for the ability of people to be able to change their legal sex classification on official documents and records through a simple self-identification procedure[36].

CASE STUDY

Trans and Gender Diverse Legal Service

In September 2018, the Inner City Legal Centre and commercial law firm, Dentons, launched the pilot of Australia's first dedicated legal service for trans people and the families of young trans people who are in the process of affirming their gender. The service, which is held every second Monday afternoon, provides free legal support and advice on a range of key legal issues for the trans and gender diverse community and is open to clients from across the state. These issues include: discrimination; employment; fines; name and gender marker change applications; family law; wills, power of attorney and enduring guardianship; and, criminal and AVO advice and representation for especially vulnerable transgender clients on a low income. ICLC has more than 40 years of experience in providing free access to justice for marginalised groups, particularly the LGBTIQ community, and their partnership with Dentons, which provides pro bono legal case support, has enabled ICLC to establish this dedicated service for the trans and gender diverse community.

The importance of having I.D.s reflecting trans and gender diverse people's gender featured prominently in the community consultation process. Being able to change the

[32] Births, Deaths and Marriages Registration Act (NSW) 1995. Sect 32B.
[33] AB v Western Australia 244 CLR 390.
[34] See footnote 32, Section 32D.
[35] United Nations General Assembly, Human Rights Council. (2016). Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment. A/HRC/31/57.
[36] World Professional Association for Transgender Health. 2017. WPATH Identity Recognition Statement. https://www.wpath.org/policies [accessed 7 December, 2018]; Office of the High Commissioner for Human Rights. 2017. Embrace diversity and protect trans and gender diverse children and adolescents: Statement on International Day against Homophobia, Transphobia and Biphobia. https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=21622 [accessed 7 December, 2018]; Australian Human Rights Commission. 2009. Sex Files: legal recognition: Concluding paper of the sex and gender consultation. https:// www.humanrights.gov.au/sex-files-legal-recognition-concluding-paper- sex-and-gender-2009 [accessed 7 December 2018]

Having official identification that does not reflect your gender can cause significant challenges in your daily life and impact your health and wellbeing.

legal sex classification and name on NSW birth certificates or NSW recognised details certificates through a simple administrative procedure was the top ranked priority out of 28 options amongst all respondents to the online survey, as well as trans and gender diverse respondents (receiving on average 9.49 out of 10 in terms of level of priority for respondents). Being able to change passports and Medicare records was the third highest ranked for the total sample, and for trans and gender diverse respondents.

There were consistent calls across each of the in-person community consultations for making the process of changing legal sex classification easier and less expensive, which is aligned with the findings from the 2015 nationwide community consultations on LGBTI rights by the Australian Human Rights Commission[37].

There were significant community concerns about the requirement of needing to have had surgery in order to change birth certificates. Reasons included the cost and lack of access to such surgeries, not all trans and gender diverse people want to have surgery as part of their gender-affirmation and that surgical intervention should not be considered central to being trans or gender diverse.

Some participants raised the impact of the current regime for birth certificates on their mental health, given the burden of having to continually "out" themselves in their daily life because the sex marker on their birth certificate does not match their gender or appearance.

Further, a number of participants shared their experience of being misgendered by different government departments and services, such as the Police, because of personal records that had not been updated some years after they had changed their official documents.

[37] Australian Human Rights Commission.2015. Resilient Individuals: Sexual Orientation, Gender Identity and Intersex Rights: National Consultation Report. page 53.

SOLUTIONS

PRIORITY D - SOLUTION 1

Enable people to change legal sex classification on their NSW birth certificate or recognised details certificate through a simple administrative procedure that does not require any medical intervention or verification by medical professionals.

NSW should join an increasing number of jurisdictions around the world[38] in adopting a self-identification model for changing legal sex classifications on NSW birth certificates and NSW recognised details certificates[39]. By amending the *Births, Deaths and Marriages Registration Act 1995* to remove the requirements of a coerced surgical procedure and verification by 2 doctors, and replacing it with a simple administrative procedure (similar to name changes), the NSW Government will be removing unnecessary barriers that trans and gender diverse people face in accessing health and other social services.

Part of the reform should include a review of the current additional requirements for people under 18 to change their legal sex classification, with the goal of creating an easy process for people under 18 who cannot access parental consent, in line with international best practice. A review on making legal sex classifications on NSW birth certificates and NSW recognised details certificates optional should also be considered.

PRIORITY D - SOLUTION 2

Enable people to change legal sex classifications on Commonwealth Government documents and records (such as passports and Medicare records) through a simple administrative procedure that does not require verification by medical professionals.

The changes introduced by the Commonwealth Government to the process for changing sex classification on passports in 2011 and across all government records in 2013, presented a step in the right direction for making it easier for trans and gender diverse people to have documentation and records reflect their identity by removing the requirement of prior medical treatment.

The next step, which would bring Australia in line with international best practice, is to amend the Australian Government passport policy for applicants who are trans or gender diverse and the Australian Government Guidelines on the Recognition of Sex and Gender, replacing the current requirement of third-party medical verification of identity with the self-identification model.

[38] Including Argentina, Denmark, Ireland, Norway, Malta, Sweden, Portugal.
[39] NSW recognised details certificates are available to people residing in NSW who were born overseas.

Peta
trans woman
she/her

PRIORITY E

Workplaces, education settings and other environments that are inclusive and respectful of the needs of trans and gender diverse people

Trans and gender diverse people face stigma and discrimination across many aspects of their daily lives, which can impact their health and wellbeing and ability to participate.

SOLUTIONS

1. Equip employers with resources and training needed to address discrimination in recruitment and employment practices and ensure that workplaces are inclusive of trans and gender diverse employees.
2. Implement trans and gender diverse-specific and equitable anti-discrimination and anti-bullying policies and awareness across educational settings.
3. Ensure that trans and gender diverse people in NSW custodial settings have access to healthcare and support that meets their specific needs.

The unacceptably high levels of discrimination, stigma and violence that trans and gender diverse people experience in their daily lives can lead to increased stress and anxiety, decreased self-worth and fear of rejection leading to modified behavior such as not attending school or delaying seeking healthcare treatment.

While trans and gender diverse people experience transphobia across many different settings, the community consultation process involved in the development of this *Blueprint* identified three settings (outside of the health system) as particular priorities – workplaces, educational settings and custodial settings.

Research from Australia has shown that trans and gender diverse people are more likely to be unemployed than cisgender people. According to the *From Blues to Rainbows* report on the mental health and wellbeing of trans and gender diverse young people, 16.5% of the respondents who were aged 14-25 were unemployed, which was almost 25% higher than the national rate at the time[40].

CASE STUDY
Pride in Diversity

ACON's Pride in Diversity program, the national not-for-profit employer support program for LGBTI workplace inclusion, has undertaken several activities focusing specifically on inclusion of trans and gender diverse people in Australian workplaces. In 2015, the Let's Talk About Gender publication was launched, providing employers with guidelines for best practice on supporting employees to affirm their gender in the workplace. Each year, Pride in Diversity publishes Australian benchmarks for LGBTI workplace inclusion, which include specific benchmarks on support of trans and gender diverse employees against which participating employers are assessed. It also provides an annual award for inclusion of trans and gender diverse people based on results from the Australian Workplace Equality Index. Pride in Diversity also provides a service to members of the program to assist them in supporting an employee who is transitioning in the workplace. The service is tailored to the specific needs of the employee transitioning and their employer, with Pride in Diversity staff working with both throughout the transition process. Since it started 9 years ago, Pride in Diversity has supported more than 150 employees and their employers.

In several of the community consultation meetings, trans and gender diverse people raised the challenge of finding employment because of their gender identity.

[40] See footnote 25, page 29.

Amongst survey respondents, one in every ten had been subject to abuse in the workplace[41]. In several of the community consultation meetings, trans and gender diverse people raised the challenge of finding employment because of their gender identity, with one young trans man sharing that his applications for casual work had been rejected numerous times when his cisgender friends with similar backgrounds and education had applied for the same jobs and been successful.

The difficulty that trans and gender diverse people have in accessing employment can also be related to the discrimination that many experienced in school. The *From Blues to Rainbows* report found that almost four in ten (38%) respondents had experienced abuse at school[42].

Whether teachers were supportive and used appropriate language and pronouns had a significant impact, with participants who did not feel supported by their teachers over four times more likely to leave schools if they experienced discrimination, than those with teacher support[43]. Further, where teachers used inappropriate language in class, more than half of respondents reported poorer marks, drop in concentration in class and missed days at school (each 54%)[44].

Given the level of transphobia that exists within society, trans and gender diverse people who are in custodial settings are likely to be particularly vulnerable to discrimination and abuse.

Among trans and gender diverse participants in the online survey that informed the development of this *Blueprint*, ensuring that trans and gender diverse people in custodial settings have access to healthcare that addresses their specific health needs was one of the top ten priorities (out of 28).

In 2015 NSW Corrective Services adopted a policy on the management of transgender and intersex inmates, which states that "a person who self-identifies as transgender has the right to be housed in a correctional facility of their gender of identification unless it is determined through case management that the person should more appropriately be placed in a correctional centre of their biological sex[sic]"[45].

The criteria used to make such a determination includes surgical intervention, as well as the nature of the current offence and criminal history; custodial history; and, perceived risks to either the inmate or other inmates[46].

Another important setting for the trans and gender diverse community is residential aged care. Research has indicated that trans and gender diverse people may be less likely to access aged care services due to fear and anticipation of discrimination[47].

In 2014, Alzheimer's Australia released a discussion paper, *Dementia, Transgender and Intersex People: Do Service Providers Really Know What Their Needs Are?*, which called for investment in training of workers in aged care settings to improve workforce capacity and understanding about gender diversity and/or the specific health needs of the trans and gender diverse community[48].

[41] See footnote 25, page 60.
[42] See footnote 25, page 60.
[43] See footnote 25, page 49.
[44] See footnote 25, page 53.
[45] NSW Department of Justice, Corrective Services. 2015. Operations Procedures Manual: Section 7.23 Management of Transgender and Intersex Inmates, page 3.
[46] See footnote 45, page 3.
[47] See footnote 29, page 6.
[48] Alzheimer's Australia. 2014. Dementia, Transgender and Intersex People: Do Service Providers Really Know What Their Needs Are?

SOLUTIONS

PRIORITY E - SOLUTION 1

Equip employers with resources and training needed to address discrimination in recruitment and employment practices and ensure that workplaces are inclusive of trans and gender diverse employees.

All employers have a responsibility to adopt policies and practice to ensure that their workplace is inclusive of trans and gender diverse people. Through its Pride Inclusion Programs, ACON has been working with employers for several years, providing them with resources and working with member organisations to support employees who are affirming their gender at work.

ACON will continue to play a leading role in directly supporting its members to support their trans and gender diverse employees as well as providing best-practice resources that can be applied in workplaces across Australia.

PRIORITY E - SOLUTION 2

Implement trans and gender diverse-specific and equitable anti-discrimination and anti-bullying policies and awareness in schools and other educational settings.

The NSW Department of Education should revise its online anti-bullying resource (antibullying.nsw.gov.au) to provide comprehensive resources to support educators to address discrimination and bullying against LGBTI students, ensuring that specific attention is paid to those students who experience transphobia.

In addition, the Government should look to the Victorian government which has an accessible online policy on gender identity in schools[49] and a comprehensive approach for addressing discrimination and bullying in schools on the basis of sexual orientation and gender identity through its support of the Safe Schools program.

PRIORITY E - SOLUTION 3

Ensure that trans and gender diverse people in NSW custodial settings have access to healthcare and support that meets their specific needs.

NSW Corrective Services and the NSW Justice Health and Forensic Mental Health Network should work with the trans and gender diverse community as well as the Justice Pride Network, to revise their respective policies on trans inmates to ensure that trans and gender diverse people in NSW custodial settings have access to the same best practice approach in gender-affirming care as others in the state. The current requirement that those seeking to commence hormone therapy must first be approved by a psychiatrist, should be removed as a prerequisite.

In addition, trans and gender diverse people in custodial settings should be able to access the same medical services for gender-affirming care covered under Medicare and the PBS as the general population. Further, a review of the NSW Corrective Services policy on the management of transgender inmates should be undertaken to ensure that its implementation is not unfairly impacting the rights of trans and gender diverse people.

[49] See Victorian Department of Education. 2018. School Policy: Gender Identity (webpage) https://www.education.vic.gov.au/school/principals/spag/health/pages/genderidentity.aspx [accessed 12 December 2018].

PRIORITY

A vibrant, resourced trans and gender diverse community advocating for its own needs and priorities

There are limited spaces for trans and gender diverse communities to meet, particularly in regional and rural areas, and limited resources to support the development of trans and gender diverse-led community in NSW.

SOLUTIONS

1. Provide physical spaces and resources to enable the development of trans and gender diverse community groups, particularly in regional and rural areas.
2. Provide resources to support the development of trans and gender diverse-led advocacy organisations and individual advocates.

Groups and networks of trans and gender diverse people have developed across NSW, albeit with limited resources. Through both online platforms and face-to-face gatherings, trans and gender diverse people are providing social support to their peers.

As with other groups that have been historically marginalised within society, significant experiential and technical expertise about the health and wellbeing needs of trans and gender diverse people exists within the community, as witnessed through the breadth of guidance and direction that members of the trans and gender diverse community provided in the development of this *Blueprint*. On numerous occasions during the community consultation meetings, trans and gender diverse participants talked of educating their GP about their own health needs.

CASE STUDY
Trans Pride Australia

Trans Pride Australia is a social and support group for the trans and gender diverse community, with over one thousand members from all over Australia. Their vision is for all trans and gender diverse people to live their best life possible and they do this by offering online support and social interactions as well as participating in larger events such as the Mardi Gras parade.

One way they have found to connect with members is through a series of community education workshops. Two were held in 2018 with one focusing on grooming and caring for facial hair and the other covered makeup and wig care. Both were well attended and built a sense of wellbeing and confidence amongst the attendees.

Yet, there is not a specific trans and gender diverse-led advocacy organisation focused on addressing the health and legal inequities facing the trans and gender diverse community in NSW, and aside from the development of this Blueprint, to date there have been limited opportunities for the community to come together to determine a shared agenda for achieving change.

In contrast, the existence of a number of trans and gender diverse-led organisations in Victoria, such as Transgender Victoria and the Zoe Belle Gender Collective, has played a key role in the development of a range of trans and gender diverse health services, which do not exist to the same extent in NSW or any other Australian state or territory. In addition, the existence of a governmental LGBTI taskforce in Victoria has created a formal mechanism for trans and gender diverse people to advocate directly to and hold government agencies accountable for taking action to improve the lives of their community.

CASE STUDY
Parents of Trans Kids Group

For more than five years, a group of volunteers have run an online peer support Facebook group for parents and carers of trans, gender diverse and gender questioning children. The group, which was set up based on the premise that supporting parents to support their trans children brings about the best possible outcome, has more than 400 members and is growing every day. It is a group for parents, run by parents that offers a safe space to chat regardless of where they are in Australia. Group members provide information, support and referral information. They also help connect parents and families in their local areas. This is particularly helpful for people in rural areas who often have no local services available.

A core challenge in NSW has been the lack of funding available for trans and gender diverse people to self-organise, whether it is for social and community support, cultural activities or advocacy purposes. As a result, much of the growth that has happened in the emergence of the trans and gender diverse community in NSW has come from the tireless work of individual volunteers. This reflects the challenge facing trans and gender diverse communities across the globe, with a 2016 global survey of 455 trans organisations, which included numerous respondents from Australia, finding that half of all trans-led organisations operate on less than US$10,000 a year and less than one third having any paid staff[50].

CASE STUDY
Central West Transgender Network

The Central West Transgender Network is a community led social and support group established in 2014 and operating across the Central West region of NSW. The group alternates community gatherings and events in Bathurst, Dubbo and Orange including camping trips and social events.The Network built the capacity of local youth mental health services to better support TGD young people and successfully advocated with the Dubbo Sexual Health Clinic to build clinic capacity in delivering trans competent sexual health and gender affirming primary care. This relationship laid the foundation and infrastructure for regular Gender Centre case management outreach to the region.

The Network also works collaboratively with and supports the Central West Rainbow Alliance with community projects that promote community and social inclusion locally and across the state.

[50] American Jewish World Service, GATE & Astraea Foundation for Lesbian Justice. 2017. State of Trans Organizing: 2nd Edition. https://ajws.org/what-we-do/sexual-health-and-rights/transgender-rights/ [accessed 7 December 2018].

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SOLUTIONS

PRIORITY F - SOLUTION 1

Provide physical spaces and resources to enable the development of trans and gender diverse community groups, particularly in regional and rural areas.

Government grants programs, private foundations and organisations with community grants programs, including ACON, that are committed to addressing social justice and inclusion, should prioritise providing financial support to trans and gender diverse-led organisations and groups. Given the lack of human resources that many groups have and the historical marginalisation faced by the trans and gender diverse community, it will be important to explicitly publicise that trans and gender diverse applicants are a priority in any call for funding applications, and where feasible, provide capacity building for those who have limited experience in seeking funding.

For NGOs, including ACON, that work with the trans and gender diverse community, particularly in regional and rural areas, an important way that support can be given is by providing physical space and administrative support to enable trans and gender diverse groups to meet.

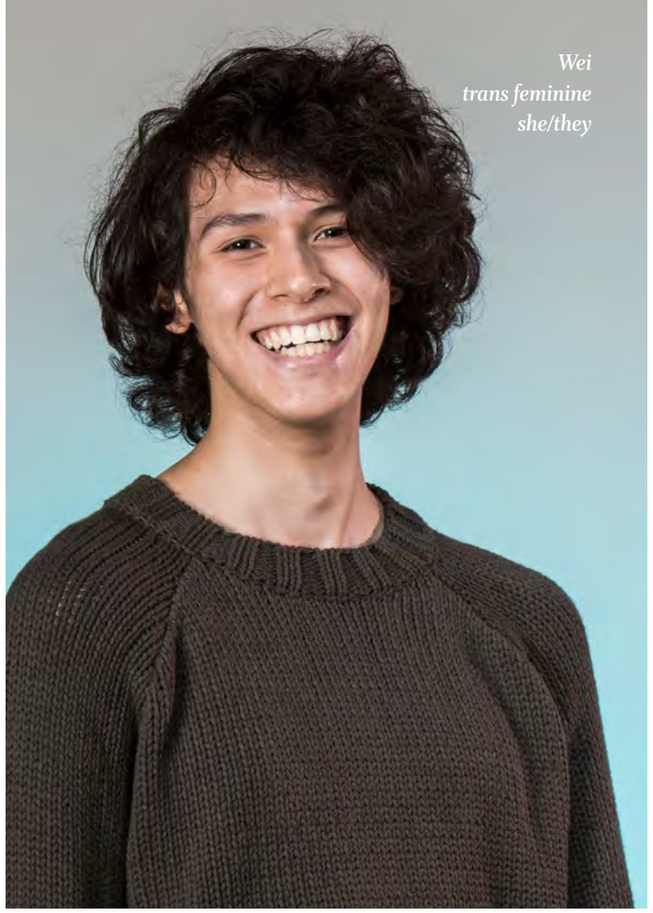
PRIORITY F - SOLUTION 2

Provide resources to support the development of trans and gender diverse-led advocacy organisations and individual advocates.

The process involved in the development of this *Blueprint* has provided an important and unique opportunity for the trans and gender diverse community in NSW to meet and identify priorities to improve their health and wellbeing. It is crucial that ongoing resources be provided to enable the community to play a central role in the advocacy needed to see this *Blueprint* enacted and establish community-led infrastructure to advance the interests of trans and gender diverse people in NSW over the long-term.

An important part of this involves providing support to the range of individuals across the state who have and will continue to advocate on trans and gender diverse health and broader human rights issues. Health NGOs and human rights organisations, including ACON, that work with the trans and gender diverse community should actively seek to recruit trans and gender diverse employees, remunerate community members when engaged to work on trans and gender diverse projects, and consider establishing paid internships for trans and gender diverse community members.

In addition, organisations that currently provide leadership training for advocates, particularly those that focus on LGBTI communities, should actively prioritise trans and gender diverse advocates in their programs.



What ACON will do in 2019-2021 to improve the health and wellbeing of the trans and gender diverse community in NSW

PRIORITY A

To facilitate clear and easy pathways for accessing care, information and support, in the next 3 years ACON will work towards:

1. Producing a digital hub providing plain, accessible, up-to-date information on the health, social and legal aspects of gender-affirmation in the NSW context, as well as other health issues of concern for the community. A simplified physical booklet will also be produced. The hub will include information that is specific to the needs and experience of the diversity of the trans and gender diverse community, including non-binary people, Sistergirls and Brotherboys, people from culturally and linguistically diverse backgrounds, younger and older people, and people with disabilities.
2. Establishing peer-led workshops for the trans and gender diverse community, which focus on supporting trans and gender diverse people to manage their health and wellbeing.
3. Advocating to key stakeholders in the NSW health system about the need for specific training, resources and support (such as communities of practice) for health professionals (GP and other primary care practitioners and support staff, specialists and tertiary care providers and support staff).
4. Ensuring that all ACON Pride Inclusion and Pride Training packages going forward are inclusive and speak to the specific needs of trans and gender diverse people.
5. Discussing with, advocating to and supporting ASHM, GP NSW and others to develop specific training packages on trans and gender diverse health, that provide medical practitioners with training on cultural competency and relevant medical knowledge for working with trans and gender diverse patients, including those seeking to affirm their gender care through medical interventions.
6. Working with PHNs, the Ministry of Health and LHDs as well as GP NSW to examine how best to develop pathways, referrals and linkages to care for trans and gender diverse people in NSW, across state primary care systems, including through the development of a trans and gender diverse health peer navigator program.
7. Working with Equinox and NSW-based trans and gender diverse health experts and clinicians to adapt their informed consent protocols for NSW and produce two versions – one for practitioners and one for consumers.

PRIORITY B

To enable affordable and available gender-affirming healthcare, in the next three years ACON will work towards:

1. Working with the National LGBTI Health Alliance and others to advocate for an exemption of trans men and non-binary people assigned female at birth from the 2015 Pharmaceutical Benefits Advisory Committee (PBAC) restrictions on who can prescribe testosterone.
2. Working with the National LGBTI Health Alliance and others to advocate for the inclusion of all gender-affirming care under Medicare and PBS.
3. Advocating to NSW Health to amend the Waiting Time and Elective Surgery Policy to remove "gender reassignment surgery" as a discretionary procedure and conduct a review to ensure that all gender-affirming surgeries are included within one of the 3 clinical urgency categories.
4. Advocating that medical bodies such as the Australian Medical Association (AMA) and the Royal Australian College of General Practitioners (RACGP) become supportive advocates to government on trans and gender diverse health issues as well as educating their own membership.

PRIORITY C

To ensure an inclusive and knowledgeable NSW health sector, in the next three years ACON will work towards:

1. Advocating to NSW Health to develop a NSW health sector strategy, which includes resources for the development of training on trans and gender diverse health across the NSW health sector and for reform to the cisgenderist, binary model of healthcare. Further, to meaningfully integrate trans and gender diverse health issues across existing NSW Health strategies.
2. Advocating to the leading NGOs and service providers working in Aboriginal and Torres Strait Islander Health, multicultural health, mental health, sexual health, cancer and aged care to implement policies, guidelines and support to healthcare providers on working with trans and gender diverse clients.
3. Advocating to NSW Health for the inclusion of trans and gender diverse people as a priority population in the next NSW HIV strategy.
4. Advocating to NSW Health to amend all STI notification forms to include trans and gender diverse people and better reflect route of transmission via sexual practices that are inclusive of trans and gender diverse people.
5. Continuing to directly provide clinical care and community-based support to trans and gender diverse clients across the state, and actively offering support to trans and gender diverse people in affirming their gender and navigating the health system.
6. Reviewing ACON's internal processes to ensure that the organisation is genuinely inclusive and responsive to the needs of the trans and gender diverse community in NSW. This will include:
   a. Ensuring that trans and gender diverse people are meaningfully engaged in the review of all programs and services that impact trans and gender diverse people.
   b. An assessment of ACON staff's cultural competency and knowledge about trans and gender diverse issues, and delivery of appropriate ongoing training and team and individual support based on this assessment.
   c. A review of ACON's policies and practices to ensure that they are inclusive, and actively seek to recruit more trans and gender diverse people to the organisation for employment and traineeships.
   d. Ensuring that adequate and accurate information (written and visual) on trans and gender diverse health is included across ACON's website.
   e. A review of ACON's community health promotion and client engagement processes to ensure that they are inclusive of the trans and gender diverse community.
   f. A review of ACON's physical spaces, including physical signage, gender neutral facilities, intake forms etc, to ensure that they are inclusive and welcoming to the trans and gender diverse community.
   g. Ensuring consistency of data collection on sexual orientation, gender identity and sex characteristics across ACON, within the parameters of external funding and clinical partnership requirements.
7. Advocate to build the trans competence of funders, particularly those funding programs and services related to specific body parts and sex characteristics.

PRIORITY D

To push for official government I.D.s and records that reflect trans and gender diverse people's gender through simple administrative procedures, in the next three years ACON will work towards:

1. Playing a leading role, in partnership with trans and gender diverse advocates, in advocating for changes to NSW Birth Certificates and NSW Recognised Details Certificates based on the self-determination model, including providing secretariat support, developing specific policy papers and other advocacy tools and engaging in political advocacy on the issue.
2. Working with Equality Australia, National LGBTI Health Alliance and others, to advocate for changes in the process for amending passports, Medicare records and other Commonwealth government documents based on the self-determination model.

PRIORITY E

To support workplaces, education settings and other environments that are inclusive and respectful of the needs of trans and gender diverse people, in the next three years ACON will work towards:

1. Continuing to provide services to employers that are members of the Pride Inclusion Programs, which assists them to support an employee who is affirming their gender in the workplace.
2. Developing a suite of resources for Australian employers focusing on trans and gender diverse inclusive workplace practices.
3. Continuing to address violence against the trans and gender diverse community and promoting social inclusion through ACON's Safety and Inclusion programs. Looking for opportunities to promote the inclusion of trans and gender diverse people in range of settings, social environments, and identifying allies in this work such as human rights, health and community organisations.
4. Continued advocacy with parliamentary partners to strengthen the *Anti-Discrimination Act* to include gender identity and expression as protected attributes, to ensure protection of all trans and gender diverse people.

PRIORITY F

To support a vibrant, resourced trans and gender diverse community advocating for its own needs and priorities, in the next three years ACON will work towards:

1. Providing seed funding as part of ACON's community grants program as well as in-kind support, to facilitate the development of trans and gender diverse-led advocacy organisation(s) and processes in NSW. Advocating for other organisations running community grants program to also prioritise funding to support the development of trans and gender diverse-led organisations and processes.
2. Establishing paid internships for trans and gender diverse people to work with ACON on the initiatives outlined.
3. Creating space and resources through ACON's head and regional offices and regional outreach team for the development of trans and gender diverse community groups and peer spaces and providing financial assistance for meeting spaces in regional areas where ACON does not have an office.
4. Providing auspicing support for trans and gender diverse groups that are not incorporated and connecting them to legal services that offer pro bono support for incorporation.
5. Supporting and partnering with trans and gender diverse organisations and individual advocates in the development of policy submissions related specifically to trans and gender diverse people or where trans and gender diverse people are affected.
6. Working with other organisations specialising in LGBTI leadership programs to develop a specific trans and gender diverse leadership program.

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Common Terms Used in the Blueprint[51]

Trans And Gender Diverse: These are inclusive umbrella terms that describe people whose gender is different to the legal sex that was assigned to them at birth.

Trans people may position 'being trans' as a history or experience, rather than an identity, and consider their gender identity as simply being female, male or a non-binary identity. Some trans people connect strongly with their trans experience, whereas others do not. The processes of transition may or may not be part of a trans or gender diverse person's life.

Terms such as 'cross dresser' and 'transvestite' aren't typically used by trans and gender diverse people to describe their gender experience.

Non-Binary: Genders that sit within or outside of the spectrum of the male and female binary are non-binary.

A person might identify solely as non-binary, or relate to non-binary as an umbrella term and consider themselves genderfluid, genderqueer, trans masculine, rans feminine, agender, bigender, or something else.

Transition/Gender Affirming: The personal process or processes a trans or gender diverse person determines is right for them in order to live as their defined gender and so that society recognises this. Transition may involve social, medical/surgical and/or legal steps that affirm a person's gender.

Affirming gender doesn't mean changing gender, 'having a sex change' or 'becoming a man or a woman', and transition isn't the same as being trans. A trans or gender diverse person who hasn't medically or legally affirmed their gender is no less the man, woman or non-binary person they've always been.

Cisgender: A term used to describe people whose gender is the same as that assigned to them at birth (male or female). 'Cis' is a Latin term meaning 'on the same side as'.

Gender Experiences: Trans, transgender, gender diverse, cis and cisgender are all experiences of gender and are distinct from male, female and non-binary gender identities.

AFAB/DFAB: Assigned female at birth/designated female at birth.

AMAB/DMAB: Assigned male at birth/designated male at birth.

Gender Dysphoria: The distress or unease sometimes experienced from being misgendered and/or when someone's gender and body personally don't feel connected or congruent.

Gender dysphoria does not equal being trans or gender diverse, many trans and gender diverse people do not experience gender dysphoria. If they do, it may cease with access to gender affirming healthcare (if medical transition is desired). With or without the presence of gender dysphoria, being trans and/or gender diverse is not a mental illness.

Legal Sex: The marker or classification recorded when a child's birth is registered. In NSW, this is either M or F at birth and can later be amended to either M, F or X.

Sex Characteristics: Physical parts of the body that are related to body development/regulation and reproductive systems. Primary sex characteristics are gonads, chromosomes, genitals and hormones. Secondary sex characteristics emerge at puberty and can include the development of breast tissue, voice pitch, facial and pubic hair etc.

The term 'sex characteristics' is more accurate than 'biological sex', 'biologically male' or 'biologically female'.

Physical organs and chromosomes should not be gendered as male or female, the gendering of body parts is a significant source of stigma, discrimination and pathologisation.

Cisgenderism/Cissexism: Where something is based on a discriminatory social or structural view that positions (either intentionally or otherwise) the trans experience as either not existing or as something to be pathologised.

Cissexism believes that gender identity is determined at birth and is a fixed and innate identity that is based on sex characteristics (or 'biology') and that only binary (male or female) identities are valid and real.

[51] Taken from ACON's Language Guide: Trans and Gender Diverse Inclusion: www.acon.org.au/who-we-are-here-for/transgender-people

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