



Trans

Healthcare in Ireland

Accessing Healthcare related to Gender
Identity for Trans and Non-binary People



Belong To LGBTQ+
Youth Ireland

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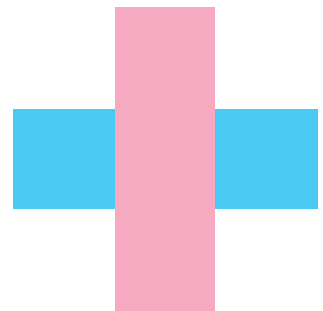
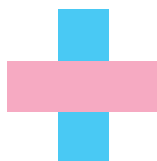
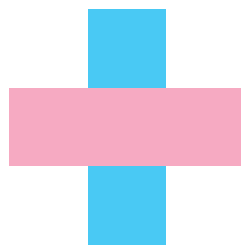
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“You feel like with each passing day nothing will improve and that you’re stuck, left to ruminate on your dysphoria. Especially when you are struggling with suicidal thoughts, it feels like you’re left stranded at sea, left to drown.”

Contents

Introduction.....	4
Foreword	6
Literature	9
Trans Healthcare Key Principles.....	14
International Models of Care	17
Findings	26
Belong To's Vision for a Model of Care: Key Principles.....	49
Recommendations	54
Bibliography	57



Introduction

The *Trans Healthcare¹ in Ireland: Accessing Healthcare related to Gender Identity for Trans and Non-binary People* research project is the first dedicated quantitative study regarding trans, non-binary and gender diverse (hereafter ‘trans’²) people’s access to trans healthcare in Ireland. This study sought to identify the specific pathways to trans healthcare accessed by trans and non-binary people and the barriers encountered during this process.

For many trans people, access to trans healthcare is crucial to their mental health and wellbeing. However, as this study confirms many trans individuals in Ireland are unable to access this form of healthcare due to a number of factors outlined within this research. Medical transition is a deeply personal decision and requires care that is holistic, supportive and capable of meeting the needs of a diverse cohort of individuals. There are many ways in which trans people experience and affirm their gender, and for those that chose to medically transition, that path is unique to each individual.

Access to trans healthcare is underpinned by human rights principles both in Ireland and internationally. Given Ireland’s obligations in relation to human rights and law, the provision of trans healthcare in Ireland needs to be underpinned by principles of non-discrimination; bodily integrity, bodily autonomy, self-determination and informed consent; quality, specialised and decentralised care and the principles of the best interest of the child (European Union, 2010). These human rights principles align with the Yogyakarta Principles (International Commission of Jurists, 2007). Unfortunately, this research adds to the growing evidence base that reveals the inaccessibility of trans healthcare in Ireland as a result of waiting times, geographic barriers and lack of service provision. As a result of these systemic and social barriers, Ireland is ranked lowest among EU countries for the availability and accessibility of trans healthcare (Adams & Ganesan, 2023).

- 1 Trans healthcare in the context of this research refers to healthcare that holistically attends to trans and non-binary people’s physical, mental, and social health needs and well-being including medical transition while respectfully affirming their gender identity.
- 2 ‘Trans’ is used as an umbrella term throughout this research report to refer to individuals whose gender identity differs from their sex assignment at birth. This includes, but is not limited to, trans, non-binary and gender-diverse adults and young people.

Trans adults and young people in Ireland have been identified in recent Irish research as a vulnerable community in relation to mental health, wellbeing, self-harm and suicidality (Higgins *et al.*, 2024). These mental health challenges are further compounded by the inaccessibility of trans healthcare (Higgins *et al.*, 2024). This current study finds that three in 10 individuals are waiting over three years for access to care. This report outlines that, due to a lack of service provision alongside a lack of personal and practitioner based knowledge; almost 50% of trans young people received no onward referral from their Child and Adolescent Mental Health Services (CAMHS) appointment. This leaves them and their caregivers without the support they need. As a result of the inaccessibility of trans healthcare in Ireland, many trans individuals turn to alternative pathways, namely private practitioners and self-medication, in response.

This research has provided much needed insight into the current situation of the provision of trans healthcare in Ireland, revealing the many shortcomings of the current system. I would like to sincerely thank all participants who gave up their time and shared their experiences as part of this research project, and to Belong To for their continued work to ensure that every trans young person in Ireland is equal, safe and valued in the diversity of their experience.



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Foreword

At Belong To, we have supported trans young people and their families since 2003 through youth work, education and advocacy. Over the past number of years, we witnessed the provision of trans healthcare for adolescents come under increased strain as waiting lists grew. This culminated in the halting of referrals of trans young people to an under 17s service in December 2019, leaving young people and their families at a complete loss. Through Belong To's frontline work, including a National Network of over 80 LGBTQ+ youth groups across Ireland supported by Belong To, we have seen first-hand the devastating impact this has had on these families – one of stress, confusion and endless waiting. This situation led us to partner with Associate Professor, Aideen Quilty, to undertake the research project, *Trans Healthcare in Ireland: Accessing Healthcare related to Gender Identity for Trans and Non-binary People*.

This report includes a detailed engagement with relevant literature, international best practice guidelines in providing trans healthcare, case studies of where these guidelines are modelled and the findings of the *Trans Healthcare in Ireland* research, all of which inform the key principles of Belong To's vision for a model of trans healthcare care in Ireland.

Since new referrals to the gender identity adolescent service ceased in December 2019, there has been no active health service for trans youth in Ireland. Prior to its closure, there was a waiting list of over three years for trans young people to access the service. From age 17 onwards, trans young people are referred to the National Gender Service gender identity clinic in Dublin, for which the waiting list is in the region of over 10 years (Black, 2024).

Trans healthcare for adults is associated with multiple positive outcomes including improved mental health outcomes (Dhejine *et al*, 2016; Nobili, Glazebrook & Arcelus, 2018); life satisfaction and job satisfaction (Doyle, Lewis & Barreto, 2023; Drydakis, 2020); greater relationship satisfaction; higher self-esteem and confidence, and reductions in anxiety, depression, suicidality, and substance use (What we Know Project, 2018). Similarly, for trans young people who wish to medically transition, access to this form of healthcare has been shown to greatly reduce rates of suicidal ideation and suicide attempt (Bailey, J. Ellis & McNeil, 2014); improve mental health outcomes; decrease suicidality in adulthood, improve affect and psychological functioning,

and improve social life (Costa *et al.*, 2015; Green *et al.*, 2022). In order to attend to the needs of trans people in Ireland, the provision of trans healthcare must be underpinned by human rights and shared principles of best practice identified within this research.

Government policy in Ireland contains a number of commitments to improving, expanding and developing the provision of and access to trans healthcare. The Programme for Government, *Our Shared Future* (2022), contains a commitment to

Create and implement a general health policy for Trans people, based on a best-practice model for care, in line with the World Professional Association of Transgender Healthcare (WPATH) and deliver a framework for the development of National Gender Clinics and Multidisciplinary Teams for children and adults (Department of Taoiseach, 2020).

The National LGBTI+ Inclusion Strategy 2019-2021 states as objective 19.2 “Continue to develop transgender health services for children and adults in Ireland with a clear transition pathway from child to adult services” (DCEDIY, 2019). Objective 13 of the *LGBTI+ National Youth Strategy 2018-2020* commits to “Ensure appropriate resources are available in order that the HSE Service Development model of care is implemented and accessible to support trans young people.”; “Provide clear guidelines to health practitioners on referral pathways for trans young people and their families to specialised services.”; and “Work with parents and young people seeking to access healthcare outside the state under the provisions of the Cross Border Directive and Treatment Abroad Scheme to ensure the available options for access to care are communicated effectively” (DCYA, 2018).

The *Trans Healthcare in Ireland* study indicates that many trans and non-binary people in Ireland face extensive challenges in accessing trans healthcare. Based on the study’s findings and review of relevant literature, this research puts forward key principles for a vision of a model of care identified by Belong To with a view to advancing access to trans healthcare in Ireland. This vision is an accessible and holistic model of care, grounded in international and national research, human rights and medical best practice. Sláintecare is the Government of Ireland’s ten-year programme to transform Ireland’s health and social care services to better meet the needs of the population in Ireland through the introduction of ‘a universal health and social care system where everyone has equitable access to services based on need’ (Government of Ireland, 2023, p.5). This vision for a health service in Ireland aims to address health inequality and meet the needs of Ireland’s growing and diverse

population and is extensively supported across political parties and exists within the current Programme for Government. The principles for a vision of a model of trans healthcare set out in this document align with Sláintecare's core principle of community-based, integrated care (Health Service Executive and Department of Health, 2021). Taking guidance from the key aims and principles of Sláintecare, the needs of trans youth and adults in Ireland can be met through the provision of trans healthcare that is **Local** (integrated, equitable and sustainable), **Safe** (person-centred and grounded in medical best practice) and **Informed** (accountable and rights-based).

On behalf of Belong To, I would like to express my deep appreciation to the trans and non-binary people in Ireland and trans youth who shared their experiences and stories as part of this research. We are so grateful for your honesty, trust and resilience. In addition, I also wish to extend my sincere gratitude to Community Foundation Ireland for generously funding and supporting this study. Finally, I wish to acknowledge the work of Associate Professor Aideen Quilty, Dr Matt Kennedy and Neasa Candon in making this study possible. I am grateful for the deeply rigorous, considered and sensitive approach taken to this research and for giving a voice to the trans community in Ireland with dignity and respect.



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Literature

Trans Healthcare in Ireland: The Landscape

The health needs of trans and non-binary people are nuanced and are not limited to transition-related care. For many trans and non-binary people, healthcare related to their transition is deeply personal and as such benefits from holistic, trusting and professional healthcare environments (Vermeir, Jackson & Marshall, 2018). Not every trans person chooses to medically transition. For trans people who do opt to medically transition, the ability to access trans healthcare positively contributes to their mental health and wellbeing (Higgins *et al.*, 2024). This is demonstrated in research published in 2024 by Trinity College, Dublin, whereby 90% of trans and non-binary participants in Ireland confirmed that transitioning, including medical transition, had a positive impact on their mental health (Higgins *et al.*, 2024, p.87).

However, for many trans individuals in Ireland, trans healthcare is widely inaccessible as a result of waiting times, geographic barriers, lack of service provision and familial or social relations (Kearns *et al.*, 2021). As a result of these systemic and social barriers, Ireland is ranked as lowest among EU countries for the availability and accessibility of trans healthcare (Adams & Ganesan, 2023). In recent years, several commitments have been made to improving access to transition-related healthcare for this cohort, including within the current *Programme for Government: Our Shared Future* (Department of the Taoiseach, 2020), the *Report of the Steering Committee on the Development of HSE Transgender Identity Services* (HSE, 2020), the *LGBTI+ National Youth Strategy 2018-2020* (DCYA, 2018), the *National LGBTI+ Inclusion Strategy 2019-2021* (DCEDIY, 2019), and the *DCEDIY Statement of Strategy 2023-2025* (DCEDIY, 2023). However, as the findings of this research show, extensive barriers persist.

Currently, trans healthcare in Ireland is delivered by one gender identity clinic in Dublin, the National Gender Service (hereafter 'NGS'). This service attends to the medical transition-related healthcare for individuals aged 17 and over (NGS, 2024). In addition, there is no active health service for trans youth in Ireland. The gender identity adolescent service – situated in Crumlin Children's Hospital – closed to new referrals in

December 2019. For trans young people who had not attended a first appointment by December 2019, this means they have no access to healthcare related to their gender identity or specialised support for themselves and their families in Ireland (HSE, 2023). Prior to its closure, there was a waiting list of over three years for trans young people to access the service. Now, trans young people and their families are without any form of specialised support for their healthcare needs. From age 17 onwards, those on the adolescent waiting list are referred to the adult service. The waiting list for adult services in Ireland is currently in the region of 10+ years (Black, 2024).

LGBTQ+ Literature: Trans Lives in Context

Existing qualitative and quantitative research in an Irish context has explored the experiences of trans people captured broadly as individuals whose gender differs from the sex they were assigned at birth. Quantitative research projects have captured trans people's experiences within the context of the broader LGBTQ+ community in relation to mental health and wellbeing (Bryan and Mayock, 2012; Delaney and McCann, 2021; de Vries *et al.*, 2022, 2023; Higgins *et al.*, 2011, 2016, 2024; Mayock *et al.*, 2008; McCann and Sharek, 2014, McCann *et al.*, 2013; McNeil *et al.*, 2013; Mental Health Reform, 2022); drug use, alcohol use and smoking (Kabir *et al.*, 2013, Sarma, 2006); migration (Noone, Keogh and Buggy, 2018); employment (Vasquez del Aguila and Cantillon, 2010); education and school experiences (Belong To and Pizmony-Levy, 2019, 2022; Minton *et al.*, 2008; Reygan, 2009); young LGBTQ+ people's experiences during Covid-19 (Belong To, 2020, 2021); and youth sexual and gender self-identification (Ceatha, Gates and Crowley, 2023a). Quantitative research has also explored the political, social and economic issues of concern to the LGBTQ+ community in Ireland (National LGBT Federation, 2009, 2016); attitudes of the general public towards gender and sexual minorities in Ireland (DCEDIY, 2023; Noone *et al.*, 2022) and the benefit of empowerment programmes for LGBTQ+ youth (Ramon and Warrenner, 2015).

Qualitative research projects have captured trans people's experiences within the context of the broader LGBTQ+ community in relation to LGBTQ+ asylum seekers proving credibility in the Irish international protection process (LGBT Ireland and Irish Refugee Council, 2022); conversion therapies (Keogh *et al.*, 2023); homophobia in post-primary schools (Norman and Galvin, 2006); homelessness (Quilty and Morris, 2020; Norris and Quilty, 2021); religious homophobia (Reygan and Moane, 2014); LGBTQ+ staff networks (McFadden and Crowley-Henry, 2018); heteroactivism (Nash and Browne, 2020);

sexual violence (Rape Crisis Network Ireland, 2016); and the experiences of intersex individuals (Ní Mhuirthile *et al.*, 2022). Taken broadly, the Irish qualitative and quantitative research landscape demonstrates that trans people in Ireland are more likely than cisgender heterosexual people, and lesbian, gay and bisexual people, to experience mental health challenges, self-harm and suicide ideation. Trans people are more likely to experience barriers to employment and report lower rates of belonging in their educational environments as well as bullying compared to cisgender individuals. This research landscape also demonstrates lower rates of acceptance towards trans individuals in Ireland than lesbian, gay and bisexual individuals among the general public and finds that access to trans healthcare, social acceptance and legal recognition are issues of key concern to the trans community.

Existing qualitative and quantitative research in Ireland has explored the experiences of trans people as an overarching identity category across a range of themes and contexts including: healthcare (Sheehan and Collins, 2004; Delany and McCann, 2020; Howell, 2021; Howell and McGuire, 2019; Kearns *et al.*, 2021, 2022; Kearns, O'Shea and Neff, 2023a, 2023b; Moloney *et al.*, 2019; Szydlowski, 2016a); education (Buggy, Murphy and Chevallier, 2019; Chevallier and Buggy, 2020); legal gender recognition (Farrell and FLAC, 2019; Leane and Ó Súilleabháin, 2021; Szydlowski, 2016); transphobia, hate crime and policing (Cahill, 2022; Haynes and Schweppe, 2013, 2016, 2017, 2018; McIlroy, 2009); identity affirmation (Mullen and Moane, 2013); and identity development (Callahan and McGuire, 2022). In addition, existing qualitative scholarship has explored young trans people's experiences in relation to body image (McGuire *et al.*, 2016b); primary and post-primary school (McBride *et al.*, 2020; McBride and Neary, 2021; Neary, 2018; 2021b; Neary, Irwin-Gowran and McEvoy, 2017; Neary and McBride, 2021; Neary and Power, 2024); and religion (Okrey and McGuire, 2021). Qualitative research has also focused on the experiences of practitioners and educators working with trans people (Harmon, 2017; Harmon and Donohue, 2018; Lee *et al.*, 2022; McCann, Sharek and Huntley-Moore, 2019; McGuire *et al.*, 2016a) as well as the experiences of the families of trans young people (Neary and Cross, 2018; Neary, 2021a).

Qualitative research has also focused on the experiences of practitioners and educators working with trans people (Harmon, 2017; Harmon and Donohue, 2018; Lee *et al.*, 2022; McCann, Sharek and Huntley-Moore, 2019; McGuire *et al.*, 2016a) as well as the experiences of the families of trans young people (Neary and Cross, 2018; Neary, 2021a). This research specific to the trans community demonstrates that trans people in Ireland experience extensive barriers to healthcare services, specifically mental health services and gender-affirming healthcare. This existing literature also demonstrates that trans people experience extensive transphobia in their lifeworlds taking

shape as verbal, physical and sexual violence. Through this research, we learn that trans people have low levels of trust in the Irish police force, An Garda Síochána, and often experience additional transphobia when attempting to report hate crimes. This research also finds that educational and health practitioners in Ireland have a lack of awareness regarding the needs of trans people and that middle-class parents often take on advocacy roles on behalf of the trans young people in their lives.

Trans Healthcare in Ireland: The Literature

Literature in an Irish context relating to trans healthcare is sparse, a key rationale underpinning the pursuit of this study. Existing literature in Ireland which specifically addresses trans healthcare includes a 2004 piece commissioned by the former Equality Authority of Ireland (Collins and Sheehan, 2004) alongside a number of papers published by staff at the National Gender Service (Kearns *et al.*, 2021; Kearns, O'Shea and Neff, 2024; Kearns, O'Shea and Neff, 2023). This existing research reveals the extensive barriers participants experience in attempting to access care, the current pathways and patient demographics, and the experiences of trans individuals accessing trans healthcare in Ireland. Crucially, the little existing literature reveals that many trans people are unable to access the healthcare that they require due to social exclusion, transphobia, geographic barriers and cost and that the inaccessibility of healthcare for trans people is additionally often compounded for trans youth.

The most recent findings related to this area published in *Being LGBTQI+ in Ireland: The National Study of the Mental Health and Wellbeing of LGBTQI+ Communities in Ireland* (Higgins *et al.*, 2024). This report highlights the vulnerability of trans individuals, and sheds light on the current provision of trans healthcare in Ireland, mirroring findings in the current *Trans Healthcare in Ireland* research.

Being LGBTQI+ in Ireland confirms that the current singular gender clinic model of care creates significant barriers for individuals seeking this form of healthcare. Additionally, the report makes clear the adverse impact that the extensive waiting times for the service have on the mental health and wellbeing of trans individuals in Ireland. This report also identifies the alternative means of accessing care that many individuals turn to as a result of the inaccessibility of the public service, namely through private care and self-medication. These alternative means emerge in response to this healthcare vulnerability and the lack of service provision to meet the

needs of the trans community. As a result, individuals often experience financial strain through private care pathways or potential health risks through self-medication with neither appropriate medical oversight nor access to holistic support services. In response to these findings, the *Being LGBTQI+ in Ireland* research makes the following recommendation to the HSE:

Through a community partnership approach, the HSE needs to develop, fund and implement a new model of gender-affirming care for young people and adults that complies with national and international human rights and medical standards of care and is based on the principles of self-determination and informed consent. This new model should be decentralised, free at the point of use, delivered locally, holistic, person-centred and responsive to emergent community needs through an integrated multidisciplinary network of outpatient services.

Trans Healthcare Key Principles

Trans Healthcare and Human Rights

According to the World Health Organisation, trans people have the right to the highest attainable standard of healthcare including healthcare related to medical transition, without discrimination on the basis of gender identity (World Health Organisation, 2017). The right of individuals to healthcare is well established in national and international human rights. *The Charter of Fundamental Rights of the European Union* includes, among others, the right to the integrity of the person, of free and informed consent, and the right of access to healthcare (European Union, 2010). In addition, the Yogyakarta Principles clearly establish that “everyone has the right to the highest attainable standard of physical and mental health, without discrimination on the basis of sexual orientation or gender identity” (International Commission of Jurists, 2007). In accordance with Article 24 of the *UN Convention on the Rights of the Child*, as a State Party Ireland is obliged to recognise a child’s right to the highest attainable standard of health, and to strive to ensure that no child is deprived of their right of access to such health care services (United Nations, 1989). Having ratified the *UN Convention on the Rights of the Child*, Ireland is obliged under international law to respect, protect and fulfil the rights of all children living in Ireland, including trans children and children who are questioning their gender identity. Additionally, the UN Sustainable Development Goal 3 aims to “ensure healthy lives and promote well-being for all at all ages” (United Nations, 2015).

Under Irish equality law, the Equal Status Acts 2000–2018 prohibits discrimination in the provision of goods or services to persons on the basis of gender or sexual orientation (Government of Ireland, 2018). As public bodies, the HSE and Department of Health fall within the scope of the Equal Status Acts. Under EU law a transgender person who experiences discrimination arising from their gender reassignment, or transition, is also protected under the gender ground. In accordance with Section 42 of the Irish Human Rights and Equality Commission Act 2014, the Department of Health and HSE are legally required, in the performance of their functions, to have regard to the need to eliminate discrimination; promote equality of opportunity and treatment of its staff and the persons to whom it provides services; and protect the human rights of its members, staff and the persons to whom it provides services (Government of Ireland, 2014).

In light of Ireland’s national and international human rights obligations, access to appropriate multidisciplinary health services and supports for trans adults and young people is supported unequivocally by existing human rights frameworks. The current inaccessibility of the adult trans health services and the absence of service provision for young people demonstrates that Ireland is failing to meet its human rights obligations in this area.

International Guidelines

In recent years, substantial progress has been made towards depathologising trans identities in medical settings. Pathologisation refers to the medical classification of trans identities as disorders or illnesses (i.e. pathologies). Trans healthcare globally is governed by diagnostic manuals led by the World Health Organisation (WHO) through the *International Classification of Diseases* (ICD) (WHO, 2022), and the American Psychiatric Association (APA) through the *Diagnostic and Statistical Manual of Mental Disorders*, 5th Edition (DSM-5) (APA, 2013). In the ICD-11, the historical term ‘transsexualism’ has been renamed ‘gender incongruence’, and has been reallocated to fall within “conditions related to sexual health” where it was previously included under “mental and behavioural disorders”. Reflecting on this change, the WHO stated:

This reflects current knowledge that trans-related and gender diverse identities are not conditions of mental ill-health, and that classifying them as such can cause enormous stigma (WHO, 2022, n.p).

Similarly, the APA in its most recent diagnostic manual, the DSM-5, changed ‘gender identity disorder’ to ‘gender dysphoria’. This was changed to remove the connotation that a trans person was disordered (APA, 2013). In addition to the ICD, the DSM is viewed as an authoritative document by mental health practitioners. The ICD is used by over 100 countries around the world, including for monitoring health trends and providing a diagnostic classification standard for clinical and research purposes. The WHO posits that:

while evidence is now clear that [gender incongruence] is not a mental disorder [...] there remain significant health care needs that can best be met if the condition is coded under the ICD (WHO, 2018, n.p).

In 2015, the Parliamentary Assembly of the Council of Europe called on states to “explore alternative trans health-care models, based on informed consent” and to:

amend classifications of diseases used at national level and advocate the modification of international classifications, making sure that transgender people, including children, are not labelled as mentally ill, while ensuring stigma-free access to necessary medical treatment (Council of Europe, 2015, n.p).

These substantial advancements towards the depathologisation of trans healthcare contextualize the current guidelines in operation around the world, where the care is accessible, holistic and serving trans communities meaningfully.

International Models of Care

Youth Care: Shared Principles

There is a growing consensus among professional medical, psychological and psychiatric health organisations that collaborative, multidisciplinary gender-identity related care is an effective way to promote healthy development and reduce stigma and discrimination for trans and gender-diverse youth (APA, 2015; Hembree *et al.*, 2017; Rafferty *et al.*, 2018).

Existing guidelines for the provision of gender-identity related care for young people are informed by the WPATH *Standards of Care* (Coleman *et al.*, 2012) and the Endocrine Society guidelines (Hembree *et al.*, 2017). The WPATH and Endocrine Society guidelines are rigorous, evidence-based and comprehensive in outlining the provision of care for children and adolescents and as such are appropriately placed to establish the shared principles of the provision of this care.

Existing guidelines include four international guidelines (Coleman *et al.*, 2022; Hembree *et al.*, 2017; Montano *et al.*, 2020; Strang *et al.*, 2018), regional guidelines for Europe (t'Sjoen *et al.*, 2020), Asia and the Pacific (Health Policy Project, Asia Pacific Transgender Network, United Nations Development Programme, 2015) and the Caribbean (Snow, 2014); and national guidelines for the US (APA, 2015; Deutsch, 2016), Spain (de Antonio *et al.*, 2015; Moreno-Pérez, de Antonio, and Seen, 2012), Australia (Telfer *et al.*, 2018), Canada (De Vries, Cohen-Kettenis, and Delemarre-Van De Waal, 2006), Denmark (Danish Health Authority, 2018), Finland (Finland, 2020), Italy (Fisher *et al.*, 2014), New Zealand (Oliphant, 2018), Norway (Norwegian Directorate of Health, 2020); South Africa (Tomson *et al.*, 2021), Sweden (The Swedish National Board of Health and Welfare, 2022), Malta (Ministry of Health Malta, 2023) and the UK (Cass; 2024; Di Ceglie, Sturge, and Sutton, 1998). Overall these extensive international, European, regional and national guidelines can be helpful in identifying shared

guidance and principles for the delivery of gender-identity related care for young people. However, guidelines from other jurisdictions may not easily translate to the Irish landscape due to significant differences in health systems, cultural and societal expectations, models of care and legal processes. As such, Ireland would benefit from specific guidance informed by existing guidelines.

A central shared principle across the globe regarding the provision of gender-identity related healthcare for trans youth is its delivery through a specialist multidisciplinary team of mental health professionals, endocrinologists and other professionals with expertise in gender and child development to deliver assessment and care (Coyne, Yuodsnukis, and Chen, 2023). Within the provision of care for young people it is important to distinguish between care for prepubertal children and adolescents, as such a phased approach is most suitable. This approach to care is necessarily collaborative and individualized, and recognizes there is no “right way” or single trajectory for trans youth receiving this healthcare (Hastings et al., 2021). Shared principles across all the guidelines affirm the existence of trans young people and acknowledge their specific healthcare needs. Guidelines also name the importance of young people’s caregivers where necessary, given that young people are likely to have more positive mental health outcomes with the support of their caregivers during this time. As such, many of these multidisciplinary teams acknowledge the need for an integration of family and social supports within the service to attend to the specific needs of caregivers (Coyne, Yuodsnukis, and Chen, 2023). They also acknowledge the importance of individualised care attending to prepubescent children and adolescents distinctly. For some adolescents, medical transition including access to puberty suppressants and masculinizing or feminizing hormones may be a part of their care plan.

Across international, regional and national guidelines, medical treatments are not recommended for prepubertal children. Rather, emphasis is placed on psychosocial support for children and their caregivers. For adolescents, WPATH guidelines describe a phased approach to medical interventions which, for some trans young people, may include puberty suppressants and hormone treatments (Coleman *et al.*, 2022). Youth in the early stages of puberty (Tanner stage 2) may be treated with gonadotropin-releasing hormone analogues (puberty-suppressing hormones) which suspend pubertal progression and halt the development of undesired secondary sex characteristics. For adolescents in the later stages of puberty, treatment with hormone therapies (i.e. testosterone, estradiol) will induce desired secondary sex characteristics. These treatments typically require that youth have a substantiated diagnosis of gender dysphoria or gender incongruence, a demonstrated capacity to understand the reversible and

irreversible effects of the desired treatment, and accurate and appropriate expectations with respect to treatment outcomes (Vandermorris and Metzger, 2023). For minors, support from a consenting parent or legal guardian also is required. In order to confirm a substantiated diagnosis of gender dysphoria or gender incongruence and to develop a care plan, a biopsychosocial assessment is required (Coleman *et al.*, 2022). The recently published *World Professional Association for Transgender Health Standards of Care 8* advocates that, where a diagnosis is required to support access to care, the ICD-11 diagnosis of 'gender incongruence' should be used preferentially, when jurisdictionally feasible. This diagnosis does not require that there be distress associated with gender diversity, and is therefore considered less pathologizing (Coleman *et al.*, 2022). In relation to psychosocial support for adolescents, a needs-based approach is prioritised, clarifying that not all adolescents will require psychosocial care. However, guidelines identify that some young people and their families will benefit from psychosocial care and as such it must be available within the provision of this care (Coleman *et al.*, 2022).

Within the provision of youth trans healthcare, it must be noted although the age of majority is 18, Irish law recognises 16 and 17 year olds as having the capacity to consent to medical treatment on their own behalf. Additionally in Irish law, the consent of the parent or legal guardian is required if a child is under the age of 16. In practice, however, it is reasonable to seek the consent of a minor with the capacity to understand the nature and implications of the proposed treatment or procedure. As such the embedding of informed consent principles within the provision of youth care can allow for young people to have an active part in the decision-making regarding their treatment in conversation with their caregivers and clinicians. This approach allows for the 'tailoring and timing of puberty blockers and hormone therapy that accounts for the adolescent's physical, cognitive, and psychosocial development' (Cavanaugh, Hopwood, and Lambert, 2016, p. 1152).

Taking these existing guidelines and shared principles into consideration, it is useful to look to Australia. There, clinical experts at the Royal Children's Hospital Melbourne and Murdoch Children's Research Institute developed the comprehensive *Australian standards of care and treatment guidelines for transgender and gender diverse children and adolescents guidelines* (Telfer *et al.*, 2018). Alongside these guidelines, the Murdoch Children's Research Institute established the trans healthcare research group in 2018 in order to produce high-quality research evidence that improves the health and wellbeing of young trans people in Australia and globally (Tollit *et al.*, 2019). Given that this service provision in Australia has one of the most comprehensive longitudinal studies in place regarding its impact Australia is well positioned to act as a case study in relation to the provision of youth care.

Youth Care Case Study: Australia

Since 2018 Australia has been following the *Australian Standards of Care and Treatment Guidelines for Trans and Gender Diverse Children and Adolescents Version 1.1* (Telfer *et al.*, 2018). The most up-to-date guidelines present a comprehensive, evidence-based and participatory approach to creating guidelines relating to the provision of care for gender-identity related care to both children and adolescents (Telfer *et al.*, 2020). It centres a multidisciplinary team approach the expertise of which includes the disciplines of child and adolescent psychiatry, paediatrics, adolescent medicine, paediatric endocrinology, clinical psychology, gynaecology, andrology, fertility services, speech therapy, general practice and nursing. Crucially, this model of care acknowledges the barriers preventing some trans and gender-diverse adolescents accessing comprehensive specialist paediatric services. In response, it identifies within the guidelines that general practitioners and community-based clinicians as well as telehealth services be utilized in order to facilitate treatment access.

The Australian guidelines differentiate between healthcare for trans and gender-diverse children and adolescents. Support for trans and gender-diverse children consists predominantly of psychological supports for both children and their caregivers to allow for optimal outcomes in care provision. Within this context, the role of specialised clinicians is to facilitate the supportive exploration of the child's gender identity over time; assess family support and provide caregiver support where necessary; assess developmental and family history; cognitive, emotional, educational and social functioning as well as co-existing mental health difficulties providing referral where necessary. In addition, where a child is expressing a desire to live in a role consistent with their gender identity, the clinician may provide psychological support and practical assistance to the child and their family to facilitate social transition when this best meets the needs of the child, in conversation with their caregivers. Finally, the clinician may also provide a referral for a child with gender dysphoria to a paediatrician or paediatric endocrinologist experienced in the care of trans and gender-diverse adolescents for medical assessment, ideally prior to the onset of puberty.

Support and treatment for trans and gender-diverse adolescents involves a coordinated, multidisciplinary team that develops individualised approaches to care and may include psychological support; voice and communication training; social transition; fertility counselling and preservation procedures; puberty suppression and hormone treatment using oestrogen and testosterone. Crucially any medical interventions require

an individualised and developmental approach informed by consultation with caregivers alongside the best interest of the adolescents as well as their capacity to participate in the decision-making related to their care.

Significantly Australia contributes geographically specific research findings regarding the benefit of access to trans healthcare for trans youth, research that is overwhelmingly lacking in an Irish context. Trans youth in Australia who were able to affirm their gender medically reported lower levels of anxiety and psychological distress (Grant *et al.*, 2024) and an overall improvement in their wellbeing (Pullen Sansfaçon *et al.*, 2023). Additionally, clinicians have been identified as significantly important in supporting parents during their child's transition (Riggs *et al.*, 2020) bolstering caregivers' ability to support their children positively contributing to their mental health (Travers *et al.*, 2012). These findings align with international findings that access to this form of healthcare for trans and gender diverse youth has been shown to greatly reduce rates of suicidal ideation and suicide attempt; (Bailey, J. Ellis & McNeil, 2014); improve mental health outcomes (De Vries *et al.*, 2014); decrease suicidality in adulthood, improve psychological functioning, and participation in social life (Costa *et al.*, 2015; Green *et al.*, 2022).

Adult Care: Shared Principles

Trans healthcare for adults can involve a broad range of healthcare support, delivered by way of an affirmative and holistic approach to healthcare (Keo-Meier and Ehrensaft, 2018). An affirmative, supportive and holistic approach to the provision of trans healthcare is the widely accepted standard in the field among healthcare professionals. This approach operates based on that which is deemed medically necessary and clinically relevant to the service provision offered. In response, this approach attends to the individualised nature of this form of healthcare and includes, where relevant to the patient's needs, psychological and peer support, support for social affirmation and medical transition. Crucially, there are many ways trans people experience and affirm their gender and the path of medical transition is unique to each individual (Keo-Meier and Ehrensaft, 2018). Services seeking to offer trans healthcare will be called upon to work across a wide range of gender identities and gender expressions and services need to be meaningfully equipped to do so.

Over the past 20 years, trans healthcare has evolved globally in line with the depathologisation of trans identities outlined previously. Although trans people may attend clinical services seeking medical care, it is important to avoid pathologising the trans experience. Being trans is not a mental illness, it is an aspect of human variation, and hormones and surgery are

not part of every trans individual's experience. As part of this progress and development in trans healthcare, the 'informed consent' model of care has increasingly been identified as the most comprehensive and appropriate means of facilitating trans healthcare. Informed consent models of hormone prescribing resist the notion that a doctor can determine the validity of a person's gender, and instead centre the trans person in the decision-making process, while ensuring that the patient understands and can consent to the potential impacts that hormone therapy may have on their body and life (AusPATH, 2022).

The 'informed consent' model of trans healthcare has been utilised globally for over 20 years and has been adopted by a number of other countries including Malta (Government of Malta, 2021), parts of the US (Callen-Lorde, 2018), Australia (AusPATH, 2022), New Zealand (Oliphant et al., 2018) and Canada (Bourns, 2021). The Equinox Gender Diverse Health Centre is recognised as a global leader in LGBTQ+ healthcare and, in 2020, published *Protocols for the Initiation of Hormone Therapy for Trans and Gender Diverse Patients V 2.0*. Within this document, informed consent as a model is described as:

a collaborative 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. By providing thorough education around hormones and general health, we also aim to enhance a patient's ability to make informed decisions about all aspects of their health (Cundill, Brownhill and Locke, 2020, p. 3).

Obtaining patient informed consent is a mandatory principle necessary for the facilitation of medical treatments in Ireland (HSE, 2024). For valid consent to be obtained, the individual must have decision-making capacity; they must have received 'sufficient information in a comprehensible manner about the nature, potential risks and benefits of the proposed intervention' and consent must be given voluntarily (HSE, 2024, p.21). In practice, informed consent creates a collaborative clinical decision-making process. In this process, the clinician "contributes medical knowledge, training, experience, and judgment, whereas the patient contributes personal values and health care goals through which to evaluate how each treatment option could fulfil those goals" (Bernat and McQuillen, 2021, p.93). Crucially, in order for this process to take place the patient's capacity to make any medical decision needs to be determined in all healthcare cases. However relevant to the provision of trans healthcare, trans patients are one of the very few populations that need eligibility—as distinct from capacity—specifically determined by a mental health assessment to access treatments that facilitate medical

transition (Ashley, 2019). This perpetuates the narrative that being trans and/or seeking trans healthcare is a mental health disorder. As a result, while informed consent is routine for other medical treatments, the previous pathologization of trans identities in medicine has created barriers for clinicians attempting to operate within this framework, often due to a lack of clarity regarding the model of care and clinical guidelines (Snelgrove, 2012).

In countries and clinics that operate within the informed consent model, trans healthcare is facilitated by shared decision-making in healthcare contexts. For trans healthcare, the informed consent model involves a clinician providing accurate and appropriate information regarding transition including risks, benefits and limitations of any intervention so that the patient can make free and informed decisions about their own body and treatment (Cundill, 2020). Just as with other procedures, such as a tonsillectomy or hip replacement surgery, patients are placed at the centre of the decision-making process and given the information they need to inform their decision regarding their treatment in conversation with their healthcare provider (Stiggelbout *et al.*, 2012).

When considering how the ‘informed consent’ model of care can be implemented Malta has made significant strides in the development of transgender inclusive healthcare services, specifically through the publication of the Government of Malta’s policy direction on transgender healthcare. This policy position was created through “a participatory approach – involving both government ministries from which the various MDT professionals were sourced and the local LGBTIQ community with which there was constant collaboration” (WHO, 2019, p.4). As a result of this commitment from the Government of Malta in collaboration with key stakeholders, the Gender Wellbeing Clinic became operational in 2018 working in line with the World Professional Association for Transgender Health (WPATH) standards adapted to Malta’s legal framework and an approach based on informed consent to care. To date, this service provides initial assessment; psycho-social support; family support; hormone prescription and follow-ups by an endocrinologist; voice therapy; psychiatric care; gynaecological support; orchiectomy; hysterectomy; and preservation of gametes to the trans community in Malta. As an example of “a clear testimony to the agenda of leaving no one behind and will mitigate the inequalities associated with this marginalized group” (WHO, 2019, p. 6). In keeping with this approach the development of a new model of care in line with international best practice of ‘informed consent’ would benefit immensely from a community co-production partnership approach with key stakeholders including trans communities and professionals.

In order to illustrate the ‘informed consent’ framework in practice Australia’s current provision of adult care is outlined below.

Adult Care Case Study: Australia

In existing models utilising the ‘informed consent’ framework, the provision of trans healthcare for adults is facilitated predominantly by primary care general practitioners (GPs), nurse practitioners (NPs) and endocrinologists. In practice, ‘informed consent’ is a staged approach to the facilitation of care. Taking Australia as an example, treatment with hormones is possible from puberty onwards - taking puberty development stages, emotional maturation and the ability to give free and informed consent into account.

In Australia, the initiation of hormone treatment for adults takes place in a staged approach within primary care (AusPATH, 2022):

Stage 1 Introduction: Patients are welcomed and affirmed within the service.

Stage 2 Initial Medical Review: GP collects comprehensive medical history and organises baseline investigations.

Stage 3 Hormone Education and Harm Reduction: GP provides the patient with comprehensive education regarding hormones and their effects, to ensure the patient can make a fully informed decision about commencing feminising or masculinising gender affirming hormone therapy.

Stage 4 Hormone Initiation: GP provides the patient with an initial prescription for hormone therapy.

Stage 5 Ongoing Support and Monitoring: GP facilitates continuity of care to optimise health outcomes.

This model is flexible, allowing for the individualisation of care based on the unique needs of each patient, and encourages the concurrent use of mental health supports as required. Additionally, this model offers greater accessibility compared to the centralised gender clinic model. Patients can receive services within their local community, which particularly supports access for those living in remote or underserved areas. Primary care providers are uniquely positioned to support trans patients, as they are usually already familiar with their patients and thus can provide continuity of care and apply a holistic approach to trans healthcare services built on trust. GPs and NPs also have knowledge around prescribing and monitoring hormone therapy in other populations (Cavanaugh, Hopwood, and Lambert, 2016). A fundamental aspect of the delivery of trans healthcare in primary care prevents the isolation of medical transition-related healthcare from the broader context of trans individuals’ healthcare needs. Models such as this ensure that outpatient services working closely

with primary care providers can attend to any additional needs trans individuals may have during this process.

Research specific to the outcomes of trans healthcare access in Australia has found that trans adults who have access to timely gender-affirming testosterone therapy had a significantly reduced risk of gender dysphoria, depression and suicidality (Nolan *et al.*, 2023). In addition to these benefits and positive outcomes in Australia, the provision of trans healthcare in primary health services via informed consent is associated with a reduction in waiting times and increased access to care, especially for those in rural areas. It has also resulted in high patient satisfaction; and the strengthening of trusting and holistic patient-clinician relationships (Spanos *et al.*, 2021)

In addition to the findings of *Being LGBTQI+ in Ireland* (Higgins *et al.*, 2024), international literature demonstrates that access to trans healthcare among adults is associated with multiple positive outcomes including improved mental health outcomes (Dhejine *et al.*, 2016; Nobili, Glazebrook & Arcelus, 2018); life satisfaction and job satisfaction (Doyle, Lewis & Barreto, 2023; Drydakis, 2020); greater relationship satisfaction, higher self-esteem and confidence and reductions in anxiety, depression, suicidality, and substance use (What we Know Project, 2018).

This overview of literature establishes the current landscape of trans healthcare in Ireland as well as the experiences of trans and non-binary adults and trans and gender-diverse young people in Ireland captured in existing literature. This literature also makes clear Ireland's human rights obligations in relation to the provision of trans healthcare alongside the extensive international, European, regional and national guidelines in place shaping the shared principles in the provision of adult and youth trans healthcare. Shared principles identified across this literature acknowledge the importance of:

- accessible, universal trans healthcare for young people and adults delivered in primary and community care settings.
- affirmative, holistic and safe trans healthcare delivered by practitioners with the necessary expertise, resourcing and training.
- community co-production in the provision of trans healthcare to ensure the most effective outcomes.
- grounding the provision of this care in international medical best practice and human rights through the implementation of informed consent and adherence to WPATH SOC (WPATH, 2022).

Taken together this literature contextualises the following findings of this research to come and grounds the key principles of a vision for a model of care put forth by Belong To in response.

Findings

About the survey

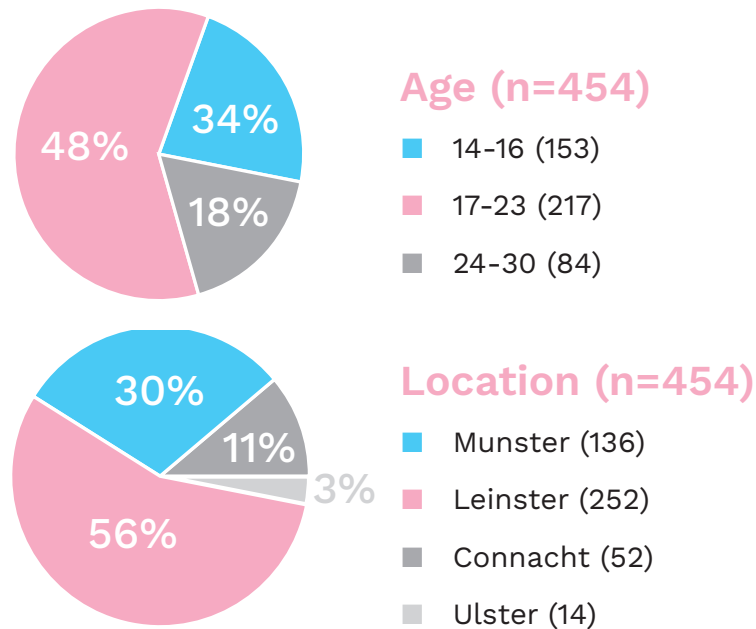
This is the first dedicated quantitative study regarding trans people in Ireland in relation to accessing trans healthcare. It identifies the specific pathways to trans healthcare accessed by trans people and explores the potential barriers encountered during access. The Trans Healthcare in Ireland research was conducted by Associate Professor Dr. Aideen Quilty in collaboration with Belong To and received ethical approval from University College Dublin in September 2023. Data collection for the survey was conducted online in October 2023. To obtain a broad sample of trans individuals aged 14-30 in Ireland nationally, participants were recruited through an extensive dissemination strategy that involved national, regional and local organisations which provide services to or advocate on behalf of trans young people and adults; engagement with Belong To's extensive network of young people and professionals; and utilisation of social networking sites, including TikTok, Snapchat, Instagram to promote the survey.

This research employed a structured survey design that combined 47 open and closed questions hosted on the verified survey site Survey Monkey. The survey was anonymous meeting GDPR guidelines for anonymity to ensure the safety and comfort of trans people. The inclusion criteria specified were any person who identified as trans and/or non-binary, aged 14-30 years and living in the Republic of Ireland. The direct quotes throughout the report are from trans and non-binary people who consented to their responses to the open-ended questions in the survey being included in the published report.

Who responded to the survey?

Some 1,509 people started the survey. A number of participants fell outside the inclusion criteria and were removed. The final sample consisted of 454 trans and non-binary people between the ages of 14 and 30 years. Their age, location and gender profile is below. Based on current estimations of the population

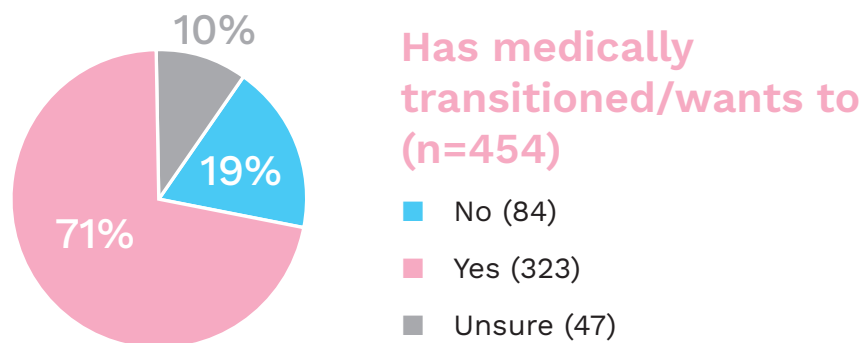
of LGBTQ+ youth in Ireland aged 14-30, using CSO data from 2016, this comfortably exceeded the minimum acceptable sample size of 383 required for a confidence level of 95% and a margin of error of 5%.



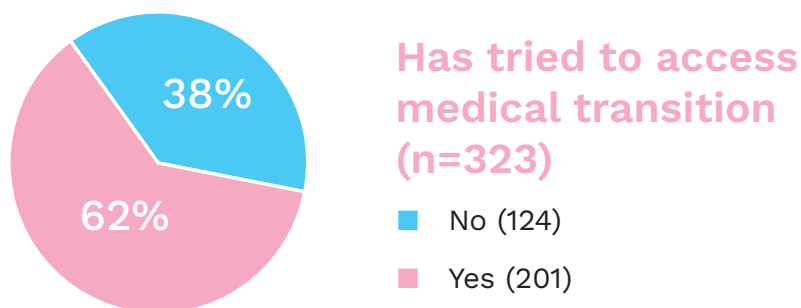
Gender* (n=454)		
Cis woman	1.9%	3
Cis man	0.66%	9
Trans man	33%	150
Trans woman	19%	88
Trans masculine person	17%	78
Trans feminine person	7.9%	36
Non-binary person	28%	128
Agender person	6%	28
Gender non-conforming person	9%	41
Genderqueer person	12%	56
Questioning gender	12%	55
Self described	4%	19

*Survey participants were given the option of selecting multiple responses for the categories gender identity/expression.

Accessing Trans Healthcare

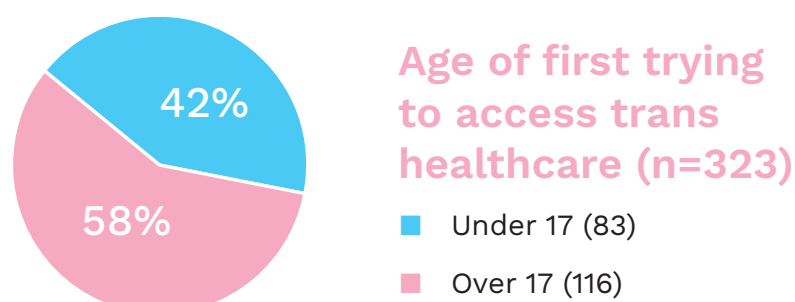


18% (n=84) of all participants indicated that they had not medically transitioned, and that medical transition is not something they would like to pursue in the future. These participants were not asked the following blocks of questions regarding access to medical transition.



38% (n=124) of participants asked about accessing medical transition indicated that they had not tried to access medical transition. These participants were not asked the following blocks of questions regarding accessing or attempting to access medical transition, and skipped forward to questions relating to barriers to accessing care.

Age of first attempting to access trans healthcare



Youth (Under 17) Pathways to Trans Healthcare

The survey has provided significant insight into the access and referrals pathways utilised by young trans people. For young people in Ireland attempting to access trans healthcare, GPs were the most frequently sought healthcare professionals to initiate their journey (86%). Having made contact with their GP, 44% of young people were referred to CAMHS and of those young people referred, 12% were seen. 56% of young people did not receive an onward referral to any additional service from their GP. Following their appointment in CAMHS 47% of participants were not referred to any additional service. 33% were referred to the adult service in Ireland (NGS), 20% were referred to the Tavistock satellite service and 7% were referred to Crumlin. Participants who were referred to additional services and are currently on a waiting list have been waiting for 1-2 years.

42% of relevant participants indicated that they had first tried to access trans healthcare when they were under the age of 17. These participants were asked the following blocks of questions on youth pathways to trans healthcare. The 58% of participants who indicated that they first tried to access trans healthcare at age 17 or older skipped this block, and were asked questions relating to adult pathways to trans healthcare.

Youth (Under 17) Pathways to Trans Healthcare

Which healthcare services have ever been contacted re: access (highest to lowest)* (n=83)		
GP	86%	71
CAMHS	53%	44
Therapist or counsellor	23%	19
NGS	20%	17
Private care abroad	12%	10
Satellite clinic in Crumlin Children's Hospital (Travistock Satellite Service)	11%	9
Self medication/DIY	6%	5
Public healthcare in a country other than Ireland	5%	4
Telemedicine	5%	4
Private care in Ireland	5%	4
Other**	2%	2

* Participants could select multiple healthcare services.

**Open text box responses (Endocrinologist on public health service Ireland; private practitioner in Ireland).

Youth (Under 17) Referral Experiences for Trans Healthcare

Significantly, thematic analysis of open-ended responses revealed that as a result of the lack of a dedicated service supporting young people under 17 and their caregivers, many young people were unable to be referred onwards from their GP or CAMHS to trans healthcare and were unaware of additional supports for them in the interim. As a result, young people and their caregivers experienced prolonged periods without any additional support compounding young people's adverse mental health experiences.

“Being on multiple waiting lists for almost all my teen years made me much more depressed. I had struggles in my personal life like anyone does, but waiting indefinitely made me feel like nothing would ever change for the better.”

“I would be repeatedly told how impossible it is for people my age to be seen by the medical system for trans healthcare.”

“Not being able to get gender-affirming care as a 14-year-old takes a serious toll on my mental health. I feel alone. I don’t feel comfortable in my body and just try to imagine walking around in skin that doesn’t feel like your own.”

As a result, of the participants who first tried to access trans healthcare when aged under 17 (n=83), only 14% (n=12) of participants successfully accessed this care before aging out of adolescent services.

Adult (Over 17) Pathways to Trans Healthcare

Similarly to young people in Ireland attempting to access trans healthcare, GPs were the most frequently sought healthcare professionals to initiate medical transition for over 17s (91%). Having made contact with their GP, 74% of over 17s were referred to the NGS. 19% of over 17s did not receive an onward referral to any additional service. Of the 74% of over 17s referred to the NGS, 5% attended an appointment with the NGS for access to gender-affirming care. 1 in 3 participants over 17 waited at least three years for an appointment with the NGS for access to trans healthcare.

Which healthcare services have ever been contacted re: access (highest to lowest)* (n=116)

GP	91%	106
NGS	58%	67
Private care abroad	47%	44
Therapist or counsellor	38%	54
Telemedicine	25%	23
Self medication/DIY	20%	29
Private care in Ireland	19%	22
Other**	9%	3
Public healthcare in a country other than Ireland	3%	3

* Participants could select multiple healthcare services.

**Open text box responses (Private consultant psychiatrist in Ireland; private practitioner in Ireland).

Time on waitlists

Over 17s: how long have you been on a waiting list for the NGS?* (n=70)

Less than 6 months	10%	7
Under 1 year	19%	13
1-2 years	41%	29
3-5 years	30%	21

*Time in this context is accounting for the amount of time spent waiting **to date** from the point of referral rather than time spent waiting for an appointment.

Thematic analysis of participants' responses revealed that waiting for trans healthcare through the public system significantly impacted their mental health, wellbeing and full participation in their lives. An overwhelming number of participants contextualised their experiences of waiting through feelings of hopelessness within qualitative comments. While waiting for access to trans healthcare, participants experienced increased stress in response to the uncertainty of how long they would be expected to wait for care. Additionally, participants shared that, as a result of waiting, they experienced persistent distress as a result of dysphoria, depression, suicide ideation and decreased feelings of self-worth.

“You feel like with each passing day nothing will improve and that you’re stuck, left to ruminate on your dysphoria. Especially when you are struggling with suicidal thoughts, it feels like you’re left stranded at sea, left to drown.”

“It is depressing and humiliating to wait for years and years to be given the chance to live your life. My life is spent waiting and waiting and waiting.”

Significantly, a substantial number of participants shared that a consequence of being unable to access trans healthcare was resulted in a withdrawal from or reduction in their participation in key aspects of their lives including withdrew education, employment and interpersonal relationships.

“Going outside, working, dating, seeing friends, getting out of bed, every single aspect of my life is so much harder and uncomfortable because I’m not able to get proper gender affirming care.”

“I’ve recently started at university and was hoping to be on hormones before I did, as much as I try I can’t present fully as male due to factors that could be greatly reduced by my having access to gender-affirming care, this means that I don’t feel entirely safe or comfortable in this new environment.”

Alternative Pathways

Among participants who are accessing or want to access trans healthcare, 90% indicated that they have or would pursue alternative pathways to accessing this care – including private care abroad, telemed and/or self-medication³.

Among participants who pursued alternative pathways, 51% have sought care from a private provider abroad/telemed and 32% have sought self-medication or ‘DIY hormones’.

The experiences of each cohort are detailed in the following sections.

Care Outside of Ireland

A key finding of this research has been the number of participants who turned to alternative pathways in response to the barriers they experienced in accessing trans healthcare in Ireland. A total of 91 of the 179 respondents (51%) who indicated that they have or would pursue alternative pathways to accessing this care have tried to access trans healthcare through private care abroad/telemed. Thus, 6% of participants under 17 years and 74% of participants over 17 years have tried to access trans healthcare through private care abroad/telemed.

3 ‘Telemed’ refers to the virtual assessment for and prescription of medications. Participants who had taken this pathway pay a registered healthcare practitioner abroad for assessment of gender dysphoria, and/or prescription of hormones. Self-medication or ‘DIY hormones’ can involve using unregulated hormonal treatments, or the process of a person taking prescription hormones that have not been directly prescribed to them.

Reasons for accessing private care abroad/telemed

Why did you try to access private care abroad or telemed?* (n=91)		
Waiting lists in Ireland	98%	79
Faster than public healthcare	96%	78
Better quality than public healthcare	67%	54
Less restrictive than public healthcare	67%	54
Heard about someone else who had a bad experience of accessing care in Ireland	54%	44
Was not referred for care in Ireland	21%	17
Had their own bad experience of accessing care in Ireland	18%	14

*Participants could select multiple options.

The top three reasons among all participants who accessed private care abroad/telemed are responsive to the ongoing barriers experienced by trans individuals in Ireland as a result of the extensive wait times alongside the perception that private care/telemed can provide individuals with a higher standard of care than the public service in Ireland.

Significantly, private care abroad/telemed services gave many participants access to much needed forms of trans healthcare. The waitlists for access to trans healthcare in Ireland left many participants feeling as though private services were one of their only options to access this healthcare timely in accordance with their needs. As a result, cost becomes a significant barrier for participants compounding inequalities for those who cannot afford to access private care.

“It is very expensive and many trans people need to resort to this to preserve their own mental health. The public healthcare system in place for trans people is not accessible. Affordable and accessible healthcare saves lives.”

“It is such a strain on my mental health that I need to work tirelessly to access the hormones I need through a private clinic because I cannot access them simply through the Irish healthcare system.”

“I am terrifyingly anxious every day about how I am going to afford to continue my healthcare as I have to pay for private trans healthcare due to not being able to access public trans healthcare in Ireland due to the waiting lists.”

Additionally, in order to access private trans healthcare abroad, participants needed GPs based in Ireland to support and oversee their care via shared care⁴. Many struggled to find GPs willing to engage in shared care, citing a lack of support or understanding from GPs regarding the shared care process. Numerous participants also stated that the National Gender Service discouraged their GP from facilitating shared care. As a result, many individuals were once again left without access to trans healthcare or continued their care without support and oversight from a practitioner based in Ireland.

“I tried to do shared care between my GP and a private provider, I asked my GP if they were willing to facilitate blood tests for me so I can send onto a private provider, my GP told me that the NGS forbids GPs from doing this and thus refused to help me.”

“I was already 3/4 of a year on the public waitlist when I needed to do something and couldn’t just wait anymore, my options were practically to continue losing hope and give up totally with no chance of survival, or I was going to earn the money I needed to go private.”

“If I hadn’t sought out treatment through abroad private options I would feel incredibly hopeless, before going down my current path it felt like there really was no possible option to transition here, I looked at every path, every option and had constant help from adults and people in the medical field and we all received nothing but cold shoulders.”

⁴ Shared care, also known as collaborative care, is a process in which a person’s healthcare is managed by two healthcare providers. Shared care is widely used in an Irish context for specialised services. In the context of trans healthcare shared care involves GPs facilitating the prescribing and monitoring of hormone treatment in primary care in agreement with the initiating specialist.

Self-Medication/DIY

An important insight from the research is the extent to which participants resorted to self-medication/DIY. A total of 57 of the 179 respondents (32%) who indicated that they have or would pursue alternative pathways to accessing this care have tried to access trans healthcare through self-medication/DIY. Thus, 4% of participants under 17 years and 47% of participants over 17 years have tried to access trans healthcare through self-medication/DIY.

Reasons for accessing self-medication/DIY

Why did you try to self-medicate your access to gender-affirming healthcare* (n=57)		
Waiting lists in Ireland	86%	49
Faster than public healthcare	77%	44
Less restrictive than public healthcare	61%	35
Can't afford private care	51%	29
Don't trust the healthcare system in Ireland	37%	21
Couldn't get referral in Ireland	30%	17
Better quality than public healthcare	30%	17
Care was denied to me	28%	16
Own bad experience with healthcare	25%	14
Fear of being outed	12%	7

*Participants could select multiple options.

Crucially, the extensive wait times for access to trans healthcare were identified by participants as a key rationale for their accessing self-medication/DIY. In addition to the wait times, similar to access to private care, self-medication/DIY emerges as an intervention by participants in response to the perceived restrictive nature of the public service.

“I was warned against going DIY by multiple professionals and I had no choice in the end. I was lucky enough that I’m able to find ways to safely obtain hrt via DIY and knew how to read my [blood] levels; if I hadn’t I may not be alive right now.”

“With the system we have, DIY might be my only option for HRT in a timely manner.”

While self-medication/DIY allows participants to access the care they need it can place people at risk of negative health outcomes as this means of accessing transition often takes place without access to blood tests given the lack of awareness and stigmatisation of self-medication/DIY among healthcare professionals. Participants who engaged in self-medication felt increased fear, anxiety and stress, particularly in relation to their safety, health and the precarious nature of the means of accessing hormones.

“Self medication has helped but I am constantly scared of how unsafe it is as I do not have access to any blood tests or other safety measures.”

“I am afraid to talk to my GP about self medding because I have had bad experiences with GPs refusing to have anything to do with my transition.”

The reasons for accessing alternative pathways identified by participants are meaningfully contextualised by the extensive barriers that participants both under and over 17 experience when attempting to access trans healthcare in Ireland.

Barriers to Accessing Trans Healthcare

Participants who wanted to access trans healthcare (n=323) were asked to identify the barriers they experienced when attempting to access this form of care. The findings related to the barriers are presented in relation to three cohorts of participants:

- 1) Those who wanted to access medical transition but had not attempted to access trans healthcare.

- 2) Those who indicated they had first tried to access care when under 17.
- 3) Those indicated they had first tried to access care when over 17.

38% (n=124) of participants asked about accessing medical transition indicated that they had not tried to access medical transition. These participants identified the following as barriers to their access of trans healthcare in Ireland.

Barriers to care: Experienced by those who wanted to access care but had not tried to

Barriers: Which have you experienced when accessing care?* (n=124)		
Fear of discrimination	60%	74
Lack of information: own	56%	70
Guardian prevented access to care	52%	65
Waiting lists: over and under 17s	52%	64
Cost of care in Ireland	51%	63
Fear of being outed	47%	58
Heard someone else had a bad healthcare experience	38%	47
Cost of care abroad	36%	45
Didn't want to travel for care	33%	41
Don't trust Irish healthcare system	30%	37
Lack of information: parent/guardian	25%	31

*Participants could select multiple options.

26% (n=83) of participants asked about accessing medical transition indicated that they first attempted to access trans healthcare under 17. These participants identified the following as barriers to their access of trans healthcare in Ireland.

Barriers: Which have you experienced when accessing care?* (n=83)		
Waiting lists: under 17s	77%	64
Lack of information: parent/guardian	55%	46
Cost of care abroad	53%	1
Heard someone else had a bad healthcare experience	52%	38
Cost of care in Ireland	52%	16
Guardian prevented access to care	46%	31
GP: didn't know how to refer	37%	14
CAMHS: refused to refer me	35%	29
Didn't want to travel for care	28%	22
My referral (from a service other than CAMHS) was delayed or denied	27%	43
GP: refused to refer	19%	44
GP: no local GP with info on how to refer	17%	23
Fear of being outed	12%	43
Don't trust Irish healthcare system	6%	10
Fear of discrimination	5%	4
Own bad experience of healthcare system	4%	5
Care denied	1%	1
Lack of information: own	1%	3

*Participants could select multiple options.

Barriers to care: Experienced when attempting to access care under 17

Barriers: Which have you experienced when accessing care?* (n=116)		
Waiting lists: over 17s	67%	184
Lack of information: own	55%	152
Heard someone else had a bad healthcare experience	38%	106
Lack of information: parent/guardian	26%	100
Didn't want to travel for care	33%	92
Own bad experience of healthcare system	26%	71
Fear of being outed	25%	69
Guardian prevented access to care	16%	44
My referral was delayed or denied	15%	42
Fear of discrimination	13%	36
Don't trust Irish healthcare system	9%	26
Cost of care in Ireland	8%	23
GP: didn't know how to refer	7%	18
Cost of care in ireland	8%	23
GP: didn't know how to refer	7%	18
Care denied	1%	4
GP: refused to refer	1%	3
GP: no local GP with info on how to refer	1%	1

*Participants could select multiple options.

Top presenting barriers		
Wait times	67%	184
Lack of information: own and guardian	55%	152
Guardian prevented access to care	38%	106
Cost	26%	100
Negative experiences	33%	92

36% (n=116) of participants asked about accessing medical transition indicated that they first attempted to access trans healthcare over 17. These participants identified the following as barriers to their access of trans healthcare in Ireland.

It is clear from the participants' responses that wait times, lack of information, caregiver consent, cost and negative experiences were identified as significant barriers to accessing care.

Wait times

The wait times for both youth and adult access to care emerged as the most significant barrier for participants in this study. Thus the effects of waiting on participants are significant. Participants communicated that the extensive waiting expected of them had adverse effects on their mental health and participation in their social worlds.

“I think waiting lists being so long is impacting a lot of people’s mental health as gender affirming care is life-saving for many people and having to wait a long time can really impact their wellbeing.”

“The experience of being on these waiting lists is awful as sometimes I don’t even know if I’ve been put onto the list. The waiting times have certainly negatively impacted my mental health.”

“Knowing how long the waiting list is makes me feel hopeless and depressed.”

Research in Ireland has found that 82% of trans people have experienced suicide ideation and 39% have made a suicide attempt (Higgins *et al.*, 2024). In addition, these experiences are compounded for trans young people. Within this research and *Being LGBTQI+ in Ireland* (Higgins *et al.*, 2024), participants named the lengthy waiting time they experienced to access trans healthcare in Ireland as one of the direct causes of their distress. In addition to the impact of waiting for access to care on participants' wellbeing, the ubiquity of waiting created feelings of hopelessness, uncertainty and isolation and often, as this research demonstrates, led participants to explore alternative pathways of care as the only viable options in response to an increasingly inaccessible service.

Lack of Information

Additionally, participants shared in open-text boxes that they experienced barriers to accessing accurate information about how to initiate their transition journey. This impacted young people through the ability of their guardians to access accurate and up-to-date information regarding their pathways to care.

“It was definitely a factor that affected my mental health. It’s hard to figure out where I can get safe and affordable gender affirming care once I’m old enough.”

“My mental health is in ruins from the lack of information and lack of healthcare I am receiving over such an extensive period of time, with no services for people in my situation.”

“The process is so complex, multi-layered, time-consuming and costly that it has a negative impact on my mental health trying to understand how to gain access to the services I want and need.”

While the National Gender Service provides a website (National Gender Service Ireland, 2024) with detailed information on referral pathways, services offered and wait times, and community organisations such as Trans Equality Network Ireland and Belong To also provide information participants persistently acknowledge that there is a lack of clarity regarding how trans healthcare in Ireland is accessed. This lack of information permeates all aspects of this multi-layered system and includes a lack of knowledge among individuals

themselves, caregivers and practitioners. This barrier highlights the fact that current endeavours to communicate how this care functions are not serving community needs and that alternative approaches are necessary to address this barrier in meaningful ways. Such alternative communication endeavours need to take into consideration how young people and their caregivers, adults and practitioners want to engage with this information to ensure that needs are met for the diversity of individuals who have a stake in how this care is both accessed and facilitated.

Caregiver consent and support

Alongside waiting times and lack of information, caregiver consent and support emerged as a significant barrier predominantly affecting young people but not limited to them for specific socio-economic reasons. For many young people accessing trans healthcare was not possible due to a lack of caregiver support. For young people under 17 this barrier emerges due to the requirement that caregivers consent to care for young people.

“My parent[s] do not feel comfortable in letting me get hormones and that has made me kind of sad and uncomfortable in my body.”

“I don’t even feel safe to talk to my parents about this.”

“I think my mental health has really been impacted by my parents not allowing me access to gender-affirming care.”

Significantly, parental support impacted participants over 17 who despite their ability to consent to their care were economically reliant on their caregivers and as such were unable to pursue care given the potential impact this would have on their wellbeing, familial relationship and economic security. Participants over 17 reckoned with the current socio-economic climate in Ireland that sees more and more young people engaged in financial dependence on their caregivers as a result of the ongoing economic precarity in Ireland and the housing crisis. As such the challenges facing participants in relation to caregiver consent and support predominantly affect young people below the age of autonomous consent but this circumstance is not limited to them.

“I feel trapped. My parents think I’m making it up, I’m an adult now but I still have to live with them and rely on them. I don’t know how I can ever become myself.”

“I cannot access gender affirming health care as I’m still living at home while going through college. I have to wait until I’m self-reliant.”

Challenges related to caregiver consent and support are visible across all aspects of healthcare and have robust methods of intervention to ensure the needs and wellbeing of the young person are balanced against the significance of caregiver consent. This can be meaningfully witnessed within the HSE National Consent Policy (HSE, 2024) which prescriptively attends to the very circumstances that participants have outlined in this research. Given the acknowledgement by participants that caregiver consent and support is a significant barrier in accessing care, actions taken to improve and provide trans healthcare in Ireland for young people need to be cognisant of this challenge and the existing policy frameworks and processes that address consent and assent for young people in healthcare interactions. In addition to this the facilitation of trans healthcare in Ireland would benefit immensely from the availability of comprehensive family mediation to ensure that the needs of the young person are met and prioritised while holistically attending to the issues that are creating barriers to caregiver consent and support. As this research makes evident caregiver consent and support do not only affect young people under 17 and as such, as part of a comprehensive model of care the availability of family support and mediation stands to benefit all individuals who may require it and should be an integral, integrated and resourced aspect of trans healthcare in Ireland.

Cost

Finally cost emerged as a significant barrier for participants in this study. As a result of the absence of a service for trans youth in Ireland and the extensive wait times for adult services, private care emerged for many participants as the only viable alternative. As a result, cost becomes a barrier to accessing this form of healthcare for participants.

“It’s soul-crushing to know that if I just had more money I could have private care.”

“It’s impossible for me to receive gender-affirming care here and it’s expensive to go abroad. It’s hopeless.”

“Due to the difficulty in accessing gender-affirming healthcare in Ireland and having to travel abroad, finances are a major barrier for me.”

While private care as an alternative pathway emerged as a significant intervention in response to the inaccessibility of trans healthcare, access to these services is mediated by an individual’s access to immediate funds, their ability to pay ‘out of pocket’ (Defreyne, Motmans and T’Sjoen, 2017). Many of these private services require a registration fee, monthly subscription costs and additional costs relating to blood work, doctor appointments and the medication itself. In many ways, the specific privatisation of trans healthcare in an Irish context is responding to a broader systemic problem related to healthcare provision in Ireland. Private trans healthcare can thus be seen as a specific intervention in response to the two-tier health system in Ireland, a response that capitalises on an economically marginalised community’s health precarity, a community who is already economically vulnerable. Irish scholarship has demonstrated that trans people often experience economic inequalities, largely as a result of their experiences in attempting to negotiate education, employment and housing as trans people (Dunne and Turraoin, 2015; Karsay, 2021; Quilty and Morris, 2020; TENI, 2017; Vasquez del Aguila and Cantillon, 2010). While private pathways to care allow for some individuals to access trans healthcare it works to further compound inequality and stratify trans individuals along class lines in relation to healthcare access. As participants have made clear often this care is precarious due to its dependence on financial stability. Significant attention will be needed in order to facilitate the integration of individuals in private care and indeed in alternative pathways such as DIY as part of the new model of care in order to ensure this model is equitable.

Negative Treatment

The final barrier which emerged for participants is in relation to hearing about someone else experiencing negative treatment in the public health system in Ireland. Many participants in open-ended responses shared that they felt the current public service did not meet the needs of the community. This in turn creates a climate of fear and distrust between the trans community and healthcare providers making holistic medical care challenging to achieve.

“In the run up to all appointments there is a fear of gatekeeping and needing to “prove myself” to medical professionals. This stems from the urgent need for care and the negative interactions I or people I know have experienced.”

“I feel unseen and uncared for by the healthcare system.”

Ireland’s current provision of trans healthcare differs from models of informed consent, which is the standard model in many countries, particularly in Europe, as it retains a clinician’s role in establishing an individual’s suitability for medical transition based on diagnostic criteria (Kearns, O’Shea and Neff, 2023a, 2023b). This model undoubtedly influences the extent of the existing wait times. The centralised service operating solely in Dublin through this pathologising model, with a small specialised clinical team that insists on multiple assessments for diagnosis before considering an individual for care is evidently unable to meet the needs required by the community. In contrast, community-based informed consent care in other jurisdictions has been demonstrated to significantly reduce wait times and is identified as delivering a higher standard and quality of care (Spanos *et al.*, 2021).

In addition, the current pathologising model of trans healthcare causes significant distress to trans individuals leading to anxiety regarding the assessment process in order to receive access to healthcare. Participants worried that any additional needs they had namely mental health challenges or neurodiversity would be utilised to deny them care rather than practitioners ensuring that the entirety of their health needs are met as they access medical transition.

“The process of seeing psychologists and psychiatrists to try and prove myself trans enough feels very invasive and I feel like I’m walking on eggshells.”

“I’m scared my transness won’t be taken seriously because of my mental health issues.”

The provision of trans healthcare across the world has created extensive and comprehensive means of meeting the entirety of the health needs of individuals by embedding trans healthcare within community-based care settings. In this model of trans healthcare, practitioners are provided with space to attend to the fullness of an individual’s health needs and are operating within robust community-based health settings where referrals

to additional services and supports are more easily facilitated. As such, trans healthcare in community-based settings through informed consent is appropriately placed to meet the needs of trans communities including those with additional needs.

The findings of the *Trans Healthcare in Ireland* study reveal that trans healthcare in Ireland is extensively inaccessible for young people and adults predominantly as a result of the waiting times for access to appropriate care for adults and the lack of service provision for young people and their caregivers. In response to the inaccessibility of public care many participants turned to alternative pathways in the form of private care or self-medication. For young people, the lack of service provision often saw them suspended without onward referrals both from their GPs and CAMHS. Overall the current situation of trans healthcare in Ireland is negatively impacting the mental health and wellbeing of participants, with many of them naming that the inaccessibility of care increased their feelings of anxiety, suicidality, self-harm and social isolation. Significantly, GPs were named by both under 17s and over 17s as the predominant healthcare professionals approached to initiate their care journeys further clarifying the important role of GPs in the provision of this care moving forward. Though the findings of this research confirm that the current model of care is unable to meet the needs of this cohort, there are clear opportunities to improve the provision of this care drawing from international expertise, research and guidelines.

Belong To Vision for a Model of Care: Key Principles

The *Trans Healthcare in Ireland* study indicates that many trans people in Ireland face extensive challenges in accessing trans healthcare. Based on the study's findings, relevant literature and a review of international best practice guidelines, Belong To has developed key principles for a vision of a model of care with a view to advancing trans and non-binary people's access to trans healthcare in Ireland.

This vision is an accessible and holistic model of care grounded in international and national research, human rights and medical best practice in line with Sláintecare's core principle of community-based, integrated care.

**Local:**

Integrated, equitable and sustainable.

**Safe:**

Person-centred and grounded in medical best practice.

**Informed:**

Accountable and rights-based.

Youth Care

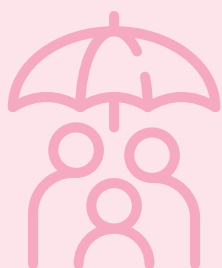
(up to 17 years)

Access to trans healthcare for trans young people in Ireland:



Local

Is free at the point of use with the care pathway initiated in primary care by GP referral to Health Region Specialised Outpatient Service for Youth. Primary care retains responsibility of providing referral to CAMHS to support young people experiencing mental health difficulties where necessary. Primary care maintains ongoing oversight and support for general patient health.



Safe

Is holistic, person-centred and responsive to emergent community needs through multidisciplinary health region specialised outpatient services for young people and their families.

Health region specialised services are staffed by multidisciplinary team (MDT) who provides holistic person-centred needs assessment and individualised care plan.

The care plan developed may consist of medical, therapeutic and social interventions including psychological supports, speech therapy, and family support delivered in service.



Informed

Complies with national and international human rights and medical best practices and aligns with the principles of self-determination and informed consent in line with HSE Consent Policy. Upholds the rights of young people to access quality care that centres their needs and wellbeing in a safe and inclusive space alongside the medical expertise of the practitioners and the ongoing support of their caregivers where appropriate.

Adult Care

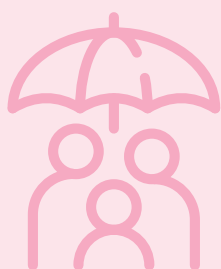
(17+ years)

Access to trans healthcare for adults in Ireland:



Local

Is free at the point of use with the initiation and monitoring of hormone therapy facilitated through an informed consent framework in primary care. The provision of Health Region Specialised Outpatient Services for adult function to address the full spectrum of health, wellness and any additional gender-related healthcare needs of trans people; medical, therapeutic and social in service while engaging in an ongoing relationship with a primary care provider to address the full spectrum of health and wellness needs.



Safe

Is holistic, person-centred and responsive to emergent community needs through a health region specialised outpatient services that will cover any additional gender-related needs of trans people if needed; medical, therapeutic and social including psychological supports, speech therapy, and family support delivered in service.



Informed

Complies with national and international human rights and medical best practices and is based on the principles of self-determination and informed consent.

Our Vision: An Integrated Life Span Model of Care for Youth and Adults

Young People and Caregivers



GP

- Provides referral to Health Region Specialised Outpatient Service.
- Where necessary provides referral to CAMHS to support young people experiencing mental health difficulties.
- Ongoing oversight and support for general patient health.

Adults



GP

- The initiation of prescription and monitoring of hormone therapy is facilitated by GPs through an informed consent framework in primary care.
- Referral to Regional outpatient services is provided for any additional gender-related healthcare needs.

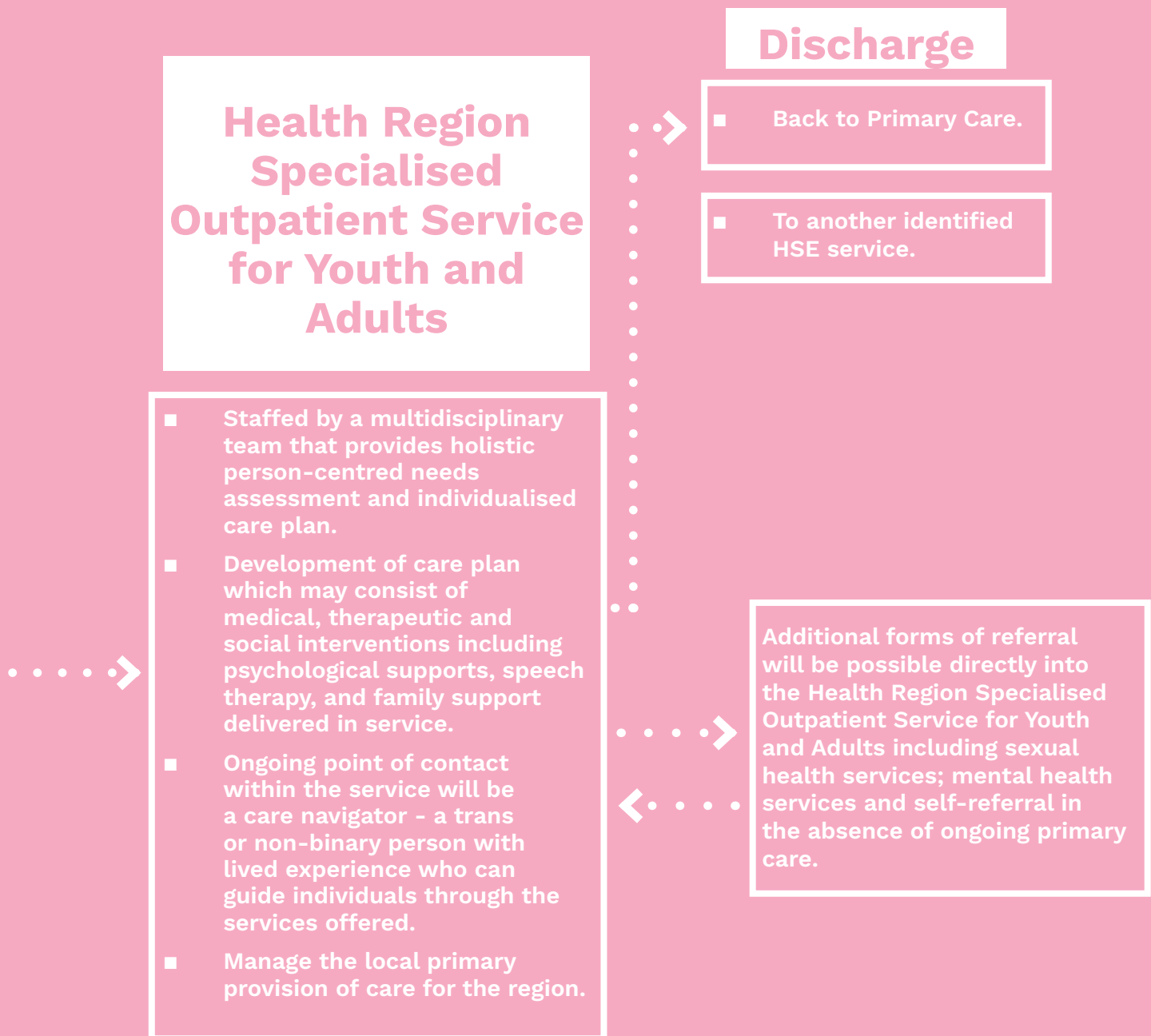
Receiving care through alternative pathways



GP

- GPs to facilitate care for individuals receiving care via alternative pathways (e.g private care or self-medicating) through harm-reduction and integration guidelines in collaboration with multidisciplinary health region specialised outpatient services.

We envision the establishment of a National Clinical Programme for Trans Healthcare in Ireland. Created through a community co-production partnership approach with trans communities and stakeholders, this National Clinical Programme for Trans Healthcare would be responsible for governance, training, policy and procedures.



Recommendations

Recommendation 1: An Integrated Life Span Model of Care for Youth and Adults

Belong To Recommends the HSE develops a new integrated, decentralised model of trans healthcare care, through a community co-production partnership approach, that addresses all medical, therapeutic and social care and specific interventions relevant for young people and adults in compliance with national and international human rights, medical standards of care, and the principles of self-determination and informed consent.

- **Young people and their caregivers:** The new integrated model of care is facilitated through an integration of community care settings and multidisciplinary health region specialised outpatient services that meet the needs of trans young people throughout the country.
- **Adults:** The new integrated model of care is facilitated through the prescription and monitoring of hormone therapy in primary care through an informed consent framework alongside the provision of multidisciplinary health region specialised outpatient services in order to address the full spectrum of health, wellness and any additional gender-related healthcare needs of trans people including medical, therapeutic and social.
- The new integrated model of care is free at the point of use providing a wide range of trans healthcare services based on the needs of the person.

Recommendation 2: Governance, Training and Education

Belong To recommends the HSE establish the National Clinical Programme for Trans Healthcare in Ireland through a community co-production partnership approach and consultation with key stakeholders. The National Clinical Programme for Trans Healthcare in Ireland is responsible for the training and professional development of practitioners within the multidisciplinary regional specialised outpatient services and local primary care providers.

- GPs are resourced and trained to understand gender and sexual diversity, and initiate prescription and monitoring of hormone therapy in primary care settings.
- Mental health professionals are trained to understand gender and sexual diversity, and deliver therapeutic support to patients when necessary.
- Social and community workers are trained to understand gender and sexual diversity and deliver additional support to patients where necessary, specifically family support.
- Additional relevant professionals in the multidisciplinary regional health specialised outpatient services are trained in gender and sexual diversity and have the proper medical training for the services they deliver.
- The Irish Medical Council, Nursing and Midwifery Board of Ireland, Irish College for General Practitioners, and other training providers and medical and nursing schools should review their curricula, standards and training to ensure that teaching, and compulsory and ongoing training, covers the health inequalities facing trans and non-binary people, and how best to provide trans inclusive care.

Recommendation 3: Policy

Belong To recommends the HSE National Clinical Programme for Trans Healthcare in Ireland develops a trans healthcare policy framework which addresses:

- Strategy for development and roll-out of the new integrated model of trans healthcare beginning with a pilot in two health regions.
- Implement WHO guidance and the ICD-11 diagnostic model by providing trans healthcare through the primary care system.
- Harm-reduction and integration guidelines for GPs and multidisciplinary health region specialised outpatient services to integrate and facilitate care to individuals receiving care via alternative pathways (e.g. private care or self-medicating).
- Guidelines and policies for GPs, practitioners in outpatient services and additional professionals to facilitate care for young people and their families and adults based on self-determination and informed consent in line with the 2022 HSE Consent Policy, national and international human rights and evidence-based international standards adhering to the *WPATH Standards of Care Version 8* (2022).
- Develop a surgical programme and training scheme to provide for gender-affirming surgery through the public healthcare system.

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“Since beginning HRT, my mental health has improved vastly, and I am the happiest I have ever been, and happier than I thought I ever could be.”

Belong To is a national organisation supporting lesbian, gay, bisexual, trans, and queer (LGBTQ+) youth. Since 2003, Belong To has worked with LGBTQ+ young people to create a world where they are equal, safe and thriving. The organisation advocates and campaigns on behalf of young LGBTQ+ people and offers a specialised LGBTQ+ youth service including crisis counselling, information and the provision of LGBTQ+ youth groups.

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