



# The Case for a Community-Controlled, Peer-Led, Trans Health Service for Western Australia

A Scoping Report from the Trans Community

2023

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## Front Matter

### Acknowledgement of Country

We acknowledge the Whudjuk Noongar people as the Traditional Owners of the land on which this scoping project and consultation activities took place.

We keep in our hearts the resilience, resistance, and strength of Aboriginal and Torres Strait Islander People, and recognise the Elders that have been, will be, and are today. Sovereignty was never ceded. This land always was, and always will be Aboriginal land.

### Terminology

#### Aboriginal people

The term Aboriginal people is used throughout this report due to our location and the people who were involved in the consultation activities. This report was written in Western Australia on Whadjuk Noongar land. There were also no Torres Strait Islander people who participated in the community consultation activities, and thus the report cannot speak to the needs of Torres Strait Islander peoples living in WA.

#### Trans

Gender is expansive and diverse, and people use a variety of words and labels to describe their experiences. Throughout this report the term trans is used as inclusive of transgender, non-binary, and gender diverse people. Using the word trans rather than an acronym such as TGDNB, is easier to understand and emphasises our humanness.

Sometimes the term trans comes with cultural assumptions of whiteness which can exclude Aboriginal people and People of Colour. In this report, trans is intended to be inclusive of a range of cultural gender experiences, including Aboriginal People's and People of Colour's gender experiences, without suggesting that any set of words can describe the full diversity of gender experiences.

### Informed Participation and Consent

This report is compiled from extensive community involvement and consultation across a range of activities, both online and in person, and both in groups and one-on-one settings. Participants in these activities were aware of the intended use of the information and quotations taken from their contributions, and freely contributed in that knowledge. Survey participants were informed of and consented to the use of quotations, and are identified only as survey participants. Interview participants who are quoted consented to this, and have had an opportunity to review the words attributed to them including any grammatical adjustments that have been made. Interview participants were given the opportunity to determine how they are referred to in the report - and were able to specify if we should use their name, age, gender, or any combination of these when referring to them. Participation payments were not contingent on agreeing to being quoted or identified.

### Suggested citation

Wishart E. Drake-Brockman TFE. The case for a community-controlled, peer-led, trans health service for Western Australia: A scoping report from the trans community. Perth, Australia. Transfolk WA; 2023.

## From the Authors

*To our friends and community,*

*It has been immensely special and rewarding to lead this project, meeting and working with so many of you. Thank you so much for your contributions.*

*Gender affirming healthcare is essential, lifesaving healthcare, and trans health should be in trans hands. As trans and non-binary people, we deeply understand how significant and important this project is. It has been our great privilege to listen and hear about your needs, hopes, pain, and worries as we have investigated a better way to provide our community with the care we each deserve.*

*We're grateful for how you've leaned in, trusted us, and come on a journey of envisioning a better future for trans people. Your contributions, ideas and insights are what has made this part of the work to envision and plan a community-controlled, peer-led, trans health service possible.*

*We're excited for the next steps and continue to hope for this proposed model to become a reality.*

*Much love,  
Emery & Thomas*

## Acknowledgements

We extend a special thank you to everyone who informed, advised and guided this project. This report is only possible thanks to your insights and contributions.

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We also want to acknowledge and thank all those that anonymously participated or chose for their name not to be included here.

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## Supporting organisations

We would like to acknowledge and thank the organisations that have supported and contributed to this project.

This report was produced as part of the project “Scoping Review for Peer-led Clinical Services for Transgender and Gender Diverse People” conducted by Transfolk WA (formerly TransFolk of WA) and supported by WA Primary Health Alliance under the Australian Government’s Primary Health Network Program.

We’d like to thank YouthLink, Walkern Katadjin, First Peoples Rainbow Mob, and Wungening Aboriginal Corporation for their support and assistance with various project activities.



## Endorsements

We’d like to thank the Australian Professional Association for Trans Health (AusPATH), YouthLink and First People’s Rainbow Mob for their valuable endorsement of this report.



## Part A – Executive Summary

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This report articulates the need and case for a community-controlled, peer-led, trans health service. The report examines the context of trans healthcare in Australia, details findings from community consultation, and proposes a model of care and development plan. A series of recommendations outline the next steps towards funding the implementation of a community-controlled, peer-led trans health service, and further actions required of the health sector to improve trans people's health outcomes.

### A1. Healthcare needs

Trans people live joyful, fulfilling and expansive lives when supported in communities and able to live authentically. Unfortunately, this isn't yet a reality for all trans people and many experience significant health disparity. Studies consistently show that trans people experience higher levels of psychological distress than the general population, including high rates of self-harm, suicidality and suicide attempts. Being trans doesn't mean someone is inherently 'mentally ill', but trans people are exposed to discrimination, harassment, and stigma that increase risk of poor mental health. Additionally, many people can't get the essential healthcare they need. There is significant need for support and resources to improve the wellbeing of trans people.

Quality healthcare is an essential part of improving health outcomes for trans people, especially gender affirming healthcare. Gender affirming healthcare includes many things that support social and medical gender affirmation such as gender affirming hormones, gender affirming surgery, vocal training, hair removal, mental health support, peer support, and other healthcare that supports things like chest binding and presentation. Gender affirming healthcare is known to have significant positive impacts on the wellbeing and quality of life of trans people.

### A2. Current service provision

There are various barriers that trans people face when trying to access general healthcare and gender affirming healthcare. Barriers to general healthcare that trans people face include being misgendered, having to explain their identity to clinicians, health professionals unnecessarily focusing on their gender identity, having to navigate highly gendered health spaces, and experiencing discrimination. Additional barriers to gender affirming healthcare include a lack of knowledgeable practitioners, a lack of services or procedures locally available, significant wait times, high out-of-pocket costs, the burden of having to educate healthcare workers, and gatekeeping of gender affirming care. Considering gender affirming care's positive impact on psychological well-being and quality of life for trans people, these barriers have significant negative impacts. These barriers mean that trans people's health needs often aren't being met.

In Boorloo/Perth, there are very limited existing services and few providers knowledgeable in trans healthcare. While there are broad services provided to LGBTIQ+ populations, there are no trans specific primary health services available in WA. To date the only substantial specific services for trans people in WA are tertiary-level services, which have significant capacity limitations. Additionally, there is only a very small number of general practitioners and private specialists that are knowledgeable and confident in prescribing gender affirming hormones. These practitioners often have lengthy waitlists or have closed their books due to demand. Overall, the pathways, options, and availability of services for trans people seeking gender affirming care in Boorloo/Perth are extremely limited.

### A3. Scoping project findings

This project conducted various community consultation activities to better understand the healthcare experiences and needs of trans people locally in Boorloo/Perth. Findings aligned with other research and showed that trans people encounter various difficulties, problems and negative experiences when trying to access gender affirming healthcare and general healthcare. Five key themes about the healthcare that trans people need emerged including: Medical Gender Affirming Healthcare; Whole Person Healthcare; Safe and Trustworthy Healthcare; Accessible and Welcoming Healthcare; and Ongoing Sector Education. From these findings, the project team generated 10 essential characteristics of a trans community health service including: community controlled; gender affirming healthcare; informed consent approach; free or low-fee; available when people need it; peer connection; a comprehensive service; accessible; age inclusive; and clinician education. These characteristics and the community consultation findings were used to develop a proposed model for a community-controlled, peer-led, trans health service.

### A4. Proposed model of care

This scoping project proposes the creation of a community-controlled, peer-led trans health service delivered by Transfolk WA in Boorloo/Perth.

#### A4.1 Guiding principles

These principles provide an overarching approach to how the trans health service will operate. They would be part of implementation, governance, and ongoing service delivery.

COMMUNITY CONNECTED	TRANS AFFIRMING	HOLISTIC & COLLABORATIVE	SAFE & ACCESSIBLE
<p>Community connection is emphasised, valued, and prioritised. This includes utilising community advisory and oversight processes, engaging with community events and activities, linking people in with community, and partnering with community groups and organisations.</p>	<p>Trans peoples' diverse identities, experiences, and needs are recognised, affirmed, and celebrated. The service processes, environment, and interpersonal interactions enable trans people to be their full selves and access care in a genuine way without fear.</p>	<p>Intentional focus on whole-person holistic healthcare where different specialities work together to meet the health needs of trans people. The approach to the service needs to focus on healthcare that considers a person's full health needs, social and emotional wellbeing, and opportunities for health professionals to meaningfully collaborate.</p>	<p>Creating experiences and environments that are safe and accessible is essential. All planning and operational decisions need to utilise trauma informed practices, be culturally safe, ensure financial accessibility, and utilise a wide range of accessibility measures.</p>

## A4.2 Ways of Working

Ways of Working articulates how the trans health service will apply the guiding principles and meet the needs of the community that were identified in consultation activities.

<b>COMMUNITY CO-CREATION</b>	Trans health should be in trans hands. Community co-creation fosters a sense of ownership and empowerment among trans people, promoting trust, engagement, and collaboration between healthcare services and the community.
<b>TRANS STAFF</b>	Trans staff (in designated and non-designated peer roles) offer a unique level of relatability and understanding as they have navigated their own journeys of gender identity exploration, coming out, and accessing gender affirming healthcare.
<b>STAFF SUPPORT &amp; WELLBEING</b>	Ensuring staff support and wellbeing is crucial for providing care to trans and gender diverse people because healthcare professionals who are knowledgeable, skilled, and supported can offer compassionate and affirming care.
<b>MULTI-DISCIPLINARY COLLABORATION</b>	By working together, healthcare professionals are more likely to be able to address any complex needs that may be present, reduce fragmentation in care, limit how often a person needs to retell their story, and ensure continuity across disciplines.
<b>PERSON &amp; COMMUNITY CENTRED</b>	Trans people have diverse and different gender experiences, goals and lives. Person centred care is about listening to and partnering with people in their own healthcare. A community-centred approach values the importance of community, family, and cultural connection in wellbeing,

## A4.3 Range of services

Service streams are used to categorise the range of services provided by the trans health service. The services are comprehensive, gender affirming and whole-person focused.

<b>COMMUNITY SUPPORT</b>	<b>MEDICAL SERVICES</b>	<b>HEALTH SERVICES</b>	<b>SECTOR EDUCATION</b>
<ul style="list-style-type: none"> <li>Peer Navigation</li> <li>Individual Advocacy</li> <li>Community Activities</li> <li>Resources &amp; Information</li> </ul>	<ul style="list-style-type: none"> <li>GP Based Care</li> <li>Specialist Medical Care</li> </ul>	<ul style="list-style-type: none"> <li>Mental Health Care</li> <li>Allied Healthcare</li> <li>Other Gender Affirming Services</li> </ul>	<ul style="list-style-type: none"> <li>Trans Affirming Practices Education</li> <li>Hormones Management Education</li> </ul>
Trans people need healthcare that's holistic, empowering, strengthens community connection, and facilitates improved social and emotional wellbeing.	Trans people need both gender-competent general medical care, as well as trans-specific gender-affirming care, both provided by practitioners who understand trans bodies and experience.	Trans people need a range of gender-competent mental health, allied health, nursing, and gender affirming health services, co-locating these improves efficiency and reduces access burden.	Upskilling health professionals is essential to ensure trans people can receive safe and affirming healthcare sustainably in their local communities.

## A5. Development plan

To support the implementation of a community-controlled, peer-led, trans health service, the report outlines the phases of development, provides an initial cost analysis, and includes a risk register.



## A6. Recommendations

1. **Implement the proposed model for a community-controlled, peer-led, trans health service.**
  - (a) Urgently fund Phase 1 of the development plan to conduct a detailed economic analysis and build the capacity of Transfolk WA.
  - (b) Create a funding roadmap to clarify the pathway to a fully realised community-controlled, peer-led, trans health service.
  - (c) Fund the implementation of Phase 2 to establish the community-controlled, peer-led, trans health service.
  - (d) Fund the implementation of Phase 3 to allow service expansion and the addition of health sector education.
  - (e) Continue to provide transparent and realistic updates to the community on the progress towards a community-controlled, peer-led, trans health service.
2. **Increase the knowledge and capacity of the health sector to meet the health needs of trans people.**
  - (a) Promote the report to health services and providers, to enhance their understanding of the health experiences and needs of trans people.
  - (b) Advocate to health services and providers to use best-practice trans healthcare processes. Listening to the community and lived experience leaders is essential.
  - (c) Provide ongoing professional development for the health sector on trans people's health needs and gender affirming healthcare.
  - (d) Build the capacity of the lived experience peer work sector, and support the broader health sector to meaningfully include lived experience peer work.
  - (e) Embed trans people's health needs in tertiary education for health professionals.
3. **Improve access to and options for gender affirming healthcare.**
  - (a) Build strong referral pathways between LGBTIQ+ services and providers, and Aboriginal Community Controlled Organisations for culturally safe gender affirming healthcare for Aboriginal trans people.
  - (b) Expand the services covered by Medicare to properly cover gender affirming healthcare.
  - (c) Improve access to and options for gender affirming surgery in WA.

## A7. Immediate next steps

1. Urgently fund Phase 1 of the development plan to conduct an economic analysis and build the capacity of Transfolk WA.
2. Create a funding roadmap to clarify the pathway to a fully realised community-controlled, peer-led, trans health service.

## Part B – Introduction

This report articulates the need for and presents the case for a community-controlled, peer-led, trans health service. To create the case, the report examines the context of trans healthcare in Australia, details findings from community consultation, and proposes a model and development plan that considers the risks of inaction. A series of recommendations outline the next steps for funding the implementation of a community-controlled, peer-led, trans health service, and further actions required of the health sector to improve trans people’s health outcomes.



### **What if all trans people could access gender affirming healthcare, what would be the impact?**

*“Oh my god. It would be huge. I think it would just really, really significantly improve so many of the problems that we do kind of see in the community in terms of sort of mental health outcomes, in terms of there's just so many more things that I feel like would be able to do and engage with and just generally improve our sort of quality of life if all of us like had access to the healthcare that we wanted. It's like actually a little bit mind-boggling to think about. Cause I don't know if I'd ever like sat and thought about like, what if just everyone had access [to quality trans healthcare].”*

– Bridge (they/he), 28 years

### B1. Transfolk WA

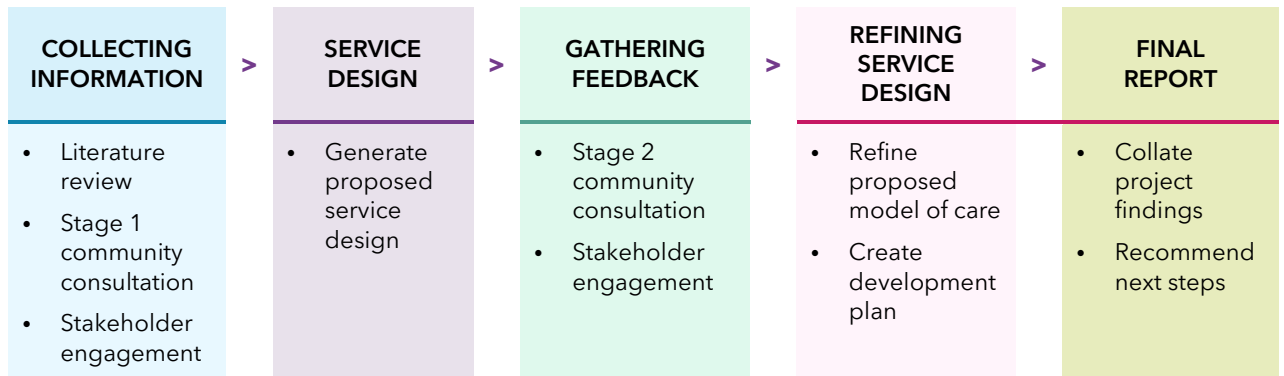
Transfolk WA (hereon referred to as Transfolk) is a peer support organisation for trans people and their loved ones throughout Western Australia. Its purpose is to inform, empower and advocate for trans and gender diverse people to survive and thrive. Starting as TransMen of WA in 2012, incorporating as TransFolk of WA in 2017, the organisation (now Transfolk WA) has flourished and expanded to meet the needs of the community including providing trans peer support groups, a youth drop in space, family support, events, resources, advocacy, and training.

As Transfolk has grown, it’s become increasingly evident that the community desperately needs more high-quality, best practice, and accessible gender affirming healthcare. One of the key resources the organisation provides is a word-of-mouth recommended services list that both community and health professionals utilise to find trans affirming healthcare. This clinic scoping project has resulted from consultation with community about Transfolk’s strategic priorities, including a focus on improving the health outcomes of trans people, which included a clear directive to pursue better healthcare services for trans people in WA.

### B2. Clinic scoping project

This report is a key deliverable from the project “Scoping Review for Peer-led Clinical Services for Transgender and Gender Diverse People” funded by the WA Primary Health Alliance. The 12-month project had two lived experience project officers and utilised multiple rounds of iterative community and stakeholder consultation to generate the proposed service design and recommendations for implementation. In addition to this report, in-depth findings from the community consultation are further explained in separate consultation reports. The project stages are summarised in the below diagram.

## B2.1 Project stages



## B2.2 Project assumptions and scope

This project focused on the design of a single-location community-based health clinic for trans people in Boorloo/Perth. To ensure project staff and other stakeholders had a shared understanding of the project, a series of assumptions and the project scope was clarified.

### B2.3 Assumptions

The project was conducted on the assumption that:

- The service is to be initially located at a single physical site in the Perth metropolitan area.
- The service will provide community-based health services to trans people.
- The core medical service providers will be GP-qualified doctors.
- There may be additional types of health providers, who will contribute to an integrated team.
- The service will largely employ providers and support staff who are trans.

### B2.4 Scope

The following were considered within the scope of the project:

- The approach to service production, governance, and evaluation.
- Service pathways offered by the service, and the target demographics for each.
- Service fees and other streams of revenue for the service.
- The number and type of staff required, staff education, and collaborative approaches.
- The peer-led model and approach, and non-peer employment where required.
- The approach to inclusion and safety of intersectional communities.
- Physical characteristics and set-up of the service location.
- High level consideration of scalability of the service.
- High level and key features of the service's procedures.

The following were not within the scope of this project:

- Detailed plans for expansion to multiple sites, mobile sites, or a distinct telehealth service.
- Other services which are not within community-based care of trans people.
- The detailed content of clinical guidelines to be used by the service.
- Surgical services or other non-community-based healthcare.

## B2.5 Managing expectations

Throughout this project, there's been a focus on transparency with community to ensure a shared understanding that this project is a planning project, and no funding has yet been secured for implementation of a community-controlled, peer-led, trans health service. Improved healthcare services for the trans community have been repeatedly talked about, but often there are lengthy delays to rollout, or worse, no services eventuating. As a trans organisation and with lived experience project staff, the team has been deeply aware of this dynamic and aimed to be transparent and realistic with community.

## Part C – Background

### C1. Health inequities

Trans people live joyful, fulfilling and expansive lives when supported in communities and able to live authentically. Unfortunately, this isn't yet a reality for all trans people and many experience significant health disparity.

Studies consistently show that trans people experience higher levels of psychological distress than the general population, including high rates of self-harm, suicidality and suicide attempts. In the largest study to date of Australian trans young people 14-25 years, 48.1% reported a lifetime suicide attempt, 62.8% reported engagement in reckless behaviour to purposely put one's life at risk, 82.4% had had suicidal thoughts, 79.7% had self-harmed before, 74.6% had been diagnosed with depression, and 72.2% had been diagnosed with an anxiety disorder.<sup>1</sup> In trans adults these numbers are similar with high rates of self-harm (63%) and suicide attempts (43%).<sup>2</sup> For Aboriginal and Torres Strait Islander trans young people the suicide attempt rate is even worse, with 54% attempting suicide in their lifetime, and 23% attempting suicide in the last 12 months.<sup>3</sup> These mental health statistics are deeply concerning and raise questions about why the trans community has such increased rates of mental distress.

Being trans doesn't mean someone is inherently 'mentally ill', but trans people are exposed to discrimination, harassment, and stigma that increase risk of poor mental health. Suicidality among trans populations is associated with barriers to receiving gender affirming care, physical assault based on trans prejudice, and with institutionalised cissexism or transphobia.<sup>4</sup> For trans young people, negative experiences including accommodation issues such as homelessness, and issues in educational settings such as peer rejection and bullying, are associated with poor mental health outcomes.<sup>5</sup> Trans people aged 16 and over are also nearly four times more likely to have experienced sexual violence or coercion than the general Australian population.<sup>6</sup> Another issue that contributes to trans people's poor mental health is a high unemployment rate of 19%, three times higher than the Australian general population, despite 47% having tertiary qualifications.<sup>7</sup> The prevalence of these negative experiences is disturbing and their impacts on wellbeing are significant. They highlight the urgent need for support and resources to improve the wellbeing of trans people.

### C2. Positive impact of gender affirming care

Gender affirming care is known to have significant positive impacts on the wellbeing and quality of life of trans people.<sup>7,8</sup> Gender affirming hormones reduce gender dysphoria, body dissatisfaction, and uneasiness, and lead to improved mental health of trans people.<sup>8</sup> For trans young people, gender affirming care including puberty blockers and gender affirming hormones, improves mental health, including decreasing depression and suicidality.<sup>9</sup> Gender affirming surgery is shown to improve the quality of life of trans people who desire these procedures.<sup>10</sup> Gender affirming care is essential healthcare for trans people, and research shows that enabling timely access to gender affirming care is effective in improving the health and wellbeing of trans people.<sup>4</sup>



*"[Gender affirming care] has been literally essential to my wellbeing."*

*– Bridge (they/he), 28 years*

### C3. Barriers to accessing healthcare

#### C3.1 Barriers to general healthcare

Trans people face significant challenges when seeking general healthcare. These include being misgendered, having to explain their identity to clinicians, health professionals unnecessarily focusing on their gender identity, having to navigate highly gendered health spaces, and experiencing discrimination. Many medical records systems don't accurately or easily record people's gender identity leading to misgendering and stigma.<sup>11</sup> Only 37.7% of trans people feel that their gender identity is

respected by mainstream health services.<sup>12</sup> People report receiving transphobic comments, being mistreated, being assaulted, and outright refusal of care from healthcare professionals.<sup>13</sup> These experiences lead many trans people to feel reluctant to disclose their gender history to healthcare workers; only 20.4% always disclose to a doctor, 25% sometimes disclose, 33.8% disclose only if they have to, and 12.2% never disclose.<sup>7</sup> Furthermore, these negative experiences cause some trans people to avoid seeking healthcare, including avoiding or delaying emergency care.<sup>14</sup>

“I know that a lot of trans people have a lot of trouble with [healthcare] and I've seen like a lot of stories and whatnot and there's also kind of like having to look for the good ones and all this and it's like, it's so much stress so you kind of just be like, "Oh, well why should I bother? Maybe I should just put it off a bit more until things get better."  
– Seph (he/him), 24 years

“A lot of the time it's navigating whether I even want to identify as trans while I'm receiving that healthcare. Because it's like, will that be necessary for the healthcare that I'm getting? Or will it impede my chances at like, getting adequate healthcare? Because people can be not great about it. To have a service that is specifically for trans people, it would take away all of this extra unnecessary stress so I could just access whatever I need without having to play the guessing game.”  
– Ruben (he/they)

### C3.2 Barriers to gender affirming care

For many trans people accessing gender affirming care is a major issue, with 56% of trans people describing their access as "ok," "poor," or even "non-existent".<sup>6</sup> There are various barriers to accessing gender affirming care including a lack of knowledgeable practitioners, lack of services or procedures locally available, significant wait times, high out-of-pocket costs, the burden of having to educate healthcare workers, and gatekeeping of gender affirming care.<sup>15</sup> Gatekeeping is when trans people are forced to undertake multiple psychiatric assessments or other medical testing to be deemed suitable for gender affirming hormones or surgery. This delays access to treatment and negatively impacts mental health.<sup>15</sup> Given gender affirming care's positive impact on psychological well-being and quality of life for trans people, these barriers have significant negative impacts.<sup>8</sup>

“It's nearly impossible to find someone who I don't have to explain my gender, body, and needs to. It is exhausting.”  
– Survey participant

“When I go to my doctors to get [my testosterone injection] done, I make sure to always wear a shirt and pants. They probably can't deny me, but I also already feel like my GP already has that perception, "Oh, why aren't you wearing pants? What's wrong with you? Are you even sure that you are trans and whatever?" ...I wore a pink shirt once and there was a big issue made out of it. And it's just those things where it seems so little that they just do that sort of thing that's so big because then you are just like, "Oh my god, I need to decide what I need to wear. What is acceptable? What is good enough for them to consider me trans?"  
– Seph (he/him), 24 years

## C4. Existing gender affirming service provision

### C4.1 Western Australian service provision

While there are broad services provided to LGBTIQ+ populations, there are no trans specific primary health services available in WA. To date the only substantial specific services for trans people in WA are tertiary-level services, which have significant capacity limitations.

For adults there is a relatively new tertiary Adult Gender Diversity Service at Royal Perth Hospital, which is funded by East Metropolitan Health Service without project-specific grant funding from the Department of Health or Mental Health Commission. This tertiary service has very limited capacity and already has a two-year waitlist. For children and young people, there is a tertiary Gender Diversity Service (GDS) provided by Perth Children's Hospital, however, this only provides care to those under 16 years of age. Further to this inherent limitation, there have been ongoing issues identified leading to many young trans people being unable to access GDS care, namely a five-year wait list. For trans young people 16-17 years, there are no tertiary services for accessing gender affirming care, and no private providers, meaning that trans young people in this age group are turned away and refused gender affirming care. YouthLink does provide a Gender Pathways Service young people 17-24 with complex mental health needs who are seeking assessment for readiness of gender affirming medical treatment, but the service does not provide ongoing support or direct medical care. The options for trans young people are significantly limited.

There is a shift for gender affirming care to be managed in a primary care context rather than tertiary hospital-based care. The 'informed consent model'<sup>16</sup> for initiating gender affirming hormones is associated with higher patient satisfaction.<sup>17</sup> There are a small number of General Practitioners (GPs) in WA who will prescribe and manage gender affirming hormones for adults using the informed consent model. These GPs are limited in number, are in high demand and therefore often close their books to new patients, are mostly found in inner metropolitan Perth. Other pathways to accessing gender affirming hormones are through specialist appointments with private endocrinologists or sexual health physicians - although there are again limited specialists familiar with and confident prescribing gender affirming hormones.



*"I'm actually having to travel interstate to be able to get an estrogen implant, which... So simple things like access to appropriate healthcare is important."*

*– Lyn (she/her), 46 years old*



*"[It's difficult and daunting searching for a new GP, having to] find someone who's knowledgeable in trans issues, willing to sort of oversee [Hormone Replacement Therapy] finding someone who doesn't have a waitlist or hasn't closed books or anything like that. Finding someone who is knowledgeable around non-binary identities as well, which like even then, finding someone who ticks all those other boxes, there's this additional aspect of it that I need you to be on board with."*

*– Bridge (they/he), 28 years*

For people based in regional and rural areas, the options are extremely limited with very few GPs knowledgeable about trans healthcare in general, let alone managing gender affirming hormones. If people wish to see a practitioner known to be trans-affirming and knowledgeable, telehealth requirements often mean that people still need to travel long-distances to Boorloo/Perth for initial and annual appointments, which represents a significant burden for many people in terms of time and cost, and a barrier to care. The same applies for specialist appointments and surgery. There are usually significant extra travel and accommodation costs for people that have to travel to Boorloo/Perth for their healthcare.

There is no gender affirming surgery provided through the public health system in WA. Additionally, there are very few private surgeons who perform gender affirming surgeries, meaning that many trans people need to travel interstate or even internationally for surgery. These surgeries often cost tens of thousands of dollars, making them extremely inaccessible to most trans people.

## C4.2 Service provision in other Australian jurisdictions

Throughout Australia there are various gender diversity services including tertiary hospital-based services such as Monash Health Gender Clinic in Melbourne, primary health gender clinics such as Equinox in Melbourne, and peer navigation services such as the Gender Pathways service by A Gender Agenda in Canberra. Often hospital-based services use an assessment model where trans people have to have a psychological assessment or receive a diagnosis before they can access gender affirming medical care. Clinics such as Equinox primarily use an informed consent model. Many services around the country have long waitlists and community constantly advocates for increased funding to improve gender affirming health care access for trans people. Victoria is a clear leader in provision of gender diversity services, with public hospital services for both adults and children and young people, and various community primary health gender services.

Options for gender affirming healthcare outside of specific services include GP care and specialist care from endocrinologists and sexual health physicians. Throughout Australia some GPs are becoming confident in using the 'informed consent model'<sup>16</sup> for prescribing gender affirming hormones. Other GPs and specialists may use an assessment model for gender affirming hormones, where the trans person must first see a clinical psychologist or psychiatrist for a 'gender incongruence' diagnosis or a formal letter of readiness to start gender affirming hormones.

“I think the process that I went through of having to wait and go and get a full sort of assessment done over six psychology sessions was really intense and didn't send me like a great message about my autonomy and my right to kind of go and access these things.”

– Bridge (they/he), 28 years

## Part D – Community consultation

### D1. Community partnership and codesign

A key emphasis in this project's approach was genuine partnership with community. This was achieved through intensive engagement with local trans people and other relevant stakeholders including service providers and trans healthcare practitioners. The approach to community involvement was iterative, with various stages of collecting information, generating ideas, gathering feedback, actioning recommended changes, 'looping back' to collect more information, and actioning further recommended changes. The process was adaptive and responded to the input received. This process was especially relevant with the project reference group, but also applied to the broader consultation where stage two of consultation involved presenting a proposed model to the community and asking for feedback.

Co-design principles as articulated in the WACOSS toolkit<sup>20</sup> were front of mind throughout the development of community involvement activities. Methodologies for co-design (including Experience-Based Co-Design)<sup>21</sup> of services often place a large degree of emphasis on strategies to avoid designing services that fail to meet the needs of the communities that these services are designed for. These methods place significant focus on ensuring genuine engagement, however, this is often framed from the perspective of an outsider to the community in question. As Transfolk is deeply embedded in the trans community, these concerns are less acute – although not entirely alleviated – and these methodologies must be adapted. The fact that Transfolk is the organisation planning this service represents engagement and empowerment of the trans community to address our own healthcare needs. This project however remained acutely aware that the trans community is internally diverse, and that there are many voices that must be heard to ensure the design of a truly inclusive service.

The project adopted the principles of co-design as articulated in the WACOSS toolkit,<sup>20</sup> which were front of mind during the development of community involvement activities:

- **Clarity of Purpose:** There must be a shared clarity of who should be involved, the process of involvement, what is negotiable or not, and what resources and time are needed to make the co-design possible.
- **Inclusiveness:** Comprehensive inclusion of people who will use the services (and their families and carers as appropriate) as well as those who will deliver them. It is important to design with people, not just for them. Inclusion must be at the outset, not later when decisions have been made.
- **Equal Partnership:** People to participate as equal partners, with solutions to be focused on service users.
- **Respect and Trust:** It is essential that there is an effective, facilitated process with freedom and safety to speak frankly so that issues can be genuinely addressed. This requires a relationship based on trust, respect, openness, and transparency that enables all participants to participate meaningfully, using methods of communication that enhance capacity to share ideas effectively.
- **Data-Driven:** Co-design processes should commence with the sharing of existing data on community need, population and cohort dynamics, and service evaluations. We should reach agreement on service goals and outcomes before proceeding to service design. Ideally, the co-production of effective service models is an iterative loop including co-design, co-production, and co-evaluation.
- **Comprehensive:** The process should involve design, planning and evaluation, as well as in some cases, implementation, or delivery.
- **On-Going:** Co-design is an iterative process that develops over time. Participants need to be able to explore, make mistakes, learn from these and use the process to progressively design better services that will deliver improved outcomes.

A key component of valuing the contributions and expertise of community members is to provide paid participation for consultation activities. All participants were offered compensation, with payment rates set with reference to the Mental Health Commission's Consumer, Family, Carer and Community Paid Participation Policy.<sup>22</sup> Payments to members of our reference group were \$100 per session, peer facilitators received \$100 per session, and payments for other activities were \$75 per session.

## D1.1 Reference Group

From early in the project a reference group was established to provide a broad range of perspectives throughout the project, and to provide guidance on planning, objectives, and proposed approach; community consultation process; interpreting information collected from community consultation; and key considerations for planning the health service. The voices and lived experience of trans, non-binary, and gender diverse people were prioritised in the reference group.

Often 'consumers' in advisory roles in healthcare need to navigate systemic inequalities and clinician's unconscious biases. Specific attention was given to interrupting these power dynamics in the make-up of the group, with a minimum of 50% of members who are trans, non-binary, or gender diverse, including Aboriginal community members.

The Reference Group also included a general practitioner, specialist doctor, and clinical psychologist each with specific experience in caring for trans and gender diverse people, and an academic who conducts their research in trans and gender diverse health.

## D2. Stage 1 community consultation

### D2.1 Consultation activities

The first stage of community consultation focused on collecting information about trans people's healthcare experiences, what healthcare they need, qualities of ideal trans health care and potential outcomes or impacts of a trans health service. Consultation activities included a community workshop, an online survey, a focus group and individual interviews.

### D2.2 Community Workshop 1

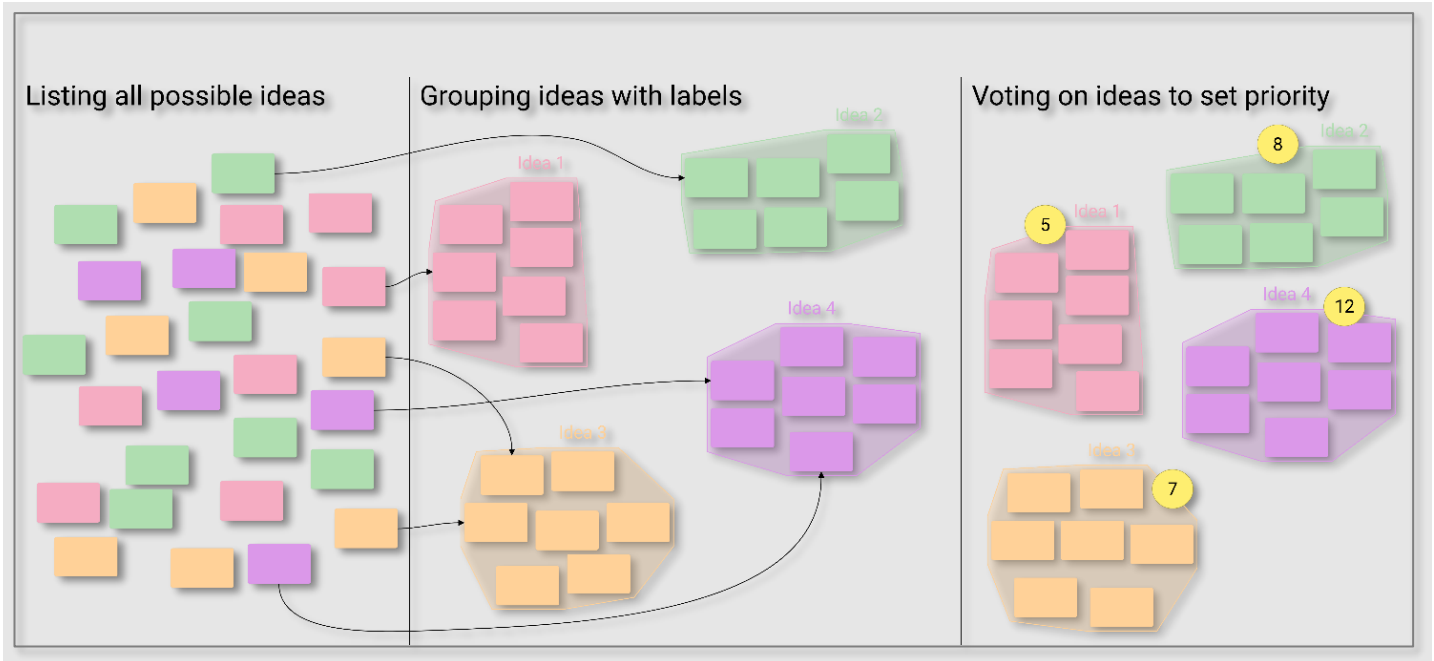
A community workshop was held at City West Lotteries House and was attended by 28 community members, as well as 6 peer facilitators. The workshop focused on exploring the unmet needs of the community, and generating broad ideas that would inform the overarching and guiding principles of a service to meet these needs.

The workshop asked the following questions:

- What are the health needs of trans people that are not met by existing services in WA?
- What are the opportunities to meet the health needs of trans people in WA?
- What should we aspire to achieve by creating a health service for trans people in WA?
- What outcomes will show that we have met the health needs of trans people in WA?

An interactive process in breakout groups was used to generate ideas and discussions. Affinity Diagrams were used to engage participants to generate, categorise, and prioritise a broad range of ideas. A large body of rich feedback was collected and was then carefully transcribed and analysed.

**Example affinity diagram process**



**Photos of affinity diagrams from the community workshop**



**D2.3 Online Survey**

To engage the community to the greatest possible extent, Community Workshop was followed up with online surveys for both participants and those who could not attend. This both allowed a greater range of people to contribute, and provided opportunities to collect longer-form insights that were not able to be captured in the Workshop due to the approach taken. There were 69 community members that participated in the online survey. Results were thematically analysed and incorporated together with the Community Workshop findings.

**D2.4 Targeted Consultation Activities**

Following the first Community Workshop and the Online Survey, participant demographic information highlighted that the voices of trans people who were Black/Blak, Aboriginal, or People of Colour were underrepresented in the consultations. This concern was raised with the project Reference Group and additional interviews and a Focus Group session were carried out to address these gaps.

Three one-on-one interviews with young Aboriginal trans people were conducted on behalf of the project by staff at YouthLink, who kindly offered to assist the project in this way. This was to ensure that the interviewees were able to speak with an interviewer they were already familiar with.

A Focus Group for trans Aboriginal people and People of Colour was also conducted. There were 7 participants including 2 peer facilitators. This session has resulted in a new and exciting body of evidence, a stand-alone report titled "Experiences of and hopes for gender affirming care of Aboriginal people and People of Colour." These findings are crucial to this project and will be a valuable resource to Transfolk and other partner organisations.


## D2.5 Stage 1 Findings

The community shared generously about their healthcare experiences, healthcare needs, and what the outcomes would be from successful healthcare. These findings are detailed in the extensive stand-alone report "Community perspectives on trans healthcare in Boorloo-Perth." The below information is a summary of the key findings.


## D2.6 The unmet healthcare needs

Trans people encounter various difficulties, problems and negative experiences when trying to access gender affirming healthcare and general healthcare. The following were raised in the community consultation activities as key healthcare issues:

- Gender affirming healthcare is unaffordable.
- There's a lack of practitioners and services knowledgeable about trans healthcare.
- There are long delays and waitlists to access gender affirming healthcare.
- Trans people often have to educate and explain trans health to clinicians.
- Gatekeeping of medical gender affirmation often occurs.
- Trans people often have unsafe and un-affirming healthcare experiences.
- Services are often culturally unsafe.
- Services are often inaccessible.

 *"You just feel stuck a bit in limbo while you're in a waitlist because you can't progress further with anything."*

– Ruben (he/they)

 *"When signing up with a new service or seeking healthcare for an issue, I haven't had addressed before, there's this mountain of stuff in the way when it comes to being trans where you have to work out how much educating you are going to have to do to your healthcare provider in the first couple of appointments and how much time and money that's going to take up before you actually get the care you need. And it's always quite stressful."*

- CJ (they/them)

These findings highlight that trans people in Boorloo/Perth are often not receiving quality healthcare and face various barriers to accessing healthcare. This emphasises the significant need for improved healthcare for trans people, including healthcare that’s affirming and knowledgeable about trans health, is accessible and affordable, and is safe and culturally secure. The findings also show that healthcare experiences of local trans people in Boorloo/Perth align with the broader literature on barriers and poor healthcare experiences of trans people. Considering the known poor health outcomes and high levels of mental health distress in the trans population, these findings are deeply concerning.



*“I kind of just leave a lot of health problems I have because who's going to believe me? I'm trans and I have a lot of mental health too. There's the stigma of being trans, mental health issues and neurodivergency and all this and it's like to have a place where you are not seen as some sort of like freak it would be great.”*

- Seph (he/him), 24 years

## D2.7 The healthcare trans people need

Trans people need access to quality affirming healthcare, including comprehensive care that meets their general non-specific health needs in a safe environment, as well as specific gender-affirming care and therapies delivered by competent and knowledgeable professionals. Five core themes about types of healthcare, quality of healthcare, accessibility of healthcare and advancing trans healthcare emerged from the community consultation activities.

These five themes described by the trans community explain the needed components of trans healthcare. They provide key elements to consider in the development of a trans health service, and have been woven into the proposed model presented later in this report.

### Core themes of the healthcare trans people need

<b>MEDICAL GENDER AFFIRMING HEALTHCARE</b>	Trans people need better access to gender affirming hormones, gender affirming surgery and information about gender affirming healthcare.
<b>WHOLE PERSON HEALTHCARE</b>	Trans people need healthcare that embraces all of their healthcare needs including mental health services, general medical care, non-medical gender affirming care, health and wellbeing services, social and community connection, and individual advocacy services.
<b>SAFE &amp; TRUSTWORTHY HEALTHCARE</b>	Trans people need healthcare they feel safe accessing. Healthcare that embraces gender diversity, is trauma informed, listens to what they say they need, is culturally safe, uses affirming forms and processes, employs trans staff, and has staff that are knowledgeable about trans healthcare.
<b>ACCESSIBLE &amp; WELCOMING HEALTHCARE</b>	Trans people need healthcare that is accessible and welcoming. Healthcare that is affordable, is available when needed, has a welcoming environment, is physically accessible, is neurodivergent safe and welcoming, and healthcare that ensures information is accessible.
<b>ONGOING SECTOR EDUCATION</b>	Trans people want better healthcare and recognise the important role of education. They want services that educate clinicians on trans health, training to upskill general practitioners on gender affirming hormones management, and services that contribute to ongoing research into and resources about trans healthcare.

## D2.8 Measuring the success of a trans health service

As part of the community consultation activities, the community were asked how they'll know a trans health service is doing a good job. They came up with the following outcomes and impacts:

- Better mental, physical and social health outcomes for trans people.
- Trans people's health needs are met.
- Good healthcare experiences.
- Increased confidence seeking healthcare.
- Service is helping to build trans community.
- Accessing the services is easy.
- Diverse people use the service.
- It's recommended by trans people.
- The service retains trans staff.
- It's educating clinicians.
- It's influential in trans healthcare.
- Increased visibility and awareness of trans people.

These outcomes and impacts can be used to measure the success of a trans health service and whether it's meeting the community's needs. These findings are relevant for service planning, funding impact evaluation, and community oversight processes.

## D3. Stage 2 community consultation

This second stage focused on ensuring the community supported the proposed service design and had a further opportunity to help refine the design, and involved connecting with stakeholders and services about how to make the proposed service design feasible.

### D3.1 Community workshop 2

A second workshop was held to seek feedback on a proposed service design to determine if the proposal would meet the needs of the community, and to establish community engagement and social license.

The workshop included a brief introduction to the work completed and process used by the Clinic Scoping Project, the findings of the stage one consultations, and a proposed service design. This included presenting service principles, ways of working, service streams and a high-level progression plan for the proposed service.

The workshop focused on the following questions:

- Question 1 - Does the proposed service design meet your needs and expectations?
- Question 2 - What are the key moments and interactions that matter to you?

In small groups the questions were addressed using different methodologies. For the first question, a facilitator took notes while the group discussed the proposed service design, with minimal intervention. These notes were collated, as well as direct feedback from each of the group facilitators on the tone and content of the conversations.

For the second question, an Empathy Map was used to encourage participants to consider how a person accessing the service would - "think and feel", "see", "hear", and "say and do". The facilitators also prompted the groups to consider both ideal and worst-case experiences, to bring out the key points of concern and opportunity.

## Stage 2 Findings

### D3.2 Community endorsement and support for a trans health service

Participants gave their resounding support for the proposed service design concept. Some key quotes that summarise the discussion are:

- *"Unequivocally yes - it meets needs."*
- *"Lots of us go to lots of services; having one place would be amazing."*
- *"Peer navigation will be fantastic."*
- *"The design cover off issues we face with accessing care and wellbeing services."*
- *"The concept covers all that was discussed in first session."*
- *"The services will help us connect to one another - community and social."*
- *"Going somewhere trusted and respected is so important."*
- *"Obviously designed by trans people."*
- *"Well thought out."*

There was also feedback on specific things that need to be considered and included in the final service design. This feedback has been incorporated into our overall plan presented in this report.

### D3.3 Imagining accessing a trans health service

The second part of workshop two generated a brainstorm of the things on people's minds accessing a trans health service, what people would see in the service, what people would see and hear in the service and what staff would be doing in the service. These findings are relevant to the implementation of a trans health service.

*"I think that being able to walk into a service and your first impression of a service is so important... having that first point of call and that first interaction and the space itself that you walk into, but yeah, even the receptionist, the first person you talk to. Having them be trans or at the very least be a very visible ally. If they've got the little ally pin, they've got their pronouns on their lanyard, and they take the effort to like ask for the person's pronouns or how they would prefer to be referred."*





– Ruben (he/they)

*"I think most spaces where you want people to feel comfortable should be sensory friendly, but there is a definite observed overlap in the gender diverse community and neurodivergent community."*

– CJ (they/them)

Empathy map from community workshop 2

Empathy map: Accessing a trans health service

 <b>THINK &amp; FEEL</b>	 <b>SEE</b>	 <b>HEAR</b>	 <b>SAY &amp; DO</b>
<p><i>The things on people's minds when accessing the service.</i></p>	<p><i>What people see in the service.</i></p>	<p><i>What people hear in the service.</i></p>	<p><i>What the staff or service are doing.</i></p>
<p><b>Positive feelings:</b></p> <ul style="list-style-type: none"> <li>• Excitement accessing the service</li> <li>• Feeling welcomed and affirmed</li> <li>• Feeling included (cultural identity)</li> <li>• Feeling listened to and understood</li> <li>• Feeling safe and comfortable</li> <li>• Feeling hopeful and optimistic</li> <li>• Having confidence in healthcare</li> <li>• Feeling empowered</li> <li>• Feeling satisfied</li> </ul> <p><b>Apprehension and worries:</b></p> <ul style="list-style-type: none"> <li>• Fear and anxiety from prior negative medical experiences</li> <li>• Concern about the safety and security of the venue</li> <li>• Figuring out where to sit that feels safe</li> <li>• Worrying about needing to sit still and listen for name</li> <li>• Concern about being turned away for being too young</li> <li>• Deciding if workers feel safe to talk to</li> </ul>	<ul style="list-style-type: none"> <li>• Lighting is sensory friendly</li> <li>• Fidget toys and soft items</li> <li>• Various comfortable seating options</li> <li>• Trans affirming decorations</li> <li>• Diversity reflected in posters and art</li> <li>• Pride flags and posters</li> <li>• Art and colours</li> <li>• Non-medical vibe</li> <li>• Unassuming exterior</li> <li>• Not visually overstimulating or busy</li> <li>• Calm quiet space</li> <li>• Accessibility prioritised</li> <li>• Captions on videos</li> <li>• Visual for when name is called</li> <li>• Trans staff</li> <li>• Workers being themselves</li> <li>• Affirming forms</li> </ul>	<ul style="list-style-type: none"> <li>• Music options</li> <li>• Soft close doors</li> <li>• Reduce phone chatter in waiting area</li> <li>• Headphones and earbuds available</li> <li>• Privacy - not hearing other people's info</li> <li>• Asking for pronouns</li> <li>• Names being said correctly</li> <li>• Using inclusive language</li> <li>• Gendering people correctly</li> <li>• Clear information about wait times</li> <li>• Information about where to go and what to expect</li> <li>• Affirming conversations</li> <li>• Active listening</li> <li>• Hearing recommendations about the services available</li> </ul>	<ul style="list-style-type: none"> <li>• Various types of healthcare</li> <li>• Knowledgeable about gender affirming care</li> <li>• Understanding the diversity of trans experiences</li> <li>• Trauma informed practices</li> <li>• Peer support</li> <li>• Peer navigators</li> <li>• Culturally safe</li> <li>• Confidentiality</li> <li>• Informed consent process</li> <li>• Multiple accessible communication methods</li> <li>• Telehealth and outreach</li> <li>• Disability accessibility</li> <li>• Free or affordable services</li> <li>• Referrals and linking to other services</li> <li>• Pronunciation section on forms</li> <li>• Training and education</li> <li>• Consistent staffing</li> </ul>

## D4. Other stakeholder engagement

The project engaged with various stakeholders to better understand Australian trans health models and services. Key stakeholders included gender affirming services from around Australia (including a mix of primary care community-based services and tertiary hospital-based services), general practitioners working locally in Boorloo/Perth who provide gender affirming care, and Aboriginal Community Controlled Health Organisations. A mix of informal phone, teleconference and in-person meetings were conducted.

### D4.1 Key elements for success of gender diversity services

This project was eager to understand the challenges services face so that they can be addressed in the planning of a trans health service. Stakeholder engagement brought to light various challenges faced by gender diversity services included lengthy waitlists from limited capacity, unsustainable funding models relying on Medicare, staff recruitment and retention issues, and community perception.

To navigate these issues the following key elements were identified:

- Sufficient service capacity for volume of interested trans people.
- Adequate funding from various income streams to ensure the service can provide free or discounted healthcare.
- Supports and other services available whilst people are on a waitlist for specific services.
- Enticing staff salaries that reflect the specialised skillset of the work and ensure high quality staff can be recruited and maintained.
- Wellbeing support and professional development for staff.
- Transparent and regular information updates to community about service processes and capacity.

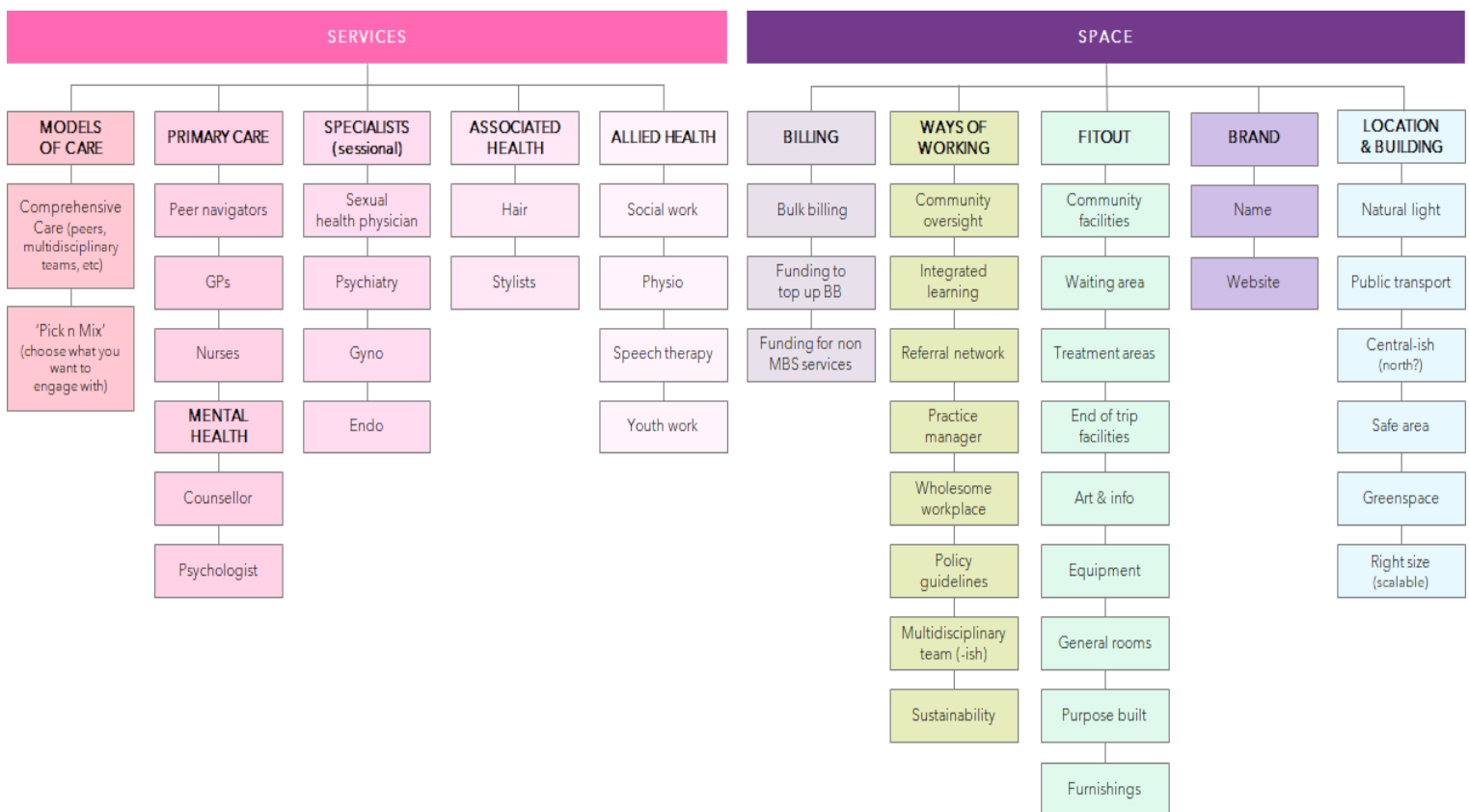
## Part E – Planning the trans health service

To develop the proposed model, the project team identified key components of a trans health service from the community consultation and stakeholder engagement findings. This work has been included in the final report to support and contextualise the proposed model.

### E1. Service design brainstorm

After the analysis of stage one of community consultation, the project team began the process of generating the proposed model. This involved first creating a mind-map from the consultation findings and stakeholder engagement insights.

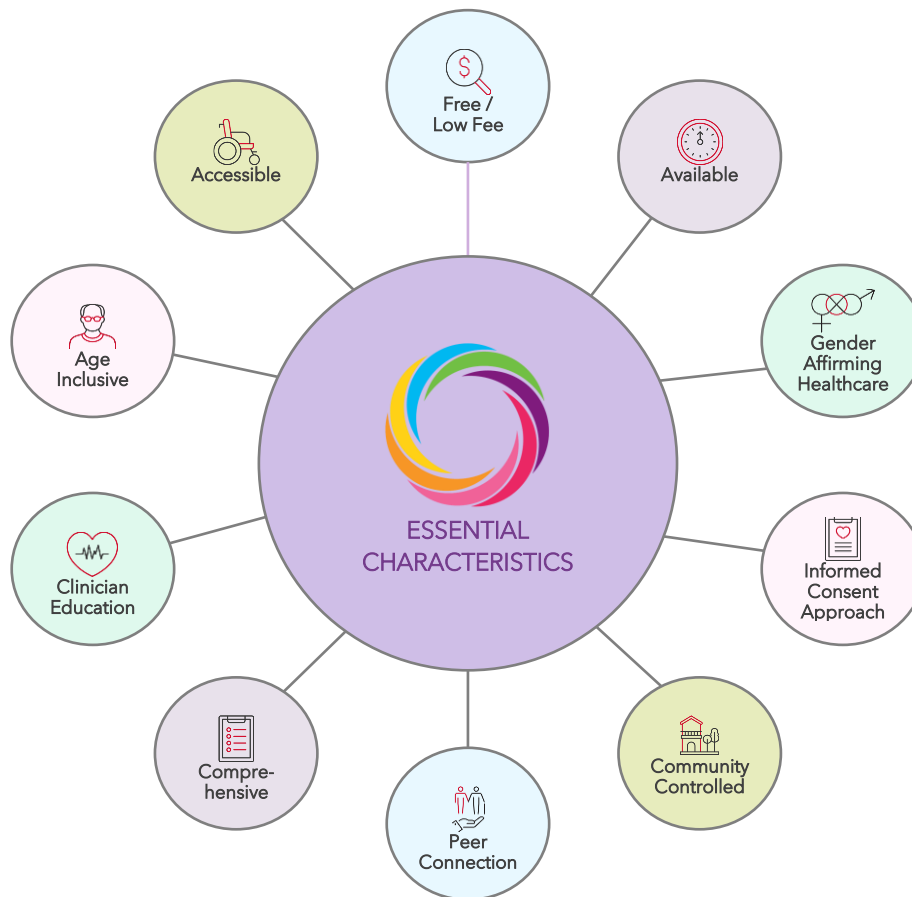
#### Service design brainstorm after stage one of community consultation



## E2. Essential characteristics of a trans community health service

From the project's research, community consultation and stakeholder engagement, a series of key characteristics emerged. This section provides detail about why these characteristics are essential for a trans health service that's delivered by a trans community organisation.

### *The 10 essential characteristics of a trans community health service*



### E2.1 Community-controlled service

**The trans health service must be of, for, and by the community to create trust and safety.**

Trans healthcare should be in trans hands. Many existing services and providers fail to understand the health needs of trans people, leading to poor healthcare experiences. Trans healthcare has a history of being pathologising and medicalising the trans experience. Community controlled means that the ownership and other key decision-making powers rest with the trans community and lived experience leaders. This would be achieved through the service being operated by a trans community organisation, embedding lived experience governance, using community advisory groups, and reporting back to community transparently about the service's operations.

“I think having it a community driven clinic, where the staff are part of the community and majority of the clients are it's part of that as well where you feel you are participating and then you are more likely to go and get help when you need it.”  
– CJ (they/them)

## E2.2 Gender affirming healthcare

**The trans health service must provide gender affirming healthcare.**

Gender affirming healthcare is necessary healthcare for the wellbeing of many trans people. Including gender affirming hormones; hair removal services; advice and assistance with gender affirming garments (e.g., binders); speech therapy and voice training services; social affirmation support like makeup, hair styling and dressing; fertility services; physiotherapy to support chest binding; and hair regrowth support. Gender affirming surgery is also very important healthcare for many trans people, but this healthcare isn't suited to a community-based service. Gender affirming healthcare is perhaps the most central part of a trans health service.

“Just being able to be yourself and be accepted as who you are, well, therein lies gender euphoria. That's what makes us feel so much better.”  
– Lyn (she/her), 46 years old

## E2.3 Informed consent approach

The trans health service should utilise the informed consent model for initiating gender affirming hormones.

Person-centred care that is trans-affirming, and prioritises self-determination and autonomy is essential for empowering trans people in their own healthcare and de-pathologising trans experiences. The informed consent model for initiating gender affirming hormones utilises these principles and centres trans people in the decision-making processes that affect their lives. By utilising General Practitioners, the model also vastly reduces the need for specialist endocrine or psychiatry involvement which in turn means reduced costs and fewer barriers to receiving necessary healthcare. Trusting trans people's experience of gender and using the informed consent model to provide trans people with all the information they need to make an informed decision about their healthcare, is an essential component of a community trans health service.

“No one else knows me better than me.”  
– Lyn (she/her), 46 years old

“It really did feel like a sort of you need to prove to us that you need this, and you need to prove to us that you are who you say you are.”  
– Bridge (they/he), 28 years

“I think a big thing is a lot of like autonomy. I find a lot of my issues with a lot of navigating medical stuff and whatnot is a lot of that, oh, “you don't know what you're talking about” and “you don't know what you want”. And that's a very common thing with trans people and whatnot. It's kind of this thing of, oh “well you don't know what you want” or “are you sure you know what you want? I'm a professional and I need to make sure that you know it” and all this.”

– Seph (he/him), 24 years

## E2.4 A free or low-fee service

**The trans health service must offer free or low-fee appointments and activities to ensure the community's health needs are met.**

Ensuring free or low-fee access to a trans health service is crucial for improving the well-being of trans people. Many trans people experience significant disadvantage and expensive healthcare is an immense barrier to improving health and wellbeing outcomes for trans people. Necessary medical care is often financially inaccessible, with many people not able to afford any level of co-payment or upfront cost. Additionally, many types of gender affirming healthcare and wellbeing services aren't included in or properly covered by the Medicare Benefits Scheme. A trans health service needs to have both no-fee and low-fee options so that people can access the healthcare they need regardless of their financial status.

“[I want to] be able to access care without becoming broke.”

– Survey participant

“I am a woman with facial hair and it impacts my mental health but I had to skip meals to afford electrolysis.”

– Survey participant

“There's absolutely no affordable way to access an endocrinologist.”

– Survey participant

## E2.5 Available when people need it

**The trans health service must be available with minimal waitlists and delays to accessing gender affirming healthcare.**

Many services and providers often become swamped with referrals and have to close their books. Waitlists and other delays to accessing gender affirming healthcare (particularly hormones) are distressing and can have significant mental health impacts for trans people. The service must have significant capacity to manage a high number of clients without need for lengthy waitlists. If waitlists become necessary for specific parts of the service, regular contact, support, referral options, and community connection should be offered to people waiting.

“And the amount of time that I spent on appointments was ridiculous honestly because it's not just having the appointments with all these different places. There's also the initial consult things. There's having to do the wait lists even so that you just feel stuck a bit in limbo while you're in a wait list because you can't progress further with anything. But you also are not progressing currently.”

– Ruben (he/they)

## E2.6 Peer connection

**The trans health service must include peer connection options such as peer support groups, peer navigation, and community activities.**

Creating a place where trans people experience belonging, feel embraced as their authentic self, and can see thriving trans people, is essential. Peer connection is a vital part of undoing internalised shame and stigma of being trans. Peer support groups are an opportunity to hear from people with similar (and different) journeys of trans experience. Peer navigators can share information about gender affirmation and can help to explain service pathways using lived experience insights and understandings. Community activities are an opportunity for informal peer connection, information sharing, and building friendships. These peer components are important in creating a place where trans experiences are de-medicalised and de-pathologised, and trans people have opportunities to thrive.

“I really wanted to see people who could give me that support. I really wanted to see a trans person who I could talk to that was older and whatever.”

– Seph (he/him), 24 years

“I feel a lot of people particularly trans youth and whatnot need is just that place to go where they feel that they have people that understand them in a place where they belong. People who are going to listen and take them seriously and they can actually be themselves say to people what they need and they get that.”

– Seph (he/him), 24 years

## E2.7 A comprehensive service

**The trans health service must prioritise whole-person care and provide a variety of healthcare services including gender affirming care.**

Trans people need a range of gender-competent medical, mental health, allied health, and gender affirming health services, and these services should be available in the one place. Often trans people find that they are expected to repeatedly explain large volumes of their health and personal history in order to access care. Creating a comprehensive service where care providers work in a team environment, reduces this demand and limits how often trans people have to retell their histories. Many trans people have unsafe and un-affirming healthcare experiences, and end up avoiding necessary healthcare. By creating a safe and trustworthy comprehensive service, trans people are more likely to access the healthcare they need. Providing multiple types of care in one co-located, comprehensive service, improves efficiency and reduces the access burden for trans people.

“You kind of have to always go, oh yeah, this is what I have, this is my life story, blah blah blah. You have to go on and on to every one of them. It gets exhausting. So I definitely think it'd be a lot easier and a little healthier in general if there was the one place especially for me in terms of mental health.”

– Seph (he/him), 24 years

## E2.8 Accessible

### The trans health service must be accessible.

Creating health and community spaces that prioritise accessibility is essential. Many healthcare settings aren't accessible for the community, which adds further barriers to engaging. A particular emphasis on neurodivergent accessibility is relevant considering the high co-occurrence of neurodivergence and trans identities. Accessibility must include the physical space and location, information and conversations, and processes used. Trans people are diverse and have a variety of accessibility needs, so a trans health service must be accessible.

“And having a space that's neurodivergent friendly in particular is very important. Because I know that a lot of the trans and gender diverse community are neurodivergent and so having a space that doesn't have loud music, doesn't have bright fluorescent lights. If a light starts flickering, fix it immediately. And maybe having quiet waiting spaces as well. So, if someone's in the regular waiting room and they're feeling heightened anxiety, just having a quiet room that they can go and sit. It's got some bean bags, some fidget toys, that kind of stuff. So, that the comfort of the individual is respected above all else.”

– Ruben (he/they)

## E2.9 Age inclusive

### The trans health service must cater to the health needs of trans people of all ages.

Quality health care that is safe and affirming for trans people is essential. Many services are only available to people in specific age ranges which means many people can't use current services, and that people have to continually find new providers when they age out of services. By ensuring the trans health service welcomes people of all ages, trans people will have access to quality healthcare and consistent care no matter their age, trans people will be able to continue returning for healthcare, providers will have a greater understanding of a person's history as they stay with the service, and the service will be a central place for building stronger inter-generational trans communities.

“If you're under 18, there's a whole bunch of things you can't get access to, if you're over 25, there's a whole bunch of things you can't get access to.”

– Bridge (they/he), 28 years

“Once you go over the age of about 25, you're on your own... there's not much for older trans folk.”

– Lyn (she/her), 46 years old

## E2.10 Clinician education

**The trans health service must upskill and train health workers in trans affirming practices and gender affirming healthcare.**

Many trans people have poor experiences accessing healthcare due to a lack of knowledgeable practitioners. One service will not be enough to support the health needs of the entire local trans population, and so this service should involve a training and education component to help upskill clinicians throughout the state.



*“Even just having understanding of preferred names honestly because my GP, himself uses my preferred name and pronouns and is fantastic, but the receptionists read what's on the paperwork and my preferred name is on there, but they don't read that. That isn't what's called out. And so, the waiting room is stressful because I'm likely to be misgendered and deadnamed before I even get to my appointment.”*

*– CJ (they/them)*

## Part F – Proposed model

This scoping project proposes the creation of a community-controlled, peer-led trans health service delivered by Transfolk WA in Boorloo/Perth. The model is derived from findings from the community consultation findings, literature review, stakeholder input and sector expert guidance. This model went through various stages of review, and community feedback.

To articulate the model this section explains the Guiding Principles of the service, the Ways of Working, and Range of Services provided. The Guiding Principles serve as the foundation for the service’s work and values. The Ways of Working are how the service enacts the principles. The Range of Services articulates service stream and specific types of healthcare provided. Together these sections describe the model of a community-controlled, peer-led, health service.



*“A [trans health] service would probably be lifesaving for some people.”*

*– Lyn (she/her), 46 years old*

### F1. Guiding principles of the service

These principles provide an overarching approach to how the trans health service will operate. They summarise the essential characteristics and key themes from community consultation. These principles would be part of implementation, governance, and ongoing service delivery.

#### *The four guiding principles of the service*

COMMUNITY CONNECTED	TRANS AFFIRMING	HOLISTIC & COLLABORATIVE	SAFE & ACCESSIBLE
Community connection is emphasised, valued, and prioritised. This includes utilising community advisory and oversight processes, engaging with community events and activities, linking people in with community, and partnering with community groups and organisations.	Trans peoples' diverse identities, experiences, and needs are recognised, affirmed, and celebrated. The service processes, environment, and interpersonal interactions enable trans people to be their full selves and access care in a genuine way without fear.	Intentional focus on whole person holistic healthcare where different specialities work together to meet the health needs of trans people. The approach to the service needs to focus on healthcare that considers a person's full health needs, social and emotional wellbeing, and opportunities for health professionals to meaningfully collaborate.	Creating experiences and environments that are safe and accessible is essential. All planning and operational decisions need to utilise trauma informed practices, be culturally safe, ensure financial accessibility, and utilise a wide range of accessibility measures.

### F2. Range of services

This section describes the range of services in the proposed model of the trans health service. The services are grouped into four streams: Holistic Care; Medical Services; Health Services; and Health Education.

People may wish to engage with 'Comprehensive Care' where they first see a Peer Navigator and are supported to access as many of the available services as they need, with staff taking a team or multidisciplinary approach to their health and wellbeing. Some people may wish to instead 'Pick and Mix' the services they engage with if they are already confident about the healthcare they need.

*Service streams and types of healthcare offered by the service*


COMMUNITY SUPPORT	MEDICAL SERVICES	HEALTH SERVICES	SECTOR EDUCATION
<ul style="list-style-type: none"> <li>Peer Navigation</li> <li>Individual Advocacy</li> <li>Community Activities</li> <li>Resources &amp; Information</li> </ul>	<ul style="list-style-type: none"> <li>GP Based Care</li> <li>Specialist Medical Care</li> </ul>	<ul style="list-style-type: none"> <li>Mental Health Care</li> <li>Allied Healthcare</li> <li>Other Gender</li> <li>Affirming Services</li> </ul>	<ul style="list-style-type: none"> <li>Trans Affirming Practices Education</li> <li>Hormones Management Education</li> </ul>
Trans people need healthcare that's holistic, empowering, strengthens community connection, and facilitates improved social and emotional wellbeing.	Trans people need both gender-competent general medical care, as well as trans-specific gender-affirming care, both provided by practitioners who understand trans bodies and experience.	Trans people need a range of gender-competent mental health, allied health, nursing, and gender-affirming health services, collocating these improves efficiency and reduces access burden.	Upskilling health professionals is essential to ensure trans people can receive safe and affirming healthcare sustainably in their local communities.

**F2.1 Community Support**

Trans people need healthcare that's holistic, empowering, strengthens community connection, and facilitates improved social and emotional wellbeing.

**F2.2 Peer Navigation**

The service will offer peer navigation where trans people can meet with a trained peer for information about pathways and options for gender affirming healthcare. Peer navigators will often be the first appointment someone will have with the service, helping to both support the person accessing the service, and improve the efficiency of the pathway for initiating gender affirming hormones.

 *"I personally love peers. Having someone to help you coordinate and navigate through that system and to give you that peer support while you're doing it. Oh, my gosh. I love it."*  
– Ruben (he/they)

**F2.3 Individual advocacy**

The service will offer individual advocacy services that may be facilitated by social or youth workers. Some trans people face difficult situations as a result of oppression, discrimination, stigma and violence, and may need support accessing and navigating healthcare, housing and legal systems. Individual advocacy services could support people to navigate the health system; navigate other systems such as Centrelink and legal systems; access housing support; change their legal name or gender and identity documents; access NDIS services; and find out about and link with other health services.

“Really a lot of it feels like if people have a place where they feel, oh, I can go here and there’s people here that are like me and I belong here, I can always ask people what I need and what I can do about it, where I can get that and how I can better my life. I feel like that’s really important and I feel like, yeah, it could really help.”  
– Seph (he/him), 24 years

## F2.4 Community Activities

The service will include activities and events that bring together trans people and build community. This is an important part of de-medicalising the trans experience, creating a welcoming environment, and making the service a place trans people experience belonging. Peer and community connection is essential for social and emotional wellbeing.

“Being able to go spaces and see other people like you and not feel like you’re the only one there is also really powerful.”  
– Bridge (they/he), 28 years

“Groups, community hang outs, a space that isn’t a bar for queer people to hang out.”  
– Survey participant

## F2.5 Resources and Information

The service will provide information for the community about trans health, gender affirming health care and health promotion in general. Finding accurate and reliable information about gender affirming healthcare and the pathways available is often very difficult, and so information sharing is an important part of the service. This could include information on a website, flyers and brochures, information sessions, and group activities or events. The main audience of the information will be trans people, and may also be relevant to trans people’s loved ones.

‘Health promotion’ is not a commonly understood term by many people in the community, and so ‘information sharing’ has been used for accessibility.

“When I finally started transitioning, it was so hard to navigate because I had to figure out like, oh well, which ways can I actually get started? There’s all these files everywhere, these documents, these websites and everything and you’re like, okay, but which one? And which things kind of go together? It’s kind of like putting together a puzzle.”  
– Seph (he/him), 24 years

## F2.6 Medical Services

Trans people need both gender-competent general medical care, as well as trans-specific gender-affirming care, both provided by practitioners who understand trans bodies and experience.

“Just having somewhere that you can know you can go to consistently for [gender affirming care] would be a really, really big deal. Just thinking about it, like, I guess from a past sense as well, like before I had access to those things, just knowing that there was somewhere that was dedicated to that sort of care would make a really, really massive difference.”

– Bridge (they/he), 28 years

## F2.7 GP Based Care

The service will have general practitioners as the foundation of the service managing people’s gender affirming hormones using the informed consent model. Nurses will be an essential part of the team by working together with GPs to collect health information, conduct health checks, and perform injections. General healthcare that’s safe and affirming is also important, and so the GPs will also be available for general healthcare appointments not specifically related to hormones.

“[We want] general practitioners who will cover general medical needs and treat trans/gender diverse people with genuine care and respect.”

– Survey participant

## F2.8 Specialist Medical Care

The service will work with sessional specialists such as endocrinologists, sexual health physicians and psychiatrists to support gender affirming hormones initiation and management. Some trans people may have complex health needs that require specialist input into their healthcare. Additionally, to access testosterone on the Pharmaceutical Benefits Scheme (the process whereby the government discounts medications), trans masculine people need to have an endocrinologist or sexual health physician involved in their care.

## F2.9 Health Services

Trans people need a range of gender-competent mental health, allied health, nursing, and gender-affirming health services, collocating these improves efficiency and reduces access burden.

“I think it would be a lot better for a lot of people’s health and it prevent a lot of added stress and a lot of worsened illness if it was this one place where we could just go and be like, yeah we have one here, come see them.”

– Seph (he/him), 24 years

## F2.10 Mental Health Care

The service will offer various types of mental health support including peer support, psychology, and counselling. Many trans people experience significant emotional distress and hardship due to how trans people are treated in the society and world we live in, and so mental health care is often essential for trans people to live thriving lives. People would be able to access this mental health care in addition to, or alongside, other healthcare at the service. This is not about assessing suitability for, or gatekeeping, gender affirming hormones.

### F2.11 Allied Health Care

The service will offer allied health such as speech therapy and physiotherapy. Speech therapy can help trans people to train their voice to be more gender affirming. Many trans masculine people wear binders to make their chest look flatter, and physiotherapy can help to ensure people's bodies stay healthy whilst binding.

### F2.12 Other Gender Affirming Services

The service will offer various types of gender affirming care including hair removal services and other social affirmation support such as styling or makeup lessons. Gender affirming care is more than just hormones or surgery, and these other types of care are essential for many people so that they can feel at home in their body.

### F2.13 Sector Education

Upskilling health professionals is essential to ensure trans people can receive safe and affirming healthcare sustainably in their local communities. This will increase the availability of gender affirming healthcare in the community more broadly, and reduce demand on trans specific services, helping to boost the sustainability of the proposed service.

“To be able to access the service and just have the health professional that you're seeing, just understand where you're coming from right from the get go. It would be a pretty life changing honestly.”

– Ruben (he/they)

### F2.14 Trans Affirming Practices Education

The service will provide training and education for health professionals about working with trans people and their health needs. This professional development will help to ensure trans people can access safe, affirming and quality healthcare, outside of trans specific services.

### F2.15 Hormones Management Education

The service will provide training and development for primarily general practitioners on gender affirming hormones management and the 'informed consent model' for initiating gender affirming hormones in primary care.

“You should be able to go and be respected and not have to educate your doctor and not have to self-advocate automatically. Just like acknowledging that those things aren't, shouldn't inherently be part of accessing healthcare.”

– Bridge (they/he), 28 years

### F3. Ways of Working

Ways of Working articulates how the trans health service will apply the guiding principles and meet the needs of the community that were identified in consultation activities.

#### *The ways of working*

<b>COMMUNITY CO-CREATION</b>	Trans health should be in trans hands. Community co-creation fosters a sense of ownership and empowerment among trans people, promoting trust, engagement, and collaboration between healthcare services and the community.
<b>TRANS STAFF</b>	Trans staff (in designated and non-designated peer roles) offer a unique level of relatability and understanding as they have navigated their own journeys of gender identity exploration, coming out, and accessing gender affirming healthcare.
<b>STAFF SUPPORT &amp; WELLBEING</b>	Ensuring staff support and wellbeing is crucial for providing care to trans and gender diverse people because healthcare professionals who are knowledgeable, skilled, and supported can offer compassionate and affirming care.
<b>MULTI-DISCIPLINARY COLLABORATION</b>	By working together, healthcare professionals are more likely to be able to address any complex needs that may be present, reduce fragmentation in care, limit how often a person needs to retell their story, and ensure continuity across disciplines.
<b>PERSON &amp; COMMUNITY CENTRED</b>	Trans people have diverse and different gender experiences, goals and lives. Person centred care is about listening to and partnering with people in their own healthcare. A community-centred approach values the importance of community, family, and cultural connection in wellbeing,

#### F3.1 Community Co-Creation



*“Trans health professionals, consumers and researchers should help create the service.”*

*– Survey participant*

Trans health should be in trans hands. Community co-creation fosters a sense of ownership and empowerment among trans people, promoting trust, engagement, and collaboration between healthcare services and the community. This process recognises that the community members themselves are the experts of their own experiences and needs, and are therefore best placed to advise the service on how to meet those needs. The service will utilise lived experience leaders who stay connected to peer experiences, principles of social justice and utilise the values of peer work, as well as community codesign and feedback processes.

This will involve advisory groups comprised of diverse representatives from the trans and gender diverse community, including intersectional representation, to involve the community in the strategic and operational management of the service. By contributing perspectives on the specific needs, barriers, and priorities of the community, services will be tailored to meet those needs effectively.

Community co-creation is part of ‘Lived experience governance’ which seeks to intentionally embed “organisational cultures and systems that give primacy to centring or being led by lived experience perspectives, principles, and ways of working in the decision-making, oversight and evaluation of systems, structures, policies, processes, practices, programs and services.”<sup>19</sup> Appendix 1 includes a diagram of the lived experience governance model.


Trans healthcare has a pathologising history and many people continue to experience unsafe and poor-quality healthcare that is disempowering and dehumanising. By ensuring community co-creation is central, the service will be working to foster empowered healthcare for trans people.

### F3.2 Trans staff


Trans people navigate unique challenges and have specific healthcare needs that are best understood by others with similar lived experience. Trans staff (in designated and non-designated peer roles) offer a unique level of relatability and understanding as they have navigated their own journeys of gender identity exploration, coming out, accessing gender affirming healthcare. This shared lived experience can create a sense of empathy, trust, and rapport between peers and the individuals they support. The service will prioritise trans staff where possible and welcome other queer and trans ally staff.

The service will include various specific peer roles such as peer supporters and peer navigation. Peer work is values based, focused on social justice, aligns with recovery principles, and links with the broader mental health consumer movement and concepts of lived experience work. Peers can relate to the emotional, social, and cultural aspects of transitioning, creating meaningful connections and conversations.

Community consultation activities highlighted the negative experiences many trans people face when accessing healthcare, and trans staff will help to ensure a safe and understanding healthcare experience.

 *“You feel safer automatically if you have that sense that the person you're talking to who is offering you help actually has some understanding of what your life might be. And also knowing, it's very encouraging as well to see someone like yourself in a role like that because job options are limited and getting to a point of healthy enough to work frequently is often a challenge as well for the community. So, to actually see someone like you who is then providing that support to someone else that can be self-encouraging to think that maybe you could get to that point.”*

– CJ (they/them)

 *“Even if it's not an intentional peer role, knowing that the person that I'm receiving that healthcare from has that shared experience with me. I guess I can't speak as if it's happened, it would make it just like infinitely easier to have those conversations and to navigate my healthcare because comfort and knowing that if I'm trying to explain an aspect of my experience as a trans person, it's not going to need 20 minutes of backstory and added explanation.”*

– Ruben (he/they)

### F3.3 Staff Support & Wellbeing

Ensuring staff support and wellbeing is crucial for providing care to trans and gender diverse people because healthcare professionals who are knowledgeable, skilled, and supported can offer compassionate and affirming care. Caring for trans people may present unique challenges and complexities that can impact the emotional and mental health of healthcare providers. For trans staff, supporting community can be empowering and uplifting, and it can also be challenging. Adequate training, supervision, workplace culture, and ongoing support for staff is vital to foster their understanding of gender affirming healthcare, reduce biases, promote cultural competency, and provide a quality workplace.

Stakeholder consultation strongly emphasised how providing a quality and supportive environment is essential to reducing staff burnout, vicarious trauma and turnover.

### F3.4 Multi-Disciplinary Collaboration

By empowering care providers to work as a team and to communicate in a collaborative environment, trans people won't have to re-tell and explain their story and health needs as often. Providing care for trans and gender diverse people may sometimes require multi-disciplinary collaboration, involving professionals from various healthcare disciplines. Gender-affirming care can involve a range of medical, mental health, and social support services. By working together, healthcare professionals are more likely to be able to address any complex needs that may be present, reduce fragmentation in care, limit how often a person needs to retell their story, and ensure continuity across disciplines.

In the service this might look like one main reception for all the different services available, peers supporting trans people to have a voice in their clinical notes and how/if their story is discussed by other clinicians, and team meetings with staff from various disciplines sharing insights and knowledge.



*"If you're comfortable with your healthcare provider, then you're more likely to bring up things which are all interacting because all of our health issues interact in some way."*

*– CJ (they/them)*

### F3.5 Person & Community Centred

Trans people have diverse and different gender experiences, goals and lives – person centred care is about listening to and partnering with people in their own healthcare. This approach requires healthcare providers to understand that each person's healthcare needs, goals, and preferences are different. Person-centred care ensures that the care provided is respectful, inclusive, and tailored to the individual's specific needs, promoting autonomy, dignity, and self-determination. A community-centred approach values the importance of community, family, and cultural connection in wellbeing, and acknowledges that the experiences and needs of trans and gender diverse individuals are shaped by broader social, cultural, and systemic factors.



*"Being able to go spaces and see other people like you and not feel like you're the only one there is also really powerful."*

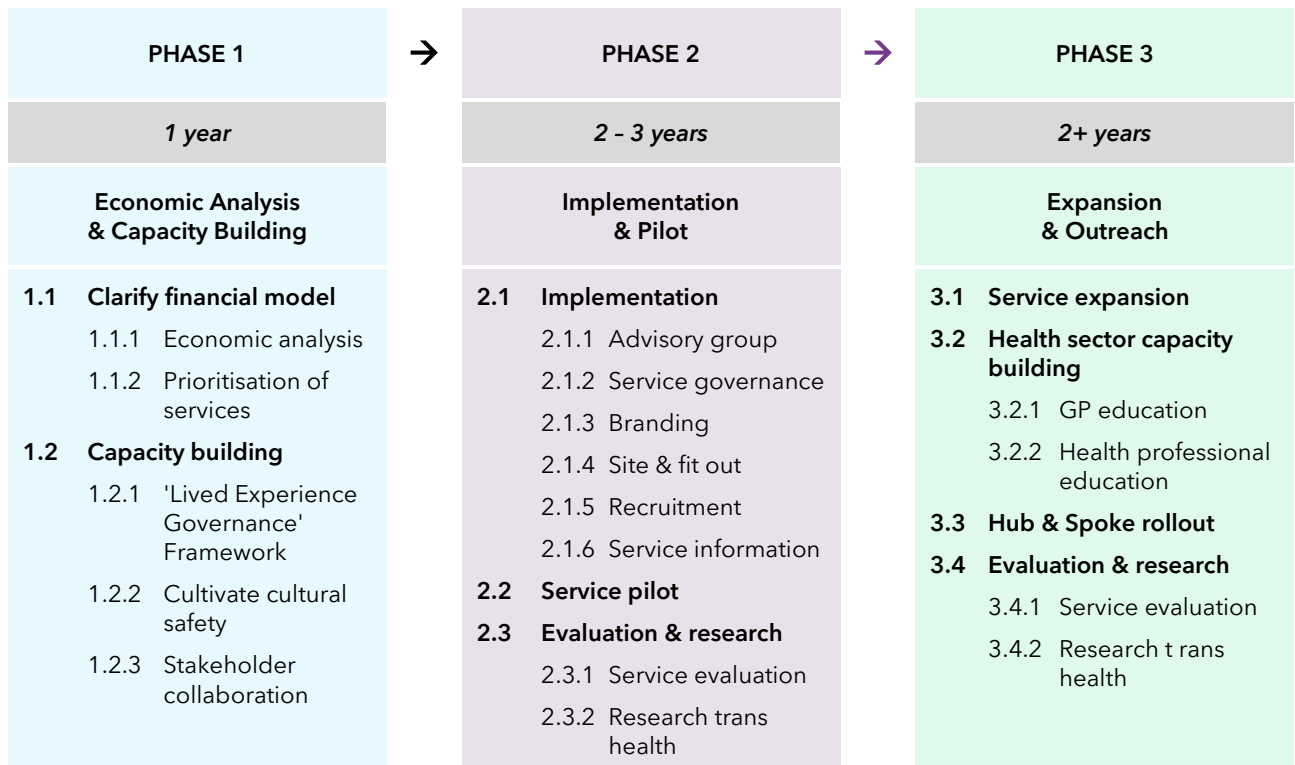
*– Bridge (they/he), 28 years*

## Part G – Development plan

To support the implementation of a community-controlled, peer-led, trans health service, this section outlines the phases of development, a cost analysis and risk register.

### G1. Phases of development

The phases of development articulate the steps and process needed to establish a community-controlled, peer-led trans health service.



#### G1.1 Phase 1: Economic analysis and capacity building

To further clarify the funding model and prepare Transfolk WA to deliver the trans health service.

*Duration:* 12 months

#### G1.2 Clarify financial model

**Create a realistic plan for financial sustainability and rollout, by conducting a detailed economic analysis.**

Sourcing and securing funding for Phase 2 can begin as soon as the financial model and rollout is clarified.

*Duration:* 6 months

##### (a) Economic analysis

Conduct a detailed economic analysis that clarifies the demand for and capacity of the specific service components, appropriate scale, cost of the service, and establish a sustainable funding model. This will require engagement of suitable qualified experts with experience in health economics or financial modelling.

**(b) Prioritisation of services in rollout**

Using community advisory and lived experience governance processes, establish which services in the proposed model will be prioritised for initial implementation and which will be added on as the service progresses. All parts of the proposed model should be implemented, but the community should be transparently involved in a realistic plan of service delivery stages.

### G1.3 Capacity building

**Build the capacity of Transfolk WA to deliver the trans health service, through embedding the Lived Experience Governance Framework, cultivating cultural safety, and further stakeholder collaboration.**

*Duration: 12 months*

**(a) Lived Experience Governance Framework**

Embed the Lived Experience Governance Framework throughout Transfolk WA and health service planning to ensure the organisation follows best practices for peer leadership and community co-production. The framework articulates governance systems and processes that prioritise and centre people's stories, values, identities, rights, needs, preferences and autonomy in decision making.<sup>19</sup>

**(b) Cultivate cultural safety**

Actively develop and embed cultural safety practices within the organisation. This entails implementing the recommendations outlined in the First Nations Forum report, and fostering an environment that welcomes, respects and is responsive to the needs of Aboriginal people and People of Colour.

**(c) Stakeholder collaboration**

Engage with partner organisations and other organisations respected and utilised by community, to explore opportunities for collaboration and support in the delivery and evaluation of the trans health service. This should include a diverse range of stakeholders that are focused on trans health, lived experience and peer workforces, LGBTIQ+ communities, Aboriginal health and wellbeing, and research and education.

### G1.4 Phase 2: Implementation and pilot

**This phase operationalises and establishes the trans health service.**

*Duration: 2–3 years*

### G1.5 Implementation

**Using community co-creation and lived experience governance, an implementation team will lead the service establishment.**

*Duration: 6 months*

**(a) Advisory group and lived experience governance mechanisms**

Establish an advisory group for the service and other lived experience governance mechanisms that ensure the trans community is actively involved in decision making.

**(b) Service governance**

Establish governance systems and processes for the service using both clinical governance and lived experience governance systems.

**(c) Branding of service**

Utilise a community codesign and a creative agency to design branding for the trans health service. This should include the service name and logo, a brand guide, and website. Service branding is important to ensure the service is welcoming to the trans community.

**(d) Secure and fit-out site**

Utilising the findings from initial community consultation and further codesign, secure and fit-out a site suitable for the needs of the trans health service. The site location should be discussed with Noongar Elders and community to ensure its culturally appropriate.

**(e) Staff recruitment**

Recruit health professionals and other service staff for the launch of the service. Utilise lived experience governance and values in recruitment processes. This may include co-producing job descriptions with trans community members, community members being part of an interview panel and helping to develop interview questions.

**(f) Service information**

Co-produce clear and accessible information about the service and its processes to be shared on the service website, social media, at community information sessions, and via flyers.

## G1.6 Service pilot and delivery

**Launch the service with initial key components, and expand the services provided as funding and sustainability increase.**

The initial key components and order of prioritisation of services will be clarified in stage 1.1.2. Key initial health professionals of the service will likely include general practitioners, nurses, peer navigators and peer workers, sessional endocrinology or sexual health specialists, and mental health support providers. Service delivery should utilise both lived experience governance and clinical governance.

*Duration: 1.5–3 years*

## G1.7 Evaluation and research

**The impact, outcomes and sustainability of the service will be evaluated with support from partner research and evaluation organisations.**

*Duration: 1.5–3 years*

**(a) Service evaluation**

To ensure the service is meeting the needs of the community and providing a value for money service, the service pilot should be evaluated.

**(b) Research on trans health**

Explore research partnership opportunities with tertiary institutions and research organisations to meaningfully contribute to trans health research. Any research on the outcomes of gender affirming healthcare provided, must be co-produced and use lived experience governance.

## G1.8 Phase 3: Expansion and outreach

**This phase builds upon the existing service to expand the services offered, implement sector education, and develop outreach into regional areas.**

*Duration: 2+ years*

## G1.9 Service expansion

**Expand the services available by implementing remaining parts of the proposed model.**

Build on the existing services offered, following the identified order of priority from stage 1.1.2. This phase can commence as soon as possible and is largely dependent on funding opportunities.

*Duration: 2+ years*

## G1.10 Health sector capacity building

**Provide training and education on trans healthcare for professionals in the broader health sector.**

*Duration: 2+ years*

### (a) General practitioner education

Provide training and education on gender affirming hormones management and the 'informed consent model' to GPs. This will increase the availability of gender affirming healthcare in the community more broadly, and reduce demand on trans specific services.

### (b) Health professional education

Provide training and education to health professionals about working with trans people and supporting their health needs.

## G1.11 Hub and spoke rollout

**Utilise a 'hub and spoke model' to establish satellite services in outer-metro and regional WA.**

The main established trans health service will act as a central base providing coordination and support for the 'spokes' of satellite services. This should also include establishing telehealth as part of the service. This stage is important in ensuring trans people throughout WA have access to gender affirming healthcare in their local area.

*Duration: 2+ years*

## G1.12 Evaluation and research

**Build on initial evaluation to continue to assess the impact, outcomes and sustainability of the service(s).**

*Duration: 2+ years*

### (a) Service evaluation

To ensure the service is meeting the needs of the community and providing a value for money service, evaluation should be an ongoing part of service delivery.

### (b) Research on trans health

Further develop partnerships with tertiary institutions and research organisations to meaningfully contribute to trans health research. Any research on the outcomes of gender affirming healthcare provided, must be co-produced and use lived experience governance.

## G2. Cost analysis

Establishing a sustainable service, which will continue to provide the care trans people need and persist through changes in political mood, is essential. A service that provides safe care needs to be confident in its own longevity and ability to provide longitudinal services. There are several challenges to financial modelling of a service however - there are important unknowns such as to the population of trans people in WA, the number of trans people who would access the service, and the precise quantum of various kinds of service they will require in their care. These figures are important as oversubscribed services suffer key difficulties with wait list management, which results in delivery of suboptimal care.

### G2.1 Demand Estimation

Conservative values were used to model a minimum demand estimate. Based on conservative estimates of the trans population in WA at 0.5% of the total population and assuming a cautious initial figure for community engagement of 25%, its estimated that a service that is designed to provide good access to care should aim to accommodate a minimum of 3,500 patients.

The way in which people choose to access a comprehensive and trans-specific health service in WA is also yet unknown - as no such service operates. Engagement is envisioned to fall into two broad categories: comprehensive primary care engagement, and affirming-care only engagement. The former mode of engagement would include trans people who seek to receive a whole range of health services including all their routine primary care needs from the service. In the latter mode, it's expected that some trans people already have a primary care team who they wish to see for most of their day-to-day care, but would like to access a more specific service for the purposes of medical transition. The demand calculations have estimated a 50-50 split in the way that people access the service.

### G2.2 Service Delivery

On the basis of the above demand estimation, and guided by community members and stakeholders including clinicians experiences in the care of trans people, this report estimates the level of service required to meet the care needs of 3,500 trans people. This is set out in terms of number of people accessing each service, number of appointments per year, and number of healthcare worked FTE required to provide those services. This totals to 47 health worker FTE, which would also require support of approximately 10 FTE of administrative staff. These figures include allowance for non-patient facing activities required in a collaborative care environment, e.g. multi-disciplinary team meetings.

Profession	Comprehensive Care			Gender-Affirming Only Care		
	Patients	Appointments	FTE	Patients	Appointments	FTE
Peer Navigator	1334	5334	2.6	1334	2667	1.0
General Practitioner	1667	16669	4.2	1667	10000	2.9
Nurse	1834	10335	2.3	1667	5000	0.8
Medical Specialist (Endo/SHP/etc)	833	1667	0.6	83	167	0.1
Councillor	500	6000	4.3	500	6000	4.3
Psychologist	1000	12000	8.6	1000	12000	8.6
Psychiatrist	167	667	0.3	167	333	0.2

Profession	Comprehensive Care			Gender-Affirming Only Care		
	Patients	Appointments	FTE	Patients	Appointments	FTE
Speech Pathologist	500	3000	1.1	-	-	-
Physiotherapist	500	6000	2.2	-	-	-
Social worker	333	2000	0.8	-	-	-
Other AH	333	2000	0.8	-	-	-
Hair removal	500	4000	1.1	-	-	-

### G2.3 Cost Estimate

Based on these FTE figures, it is estimated that the total annual costs to provide this level of service provision would be \$11m. This accounts for salary at rates similar to those currently offered in WA, as well as 50% medical overhead and 40% overhead for other staff.

### G2.4 Funding sources

#### **Medicare Benefits Scheme**

Stakeholder consultation highlighted that existing Australian trans health services that operate under a Medicare bulk-billing model are experiencing financial strain or resorting to introducing co-payments. With many trans people experiencing significant financial hardship, many people cannot afford any amount of payment, and so mandatory co-payment models are not appropriate for this proposed service. Initial modelling suggests that the levels of service delivery outlined above would be able to attract approximately \$5m in MBS rebates. The addition of a \$10 co-payment would bring in a further \$1m in income, however, it would also introduce administrative burden and social costs that need to be considered against this figure.

Additionally, there are a range of specific healthcare services that trans people require that are not subsidised on the Medicare benefits schedule. While the proposed service should seek to utilise and maximise Medicare funding received, completely relying on Medicare will not sustainably fund the service or all of the components of the proposed model. The trans health service will need to utilise Medicare billing for some services where it's available and source additional funding from government, health sector grants and philanthropic sources. Further expert analysis should be conducted to clarify the best and most sustainable funding model.

### G2.5 Practice Incentives Program

The service should seek to receive the broadest range of Practice Incentives Program incentive payments associated with providing quality care and enhanced capacity. This would require the service to meet and be accredited against the RACGP Standards for general practices as well as ensuring that reporting requirements are met.

## G3. Risk register

### G3.1 Risks of inaction

This risk register identifies risks associated with the proposed model not being implemented.

Ref	Risk description	Risk type (Service delivery, community impact, reputational, financial, human resources, occupational health and safety, environmental)	Causes Potential causes of risk occurring.	Consequences Potential results if the risk occurred.	Risk level	Controls Mechanisms in place to prevent or mitigate the risk occurring or limit its impact.	Actions Action(s) that need to be taken to treat the risk.	Residual risk
1	The service doesn't go ahead.	Service delivery, reputational, community impact	Lack of funding and organisational capacity.	Trans people continue to have poor health outcomes and limited access to gender affirming healthcare. Transfolk WA loses community trust.	Likelihood: Likely Consequence: Extreme <b>Risk level: Very high</b>	This project has emphasised to community that it is currently only a planning project, and no funding has been secured for service establishment.	Transfolk WA and other stakeholders must advocate for funding of the service.	Likelihood: Possible Consequence: Extreme <b>Risk level: High</b>
2	Service implementation faces lengthy delays.	Service delivery, reputation, community impact	Lack of funding provided, poor planning of implementation phase, lack of organisational capacity.	Trans people continue to have limited access to quality healthcare and have poor healthcare outcomes. Transfolk WA community trust.	Likelihood: Likely Consequence: Extreme <b>Risk level: Very high</b>	The implementation phase has been planned with various factors in mind.	Appropriate funding of the implementation phase needs to be sourced promptly.	Likelihood: Possible Consequence: Extreme <b>Risk level: High</b>
3	The service isn't appropriately funded.	Service delivery, financial, reputational, community impact	Lack of available grants and funding options. Medicare doesn't properly cover healthcare costs or cover all the healthcare trans people need.	People have to pay to use the service and so many trans people can't access the healthcare they need. The service doesn't go ahead or isn't sustainable.	Likelihood: Likely Consequence: Extreme <b>Risk level: Very high</b>	The project will include a detailed economic analysis to ensure that the services offered are matched with an appropriate funding model.	Transfolk WA and other stakeholders must advocate for appropriate funding of the service.	Likelihood: Possible Consequence: Extreme <b>Risk level: High</b>

## G3.2 Risks of proposed model

This register identifies key risks to the project implementation and service operation.

Ref	Risk description	Risk type (Service delivery, community impact, reputational, financial, human resources, occupational health and safety, environmental)	Causes Potential causes of risk occurring.	Consequences Potential results if the risk occurred.	Risk level	Controls Mechanisms in place to prevent or mitigate the risk occurring or limit its impact.	Actions Action(s) that need to be taken to treat the risk.	Residual risk
4	The service doesn't follow the proposed model from this report.	Service delivery, reputational, community impact	Funding only covers certain parts of the model. The proposed model isn't understandable, or components aren't considered important.	The service replicates harmful, inaccessible, unsafe, disempowering and pathologising systems. Trans people's trust in health systems further decreases and poor health outcomes continue. Transfolk WA and the service loses community trust.	Likelihood: Possible Consequence: Major <b>Risk level: High</b>	This report clearly articulates the proposed model and the reasons for its components.	The proposed model needs to be followed and implemented.	Likelihood: Unlikely Consequence: Major <b>Risk level: Medium</b>
5	Inability to find appropriate staff, especially general practitioners.	Human resources, service delivery, financial, reputational	Limited number of general practitioners experienced with trans healthcare. Low Medicare income for practitioners.	Delays to establishment and lengthy waitlists due to lack of capacity. Transfolk WA and the service loses community trust.	Likelihood: Likely Consequence: Major <b>Risk level: High</b>	This report proposes staff are salaried as an incentive in recruitment and retention.	Thorough recruitment processes including advertising nationally should be utilised.	Likelihood: Unlikely Consequence: Major <b>Risk level: Medium</b>
6	Transfolk WA doesn't have capacity to deliver the service.	Service delivery, reputational	Transfolk WA is a relatively new organisation still getting established, and doesn't currently deliver medical services.	The service doesn't go ahead or isn't delivered by a trans community organisation. The service premise significant changes as a result of not being delivered by a trans community health organisation.	Likelihood: Likely Consequence: Major <b>Risk level: High</b>	Plan includes a phased approach with capacity building as a key initial priority.	The next stage of implementation needs to appropriately fund further development of Transfolk WA to support sustainable service development.	Likelihood: Unlikely Consequence: Major <b>Risk level: Medium</b>

Ref	Risk description	Risk type (Service delivery, community impact, reputational, financial, human resources, occupational health and safety, environmental)	Causes Potential causes of risk occurring.	Consequences Potential results if the risk occurred.	Risk level	Controls Mechanisms in place to prevent or mitigate the risk occurring or limit its impact.	Actions Action(s) that need to be taken to treat the risk.	Residual risk
7	The trans community doesn't respond well to the service.	Service delivery, reputational, community impact	The service, staff, and healthcare offered isn't affirming or appropriate.	The service is under-utilised. Transfolk WA and the service loses community trust.	Likelihood: Unlikely Consequence: Moderate <b>Risk level: Medium</b>	The trans community has been very involved in the planning and development of the service.	Continued community co-production and oversight is necessary to ensure the service is suitable and providing quality healthcare.	Likelihood: Rare Consequence: Moderate <b>Risk level: Low</b>
8	The service has lengthy waitlists once established.	Service delivery, community impact	Lack of capacity or not enough staff. The service is trusted by community and becomes very popular.	Trans people experience delays in accessing healthcare which has significant negative mental health impacts.	Likelihood: Almost certain Consequence: Major <b>Risk level: Very High</b>	Support, community connection, information and access to other healthcare should be offered to people on waitlists for the various services.	The service must have a large capacity to limit waitlist length and time.	Likelihood: Possible Consequence: Major <b>Risk level: High</b>
9	The service, staff, and healthcare offered isn't trans affirming or appropriate.	Service delivery, community impact	Lack of knowledgeable staff making decisions about the service and delivering healthcare.	Trans people have negative and unsafe healthcare experiences, leading to continued poor health outcomes.	Likelihood: Unlikely Consequence: Moderate <b>Risk level: Medium</b>	The service has been designed and will be delivered by a trans community organisation utilising community codesign.	The service implementation and delivery must continue to use community co-production and have community oversight.	Likelihood: Rare Consequence: Moderate <b>Risk level: Low</b>

Ref	Risk description	Risk type (Service delivery, community impact, reputational, financial, human resources, occupational health and safety, environmental)	Causes Potential causes of risk occurring.	Consequences Potential results if the risk occurred.	Risk level	Controls Mechanisms in place to prevent or mitigate the risk occurring or limit its impact.	Actions Action(s) that need to be taken to treat the risk.	Residual risk
10	The site and building fit out is inappropriate and doesn't suit the needs of a community trans health service.	Service delivery, reputational, community impact	Lack of availability of suitable sites, lack of funding for fit out.	Trans people aren't safe accessing the service, the service isn't accessible, and the service replicates environments of medical trauma. Trans people experience distress or harm using or trying to access the service, which leads to poor health outcomes.	Likelihood: Likely Consequence: Moderate <b>Risk level: High</b>	Community consultation has collected a lot of information about community requirements for the physical service.	Implementation of the service must draw on the findings of the community consultation in planning the site and fit-out, and utilise further community co-design of the building fit-out. The site location should be discussed with Noongar Elders and community to ensure it's culturally appropriate.	Likelihood: Unlikely Consequence: Moderate <b>Risk level: Medium</b>
11	Staff experience burn out from the work.	Human resources, service delivery, community impact, financial	Lack of consideration of staff wellbeing in planning and implementation. Lack of sustainable funding, creating pressure on staff performance.	High staff turnover, drain on resources for recruitment. Inconsistent staffing is disappointing and frustrating for the community using the service.	Likelihood: Likely Consequence: Moderate <b>Risk level: High</b>	Staff wellbeing has been prioritised in service planning. Including opportunities for staff to collaborate, co-reflect and receive professional development.	Financial models must include time and capacity for staff wellbeing and support.	Likelihood: Unlikely Consequence: Moderate <b>Risk level: Medium</b>
12	Over reliance of the community on the service.	Service delivery, community impact	Lack of quality, safe and affirming health services for trans people to access in the broader community.	The service exceeds its capacity and people have to wait to access healthcare.	Likelihood: Likely Consequence: Moderate <b>Risk level: High</b>	Service planning includes an education component to further develop external healthcare workers in gender affirming practices.	Service needs to provide trans affirming healthcare education for practitioners, ensuring that trans people can receive quality healthcare from places other than the service.	Likelihood: Possible Consequence: Moderate <b>Risk level: Medium</b>

## Part H – Recommendations

This scoping project has clearly articulated the need for significantly improved healthcare for trans people, and the need for a community-controlled, peer-led, trans health service. The proposed model outlines steps for the development, and this section provides a series of recommendations for next steps and recommendations for the health sector.

☞☞ *“Build. A. Gender. Health. Clinic.”*

– Survey participant

☞☞ *“A dedicated trans health clinic, one stop shop for everything we need.”*

– Survey participant

### 1. **Implement the proposed model for a community-controlled, peer-led, trans health service.**

- (a) Urgently fund Phase 1 of the development plan to conduct a detailed economic analysis and build the capacity of Transfolk WA.
- (b) Create a funding roadmap to clarify the pathway to a fully realised community-controlled, peer-led, trans health service.
- (c) Fund the implementation of Phase 2 to establish the community-controlled, peer-led, trans health service.
- (d) Fund the implementation of Phase 3 to allow service expansion and the addition of health sector education.
- (e) Continue to provide transparent and realistic updates to the community on the progress towards a community-controlled, peer-led, trans health service.

### 2. **Increase the knowledge and capacity of the health sector to meet the health needs of trans people.**

- (a) Promote the report to health services and providers, to enhance their understanding of the health experiences and needs of trans people.
- (b) Advocate to health services and providers to use best-practice trans healthcare processes. Listening to the community and lived experience leaders is essential.
- (c) Provide ongoing professional development for the health sector on trans people’s health needs and gender affirming healthcare.
- (d) Build the capacity of the lived experience peer work sector, and support the broader health sector to meaningfully include lived experience peer work.
- (e) Embed trans people’s health needs in tertiary education for health professionals.

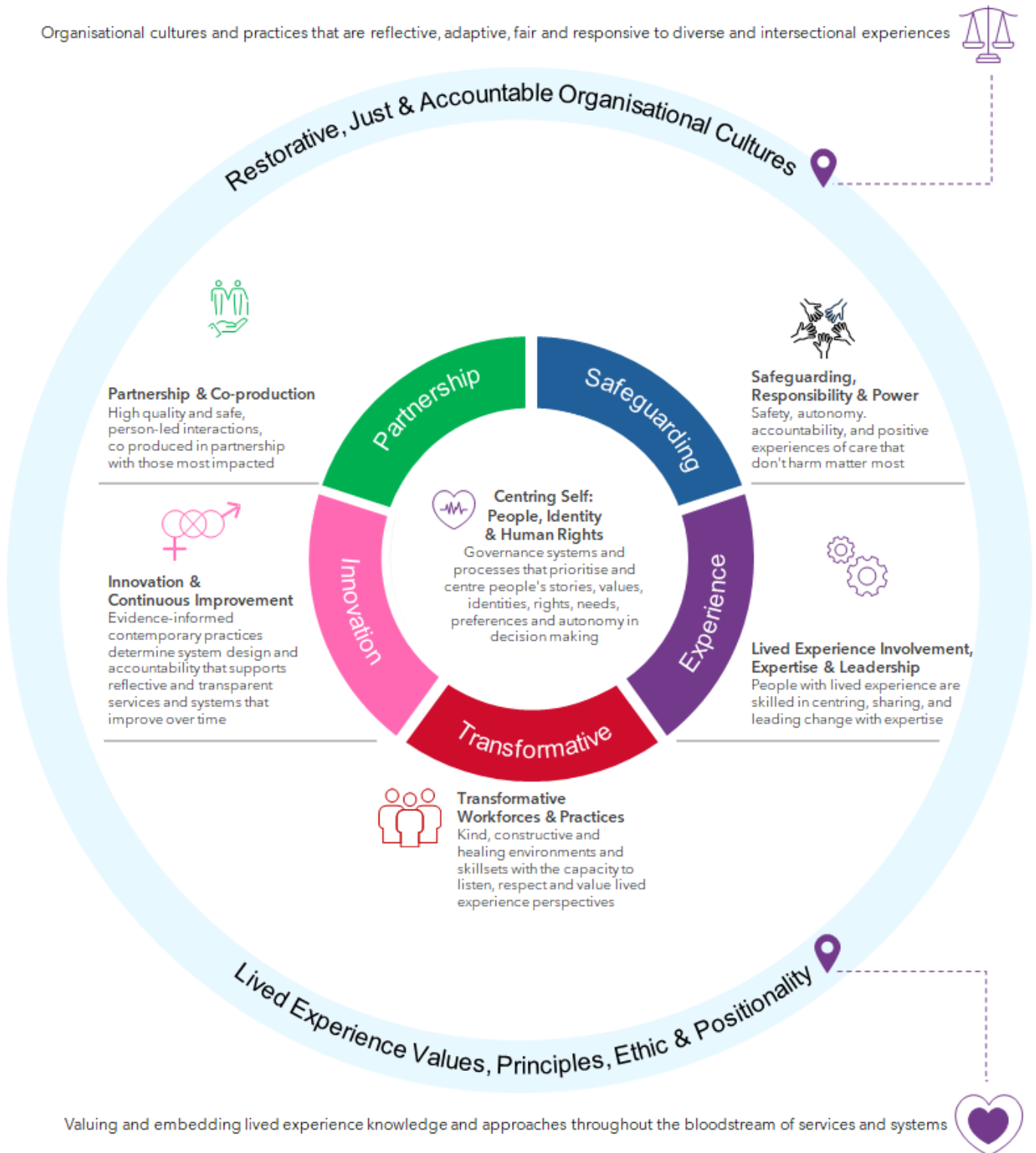
### 3. **Improve access to and options for gender affirming healthcare.**

- (a) Build strong referral pathways between LGBTIQ+ services and providers, and Aboriginal Community Controlled Organisations for culturally safe gender affirming healthcare for Aboriginal trans people.
- (b) Expand the services covered by Medicare to properly cover gender affirming healthcare.
- (c) Improve access to and options for gender affirming surgery in WA.

## Appendix

### Lived Experience Governance Framework

The essential components of the Lived Experience Governance Framework.<sup>19</sup>



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