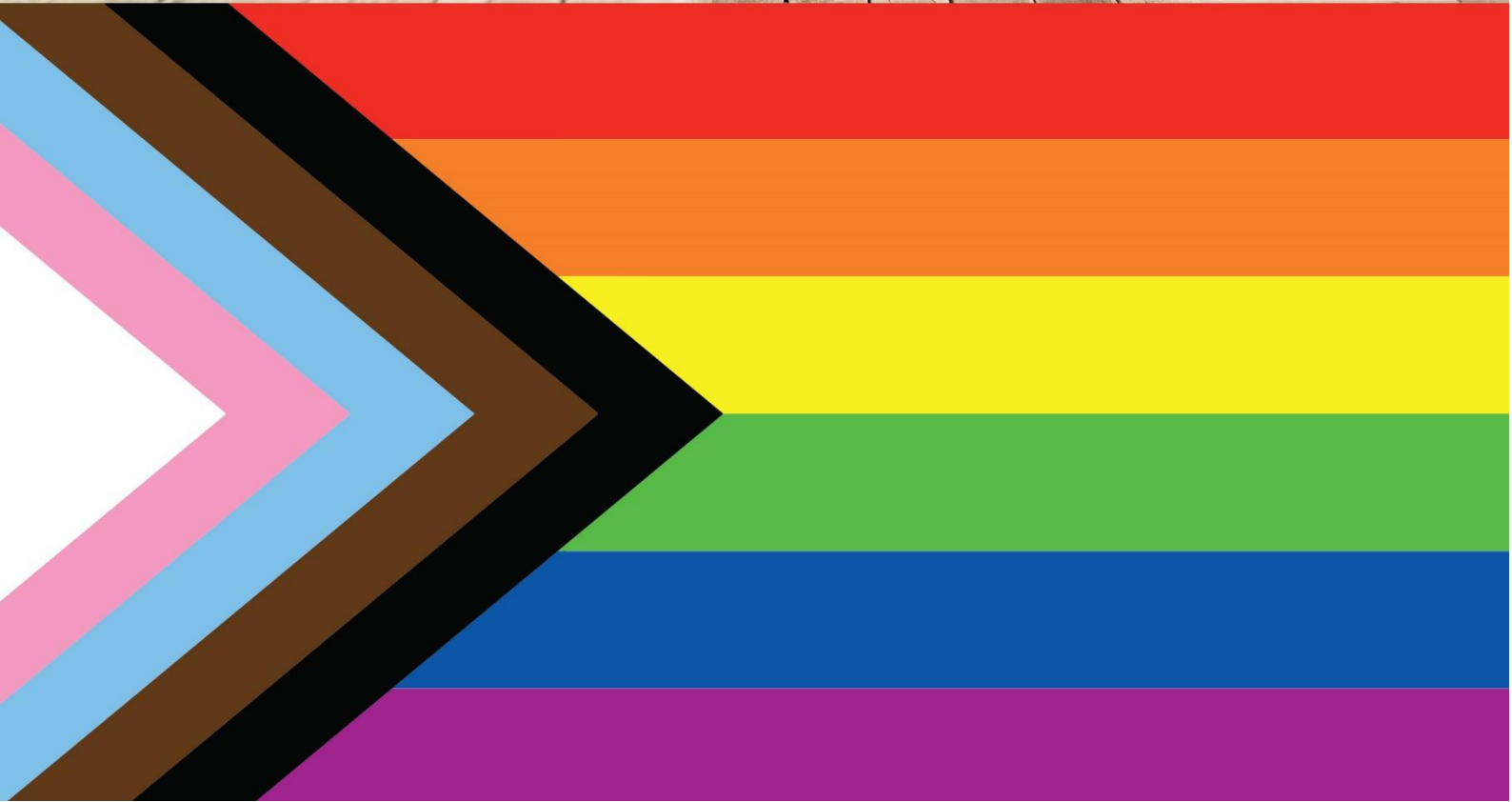




ACT
Government

ACT Health

LGBTIQ+ Health Scoping Study Report



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1. Foreword from the ACT Health Minister



The ACT Government is focused on improving the health and wellbeing of LGBTIQ+ Canberrans in order to make Canberra the most LGBTIQ+ inclusive and welcoming city in Australia.

I acknowledge that a considerable amount of research and stakeholder engagement relating to LGBTIQ+ health has previously been undertaken by the ACT Health Directorate and related non-government organisations in the ACT. The LGBTIQ+ Health Scoping Study aligns with the ACT Government's *Capital of Equality Strategy* and builds on the previous work undertaken. It provides new insights and outlines recommendations that will help ensure ACT health

services meet the diverse needs and priorities of the ACT LGBTIQ+ community.

The vision of the *Capital of Equality Strategy* is for Canberra to be the most LGBTIQ+ welcoming and inclusive city in Australia, which will be achieved by ensuring that LGBTIQ+ people, their families and communities are visible, valued and respected. Consistent with this vision, the LGBTIQ+ Health Scoping Study has aimed, through significant stakeholder and community consultation, to ensure that the views of Non-Government Organisations (NGOs), LGBTIQ+ people in the ACT, clinicians and government officials, were heard and reflected in this Report, while also providing the ACT Government with a basis to continue our work in the LGBTIQ+ health space into the future.

I would like to thank everyone who partnered with Government throughout the LGBTIQ+ Health Scoping Study and those who took the time to share their valuable experiences. I wish to acknowledge all of the LGBTIQ+ people, allies and community stakeholders who participated in the study or completed the survey. I would also like to acknowledge the membership of the Reference Group for the study who played a critical role by providing insights and feedback into the work undertaken.

It is my pleasure to provide the LGBTIQ+ Health Scoping Study Report to you and look forward to future engagement with the LGBTIQ+ community as we continue to build the most LGBTIQ+ inclusive and welcoming city in Australia.

Rachel Stephen-Smith MLA
Minister for Health

2. Introduction

The 2019-2020 ACT Government Budget included a commitment to undertake ‘[a] detailed scoping study [to] consider health priorities in line with the Whole of Government LGBTIQ Strategy’ in accordance with the *First Action Plan (2019-20)* of the *Capital of Equality Strategy (2019-23)*. Within the *First Action Plan*, this work was further clarified to be, ‘an analysis and identification of barriers to LGBTIQ+ people accessing health services to inform improvements to health service delivery. This will include a focus on Aboriginal and Torres Strait Islander LGBTIQ+ people.’

The Study was scheduled to be conducted between December 2019 – June 2020. As a result of the COVID-19 pandemic, the Study was paused between April and June 2020, recommenced in July and concluded in September 2020. The Study included: a literature review, face-to-face stakeholder engagement, a focus group, the creation of an LGBTIQ+ Health Reference Group and an LGBTIQ+ community survey.

The ACT Government recognises that the LGBTIQ+ community is very diverse, and that understanding the diversity within the LGBTIQ+ community was fundamental to undertaking this work. Language use and self-identification within the LGBTIQ+ community is also critical as within the LGBTIQ+ acronym, a person may self-identify with only one letter, or with multiple.

The ACT Health Directorate (ACTHD) has engaged with as many LGBTIQ+ community members, government officers, clinicians, relevant NGOs and allies as possible within the ACT to ensure a wide range of voices could be captured. This Report has been developed in response to stakeholder and LGBTIQ+ community engagement and is aimed to support a future implementation plan for the ACT’s approach to LGBTIQ+ specific health services.

The ACT Government has led impactful LGBTIQ+ policy initiatives over the last decade, and more recently through work including:

1. criminalising sexuality and/or gender conversion practices in the ACT through the [Sexuality and Gender Identity Conversion Practices Act 2020](#);
2. undertaking an investigation into deferrable medical interventions for intersex people; and
3. passing of the [Births, Deaths and Marriages Registration Amendment Act 2020](#), that allows avenues for young people to change their given name and sex (with conditions).

Despite the significant progress that has been made in LGBTIQ+ policy within the ACT Government, what this Report makes clear is that there is still important work to be done to ensure that health services in the ACT are as LGBTIQ+ friendly and inclusive as possible. The recommendations outlined in this report are intended to achieve that, and focus on education, service provision and kindness/respect. Through these mechanisms and in addition to strategies such as ACTHD’s [Accessible, Accountable, Sustainable: A Framework for the ACT Public Health System \(2020-2030\)](#), the ACT Government will be able to foster and lead incremental cultural and mindset changes for the ACT health system that will improve health and wellbeing outcomes for those in the LGBTIQ+ community.

The final deliverable of the Study is this report, which sets out recommendations focused on the gaps of the current health service offering for LGBTIQ+ people in the ACT and identification of barriers to seeking health services developed in response to stakeholder and LGBTIQ+ community engagement.

The Report's recommendations are presented in line with the *Capital of Equality Strategy* and include a proposed implementation plan to support future LGBTIQ+ specific health policy and service provision.

The Report is designed to inform and prioritise practical next steps to support the health of LGBTIQ+ Canberrans and should be used as a resource to inform ongoing work in this area. The recommendations of this Report should not be considered to be an exhaustive list of requirements to address all gaps in healthcare provided to LGBTIQ+ Canberrans, or as representing the full extent of action that the Government may wish to consider in the future, but rather the first step in the process of creating a more inclusive and welcoming health experience for LGBTIQ+ Canberrans.

3. Executive Summary

Nationally, the diverse health needs of the LGBTIQ+ community are generally inadequately met, and the failure to holistically meet these needs has an adverse impact on community health outcomes. This is well accepted and there is substantial evidence previously published to this effect.¹ This study sought to identify those areas of health service provision in the ACT that fall short of providing the health care required for members of the LGBTIQ+ community and to make recommendations about what is needed to address the issues identified.

The scoping study found that health needs across the LGBTIQ+ community are extremely varied, reflecting significant differences in experience between individuals and each cohort representing a letter in the LGBTIQ+ acronym. Further, there were other groups not specifically referred to in the LGBTIQ+ acronym, such as asexuals, that also experience social stigma and misunderstanding that impacts on their long-term health outcomes. In particular, some groups were found to be experiencing numerous barriers to accessing health services. For example, the study highlighted serious concerns for: transgender and/or gender-diverse (TGD) people (especially children and young people); Lesbian, Bisexual, Queer and + (LBQ+) identifying people; people who identified as having a variation of sex characteristics (also known as intersex or DSD); and older LGBTIQ+ people who still face stigma and discrimination, in part during their interaction with primary and chronic condition health services, including within aged care.

In practice, the inability of health services to understand, acknowledge or respond appropriately to the health needs of the LGBTIQ+ community has led to poorer mental health outcomes,² and in some cases individuals not seeking treatment for fear of stigma or discrimination.³ We are also aware of proportionally higher rates of domestic and family violence,⁴ experienced in the LGBTIQ+ community that can impact on individuals and families interaction with health services. Further, the urgent need to identify and understand intersectional needs of the LGBTIQ+ community was a key outcome of the study, as in a number of areas the ACT LGBTIQ+ community presented with higher statistical representation when compared with the general population.

When compared with available data from [Australia's most recent National Census \(2016\)](#), respondents to the survey reported higher levels of intersectional identification with the Aboriginal/Torres Strait Islander communities, as well as identification as a person with disability or as having a variation of sex characteristics.

1 Australian Medical Students' Association, 'LGBTQIA+ Health' (2019). Accessed 30 September 2020:

<https://www.amsa.org.au/sites/amsa.org.au/files/LGBTQIA%2B%20Health%20%282019%29.pdf>; Hillier, L., T Jones, M Monagle, N Overton, L Gahan, J Blackman, A Mitchell. 'Writing Themselves in 3: The Third national study on the sexual health and wellbeing of same sex attracted and gender questioning young people'. Melbourne: LaTrobe University. 2010.

2 National LGBTI Health Alliance. *Snapshot of Mental Health and Suicide Prevention Statistics for LGBTI People* Sydney, Australia: National LGBTI Health Alliance. 2020.

3 Department of Social Services, 'Domestic and Family Violence within LGBTIQ Communities factsheet' Australian Government, Published 15 February 2019, accessed 22 September 2020: <https://www.dss.gov.au/women-publications-articles-reducing-violence/domestic-and-family-violence-within-lgbtig-communities-factsheet>

4 Department of Social Services, 'Domestic and Family Violence within LGBTIQ Communities factsheet' Australian Government, Published 15 February 2019, accessed 22 September 2020: <https://www.dss.gov.au/women-publications-articles-reducing-violence/domestic-and-family-violence-within-lgbtig-communities-factsheet>

For example, within the community survey, respondents that identified:

- with disability accounted for 68% of 479 responses. This is compared to 2016 Census⁵ data that advised drastically different statistics within the general populations of Australia (5.1%) and the ACT (4.2%). It is worth noting that when interpreting the community survey data, the type/s of disability were not requested or identified, as a result of restrictions in the collection of personal or potentially identifying information.
- as Aboriginal and/or Torres Strait Islander people made up 4% of respondents, compared with the Census that recorded Australia (2.8%) and the ACT (1.6%).

A shortage of available primary care professionals (including general practitioners (GPs)), mental health supports, and paediatric specialists with an understanding of LGBTIQ+ health needs have exacerbated the issues faced by the LGBTIQ+ community in seeking health services. This has resulted in significant gaps in health care for LGBTIQ+ people in the ACT. In turn, this has impacted on the health system experience of some LGBTIQ+ community members with excessive wait times, delays from referrals and high costs associated with interstate or international travel.

While some of these gaps in services might be addressed through equipping existing GPs with some of the skills and knowledge necessary to enable them to treat LGBTIQ+ patients confidently and sensitively, other trained specialists may be harder to resource. While the ACT currently has a limited number of peer-led gender-focused services available⁶, the ACT is the only jurisdiction not to have a comprehensive gender-focused health service available either in private practice or through a publicly funded gender-clinic. Nor does Canberra have a holistic service that provides necessary specialised care for transgender or gender-diverse (TGD) people. As a result, people seeking gender affirming care often travel outside of the ACT to have their needs met, by accessing services in Sydney or Melbourne at significant extra cost and inconvenience. In some instances, interstate service providers limit the amount of out of state clients they will take on, prioritising clients from their home state and therefore further limiting assistance for ACT residents. A gender-focused health service in Canberra would address the growing need for specialised services for TGD people in the ACT, especially for TGD children and young people.

It is critical that members of the LGBTIQ+ community are welcomed and treated with respect in health services so that they are not deterred from accessing the health services that they need. To achieve this, education and training for health services staff is required so that health services provide a welcoming atmosphere that acknowledges and celebrates the diversity of its patients. It is also apparent that there is not sufficient information available for members of the LGBTIQ+ community on pathways to accessing LGBTIQ+ and/or gender-affirming health care. This should be addressed by visible and easy to navigate health pathways that are inclusive and respectful of individuals' journeys.

⁵ Department of Social Services, 'Domestic and Family Violence within LGBTIQ Communities factsheet' Australian Government, Published 15 February 2019, accessed 22 September 2020: <https://www.dss.gov.au/women-publications-articles-reducing-violence/domestic-and-family-violence-within-lgbtq-communities-factsheet>

⁶ For example, the Friday Centre through A Gender Agenda and Inclusive Pathways through Meridian.

It will take a concerted effort and commitment across ACT Government Directorates, publicly-funded health services, and private service providers to overcome the barriers to health services identified in this report. The recommendations in this study, if implemented in a timely and strategic way that reflect the short-, medium- and long-term nature of the recommendations, have the potential to make a significant contribution to improving the health outcomes for the LGBTIQ+ community in the ACT.

4. Terminology

ACT means the Australian Capital Territory.

ACTHD means the ACT Health Directorate.

Action Plan means the First Action Plan (2019-20) under the Capital of Equality Strategy.

ART means assisted reproductive technologies.

Asexual means someone who is not sexually attracted to others.⁷

BBVs means blood borne viruses.

Bisexual is a term used to describe people who are sexually attracted to both women and men.

Calvary means Calvary Public Hospital Bruce.

Capital of Equality Strategy means the ACT Government strategy to deliver equitable outcomes for Lesbian, Gay, Bisexual, Trans, Intersex and Queer (LGBTIQ+ people).

CHS means the Canberra Health Services, which includes Canberra Hospital. CHS operates as a separate entity to ACTHD within the ACT Government structure.

Cisgender means someone whose gender identity aligns with the sex they were assigned at birth.

CMTEDD means the Chief Minister, Treasury and Economic Development Directorate.

Community Survey means the LGBTIQ+ Health Survey which was completed as part of the stakeholder engagement for the Study. The survey was open for 32 days between 20 July – 20 August 2020 (inclusive).

DSD can be used either to define differences in sex development or disorder of sex development.

Lesbian is a term used to describe women who are sexually attracted to other women.

LGBTIQ+ is an umbrella term respectfully used to refer to the diversity of individuals that are lesbian, gay, bisexual, transgender, intersex and/or queer identifying. The '+' symbolises other sexualities and genders not captured by the other letters.

Gay is a term used to describe men who are sexually attracted to other men.

Gender affirming surgeries and/or procedures means surgeries or procedures that alter a person's physical appearance, which can include but are not limited to a person's sex characteristics, in order that their physical appearance aligns with their gender identity.

Gender-Diverse is an umbrella term that is used to describe gender identities that demonstrate a diversity of expression beyond the binary framework. Other umbrella terms such as non-binary, genderqueer or X gender are adequately broad descriptors for gender diverse people.⁸

HIV means the Human Immunodeficiency Virus.

HRT means Hormone Replacement Therapy.

Intersex means people who are born with physical or biological sex characteristics (such as sexual anatomy, reproductive organs, hormonal patterns and/or chromosomal patterns) that are more diverse than binary definitions for male or female bodies.⁹

IVF means In-Vitro Fertilisation.

LBQ+ means same-sex, lesbian, bisexual and queer identifying women or people.

Pansexual means a sexuality in which someone is attracted to people of multiple genders.¹⁰

Peer-led can in the context of this report, refer to peers that are either:

- a. peers in the sense of support of a person by another, usually more experienced, person 'walking in the same shoes'; and/or
- b. peers in the sense of trained health professionals who are also members of the client community, for example: same-sex attracted GPs.

NGO means Non-Government Organisation.

Study means the work that has informed this Report, being the LGBTIQ+ Health Scoping Study conducted by the ACT Health Directorate.

TGD means transgender and/or gender-diverse.

Transgender (or Trans) is an umbrella term for those whose gender differs from that which they were assigned at birth.¹¹

Queer+ is an umbrella term that can be used both as a descriptor by people of identity, of their relationships and to describe community. It is often used to describe sexual or gender minorities that do not easily fit within binary understandings of sex or gender.

7 A Gender Agenda, Information Hub: 'What is Gender Diversity?' retrieved on 15 August 2020: <https://genderrights.org.au/information-hub/what-is-gender-diversity/>

9 Black, E., Bond, K., Briffa, T., Carpenter, M., Cody, C., David, A., Driver, B., Hannaford, C., Harlow, E., Hart, B., Hart, P., Leckey, D., Lum, S., Mitchell, MB., Nyhuis, E., O'Callaghan, B., Perrin, S., Smith, C., Williams, T., Yang, I., & Yovanovic, G. (2017) 'Darlington Statement: Joint consensus statement from the intersex community retreat in Darlington,' March 2017. Sydney, NSW.

10 A Gender Agenda, Resources: 'Glossary', retrieved 18 September 2020: <https://genderrights.org.au/resources/glossary/>

11 A Gender Agenda, Information Hub: 'What is Transgender?' retrieved on 15 August 2020: <https://genderrights.org.au/information-hub/what-is-transgender/>.

5. Methodology

This study was conducted for approximately six months over the 2019 and 2020 calendar years.¹²

5.1 Key Questions

Six key questions guided the work undertaken as part of the Study:

1. What information / resources already exist?
2. What health service or knowledge gaps exist and how should these be addressed?
3. What barriers to health services are currently faced by LGBTIQ+ people?
4. Is there a differentiation between clinical focus and community focus when prioritising LGBTIQ+ health?
5. How is ACT Health partnering with NGOs to deliver health outcomes to the LGBTIQ+ community?
6. How can we ensure that LGBTIQ+ people feel seen and heard as part of this process?

5.2 Evidence Gathering

In order to answer these questions, there were five primary streams of information gathering within the Study including:

1. Internal and external stakeholder interviews via face-to-face and telephone meetings;
2. A literature review;
3. A publicly available survey of the LGBTIQ+ community;
4. A focus group session facilitated by A Gender Agenda (AGA) with 'Parent Point', a regular meeting of parents and young people who identify as either transgender, intersex and/or gender-diverse; and
5. An LGBTIQ+ Health Reference Group (Reference Group).

Stakeholder Interviews

Stakeholder interviews were conducted in order to assess the current state of understanding within ACT Health, CHS, Calvary, the private practice professionals and NGO representatives of the health needs and service gaps experienced by LGBTIQ+ people in the ACT.

Community Survey

The survey was conducted for 32 days between 20 July 2020 and 20 August 2020 to provide community members with information about the Study and to record a snapshot of their general health and demographic information, and any barriers experienced in accessing public health services in the ACT.

It is worth noting that the results of the community survey should be treated as a sample only of the LGBTIQ+ population of the ACT and surrounds and may not necessarily reflect all of the unique experiences of all members of the LGBTIQ+ community that live, work and access health services in the ACT. Further, the true number of LGBTIQ+ identifying people in the ACT and surrounds is unclear.

¹² The work was conducted as a quality improvement exercise for ACT health services, as a result no ethics approvals for the Study was required.

The information contained in the most recent national Census only provided data around: [the number of same-sex couples](#) and [relationships as reported for couples](#). This does not provide an accurate indication of LGBTIQ+ population numbers, either in Australia or in the ACT as it only captures those in a relationship, and not all relationship categories (such as polyamorous relationships) are captured due to the use of the term ‘couples’.

Focus Group

ACTHD was aware that the experiences of young people and their parents may not easily be captured in the community survey. As a result, a focus group of 25 people, consisting of young transgender and intersex people and their parents, was used as a mechanism to capture their unique experience with health services. There was also a planned focus group session to be facilitated by the Transgender Healthcare Network, which did not take place as a result of the COVID-19 pandemic.

Literature Review

A significant amount of community and NGO led work and reports have been published to highlight the needs and barriers of LGBTIQ+ people when they are seeking health services, both in Australia and specifically in the ACT. Information from (but not limited to) the following reports were used to inform the work of this study:

- a. [Blueprint for a Co-ordinated Response to the Health needs of LGBTIQ+ People, their Families, and Communities in the ACT](#);
- b. [The Darlington Statement](#) - A joint consensus statement by Australian and Aotearoa/New Zealand intersex organisations and independent advocates;
- c. [“This is what the real experience is like...”](#) The views of same sex attracted women in the ACT about their health; their health needs; their access to services, supports, and information; the barriers to maintain their health; and
- d. [Trans Pathways Report](#); and
- e. [Snapshot of Mental Health and Suicide Prevention Statistics for LGBTI People](#).

Further, the ACT Government has also commissioned or financially supported a number of reports:

- f. [Capital of Equality Strategy](#) and the Strategy’s [First Action Plan](#);
- g. [CBR LGBTIQ Community Consortium Consultation](#);
- h. [Gay Community Periodic Survey: Canberra 2019](#).

These reports, in addition to the information collected in stakeholder interviews, NGO engagement, the focus group and community survey assisted in shaping this report.

Reference Group

The Reference Group for the study consisted of representatives from the following organisations: the ACT LGBTIQ+ Ministerial Advisory Council, Healthcare Consumers Association, Meridian Incorporated, A Gender Agenda, ACT LGBTIQ+ Aboriginal and Torres Strait Islander Network, Australian Bureau of Statistics, Sexual Health and Family Planning ACT, CHS and Calvary Hospital, and the Office of LGBTIQ+ Affairs (CMTEDD, ACT Government). The Reference Group provided advice and feedback to ACTHD on more sensitive aspects of the work completed. As part of their role in the study, the Reference Group indicated to ACTHD that the Reference Group would like to continue to provide feedback to ACTHD on a continuing basis into the future.

5.3 Themes of the Recommendations

Ten key themes emerged from the research, which demonstrate the key health concerns and the diversity of the LGBTIQ+ community: Lesbian; Gay; Bisexual; Transgender and Gender-diverse; Intersex, and Queer+; whole of life care (focusing on the experiences of young and older LGBTIQ+ identifying people); Aboriginal and Torres Strait Islander health; Family; and Partnerships. The theme of each recommendation is identified alongside the recommendation.

5.4 Weighting of Recommendations

The **priority of recommendations** provided in this Report considered the following factors when assessing if a recommendation should be critical, necessary or important based on (in no particular order):

- The proportion of the LGBTIQ+ community that is affected by the issue;
- The severity of the issue;
- The risk of not addressing the issue within the community; and
- The amount of feedback that contributed to the recommendation, either through stakeholder consultation, focus group or community survey.

Therefore, priority of recommendations that are listed as:

- ‘Critical’ means that based on above criteria it is critical the recommendation be addressed;
- ‘Necessary’ means that based on above criteria it should be addressed following consideration of critical items; and
- ‘Important’ means that based on above criteria it should be assessed and addressed on an as-needed basis.

The projected **cost and time of the recommendations** provided in this Report relates to the very high-level anticipated cost/time to implement the recommendation, with the following factors considered:

- The anticipated cost of implementing the recommendation by Government;
- The amount of time required to implement the recommendation;
- The Government staff required to oversee the implementation; and
- The requirement of funding to NGOs (if applicable) in order to realise the recommendation.

Therefore, cost recommendations that are listed as:

- ‘High’ means that a significant financial commitment, likely over a long period of time;
- ‘Medium’ means a moderate financial commitment, over a moderate period; and
- ‘Low’ means a minor financial commitment, that can be achieved over a short period of time.

The time and cost factors are preliminary estimates and further work will need to be done to refine them prior to providing advice to Government for its consideration.

6. Summary of Recommendations

The [Capital of Equality Strategy](#) (CoE Strategy) focuses on three key objectives that direct ACT Government actions over four-years, including:

1. Fostering understanding and awareness so that barriers to equality can be removed;
2. Service improvements to deliver more inclusive and accessible services; and
3. Continuing reforms to have equal rights reflected in law, data and policies.

A key early action for the CoE Strategy outlined in the First Action Plan was for ACTHD to gather evidence to inform service improvements to health service delivery for LGBTIQ+ people, including a focus on Aboriginal and Torres Strait Islander people. This LGBTIQ+ Health Scoping Study Report addresses this action and the recommendations below are aligned to the CoE Strategy to ensure a coordinated and comprehensive approach across the ACT Government.

6.1 Fostering understanding and awareness so that barriers to equality can be removed

CoE Strategy Alignment	ACTHD No.	Recommendation	Theme	Priority	Projected cost and time
Equip service providers with good guidance about supporting LGBTIQ+ people, including through training and awareness.	1	Education and Training: Work with the Commonwealth and Capital Health Network to identify best-practice training and regular peer-led LGBTIQ+ awareness and clinical training for primary care providers (including GPs), allied health, specialist services; Winnunga Nimmityjah Aboriginal Health and Community Services; and mental health care service providers to improve understanding of LGBTIQ+ specific health needs.	LGBTIQ+, Partnerships, Aboriginal and Torres Strait Islander health	Critical	Medium
Support schools and other education settings to be safe and inclusive.	2	Student Outreach: Work with the Canberra based vocational and university sectors to ensure the training for medical, nursing and allied health professionals includes training on best practice gender-affirming health care.	Partnerships, Whole of Life Care	Necessary	Low
Support schools and other education settings to be safe and inclusive.	3	Safe Schools Initiative: Build upon or support the ongoing implementation of the ACT Government Safe and Inclusive Schools initiative and provide information on health supports available to parents and students.	Partnerships, Whole of Life Care	Necessary	Low

Support workplace settings to be safe and inclusive.	4	Gender-affirming public health care: Provide training and information on best practice gender-affirming care to publicly funded health service providers.	TGD	Critical	Low
Support services and businesses to demonstrate they care about delivering high quality service to LGBTIQ+ people.	5	Gender-affirming hospital experience: Provide an option for preferred name, gender and pronouns during hospital care, that are visible to patients and hospital staff. Including, for example, on in-patient wristbands, forms and in-room whiteboards.	TGD	Critical	Medium
Support services and businesses to demonstrate they care about delivering high quality service to LGBTIQ+ people.	6	Aboriginal and/or Torres Strait Islander LGBTIQ+ resources: Create LGBTIQ+ health resources for the Aboriginal and Torres Strait Islander community, in collaboration with community and relevant LGBTIQ+ and Aboriginal and Torres Strait Islander community health groups.	Partnerships, Aboriginal and Torres Strait Islander health	Critical	Low
Support services and businesses to demonstrate they care about delivering high quality service to LGBTIQ+ people.	7	LBTQ+ health resources: Create educational health resources specifically for same sex attracted women and people with a cervix, particularly information on screening services and reproductive health.	L, B, T, Q+	Necessary	Low
Increase the profile of LGBTIQ+ sector organisations and their service offerings.	8	Accessibility of LGBTIQ+ Information for CALD communities: Create LGBTIQ+ health resources for the CALD community, in collaboration with representatives of the community.	LGBTIQ+	Necessary	Low
Support services and businesses to demonstrate they care about delivering high quality service to LGBTIQ+ people.	9	Demonstrating Inclusiveness through Visibility: Promote a visibly welcoming and inclusive environment for patients of publicly funded health services.	LGBTIQ+	Important	Low

6.2 Service improvements to deliver more inclusive and accessible services

CoE Strategy Alignment	ACTHD No.	ACTHD Recommendation	Theme Focus	Priority	Projected cost and time
Support the availability of services that meet the needs of LGBTIQ+ people across all life stages.	10	Gender-focused health service: Establish a peer-led community-based gender-focused health and wellbeing service that is co-designed with LGBTIQ+ stakeholders and NGOs.	TGD	Critical	High
Support mainstream services to be LGBTIQ+ safe, inclusive and appropriate, particularly in settings such as health, aged care and child protection.	11	TGD and Intersex Service Provision: Build upon existing clinical services to improve accessibility and provide a holistic health service provision for transgender and intersex people and in particular children, adolescents, and young people.	TGD	Critical	High
Ensure that services provide the supports required without the need to navigate complex systems.	12	ACT public health services Communications and Websites: Reflect LGBTIQ+ people in government advertisements and communications and ensure that websites, communication materials and resources are contemporary, consistent and meet the needs of the LGBTIQ+ community.	LGBTIQ+	Important	Low
Ensure that services provide the supports required without the need to navigate complex systems.	13	Consumer-facing trans pathway: Explore options for a consumer-facing online pathway for transgender health care in order to support the people who wish to undertake gender transition to navigate the complexities. Support the development of the pathway in collaboration with LGBTIQ+/TGD-specific NGOs and the Capital Health Network.	TGD, Partnerships, Family	Necessary	Medium
Support the availability of services that meet the needs of LGBTIQ+ people across all life stages.	14	Mental Health Support: Compile best practice research and methodology on peer-led counselling and mental health service provisions for intersex, transgender and gender-diverse identifying people, with a particular focus on minors and their families. This work will be used to inform recommendation 10 and also the current work being undertaken to create Guidelines for gender-affirming care for mental health care practitioners by the Office of Mental Health and Wellbeing.	Partnerships, TGD, Family	Critical	Medium

Support the availability of services that meet the needs of LGBTIQ+ people across all life stages.	15	Telehealth-enabled BBV / HIV Testing: Review the availability of STI/BBV testing and potential alternative methods of testing, treatment and awareness, including the potential for telehealth and dried blood spot testing with the aim to reduce transport, cost and stigma barriers associated with attending in-person testing.	LGBTIQ+, Partnerships	Critical	Medium
Support partnerships to provide targeted, peer-led services for LGBTIQ+ communities.	16	Recognition and support for LGBTIQ+ people experiencing family and domestic violence: Expand the accessibility of clinical and support services for LGBTIQ+ people by ensuring family and domestic violence services are LGBTIQ+ inclusive, in particular promoting an understanding of the needs of lesbian, gay and bisexual identifying people and providing a welcoming environment for all genders.	LGBTIQ+, Partnerships, Whole of Life Care	Critical	Medium
Support the availability of services that meet the needs of LGBTIQ+ people across all life stages.	17	Disability & LGBTIQ+: Develop a coordinated response to better identify the needs and supports for LGBTIQ+ people living with disability, including through the development of the ACT Government Disability Health Strategy and other relevant ACT Government strategies.	LGBTIQ+	Critical	Medium
Support the availability of services that meet the needs of LGBTIQ+ people across all life stages.	18	Support for local Primary Care Providers (including GPs): Explore opportunities with the Commonwealth Government and Capital Health Network that can assist Primary Care Providers in the ACT to provide services to their LGBTIQ+ clients that are timely, evidence based, and tailored to individual needs.	TGD, Partnerships, Whole of Life Care	Critical	Low

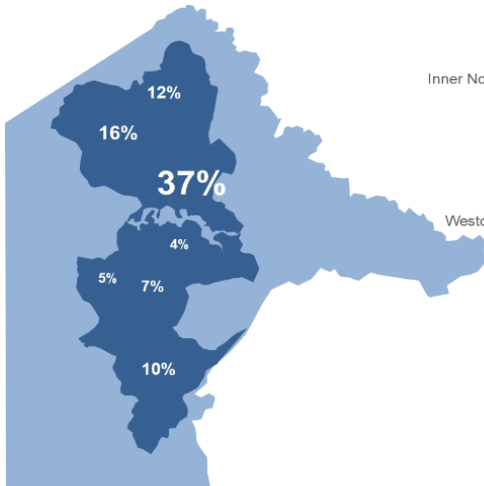
6.3 Continuing reforms to have equal rights reflected in law, data and policies

CoE Strategy Alignment	ACTHD No.	ACTHD Recommendation	Theme Focus	Priority	Projected cost and time
Ensure LGBTIQ+ people have equality before the law, equal protection and benefits of the law.	19	Gender Affirmation Surgeries and Procedures: Identify and advocate for the removal of barriers to gender affirmation surgeries and procedures in the ACT due to Commonwealth funding and regulatory arrangements.	TGD	Necessary	Medium
Collect and use data in a way that lets us understand and meet the needs of LGBTIQ+ individuals and communities.	20	Data Collection: Review the data collection methodologies and frameworks for LGBTIQ+ people at a clinical level, to explore options for recording numbers and care needs of LGBTIQ+ community members, including data that will allow identification of intersectional needs.	LGBTIQ+, Whole of Life Care	Necessary	Low
Ensure LGBTIQ+ people have equality before the law, equal protection and benefits of the law.	21	Deferable Medical Intervention for Intersex People: The health experiences of intersex people fall short of reasonable expectations. Further action on deferable medical intervention for intersex people should be a priority and guided by work currently underway in the ACT Government, led by CMTEDD.	Intersex, Whole of Life Care, Family	Critical	Medium
Ensure LGBTIQ+ people can live their lives safely and feel safe inside and outside their homes.	22	Ageing and Palliative Care: Incorporate the health needs of older LGBTIQ+ people in current and future Territory-wide Health Services Plan activities. ACTHD to engage in and support work being undertaken by CHS around end of life and palliative care planning for LGBTIQ+ people.	LGBTIQ+, Whole of Life Care, Partnerships	Necessary	Low
Consider and include LGBTIQ+ people, their families and communities in policy creation, program delivery and evaluation.	23	LGBTIQ+ Health engagement: Continue to consult and engage with the LGBTIQ+ sector, members of the community and service providers on health matters.	Partnerships	Necessary	Low
Consider and include LGBTIQ+ people, their families and communities in policy creation, program delivery and evaluation.	24	Action Plan: Develop the specific actions to implement the recommendations of this report in consultation with stakeholders and community and set out in future Capital of Equality Action Plans.	LGBTIQ+, Whole of Life Care, Partnerships, TGD, Family,	Critical	High

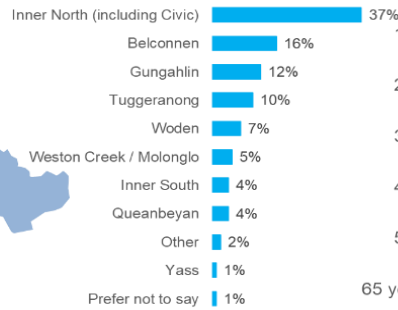
7. Community Survey

7.1 Demographics

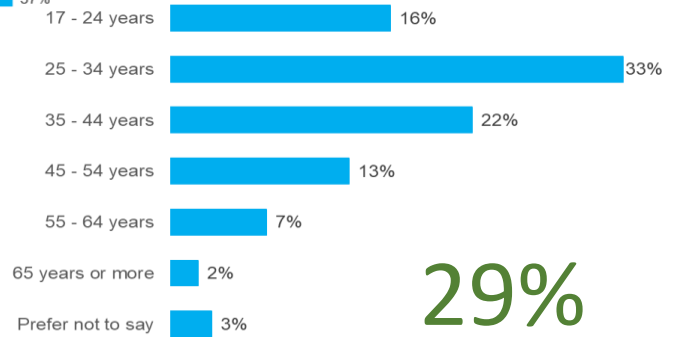
479 total number of respondents



Q. Where do you live?



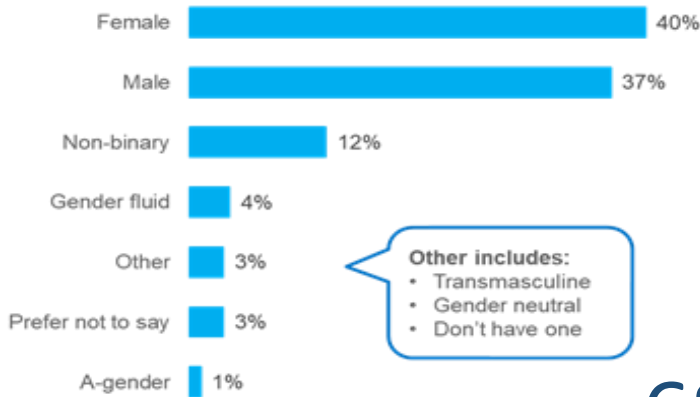
Q. How old are you?



29%

Number of respondents who identified as transgender or gender-diverse

Q. How would you describe your gender identity?

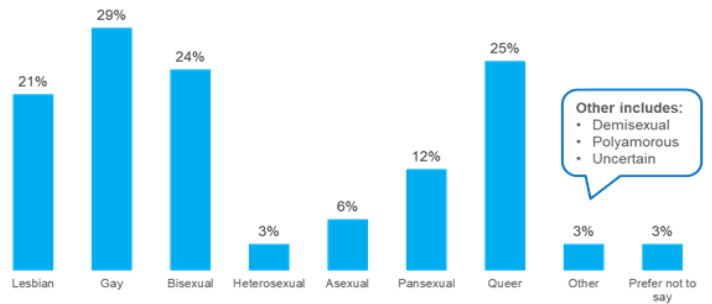


Other includes:
 • Transmasculine
 • Gender neutral
 • Don't have one

12%

Speak a language other than English at home

Q. Which best describes your sexual orientation?



Other includes:
 • Demisexual
 • Polyamorous
 • Uncertain

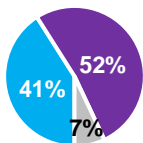
68%

Number of respondents who identified as having disability

4%

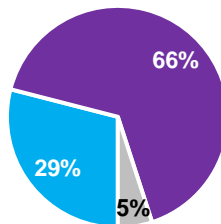
Number of respondents who identified as Aboriginal and/or Torres Strait Islander

Q. What sex identifier were you assigned at birth?



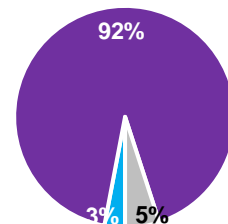
Male Female Prefer not to say

Q. Is your current sex identifier different from the sex identifier assigned to you at birth?



Yes No Prefer not to say

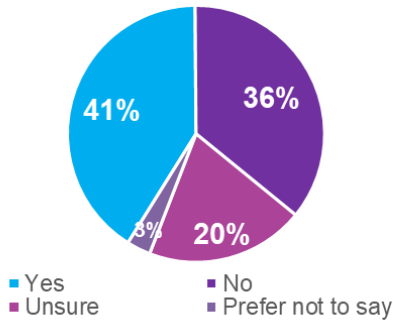
Q. Do you have a known variation of sex characteristics?



Yes No Prefer not to say

7.2 Key Findings

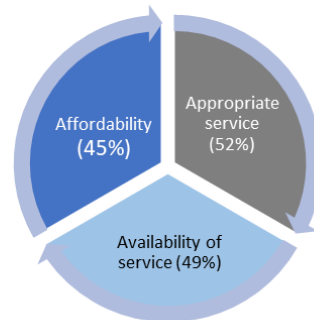
Q. Are all of your LGBTIQ+ specific health needs currently being met in the ACT?



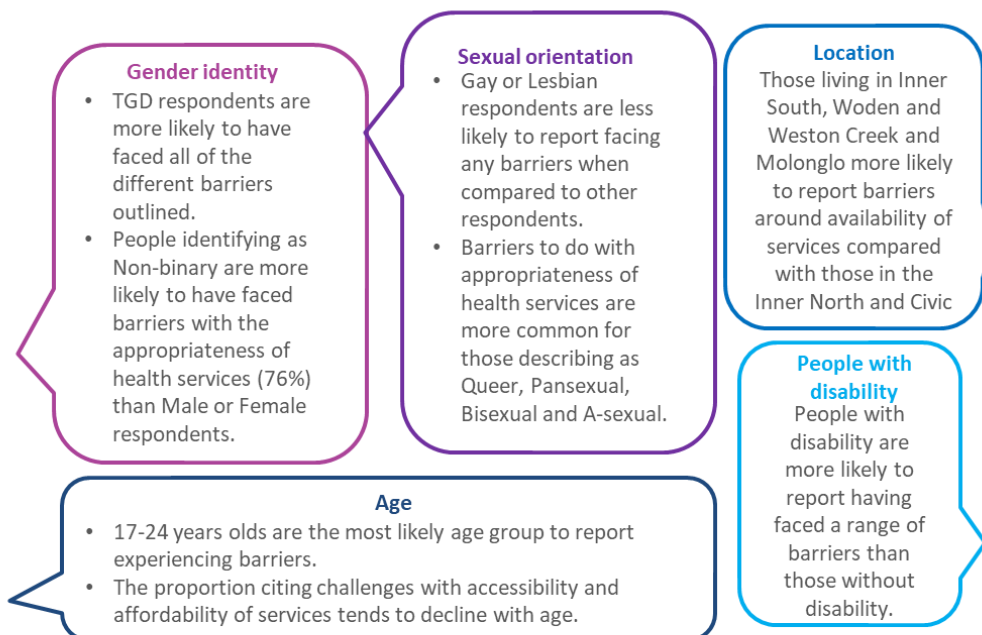
Percentage of respondents who experienced the following barriers when accessing health services:

90%
of survey respondents currently access health services in the ACT

24.3 min
mean travel time to access health services



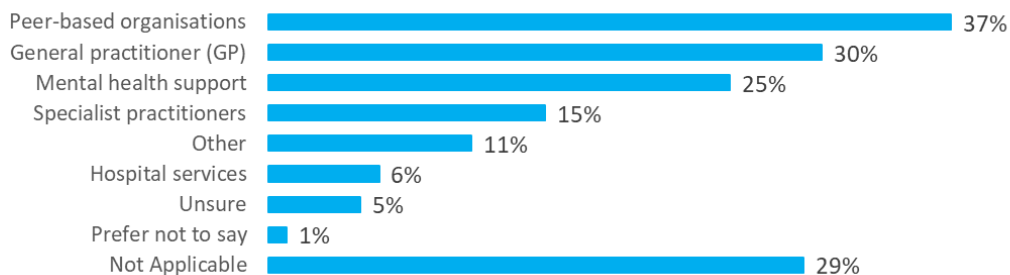
Who are more likely to face different barriers accessing services?



Three largest areas of improvement:



Q. What services do you use (if any) to access support about your gender or sexual identity?



8. Barriers to Health Services

8.1 Interacting with Health Services

The community survey conducted as part of this Study identified that the largest proportion of respondents (68%) identified improvements in education and training of health services staff as the highest area of priority. Further, the community survey¹³ and stakeholder engagement that occurred throughout the Study, with numerous stakeholders highlighting that a small number of very dedicated GPs, Specialists and Allied Health providers carried the bulk of service offering for the LGBTIQ+ community, and in particular the TGD community.

A. Training for Medical and Allied Health Professionals

At 74%, the ACT recorded the highest percentage 'Yes' vote for marriage equality of any jurisdiction in Australia.¹⁴ Consistently, stakeholder engagement with GPs and other allied and medical professionals in the ACT indicated that while many were supportive and open to providing care to LGBTIQ+ people, they simply did not have the confidence to treat LGBTIQ+ identifying people, respond to their needs or where to find information. Further, the Study highlighted that while training was available for medical professionals in the public system, 'it was often the same people who turned up'.

Noting that GPs can face significant time constraints which that can make it difficult to attend additional continuing professional development (CPD), free online resources are available that are CPD eligible in accordance with the RACGP, for example:

- [Primary Health Care for Trans, Gender Diverse & Non-binary People](#); and
- [Mental Health Care for Trans, Gender Diverse, and Non-Binary People](#).

Additionally, the Capital Health Network (CHN) in the ACT currently has a transgender health pathway available for GPs to utilise. However, this pathway is practitioner only and is not consumer facing. There is an opportunity for LGBTIQ+ specific NGOs to engage and collaborate further with health service providers and groups such as the CHN to provide consumers with up-to-date resources as they become available, while also publishing online information useful for practitioners. Further, existing CHN resources should be routinely updated in order to reflect best practice for GPs. For example, in Victoria, the health department has released practical suggestions and advice for GPs when interacting with LGBTIQ+ patients, that includes topics such as: [knowledge and understanding, communication skills, attitudes and practice environment](#).

Applicable Recommendation/s:

- **1: Education and Training:** Work with the Commonwealth and Capital Health Network to identify best-practice training and regular peer-led LGBTIQ+ awareness and clinical training for primary care providers (including GPs), allied health, specialist services; Winnunga

¹³ 36% of respondents indicated that ACT health services understood LGBTIQ+ health needs 'Not so well' or 'not at all well'.

¹⁴ Pianegonda, E and Sibthorpe, C. 'SSM: Canberra records highest Yes vote of any state or territory, partying erupts in Braddon' ABC Radio Canberra. 15 November 2017. Accessed 16 August 2020 <https://www.abc.net.au/news/2017-11-15/ssm-canberra-records-highest-yes-vote-of-any-state-or-territory/9152678>

Nimmityjah Aboriginal Health and Community Services; and mental health care service providers to improve understanding of LGBTIQ+ specific health needs.

- **2: Student Outreach:** Work with the Canberra based vocational and university sectors to ensure the training for medical, nursing and allied health professionals includes training on best practice gender-affirming health care.
- **18: Support for local Primary Care Providers (including GPs):** Explore opportunities with the Commonwealth Government and Capital Health Network that can assist Primary Care Providers in the ACT to provide services to their LGBTIQ+ clients that are timely, evidence based, and tailored to individual needs.

B. Creating a Welcoming Environment

When interviewed for Royal College of General Practitioners (RACGP) journal, *Good Practice*, Australian GP Dr Vincent Cornelisse reinforced the importance of creating a welcoming practice, 'it doesn't have to be a massive change. For example, placing a rainbow sticker at reception and in the waiting room is a good start. Those sorts of signals are picked up quite quickly by same-sex-attracted and gender-diverse patients, and they probably won't offend any other patients.'¹⁵

Research from the United States indicates that there is significant benefit to the experience of LGBTIQ+ people when attending a clinical environment for that environment to visibly demonstrate that they are a welcoming and safe environment for LGBTIQ+ people. Health services can demonstrate their support and inclusivity by prominently demonstrating: policies around anti-discrimination, rainbow flags, and providing gender-neutral bathrooms. Further, staff that wear rainbow pins, have stickers on their desks or rainbow flags at reception, also work towards promoting trust in health services and 'signifies an inclusive environment and knowledgeable, welcoming staff.'¹⁶

Recently, within the ACTHD "I am an LGBTIQ+ Ally" cards and rainbow "CBR" stickers were distributed to staff for display at their workstations, which promoted a fantastic conversation and visible support for LGBTIQ+ identifying colleagues. However, more can be done in a clinical setting to demonstrate inclusivity and support a welcoming environment for patients.

Community Survey participants highlighted that visible representations of support can impact on their experience at a clinic and promote safety, as well as future health seeking behaviour:

- *'The LGBTIQ sign in the [deidentified ACT public health clinic] makes me feel comfortable to seek help and information.'* (Anonymous)

Specifically, visible signage that promotes inclusivity and represents LGBTIQ+ support was identified as an area of need:

- *'Some signage at the doors at GP practices saying it is a safe place for LGBTIQ+ identifying people.'* (Anonymous)
- *'Good signage to show when an organisation supports LGBTIQ people, like a sticker or statement on their website.'* (Anonymous)

15 Lyons, A. 'Transgender Health: Journey to Care'. *Good Practice*. 2017. Issue 4, pg 14.

16 Waryold JM, Kornahrens A. Decreasing Barriers to Sexual Health in the Lesbian, Gay, Bisexual, Transgender, and Queer Community. *Nurs Clin North Am*. 2020. 55(3):393-402.

- *‘Having signs that the practice is LGBTIQ+ inclusive and inclusive language being used would help me to feel safe.’ (Anonymous)*

Applicable Recommendation:

- **9: Demonstrating Inclusiveness through Visibility:** Promote a visibly welcoming and inclusive environment for patients of publicly funded health services.

C. Using Inclusive Language

For the LGBTIQ+ community, language has been used to “discriminate, abuse, marginalise, disrupt, and destabilise individuals and communities”.¹⁷ The language used by community members to describe themselves and others is fundamental to identity and demonstrating respect. Language can also change over time, and this is increasingly true for the LGBTIQ+ community.

As a result, the level of comfort individuals may feel when they interact with health service providers (and vice versa) in order to explain their needs and articulate their concerns is critical. Similarly, even a basic understanding of the sensitivities and the nuances that exist in language for the LGBTIQ+ community is very important.¹⁸

Only 54% of respondents to the Community survey indicated that they were comfortable to disclose their gender or sexual identity to health professionals in the ACT. People identifying as gender-fluid (53%) or non-binary (46%) are more likely to express discomfort than those identifying as male or female. Similarly, asexuals, pansexuals and others experience stigma and misunderstanding about their relationships and sexual preferences.

There have also been positive experiences with health services in the ACT that were recorded in the survey, such as:

- *“In a visit to a Hospital a note was attached to my file reminding staff of the hospital’s gender/diversity code of conduct along with the pronouns that I prefer to be addressed by she/her. I did not find this invasive but welcomed it. I was also asked if it was ok with me.” (Anonymous)*

Misgendering

Misgendering refers to language that does not account for the gender identity of the person being referred to. This can include using the incorrect pronouns or preferred name for a person, and, in a medical setting, refusing to acknowledge preferred gender/names by instead insisting on referring to names/sex recorded on birth certificates or Medicare cards. This can cause harm, as interactions can result in feelings of pathologisation, as though there is something inherently wrong with the patient based on their gender identity, or ‘something to be fixed’. It can also result in feelings of frustration and distrust towards medical professionals, and a subsequent reduction in the likelihood that a person will seek future treatments from the medical profession in general. The 2017 Report, “Trans

17 Dolan, I., Strauss, P., Winter, S., and Lin, A. *Misgendering and experiences of stigma in health care settings for transgender people.* Medical Journal of Australia. 2 March 2020, Volume 212, No 4. Pg 150-151.

18 Waryold JM, Kornahrens A. Decreasing Barriers to Sexual Health in the Lesbian, Gay, Bisexual, Transgender, and Queer Community. *Nurs Clin North Am.* 2020. 55(3):393-402.

Pathways”, the largest survey completed in Australia for young trans people, indicated that trans youth found it ‘difficult to access health services with 60% feeling isolated from medical and mental health services, and 42% having reached out to a service provider who did not understand or respect their gender identity. Problems with health services included a lack of education about gender diversity, not knowing where to refer trans clients, and transphobia.’¹⁹

The community survey conducted as part of the Study provided the following insights, highlighting a disparity of experience for patients, with some receiving understanding care, while others highlighted areas for improvement:

- *“When I started to transition everyone from my GP to the pathology staff were very friendly and happy to call me by my preferred name and gender. It made me feel at ease.” (Anonymous)*
- *“I have had to fill out forms which did not understand the difference between sex and gender and thus asked inaccurately if my sex was male, female or transgender. We need inclusive options for gender in forms, freedom to choose titles including mx, and staff that are educated to respect this.” (Anonymous)*

Applicable Recommendation/s:

- **4: Gender-affirming public health care:** Provide training and information on best practice gender-affirming care to publicly funded health service providers.
- **5: Gender-affirming hospital experience:** Provide an option for preferred name, gender and pronouns during hospital care, that are visible to patients and hospital staff. Including, for example, on in-patient wristbands, forms and in-room whiteboards.

D. Understanding Intersex

Around 3% of Community Survey respondents indicated that they identified as someone with a variation of sex characteristics, often referred to as ‘Intersex’ or ‘DSD’, noting that the survey was targeted at the LGBTIQ+ community. The current upper-limit estimates reported by groups such as [Intersex Human Rights Australia](#), are for 1.7% of people in Australia are born intersex or with DSD. However, as a result of a lack of data the true numbers remain ambiguous.²⁰

In 2016, *Intersex: Stories and Statistics from Australia* was published, the largest survey of intersex people conducted in Australia. This report provided new insights into the experiences and barriers to health services encountered by this group. In particular, a lack of information, visibility for sex variations and education of health service providers dramatically affected the experience of intersex people, for example: “One fifth of the participants had been given no information at all about any surgical or hormonal treatments they had received, and the majority were not told about risks related to the interventions, their right to not have these often life-changing treatments or other related information. Participants reported various physical, mental and psychological impacts from

19 Strauss, P., Cook, A., Winter, S., Watson, V., Wright Toussaint, D., Lin, A. *Trans Pathways: the mental health experiences and care pathways of trans young people. Summary of results.* Telethon Kids Institute, Perth, Australia. 2017.

20 Jones, T., Carpenter, M., Hart, B., Ansara, G., Leonard, W. and Lucke, J. *Intersex: Stories and statistics from Australia* London, England: Open Book Publishers. 2016, p.12.

treatments.”²¹ The Senate in 2013 published a report entitled, “[Involuntary or coerced sterilisation of intersex people in Australia](#)”, that highlighted potential serious impacts on intersex people as a result of deferrable medical intervention, for example through ‘genital normalising surgery’. In 2017, the historic [Darlington Statement](#), written by Australian and New Zealand intersex advocates called for:

‘the immediate prohibition as a criminal act of deferrable medical interventions, including surgical and hormonal interventions, that alter the sex characteristics of infants and children without personal consent. We call for freely-given and fully informed consent by individuals, with individuals and families having mandatory independent access to funded counselling and peer support.’

In accordance with the [First Action Plan](#) of the ACT Government’s Capital of Equality Strategy, work is currently underway by the ACT Government that involves collaborating with intersex people, human rights organisations and healthcare professionals to form a plan on how prohibition of deferrable medical interventions on intersex people could operate in Canberra.

The mental health outcomes experienced by people who identify as intersex are deeply concerning, as demonstrated by the 2020 Report by the National LGBTI Health Alliance that reported that 26% of people with an intersex variation aged 16 and over have self-harmed or thoughts of self-harm (42% of respondents) on the basis of issues related to having a congenital sex variation.²² The Darlington Statement provides important insights that include ‘that stigma is often the result of misconceptions about intersex which is compounded by a lack of education and awareness.’²³ The Community Survey furthered this point, with some intersex people reporting that they would present to medical professionals as cisgender in order to feel safe or have their concerns taken seriously. Other experiences also included reports of health service practitioners googling ‘intersex’ during consultations and not taking intersex status into account when providing care or prescribing medication.

From a data collection perspective, government and health services need to be able to define and understand the variations of sex characteristics that fall under the term ‘intersex’, in order that both practitioners have a greater understanding of what it means to be intersex and how to support young people and parents in their care. A greater level of data collection has the ability to provide a greater level of understanding for government in order to inform decision making and service delivery.

Applicable Recommendation/s

- **1: Education and Training:** Work with the Commonwealth and Capital Health Network to identify best-practice training and regular peer-led LGBTIQ+ awareness and clinical training for primary care providers (including GPs), allied health, specialist services; Winnunga Nimmityjah Aboriginal Health and Community Services; and mental health care service providers to improve understanding of LGBTIQ+ specific health needs.
- **11: TGD and Intersex Service Provision:** Build upon existing clinical services to improve accessibility and provide a holistic health service provision for transgender and intersex people and in particular children, adolescents, and young people.

21 Jones, T., Carpenter, M., Hart, B., Ansara, G., Leonard, W. and Lucke, J. *Intersex: Stories and statistics from Australia* London, England: Open Book Publishers. 2016, p.3.

22 Ibid.

23 Black, E., Bond, K., Briffa, T., Carpenter, M., Cody, C., David, A., Driver, B., Hannaford, C., Harlow, E., Hart, B., Hart, P., Leckey, D., Lum, S., Mitchell, MB., Nyhuis, E., O’Callaghan, B., Perrin, S., Smith, C., Williams, T., Yang, I., & Yovanovic, G. (2017) ‘*Darlington Statement: Joint consensus statement from the intersex community retreat in Darlington,*’ March 2017. Sydney, NSW.

- **20: Data Collection:** Review the data collection methodologies and frameworks for LGBTIQ+ people at a clinical level, to explore options for recording numbers and care needs of LGBTIQ+ community members, including data that will allow identification of intersectional needs.
- **21: Deferable Medical Intervention for Intersex People:** The health experiences of intersex people fall short of reasonable expectations. Further action on deferrable medical intervention for intersex people should be a priority and guided by work currently underway in the ACT Government, led by CMTEDD.

8.2 Access to Medical Services and Supports

Access to medical practitioners with specific skills and specialists can be integral to ensuring that the holistic health care needs of the LGBTIQ+ community are met. For example, this may include endocrinologists, sexual health specialists, psychologists, psychiatrists, physiotherapists and speech therapists.

In 2016, an ACT Government study found that 33% of LGBTIQ+ people indicated that they needed a service that was not available to them in Canberra.²⁴ As part of the community survey undertaken in this study, 36% of people indicated that services or information required were not available in the ACT, namely:

- Mental health services and specialists, that are LGBTIQ+ focused;
- Gaps in transition of care for youth/child to adult services;
- Health promotion information, particularly for same-sex attracted women; and
- Support that is culturally appropriate.

Further, around one-third of community survey respondents considered it to be difficult (24%) or very difficult (11%) to access information specific to their LGBTIQ+ health needs. On a positive note, 76% of respondents who completed the Community Survey accessed health services in the ACT indicated that they have a regular GP.

Ten percent of survey respondents did not access health services in the ACT for a variety of reasons, including:

- Preferred interstate peer-based services in Sydney and Melbourne;
- Preferred Gender Clinics interstate;
- Availability of the services required was not met; and
- Affordability of the services required was easier interstate.

Community survey participants indicated that their mean travel time to access services was 24.3 minutes and the mode of transportation varied based on location. While Inner North participants were more likely to walk or cycle to appointments, overwhelmingly own car/motorcycle and public transport were the preferred options to access health services.

²⁴ AIDs Action Council, A Gender Agenda, Northside Community Services and Sexual Health and Family Planning ACT. 'CBR LGBTIQ Community Consortium Consultation Findings'. 2016. ACT Government, Community Services Directorate, pg 7.

A. Access to General Practitioners (GPs)

The ACT is experiencing a shortage of GPs, which leads to greater barriers to accessing primary care largely due to availability and cost when compared to all other Australian jurisdictions.²⁵ The relative shortage of GPs in the ACT leads to lower bulk billing rates and to fewer services delivered per head of population. It is worth noting though that the ACT does have a very high proportion of GP specialists. While the GP workforce is a Commonwealth responsibility, the ACT has improved bulk billing rates in the ACT through several initiatives.

Stakeholder engagement consistently highlighted that in the ACT there are a number of highly dedicated GPs, primarily through interest, personal experience or necessity, that have taken the initiative to learn more about the needs of the LGBTIQ+ community, in particular, the TGD community. Some of these medical and allied health professionals formed the Transgender Care Network in order to connect with each other across their disciplines and share their experiences in treating TGD patients. However, this group of dedicated medical practitioners face two key issues: there are simply not enough of them to meet current demand and there are some specialist services that are not readily available in the ACT.

From stakeholder engagement with a number of these practitioners, as well as their patients, it is clear that 'more of the same' is required. It was indicated consistently during this Study that a high level of pressure was felt by a small number of ACT private-practice GPs, in particular those who provided services to transgender patients. The reasoning for this was that the time needed to invest in the care for a transgender patient was significant, particularly in order to oversee HRT and to provide appropriate mental health and gender-transition related referrals (as required).

The concerns raised by stakeholders in face-to-face interviews were mirrored by the LGBTIQ+ population who completed the survey, noting that the two most common barriers to accessing health services are appropriateness of service (52%) and availability of service (49%).

Applicable Recommendation/s:

- **1: Education and Training:** Work with the Commonwealth and Capital Health Network to identify best-practice training and regular peer-led LGBTIQ+ awareness and clinical training for primary care providers (including GPs), allied health, specialist services; Winnunga Nimmityjah Aboriginal Health and Community Services; and mental health care service providers to improve understanding of LGBTIQ+ specific health needs.
- **10: Gender-focused health service:** Establish a peer-led community-based gender-focused health and wellbeing service that is co-designed with LGBTIQ+ stakeholders and NGOs.
- **18: Support for local Primary Care Providers (including GPs):** Explore opportunities with the Commonwealth Government and Capital Health Network that can assist Primary Care Providers in the ACT to provide services to their LGBTIQ+ clients that are timely, evidence based, and tailored to individual needs.

²⁵ Australian Government, 'Report on Government Services 2020' (Part E: Health) Productivity Commission, accessed 20 August 2020: <https://www.pc.gov.au/research/ongoing/report-on-government-services/2020>

B. Access to Specialists

Access for Minors

Currently in the ACT, there is only one paediatric endocrinologist with the knowledge and skill to treat transgender patients and no paediatric psychiatrists available in the public system to treat under-18 transgender patients. This issue was consistently identified in the focus group, in the survey, by the reference group and within stakeholder engagement with NGOs and clinicians as a barrier to care for young transgender people.

At the time of preparing this report, CHS' Paediatric Endocrinology Centre (the 'Centre') advises that there are currently approximately 60 young transgender people who are current patients and another 20 on their wait-list to be seen. Experiences provided both in the survey and in the focus-group identified a significant barrier to care was the wait time associated with accessing paediatric endocrinology and the financial burden of travelling interstate to access paediatric psychiatry services.

The number of patients waiting, and the wait times associated with paediatric services, places an incredible strain on the Centre from a resourcing perspective. It is noted that while the availability of paediatric specialists is improving, Australia is still currently facing a shortage of paediatric specialists,²⁶ and this is particularly true for young transgender people seeking appropriate specialists.²⁷ While the ideal response would be to simply employ an additional paediatric endocrinologist and psychiatrist, those specialists would need to be suitably trained and have a sympathetic attitude towards treating transgender patients. In addition to increased service provision, an additional consideration for specialised service provision would be the creation of a gender-focused health service. Gender services are available in other jurisdictions, for example: Monash Gender Clinic (affiliated with Victoria's Royal Children's Hospital). The proposed establishment of a gender-focused health service will be further elaborated upon later in this Report.

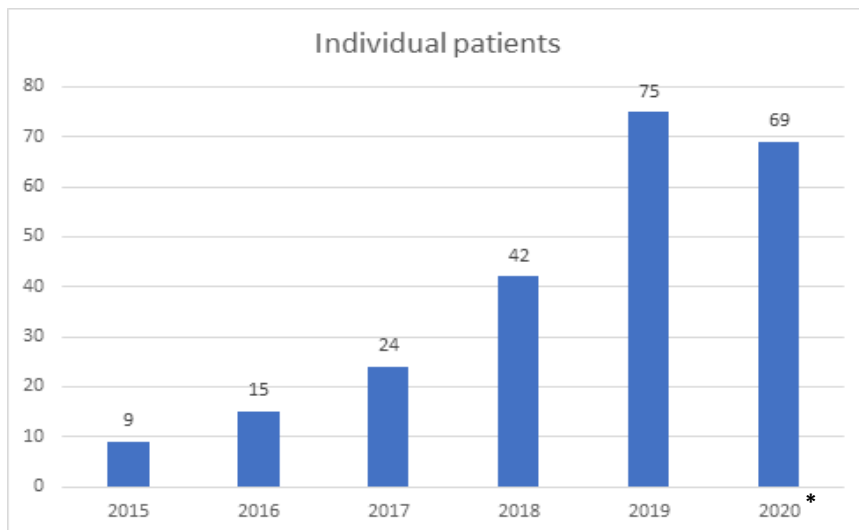
Access for Adults

In April 2015, the Pharmaceutical Benefits Scheme (PBS) was amended in order that [the prescription of testosterone required specialist review](#). Following this announcement, the Canberra Sexual Health Centre (CSHC) advises that the CSHC undertook the provision of specialist review for adult transgender patients, unless more complex endocrinological needs presented which required that the review to be conducted by an endocrinologist. As a direct result, since 2015 the number of adult transgender patients presenting at CSHC for care has grown, in accordance with the below chart.

26 Health Workforce Australia, 'Health Workforce 2025'. 2012. Volume 3 – Medical Specialties, pg 1, 11.

27 Australian Professional Association for Trans Health (AusPATH), 'Service Providers: ACT'. Accessed on 20 August 2020 <https://auspath.org/providers/>

Unique patients presenting for TGD care at CSHC on year to date.



*Note: 2020 encompasses results to end of August 2020 only.

CSHC plays a critical role in the health and wellbeing of the transgender community, but their funding for sexual health specialist care has not reflected the increase in service provision. The potential introduction of a gender service would not mitigate the need or services provided by CSHC. Additionally, based on growing need, the ability to cross-refer based on service required is necessary to be able to respond to individual needs. In particular, a gender service would provide wraparound, holistic service provision that could focus on paediatric and young person needs, while the CSHC continues to work with adult transgender and gender-diverse patients.

Further, as the CSHC is located in the south of the ACT, the potential for a gender service that sits in the north of Canberra would allow a greater level of geographical spread and accessibility for patients. This reasoning is supported by the community survey, which highlighted that the three most dense areas for the LGBTIQ+ population are: Inner North (including Civic) (37% of respondents), Belconnen (16%) and Gungahlin (12%).

Access to Gender-Affirming Care

An initiative from A Gender Agenda, [‘The Friday Centre’](#) provides a valuable resource to TGD identifying people who access the peer-navigation service to assist with any questions they may have about their physical or legal gender transition. LGBTIQ+ NGOs and social media provide very important community information to transgender patients relating to the access and information, particularly relating to the availability of HRT medications. However, more can be done in a clinical setting to provide resources to clinicians and patients around the importance of gender-affirming care and the [informed consent model](#).

Many Canberrans seeking gender affirming surgeries or procedures travel interstate, predominately to Sydney or Melbourne, in order to access specialists who will provide the services required. Some Canberrans also travel internationally to seek access affordable gender-affirming health services. The travel, financial and emotional aspects alone associated with accessing these health services are significant. It is not unusual for patients to seek assistance through crowdfunding in order to access specialist health services interstate or overseas, as the costs associated with accessing some services

can be prohibitive. For example, in order to access ‘top’ surgery the out-of-pocket cost for the surgery alone is can be around \$4,000 - \$18,000²⁸ depending on the surgeries or procedures required and may be even higher. The costs associated with some procedures may be partially covered under Medicare (which is regulated through the Commonwealth Government Medicare Benefits Scheme (MBS)), while others can be supplemented by obtaining private health insurance coverage. However, the financial implications for ACT residents of travel, hotel, carer costs and post-surgery check-ups all accumulate quickly and are often not included in cost projections associated with the surgeries / procedures outlined above.

Applicable Recommendation/s:

- **4: Gender-affirming public health care:** Provide training and information on best practice gender-affirming care to publicly funded health service providers.
- **5: Gender-affirming hospital experience:** Provide an option for preferred name, gender and pronouns during hospital care, that are visible to patients and hospital staff. Including, for example, on in-patient wristbands, forms and in-room whiteboards.
- **10: Gender-focused health service:** Establish a peer-led community-based gender-focused health and wellbeing service that is co-designed with LGBTIQ+ stakeholders and NGOs.
- **19: Gender Affirmation Surgeries and Procedures:** Identify and advocate for the removal of barriers to gender affirmation surgeries and procedures in the ACT due to Commonwealth funding and regulatory arrangements.

C. Access to Information

There appears to be a consistent trend within the LGBTIQ+ community to seek out medical care that has established itself to be socially or culturally ‘safe’ – namely, practitioners who are recommended by word of mouth from other LGBTIQ+ people.²⁹ In particular, research indicates that lesbians as a group are more likely to seek out services that are suggested by other lesbians or LGBTIQ+ community members who they can feel safe to visit without the fear of prejudice or discrimination. This is evidenced by groups such as the [Australian Lesbian Medical Association](#) (ALMA) and the list of doctors and mental health professionals published on their website that are recommended by lesbians and bisexual women throughout Australia.

Meridian’s (formerly known as the AIDs Action Council in the ACT) [Blueprint Report](#) highlights the important role that mainstream services play in meeting the diverse needs of LGBTIQ+ people in the ACT, noting however that health services need to be enabled, both through the provision of information and support to deliver inclusive and appropriate service for the LGBTIQ+ community.³⁰ In

28 TransHub, ‘Top Surgery’ 2020. ACON. Accessed 1 August 2020: <https://www.transhub.org.au/top-surgery>

29 AIDs Action Council, A Gender Agenda, Northside Community Services and Sexual Health and Family Planning ACT. ‘*CBR LGBTIQ Community Consortium Consultation Findings*’. 2016. ACT Government, Community Services Directorate, pg 5; Hutchison, A. ‘*This is what real experience is like*.’ Australia: Women’s Centre for Health Matters with support from Meridian Incorporated (formerly known as the AIDs Action Council). 2019, pg 26-27.

30 AIDs Action Council, A Gender Agenda and Collective Action, ‘*Blueprint for a co-ordinated response to the health needs of LGBTIQ people, their families and communities in the ACT*’, 2019, retrieved February 2020: <https://www.meridianact.org.au/blueprint-on-health-needs-of-lgbtq-canberrans>, Pg 9

order to achieve the appropriate level of information and service provision, Meridian advises that it is necessary to (among other recommendations):

- Facilitate strategic partnerships to more effectively respond to the complex, diverse and intersectional needs of LGBTIQ+ people; and
- Ensure policy and programmatic decisions are informed by accurate data around LGBTIQ+ people's experiences and needs.³¹

The Community Survey indicated that 61% of TGD identifying people responding to the survey indicated that it was either "Difficult or Very Difficult" to find information appropriate to their health care needs. This resulted in many TGD people seeking out information from social media and blogs at a significantly higher rate than other members of the LGBTIQ+ community who predominately sought information face to face with doctors (68%), through search engines (61%), and through LGBTIQ+ specific support groups (44%).

Applicable Recommendation/s:

- **8: Accessibility of LGBTIQ+ Information for CALD communities:** Create LGBTIQ+ health resources for the CALD community, in collaboration with representatives of the community.
- **12: ACT public health services communications and websites:** Reflect LGBTIQ+ people in government advertisements and communications and ensure that websites, communication materials and resources are contemporary, consistent and meet the needs of the LGBTIQ+ community.
- **9: Demonstrating Inclusiveness through Visibility:** Promote a visibly welcoming and inclusive environment for patients of publicly funded health services.
- **23: LGBTIQ+ Health engagement:** Continue to consult and engage with the LGBTIQ+ sector, members of the community and service providers on health matters.

D. Mental Health

A 2019 study by LaTrobe University, '*Understanding LGBTI+ lives in Crisis*' reported that over 71% of participants chose not to use crisis support services during their most recent personal or mental health crises.³² Key barriers were also identified to accessing mental health support services including anticipation of discrimination, 'I don't want to be a burden' narratives, lack of awareness of mainstream crisis support services and LGBTI+ specialist counselling and mental health support services, and physical access, technological, and financial barriers to access crisis support services.³³

Two reports published in 2020 by The National LGBTI Health Alliance Report, '[Snapshot of Mental Health and Suicide Prevention Statistics for LGBTI People](#)' and LaTrobe University's '[Private Lives 3](#)', provided a similarly distressing narrative for the mental health and wellbeing determinants for

31 AIDs Action Council, A Gender Agenda and Collective Action, '*Blueprint for a co-ordinated response to the health needs of LGBTIQ people, their families and communities in the ACT*', 2019, retrieved February 2020: <https://www.meridianact.org.au/blueprint-on-health-needs-of-lgbtqi-canberrans>, Pg 6-7.

32 Waling, A., Lim, G., Dhalla, S., Lyons, A., & Bourne, A. *Understanding LGBTI+ Lives in Crisis* Bundoora, VIC & Canberra, ACT: Australian Research Centre in Sex, Health and Society, La Trobe University & Lifeline Australia. 2019, pg 7.

33 Ibid, pg 7-8.

LGBTIQ+ people in Australia. For example, The National LGBTI Health Alliance report indicated that suicide ideation and self-harm had not improved for LGBTIQ+ people in Australia between the 2016 and the 2020 report.

For young people in particular, a significant portion experience high or very high levels of psychological distress, far greater than their non-LGBTIQ+ peers. This includes a significantly higher portion of young LGBTQA+ people attempting suicide in the past 12 months (3.8% of general population versus 11%).³⁴

LGBTIQ+ advocates, community members and NGO representatives also raised concerns about the treatment of LGBTIQ+ people, particularly minors, by mental health public health service providers in the ACT. While work is currently being undertaken by the ACT Health Directorate to establish gender-affirming standards of care for ACT mental health practitioners, more can be done to ensure public mental health services meet the needs of the community.

Additionally, health services need to consider the current avenues and pathways by which complaints or feedback on barriers to access mental health services are considered and concerns responded to, in order to facilitate transparency and continuous improvement of mental health service provision.

ACT Community Survey participants highlighted that more than half (57%) have utilised a mental healthcare plan, and that mental health concerns continue to be a very real issue for the Australian LGBTIQ+ community and their families:

- *'Mental health support navigating coming out - it's not easy to find this.'* (Anonymous)
- *'Mental health services for those supporting a trans partner through transition.'* (Anonymous)
'It is particularly difficult to access LGBTIQ+ specialists in either mental health or general health. It is unclear who is specialised in those services in order to access judgement free healthcare.' (Anonymous)

Applicable Recommendation/s:

- **4: Gender-affirming public health care:** Provide training and information on best practice gender-affirming care to publicly funded health service providers.
- **9: Demonstrating Inclusiveness through Visibility:** Promote a visibly welcoming and inclusive environment for patients of publicly funded health services.
- **14: Mental Health Support:** Compile best practice research and methodology on peer-led counselling and mental health service provisions for intersex, transgender and gender-diverse identifying people, with a particular focus on minors and their families. This work will be used to inform recommendation 10 and also the current work being undertaken to create Guidelines for gender-affirming care for mental health care practitioners by the Office of Mental Health and Wellbeing.

³⁴ Hill AO, Lyons A, Jones J, McGowan I, Carman M, Parsons M, Power J, Bourne A, *Writing Themselves In 4: The health and wellbeing of LGBTQA+ young people in Australia*. National report, monograph series number 124. Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University. 2021, page 11.

E. Reproductive Health, Maternity Care and Screening Services

Sexual, Cervical and Breast Screening Services

In 2019 Women's Health Matters (WHM), formerly known as the Women's Centre for Health Matters, commissioned a report *"This is what real experience is like"* ([WHM Report](#)) provided insight into the health needs of same-sex attracted lesbian, gay and bisexual identifying women in the ACT.

In particular the WHM Report highlighted that for people who access health services aimed at women:

- *27% of women surveyed did not regularly participate in cervical screening because they either did not believe that they needed to, they were concerned about the screening procedure or were fearful of discrimination.*³⁵
- *Health information is harder to find for LGBQ women and does not provide adequate information for LGBQ women about ways to manage their health risks or to understand the health screening that they need.*³⁶

Similarly, Community Survey outcomes reflected the findings in the WHM Report and also highlighted the experience of LGBTIQ+ people in the ACT accessing sexual health and screening services:

- *'Healthcare for lesbians such as promotion of [breast screening] services, cervical cancer screening services there is no specific promotions targeting the lesbian community.'* (Anonymous)
- *'We have been told our sexual health is fine as 'we don't have real sex, cervical cancer isn't a concern you should have, you don't need screening'.'* (Anonymous)

Additionally, stakeholder engagement with people who identified with variations of sex characteristics, non-binary, gender-diverse and transgender people as part of the study provided insights into the difficulties faced when seeking health services that are often marketed as binary male/female only, such as pap smears, prostate exams, hysterectomies, and gynaecological exams.

- *'I've had problems getting a hysterectomy which is both gender affirming and alleviates endometriosis pain in the ACT. I've also had a GP and multiple specialists in the ACT tell me that they can't see me (because I'm trans and they "don't do that") and that I have to go elsewhere.'* (Anonymous)

These experiences, and at times rejection from necessary health services, can be very damaging and traumatic for individuals, who regardless of whether they have been through gender affirming procedures or surgeries may still require health screening relating to their sex at birth.³⁷

Maternity and Reproductive (including IVF and ART) Services

Currently, in the ACT there is extremely limited access to non-IVF/ART routes to parentage for LGBTIQ+ people or couples without a uterus. It is currently illegal to engage in commercial surrogacy³⁸ and

35 Hutchison, A. *'This is what real experience is like.'* Australia: Women's Centre for Health Matters with support from Meridian Incorporated (formerly known as the AIDs Action Council). 2019, 72.

36 Ibid, pg 78.

37 Dr Cornelisse, as quoted in Lyons, A. 'Transgender Health: Journey to Care'. *Good Practice*. 2017. Issue 4, pg 15.

38 See 'commercial substitute parent agreement' *Parentage Act 2004* (ACT), Part 4, Section 40.

there are legal restrictions on altruistic surrogacy arrangements. For example, it is an offence to advertise for a surrogate. The current framework for surrogacy in the ACT may result in individuals or couples travelling overseas in order to enter into altruistic or commercial surrogacy arrangements that can pose [significant financial, legal and emotional costs](#). There may also be difficulties in recognising the transfer of parentage for overseas surrogacy arrangements in the ACT.

The ACT Government is currently reviewing the availability of support services for individuals and couples choosing to access ART to ensure that appropriate information and care are readily available pre, during and post treatment; investigating and review comparable ART regulatory arrangements in other states and territories; and considering establishing a regulatory framework for ART in the ACT, including consideration of the position of sexuality and gender diverse couples.

While some Community Survey respondents highlighted positive experiences with most notably both publicly and private maternity services in the ACT, barriers to health services around accessing IVF and ART services remains:

- *‘Expensive, often discriminatory IVF clinics and no information in the community about how to even start accessing these services or thinking about ART as a queer woman.’ (Anonymous)*
- *[A barrier is accessing]: ‘IVF information and service[s] that help in that process. Easily known and accessible. Financial information is hard to find without seeing a specialist.’ (Anonymous)*

The 2019 [Inquiry into Maternity Services in the ACT](#) (the Inquiry) highlighted the need for reforms across the maternity system to ensure public maternity services provide the right care at the right time, which meets the needs and requests of the community, including the LGBTIQ+ community. The ACT Government Response to the Inquiry recognises the emphasis on greater health and mental health support and provision of information and education, to provide an integrated and collaborative approach to maternity care across different healthcare and service providers. In particular, the Government acknowledges that more mental health supports are needed for parents and partners, as well as increased supports for those experiencing perinatal loss. Initial scoping work to implement the recommendations of the Inquiry is underway within ACTHD.

The WHM also identified barriers to accessing IVF/ART health services in the ACT, which in some cases are also a national issue as a result of Commonwealth regulated Medicare legislation, including:

- a limited ability to access [Medicare rebates](#) when accessing IVF / ART unless an individual is considered to be ‘medically infertile’ by a clinician; and
- barriers to accessing donor products, for example: sperm, including issues with ‘cooling off’ periods.

Accordingly, while the MBS/ Medicare arrangements are not an ACT Government responsibility, the ACT Government could engage with the Commonwealth to seek amendments to the MBS / Medicare rebates, to provide more inclusive coverage of ART/IVF.

Applicable Recommendation/s:

- **7: LGBTQ+ health resources:** Create educational health resources specifically for same sex attracted women and people with a cervix, particularly information on screening services and reproductive health.
- **12: ACT public health services communications and websites:** Reflect LGBTQ+ people in government advertisements and communications and ensure that websites, communication materials and resources are contemporary, consistent and meet the needs of the LGBTQ+ community.

F. Domestic and other Violence

Domestic violence can involve 'emotional, financial, psychological, physical, sexual, social isolation, and the use of power and control by one partner over another.'³⁹ LGBTQ+ people can face unique experiences within a domestic violence context, including (but not limited to):

- threatening to use the partner's intersex status, sexuality, gender, gender expression, transgender or HIV status against them;
- threatening to 'out' the partner to their family, friends, community or workplace;
- controlling the partner's medications or access to gender transition related healthcare; or
- pressuring the partner to conform to sex or gender norms.⁴⁰

The WHM Report also highlighted the difficulty experienced by LGBTQ people, namely that they:

- often faced the same or higher rates of violence compared with the general female populace;
- 48% had experienced domestic violence and 32% had experienced domestic violence from a female partner;
- can face additional barriers as a result of not recognizing abusive relationship dynamics, concern related to stigma around disclosure or fear of being believed; and
- encounter heteronormative service provisions and discrimination from service providers.⁴¹

Additionally, it has been consistently reported that transgender women experience significantly higher rates of domestic and general violence both within their personal and family relationships and within broader society. This was further highlighted by the WHM Report that advised:

- Violence is perpetrated against transgender women throughout their lives and has a substantial impact on their quality of life, health outcomes, and access to services.
- Transgender women are often victims of violence whose perpetrators target 'gender nonconformity, gender expression or identity, and perceived sexual orientation.'

39 Leonard, W et al, '*Coming forward: The underreporting of heterosexist violence and same-sex partner abuse in Victoria*', Australia Research Centre in Sex, Health and Society, La Trobe University, Victoria Law Foundation, Gay and Lesbian Health Victoria, Melbourne, 2008; and

Greenhalgh, M and Roberts, A, 'Transforming domestic violence support in the ACT: Improving accessibility for lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) clients', Women's Centre for Health Matter, Canberra, 2015.

40 Department of Social Services, '*Domestic and Family Violence within LGBTQ Communities factsheet*' Australian Government, Published 15 February 2019, accessed 22 September 2020: <https://www.dss.gov.au/women-publications-articles-reducing-violence/domestic-and-family-violence-within-lgbtq-communities-factsheet>

41 Hutchison, A. '*This is what real experience is like.*' Australia: Women's Centre for Health Matters with support from Meridian Incorporated (formerly known as the AIDs Action Council). 2019, pgs. 23-25.

- Often violence is perpetrated by family members who use coercive, verbal, and physical abuse to control, deny autonomy, and reject the women’s true gender.
- Transgender students experienced sexual assault as much as cisgender women students.⁴²

A greater awareness and understanding of the issues faced by LGBTIQ+ people in domestic violence situations within the ACT would be highly beneficial, and as a starting point this can be achieved with a greater level of resources and supports. For example, resources developed by the [New South Wales](#) and [Commonwealth](#) governments demonstrate the kinds of government information provision and avenues of support for LGBTIQ+ people who are experiencing domestic violence that could be leveraged by the ACT Government. In addition to this, front-line health service providers should be engaged as part of the recommendations of this report relating to education and training in order to identify, be sensitive to and support LGBTIQ+ identifying people who present at their health and related services.

Applicable Recommendation/s:

- **12: ACT public health services communications and websites:** Reflect LGBTIQ+ people in government advertisements and communications and ensure that websites, communication materials and resources are contemporary, consistent and meet the needs of the LGBTIQ+ community.
- **16: Recognition and support for LGBTIQ+ people experiencing family and domestic violence:** Expand the accessibility of clinical and support services for LGBTIQ+ people by ensuring family and domestic violence services are LGBTIQ+ inclusive, in particular promoting an understanding of the needs of lesbian, gay and bisexual identifying people and providing a welcoming environment for all genders.

G. Access to gender-affirming care for TGD people

Recent reports published in the Medical Journal of Australia indicate that 0.1-2.0% of the Australian population identifies as TGD, however medical education and understanding around TGD health is lacking.⁴³

Dr Ruth McNair, a GP and academic from Melbourne, who was instrumental in the creation of online resources and training for GPs in caring for transgender people has been outspoken about the importance of the role of GPs in treating TGD patients, as well as encouraging GPs to understand how their existing skills can be utilised in the treatment of TGD patients. In particular, Dr McNair comments that ‘while many GPs may simply be unfamiliar with transgender issues and thus feel uncertain about how to advise patients or where to refer them, most already have skills that are relevant to patients in transition.’⁴⁴

42 Hutchison, A. ‘This is what real experience is like.’ Australia: Women’s Centre for Health Matters with support from Meridian Incorporated (formerly known as the AIDs Action Council). 2019, pgs. 23-25.

43 Cheung, A., Wynne, K., Erasmus, J., Murray, S and Zajac, J. ‘Position statement on the hormonal management of adult transgender and gender diverse individuals’. *Medical Journal of Australia*. 2019; 211 (3): pg 127-133.

44 Lyons, A. ‘Transgender Health: Journey to Care’. *Good Practice*. 2017. Issue 4, pg 15.

The Community Survey in this Study recorded that approximately 76% of people had a GP that they saw regularly. Dr McNair also highlights that '[GPs offer] accessibility and understanding of the family, and we're already doing hormone therapies with patients such as pre-menopausal women. We're quite conversant with that, so it's a small step to understanding transgender hormone therapies.'⁴⁵

Public health service providers should be encouraged and provided with the right education and training in order to understand their applicable skills and ultimately become more confident in treating TGD and LGBTIQ+ patients more generally. There may even be an opportunity for Commonwealth Government incentivisation, particularly of GPs, to gain specialist GP accreditation through the [Australian Professional Association for Trans Health](#) (AusPATH), Australia's peak body for professionals involved in the health, rights and well-being of trans, gender diverse and non-binary people.

Applicable Recommendation/s:

- **1: Education and Training:** Work with the Commonwealth and Capital Health Network to identify best-practice training and regular peer-led LGBTIQ+ awareness and clinical training for primary care providers (including GPs), allied health, specialist services; Winnunga Nimmityjah Aboriginal Health and Community Services; and mental health care service providers to improve understanding of LGBTIQ+ specific health needs.
- **4: Gender-affirming public health care:** Provide training and information on best practice gender-affirming care to publicly funded health service providers.
- **5: Gender-affirming hospital experience:** Provide an option for preferred name, gender and pronouns during hospital care, that are visible to patients and hospital staff. Including, for example, on in-patient wristbands, forms and in-room whiteboards.
- **18: Support for local Primary Care Providers (including GPs):** Explore opportunities with the Commonwealth Government and Capital Health Network that can assist Primary Care Providers in the ACT to provide services to their LGBTIQ+ clients that are timely, evidence based, and tailored to individual needs.

8.3 Understanding Intersectional Needs

LGBTIQ+ identifying people often also identify with other groups or communities in society that should be considered when discussing their health needs.

A. Aboriginal and/or Torres Strait Islander People

Within the Community Survey, approximately 4% of survey respondents self-identified as either Aboriginal and/or Torres Strait Islander. Experiences from this cohort indicated that often their intersectional health needs, being both LGBTIQ+ inclusive and culturally appropriate, were not always easily met.

These insights were reflected in stakeholder consultation that highlighted that more could be done to provide resources that were LGBTIQ+ focused, but specifically targeted towards the Aboriginal and/or Torres Strait Islander community. In particular, the community highlighted that easily accessible

⁴⁵ Ibid.

information around sexual and mental health for young LGBTIQ+ Aboriginal and/or Torres Strait Islander people in the ACT was considered to be urgent and a gap in service provision.

Additionally, survey insights from Aboriginal and/or Torres Strait Islander people around whether their specific needs were currently being met, indicated a desire for health services that take into account both culturally sensitive needs and LGBTIQ+ health considerations. This would allow a greater level of holistic care for individuals who identify as LGBTIQ+ and Aboriginal and/or Torres Strait Islander. For example, the community survey responses highlighted that *'culturally appropriate services for Aboriginal people are required in the LGBTIQ+ space'*.

As a result, there is an opportunity for ACTHD to facilitate and promote a partnership between Aboriginal and/or Torres Strait Islander Community Controlled Organisations, Aboriginal and Torres Strait Islander LGBTIQ+ educators / advocates and ACT LGBTIQ+ NGOs.

There is a limited amount of information available from the study into additional needs of the Aboriginal and/or Torres Strait Islander community, and further work should be completed in order to support the needs and priorities of LGBTIQ+ people in the Aboriginal and/or Torres Strait Islander community.

Applicable Recommendation/s:

- **1: Education and Training:** Work with the Commonwealth and Capital Health Network to identify best-practice training and regular peer-led LGBTIQ+ awareness and clinical training for primary care providers (including GPs), allied health, specialist services; Winnunga Nimmityjah Aboriginal Health and Community Services; and mental health care service providers to improve understanding of LGBTIQ+ specific health needs.
- **6: Aboriginal and/or Torres Strait Islander LGBTIQ+ resources:** Create LGBTIQ+ health resources for the Aboriginal and Torres Strait Islander community, in collaboration with community and relevant LGBTIQ+ and Aboriginal and Torres Strait Islander community health groups.
- **9: Demonstrating Inclusiveness through Visibility:** Promote a visibly welcoming and inclusive environment for patients of publicly funded health services.

B. Sexuality as a Spectrum

Sexual health service providers in the ACT have commented that there is a rise in men seeking STI / HIV /BBV related testing and treatment who do not necessarily identify or embrace the label LGBTIQ+. This group of men were identified as 'men who have sex with men'. As a result, it can be very difficult for this group to access the relevant supports and information they need if they are less open to attending an LGBTIQ+ specific organisation.

More recently, medical advancements have allowed for HIV at-home testing kits and BBV testing kits to be available. These kits allow for a small blood sample to be taken and for the kit to be provided to a nearby pathology lab or sent back to the organisation, or the Canberra Sexual Health Centre. The ability to call one of these centres, undergo a telehealth screening process and order a test kit to be sent to their homes may assist in breaking down transport, cost and identification barriers. It may also contribute to reducing wait times for services during peak periods.

One barrier to advertising these tests are available is the restrictions placed by section 30 'Prohibited Representations' under the *Therapeutic Goods Advertising Code (No.2) 2018* (Cth). That limits the ability for sexual health service providers to advertise that they have at home testing kits available for use.

Applicable Recommendation/s:

- **15: Telehealth-enabled BBV / HIV Testing:** Review the availability of STI/BBV testing and potential alternative methods of testing, treatment and awareness, including the potential for telehealth and dried blood spot testing with the aim to reduce transport, cost and stigma barriers associated with attending in-person testing.

C. Disability

Survey insights from persons with disability indicated that 68% of the total number of the total 479 respondents in the Community Survey identified as having disability.

The Community Survey highlighted the need for community members to feel that health services understood them as a whole person, taking into account both their gender/sexual identity as well as their disability status. In some cases, disability, coupled with LGBTIQ+ identification posed additional barriers to accessing health services:

- *'I have had more difficulty finding support as a mother with a disability than as a lesbian accessing health services.'* (Anonymous)
- *'[More understanding of the] intersection of sexuality and disability and services catering to them.'* (Anonymous)

As a result, it is important to understand what additional supports may be needed by people who identify both as LGBTIQ+ and with disability. For example, in the first instance ensuring that materials, including the recommendations of this Report are written in Easy English and the education and training of health services includes reference to the specific needs of people with a disability when discussing LGBTIQ+ health intersections.

However, there is clearly more to be done to understand the needs and priorities of the LGBTIQ+ disability community in order to deliver health services that take into account the holistic needs of individuals. As a result, there is an opportunity for ACTHD to consult with the Office of Disability (Community Services Directorate), NGOs and stakeholders to outline a direction for ACT Government policy and clinical response.

Applicable Recommendation/s:

- **17: Disability & LGBTIQ+:** Develop a coordinated response to better identify the needs and supports for LGBTIQ+ people living with disability, including through the development of the ACT Government Disability Health Strategy and other relevant ACT Government strategies.

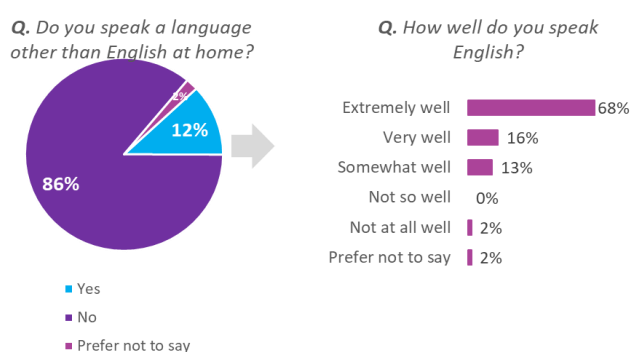
D. Culturally and Linguistically Diverse People (CALD)

People who identify as from culturally or linguistically diverse backgrounds in Australia can face barriers to accessing health services that include:

- Cultural barriers and stigmatization;
- Language barriers when accessing information; and
- Isolation / lack family support.⁴⁶

These issues may be exacerbated by identifying as LGBTIQ+ and facing additional stigma or discrimination. Survey insights from culturally and/or linguistically diverse people indicated that when commenting on needs that were not being met in the ACT:

- *'Finding culturally informed care in the ACT has been a long and arduous journey. For me, being LGBT is informed through my connection to my culture and it has been difficult for health practitioners to provide care in a sensitive manner.'* (Anonymous)
- *'Culturally appropriate healthcare including GPs and accessible counselling.'* (Anonymous)



It is important to develop materials that recognises the diversity of the ACT community, but is culturally appropriate, accessible and available for people of all backgrounds. Effective dissemination of this information to CALD communities through diverse channels is also important.

Applicable Recommendation/s:

- **8: Accessibility of LGBTIQ+ Information for CALD communities:** Create LGBTIQ+ health resources for the CALD community, in collaboration with representatives of the community.

⁴⁶ Department of Health, *'Culturally and linguistically diverse people'*, accessed on 15 November 2020, <https://headtohealth.gov.au/supporting-someone-else/supporting/culturally-and-linguistically-diverse-people>

8.4 Creating Community Partnerships

A. Supporting Education

Primary and High School Education

The ACT Government has consistently demonstrated its commitment to the Safe and Inclusive Schools program, including the provision of \$440,000 (inc. GST) to deliver the Safe and Inclusive Schools program over four years in partnership with Sexual Health and Family Planning ACT (SHFPACT). There is, however, an opportunity for a greater level of collaboration between Directorates to share resources and information to develop a greater level of consistency when delivered LGBTIQ+ service provision.

In particular, school youth health nurses and psychologists should continue to be supported with up-to-date health resources and information in order that teachers, wellbeing teams, students and their families have ready access and understanding of the kinds of health initiatives and support that is available to them.

The Writing Themselves In 4, ACT Summary Report released in 2021 indicates that more than half (57.2%) of respondents to the study that attended secondary school felt unsafe or uncomfortable due to their sexuality or gender identity in the past 12 months. 22.9% reported that they could safely use bathrooms, and only 14.3% a changeroom that matched their gender identity. These issues often resulted in students missing school, as was the case for 43.1% of respondents.⁴⁷

Tertiary Education

Engagement with the Australian National University (ANU) Medical School shows that the University has taken steps to recognise the importance of educating young medical practitioners about the specific issues faced by the LGBTIQ+ community. For example, guest lectures, including from CSHC and specialist representatives, are provided to students throughout their studies. However, more can be done to engage and foster dialogue with all applicable universities that exist in the ACT, ACTHD and CHS.

One key step that has been taken by CSHC at CHS has been to provide opportunities within a clinical setting for young medical and allied health students to engage with and become more aware of the issues that are faced by LGBTIQ+ people, including the TGD community. This approach is also reflected interstate between gender-focused health services (including gender clinics) and universities such as between Equinox and Melbourne University.

If a gender-focused health service was to be established in the ACT, this would provide a second, complementary opportunity for students to undertake rotations through a gender-focused health service that reinforces real, first-hand experience that can be called-upon throughout their career.

⁴⁷ Hill AO, Lyons A, Jones J, McGowan I, Carman M, Parsons M, Power J, Bourne A, *Writing Themselves In 4: The health and wellbeing of LGBTQA+ young people in Australia*. National report, monograph series number 124. Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University. 2021, page 9.

Applicable Recommendation/s:

- **2: Student Outreach:** Work with the Canberra based vocational and university sectors to ensure the training for medical, nursing and allied health professionals includes training on best practice gender-affirming health care.
- **3: Safe Schools Initiative:** Build upon or support the ongoing implementation of the ACT Government Safe and Inclusive Schools initiative and provide information on health supports available to parents and students.

B. TGD Health Service

There are a number of current operating models for gender-specific health service provision. In other states and territories, there is a mix of available gender-focused health service offerings, both through private practice GPs, government funded gender clinics and peer/community-led gender clinics. While the ACT currently has a limited number of peer-led gender-focused services available⁴⁸, the ACT is the only jurisdiction not to have a fully funded and comprehensive gender-focused health service available either in private practice or through a publicly funded gender-clinic. [Western Australia](#), [Victoria](#)⁴⁹, [New South Wales](#), [Queensland](#), [Tasmania](#), [South Australia](#) and the [Northern Territory](#), though the nature of these services vary significantly. While the ACT also has a number of highly-qualified GPs and health practitioners that work hard to respond to the needs of the LGBTIQ+ and TGD community, including the practitioners who make up the Canberra Transgender Care Network, the lack of wrap-around health care service for LGBTIQ+ and/or TGD people is noticeable when compared with other jurisdictions.

As part of the Study, ACT Health Directorate representatives visited Thorne Harbour Health's peer-led [Equinox Gender Diverse Health Centre](#) (Equinox) in Melbourne, a health service that provides specialised TGD peer-led, community-based health services while also providing other LGBTIQ+ health service offerings, such as HIV/BBV testing. The site visit was conducted in order to gain a better understanding of the range of TGD specific services offered and the number of patients currently seeking service provisions. Equinox representatives reported that because the service was so busy (approximately three months' wait for an appointment), they had restricted the ability for interstate patients to visit. Prior to this, Equinox representatives reported that patients were travelling from interstate, including from the ACT, in order to access gender-affirming health services. Victoria currently has two dedicated gender-focused health services, [Monash Health Gender Clinic](#) and Equinox, both reporting increasing wait times. Gender-focused health services are overwhelmingly considered to be a vital resource by the TGD community. In Equinox's 2019 service evaluation, feedback from patients included:

- *'I wouldn't be alive without Equinox';*
- *'I never though a medical practice could feel like this'; and*
- *'You can hold your head up, smile, and look around instead of shrinking away'.⁵⁰*

⁴⁸ For example, the Friday Centre through A Gender Agenda and Inclusive Pathways through Meridian.

⁴⁹ Additionally, the Equinox gender-focused health service: <https://equinox.org.au/>

⁵⁰ Pallotta-Chiarolli, M., Wiggins, J., and Locke, P. *'We need much more of the same': An Evaluation of Equinox Gender Diverse Health Centre*. 2019. Melbourne: Thorne Harbour Health.

In particular, the medical practitioners and/or allied health and nurses within gender-specific health services can play a critical role in providing referrals to the correct specialists, rapid STI and HIV testing, information, and prescription medication for HRT, all in a safe and welcoming environment. Equinox representatives also advised that they were developing a relationship with medical schools in Victoria to allow later year medical school students to conduct a rotation within the gender-focused health service in order to increase their understanding and knowledge of TGD issues. Some ACT stakeholders within the study consistently highlighted that a gender-focused health service should not be implemented as a standalone one-stop shop for TGD people, rather the role of the gender-focused health service would be to provide a range of necessary health services that would contribute to widening the network across the ACT of TGD friendly medical and allied health professionals.

As part of the Study, ACTHD representatives also toured The Exchange, a partnership between A Gender Agenda and Meridian. The Exchange is a peer-led, community-based client services hub for LGBTIQ+ people, their families and allies providing a safe, welcome and inclusive space. Communities can access therapeutic, clinical and peer service. Meridian provides counselling, and mental health services and groups. The Exchange includes The Friday Centre (provided by A Gender Agenda) to provide peer navigation. In addition, STI and BBV testing services are provided by Canberra Sexual Health Centre. The Exchange is a unique and important space which offers an opportunity to leverage existing infrastructure and partner with trusted LGBTIQ+ NGOs to realise a peer-led, community-based gender-focused health service offering in the ACT.

An ACT gender-focused health service has the potential to take-on a number of forms and include community-centric models of care. For example, it could include either a community-based peer-led gender service (such as Equinox) or government-led publicly funded gender clinic (such as Monash Health Gender Clinic), or a combination. In collaboration with community and NGO stakeholders, the ACT Government would need to investigate the most appropriate model both for Government and to meet community needs and expectations as identified. Co-designing a gender-focused health service is a high priority, although it is anticipated that it the process co-design, fund and roll-out such a service may only be achieved over a number of years.

Applicable Recommendation/s:

- **10: Gender-focused health service:** Establish a peer-led community-based gender-focused health and wellbeing service that is co-designed with LGBTIQ+ stakeholders and NGOs.
- **11: TGD and Intersex Service Provision:** Build upon existing clinical services to improve accessibility and provide a holistic health service provision for transgender and intersex people and in particular children, adolescents, and young people.
- **23: LGBTIQ+ Health engagement:** Continue to consult and engage with the LGBTIQ+ sector, members of the community and service providers on health matters.

8.5 Recognising and Supporting the Role of Parents, Guardians and Carers

Often parents, guardians, and carers of young LGBTIQ+ identifying people do not themselves identify as part of the LGBTIQ+ community. This can result in barriers to understanding where to seek out information and support for both themselves as caregivers, but also for their children. Indeed, research suggests that parents and families of intersex children 'are not always offered sufficient information that respects the human rights of the child, and sometimes do not have access to adequate support and expertise.'⁵¹

Over the course of a child's life this can have a significant effect, as research demonstrates a key determinant to a child's health and wellbeing is the involvement and attention from parents, guardians, or carers. A 2013 study from the United States found that parental support is associated with higher quality of life and is protective against depression in transgender adolescents and that ultimately interventions that promote parental support may significantly positively affect the mental health of transgender youth.⁵²

In order to recognise the very important role that parents, guardians and carers play in the lives of their young LGBTIQ+ identifying people, ACTHD attended a focus group facilitated by A Gender Agenda to hear the perspectives of parents and their young people from the support group: 'Parent Point'. Outcomes from the focus group demonstrated concerns about the ability to access information, as well as timely and holistic health services. A number of parents indicated that barriers when accessing health services for their young people included:

- having to travel interstate to access services as a result of several specialist services having extensive waitlists or unavailability in the ACT;
- a confusing system of health care and services that required significant self-navigation;
- a general lack of understanding of transgender, gender-diverse and intersex health needs; and
- not being provided with enough information or care options when making medical decisions on behalf of their young people.

The Community Survey also provided insight into the barriers to health services / needs that were not being met in the ACT, including:

- *'support for parents and families of transgender young people'* (Anonymous)
- *'LGBT mothers, fathers and parents' groups'* (Anonymous)

The ACT Government recognises that in some instances, community-led groups have provided services to families and allies. Parents and Friends of Lesbians and Gays ([PFLAG](#)) is one such organisation that runs in the ACT. Additionally, online forums, social media and other online platforms have also been able to fill some information and support gaps for families and allies in the past. Many of these supports exist because the community has identified unmet needs, that can be met more appropriately by community. [For example, ACON's new service offering, TransHub, assists TGD people](#)

51 Davis, G., 'Contesting intersex'. 2015. New York University Press, chapter 5; Lundberg, T., Lindstrom, A., Roen, K and Hegarty, P. 'From knowing nothing to knowing what, how and now: parents experience of caring for their children with congenital adrenal hyperplasia', *Journal of Pediatric Psychology*. 2017. vol. 42(5), pp.520-529.

52 Simons, L., Schragar, S., Clark, L., Belzer, M., Olson, J. 'Parental Support and Mental Health Among Transgender Adolescents,' *Journal of Adolescent Health*. 2013. Volume 53, Issue 6, Pages 791-793.

[in New South Wales to navigate their social, legal and physical gender transition.](#) A focus on engaging and partnering with LGBTIQ+ NGOs has been shown to be an excellent means to support better healthcare for LGBTIQ+ people and provide support for their parents, guardians, and carers within the ACT.

Applicable Recommendation/s:

- **3: Safe Schools Initiative:** Build upon or support the ongoing implementation of the ACT Government Safe and Inclusive Schools initiative and provide information on health supports available to parents and students.
- **10: Gender-focused health service:** Establish a peer-led community-based gender-focused health and wellbeing service that is co-designed with LGBTIQ+ stakeholders and NGOs.
- **11: TGD and Intersex Service Provision:** Build upon existing clinical services to improve accessibility and provide a holistic health service provision for transgender and intersex people and in particular children, adolescents, and young people.
- **13: Consumer-facing trans pathway:** Explore options for a consumer-facing online pathway for transgender health care in order to support the people who wish to undertake gender transition to navigate the complexities. Support the development of the pathway in collaboration with LGBTIQ+/TGD-specific NGOs and the Capital Health Network.
- **14: Mental Health Support:** Compile best practice research and methodology on peer-led counselling and mental health service provisions for intersex, transgender and gender-diverse identifying people, with a particular focus on minors and their families. This work will be used to inform recommendation 10 and also the current work being undertaken to create Guidelines for gender-affirming care for mental health care practitioners by the Office of Mental Health and Wellbeing.

8.6 LGBTIQ+ People in Aged and Palliative Care

A. Recognising Diversity

Within the LGBTIQ+ aged and palliative care population there remains a very real concern about the way individuals, and their relationships, will be treated. When the Marriage Equality Plebiscite was occurring in 2017, the National Ageing Research Institute released a statement expressing their concern for the treatment of older LGBTIQ+ people:

‘The ongoing effects of historical treatment has meant that many older LGBTIQ Australians experience depression and anxiety and are fearful of accessing health and aged care services due to the belief they will be further stigmatised and discriminated against –with good reason. Research has consistently shown that many older LGBTIQ people around the world have been denied care or provided with inferior care, and have had their sexuality ignored, dismissed or marginalised by health and aged care providers. Failure to access the services and care they need

*means that older LGBTIQ Australians miss out on vital interventions and suffer adverse health outcomes as a result.*⁵³

As social stigmatisation around identifying as LGBTIQ+ gradually lessens, a greater number of 'out' LGBTIQ+ people are likely to require access to aged and palliative health services in the ACT. As a result, it is very important that aged and palliative care service providers are provided with the tools to be an inclusive and welcoming environment for LGBTIQ+ people.

A critical point to consider when discussing aged care is the intersection of responsibility between Commonwealth and territory governments. The Commonwealth, as the primary funder of the aged care sector in Australia, has released various LGBTIQ+ [strategies](#) (including reviews), [diversity framework](#) and [consumer guides](#) related to LGBTIQ+ people and aged care. Similarly, the RACP has released clinical guidelines that assist with the provision of health services to older LGBTIQ+ people.⁵⁴

At a base level, information provision for anyone working in the aged care sector may include education for staff around LGBTIQ+ relationships, inclusive language, how to ask about and use pronouns and what it means to provide gender-affirming care. Various up-skilling resources are available through ACT NGO provided information sessions, through free Commonwealth funded online services such as [Altura](#) (formerly known as the Aged Care Channel), or national programs such as [Silver Rainbow](#). Meridian is the ACT partner delivering Silver Rainbow as well as the LGBTIQ Aged Care Navigation Scheme and Community Visitors Scheme.

The 2017 Commonwealth [Aged Care Legislated Review](#) (the Review) highlighted some of the key barriers that older LGBTIQ+ people face when entering into aged care including, for example, historical trauma relating to 'coming out', as well as concern around discrimination or stigma if disclosing gender or sexual identity. Importantly, the Review also demonstrated the critical need for aged care workers to be educated about the health needs and considerations of LGBTIQ+ people, in order that ignorance does not become in itself a barrier to quality care.

B. Emerging Issues

In 2018, the Kirby Institute, predicted that based on current trends, the number of people living with HIV in Australia would increase by 38% from 24,646 in 2017 to 34,095 in 2027, with the highest proportion of that group being between the age of 55-59.⁵⁵ The Australian Institute for Health and Welfare, estimated that in 2016–17, almost all (97%) people in residential aged care were aged 65 and over.⁵⁶ In 2019, the National Association of People with HIV Australia (NAPWHA), published a report highlighting that the life expectancy of Australians currently living with HIV is increasing and some of the challenges that would be facing older people in nursing homes, aged and palliative care in Australia.⁵⁷ Described as the 'new frontier' by NAPWHA, it appears that Australia may soon be facing

53 National Ageing Research Institute (NARI) 'NARI welcomes Yes vote to end discrimination for LGBTIQ older people 2017. Accessed 5 August 2020: <https://www.nari.net.au/news-and-events/news-from-nari/nari-welcomes-yes-vote-end-discrimination-lgbtqi-older-people>

54 RACGP, Care of older LGBTI people'. Aged care clinical guide: Silver Book – Part B. Accessed 30 September 2020: <https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/silver-book/silver-book-part-b/care-of-older-lgbti-population>

55 Bretaña, N.A., Gray, R., Law, M. and Guy, R., *Aging of the HIV population in Australia: A modelling study*, Journal Acquired Immune Deficiency Syndrome. 2018. 79(5): e115-e116.

56 Steering Committee Report on Government Service Provision (SCRGSP) 2018. Report on government services. Canberra: SCRGSPP.

57 Woods, R. 'HIV and Ageing in Australia – The New Frontier'. National Association of People with HIV Australia. 2019.

a higher percentage of HIV-positive people in the aged and palliative care sector (regardless of whether they identify as LGBTIQ+ or not).

As a result, it will be critical that when considering the planning and implementation of territory-wide services, particularly those relating to ACT Government run public health care facilities, that LGBTIQ+ people and people living with HIV are understood, respected and treated with dignity.

Applicable Recommendation/s:

- **1: Education and Training:** Work with the Commonwealth and Capital Health Network to identify best-practice training and regular peer-led LGBTIQ+ awareness and clinical training for primary care providers (including GPs), allied health, specialist services; Winnunga Nimmityjah Aboriginal Health and Community Services; and mental health care service providers to improve understanding of LGBTIQ+ specific health needs.
- **17: Disability & LGBTIQ+:** Develop a coordinated response to better identify the needs and supports for LGBTIQ+ people living with disability, including through the development of the ACT Government Disability Health Strategy and other relevant ACT Government strategies.
- **22: Ageing and Palliative Care:** Incorporate the health needs of older LGBTIQ+ people in current and future Territory-wide Health Services Plan activities. ACTHD to engage in and support work being undertaken by CHS around end of life and palliative care planning for LGBTIQ+ people.

9. Conclusion

While the ACT Government has taken steps, including through initiatives highlighted by the Capital of Equality Strategy, to reduce stigma and discrimination experienced by LGBTIQ+ people in the ACT health system, there is still significant and valuable work to be done. The primary focus of the scoping study was to provide a basis of evidence and information that could facilitate positive change within ACT health services that directly benefited the LGBTIQ+ community. In addition to the recommendations outlined in this report, which is not an exhaustive list of actions that can be undertaken, the ACT Health Directorate's vision for the changes described can be underpinned by three key points: education, service provision and kindness/respect.

It will be critical to consider new and innovative ways to educate ACT Government staff, public hospital and allied health staff about the diversity, language use and experience of the LGBTIQ+ community. Increased and consistent education will result in improved experience with health services, and improved trust of those health services for the ACT LGBTIQ+ community. This in turn will result in improved health outcomes. Further, it is important that health service staff are empowered through training and education to feel confident in their understanding of LGBTIQ+ specific health issues, in order that they can actively respond to the needs of the LGBTIQ+ community throughout the course of their lives.

The gaps in service provision identified in this report cannot be quickly or in some cases, easily, addressed. Indeed, there will likely be challenges to implementing the recommendations outlined in this report. In particular, the creation of a gender-focused health service and recruitment of specialists. However, the potential impact of ignoring or dismissing the concerns and lived experience of LGBTIQ+ constituents reflected in this report should not be underrated.

Direct provision of services, such as through a gender-focused health service provision, needs to be supported by a greater access to information. For example, a transgender health pathway may result in a more sustainable model that actually relieves some pressure on GPs or health service providers.

Ultimately, all patients, including LGBTIQ+ patients, should be treated with kindness and respect while receiving health services. One of the key values of the Canberra Health Service is kindness; to make everyone feel welcome and safe similarly one of Calvary's key values is respect. By implementing the recommendations of this Report, it will be integral to its success that LGBTIQ+ people feel that their experiences and needs are treated with respect and kindness, in order that they can feel safe and continue to place their trust in the ACT health system.

As a result of the diversity of need that exists within the LGBTIQ+ community, no one recommendation alone will respond adequately to findings of this report. The high level, approach to the recommendations on the following pages outlines the next steps that can be taken to actively improve health outcomes for the LGBTIQ+ community and ensure that Canberra continues on its path to the most inclusive city in Australia.

10. Possible Approach to Recommendations

Methodology

There recommendations outlined in this report should achieve a significant cultural and mindset shift for health services in the ACT as well as addressing service gaps. As a result, the implementation of recommendations should not be treated lightly or sought to be completed in haste. A possible approach to implement the recommendations of this report over a five-year period is set out below, noting that some recommendations can be completed within the first year, while others may need to be realised over a much longer period.

Budget

In order to implement the recommendations outlined below over a proposed five-year period, a full costing and detailed implementation plan will be required for consideration in future budget processes.

Timeline

The recommendations in this study, if implemented in a timely and strategic way that reflect the short-, medium- and long- term nature of the recommendations, have the potential to make a significant contribution to improving the health outcomes for the LGBTIQ+ community in the ACT. However, please note that some recommendations, while a critical priority, may require a significant amount of time, resources and/or funding in order to be implemented and as a result have been listed as long-term goals for the ACT Government.

Please also refer to section 5.4 Weighting of Recommendations to review the meaning of short-, medium- and long-term.

No.	Description	Short-term goal	Medium-term goal	Long-term goal
1	Education and Training: Work with the Commonwealth and Capital Health Network to identify best-practice training and regular peer-led LGBTIQ+ awareness and clinical training for primary care providers (including GPs), allied health, specialist		X	

	services; Winnunga Nimmityjah Aboriginal Health and Community Services; and mental health care service providers to improve understanding of LGBTIQ+ specific health needs.			
2	Student Outreach: Work with the Canberra based vocational and university sectors to ensure the training for medical, nursing and allied health professionals includes training on best practice gender-affirming health care.		X	
3	Safe Schools Initiative: Build upon or support the ongoing implementation of the ACT Government Safe and Inclusive Schools initiative and provide information on health supports available to parents and students.	X		
4	Gender-affirming public health care: Provide training and information on best practice gender-affirming care to publicly funded health service providers.		X	
5	Gender-affirming hospital experience: Provide an option for preferred name, gender and pronouns during hospital care, that are visible to patients and hospital staff. Including, for example, on in-patient wristbands, forms and in-room whiteboards.	X		
6	Aboriginal and/or Torres Strait Islander LGBTIQ+ resources: Create LGBTIQ+ health resources for the Aboriginal and Torres Strait Islander community, in collaboration with community and relevant LGBTIQ+ and Aboriginal and Torres Strait Islander community health groups.	X		
7	LBTQ+ health resources: Create educational health resources specifically for same sex attracted women and people with a cervix, particularly information on screening services and reproductive health.	X		
8	Accessibility of LGBTIQ+ Information for CALD communities: Create LGBTIQ+ health resources for the CALD community, in collaboration with representatives of the community.		X	
9	Demonstrating Inclusiveness through Visibility: Promote a visibly welcoming and inclusive environment for patients of publicly funded health services.	X		
10	Gender-focused health service: Establish a peer-led community-based gender-focused health and wellbeing service that is co-designed with LGBTIQ+ stakeholders and NGOs.			X
11	TGD and Intersex Service Provision: Build upon existing clinical services to improve accessibility and provide a holistic health service provision for transgender and intersex people and in particular children, adolescents, and young people.			X
12	ACT public health services communications and websites: Reflect LGBTIQ+ people in government advertisements and communications and ensure that websites, communication materials and resources are contemporary, consistent and meet the needs of the LGBTIQ+ community.	X		
13	Consumer-facing trans pathway: Explore options for a consumer-facing online pathway for transgender health care in order to support the people who wish to undertake gender transition to navigate the complexities. Support the development of the pathway in collaboration with LGBTIQ+/TGD-specific NGOs and the Capital Health Network.		X	

14	Mental Health Support: Compile best practice research and methodology on peer-led counselling and mental health service provisions for intersex, transgender and gender-diverse identifying people, with a particular focus on minors and their families. This work will be used to inform recommendation 10 and also the current work being undertaken to create Guidelines for gender-affirming care for mental health care practitioners by the Office of Mental Health and Wellbeing.	X		
15	Telehealth-enabled BBV / HIV Testing: Review the availability of STI/BBV testing and potential alternative methods of testing, treatment and awareness, including the potential for telehealth and dried blood spot testing with the aim to reduce transport, cost and stigma barriers associated with attending in-person testing.		X	
16	Recognition and support for LGBTIQ+ people experiencing family and domestic violence: Expand the accessibility of clinical and support services for LGBTIQ+ people by ensuring family and domestic violence services are LGBTIQ+ inclusive, in particular promoting an understanding of the needs of lesbian, gay and bisexual identifying people and providing a welcoming environment for all genders.			X
17	Disability & LGBTIQ+: Develop a coordinated response to better identify the needs and supports for LGBTIQ+ people living with disability, including through the development of the ACT Government Disability Health Strategy and other relevant ACT Government strategies.		X	
18	Support for local Primary Care Providers (including GPs): Explore opportunities with the Commonwealth Government and Capital Health Network that can assist Primary Care Providers in the ACT to provide services to their LGBTIQ+ clients that are timely, evidence based, and tailored to individual needs.		X	
19	Gender Affirmation Surgeries and Procedures: Identify and advocate for the removal of barriers to gender affirmation surgeries and procedures in the ACT due to Commonwealth funding and regulatory arrangements.	X		
20	Data Collection: Review the data collection methodologies and frameworks for LGBTIQ+ people at a clinical level, to explore options for recording numbers and care needs of LGBTIQ+ community members, including data that will allow identification of intersectional needs.		X	
21	Deferable Medical Intervention for Intersex People: The health experiences of intersex people fall short of reasonable expectations. Further action on deferable medical intervention for intersex people should be a priority and guided by work currently underway in the ACT Government, led by CMTEED.		X	
22	Ageing and Palliative Care: Incorporate the health needs of older LGBTIQ+ people in current and future Territory-wide Health Services Plan activities. ACTHD to engage in and support work being undertaken by CHS around end of life and palliative care planning for LGBTIQ+ people.		X	
23	LGBTIQ+ Health engagement: Continue to consult and engage with the LGBTIQ+ sector, members of the community and service providers on health matters.			X
24	Action Plan: Develop the specific actions to implement the recommendations of this report in consultation with stakeholders and community and set out in future Capital of Equality Action Plans.	X		

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Office of LGBTIQ+ Affairs, Chief Minister, Treasury and Economic Development Directorate
Office of Chief Minister, Legislative Assembly of the Australian Capital Territory
Office of Minister for Mental Health, Legislative Assembly of the Australian Capital Territory

Non-Government Organisations and Stakeholders

ACT Aces
A.C.T. Disability, Aged and Carer Advocacy Service
ACT LGBTIQ+ Aboriginal and Torres Strait Islander Network
ACT LGBTIQ+ Ministerial Advisory Council
ACT Human Rights Commission
A Gender Agenda
BreastScreen ACT
Calvary Public Hospital at Bruce
Canberra Transgender Care Network
Capital Health Network
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