“We need much more of the same...”

An evaluation of

EQUINOX
GENDER DIVERSE HEALTH CENTRE

thorneharbour health

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acknowledgments

We acknowledge the traditional custodians of country and their enduring sovereignty; and

We bear witness to their diversity, strength, and resilience; and

We honour the elders past and present.

We recognise that the Equinox Gender Centre is on Wurundjeri land, upon which this Report was researched and written.

We send our appreciation to the Evaluation Steering Committee for their insights into the development of the research. We also acknowledge the support and contribution of Thorne Harbour Health Trans & Gender Diverse Advisory Group members (past and present) and Thorne Harbour Health staff. We thank the research participants for their courage and frankness.

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executive summary

about equinox

Equinox is Australia's first peer-led trans and gender diverse (TGD) primary health service. It operates in a community health setting and is a service of the Thorne Harbour Health, an LGBTI community-led organisation. Equinox General Practitioner (GP) services are funded via Medicare billing; the Counselling and Care Recovery Co-ordination (CRC) services are funded via the Thorne Harbour Health counselling program/Department of Health and Human Services (DHHS); and the Targeted Psychological Support services are funded via Primary Health Network (PHN) funding.

The demand for Equinox is extremely high and rapidly increasing, given the overwhelming health needs of TGD people in a transphobic society, and the common negative experiences of TGD people accessing other health services. Equinox is filling multiple gaps in services and helping to alleviate the long waiting lists at the publicly funded services such as the Monash Gender Clinic and the Royal Children's Hospital. According to the available literature, Equinox provides an internationally unique and pioneering service staffed predominantly by TGD staff for the TGD communities.

Thorne Harbour Health's purpose includes "working together to improve health outcomes for the sexually and gender-diverse community". Equinox is one of Thorne Harbour Health's range of health promotion, clinical and psychosocial community services for LGBTI people. Equinox's focus includes promoting overall health and wellbeing and addresses a wide range of social and biological determinants of health.

Equinox operates on the principles of person-centred care including:

* comprehensive data collection on clients' intake forms and health records;
* the use of correct pronouns, preferred names and gender identities; and
* the collection/recording of social history.

Clients are provided with:

* a trans-affirmative, safe space with staff trained in cultural safety;
* non-gendered bathroom facilities;
* a TGD community notice board; and
* TGD specific literature and health resources.

The available health resources are created and provided to be specific to the Australian context.

They include:

* an Informed Consent Model for Initiating Hormone Therapy for TGD People;
* guidelines for providing STI testing services to the TGD community; and
* a written information booklet introducing clients to other Thorne Harbour Health services (eg Alcohol and Other Drugs (AOD), counselling, family violence counselling/prevention).

about this report

The current evaluation report was commissioned in 2017 by Thorne Harbour Health in order to review and develop Equinox services.

The evaluation report will:

* Present a brief overview of the available Australian research into TGD health and access to health services up to 2018.
* Outline the evaluation objectives and methods
* Identify Equinox best practice
* Present a suite of recommendations and practical options (such as resourcing, strategies, actions, future directions) to improve Equinox' service provision
* Make recommendations regarding how Equinox may be best placed to support planning and implementation in other TGD health services, particularly in the new and emerging regional services
* Become the resource from which to plan public presentations/publications and seek funding from state government, key stakeholders, and community leaders.

evaluation methods

The mixed evaluation methods were:

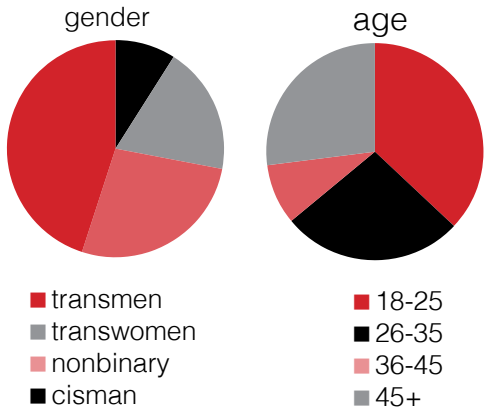
* Analysis of existing client data (286 clients)
* Interviews with Equinox staff (4 staff)
* Online survey for clients (29 clients)
* Interviews with clients (11 clients)

These methods allowed for thorough and comparative data and insights into:

a) the client experience of accessing Equinox and;

b) how clients feel about their health being cared for in a space that is staffed by people with lived experience.

participant profile



summary results

Overwhelmingly, clients were grateful and positive in regard to all facets of Equinox service provision, and many commented on Equinox as having saved their lives. In the online survey, 96 per cent of the respondents reported Equinox had "very much," or "absolutely," improved their health and wellbeing.

This result is especially encouraging in the face of research that consistently highlights the large percentage of TGD people who experience trauma and negativity in wider social settings, only to then be met with further debilitating experiences in health services.

Equinox is unique and pioneering in being able to empower, enable and advocate for the medical, mental and social health of TGD clients through its peer-led model.

key findings

Clients and staff unanimously found the Informed Consent Guidelines extremely useful in promoting agency and mental health when undertaking medical procedures.

Clients experienced high levels of control and comfort, and exercised agency in having their individual/specific needs met.

Feedback about almost all aspects of the service — from the physical environment to the expertise of the practitioners to the friendliness of reception staff to the long-term health outcomes — rated Equinox as excellent. A common thread alongside these responses related to the capacity of the service to continue to deliver this level of results, especially if the service is to expand to meet community demand.

Clients and staff both emphasised word-of-mouth referrals and while this was seen as a positive, there was also a concern among staff that Equinox was so well-known and highly recommended through word of mouth that any further promotion would create an unmanageable client load, and indeed, this issue was already being articulated by clients in the communities and forums.

A variety of solutions were proposed by participants, including increased funding to deliver 'more of the same', and a shift in intake and client management to establishing a system of Peer Greeters/Navigators who could initiate and maintain an ongoing relationship until clients feel oriented to the services available at Equinox.

Overwhelmingly, all clients wanted an increase in the capacity of existing services. They also called for the introduction of a broader range of social, mental health and other support services which would augment their clinical experience, and foster a more wholistic promotion of health and wellbeing. Outreach and online strategies were also suggested as ways of supporting the large list of clients who are unable to physically access Equinox.

Staff suggested an expansion in their own amenities, environment renovations and opportunities to run more formal meetings. An extension of mental health service provision was also considered helpful by staff.

All clients believed Equinox should establish a training/education program and resources in order to educate other TGD and mainstream services, and for medical/nursing internships.

Staff also discussed the need for their own professional development and upskilling which could be supported by Equinox.

"It doesn't feel like a clinic."

emotional connections

The language used in client responses reflects the deep connections made with the service, such as these responses:

"I never thought a medical place could feel like this."

"You can hold your head up, smile, and look around instead of shrinking away."

"I wouldn't be alive without Equinox."

"I'm not treated like I'm dumb or have a disease to be ashamed of."

"The staff get it, the staff live it."

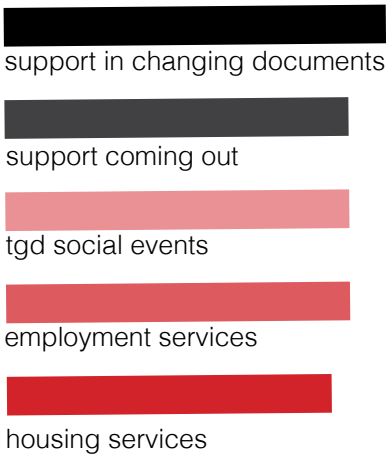
"Every week I get stronger and I am so different now than when I first walked in."

There was a unanimous agreement that having TGD staff who were friendly, competent and confident, such as on Reception, was exceptional.

improving equinox

There were only a few concerns expressed such as the heating of the rooms, the inconvenience of the location for some clients, the time required to make an appointment, and access points such as telephone systems and disability access.

One concern that was expressed by a client was a lack of understanding about culturally and faith-diverse factors influencing client perceptions and experiences.



^ *Most requested services*

There was a strong recommendation for social and support services for partners, families (including family of choice) and friends of clients. This could include establishing links with other services to attend these sessions and provide specific information and support to TGD clients' families of origin and families of choice. Staff also believed this service would augment and support their role as clients' progress could be understood and supported at home and in the community.

"What about when I finish?"

ongoing services

The purpose of Equinox is not to just provide transition services, but to also provide wholistic, ongoing care across the lifespan of the client. As well as wishing to remain clients for general GP services after they have completed their desired gender journey, many clients stated they would appreciate an extension of Gender Affirmation services such as support in changing documents (online survey: 100%), coming out to family and friends (online survey: 90%), attending TGD social events (online survey: 90%), accessing other services such as housing (online survey: 85%) and employment services (online survey: 90%).

Staff also felt this would support their in-clinic work such as requiring less of their time to make referrals and seek external links.

in conclusion

Responses from both clients and staff were overwhelmingly positive. The only concerns that were expressed by both clients and staff were about the capacity of Equinox to deliver "more of the same," the expansion and extension of what Equinox is already achieving and as a model of excellence for other services. This can only be achieved through the necessary funding and resourcing, as our Recommendations below will demonstrate.

recommendations

promotion and referrals

- Continue to promote service access and awareness i.e. via websites, social media, promotional materials, information to other health service providers, to encourage referrals, thereby maintaining its strong, credible and trusted community presence and collaborations

resources and staffing

- Fund Equinox to provide a broad range of community health care services to TGD clients as a 'one-stop-shop' — the introduction of a wider range of social, mental health and other support services to meet the needs of the increasing number of clients accessing Equinox
- Fund and resource in-house psychological and other mental health services to facilitate the application of the Informed Consent Model to the diversity of clients

- Fund the expansion of the role of practice manager to better support the specialist nature of the service and corresponding workload.
- Fund the position of Peer Navigators to assist clients with extending non-medical intervention/support services, such as changing documents, accessing housing, and employment support. This role could be integrated into the role of Peer Greeter/Navigator, thereby enabling a continuity of care and advocacy.
- Fund the employment of more clinical staff (doctors, nurses and counsellors) to meet the increasing number of clients accessing Equinox, thereby decreasing waiting times.

equinox environment and culture

- Continue existing practices which make Equinox approachable, accessible and unique in its environment, culture, including TGD staffing and community engagement particularly to clients who may experience anxiety/stress in health settings due to negative prior experiences.
- Consider future improvements to the Equinox facilities to increase access to designated treatment rooms and counselling rooms.

client diversity and intersectionality

- Develop strategies to further encourage a greater diversity of TGD clients to access Equinox in line with its Equity and Diversity objectives e.g. clients living with a disability.
- Maintain and increase the affordability and accessibility of Equinox to lower income clients.
- Provide cultural competency professional development in order to support current multicultural and multifaith (MCMF) clients, as well as attracting future MCMF clients to Equinox, which is in line with Victorian government Equity and Diversity policies.

social and support groups

- Resource the development of a social and support group for TGD clients with a range of structured and unstructured activities and gatherings.
- Fund and resource social and support groups for partners, families (of origin and choice) and friends of TGD clients
- Develop specific support programs for children of or related to TGD clients.

rural and regional outreach

- Fund and develop outreach clinical programs such as satellite clinics in outer urban, regional and rural health centres to facilitate a wider geographical access to the Equinox model and services.
- Fund and resource the development of online outreach services for clients who are unable to physically access Equinox, and/or to address the increasing waiting lists and waiting times.

education and training

- Fund Equinox to empower, train and mentor the skilling of TGD medical, counselling and reception staff to work in TGD health clinics via collaborations between Equinox and TGD groups, health services and tertiary education.
- Fund professional development opportunities for doctors in general practice service provision, ensuring doctors remain upskilled and able to deliver the whole range of GP services.
- Establish a training program, both face-to-face and online delivery for other TGD services, mainstream health services, and tertiary programs in medicine, nursing, psychology and social work.
- Ensure the ongoing professional development of current and incoming medical staff in the most up-to-date TGD health needs and treatments, and the training of Reception staff.

further research

- Fund a longitudinal evaluation of Equinox clients from first point of contact to determine the rate and modes of ongoing health and wellbeing needs and client outcomes.
- Fund an evaluation of the application of the Informed Consent Model to determine areas requiring improvements in implementation.
- Fund a trial study of the need and feasibility for Peer Greeter/Navigators who would welcome, facilitate and monitor client progress and non-medical/support service needs.
- Fund research into a needs analysis for MCMF TGD people to encourage access and comfort with Equinox and ensure their needs are met.

1 introduction to equinox

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Thorne Harbour Health's purpose includes "working together to improve health outcomes for the sexually and gender diverse community". Equinox is one of Thorne Harbour Health's range of health promotion, clinical and psychosocial community services for LGBTI people. Equinox's focus includes promoting overall health and well-being, addressing a wide range of social determinants and bio-determinants of health (see for example Thorne Harbour Health (2017), *Policy and Practice: Recommendations for Alcohol and Other Drugs (AOD) Service Providers Supporting the Trans and Gender Diverse (TGD) Community)*

person-centred health care

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informed consent model of care

The Informed Consent Model for Initiating Hormone Therapy for TGD People Guidelines (Cundill & Wiggins, 2017) is designed to reduce barriers for TGD people accessing HRT. Mental health support is recommended throughout transition with GPs, as primary care providers, playing key roles in mental health reviews, prescribing and monitoring HRT, and organising secondary consultations with psychologists and other specialists where necessary. The Model is endorsed and available for all GPs to download and use (https://thorneharbour.org/documents/109/b3e096c2-equinox-informed-consent-guidelines_1.pdf)

This Model exemplifies Equinox' emphasis on partnership, education, and self-determination.

> *We view treatment as a cooperative effort between the patient and provider. We strive to establish relationships with patients in which they are the primary decision makers about their care, and we serve as their partners in promoting health. This partnership supports the patient's ongoing understanding of the benefits and risks of hormone therapy… We believe patients who are well informed have a right to make their own decisions.*
>
> *— (Cundill & Wiggins, 2017).*

As stated in the Australian Healthcare Associates TGD healthcare discussion paper, the Equinox Informed Consent Model is the only Victorian Informed Consent Model approved by ANZPATH (2018:16).

history of equinox

The VAC Working Together Strategic Plan (2012-2017) (VAC, 2012) called for expanding service provision to include addressing the broader health needs of the LGBTI community. In response to the Plan, a Trans Health Project Lead, Jeremy Wiggins, was engaged to develop ideas and support all VAC services in providing trans-affirmative services. It was found that the Pronto! Rapid HIV Testing Service site was operating during the evenings only, therefore being unoccupied during the day. A meeting between PRONTO! Manager Peter Locke and Dr Pauline Cundill in late November 2015 identified the potential for establishing a TGD health centre on the site.

This idea was endorsed and supported by VAC and after three months of planning and minor renovations, Equinox opened GP services on February 22nd 2016. The Trans Advisory Group (TAG) formed in late 2015 to provide input and service co-design support.

The first clinical audit of the first three months of clients, undertaken by Dr Pauline Cundhill, was small and in-house. A TAG consultation was also undertaken which identified client counselling needs and led to the introduction of counselling services in October 2016. This was followed by the Practice Accreditation and Improvement Survey Report (PAIS) (Equinox, 2017) which found that 25 out of the 27 survey questions had the mean score in or above the highest 25 per cent of all PAIS mean scores. This PAIS audit was followed by further rapid expansions based on demands: the Care Recovery Coordination service commenced in April 2017, and the Targeted Psychological Support Services commenced in September 2017. Also in September 2017, Equinox finalised the accreditation process to be recognised as meeting the RACGP (Royal Australian College of General Practice) Standards. This was conducted by the Australian General Practice Accreditation Limited (AGPAL).

From the outset, Equinox has been premised on community and collaboration:

* co-designed with a TAG,
* building community capacity by operating with TGD Staff; and
* undertaking ongoing community consultations and evaluation processes.

Most recently, a clinical audit was undertaken in conjunction with Austin Health and University of Melbourne (Ooi et al, 2017) to identify barriers to transgender primary healthcare in order to inform clinical practice. This audit found there were more than 450 registered patients at Equinox.

The first 12-month audit of 286 clients revealed that the majority of clients lived in inner metropolitan areas within Melbourne, and a significant proportion were unemployed or students, and did not have a regular income. Depression and anxiety disorders were highly prevalent, with nearly half of the cohort accessing mental health support services on a regular basis.

The audit results also indicated the following demographics and comorbid issues:

* 37% transfeminine clients
* 32% transmasculine clients
* 29% non-binary clients
* Median age 26 years (range 16 years–73 years)
* 41% were unemployed/ low income earners
* 13.6% had experienced previous / current homelessness
* 24.5% were smokers
* 7.6% reported excess alcohol intake
* 10.8% experienced previous sexual abuse, assault or rape
* 13.6% had previously attempted suicide
* 60% had a diagnosed Depression Disorder
* 45.1% had a diagnosed Anxiety Disorder

In 2018, VAC changed its name to Thorne Harbour Health and continues to support Equinox under its new brand.

2 TGD health and access to health services — an overview of the available research

The following is an overview of Australian research into TGD health and wellbeing, and access to TGD health service provision to the end of 2017. It frames and situates the need for and efficacy of the Equinox service model and delivery within first, the predominantly poor physical, mental and social health of TGD Australians; and second, the predominantly negative experiences of TGD clients in existing health services.

Before presenting the above findings, it needs to be clearly stated that the challenges TGD people in Australia are confronted with "are not inherent aspects of being trans and being trans does not automatically mean a person will have poor mental health," (Strauss et al 2017: 132; see also Jones et al, 2014). External factors, such as discrimination, transphobia and abuse inhibit TGD health and wellbeing, thereby necessitating and/or escalating the need to access a range of health service providers (LGBT National Health Alliance, 2012).

The high rates of mental health disorders, self-harm and suicidal ideation will not decrease in young trans populations until they gain acceptance and equality. A common theme emerging throughout this research is the need for ...spaces where they are able to explore their identity and find themselves.

— Strauss et al, 2017: 132

TGD health in Australia

The First Australian National TGD Mental Health Study (Hyde et al, 2014) was conducted over five months in 2013. The study was anonymous, Internet-based, and open to anyone aged over 18.

946 people took part, include trans women (51.0%), trans men (24.5%), people who were assigned female at birth but now had a non-binary identity (14.4%), and people who were assigned male at birth but now had a non-binary identity (10.1%). The results established that TGD people experience very high levels of mental health problems, particularly depression and anxiety syndromes. For example, 43.7% were currently experiencing clinically relevant depressive symptoms; 28.8% met the criteria for a current major depressive syndrome; 18.3% for a panic syndrome; and 16.9% for an anxiety syndrome. One in five participants (20.9%) reported thoughts of suicidal ideation or self-harm on at least half of the days in the two weeks preceding the survey. More than half of participants (57.2%) had been diagnosed with depression at some point in their lives. Roughly two out of every five participants (39.9%) had been diagnosed with an anxiety disorder at some point.

To place these results in context, trans people appear to be four times more likely to have ever been diagnosed with depression than the general population, and approximately 1.5 times more likely to have ever been diagnosed with an anxiety disorder. Of even greater concern, is that the proportion of participants who were currently affected by a depression or anxiety syndrome was greater than the lifetime prevalence of depression and anxiety disorders in the general population

— Hyde et al, 2014: i

In another Australia-wide research project, *From Blues to Rainbows: Mental health and wellbeing of gender diverse and transgender young people in Australia* (Smith et al, 2014), 189 young people participated in the online survey, and 16 of the same young people attended real-time online interviews. They were aged between 14 and 25 years with an average age of 19. Overall, 55 per cent were either studying, or studying and working, and 16.5 per cent were unemployed. Almost half of the young people had been diagnosed with depression; 38 per cent had had thoughts about suicide and yet only 1 in 4 had spoken to a health professional about these thoughts. Participants who had been harassed, discriminated against or abused because of their gender identity and/or presentation were more likely to have an eating disorder, suffer from post-traumatic stress disorder (PTSD), and have depression. They also had extremely high rates of four negative health outcomes: thoughts about self-harm, self-harm, suicidal thoughts, and suicide attempts. 81 per cent had thought about suicide and 37 per cent had made suicide attempts. 80 per cent had thought about self-harm and 70 per cent had harmed themselves.

Smith et al (2014) also found that 1 in 3 participants did not feel supported by their family. Those with supportive parents fared better on a range of indicators, including their mental health and access to mental health professionals. Regardless of parental support, the study found that the TGD young people engaged in a range of other activ-

ities to help themselves feel better, including listening to music (90%) and talking to friends and peers (77%). Support services and organisations were also valuable.

A 2012 study, *Private Lives 2* (Leonard et al, 2012), captured the self-reported health of 3,835 LGBTI respondents, and found TGD respondents reported the highest levels of mental health conditions, with 38.3 per cent of TGD men and 50 per cent of TGD women experiencing depression, and 42.6 per cent of TGD men and 34.4 per cent of TGD women reporting having an anxiety/nervous disorder. Similarly, a 2011 Australian review of TGD research and policy reports that 50 per cent of TGD people in Australia had tried to commit suicide at least once in their lifetimes (McLean, 2011).

A 2007 Australian study, *Tranznation* (Couch et al, 2007; Pitts et al, 2009), found that more than half of the 253 respondents (53%) had experienced depressive symptoms in the past two weeks and more than one-third (36.2%) met the criteria for a current major depressive episode. Similarly, a small Western Australian study conducted in 2006 found that 32 per cent of participants had been diagnosed with depression in the past year, and 24 per cent had been diagnosed with an anxiety disorder (Couch et al, 2007).

Trans Pathways (Strauss et al, 2017) is the largest study that has ever been conducted on the mental health of trans young people in Australia. The study was formed with community consultation with both TGD young people and parents of TGD young people. The study is also unique in that parents of TGD young people aged 25 years or younger were invited to complete a different but parallel questionnaire. Almost three-quarters (74.6%) of the trans young people reported having at some time been diagnosed with depression. 72.2 per cent had been diagnosed with an anxiety disorder. 79.7 per cent of participants had self-harmed, and 48.1 per cent had attempted suicide. Young people experiencing mental ill-health faced problems with accommodation, abuse, educational environments that were not safe and inclusive, and a lack of family support (65.8%) and feeling isolated from not knowing other TGD people (66.1%). Protective factors included being around like-minded people, expressing their gender, and finding acceptance and support. Many participants used peers and friends to support themselves (83.3%).

Support from parents and other family members can have a huge impact on a TGD young person's mental health. 65.8 per cent in Strauss et al's (2017) research who had experienced a lack of family support had higher rates of suicidal thoughts, suicide attempts, self-harming, reckless behaviour, and diagnoses of eating disorders, anxiety, depression and PTSD than those who did not experience a lack of family support. Parents reported that becoming informed about what TGD means and "finding other parents who had gone through the same thing was helpful in understanding what their child was experiencing," (2017: 88).

TGD health service provision

In Australia, the Australian and New Zealand Professional Association for Transgender Health (ANZPATH) has developed standards of care, adopted from the World Professional Association for Transgender Health (WPATH), to guide how health services relating to transitioning are provided to TGD people.

Overall, the participants in Hyde et al's study reported "difficult and frustrating" experiences with health service provision such as obtaining HRT, accessing some kinds of surgery in Australia, and changing their identifying documents (2014: v). Participants also reported discrimination when accessing healthcare, and that the healthcare system generally failed to meet their needs. They often "felt 'alone' on their journey" (2014: 59), and that both government and non-government organisations were either inadequate or underfunded, and overwhelmed by the demand for services. Only 20.4 per cent always disclosed to a doctor, 25 per cent sometimes disclosed, 33.8 per cent disclosed only if they had to, and 12.2 per cent (n=115) never disclosed.

Although it is not always necessary for a doctor to know that a patient is TGD, there may be times when not knowing could result in the patient receiving sub-optimal care (e.g. not offering Cervical Screening tests to trans men, or a prostate check to trans women). It is also concerning that participants felt that they could not be open with healthcare workers due to a fear of discrimination, privacy concerns, and/or not wanting to have to educate healthcare workers.

Many participants reported feelings of "frustration, embarrassment, and nervousness. Many felt unsafe and lacked trust in doctors, worrying about whether the doctor would be judgemental and whether being trans would be treated as confidential information," (Hyde et al, 2014: 51).

Some participants in Hyde et al's research did report good relationships with medical practitioners, "but this was often a matter of luck in finding a supportive doctor and knowing where to go for help," (2014: v). Positive experiences were associated with the medical health professional being knowledgeable about TGD health and having a TGD-positive attitude. Thus, TGD people's experiences of accessing healthcare appear to be very much contingent upon the attitudes and knowledge of the medical health professional. Medical training for health professionals must be inclusive of all TGD people. Some do not desire a medical transition, or desire only a partial transition, and there is no "typical transsexual narrative," (2014: 59).

Financial barriers, such as lack of Medicare and private health insurance coverage, and difficulty finding doctors who were prepared to bulk bill, were also common in Hyde et al's (2014) research. This is especially pertinent given the low incomes of many TGD people. Another factor discussed by some participants which discouraged them from accessing health care was revealing parts of their body "that were a source of dysphoria for them," (Hyde et al, 2014: 56). In general, psychological care was reported to be an important need for some participants, but not formulated as "gatekeeping," or psycho-pathologising models. Participants thought that specialised clinics for TGD people where they can access all of the services they require, would "make the journey much more accessible," (Hyde et al, 2014: 61; see also Smith et al, 2014), with representatives from the TGD community must have a governance role in such clinics (e.g., sitting on the board of management).

In Smith et al's (2014) research, 66 per cent of the young people had seen a health professional for their mental health in the last twelve months; of these, over 60 per cent were satisfied with their experiences. The young people valued health professionals who were knowledgeable in TGD health care, although the need to educate the professionals about their own conditions was common. Over half of the participants had experienced at least one negative experience with a health care professional, and one quarter of the participants avoided medical services due to their gender presentation. 30 per cent had not seen a mental health professional due to a past negative experience, with 53 per cent of research participants having had a negative experience with a health professional during their lifetime. The flow-on effects of these experiences included: 22 per cent avoiding health professionals for a while, and another 11 per cent choosing not to see health professionals at all. Only 6 per cent of all participants had made a complaint. "Of those who did complain, the outcome was not always desirable," (Smith et al, 2014: 74).

The GLBTI Ministerial Advisory Committee(MAC) (2014) *Transgender and gender diverse health and wellbeing: Background Paper* also discussed discrimination and a lack of respectful treatment when accessing health services and exclusion from services, including ineligibility for some services, or refusal by some health services to provide care. It also outlined clinicians' generally poor knowledge about TGD health and wellbeing issues and healthcare needs, as well as 'binary' assumptions regarding sex and gender identity, and limited workforce capacity. Individuals presenting with other health concerns or comorbidities (such as AOD issues or other mental health issues) that are complex can face a longer assessment process.

A South Australian study by Riggs & Due (2013) examined the healthcare experiences of 79 'female assigned at birth' (trans men) participants and found that hospitals were particular sites of discrimination, with respondents reporting hostility and misgendering when undergoing gender affirmation surgery, despite the surgeons themselves being quite respectful (see also Riggs et al, 2014). The broader study of the experiences of 188 TGD Australians, from which this subsample is drawn, found that respondents were more likely to report negative and very negative experiences with counsellors, psychologists and psychiatrists than positive or very positive experiences. Negative experiences were characterised by being misgendered, having to educate the health practitioner, by paternalism and by feeling pathologised. In contrast, positive experiences were characterised by caring, knowledgeable and responsive engagements where respondents felt heard and affirmed.

Many studies have found that poor clinical knowledge and limited workforce capacity are barriers to enabling TGD people to access the healthcare services they need to improve their health and wellbeing (see for example Erasmus et al, 2015). The 2005 Victorian discussion paper (Sinnott, 2005) identified a priority need for training and workforce development. Sinnott concluded this requires education and training of mental health staff, communication between service providers and effective case management. Sinnott also noted that health care workers need to be informed of and

sensitised to the existence and needs of TGD people. Particular attention and more detailed training needs to be provided to priority professions, including general practitioners, emergency department personnel, nurses, psychologists, psychiatrists, counsellors, youth workers, teachers and custodial care workers. Such training needs to be included in basic professional training and available as workshops or in-service training programs depending on need.

Sinnott's (2005) Victorian discussion paper also reports that TGD people ask for access to a comprehensive assessment and treatment service that:

* is respectful and responsive
* is able to provide ongoing monitoring and support (including post-surgery support)
* has a choice of practitioners
* is able to offer appointments out of working hours.

In addition, key informants raised concerns about the lack of common standards shared by professionals in the field, finding that many of the current services and providers in Victoria do not meet the requirements of international best practice care standards.

A small qualitative study, where in-depth interviews were conducted with seven TGD Melburnians found that all participants at some stage had experienced discrimination when accessing mainstream health and human services (McLean, 2011). The most common experience was a lack of knowledge of TGD issues, which was often coupled with insensitive questioning. This often resulted in an increased burden on TGD people to educate service providers, while still being required to pay for the medical service.

In *Trans Pathways* (Strauss et al, 2017), participants reported finding it difficult to access health services with 60 per cent feeling isolated from medical and mental health services, and 42 per cent having reached out to a service provider who did not understand or respect their gender identity. TGD young people show a prevalence of anxiety disorders at 10–13 times the frequency of those seen in the general Australian young population. TGD young people who have ever self-harmed are 1.82 times more likely to have felt isolated from services, and TGD young people who have ever attempted suicide are 1.56 times more likely to feel isolated from services. Participants requested the following services: mental health support and/or counselling 54%; peer-led safe social spaces (e.g. Freedom Centre, Twenty10, queer or gender university groups, Minus18, and others) 40.2%; and better access to medical treatments 38.3%.

Strauss et al conclude that a "review of the barriers that TGD young people face in trying to access services is desperately needed," (2017: 97). They found that TGD young people often have difficulty accessing mental health services because of a lack of youth-specific services or adult support in finding the most TGD-friendly services. This reiterates the necessity of person-centred care as the TGD populations are diverse. Mental health professionals should help their clients "both directly and by involving the family and any other means of support to which the young person has access. Such support networks can help the young person with their gender expression and transition, if desired," (Strauss, 2017: 97).

Another problem with service access reported in Strauss et al (2017) was the length of time taken to get an appointment with services specialising in TGD health. Services with good reputations for helping TGD clients get overwhelmed with patients and TGD young people are then left waiting too long for an appointment, which is detrimental to their overall health. GPs were often the first point of contact or "gatekeepers," (65.2%) for a TGD young person seeking help for mental distress or wanting to medically transition, and then required referrals to TGD-specific services such as psychologists, psychiatrists and endocrinologists. Many times, participants reported seeing multiple GPs before being satisfied with the care they received, and this journey often included educating the doctor on providing TGD care. Not only does this reflect "significant gaps in the medical education system in Australia," it also highlights how the "responsibility for educating the GP sometimes falls on the shoulders of a young person," (2017: 99). Furthermore, continuity of care is difficult both across and within multiple health sites, often because of the expense and lack of services, resulting in "visiting multiple services," and "having to tell your life story over and over and explain your reasoning for knowing you're trans," as succinctly stated by a participant in Strauss et al's research (2017: 105).

Strauss et al explain that while some states in Australia "have specialised gender diversity medical centres (for children and adults), offering these treatments in one place," there is a "lack of trans-specialised service providers". This can be particu-

larly difficult for people outside of major centres (2017: 97). 42.1 per cent of TGD young people had reached out to a service provider who did not understand, respect or have previous experience with TGD people. 60.1 per cent of participants had experienced feeling isolated from medical and mental health services and had higher rates of self-harming, suicidal thoughts, suicide attempts, and diagnoses of PTSD and anxiety than those who did not experience feeling isolated from medical and mental health services.

recommendations from the existing research

The above findings suggest TGD people experience worse mental health than possibly any other community in Australia, and demonstrate an urgent need to address the factors underlying this disparity, such as poor healthcare and discrimination.

Pertinent to Equinox's objectives and their execution, Hyde et al (2014) outline the following key areas for health service provision:

a) Provision of a multidisciplinary clinic in each state and territory (operating within the public health system), which can provide healthcare for TGD trans people;

b) Health departments to develop clear referral pathways and protocols so that TGD people and their doctors know the exact steps to follow;

c) Healthcare for TGD people to be based on an informed consent model, rather than a "gatekeeping," approach;

d) Medical services to create a welcoming environment so that TGD people know that disclosure will be received positively if they choose to do so. This can be achieved by displaying TGD materials such as posters, brochures and fliers about TGD health;

e) All staff, including support staff, to be educated about TGD health, to improve the comfort levels of TGD clients. This requires ongoing professional development to "stay up to date on rapidly changing terminology and best practices," (Strauss et al, 2017: 137);

f) Health workers must also clearly know the difference between populations that comprise the LGBTI community, and not homogenise their needs and required responses; indeed, an intersectional approach was largely absent from the reviewed literature (Crenshaw, 1989);

g) TGD health must become part of the medical curriculum, professional development programs, and workplace training;

h) Medical assessments and referrals must take place "in a timely manner". Many TGD people have considered transitioning for many years, but were prevented by personal circumstances. Hence, the final decision to embark on a medical transition is "often made with some urgency. Delays in the referral and medical assessment process may be very frustrating, result in distress, and harm the patient-doctor relationship," (Hyde et al, 2014: 67);

i) TGD people are required to contact a "myriad of state/territory and Commonwealth departments and agencies," (e.g., licensing authorities, hospital records, Australian Electoral Commission, Centrelink). This process should be centralised so that the individual only has to make one application, and then all relevant agencies are notified automatically (Hyde et al, 2014: 70).

Smith et al recommend two types of support services be provided which are "well funded in order to provide easily accessible education and peer-led support on multiple platforms, including face-to-face and online," (2014: 66). One is for TGD clients and the second one is for parents to provide education and peer-led support. 57 per cent of the young people found support services to be important sources of information. Other recent Australian research with same-sex attracted TGD young people also found that, while the Internet was a great source of information and support, face-to-face support from peers was more effective in reducing feelings of isolation (Robinson et al., 2014).

The GLBTI MAC recommended the following for support and care:

* professionally facilitated peer support
* casework (coordination, appropriate referrals, assistance with navigating the healthcare system)
* support for families (including partners and children), such as counselling
* accessible information regarding healthcare rights and system navigation (2014: 6; see also Strauss et al, (2017) who also recommend an experienced health professional to navigate the system with the TGD client).

Hyde et al conclude that although being TGD can be "a challenging and difficult experience for many, encompassing not just the struggle of self-acceptance and the decision to transition, but also a long and costly process of medical intervention, mental health promotion programs may possibly help to alleviate distress," (2014: 53). In the most recent research, Strauss et al conclude:

> *The overarching theme of our recommendations and guidelines, ...is to allow young people to discover their identity, support young people in their self-exploration and help them develop the competencies that enable them to do so (2017: 11).*

This requires a major increase in funding for the provision of and enhancement of TGD services and research. Indeed, Strauss et al call for TGD community-led services and research:

> *There are more trans people in Australia than trans-friendly healthcare providers can serve. Trans community-led funding and peer-based, proficient, holistic service provision is necessary (2017: 141).*

3 analysis and evaluation

Given the findings and recommendations of the above overview into Australian TGD urgent health needs and inadequate health service provision, the following Equinox evaluation's aims and relevance are indisputably essential.

aims and significance

The Evaluation was undertaken to:

a) highlight the positive impact the service is having on the community,

b) identify some of the key areas requiring focus, funding and further development in service model and planning.

The Victorian Government is undertaking a state wide service review and redesign of transgender health care and Equinox will be included in this process. Gateway Health in Wodonga launched the first regional gender clinic for children and will also be conducting a one-year evaluation, therefore this Equinox report contributes to the body of knowledge and key learnings in regional TGD health service provision.

evaluation methods

The research design was prepared in consultation with and informed by an advisory group and research management comprising predominantly TGD people who themselves were clients, researchers and health service providers. This is very much in keeping with Equinox' community-driven and collaborative processes and activities.

An initial concern was that Equinox would be a very male space, because we are co-located with PRONTO!, which is a gay men's sexual health service. Our recent audit showed that we have equal numbers of transwomen and transmen using the site and then about another third of our clients were non-binary … We do have representatives from several community groups on our trans advisory board. Community groups often hold events at Equinox, we don't charge for that. We want this space to be a community space where the GP and the medical service is one part, but it's not a medical centre, it's a health and wellbeing centre (Staff 1)

The mixed evaluation methods decided upon were:

- Analysis of existing Client Data
- Interviews with Equinox Staff
- Online Survey for Clients
- Interviews with Clients

These methods allowed for thorough and comparative data and insights into:

a) the client experience of accessing Equinox; and

b) how clients feel about their health being cared for in a space that is staffed by people with lived experience.

In keeping with the Equinox' community collaboration ethos as presented above, decolonising research design and practices (Moreton-Robinson, 2013; Tuhiwai-Smith, 2012) were fundamental to this evaluation:

- being sensitive to the safety and anonymity of participants,
- empowering participants to voice their perspectives and continue their important health journey,
- being participant-driven whereby any areas not raised within the research guidelines but of significance to the research participant could be raised and discussed,
- ensuring audiotapes and transcripts of their interviews were returned to participants to edit, add to, veto, and to keep for their own future purposes and projects.
- foregrounding participant voices as much as possible in the Report; the "their lives, their voices" decolonising research method.

Apart from the analysis of existing Client Data (286 clients) and the existing audit (Ooi et al, 2017), an online survey was conducted with 29 clients responding. Interviews were undertaken with:

- Four staff members — two GPs, one counsellor, one Reception/Nurse. In the report, they will be identified as Staff 1, Staff 2, Staff 3, Staff 4.
- Eleven clients — two transwomen, identified in the report as CB aged 41 and D aged 55; three non-binary/genderqueer people, identified in the report as A aged 22, T aged 19, Z aged 23; five transmen, identified in the report as CA aged 23, J aged 52, M aged 32, R aged 27 and S aged 29; and one cisgendered man, identified as AB mid-60s (who prefers Equinox to Pronto).

It is very telling of the trust and safety Equinox clients feel as none of the 11 client interviewees requested their audios or transcripts, at the most saying if they ever needed it, they knew they could request it and it would be given to them promptly.

evaluation results and discussion

learning about equinox

The majority of the clients had learned about Equinox through word of mouth, adding that the Centre was highly regarded when spoken about in their friendship groups and queer communities.

I don't think I've ever heard anything negative said about it… Most people I talk to who go here really like it and feel really happy and comfortable here (CA, transman)

I have recommended a few friends to Equinox and all of us feel that we're so relieved to have finally found a supportive doctor. We have joked that we could cry after every appointment because it's so supportive and amazing (survey participant).

Other clients had seen the Equinox website and other online links, social media and promotional materials. Only one client mentioned having received referrals from other medical centres.

[I found Equinox through] research on the internet. I was starting my treatment in [European country] and I wanted to go on here so I was looking for some clinic where I could do that. While I was Googling, I found a Facebook group about transgenders and they were all talking about Equinox and that's how I end up here (M, transman).

Staff responses confirmed client responses regarding how they found out about Equinox, but with a slightly greater emphasis on referrals.

When we opened in February 2016, a lot of the patients knew me from previous clinics. Probably about half of our initial patients followed me to the clinic. Since then, it's been social media, a bit of advertising, but mostly just community forums and word of mouth. A lot of our clients are referred to us from psychiatrists, psychologists and youth services (Staff 1)

There was also a concern among staff that Equinox was so well-known and highly recommended through word of mouth that any further promotion would create an unmanageable client number, and indeed, this caution was seen as already being articulated in the communities and forums.

I think that Equinox is totally oversubscribed, so the word is definitely out there, and the last thing that Equinox would need to do is advertise. I think that until the capacity increases, yes, the word of mouth is very effective. (Staff 2)

We are kind of getting the name of the place to go. We're also kind of getting the name of not enough appointment times at the moment as well, which is problematic and most of that [referrals] is happening when our GPs do talks in other clinics and other health function things … Sometimes we also get GPs calling up saying, "I've just got a client that's sitting with me who's presenting, and this is outside my scope, and I've done a bit of a Google search and I've found Equinox." [Staff 4].

comparing equinox to others

"I never thought a medical place could feel like this."

The findings of this Equinox evaluation support the unanimous conclusions of past research that TGD clients experienced negative and discouraging treatment in health clinics (see for example Hyde et al, 2014; Smith et al, 2015; Strauss et al, 2017). Equinox clients were asked what had encouraged and/or discouraged them accessing Equinox. They noted discouragement, dissatisfaction and sometimes debilitating experiences with previous medical clinics.

I found my old medical clinic, the staff there [were] not very understanding and they sort of acted like it was a big deal to try and remember my pronouns and stuff, and I just felt uncomfortable, so I wanted to come and be somewhere felt safer. (A, non-binary)

It came at a time where I really needed to see someone that had experience with people who were trans… I had exclusion from my family… I was also having difficulties in the workplace because I was transitioning, with other people. It's pushed me out of the workforce … I lost my house due to losing all that work…

I was feeling suicidal… I ruptured my sacral disc and it's pressing on my spinal cord and I woke up one morning and had actually lost bladder control completely, so I wet the bed. I was really distressed about it… [At the hospital], the nurse said loudly, in a very busy cubicle area with other patients, curtains open, "So, you want to be known as a she or he on here?" Then she was like, "Oh well, you wouldn't be able to tell." There seemed to be a lot of people coming and looking in, hospital workers, into my cubicle. Even the clinic manager came in, who was a gay guy, and he said to me, "You look amazing. We had this other one come in, a transwoman but she didn't look female." He actually used her first name … often lesbian or gay doctors, they do not have experience with gender diverse people … I thought I was kind of past the worst of it, but then the doctor came in with someone else who didn't introduce themselves. I was lying in the cubicle, I had a hospital gown on and, without speaking to me, he lifted that up and he peeked up my boxer shorts and looked down at my genitals for quite a while. He didn't speak to me when he did it. As a survivor of child sexual assault, I felt really violated by that … Then he gave me a letter to give to my doctor, and he never wrote 'he', and used a capital S for she, and he also wrote, "The patient thinks they are transgender," and I went there because I'd lost bladder control with a serious back injury. I was too distressed to make a complaint at that time. I haven't been back to the hospital and my level of anxiety about going to any hospital now is quite high.

You know, I've thought about tattooing, "I am a man" on my body in case I'm unconscious somewhere and they keep calling me she when I wake, you know? (J, transman).

It just sucks going to regular health clinics because you spend more than half the time explaining what trans is and what they need to know… [I come] here to just have a doctor that's chill, that just knows what's up, and knows about hormones (R, transman)

You're trans, you have to come in for hormones, you have to come in for checks. If you feel shitty about going to the doctor, if you feel like it's gonna be an ordeal, that really plays on your mental health because there's no escaping it… I'm like "I need you to take samples and shit from me. I don't need to be educating you, that's what the internet is for." And it's my money. So I needed a place that knows about transness (S, transman)

I think that the environment is clearly helpful, so they feel that it would be safe to come here and they'll be understood, they'll be addressed correctly… that they'll actually be given the right advice. I'm sure that counts for a lot, because I think a lot of doctors are quite open to transgender medicine, but many of them will say, "Yes, but I've got no idea what to do, and I don't want to do any harm or prescribe the wrong thing or order the wrong test or assess things wrongly," (Staff 2).

Other issues such as the ease of making appointments, the convenience of travelling to Equinox and the privacy of the location were also discussed. Most clients found it very easy to drive to the Centre or take public transport due to its convenient inner-city location.

Accessibility is very important for our clients. They've got the train, they can drive, and those who drive, there's reasonable parking. (Staff 3)

People can literally park out front of the door and walk straight in, and [for] some clients, on their first visit, that's pretty important … If it was an after hours service, it would be something that I'd think people might be a bit concerned about, in terms of walking down an alleyway to a tram, but during the day time, which we are, it's literally off the tram, and 100 metres you're at our door (Staff 4).

first impressions

There was unanimous agreement among Equinox clients and staff that having TGD staff who were friendly, competent and confident, such as on Reception, was absolutely beneficial.

You walk in the door and it doesn't matter how you present, or what your gender identity is, you walk in and every person here understands… (J, transman).

I always introduce myself as openly trans and that it's okay to reference that in our session. So they might say something about their therapy, "Well, you'd understand that." Occasionally I do get clients who very specifically ask me like how long I've been on hormones, what do I do about voice therapy, and all those sorts of things … I think it's worth being honest because I also try and emphasise with everybody that we're all different and we're all on a different path and that just because I've done it this way doesn't mean that you have to do it that way. Your way is just as valid. (Staff 3)

Some clients that come in are quite sheltered in terms of, even physical presentation, hiding under glasses, hoods, things like that, and then after a couple of visits it's a totally different person that's coming in. Which is really amazing and beautiful to see … the reality is I've been there, I've had to be that person who's accessed a service like this ... working on the front desk, if someone calls up and is inquiring about a certain aspect of hormone therapy, or something like that, having a bit of health background, also having a trans background, helps me understand what they're talking about… if this person's coming in on their own, it's just you and one person sitting in the waiting room, it's a pretty good space to have an open conversation with someone and get to know them. I know them all on a first name basis... (Staff 4).

The physical environment was also mentioned favourably.

I like the smell. It's not really like a clinic smell… I felt like home immediately. (M, transman)

In regular practices, you don't see sex on the wall. You don't see drug and alcohol support. You don't see pictures of Sistagirls and the Indigenous communities. You see plastic pictures of white kids. White doctors and white kids on the walls, and maybe the token Asian lab assistant picture. But it just feels like there's diversity here and that diversity just brings so much comfort. It really does… not only are you important and that your time is valued, and that you're a person, they know your name, they know your street (S, transman)

Patients are very proud of the clinic, we have patients coming in and helping us with fixing our IT and putting up our pictures, and they really feel a part of the clinic… We have a lot of patients standing up chatting to each other in the waiting room or people often just have connections and so the waiting room is often quite a social space. We're trying to make the space as trans-friendly as we can with the community noticeboard and along the back wall, behind the couch, we've used trans posters from the gay and lesbian archives, and we're trying to have trans reading material and trans videos… the patients don't feel like there's such a power imbalance. I really notice it when I go out in the waiting room that my patients sit and their heads are up and they're engaged, whereas at previous clinics I've worked in, I found that my trans clients have often been very self-conscious in the waiting room, where they've been looking down at their feet or very closed. But they know here, because people around them are trans, they feel very comfortable. I think also being advised by peers and having the community advisory group means that instead of us dictating what we think our patients need, we're actually asking them what would be most useful (Staff 1)

It's a funky warehouse-y look, we have a coffee machine. And people bring their friends… (Staff 3)

"You can hold your head up, smile, and look around instead of shrinking away."

There were only a few concerns expressed such as the heating of the rooms, the inconvenience of the location for some clients, the time required to make an appointment, and access points such as telephone systems and disability access.

It was really hard to get in at first because it's very popular here… I've only been here by car because it's like 40 minute drive (M, transman)

It's not that convenient for people living outside of the city, a lot of our patients do travel. I'm thinking younger patients find it quite hard to navigate to Equinox… a lot of our clients can't afford Mykis and you really need a Myki to get here. We're not currently open in the evenings or rarely on the weekends. For the people who are working, that could be a barrier to coming in. (Staff 1)

The waiting list is a bit frustrating, and apparently it's about four months to get a new appointment and that's something that everybody would like to fix, but yes, it sort of shows the demand is there (Staff 2)

We've got two GPs currently, and [they're] working like a Trojan horse to really get the hours in for people… they do lots of extra hours just to make up times for clients and at the moment when a new client comes in we have to allow around 40 [minutes] to sometimes an hour for that client, which is great, but

obviously if we put more than one, or two, or three of these per day, then we're not having time for return clients to come back in. (Staff 4)

We do have wheelchair access clients, so usually it just means that with a bit of a heads up, we know to make sure no one's actively using the back room at that time for them to access through. Obviously that would be something that would be better to not have to do. (Staff 4)

Lots of people just hang up. So, you know, trying to say, "I'm going to pop you on hold, it's going to sound like it goes dead," something as simple as that can be an access issue. Having one receptionist, and the phone rings very constantly so it's constantly trying to, "Yes, can I put you on hold," and try not to miss calls. We don't have a message bank system. We can be accessed by email or Facebook as well, but whether people feel comfortable to do that, because some people don't want their name attached to a Facebook message, which is fair, or people just don't want a paper trail, totally fair as well (Staff 4).

the equinox experience

"The staff get it, the staff live it."

the impact of equinox on health and wellbeing

"Every week I get stronger and I am so different now than when I first walked in."

All clients believed there was a consistency between how Equinox was promoted via its social media, its objectives and implementation. They experienced high levels of control and comfort, and exercised agency in having their individual/specific needs met.

"It's all bulk bills, so that's fantastic because I'm here a lot, and if I had to pay for it out of pocket, I just don't have the money. I'm on a pension … psychologists are expensive. Like you get 10 appointments with the psychologist a year, and that's not enough. Like there's a lot going on." (Z, nonbinary)

"I can't rate this service highly enough, and I'm also seeing my counsellor here. Which has been a life saver as well because my levels of depression, at the time when I first started seeing them, were extremely high, and I didn't have any money. I couldn't have seen a counsellor at all prior to bulk-billing here … they have actually saved my life. I'm not being melodramatic when I say that. It has provided me with a real sense of care and understanding and safety." (J, transman).

"I was listened to, not brushed off, or dismissed. Making me feel for once I was not making it all up, not crazy." (survey participant)

These client evaluations matched the perspectives of the staff.

"I think the clients see this place as a bit of a one-stop shop, because we are bulk-billing and a very accessible service. Around half our clients come in for hormone management or reviews and about the other half probably mental health concerns … We also see a lot of people for physical health reasons. But in terms of why they're accessing care here, it's usually very simple things, we get preferred names and pronouns right, people are treated respectfully, they don't feel like they have to come in and educate their provider about being trans when they're actually coming in for something else. We might see a transman who's coming in for a Pap Smear and he just knows he's not going to have to spend 10 minutes educating the provider that he does need a Pap Smear… If they work in the sex industry, they can get their work certificates here, there's not going to be a stress… clients understand there's a lack of research in trans health, that the doctors are doing the best they can without all that data and textbooks we usually rely on, and I think they're very understanding of that as well." (Staff 1)

"Some people want their blood pressure checked, and their diabetes monitored, you know, so they don't particularly come here for hormones, they might come here because we're a gender-diverse clinic." (Staff 2)

the informed consent model

"I'm not treated like I'm dumb or have a disease to be ashamed of."

In 2011, the Informed Consent (IC) model was released in Standards of Care for the

Health of Transsexual, Transgender and Gender Nonconforming People, Seventh Version (SOC 7; World Professional Association for Transgender Health [WPATH]). In 2017, Cundill and Wiggins developed the Protocols for the Initiation of Hormone Therapy for Trans and Gender Diverse Patients based on this IC model specifically for Equinox. In a review of the IC model, Deutsch (2012) found that across a convenience sample of 12 unique US sites, representing a total of almost 2000 clients, the rate of regret with this system was 0.8 per cent and the rate of reversal of gender transition was 0.1 per cent.

No cases of malpractice claims or other legal actions were reported. Deutsch concludes:

> *A properly trained hormone provider … without a mental health referral may lead to more constructive and multifaceted connections with patients; at the same time the burden of gatekeeping is removed from the mental health provider, freeing the provider to establish a more trusting, supportive, and facilitative relationship with patients (2017: 145).*

An overview of the available research revealed that no Australian evaluations of the WPATH IC model have been undertaken to date. The Equinox clients found the Informed Consent Protocols extremely advantageous.

> *"It's very hard to be actually identified as a transgender because you have to go through psychologists, at least three, and they all have to agree to it. When I came here… it was like, "We're going to do this, this, this because your story makes sense and we got your referral." (M, transman)*

> *"I didn't realise that I could start testosterone in four sessions. I was, 'This is incredible! Such a pleasant surprise! Oh, my God, I'm booked in next week!'… People shouldn't have to feel like they've got a psychological problem because of their gender identity. It's bullshit… I don't come in here and feel like I'm surrounded by sick people. When you come here, it's like, you're not sick." (R, transman)*

> *"The informed consent program has made me incredibly happy because my friends [who are] unable to participate in therapy due to trauma or executive dysfunction finally have a chance." (survey participant)*

The staff also reported the ease of accessing medical care via the IC Model was necessary and required even further research and improvement.

> *Thorne Harbour Health or ANZPATH could lobby… doctors in regular practice in transgender medicine should be able to be accredited to prescribe testosterone. We won't get it wrong, we understand the drugs, we understand the indications, we understand the complications and we actively monitor these things… Informed consent formalises the process in the situation where the client clearly doesn't need a psychological or psychiatric assessment and that's hopefully declared and evident and okay. So it makes it legitimate for prescription of hormone therapy to that person. And because it's now described and there is a document that supports it and there is endorsement of that document, I can safely say follows the informed consent model (Staff 2)*

> *"I have groups of clients with more complex needs and it's not unusual in this clinic to see people with trauma, especially childhood trauma, especially childhood trauma related to sexual abuse. And there are people, again, who, because they are trans, have had a lot of difficulty accessing services they feel safe with… And then there's a kind of more general presentation around anxiety and depression in particular, which is part of the challenge of being trans in our society. I make sure that they're getting appropriate medical support, and if necessary medication around that. Then [we] provid[e] them with suitable mental health supports and forms of counselling." (Staff 3)*

experiences with the doctors

> *"You don't waste your time educating them."*

The need for knowledgeable doctors was unanimously requested by research participants in the existing Australian research. All Equinox clients believed the doctors had excellent physical and psychological knowledge such as in hormone therapy, mental health treatment and surgery.

> *"Great continuity of care with my doctor here." (D, transwoman)*

> *"I don't have to teach them. They know it, they know everything, they've seen everything, and there's so much knowledge that's there… So I feel really confident that if there was something that was out of sorts for me, and it was uncommon, a doctor that deals with trans people, they've got more comfort level that they can say "Okay, that does*

stand out as unusual." Whereas if it was a doctor that wasn't experienced with trans things, they wouldn't know if it's uncommon or not common. Everything's uncommon, cos they never deal with it." (S, transman)

"It's not luck-of-the-bag with doctors anymore. Even if it takes a while, it is a weight off knowing there is a place I can go and talk about my body without being judged." (survey participant)

"They even have knowledge about human rights and understand the discrimination that trans and gender diverse people experience in the world." (survey participant)

"I want a one-stop shop."

"[in hiring doctors] I think it's not always what looks good on paper, it's what's going to be right for the service, and that's where our manager is quite a bit of a hound dog in making sure he gets the right people in, as we can see, because our GPs are amazing… I don't want just any old willy-nilly doctor in here because we need more doctors, I want someone who knows what they're doing, gets it right, and doesn't fuck up a good thing, because it is a good thing… . And I don't want to see the feedback go from, 'really amazing, understanding GPs,' to, kind of, 'you're not getting it, you doctors,'" (Staff 4)

The Equinox doctors and other staff also expressed their enjoyment of the work, the great relationships established with clients, the collegial support from each other, and the thoughtful and thorough leadership from management.

"I love working here, I think it's a privilege to work here. There's still boundaries that, obviously, have to be there, but you do get to know your patients really well. Some of my clients I've been seeing since 2005, and they've moved with me from one clinic to another so I know them really well. The patients are generally very appreciative and, for example this morning I was running 45 minutes late and no one was upset about it, so people are very understanding that we might be running late… I think it's a really rewarding area of medicine, it's very cutting edge. Medicine that we're doing here is quite different to mainstream general practice… [Thorne Harbour Health] has been really supportive of this clinic, they've been fantastic… In terms of working with the other staff, the reception are great, none of them have done reception before, so they're still learning, but they're all working really hard and improving. … The best thing about the clinic is working with the manager, he's exceptional… If I'm burnt out I can take leave, the manager is very good at checking in. The thing is, when you have a workplace that you love and you enjoy coming to, you don't burn out as quickly as you can at other clinics. I think when there's a really positive vibe and you come to work looking forward to a day, you have a busy day, but you feel okay at the end of it, so it all balances out." (Staff 1)

"It's that kind of thing of wanting to do your job, but also having people who genuinely care, and I feel definitely supported. So that understanding things around acute illness if it hits, and regular check ins as well. We have routine meetings, and also supervisions and I think that's really important." (Staff 4)

Alongside feedback regarding the commendable management and peer collegiality, a need was expressed for the services of a medical director dedicated to undertaking the increasing day-to-day administrative work, as well as facilitating the professional development of reception staff.

"It would be really valuable to have a Director at Equinox, a doctor who is allocated non-clinical scheduled paid time each week to organise the admin, policies, events, guidelines, connections with other services. They could coordinate training for rural GPs… It's the normal GP frustrations of bureaucracy, paper work, phoning Medicare for authority scripts… receptionists learning how to field and filter some of the calls … it's a very hard job doing medical reception. They get bombarded from all angles, the phone doesn't stop, and there's people coming in all the time." (Staff 1)

The issue of de-skilling in other areas due to the specific skills required in trans health was also expressed.

"The only issue with working at Equinox full time is that you can feel like you're de-skilling in other areas… We're the opposite of most GPs, most of our clients are between 20 and 40, so we're not seeing babies, we've got a few patients in the 70s, but not many, whereas most GPs are seeing lots of babies, lots of really old people and a few in the

middle. In terms of the GPs that we're recruiting here, a lot of them are wanting to do general practice most of the time and then come here one or two days a week and I think that would be a perfect mixture, because then you don't de-skill in the other areas." (Staff 1)

Furthermore, due to the increasing numbers of clients and their complex needs, staff called for an increase in medical practitioners.

"We have quite a large proportion of patients who've been previously diagnosed with psychosis, high numbers of clients with Borderline Personality Disorders — you can't do five minute medicine here. There's lots of layers to each client. We're not doing many sore throats here. People tend to come in with a list and then even with 20 minutes, sometimes it's really hard to deal with many of the things on the list." (Staff 1)

One concern that was expressed by a client was a lack of understanding about culturally and faith-diverse clients:

They've been really great when it comes to trans people and they do have a really good consent model when it comes to accessing hormones and stuff. But they can be, without realising it, discriminating on like a religious and a POC [people of colour] level. I've heard some interesting things about how I come from a Muslim and a POC background where all relationships will be abusive or violent, which is not true. But you don't want to talk about it just in case it jeopardises your access to a lot of hormones and medical care… you can see the cogs working in their head trying to find a way to make it a problem about Islam or something like that. And they don't even wait for a proper response. They just say, 'Oh yeah, I know the answer already. It's definitely your religion's fault.' Like, no it's not." (Z, non-binary)

The absence of multicultural and multifaith (MCMF) participants in this research and the available literature, as well as the lack of research methods and questions targeting MCMF TGD individuals, raises concerns about why they may not be accessing Equinox and other TGD health services (Pallotta-Chiarolli: 2016; 2018).

extending Equinox

more resources and funding

Overwhelmingly, all clients wanted an increase in the capacity of existing services and the introduction of a broader range of social, mental health and other support services which would augment their clinical experience and foster a more wholistic promotion of health and wellbeing.

"Honestly I would book more often but often I don't access any healthcare or I delay seeking healthcare at Equinox because it takes ages to book in. Sometimes I go to a dodgy GP clinic because I know it will take me weeks just to get an appointment [at Equinox]." (A, transman)

"They've saved my life, so it's like if you have more funding and more doctors and just more ability to provide counselling services on more days, then you can support so many more people. People do top themselves quite regularly, and the rates are very high and the benefit of having this service to the community is enormous." (J, transman)

"It would be great to be able to come here outside of business hours… And that all comes down to money I think. Let's do exactly more of what you're doing … I would love to be able to recommend the service, and know that they could come in and there would be more doctors available to service them… I mean, it would be great if Equinox could be one of the huge medical centres that does everything, treats the flu, that had physio, that has x-ray machines. I mean, they do a fantastic job being able to take bloods and do the things that they do. But it would be great to see them much bigger, and to be able to take many more people on for more services. (S, transman)

"It would be good to have a nurse here, because at the moment the GPs are doing all of the nursing duties and that includes taking blood, doing swabs, dressings. We do have a nurse here on a Thursday morning, but that's it… " (Staff 1)

"I think it's a big deal for people to try and make the appointment, and then be told to wait. When people do make these calls, I am giving resources for other clinics, because I don't want anyone feeling like we are the only service they can access. I think at the moment we are kind of benchmarked because we are

doing the informed consent model, so I think for that reason we are retaining clients and new clients are happy to wait it out, but obviously I don't want people feeling like we are the golden child, the only option." (Staff 4)

Outreach and online strategies were also suggested as ways of supporting the large list of clients who are unable to physically access Equinox. However, this would also require further staff and funding to establish these systems.

"We could have some sort of outreach programmes particularly go to rural towns, but how do we fund it? How do find the time to travel? What about Skype? I do that in my private practice. I Skype with people around the world. It means the client can be at home as long as they've got a reasonably quiet space. It's not going to work for everyone. If you've got young people living at home with their families who don't want their parents or their brothers to know that they are seeking counselling around their gender identity obviously, but maybe then we can set up something where we link up with a community health centre where there can be a room there that clients can go to and it's private. And also the GPs can work that way too. And then, really there's no obstacle, it could be anywhere in Australia or overseas as well." (Staff 3)

"My parents, particularly my mother, would benefit from services that are meant for families…"

Staff suggested an expansion in their own amenities, environment renovations and opportunities to run more formal meetings.

"You can practise medicine under a tree, that's for sure. And there's the attitude and the accessibility and that sort of thing counts more than the four walls… there [are] a few procedures involved in transgender medicine and hormone implants and things like that, and they are not hard, [but] I have not yet started to do those here because I want to be sure about sterility and things like that [so] a purpose-built facility would take that into account." (Staff 2)

"From a kind of infrastructure perspective, I keep separate clinical records around my clients but they're not part of this system, which is probably fair enough, but we need somehow to get better records management for counselling… And also, now that we've got all this data coming in about the clients, let's disseminate that information throughout the group. And I think also for me to feedback about what I'm seeing amongst the counselling clients, what's worked well and what they say about the doctor. So to have a more formalised process, we could do our usual coffee and cakes and everybody could present something about the work they're doing." (Staff 3)

"It's kind of between a rock and a hard place, because I don't want to leave my beautiful comfort zone, which is this place. I think in my big, imaginary, perfect world, I would like a bigger space, but I think that's just because I would like to see lots more beautiful things happening in it." (Staff 4)

An extension of mental health service provision was considered useful by some, especially by staff.

"I think having mental health specialists would be great. If they were here, I would feel a sense of trust about what they're like and how good they are, because they've been chosen by the staff here." (A, transman)

"At times, we might want support for a decision to initiate hormone therapy, and the support is that the person has had a mental health assessment and somebody has declared yes, this person is fully aware and has understood whatever… under the informed consent, a lot of people don't need a mental health assessment and that's fine, and we can make our own… So an on-site clinical psychologist or somebody who did regular sessions here, that would be very good." (Staff 2)

"We need more of us. It'd be lucky if we could have a trans identifying counsellor but I don't think that's on the cards in the near future… We're fairly rare beasts I suppose or not everyone wants to be out there… From a counselling perspective, we've got a massive wait list who wait six months before they come and see me, which is not very useful for people

at high risk. So a substantial proportion of clients have either attempted suicide or are strongly suicidally ideating when they present, so we need to be able to manage and take on the high risk clients as quickly as possible. (Staff 3)

In relation to MCMF TGD mental health, recent Victorial DPC reports (Pallotta-Chiarolli, 2016; 2018) and personal stories from MCMF TGD Victorians (eg: Adan, 2018; Carolina, 2018; Goldner, 2018) demonstrate the urgent need for all TGD services to be funded to engage with diversity and intersectionality.

social/support group for TGD clients

"We've talked about maybe doing a coffee morning here for people that aren't necessarily connected on social media, for example, so we're trying to work out which groups we're not accessing. We know that some of our older clients aren't on social media so some of them feel very isolated and not so connected to community. (Staff 1)

As found by Robinson et al (2015) in their research, most clients, including 95 per cent of the online participants, thought the provision of social/support services would be very beneficial as they could meet supportive peers and form friendships. Others thought it would be something they would consider attending once it was available.

"I'm not very social, but I could be more if I felt like there were more things to go to that were safe." (A, transman)

"As someone who is beginning their transition in their 30s, I would benefit from a support group for TGD people 30+ who are going/have gone through this experience. Most of the trans folk I know are younger and I feel there are differences in our experiences and I can feel a little isolated." (survey participant)

"Support groups based around certain experiences e.g. chronic fatigue, bipolar, bpd, etc etc might be cool as sometimes these experiences can feel isolating if you don't have supports to talk to about them." (survey participant)

"Having no contacts in the LGBTIQ community has been difficult and I rely on online interactions (which is limited)." (survey participant).

"I have no transgender friends. It would have been nice to hear and support others, in the highs and lows of transitioning especially in the early days or even now of early months. Might stop or lessen the feeling of being so alone in the journey. And to see hear from people that are far along in their transition, that it does get better." (survey participant)

"I would also be more than willing to provide peer support once I was further into my path of transition and in a better head space." (survey participant).

"I'm a queer trans nurse who is determined to work with and care for my peers! I would love this to be a thing." (survey participant)

There were clients who did not think it would serve their needs and could create concerns over having face-to-face group interactions.

"I'm not the social person that goes into clubs and support groups. I'd like to meet them online just for the screen in between. I don't feel comfortable, I don't really know what to talk about." (M, transman)

"I'm not really into group stuff, too anxious to participate, don't like being looked at." (survey participant)

services for families and friends of TGD clients

In response to the recommendation in Smith et al (2014), we asked about social and support services for partners, families and friends of clients. This could include establishing links with other services to attend these sessions to provide specific information and support to TGD clients' families of origin and families of choice.

"My parents, particularly my mother, would benefit from services that are meant for families. We come from a Muslim community that is very like community-based, right? Everybody talks to each other and when you look for support, you look for some other families. And when it comes to having conversations around my sexuality and my gender, my mother doesn't have much community to turn to… where she can go meet other Muslim families and have that support the way she would have if anything else was going on in our family." (Z, non-binary)

"[It] would be a valuable thing for [my partner] to have, it impacts her too, so just to come and talk to people." (CB, transwoman).

"I know loads of people's relationships didn't survive the transitioning period, and I think those supports would save a

lot of those. I mean my adult nieces and nephew, I didn't have contact with them for a whole year. That nearly broke me and it's still fractured with my sister." (J, transman)

"My parents came to one of my appointments and they were very happy with the experience and happy that I was being taken good care of by doctors who know what they are doing." (survey participant)

"We get called almost every day by other clinics wanting quick Trans101 over the phone…"

"My wife came to a consultation prior to me commencing HRT, it was extremely important and crucial to resolving her concerns about safety etc." (survey participant)

"[I would like to see] assistance [for] coming out to children." (survey participant)

Staff also believed this service would augment and support their role as clients' progress could be understood and supported at home and in the community.

"It would be great to have capacity to see partners of trans people, parents, kids of trans people, but at the moment, we don't really have the space. There's also the issue that if you have lots of cisgendered people, non-trans people in the waiting room, it kind of mixes up that space that they'll be in. Having said that, I often see parents or partners in the consultation with the client, particularly with the younger clients, often their parents want to come in just for some reassurance and to know where their child is coming. That's always done with the patient in the room as well." (Staff 1)

"It's not unusual for children to be involved in that family unit as well. There can come times when you need to get the whole family together to have a bit of a talk about what's happening with one of the parents… a lot of queer people again find it very difficult to get relationship counselling. When they go in and they get some very negative responses from counsellors who think like, 'Well, why do you have to have three people in a relationship? What happened to monogamy?' Or, 'It's about time you gave up the sex work…' At the moment we very much do individual counselling but nobody really exists in a vacuum. They exist within a context so it's very difficult to see somebody in isolation." (Staff 3)

There were some clients, however, who enjoyed the specialness of a centre just for them.

"I would have mentioned it to mum, but she probably wouldn't really understand what I was talking about… Part of me is like, yeah, sure, it's good to get everyone engaged and informed. At the same time, I kind of like that it's just for us… I sometimes bring my partner with me if I'm having a hard time." (A, transman)

"As long as [opening the space up to families] didn't impact on those that are gender diverse getting places for appointments. I think they should be generally first off the rank." (D, transwoman)

ongoing non-medical interventions/support services

As well as wishing to remain clients for general GP services after they have completed their desired gender journey, many clients stated they would appreciate ongoing non-medical interventions/support services such as assistance in changing documents (online survey: 100%), coming out to family and friends (online survey: 90%), attending TGD social events (online survey: 90%), accessing other services such as housing (online survey: 85%) and employment services (online survey: 90%).

"One day if you want to finish with the clinic, [it would be good to have] someone to support you like changing documents (CA, transman)

"I know that when I left my Sydney doctor, it was really like, 'Okay, this is your last appointment, and see you later.' I had to kind of seek out who the trans doctors were where I was going, and then organise all of the paperwork to be sent over, whereas if there was a transition

plan, or if there was a more connected national network, it would be great." (S, transman)

"I think access to various trans/gnc friendly body work services (especially for people with chronic health/pain situations) inc things like physio, osteo, occupational therapist, massage, acupuncture etc would be super useful." (survey participant)

Staff also felt this would support their in-clinic work regarding less time required to make referrals and seek external links (see also Strauss et al, 2017).

"I think we need more support workers… we need a housing worker, we need a social worker and a drug and alcohol worker, it would be great to have all these people on the site on a more full time basis." (Staff 1)

training and education of other TGD and mainstream health services

All clients believed Equinox, due to its model of excellence, should establish a training/education program and resources in order to educate other TGD and mainstream services, and for medical/nursing internships. Although this was occurring informally, the formalisation and resourcing of this arm of Equinox was an unanimous recommendation, and directly aligned to Sinnott's (2005) findings.

"I want to access healthcare services where there are identified trans and gender diverse positions and trainee ships to build up their professional capacity." (survey participant).

"You can't exactly go and educate every healthcare professional. I think just maybe a resource that they can access that would take the burden, pressure off us. Like, I said, Google's a really good thing, but oftentimes a lot of doctors don't really think about that… oftentimes the professionals I do see already know about trans and queer issues but they don't look further on the cultural level." (Z, non-binary)

"It's great that Equinox has developed the new informed consent guidelines for accessing HRT. However hardly any GPs are taking it up across the state. We need GP training for providers in the outer suburbs and across regional Victoria. The community will trust Equinox to deliver this training… Equinox has the skill and capacity to provide training for healthcare providers." (survey participant)

"Having a trans-informed doctor in regional areas would be great as I currently have to travel 3hrs to see a doctor who understands what I'm going through." (survey participant)

"Please help depathologise trans and gender diverse healthcare in Australia and advocate on a state government level that the monopoly on trans health services needs to end!" (survey participant)

"The numbers are going to keep rolling in and in the longer term, decentralising care, so that there's more trans healthcare providers in rural and regional areas… training up other GPs or doing shared care model of care arrangement where the client might visit us once a year and the local GP manages the client's scripts and blood tests in between… I do tend to find that many GPs are still nervous to prescribe hormones in high doses and worrying about doing harm and just being cautious … one problem we have at the moment is that we get called almost every day by other clinics wanting quick Trans101 over the phone and it's really difficult to keep up with that. I think in the longer term, we would like to have more resources available on our website, so we can say to GPs, "Look at this How to Prescribe Hormones guide, or look at this Informed Consent Guide, and then call us back if you have any questions…" I think most GPs want to skill up in trans health, are actually really keen to look after their trans clients, but they just don't know how." (Staff 1)

"I bring medical students here from Monash. Each student that I have in my other practice gets one session here… I ask them if they want to come, everybody says yes. And the practice here is quite open to it." (Staff 2)

Staff also discussed the need for their own professional development and upskilling which could be supported by Equinox.

"The thing that I did quite early on was attend the IRIS [Reproductive and Sexual Health Education for Health Professionals] meeting in Queensland and the ideal situation would be that somebody has attended that before starting here. It's a crash course in transgender medicine, it's thorough and it's got a good reputation and it deserves it. (Staff 2)

a peer support/navigator/ meet and greet role

Due to the increasing numbers of clients and their complex needs, the Equinox centre has developed guidelines in relation to utilising a Peer Greeter/Navigator role to welcome and register TGD patients into the service. The role of the Peer Navigator is to provide information, resources and referrals (see also GLBTI MAC, 2014). The Peer Navigator can also provide a brief overview to the patient regarding the process involved in medically transitioning, what Equinox provides, introduce patients to other Thorne Harbour Health services (eg AOD, counselling, family violence counselling/prevention), and complete Equinox registration paperwork including preferred name and pronouns. They could assist GPs in determining clients' ongoing needs, monitoring their progress, and regularly checking in such as assisting them in making and keeping appointments, and identifying any required external services.

"I wouldn't be alive without Equinox"

Interestingly, most clients did not feel that a specific Peer Greeter/Navigator was necessary given the excellent welcoming reception staff and environment.

"I think that could be a bit too much, you know? It's almost unnecessary because people at the desk, they actually are very welcoming, they often do have a little chat with you, and make you feel at ease." (CB, transwoman).

"I feel like I don't really know what a meet-and-greet person really means… as someone with social anxiety, that makes me a little bit anxious." (CA, transman).

A minority of clients could see its role in facilitating the development of the client's comfort and knowledge.

"Yeah, definitely. I think there's always a massive benefit in having a familiar face. The kind of person that's going to be exceptionally anxious about coming into a space like this, that can be questioning, at the beginning, or they're going to be potentially a young person, and having someone there that can relate to them on those levels immediately, is gonna really help with their mental health." (S, transman)

Staff were more enthusiastic about having a Peer Navigator/Greeter.

"I think a lot of people get very anxious about coming in, so a lot of people cancel and then reschedule and they might do that three or four times before they come. And that's why we want to get the Peer Greeters happening, so people can come and then meet a peer, rather than a medical person on their first appointment… Particularly with new clients they're then chatting, make them a coffee, show them where the bathrooms are. In our case, they could also talk to our clients about our informed consent model of care, they might give patients flyers to other services like drug and alcohol or housing services… we're thinking about having social work students, so when they do their six-month placement, having them placed here so that they can do the Peer Greeter role. What we're not sure at the moment is whether we would just have them here at certain times and ask people to drop in or whether we'd have someone here all the time to just greet clients… There are issues that we have to work through, like what sort of Peer Greeter we'll have, so a young transman Peer Greeter might not necessarily relate to an older transwoman and that kind of thing, but in theory it's a good idea, but we just have to work on it a bit." (Staff 1)

It was also considered feasible that the Peer Greeter could also have the role of ongoing Peer Navigator in non-medical interventions.

"One of their roles, as well as greeting them, is to check in with them and help them with things like document changing and linking them in with other supports. If we see a need we can also refer them in-house to the Thorne Harbour Health social workers, but I think for our clients who, for example, live in the country, they're stable on the hormones, we often hand over care to their regular GP. That might involve phone calls and letters." (Staff 1)

conclusion

Overwhelmingly, clients were grateful and positive in regard to all facets of Equinox service provision, and many commented on Equinox as having saved their lives.

"Equinox saved me." (J, transman)

"We're not like different aliens from different planet… I can really tell that people here do this job with all their

heart. They're always smiling and I never see them angry or being ignorant." (M, transman)

"Thank you. For existing. Incredibly life-changing." (R, transman).

"The one thing I would do differently is seek this aspect of me many many years earlier." (survey participant)

In the online survey, 96 per cent of the respondents reported Equinox had "very much," or "absolutely," improved their health and wellbeing.

This result is directly aligned with the previous Australian research that consistently demonstrates the large percentage of TGD people experiencing trauma and negativity in wider social settings, only to then be met with further debilitating experiences in health services. It also provides further strong evidence supporting the findings and recommendations of the AHA (2018) discussion paper on the *Future Development of Health and Support Services for Trans and Gender-Diverse Victorians.*

Thus, Equinox is unique and pioneering in being able to empower, enable and advocate for the medical, mental and social health of TGD clients through its peer-led Informed Consent model. The only concerns that were expressed by both clients and staff did not require or recommend the removal or decrease in what Equinox does, but indeed required and recommended "more of the same,", the expansion and extension of what Equinox is already achieving and as a model of excellence for other services.

The evaluation has also highlighted the uniqueness and efficacy of the TGD-staffed clinic, recommended in previous research (Strauss et al, 2017). This can only continue to be achieved and indeed strengthened and disseminated throughout all health service sites and sectors through the necessary funding and resourcing, as our Recommendations have demonstrated.

"Before, I had nothing left… at the end of my road with not much strength left. Although it is not an easy, happy-go-lucky road, it is a road and one that has a sense of peace within myself." (survey participant)

4 glossary

Transgender

An umbrella term that describes a person who does not identify with their gender assigned at birth or upbringing. The terms male-to-female and female-to-male are used to refer to individuals who are undergoing or who have undergone a process of gender affirmation. It is important to note that this term covers a lot of gender identities within it.

Cisgender

A term to describe people whose gender identity matches the sex that they were assigned at birth.

Transition

Describes a transgender person's journey of gender affirmation. It may or may not involve hormone therapy and or surgery. Social and medical factors are involved in this process.

Gender identity

Refers to a person's internal sense of being male, female, something other or in between. Everyone has a gender identity regardless if they are transgender or not.

Non-binary

Describes any gender identity which does not fit the male and female binary.

Bi-phobia, Homophobia and Transphobia

Encompasses a range of negative attitudes and feelings towards people who are identified or perceived as being lesbian, gay, bisexual or transgender (LGBT). This can be shown in the form of emotional disgust, fear, violence, anger or discomfort felt or expressed towards people who do not conform to society's expectations.

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