

Trans Aware Cancer Care: community researchers' report



Report written by Zak Hand, Katie Munday, Elliott Weyman-Light, Drago Rangelov, Abigail Parkes, Amanda Durrant, Kate Jupp

This report provides the personal reflections of the community researchers engaged in the Trans Aware Cancer Care Project. The report offers critical insights into the experiential dimensions of participation. These reflections from the community researchers are invaluable and demonstrate the passion and commitment in the codesign as well as the delivery of this important work.

Table of Contents

A dedication.....	3
1. Introduction.....	4
1.1 Foreword.....	4
1.2 Why cancer? Why trans+ people? Why now?	5
1.3 What is it like being trans+ in the UK in 2025?	7
2. Methodology.....	10
2.1 The BU PIER Flipping the Power community researcher model.....	10
2.2 Forming the team	11
2.3 Designing the Workshops	12
2.4 Running the workshops.....	15
2.5 TACC chats.....	19
2.6 The Pride events	19
2.7 Sharing TACC's findings	21
3. Findings.....	32
3.1 The flag and stories.....	32
3.2 The findings	32
3.3 Conclusion	39
4. Suggestions.....	42
4.1 Suggestions for system changes.....	42
4.2 Suggestions for changing culture	44
5. What would we do differently next time?.....	48
5.1 Make safer spaces for more diverse attendees	48
5.2 Research design	48
6. Lasting impressions	51
6.1 TACC core team reflections	51
6.2 Partner reflections	53
7. Thank you.....	56
8. Definitions.....	57
9. References	60
10.1 Appendix A: Table of participant contributions	64
Positive	64
Neutral	70
Negative.....	72
Extra negative	79
Mixed	85
10.2 Appendix B: Resources to enjoy	89
Things to watch.....	89
Things to read	90
Things to listen to	92

A dedication

We dedicate this report to Jude Hart (she/her).

Jude was a volunteer with Beyond Reflections and was diagnosed with cancer shortly after our last workshop and died from it a few months later. She was the ideal ally, putting seemingly endless energy into helping others. In the square she contributed to our project, she described herself as a "proud 'auntie'" to a trans girl and hoped that the girl will be listened to when accessing services and that her joy would not be diminished.



"Jo's Joy" (Ps22¹)

"Maybe one day, we'll have cured cancer to the point that we can treat any type at any stage. Still, until we reach that future, it is vital that people have access to screenings, that they feel comfortable approaching GPs with concerns, and that everyone facing cancer has access to support."

Jude

¹ List of squares in Appendix A (section 10.1).

1. Introduction

Opening Poem by Elliott (they/he), community researcher:

Radical Tree of Transformation

In the radical tree of transformation,
Things start at the roots,
In the soil,

We can observe the leaves,
The branches,
We can see how they fall,
Their form,
How they move in the winds of society.

But we will not change this tree,
Rid it of its infections,
Unless we come to the soil it was planted in,
Until we look at the roots,
How the infections have interlaced themselves
throughout the bark,
and in the rings

Then we must wonder,
How will we know a healthy tree if we've never seen one?
How much of our work then has to be tending to the soil
So we can know what a tree of care
Would actually look like

1.1 Foreword

Trans Aware Cancer Care is a project exploring trans+² people's experiences with accessing or trying to access cancer services. While the report is written in good faith, it is a qualitative report on a marginalised community, and we felt that trying to make it adhere to "normal" report structures would subtract from that. This is partly because, while statistics and themes can be extremely useful for flattening diverse data for practical purposes, part of that

² Trans+ is an umbrella term for gender diverse people that includes, but is not limited to people who are trans (transgender), non-binary, agender, gender fluid, genderqueer, two-spirit). Please see Definitions (section 8) for more information.

process includes dealing with anomalies by excluding or absorbing them. Marginalised communities are marginalised because they're seen as not fitting neatly into boxes, and this is part of how marginalised groups, such as the trans+ community, have historically been excluded from, or hidden within, statistics. Furthermore, when marginalised communities do speak out, even as part of projects that seek to platform their voices, what they say be removed or reworded if it is not polite enough. This is an example of how censorship creates another wall that can prevent the community from openly sharing their experience with others, increasing their isolation.

In this report, we have made an attempt at "queering the research process" by including reminders of the humanity of those involved, e.g. art from participants and quotations from researcher's reflections.

Simplifying people into data is useful, but at the end of the day we are all still people. We ask that you read this report with an open mind and an open heart.

1.2 Why cancer? Why trans+ people? Why now?

Trans+ people face a higher risk of cancer compared with cisgender people. The increased risk is attributed primarily to prolonged exposure to smoking, alcohol, and obesity, which can be a coping mechanism for marginalisation (Leone et al., 2024). This heightened risk is exacerbated by barriers to primary care, including discrimination, lack of cultural competence by health care providers, system issues such as inaccurate electronic records, and socioeconomic barriers. Trans+ people often face challenges accessing general healthcare services due to a lack of knowledge and understanding of trans+ people among non-specialist healthcare professionals (Berner et al., 2020; Leone et al., 2023; Pearce, 2018; Reisner et al., 2015).

Additionally, trans+ people frequently find themselves having to educate healthcare providers about their trans-specific health needs as well as more general etiquette, such as the correct use of names and pronouns (Mikulak et al., 2021). These issues are underpinned by a lack of training in trans+ issues for health professionals in medical schools and continuing professional development (Women and Equalities Committee, 2024). Trans+ patients frequently mistrust health professionals (Davy, 2015; Ellis et al., 2015; Sanger, n.d.). This can be linked to the frustration some trans+ patients may feel in response to stigma, ignorance, prejudice, and the imbalance of power

between patients and healthcare professionals. While other marginalised groups experience similar health care barriers, many are significantly magnified for trans+ people (Safer et al., 2016). Many trans+ people live at the intersection of other marginalised identities. Issues are exacerbated for trans+ people of the global majority³, unhoused and vulnerable housed trans+ people, and trans+ people who are sex workers or part of the travelling community.

The issues and barriers experienced are with the systems and some individual practitioners within healthcare settings, NOT the trans+ person themselves.

These experiences can cause trans+ people to avoid cancer screening. Trans+ patients are less likely to be screened for cervical (56% vs. 72%), breast (33% vs. 65%), and colorectal cancer (55% vs. 70%) than their cisgender peers (Kiran et al., 2019). Among 1,275 participants, recent prostate screening rates among trans women and cisgender men aged 55 to 69 were 22.2% and 36.3%, respectively (Kalavacherla et al., 2024).

Trans+ people also had lower rates of using cervical and breast/chest screening at the recommended frequencies compared to their cisgender counterparts (Chan et al., 2024). Similar results were found for colorectal cancer screenings, and prostate screening (Tabaac et al., 2018). An increased risk of cancer, insufficient practitioner knowledge, and inaccessibility to screening led to worse clinical outcomes in terms of cancer diagnosis and mortality (Jackson et al., 2021). Unfortunately, there is not much information on the cancer risks and cancer healthcare outcomes of non-binary people.

The World Profession Association of Transgender Health (WPATH) does have recommendations for cancer screening for trans+ people. These recommendations include care professionals following local breast/chest cancer screening guidelines developed for cisgender women in their care of trans+ people who take oestrogens and those with breast tissue from natal puberty. Similarly, WPATH suggests that care professionals apply local screening guidelines for ovarian and endometrial cancer, included in care for trans+ people who currently have or previously had a cervix (Coleman et al.,

3 "Global Majority" is a collective term that encourages those so-called, to think of themselves as belonging to the majority on planet earth. It refers to people who are Black, African, Asian, Brown, dual-heritage, "Indigenous to the global south, and or, have been racialised as 'ethnic minorities'." - Rosemary Campbell-Stephens (2020)

2022). This is a start for cancer care, but it does not provide the emotional support that may be needed throughout, and it does not hold healthcare professionals accountable for any missed screenings due to misunderstanding and miscommunication on their part.

Trans+ people also face system barriers, e.g. trans women may need to choose whether they are called for a prostate screening or breast screening. This is because some cancer screenings are linked to the gender marker on a patient's record. Additionally, there can be limited flexibility in NHS systems to choose appropriate gender markers (e.g. non-binary and agender identities), or have chosen names and pronouns, causing inconsistency in care across healthcare settings.

1.3 What is it like being trans+ in the UK in 2025?

In recent years, there has been a sharp increase in the visibility of trans+ people and our stories, which has created what has been described as “the transgender tipping point” (Steinmetz, 2014, p.7). Unfortunately, this tipping point has seen a rise in public transphobia, including the continued perceived controversy of trans+ athletes at sporting events and safely accessing public toilets (Greze, 2022; Petter, 2020; Quadri, 2022). As well, a rise in rhetoric around people being ‘turned trans’, transness being a ‘new thing’ or a fad of some kind, and of course ‘the trans agenda’.

The existence and continued participation of trans+ people in all areas of society remains a source of great debate in British media and politics. Despite protective factors afforded to trans+ people by the Gender Recognition Act (2004), which allows us to change the gender markers on legal documents, many trans+ people still experience fear and prejudice from broader society (Home Office, 2021).

Typically, anti-trans discourse grounds its argument on the protection of women in ‘women-only’ spaces; calling for people to enter changing rooms and toilets that match their sex as assigned at birth and for the removal of trans+ people from women's sport. As such, this mainly affects trans women, with trans men and other non-binary identities forgotten. This could perhaps be seen as a blessing to avoid transphobia, but it can be more damaging to be invisible as this leads to needs not being met and ‘doubt’ that these identities can exist. The ‘fear’ of trans women in ‘women-only’ spaces also

overlooks that trans+ people are 4 times more likely to be victims of violent crime than our cisgender counterparts (Williams Institute, 2021).

Additionally, trans+ people report higher rates of hate crime year-on-year. In 2020/2021, 2,630 hate crimes against trans and non-binary people were recorded by the British police, a 16% increase on the previous year (Home Office, 2021) with a further 66% increase to 4,355 in the year 2021/2022. Since then, while most other hate crime has been decreasing, transgender hate crime has remained stable, with 4,780 cases reported in 2023/2024 (Home Office, 2024). Additionally, the actual number of hate crimes are estimated to be nearly double this due to lack of reporting; 88% of trans+ respondents to the National LGBT Survey had experienced hate crimes that they did not report (Government Equalities Office, 2018).

Trans Day of Remembrance (TDoV) on November 20th is a day dedicated to remembering and mourning those who have lost their lives due to transphobia—either as a result of murder or suicide—and shows the seriousness of transphobic hate crime. Each year hundreds of trans+ people are remembered, with 5,000 deaths recorded by the Trans Murder Monitoring Project since 2008.

“Despite our best efforts, 25 years later, the violence not only continues but is actively encouraged by global anti-rights efforts that deny the very existence of trans people, fuel hatred and oppose the recognition of the basic human rights of trans people.”

Transgender EU

The rise in transphobic hate crime is affected by public policy and opinion. When our politicians target trans+ people, citizens believe it is okay to do so too, and it is not only our government that trans+ people have to worry about. Anti-trans and anti-DEI policies implemented in the US by the Trump administration also perpetuate hatred in the UK. Ideals and beliefs are now shared more easily than ever through social media and there is a growing fear about what may happen in the wider world as a result of the US' influence.

From Zak (they/them), community researcher:

We can do nothing but watch as Donald Trump returns to the White House and starts off with focused attacks on 2 groups: those who are

immigrants and/or trans+. So far this includes the erasure of our existence, the destruction of data about us, and the seizing of documents from trans+ people, all of which are sinister and suggest worse to come. We can only watch as our trans+ siblings in the US struggle with this reality and worry for their futures (e.g. "existing as a trans american right now & the impact it's having on my life" <https://www.youtube.com/watch?v=GKJSoxERSuc>).

Trans+ bodies, experiences, and lives have been further politicised through healthcare policy; including the changes under the Cass Report (2024) and Royal College of General Practice (RCGP) policy updates. Following the Cass Report, the UK has banned puberty blockers for children and young people, with a view to also affect adult gender-affirming care. This decision has the potential to cause inconceivable trauma to young people who often struggle with poor mental health due to untreated gender dysphoria (Kaltiala-Heino et al., 2015; Littman, 2018). RCGP guidance updates in April 2024 allowed GPs to begin to refuse hormone prescribing, even if an individual had been on HRT for many years. Transactual (2024) heard from 215 individuals, over a quarter of whom had originally received their prescriptions through NHS gender clinics and over half who had been on HRT for over 5 years. Guidance has since been updated but with no recognition of the damage that has been done, or compulsion for GPs to rectify the situation with their patients. This has degraded an already limited trust in the NHS.

Rebuilding this trust for trans+ people has no easy fix. It takes committed healthcare professionals. **It takes you.**

2. Methodology

This section is on the methodology used.

2.1 The BU PIER Flipping the Power community researcher model

The BU PIER Flipping the Power community researcher model, where people with lived experience of the explored topic are supported and mentored to undertake the research themselves, is not just a way of researching but a framework for social change. The model emphasises balancing research science and technical expertise with lived, real-life experiences to achieve sustainable and meaningful outcomes. A key element of the approach is working in partnership with the support and expertise of voluntary and community sector organisations embedded in their communities.

In this project Beyond Reflections was involved from the pre-award project design stage and throughout the project. They have been fundamental in developing supportive, relational spaces to generate new knowledge and drive action.

This project would not have been possible without the role of community researchers as key contributors, experts in the field, and bridge-builders to the trans+ community, which is under-served by research. Using *The BU PIER Flipping the Power community researcher model* to challenge traditional power dynamics, trans+ community researchers led the project, deciding the priorities and direction of travel, with BU PIER academic researchers providing research support (PIER, 2023).

Challenging power dynamics and centring the trans+ voice, trans+ people were embedded throughout the project, as Zak, community researcher, reflected:

The job interview was a lot more casual than I expected. I expected to be judged, so it was a surprise they wanted my input from the start.

It was a relief that the acceptance didn't disappear later: maintaining the Community Researchers as the project leads was a recurrent theme, resulting in us chairing meetings, attending steering groups, and more. At times, it was overwhelming (there were a lot of emails), but it did make it feel like our project, which made it much easier for me to speak up if I had concerns.

It was strange to go from being a nervous interviewee to feeling confident representing my community. Still, the more I felt in control of the project, and the more of the community I spoke to as part of it, the more I felt that I could give voice to our concerns. When I was first interviewed, I was not ready to represent so many, but I grew into the role as part of the project.

The teams' connection shone through at our celebration event at the end of the project in September 2024. One practitioner attendee remarked:

Working with community co-researchers and practitioners together is powerful and has real potential to lead to impactful insights and transformation across different underserved communities.

2.2 Forming the team

Beyond Reflections is a trusted community-based group that is well-placed to connect with trans+ community members. As a community partner who was already familiar with the local trans+ community, one of their key roles was to reach out to potential community researchers. The aim was to recruit a variety of trans+ people, including trans femmes, trans mascs and non-binary people, recognising that not all trans+ experiences are the same. Three community researchers were recruited through this process, who joined Katie – the fourth community researcher who had worked on the pilot "What I would Like to Say" project⁴. They were invited to join Trans Aware Cancer Care and were part of the interview process.

The community researchers with Kate Jupp (she/her, BU PIER) and Stevie Corbin-Clarke (she/her, BU PIER), and Amanda Durrant (she/her, clinical cancer nurse specialist) had regular meetings to design the workshops. They actively chose a bold yet sensitive approach to working together, where everyone matters. They aimed to create a safer respectful space, prioritising honesty and authenticity. This way of working together evolved into the way it needed to be.

The community researcher role was part-time and flexible. Involvement in any activity was a choice and on the terms of each individual community researcher. This approach respected the often unpredictable life demands of

4 "The What I Would Like to Say" project explored disabled and/or neurodivergent people's experiences of cancer care and support, developing recommendations aimed towards improving the accessibility and quality of these services in the future. For more info: <https://involvingpeople.org/project/what-id-like-to-say/>

the trans+ community researchers living in the UK. Some of the community researchers are also neurodivergent and chronically ill, which also needs more flexibility and adaptability for the project as a whole. This is why all four community researchers recruited at the project's outset remain wholeheartedly committed to this project.

2.3 Designing the Workshops

It was intended that everyone (including all members of the wider project team) took Beyond Reflections' Trans+ Awareness Training. This was important in grounding the broader team in the same understanding of trans+ experiences, including shared language.

The early core team meetings were dedicated to designing the workshops, including prompts, how to approach people (e.g. "checking in" rather than being overbearing), and logistics. It was decided that the project wanted a qualitative approach with an art-based method. It was also agreed early on that no one would be turned away: relatives, carers, and allies would be welcome to contribute. This meant the project could maintain a welcoming atmosphere and wouldn't require people to specify their identity before participating. Much time and effort was taken in the design of safer workshop spaces.

Reflection from Elliott, community researcher, on **Safer spaces**:

During some of our early discussions about the workshops the theme of safe spaces came up. I advocated for the theme of safer spaces rather than "safe space". For me, when I think about safety, it's a web that connects many elements that all contribute to an individual and collective sense of safety - and by safety I often mean no harm caused. I feel a resistance to claiming "This is a safe space". As space holders I feel we can't guarantee feeling safe nor can we really guarantee total safety; especially when we think of safety including 'no harm caused'. As a participant in a space it is for me to sense "Am I safe enough to allow myself to settle?" "Do I feel safe enough to share?". It can definitely be supportive to state an intention to creating a safer container, hence the wording "**safer** space" but for me claiming a totally safe space feels like telling someone else how to feel.

Reflection from Zak, community researcher, on naming the project:

We were brainstorming ideas, and Drago suddenly suggested "Trans Aware Cancer Care" which worked so perfectly!

The plan was for attendees to choose a pink, white, or blue fabric square and express a message however they chose – anything from a few stickers to abstract shapes to written messages. They were also invited to fill out a form with the following information:

- Title
- Description
- Story

The intention was for "Description" to be of what their square looked like and for "Story" to be the story behind it, but in practice the categories overlapped a lot. Not all participants filled out the form at all: it was not compulsory, just another way for attendees to express themselves.

The squares would later be sewn into a large trans pride flag to form the main project output.

There was a pilot workshop which took place at Beyond Reflections. This let the team trial the art process by making our own squares.

Reflection from Katie (they/them), community researcher, on the pilot workshop:

This was the first time many of us had been in a room together, and it was so much nicer than being in constant video meetings.

We've finally decided what creative tools we might want for the workshops. And we're so close to inviting trans+ organisations and people to share their experiences of cancer services.

What I find strange but also wholesome about community-based work is how much it makes me reflect on my experiences. We are rarely afforded that outside of expensive or hard-earned therapy sessions.

Today was tough for me in some ways as I created my small square of the giant trans flag we are working towards. It isn't just a reflection on my experiences with cancer services; it brings up all sorts of times I've been treated poorly, misunderstood, devalued, unaccommodated, and shown violence.



Square by Katie, community researcher (No14)

Four workshops were scheduled across April and May at different times and venues to make them more accessible. Beyond Reflections helped to find safer trans+ spaces for these:

- A weekend workshop at the Seacity Museum (scheduled to align with a Museum of Transology collection event).
- A weekday workshop at Board in the City.
- An evening workshop at October Books.
- A workshop at Bournemouth University.

A community researcher designed the leaflet to help with advertising the events.

2.4 Running the workshops

The first workshop was a great success! Even though the Museum of Transology (MoT) event happening simultaneously was much closer to the corridor entrance, with TACC's room hidden quite far down, the team signposted so well that some people accidentally came to the TACC workshop first.

The TACC team were very prepared, with lots of different craft materials, all the necessary paperwork, trans flags everywhere, and, of course, some tissues for any challenging moments that may come up. This session was very busy but went smoothly.

Reflections from Katie, community researcher, on the first workshop:

All in all, it was a fantastic start to the Trans Aware Cancer Care project. There was a lot of love in the room and many amazing outcomes, personally and artistically.

The first workshop highlighted that asking specifically for cancer service experiences made some people feel like they had nothing to share. Even when cancer services were explained and listed as the full breadth of cancer services from pre-screening awareness, to end of life care and bereavement support, many attendees still felt they had nothing to contribute. Even those who were avoiding doctors due to previous bad experiences with cancer screenings felt they didn't have anything to share about cancer services. At this point, the team decided to pivot towards inviting more general experiences with healthcare.

As Zak, community researcher, would explain:

If your doctor is rubbish and you think, "You know what, I don't need to be misgendered this week," and delay your screening, you might keep putting it off and never get around to it.

Working towards Trans Aware Cancer Care

**Do YOU
have a story
to share?**

A trans+
Community
Researcher
group!

We are looking for
trans+ stories of accessing
(or not accessing)
any cancer services

(including
screening)

There will be **workshops**
in Dorset, Hampshire and the
Isle of Wight, plus ways to
contribute online, and
artistic expression is encouraged
(but not necessary)

With cake!

For more information, visit:
involvingpeople.org/project/tacc/



Public Involvement in
Education & Research Partnership

University Hospital Southampton
NHS Foundation Trust



involving
people

MACMILLAN
CANCER SUPPORT



beyond
reflections

Leaflet by Zak, community researcher

This first workshop was also great for further solidifying the team, trying out the process, and creating a great connection with MoT. The TACC team submitted some squares to the MoT event and, in turn, some MoT volunteers contributed to the TACC flag. It was a successful collaboration with some longevity, as the finished flag may end up in their archives!

Only a handful of attendees attended the second workshop at Board in the City. This allowed for more in-depth conversation but raised questions about accessibility of weekday daytime events. The third workshop, an evening at October Books, had just one participant, a friend of one of the community researchers. Again, this allowed for a more in-depth conversation. Still, the goal had been to get bigger groups, especially after feedback from the first workshop, which praised the experience of being in a majority-trans+ environment.

The fourth workshop, at Bournemouth University and run with support of the student union SUBU, was the last planned event. The campus was quiet, but despite there being fewer students around, the team wanted to make sure the advertised session still happened as it was important to ensure that even if one person turned up, they would have the same experiences as other attendees. In the absence of any attendees, the team used the time to plan a different approach to gather contributions: taking TACC to Pride events.

Feedback from workshop attendees:

- “I enjoyed it. It came at the right time – creating.”
- “I enjoyed taking part in this project – everyone was very welcoming, and it was good to revisit a positive healthcare experience.”
- “It has been amazing to be part of a workshop that is a safe and welcoming space for me to be part of.”
- “It has been magnificent to be respected and supported to share my experience.”
- “I really enjoyed today. It’s just nice to sit in a room full of trans people having a conversation – I don’t get many opportunities to do that.”
- “This has been really helpful (creating a square). Sometimes words are really difficult.”



- "You just made a trans guy very happy, thank you."

Above: A reflection by a participant on being involved in the workshop. The red spiked speech bubbles show thoughts and worries before the workshop, and the blue smooth

bubbles indicate something in the workshop space that eased that worry or supported them in being there and contributing.

2.5 TACC chats

There had already been plans to allow people to participate online to increase accessibility. One of the community researchers, Zak, set up an Appointlet where participants could arrange one-on-one video call meetings with them. It was trialled with two community researcher's friends who could not attend an in-person workshop due to mobility issues.

After testing, the link to the TACC chats was added to our website (along with a contact for asking questions). Those who took part in the TACC chats were offered the chance to have a square (in the colour of their choice) mailed to them, or to create a digital square or have one created on their behalf to reflect their words so they had a place on the flag. Digital squares created on behalf of TACC chat contributors were checked for accuracy and acceptability before being included on the flag.

One participant shared her reflections on taking part in a TACC chat:

I wasn't expecting such a thoughtful, meaningful, and rather moving response to what I thought was a rambling contribution. Please pass on my thanks to those who designed the images (digital square) and summarised my words.

2.6 The Pride events

Five local Pride events were chosen for workshops during summer 2024:

- Pride in the Park, Southampton (8-9th June)
- Bournemouth Pride (July 6th)
- Isle of Wight Pride (July 20th)
- New Forest Pride (July 27th)
- Southampton Pride (August 24-25th)

At each Pride, TACC joined forces with Beyond Reflections and shared or held neighbouring stands. These Pride events were, overall, a great success: they allowed the TACC team to contact many participants, ranging from those in their late teens to those aged 70+. Participants included people attending Pride and other stall holders.

Reflections from the Pride events:

Abi (she/they), Beyond Reflections:

Having the TACC team join us at Pride was wonderful. I always enjoy Pride despite the early starts, gazebo battles and unpredictable weather, but something about bringing the project there made it extra special. Being able to not only show what we are working on as an organisation but to bring people in to contribute, to say something about their own healthcare and advocate for themselves, for something better, feels exactly what Pride should be.

Katie, community researcher:

When the parade came in at Isle of Wight Pride, I was pleased to see all these rainbow-clad people grinning from ear to ear. I was keen to talk to people, but people must breathe first. What I've learned along the way with TACC is that transitions are important not just for neurodivergent people like me but for everyone. People must understand the expectations, the risks, and the rewards of joining in or even starting a conversation. This is why we've always maintained a relaxed feel for our work. If people want to come around once, twice, or thrice before joining in, that's great! If they want to start straight away – we love that enthusiasm! If they have a conversation or look at our stall and feel it's not right for them – we're glad they came to have a look.

Zak, community researcher:

I spent most of the Pride talking to strangers and pointing them towards the workshop stall. At the last Pride event, we attended (Southampton), I was trying to help at the stall and realising that, while my pitch handing out leaflets was very polished, I hadn't been practising getting people settled into producing art, which was a bit awkward!

Amanda, clinical cancer nurse specialist:

The joy at Pride is infectious and more recently I have come to understand that this is a place for freedom of personal choice without judgement and the willingness to share stories for the flag is remarkable. Here is a safer place, an open society where everyone's individual expression is welcomed, and I am receiving and giving of this.

Kate, BU PIER:

Whilst some participants chose to contribute immediately, I observed many participants take time to consider their involvement. Often people would walk slowly past the TACC stand and observe what was happening, coming back later to engage in a conversation with one of the team. Sometimes people would return with a friend to look together. Many of the people that engaged in this way went on to contribute before the end of the day, or on the following day. It was evident we had created a space for people to take part when it felt right- when they were ready. Towards the end of the second day at Southampton Pride, two people arrived at the stand and said, "we're so glad you're still here, we saw you yesterday and would like to take part". It had felt so important to return and stay until the end, and we were rewarded with two more amazing squares.

For more reflections of the Pride events are on the TACC site's blog post: <https://involvingpeople.org/blog/our-reflections-from-a-summer-of-pride/>

2.7 Sharing TACC's findings

This report is one of many ways that TACC has shared its findings. TACC members have all shared their experiences and learning from the TACC project informally with their extensive networks and connections across the trans+ community, healthcare, research, and voluntary and community sector organisations. The TACC team has also shared its work throughout the project, with community researchers presenting more formally at the following events:

- TACC NHS stakeholder online workshop (May and July 2024)
- Online learning lab - 'Raising seldom heard voices in research' hosted by Health Innovation Wessex (April 2024)
- Curating and Creating Stories of Queer Transformation Conference Southampton (June 2024)
- Transvox Podcast
- TACC Celebration event Southampton (September 2024)
- OUTPatients LGBTIQ Cancer Conference London (November 2024)

TACC NHS stakeholder online workshop:

During the project the project team hosted two workshops for NHS professionals working across Wessex in primary, secondary, and tertiary care that include providing cancer services. Workshop One in May 2024 was an introduction to the project and a trans+ awareness training session. At this workshop, connections were made between the TACC team and healthcare professionals. At the second workshop in July 2024 the TACC team presented the initial findings, sharing some of the squares and hosting a safer space for reflection, discussion and a call for action. All those attending then identified and explored together what the professionals attending needed to support their practice to be more inclusive for trans+ people. Connections made in these workshops have already led to further opportunities.

‘Raising seldom heard voices in research’ online learning lab hosted by Health Innovation Wessex:

The team facilitated an online learning lab on ‘Raising seldom heard voices in research’. The audience were employees of Health Innovation Wessex, and others from partner organisations such as Wessex Health Partners. The audience included staff who engage with industry, innovators, integrated health and care systems, researchers, academia and business managers. The TACC team shared the community researcher approach, and explored why they believe it to be important; what involvement in research means from the community researcher perspective and the enablers and barriers to being involved. The second half of the learning lab was a hugely engaging open discussion and relationships developed with the organisations attending.

Curating and Creating Stories of Queer Transformation Conference Southampton:

This one day mini-conference at the University of Southampton brought together different groups and individuals involved in queer research. The conference centred queer methodologies as a strategy for radical social transformation.

As part of the conference TACC shared a table display of some of the squares, shared more about the project, and even got some more squares on the day! It was lovely to share the project with others and to see other interesting and important work done by queer and trans+ people, for queer and trans+ people and communities.



Some of the core team at the
Curating and Creating Stories of Queer Transformation Conference

Transvox podcast reflections:

Beyond Reflections has a fantastic podcast called Transvox hosted by Gillian (Beyond Reflections CEO) in which they talk about all things trans+! This was another great way to share the journey of Trans Aware Cancer Care. The first podcast was with Katie and Stevie, who shared the progress of the project and its importance, as well as how people could get involved.

The second and third Transvox sessions included Katie and Dr. Virginia Quiney, who had been a part of the NHS working group. Together, they talked about how to make things easier for trans+ people in primary care. This spurred the idea for the third podcast, themed "Ask your GP anything," where Virginia shared her experiences as a GP, including how system processes work (such as changing your name and gender marker). That podcast was also used to share ideas on advocating for yourself within

primary care. Virginia has been a delight to talk to at the working group and through the podcasts.

Virginia shares her experience with the podcasts:

I was pleased to be involved in the first phase of the Trans Aware Cancer Care project, with the aim of improving cancer care for a group whose needs can often be overlooked and unseen. Before the podcast I was a little nervous – this was my first podcast, and I was concerned I would say the wrong thing. However, Gillian and Katie put me at ease and Gillian facilitated a relaxed, open conversation that allowed the three of us to discuss the difficulties that the trans + community face in relation to cancer care and wider healthcare. We were able to explore each other's views and experiences with curiosity and respect and I hope the conversation has been as useful to those who have listened to it as it was for me.

The podcast episodes can be listened to here:

- Transvox - Whatever it Takes - A project to improve Cancer services for the trans+ community. <https://transvox.captivate.fm/episode/transvox-whatever-it-takes-a-project-to-improve-cancer-services-for-the-trans-community->
- Transvox - Working with Healthcare Providers to improve Cancer and General Healthcare Services
<https://open.spotify.com/episode/5tVDLtgwUhJNTEKQzj94Vw>
- Transvox - Trans Cancer Screening Services Wrap up
<https://open.spotify.com/episode/6tan936QequjJYMAD8Vfj1>

The celebration event:

In September 2024, the TACC team held a celebration event, welcoming people from across the trans+ community, the NHS, voluntary sector and community organisations, and academic and research institutions.

They shared our approach and invited everyone attending to take the time to view the individual creative contributions as squares and the display of them together as the TACC Flag.

The morning concluded with a shared reflection on the findings and a call to action. Those present explored what the findings meant from different

perspectives openly and honestly further supporting the transformative journey that is required to make lasting change. Many conversations started at the celebration event are ongoing, and new connections and collaborations continue to grow.

Photos of the event are on the following page.



Reflections from attendees

At the end of the event, those attending were invited to reflect upon what they had seen, heard and felt with the option of responding to these prompts:

- What resonated with me?
- What will I do to make a difference?
- What help do I need to make a difference?

What resonated with me?

The cumulative effect of transphobia and how that impacts on “small incidents”.

Understanding always helps BEING an ally.

That the topic has been escalated/politicised, so fear is getting in the way.

We want to hear! We want to support you in sharing your story.

How the LGBTQ+ community feel about the NHS – As an AHP we really do care and want to get it right for you.

An inspiring conversation – recognising that we are on the same kind of journey – but probably too close to the start of the journey. **Honesty – Fear – Trust – Pronouns – Biology – Care – Confidence.** How do we make sure that we encourage and support personalisation that values difference and diversity that is grounded in respect?

I want to help you! I want to support you!

Upset of our trans community

Fear to get it wrong

Amazing thought provoking

Trans people have existed **forever.** Why are our NHS systems not set up for us? Being the only LGBTQ+ person in my team means this is my job to fix! Happy to do the work but is **exhausting**

What will I do to make a difference?

The unit are very willing to accommodate direct contacts to ensure everyone can (screening) get what they need.

I will build in trans awareness to my work patient/people involvement

Create awareness of what is important for your experience in the NHS.

Learning, Listening, asking what you think /want/need that will help your experience,

Explaining my role, supporting, advising, advocating for you, getting it right for you,

Make changes in our environments/systems.

Speak to our teams! Allow others to speak! Be transparent!!, Be visual, Listen to Understand

Support of the directorate, The infrastructure of our NHS systems – they do not communicate with each other.

What help do I need to make a difference?

To hear trans stories, what works what does & doesn't work and to know from people with lived experience what exactly needs to change.

Share learning resources with staff.

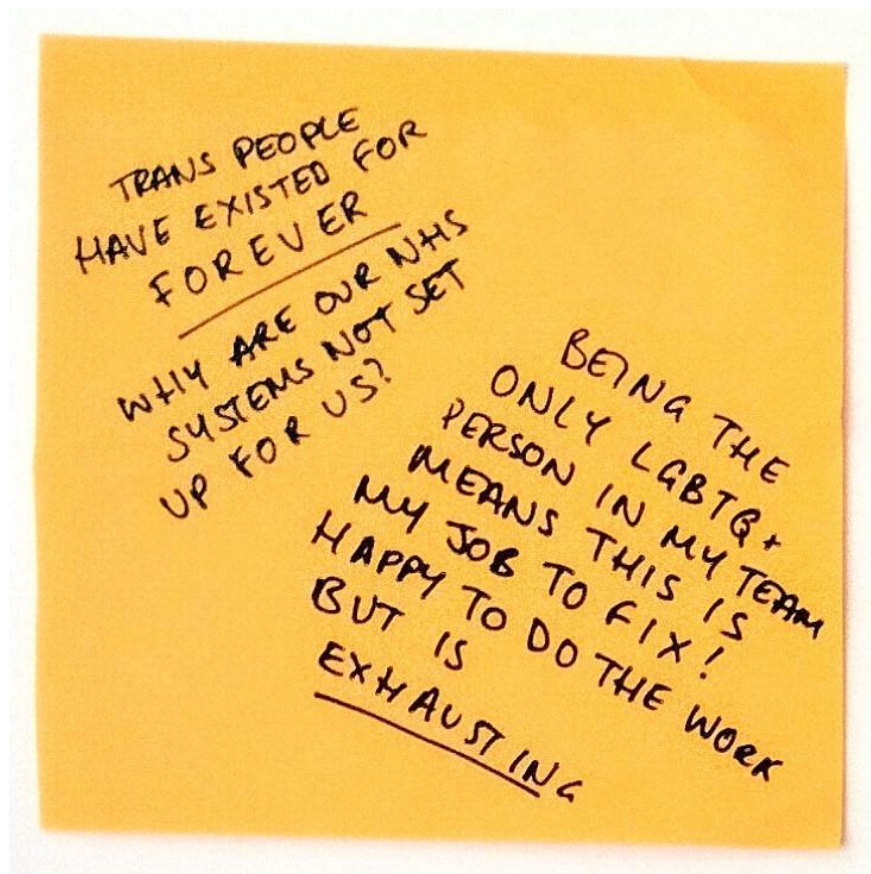
Resources, IT and safe spaces

Reflections from stakeholders attending the celebration event:

- "Sharing in a celebration event that for me demonstrated the power of peer research done so well, felt really special. I had little personal experience or perspective to draw from in relation to the trans community and yesterday has had a big impact on me. The material squares with their stories and descriptions and hearing directly from the

community peer researchers yesterday has left me feeling so informed and aware. I feel motivated to take action!"

- "WOW!! You have come together to produce an amazing piece of work. On a personal level I better understand the experiences shared than I thought was possible. Please keep sharing and I promise to keep listening."
- "What an amazing piece of participatory research utilising community researchers with lived experience. I have learnt so much about the experience of trans care."
- "Great to see lots of medical professionals in the room also learning from this research. It would be great to see this flag displayed in GP surgeries, hospitals and other environments, where medical professionals and the public can learn."
- "The celebration event was one of the best facilitated workshops I have been to in a long while, both sensitive to the complexity of the subject but also thought provoking and action orientated. I really got a lot out of it. I would be keen to catch up with the team about your next steps and how we can work together in the future, especially with a view to how we can support from a Primary Care Perspective."



Feedback post-it from the celebration event

OUTpatients LBGTIQ+ Cancer Conference

TACC was asked to present at the fifth annual LBGTIQ+ Cancer Conference, which had the theme 'From Awareness to Action'. The conference brought together healthcare professionals, researchers, and patient advocates from all backgrounds with a shared goal: to advance equitable care for the LBGTIQ+ community in cancer care.



Presenting the flag at the OUTpatients event

Reflection from Zak, community researcher, on the event:

We were the only presentation with a physical prop, and it was satisfying to unfurl our research's output across the stage. It's in trans pride flag colours, has a big mix of almost a hundred voices, and it's something we made happen.

3. Findings

This section is about the project's findings and analysis of them.

3.1 The flag and stories

The flag comprises 90+ squares and is approximately 3m x 6m. The squares are as distinct as the people who made them, which shows the diversity of lived experiences in the trans+ community. The flag weighs 10.6 kilograms. Its size and weight reflect the enormity of the responsibility the team feel to do justice to the messages voiced by those who took part.

Katie community researcher reflected on the flag:

Looking at the flag as it is now, I feel so much – pride in what we have achieved, sadness at many of the experiences shared with us, and anger at the systems and people who still stigmatise us. Pain at our collective oppression. Tired and overwhelmed at the work still left to do – in this project and beyond. The flag is beautiful, reclaiming trans+ culture, history, and stories. We are here, stronger together. Creative and artistic – even when we think we aren't. We have no choice but to be brave and tell our truth.

The flag is as diverse as the people who make up the trans+ community. They share what has gone wrong and what can be improved, as well as what has worked well and how this can be achieved consistently.

3.2 The findings

The squares have been themed by emotional content based on the content of the squares and the forms. This was not done by the participants themselves, but by the community researchers after one of them was overwhelmed by the content of the squares during the first round of trying to find themes.

Hi there, this is Zak, one of the community researchers. I wanted to break the usual report structure in order to briefly elaborate on the task of breaking the contributions down into themes.

In this case, I did the theming initially to prepare readers as content may vary from a picture of a fish to people being put in life-threatening situations. Putting the scanned squares into emotional content sections

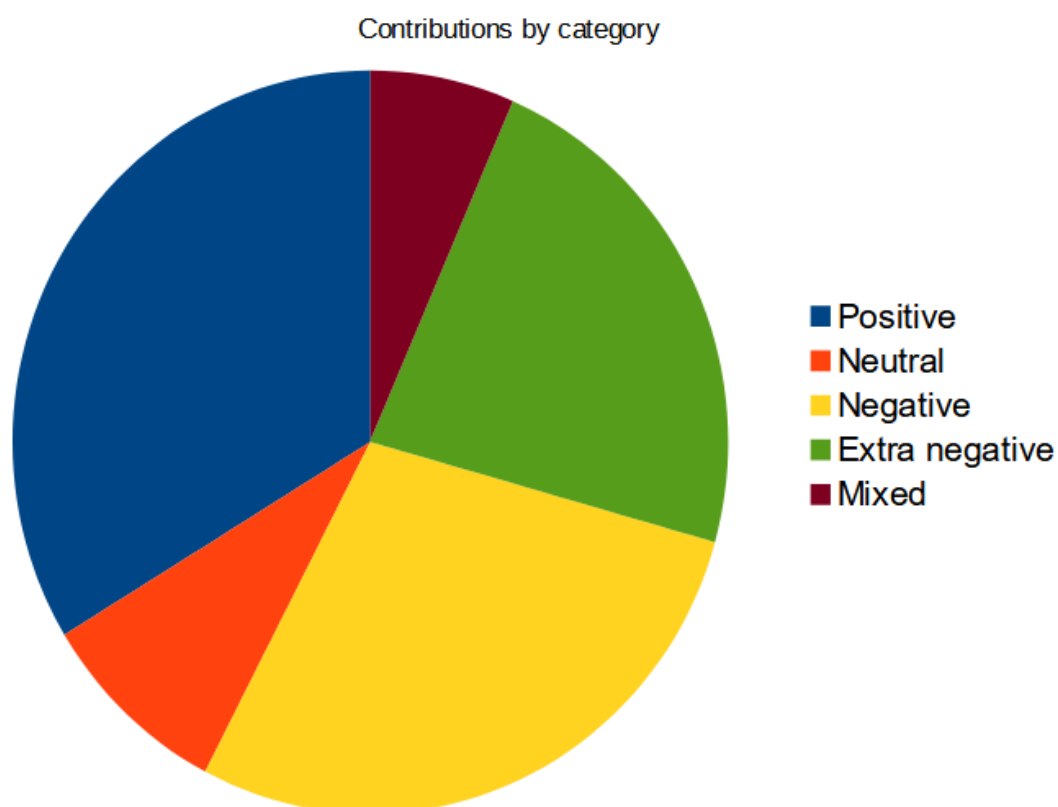
allows people to decide what they're ready for at the time, including jumping straight to the heavier sections if that's what suits them.

It was through doing this theming that I noticed patterns that were useful for this section of the report, but I want to take a moment to highlight that the "data" here is from real people who took the time to contribute to the project. Turning people into numbers is necessarily dehumanising, and this isn't necessarily a bad thing: as with the categories, it distances the researcher from potentially difficult-to-process information.

As well as remembering that we, as researchers, are people who may have misjudged the squares, please keep in mind that the participants, too, were humans trying to compress their messages into one square and some words.

For all that the exact nature of data can be pleasing, when it's representing humans, it is necessarily removing some of the messiness that makes us people.

This is a pie chart of the contributions broken down into categories:



The pie chart makes it clear that, of the 92 squares, just over half (47) of them fell into the Negative or Extra Negative categories.

Another way to break them down is by gender identity, which can be trans+, cis ally, or ambiguous. This table shows the result of doing this:

Category	Total	Trans+	Allies	Ambiguous
Positive ⁵	31	7	16	8
Neutral ⁶	8	5	2	1
Negative ⁷	26	21	4	1
Extra negative	21	21	0	0
Mixed	6	6	0	0
Total	92	60	22	10

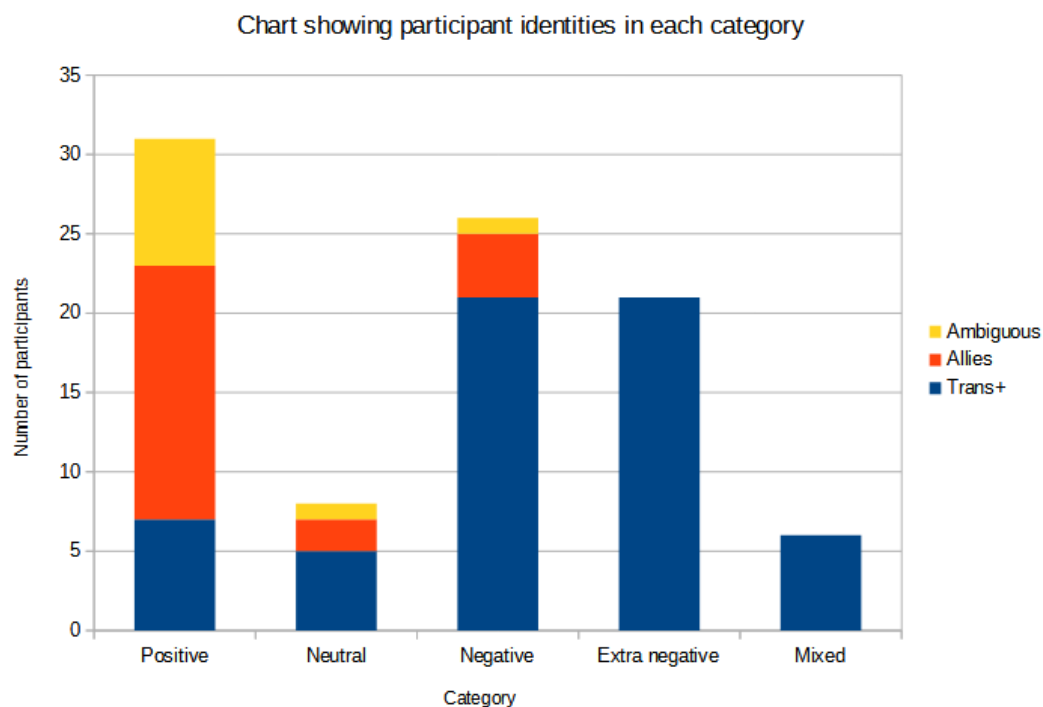
This shows that nearly two thirds of contributions came from the trans+ community.

⁵ Ps# for trans+: 06, 07, 23, 25, 26, 29, 30; for allies: 01-05, 08-12, 17, 20-22, 24, 31; for ambiguous: 13, 14, 15, 16, 18, 19, 27, 28.

⁶ Nu# for trans+: 01, 02, 04, 05, 08; for allies: 05, 06; for ambiguous: 03.

⁷ Ng# for trans+: 01-04, 06-08, 10, 11, 13, 15-20, 22-26; for allies: 09, 12, 14, 21; for ambiguous: 05.

The spread of gender identity within categories can be visualised as so:



This chart makes it clear that trans+ contributors were not only more likely to take part, but also more likely to have negative things to say.

The only category that was not majority trans+ contributors was Positive. Of these 31 squares, the majority were from allies (16) or ambiguous (8), with just under a quarter (7) explicitly from trans+ participants. This may be due to various factors:

- Participants were not asked for their gender identities, meaning all 8 ambiguous participants may be trans+, bringing the split up to nearly 50%.
- The positive squares tend to be praising trans+ people rather than focusing on problems.
- The squares with no descriptions/etc tended to be in this category, so the art may have been intended to carry a negative message that has been missed.
- Experiences of transphobia would have moved the square to a more negative category, and trans+ people are more likely to have experiences of transphobia they want to share.

Of the 8 Neutral squares, 2 are from allies, both demanding support for trans+ people. The 6 by trans+ participants are varied, but are more likely to raise intersectionality, e.g. epilepsy, anxiety, or various other qualities of themselves.

The 26 (not-extra) Negative squares tend to focus on bad experiences, apprehension, or both. 7 mention deadnaming or misgendering/pronouns specifically, but dysphoria is repeatedly implied by the lack of recognition for or acceptance of their gender identity:

- "I often hide my enby self to get the medical care I deserve." (Ng04)
- "I want to be respected and taken seriously for who I am. Understand doing something to a part of my body I don't relate to makes a smear even more uncomfortable than it already is." (Ng11)
- "Talking to doctors feels isolating as a trans person because all they hear is the high voice, all they see is the binder. It's hard to discuss health outside of being transgender, because health issues are always blamed on being queer." (Ng16)
- "I deal with chronic pain and whenever I go to seek medical help I get brushed off and told it's just part of being a woman and my pain is dismissed because of this." (Ng17)
- "When looking at what is best to do before a smear test they suggest to wear a skirt or a long jumper and as someone that and as a person who isn't comfortable in a skirt I was lost as to what would be best to wear and I was happy taking off." (Ng26)

Ng09 includes similar but raised from an ally's perspective: "I want to live in a world where all people are able to live authentically as themselves and try to do all I can to help make that a reality. But is anyone listening?"

These themes continue into the Extra Negative squares: 5 mention deadnaming and misgendering/pronouns specifically, but more focus on the lack of acceptance/recognition:

- "They always ask for the gender I was born as" (No01, on the square itself)
- "In a referral to the GIC, the notes stated word for word, "She thinks she is a man". I don't think. I know." (No03)

- "I feel that I have been treated as female and have been too overwhelmed and tired to argue with professionals quite often." (No09)
- "I've had a lot of hospital admissions for self-harm and suicide attempts and never once has it even felt like an option to share my identity and gender preferences." (No10)
- "I have had multiple bad experiences of cervical screening where I have been misgendered & bullied by nurses for finding the experience traumatic. It took me 3 years to have a 'successful' screening after multiple attempts!" (No11)
- "This is a visual of some of my exhaustion before I have even entered the healthcare setting – I am chronically ill, queer and a parent and have experienced a lot of shame and prejudice from all the ways I have been treated and how I have been perceived." (No14)
- "I will never get a cervical screening because my doctors are transphobic and don't respect my personage. I could get cervical cancer at any point and may never know until it's too late. This fact is more bearable to me than receiving care being treated as a woman." (No16)
- "Doctors will try to remove my binder, they don't know what it is. They have no idea what to do with me. I have to do my own ECGs." (No18)
- "Referred to Steps 2 Wellbeing for anxiety and depression unrelated to my struggles, I mentioned in passing that I was trans so that I could ask them to call me by my chosen name but made sure to stress that it was separate to the issues I was calling about. When they called me back, they refused to see me because they are not specialised in gender related health care." (No20)
- "I was told waiting times would be longer because I was trans and they needed someone who was "comfortable" with assessing me. I was in A&E resus with a heart condition." (No21)

As well as No16's quote (above), No18 also specifies that they will not attend cervical smears due to their history of negative experiences:

So many times, my healthcare experiences have been poor. There is confusion between my preferred name and my NHS number. When I go to A&E, they tell me I don't exist, that I don't have a medical file. They

tried to turn me away from urgent care once when I was having a seizure. My partner had to advocate for me and eventually they found me in an “un-named file”. Another time in A&E with rib pain and recurrent chest infection (because of binding) I was accused of drug seeking – I was shaking from anxiety and being so unwell. Doctors try and remove my binding without consent. They don’t understand what a binder is and how to do an ECG with one in place.

I am 27 and have been told I can choose to have a smear but why would I, my experiences are so awful I avoid healthcare. My chest infection was nearly sepsis as I didn’t seek treatment and ended up in A&E. My GP practice has never had a trans person before and never had to change anyone’s details before – I feel like a guinea pig. My files have been changed but my historical medical records are now missing from my file. Because of this I get accused of covering up issues or making things up.

The Mixed squares contain experiences both explicitly positive and negative. There are only 6, but 4 of those focus and/or end on the positive, even when the negative experience is strikingly bad. For example, Mx01's shares two experiences on the square:

- "You can't have the morning-after pill unless you **prove to me** you're capable of getting pregnant." - pharmacist
- Here is some information about pelvic screening. I've checked it has gender-neutral language and I'm here to talk you through it if that helps. **Just tell me what you need.**" - Practice nurse aka legend

In this example, the positive experience is given more weight by being the last section and by the nurse being positively described ("legend").

Almost identically, Mx05 shares two experiences in their Story section:

I have been made to feel uncomfortable at routine cancer screening by a well meaning nurse who attempted to put me at ease by appealing to our shared femininity in her greeting to me. Once the assumption has been made it is so much harder to correct people especially in a vulnerable situation like that one...

I have since had another experience after moving to a much more trans aware GP practice where the nurse was affirming of my gender and

checked my preferred name when I entered. The second experience was a long time after the first, but knowing that I will feel safe attending my new GP will mean I do not ignore screening reminders next time.

This is the only participant to explicitly mention becoming more comfortable with attending cervical cancer screenings, and it's from someone who did have a negative experience first.

3.3 Conclusion

The impression the squares give is that trans+ people have concerns about healthcare that are often confirmed by repeated bad experiences. Enough of these bad experiences can result in trans+ people feeling even greater levels of distrust and apprehension, some to the point that they will explicitly refuse to attend cancer screenings and avoid healthcare more generally.

However, the Mixed squares show that **just one good experience** can be empowering enough to change a person's perspective and restore much of that trust.

From the engagement TACC has had with healthcare practitioners throughout this project it is clear that there is a willingness to change. There is a recognition by both the trans+ community and healthcare practitioners that whilst the change that is required is not technically complex it will take time to ensure a lasting transformation of the culture of healthcare provision for trans+ people.

Reflection from Elliott, community researcher, on the need to give the required time and space for sustainable change:

In the face of the urgency of the cause pausing and/or slowing down can feel counter-intuitive, scary and simply the wrong thing to do but if we don't slow down our change will be unsustainable and un-integrated. We'll burn up and burn out if we only look for the instant. Consolidation is resting. Integrating is living.

Fire's Burn in Turn

Fire's burning in turn,

Some burning slow,

Some burning high and fast

For a little while,
We're allowed for our heart to roar,
To long for sudden combustion,
But we are forging a
new future here,
and that won't be done quickly,
it can't be done in an instant

Poem by Elliott, community researcher

Elliott, community researcher:

Yes there are things we can all do today or tomorrow or on a random Tuesday and alongside this we must recognise this is a longer piece of work, and moving towards it as a collective feels essential to me.

“Without inner change, there can be no outer change. Without collective change, no change matters.”

Rev. Angel Kyodo Williams

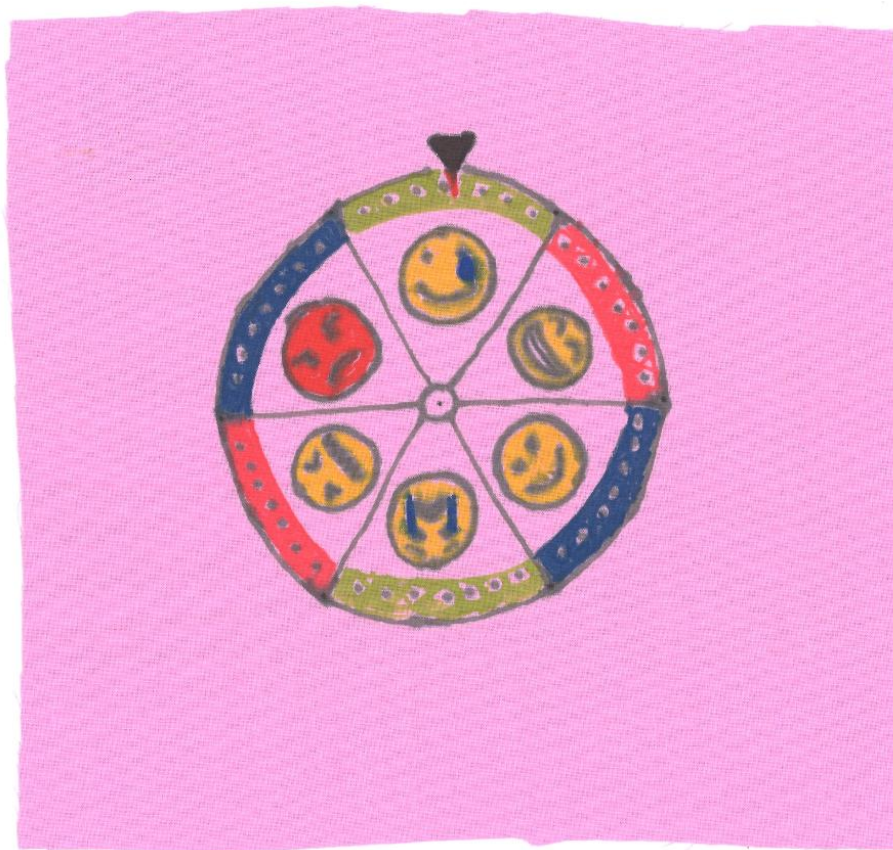
<https://cac.org/news/love-and-justice-are-not-separate/>

With our conclusions in mind, the TACC team can make several recommendations:

1. **Recognise that trans+ people's concerns are valid.** Trans+ are not concerned without reason and may indeed encounter medical professionals who treat them poorly. While repeatedly using the wrong name or pronouns may seem like small things, they're often indicative of a lack of respect.
2. **Further steps are needed to educate staff.** This should help to avoid negative experiences and, ideally, increase the chance of positive ones. Furthermore, it would remove the pressure on trans+ people to constantly advocate for themselves while seeking healthcare.

3. **General/primary healthcare should be the starting point.** While TACC's initial focus was cancer services, it became clear that a major problem was trans+ people having (or expecting) poor experiences with their GPs.

The barriers found throughout this project have shown a significant need for trans+ inclusive, culturally competent health care. The need for general health and wellbeing underscores the access needs for trans+ people to cancer specific services. This need could be fulfilled by a trans+ general health clinic in the local area. A trans+ general health clinic could, for example, allow for trans+ people to expect a good level of care and help to repair trust in medical professionals. It could help remove the unpredictability of GPs that was illustrated powerfully by Ng15 (see below). It could also provide a model of better care and help other clinics to improve their services.



"There's no consistency from one GP to the next." (Ng15)

The next section will suggest other ways improvements could be made.

4. Suggestions

This section is the TACC core team's suggestions for possible fixes for the problems that have been identified. This falls into two basic categories: system changes and fostering a more inclusive culture among staff.

“We are interested in what you produce, not what you profess.”

Ashani Mfuko, Cultural Competency Coach

Feedback from an attendee at one of our NHS workshops:

Opening the dialogue is the first step in any ‘transformation.’ More training, podcasts, and further discussion are all invaluable for changing culture. [...] I'm worried about the broader system change that needs to happen, though – computer systems, paperwork, people – particularly engaging people who don't see this as a priority.

As mentioned in the conclusion of the previous section, one way to transform the situation for trans+ people would be a general, drop-in health clinic aimed at the trans+ community. This would:

- Provide a safer space where trans+ people could expect a better level of care.
- Create a space for modelling better care that other local clinics could learn from.

We also believe a drop-in clinic would provide other benefits to the trans+ community, e.g. improving early cancer detection rates in the trans+ community by restoring their trust in healthcare professionals and removing wider barriers to accessing healthcare services.

The rest of this section looks at other suggestions that could be carried out without needing a clinic.

4.1 Suggestions for system changes

We recognise that systems issues will take time to change; however, this is an essential part of improving access and care within cancer services. This section will identify these areas and suggest fixes, with attention given to the

Curb Cut Effect that may result, i.e. how making the situation better for trans+ people will also improve the situation for others.

From Elliott, community researcher:

It can't be, we're doing one thing at a time. It has to be "We recognise how these identities will interplay our aim is to focus deeply into one area whilst retaining and exercising our awareness of other factors that will inevitably contribute"

"It can be overwhelming to witness/experience/take in all the injustices of the moment; the good news is that *they're all connected.* So if your little corner of work involves pulling at one of the threads, you're helping to unravel the whole damn cloth."

Ursula Wolfe-Rocca

Solution #1: Decouple cancer screening from gender markers

Currently, cancer screenings are linked to the system's gender markers. This means that, for example, a trans woman may be told she has to pick between breast cancer screening or prostate cancer screening, even if she has both breasts and a prostate.

Our suggestion is that cancer screenings should be linked to a separate list for each patient so that they get called for all relevant screenings (and none of the irrelevant ones).

The Curb Cut Effect is that other people for whom the screening is inappropriate will be able to opt out, e.g. a cisgender woman who's had a hysterectomy and no longer has a cervix will be able to stop getting regularly notified to come in for a screening.

Solution #2: Preferred name and pronoun sections should routinely exist as part of a patient's records

At the moment, GP surgeries and the NHS are very poor at using preferred names/pronouns for trans+ people, even after legal name changes.

Our suggestion is that preferred name and pronoun sections should routinely exist as part of a patient's records (and be easy to update).

This could have several Curb Cut Effect benefits, e.g.:

- Patients with memory problems, e.g. Alzheimer's patients, can be addressed by the name they recognise.
- Patients can select the formality level for their name; for example, if a patient named Elizabeth Smith stays at the hospital overnight, her records can say if she prefers 'Lizzy' or 'Beth' or 'Mrs Smith' rather than nurses having to guess.
- Someone who's being treated for a condition that has made their gender less clear (e.g. bad reaction to an insect bite on the face) needn't be misgendered during treatment.

Solution #3: Within consent processes and on consent forms for procedures that need covered parts of the body (especially genitals) to be seen, allow patients space to write/say if there's anything else they want to mention.

At the moment, there is no obvious way to 'warn' medical professionals about covered areas (e.g. genitals) before they're looked at.

Notably, this means there's no easy way to inform the nurses/etc if your areas might not look like what they expect, which could be embarrassing and may impact some procedures, e.g. what catheter length is needed.

Our suggestion is that space is created for this information both on forms and in conversation.

The Curb Cut effect of this is that any patient can say beforehand if there's a birthmark, scar, infection, etc in the area about to be uncovered, which should reduce embarrassment and uncomfortable situations.

4.2 Suggestions for changing culture

From Elliott, community researcher:

I feel you can't truly be community-led unless you're willing to be open to the community transforming the way you work – the structures and the systems along with habits and behaviours that may enforce them.

“Organic” doesn't work. Unfortunately, we don't live in a society (modern westernised society) where we can do organic in workspaces

and projects; because it's not organic, it's polluted with the toxic lessons from society. If we let it "be organic" we will almost certainly re-play and re-embody patterns we have learnt from society, we will reinforce privilege and oppression and power structures, and very likely re-enforce harm.

Firstly, **we do not suggest forced allyship**, such as compulsory rainbow lanyards or pins and sharing pronouns. This is for two main reasons:

1. Forcing people to look like allies may make trans+ people trust them when they shouldn't.
2. Staff members who are trans+ (or otherwise queer) may feel pressured to come out before they're ready (or when they don't feel safe to).

When the team spoke to healthcare professionals at events, there was lots of sharing about wanting to do better for trans+ people but fearing getting it wrong. We believe this primarily comes from the current political climate suggesting that trans+ people are easily angered, which is not the case.

From Zak, community researcher:

Speaking as a trans+ person, generally I'm happy if people at least try.

We want to change the fear of getting it wrong to the excitement of getting it right.



Art by Katie, community researcher

A short guide on how to become an active ally:

1. **Consider wearing a pronoun badge.** This shows awareness that pronouns may not be obvious. (Consider your safety if you are trans+ yourself.)
2. **When things go wrong, don't panic:** simply apologise, correct yourself, and carry on. You can also thank a person for correcting you. (Note that a lengthy, drawn-out apology is awkward for you and the other person!)
3. **If you want to ask, do so respectfully.** It is okay not to know everything; terminology can change frequently and mean different things to different people. If you are unsure what someone means when using a term, be honest and ask if they will explain what that means to them and how you can best support them.

4. **Deepen your understanding** of trans+ experiences through books, comics, films, autobiographies, and trans+ social media content creators.

5. **Keep trying.** Remember that **being an ally is an ongoing action.**

Regarding point #4: We recognise that life is busy and that people, including healthcare professionals, cannot know everything about every person. This said, we would very much like for anyone reading this to take steps towards making the world better for trans+ people.

To support this, rather than providing a book list of authors who've explained the trans+ experience, we've put together a list of different media by trans+ creators and allies, including videos, films, novels, and more.

These can be found in Appendix B.

We hope you find something you enjoy!

5. What would we do differently next time?

This section is about what we, the TACC core team, think could be done better the next time research like ours is carried out.

5.1 Make safer spaces for more diverse attendees

Although our non-Pride workshops were in wheelchair-accessible buildings and on central public transport routes, most of our workshops were at Pride events in the UK. These are often largely white events and can pose various accessibility issues to neurodivergent, disabled, and chronically ill people. One such barrier can be noise levels, as Elliott, community researcher, reflected:

I thought I was going to really enjoy working at a Pride so was excited to give it a go. However, the reality was that I found the day incredibly overstimulating, and I felt unable to fully engage in the wonderful conversations I was having with people. I only attended one pride event so naturally my experience may have been different at the other Pride's. I still feel though that this speaks to the wider conversation about accessibility of Pride. For me, this is coming from an Autistic and chronic illness point of view.

Other, more literal, barriers also exist: some of the Pride events we attended required payment for tickets and were inaccessible by public transport, restricting access for those in financial hardship (which the trans+ community can often fall into).

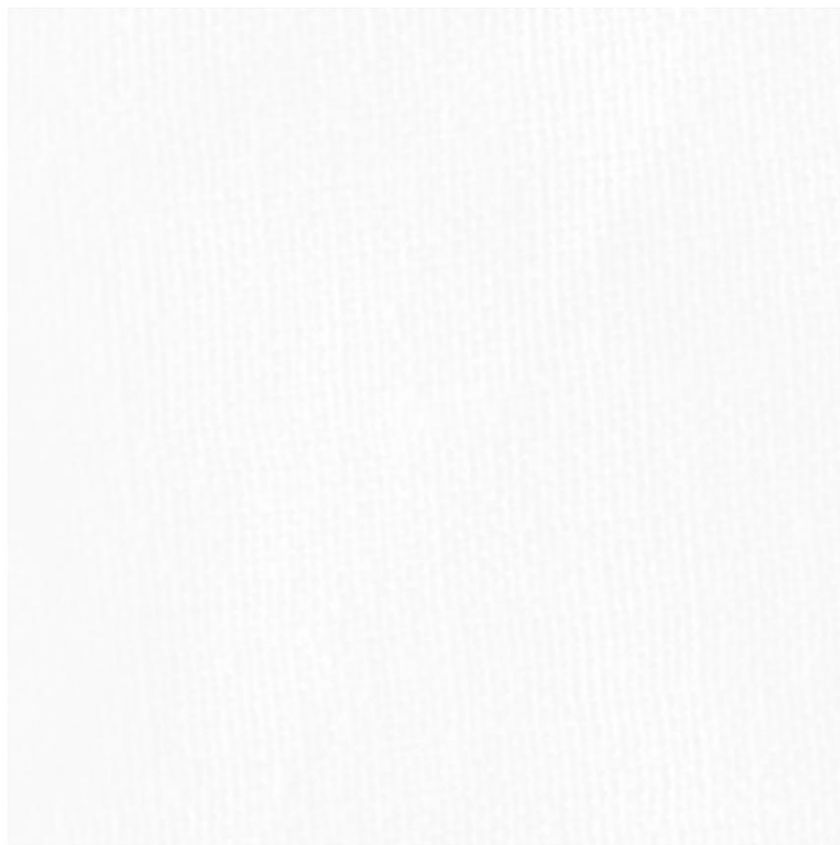
Pride also tends to attract people who are 'out' about their queerness. This is likely to mean members of the trans+ community who did not feel confident or comfortable in that space, are not 'out,' or want to blend in may not have felt comfortable approaching our stand.

To capture a more diverse range of marginalised voices, it would have been beneficial to partner and design workshops with additional community groups that work in these spaces.

5.2 Research design

We needed to make some initial changes to the questions we asked attendees. Many felt they had nothing to say about cancer services, so we broadened the question to general healthcare. This also appreciates that primary care is often the first step to cancer diagnosis and care.

Even after these changes, asking about cancer services and cancer may have been too overwhelming for some attendees. At one of our workshops, an attendee spoke and shared space with us but felt too overwhelmed to engage with the artwork.



"Blank due to my anxieties of interacting with other people." (Nu02)

Early conversations around the vulnerability of attendees' data meant we removed the initial questions around contact details on the participant form, but this meant that we did not have an emailing list to let everyone know about the project's progress and to invite them to the celebration event, which we later regretted. In the future, we would want to at least give participants the option to provide contact details.

Further research in this area would benefit from a larger group of community researchers embedded within a community organisation. As Zak, community researcher, reflected:

We have 4 community researchers, but one wasn't able to take part at the beginning, so effectively, we had 3. This stayed the case when they returned after another went into full-time employment. I'd already decided I would try to attend every meeting, but sometimes, it felt like

there was more pressure than expected to keep on top of it all! It would have been nice to have had one more community researcher.

A larger group of community researchers would have supported a greater sharing of the workload and of the emotional labour that can come with being a community researcher. The sense of responsibility to make a difference to our community has at times felt overwhelming.

Kate, BU PIER, reflected:

Supporting the community researchers to be involved on their terms has been a key part of my role. Early in the project I did not always get this right. Aware of the importance of safer spaces and the emotional labour associated with the community researcher role there were times when my support crossed the boundary to protect when presented with process and system challenges. As the trust within the core-team has developed we have been able to unpick this openly and honestly and our understanding of how best to support each other has grown as a result.

Elliott, community researcher, shared:

You don't need to bubble wrap us. Good intentions – not great impact.

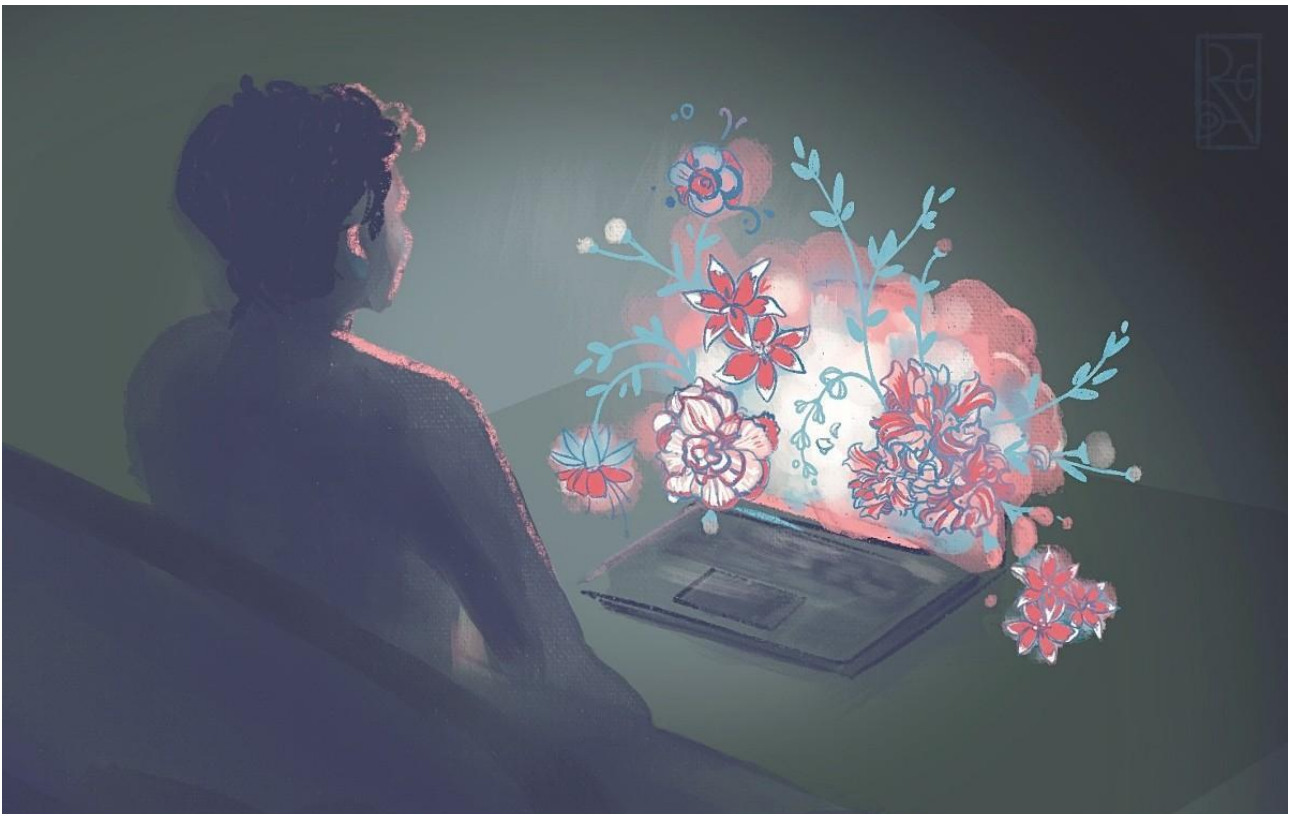
6. Lasting impressions

This section shares reflections from many people involved in the project, from the wider project partners to members of the core team.

6.1 TACC core team reflections

Drago (he/him), community researcher:

The project was very much like a garden in my mind. The more time passed, the more flowers I saw blooming from my skin, in all shapes and sizes, in more colours than my eyes could register. There was good and bad, and everything in between. The project felt like a living, breathing person with beauty and flaws, and I fell in love with every single part of it. It reminded me that we are at the centre of our future, not someone who knows nothing about us. Together, we will build a world that fits us. And if we can offer other trans+ people even a speck of the feeling this project brought into me, then it will all be worth it.



Original art by Drago, community researcher

Amanda, clinical cancer nurse specialist, on allyship:

This has been the most transformative aspect of my CNS role. As a nurse I acknowledge compassion and empathy are key features of my professional role, they are embedded in the NMC code of conduct for practising nurses, so I felt ready for what was required for allyship within the TACC project. This was only the beginning; I felt anxiety about getting it right for my colleagues in the research team and the participants in the research. First came the training Beyond Reflections, which encouraged exploration of personal feelings and reactions to hearing challenges and complexities of trans journeys. It was impossible not to be moved and emotionally affected by this and it was the start of my developing a true allyship with trans people. Following the five levels of compassion described by Gabor Mate (2022) I was struck by the suffering contained in these stories, throughout the project spending time with colleagues in the research team the challenges and potential experiences were highlighted and impacted on me further. Sharing stories and experiences as part of the data collection process at workshops had a continued impact, where the truth of the pain was shared so openly, alongside good moments. The impact of the lived experience strikes deep within your humanity.

Elliott, community researcher, on staying involved:

A strong “Why” is always important for me when working on a project and a supportive, responsive structure needs to support this why. For this project my why felt simple and potent, “Protect Trans Lives” and the supportive, responsive structure was a core research team that allowed space for lives to happen. I felt our team continually practiced weaving in space for grief, life, changes of circumstance and complexity of changing health. Along with respecting each person’s individual way and the importance of following our creativity in whichever way it called.

An important part of this for me was Kate’s support during the project, which was fundamental in me feeling able to stay involved. Her willingness to work responsively, flexibility and non-conventionally often felt like one of my ways back in when I was feeling at a loss with the work. Her words of “Your Pace, Your Way” will stay with me as a continued part of my practice.

6.2 Partner reflections

Suzanne Bannister, Wessex Cancer Alliance:

It has been a pleasure to be involved in this important piece of work which shines a spotlight on the challenges experienced by Trans+ people when accessing healthcare services for cancer and engaging with important cancer screening programmes.

As a Cancer Support Charity, we are aware of the huge impact that a cancer diagnosis has on individuals and their families. Their personal experience when attending healthcare appointments will impact on their willingness to engage in any future cancer treatment and care and their overall health outcomes. Through the TACC project, we have been able to talk with a range of clinical and non-clinical professionals across our region and have meaningful conversations about how positive changes can be embedded to improve the experiences of the Trans+ community when accessing services. Through hearing their voices in such a powerful way, I believe we have taken the important first step towards achieving real positive change.

Kathryn Loughnan, Help and Care:

The Trans Aware Cancer Care project has enabled a significant step forward in addressing disparities for transgender individuals navigating cancer care or diagnosis. The approach taken by the community researchers has emphasized the importance of listening to the lived experience of others to enable their unique needs, concerns and identities to be acknowledged. By centring trans+ voices in this way in healthcare and enabling this personal reflection to take place through the workshops, it was possible to see the value of empathy and spaces where they could lead the conversation about care.

The project has profoundly influenced me and my views on inclusive healthcare provision. It deepened my understanding of how small but intentional actions, like correct use of pronouns, can significantly enhance trust. The training from Beyond Reflections motivated and enabled me to be an ally and advocate for equality of access for all, regardless of their gender identity.

Mel Hughes, Bournemouth University:

One of the principles I stand by as an educator and researcher is 'show don't tell'. It is a writing technique which enables the reader or audience to experience a story through sensory details and actions, rather than explanation. It can be far more powerful in enabling us to understand something if we can see it in action and experience it for ourselves. What stood out to me most in the last year about the TACC project, was the showcase event held in Southampton at the MAST Theatre. It was a Masterclass in 'show don't tell'. We could have given a presentation on the *BU PIER Flipping the Power community researcher approach*; shared the key principles of collaboration and partnership and stressed the importance of harnessing lived experience expertise. Instead, the research team showed this in action. It confirmed to me what can happen if we put the support and resources in place to enable community researchers to take the lead.

Ali Keen, University Hospital Southampton:

As a previous cancer nurse specialist in Gynaecological Cancer and now a Cancer Lead Nurse, there are so many reasons for me to feel privileged to have met the TACC project team and been part of this journey. The learning curve for me has been steep. From the early educational sessions to 'update' on language, pronouns, and frequently asked questions to meet some of the community researchers, my perceptions that I am a non-judgmental, well-informed healthcare professional have been quite rightly challenged.

I have learned so much, which leads to my interim recommendations:

- Healthcare culture has to go through considerable change
- Healthcare staff need education as a mandatory requirement
- Our screening information and facilities are not tailored to individual needs
- Every NHS trust should have Trans aware champions.

Emma Leatherbarrow, Wessex Cancer Alliance:

Over the past year, I've had the privilege of working alongside the TACC community researchers. What has stood out to me is the compassion, creativity, and sensitivity of the researchers who demonstrate the importance of really listening. I have long advocated

for including people with lived experience in our work, but this experience has demonstrated the importance of truly listening and accepting complex issues take not only creative solutions but time and space to let relationships and trust grow.

Abigail Parkes, Beyond Reflections:

I think the team's growth stood out to me the most. Watching the relationship between the community researchers develop and their individual and collective confidence grow has been wonderful. But it is not only them, it's everyone. Each of the partners of course came into this project with a belief that trans+ people deserve adequate healthcare and that this work was important but I think there has been a huge growth in depth of understanding about what that means and what it truly means to be an active ally to the community, and I do include myself in that. The work of allyship is never done. We all have things to learn and ways to grow. It inspires me, and I hope others, to see the power of what you can learn and do when you give power to marginalised communities.

7. Thank you

To all the partners involved in this project: Help & Care, Beyond Reflections, Bournemouth University, Wessex Cancer Alliance, Wessex Cancer Support, University Hospital Southampton, Macmillan Cancer Support.

Neil Bolton-Heaton - Programme Manager at Involving People oversaw the project supported by Lucy Fitzgerald - Project Officer and Macmillan Professional. Professor Mel Hughes from the PIER (Public Involvement in Education and Research) Partnership and Research Centre for Seldom Heard Voices at Bournemouth University. We thank you for enabling us to be part of this community research project.

Stevie Corbin-Clarke from the National Centre for Cross Disciplinary Social Work, the Centre for Seldom Heard Voices, and Dr. Kate Jupp from PIER (Public Involvement in Education and Research) at Bournemouth University have been instrumental in this project. We thank them for their invaluable contributions and mentorship throughout.

Thank you to Abigail Parkes and the team at Beyond Reflections; you have been a vital part of Trans Aware Cancer Care. You have brought us together as a team of community researchers, organised safer spaces for trans+ people to share their stories, and provided so much love, laughter, and support at Pride events.

We extend our gratitude to Amanda Durrant, a cancer nurse specialist, who has been a fantastic source of knowledge and has offered outstanding and invaluable support to our attendees.

This project could not exist without the attendees' personal insights, honesty, and openness. We hope we do your stories justice through this report, other outputs, and our continued work on the wider 'Whatever it Takes' project.

We also thank the trans+ people and allies who honoured us with their time and trust. Your love and connection were beautiful and will stay with us for a long time.

Thank you

Katie Munday, Zak Hand, Elliott Weyman-Light & Drago Rangelov

8. Definitions

These general definitions were correct as of 2025. However, language is complicated; words mean different things to different people and over time the meaning of words can change and words come in and out of usage. Even at the time of writing, there are people who prefer to use the term 'transsexual' in the place of 'transgender', and others that are deeply offended by the term 'queer'.

If you are not sure what words to use to describe someone, ask them.

If you hear a term you are unfamiliar with or in a context you don't understand, look up guidance from LGBT+ sources.

AFAB - acronym meaning assigned female at birth; based on doctors' visual observation of genitalia as being the female sex, which typically leads to an individual being assumed to have the gender identity of girl or woman.

AMAB - acronym meaning assigned male at birth; based on doctors visual observation of genitalia as being the male sex, which typically leads to an individual being assumed to have the gender identity of boy or man.

Agender - someone who identifies as having no gender, may also use the terms 'gender-free' or 'genderless'.

Cis / Cisgender - someone who identifies as the gender that they were assigned at birth. From the Latin "cis-" meaning 'on this side of'.

Deadname - the name that a person was given by their parents, which they no longer use.

Gender - a social and cultural construct, which includes roles, behaviours and physical expressions through clothing, hair and make-up choices. Typically, gender is assumed to match sex assigned at birth, and similarly has a bilateral divide between girl/woman and boy/man, with separate 'expectations' of gender expression for each.

Genderfluid - someone whose gender identity is fluid and changes over time. This may be on a day to day basis or over longer periods. Genderfluid people may use different names and pronouns on different days and have certain signals to their loved ones to indicate which to use for example different clothing choices, badges, or colour coded bracelets.

Genderqueer - someone who identifies outside of the typical ideas of gender.

Gender Dysphoria - a feeling of discomfort or distress that can occur when someone's gender identity does not match their sex or perceived gender. This may be caused by a person's sexual characteristics, by wearing clothing and hairstyles associated with a particular gender, or by people misgendering them. Like a lot of mental distress, the extent to which people feel gender dysphoria can range on a day to day basis from mild to debilitating.

Intersex - an umbrella term for someone who was born with sex characteristics which do not fit binary definitions of male and female. This may include genitals, reproductive organs and chromosomes. Intersex people are often still assigned a gender at birth, either because of societal expectations or because traits are not evident at this time. Due to this, some intersex people may identify as trans+. However, this does not apply to all intersex people.

LGBT+ - acronym meaning Lesbian, Gay, Bisexual and Trans + other identities not specifically listed. May also be substituted for the longer acronym LGBTQ+ or LGBTQIA+, where Queer, Intersex and Asexual identities are also specified.

Man - someone who identifies as a man.

Misgender - referring to someone using words, pronouns, names and titles that do not match their gender identity. This may be done by mistake because of assumed links between personal expression and gender identity, or because someone knew the person prior to transition. But is also done maliciously to undermine and demean someone. Misgendering can often trigger feelings of gender dysphoria and have negative mental health effects, whether it was done accidentally or not.

Non-binary - 1. someone who identifies as having a gender outside of the gender binary of man or woman. 2. an umbrella term for multiple identities outside of the gender binary, including gender queer, gender fluid, agender and more.

Queer - a reclaimed slur which may be used as a personal identity by someone who is non-heterosexual and/or non-cisgender or used as an umbrella term for the LGBT+ community.

Queering - rejecting societal norms, expectations and traditional ways of doing things (particularly and in this context research) in favour of inclusive

and fresh approaches that reflect perspectives and experiences of the queer community.

Sex - sometimes also called biological sex, refers to a person's biological characteristics including chromosomes, reproductive organs and hormones. Sex is typically viewed as containing two opposites: males with XY chromosomes, a penis and testosterone as their dominant sex hormone and females with XX chromosomes, a vagina and breasts, and oestrogen and progesterone as their dominant sex hormones. However, the actual story is vastly more complicated than this, including people who have a mixed genitalia expression and more than two chromosomes.

Trans / Transgender - someone who identifies as a different gender to that they were assigned at birth. Often the perceived 'opposite' gender. From the Latin "trans-" meaning 'on that side of' or 'beyond'.

Trans+ - an umbrella term used to encompass all non-cis gender identities.

Trans fem / femme / feminine - someone who was assigned male at birth and is transitioning / has transitioned to a more feminine identity but does not identify as a woman.

Trans man - someone who was assigned female at birth and identifies as a man.

Trans masc / masculine - someone who was assigned female at birth and is transitioning / has transitioned to a more masculine identity but does not identify as a man.

Trans woman - someone who was assigned male at birth and identifies as a woman.

Two-spirit - a Native American term; someone who embodies both masculine and feminine qualities.

Woman - someone who identifies as a woman.

9. References

- All-Party Parliamentary Group on Cancer: Report of the All-Party Parliamentary Group on Cancer's Inquiry into Inequalities in Cancer. Macmillan.
<https://www.macmillan.org.uk/dfsmedia/1a6f23537f7f4519bb0cf14c45b2a629/8982-10061/appgc-report-inquiry-into-inequalities-in-cancer> (2009).
Accessed 3rd July 2024.
- Berner, A. M., Hughes, D. J., Tharmalingam, H., Baker, T., Heyworth, B., Banerjee, S., & Saunders, D. (2020). An evaluation of self-perceived knowledge, attitudes and behaviours of UK oncologists about LGBTQ+ patients with cancer. *ESMO Open*, 5(6), e000906.
<https://doi.org/10.1136/esmoopen-2020-000906>
- Bone, A., Mc Grath-Lone, L., Day, S., & Ward, H.: Inequalities in the care experiences of patients with cancer: analysis of data from the National Cancer Patient Experience Survey 2011–2012. *BMJ Open*, 4. (2014).
<https://doi.org/10.1136/bmjopen-2013-004567>
- Campbell-Stephens, R. (2020). Global Majority; Decolonising the language and Reframing the Conversation about Race.
<https://www.leedsbeckett.ac.uk/-/media/files/schools/school-of-education/final-leeds-beckett-1102-global-majority.pdf>
- Chan, A., Jamieson, C., Draper, H., O'Callaghan, S., & Guinn, B.A. (2024). Cancer screening attendance rates in transgender and gender-diverse patients: a systematic review and meta-analysis. *BMJ Evid Based Med* 29(6), 385-393. 10.1136/bmjebm-2023-112719.
- Coleman, E., Radix, A. E., Bouman, W. P., Brown, G. R., de Vries, A. L. C., Deutsch, M. B., Ettner, R., Fraser, L., Goodman, M., Green, J., Hancock, A. B., Johnson, T. W., Karasic, D. H., Knudson, G. A., Leibowitz, S. F., Meyer-Bahlburg, H. F. L., Monstrey, S. J., Motmans, J., Nahata, L., ... Arcelus, J. (2022). Standards of Care for the Health of Transgender and Gender Diverse People, Version 8.
- Davy, Z. (2015). The DSM-5 and the Politics of Diagnosing Transpeople. *Archives of Sexual Behavior*, 44(5), 1165–1176.
<https://doi.org/10.1007/s10508-015-0573-6>
- Ellis, S. J., Bailey, L., & McNeil, J. (2015). Trans People's Experiences of Mental Health and Gender Identity Services: A UK Study. *Journal of Gay & Lesbian Mental Health*, 19(1), 4–20.
<https://doi.org/10.1080/19359705.2014.960990>

Hate crime, England and Wales, year ending March 2024, Home Office, (2024) <https://www.gov.uk/government/statistics/hate-crime-england-and-wales-year-ending-march-2024/hate-crime-england-and-wales-year-ending-march-2024> accessed 07/03/2025

Jackson, S. S., Han, X., Mao, Z., Nogueira, L., Suneja, G., Jemal, A., & Shiels, M. S. (2021). Cancer Stage, Treatment, and Survival Among Transgender Patients in the United States. *JNCI: Journal of the National Cancer Institute*, 113(9), 1221–1227. <https://doi.org/10.1093/jnci/djab028>

Jacobs LA, Rachlin K, Erickson-Schroth L, & Janssen A. (2014). Gender Dysphoria and Co-Occurring Autism Spectrum Disorders: Review, Case Examples, and Treatment Considerations. *LGBT Health* 1(4):277-82. 10.1089/lgbt.2013.0045. Epub 2014 Aug 15. PMID: 26789856.

Kalavacherla, S., Riviere, P., Kalavacherla, S., Anger, J. T., Murphy, J. D., & Rose, B. S. (2024). Prostate Cancer Screening Uptake in Transgender Women. *JAMA Network Open*, 7(2), e2356088. <https://doi.org/10.1001/jamanetworkopen.2023.56088>

Kiran, T., Davie, S., Singh, D., Hranilovic, S., Pinto, A. D., Abramovich, A., & Lofters, A. (2019). Cancer screening rates among transgender adults: Cross-sectional analysis of primary care data. *Canadian Family Physician*, 65(1), e30.

Leone, A. G., Bonadonna, S., Cassani, C., Barcellini, A., Sirico, M., Tagliaferri, B., Maccarone, S., Dalu, D., Ruggieri, L., Ghelardi, F., Lambertini, M., Nardin, S., Berardi, R., Verde, N. L., Perrone, F., Cinieri, S., Trapani, D., & Pietrantonio, F. (2024). Implications of hormonal carcinogenesis for transgender and gender-diverse people undergoing gender-affirming hormone therapy: An up-to-date review. *BMJ Oncology*, 3(1). <https://doi.org/10.1136/bmjonc-2024-000330>

Mikulak, M., Ryan, S., Ma, R., Martin, S., Stewart, J., Davidson, S., & Stepney, M. (2021). Health professionals' identified barriers to trans health care: A qualitative interview study. *The British Journal of General Practice*, 71(713), e941. <https://doi.org/10.3399/BJGP.2021.0179>

NHS: National Cancer Patient Experience Survey 2022: National report (Quantitative). Accessed: <https://www.ncpes.co.uk/latest-national-results/> (2022). Accessed 13th November 2024.

Pearce, R. (2018). *Understanding Trans Health: Discourse, power and possibility*. Policy Press.

RCGP guidance, bigotry, and incompetence leads UK Doctors to force trans adults to detransition, Transactual, (2024)

<https://transactual.org.uk/blog/2024/10/19/wave-of-refusal-to-care-for-trans-adults-by-doctors-linked-to-rcgp-guidance-bigotry-and-incompetence/>

accessed 07/03/2025

Reisner, S.L, Veters, R., & Lecler, M. (2015). Mental health of transgender youth in care at an adolescent urban community health centre: A matched retrospective cohort study. *Journal of Adolescent Health*, 56, 274-279.

Roznovjak, D., Petroll, A. E., Lakatos, A. E. B., Narayan, R., & Cortina, C. S. (2023). Perceptions of Transgender and Nonbinary Persons Toward Breast and Cervical Cancer Development, Screening, and Potential Impact on Gender-Affirming Hormone Therapy. *JCO Oncology Practice*, 19(5), e794–e800. <https://doi.org/10.1200/OP.22.00681>

Safer, J. D., & Tangpricha, V. (2008). Out of the Shadows: It is Time to Mainstream Treatment for Transgender Patients. *Endocrine Practice*, 14(2), 248–250. <https://doi.org/10.4158/EP.14.2.248>

Sanchez, N. F., Sanchez, J. P., & Danoff, A. (2009). Health Care Utilization, Barriers to Care, and Hormone Usage Among Male-to-Female Transgender Persons in New York City. *American Journal of Public Health*, 99(4), 713–719. <https://doi.org/10.2105/AJPH.2007.132035>

Sanger, T. (n.d.). Trans People's Partnerships. Retrieved 7 January 2025, from <https://link.springer.com/book/10.1057/9781137082220>

Tabaac, A. R., Sutter, M. E., Wall, C. S. J., & Baker, K. E. (2018). Gender Identity Disparities in Cancer Screening Behaviors. *American Journal of Preventive Medicine*, 54(3), 385–393. <https://doi.org/10.1016/j.amepre.2017.11.009>

Trans Day of Remembrance, TGEU, (2024) <https://tgeu.org/trans-day-of-remembrance/> accessed 07/03/2025

Vance, S. R., Halpern-Felsher, B. L., & Rosenthal, S. M. (2015). Health Care Providers' Comfort With and Barriers to Care of Transgender Youth. *Journal of Adolescent Health*, 56(2), 251–253. <https://doi.org/10.1016/j.jadohealth.2014.11.002>

Women and Equalities Committee. (2024, December 11). Women and Equalities Committee—Publications—Committees—UK Parliament. <https://committees.parliament.uk/committee/328/women-and-equalities-committee/publications/>

10.1 Appendix A: Table of participant contributions

These are tables of the participant contributions: their code number (for referring to specific squares), a description of the square looks and a transcription of any further details they gave. For the visual descriptions, apparent spelling errors have been left as is.

As mentioned in section 3's Analysis, these categories were based on the emotional content of the squares and forms. They were not named by the participants themselves and so this is based only on the researchers' impressions.

There are 5 categories:

- Positive (code Ps): Contributions that carry no negative message
- Neutral (code Nu): Contributions with no negative nor positive messages
- Negative (code Ng): Contributions that have negative messages
- Extra negative (code No): Contributions mentioning death, hopelessness, et cetera
- Mixed (code Mx): Contributions with a mix of negative and positive messages

Positive

Code	Visual description	Participant form
Ps01	"BE AN ALLY" in big letters with a prominent shining red heart on a white square. It is decorated with swirly buttons, hearts and stars, plus some ribbon.	Title: Be an ally Description: Words Be an ally Heart – top right Hearts across the bottom Story: <u>We are allies.</u> And then some.
Ps02	Three green frogs with a trans pride umbrella and some trans and gay pride decorations, on a white square.	Title: Description: Story:
Ps03	An upside-down V-shape of colour with black on the outside: the colours start at red before going through the rainbow to purple, then finish with blue, pink, and white (trans pride colours) around the	Title: Listen to me Description: All voices coming together to be heard and be light in the dark for those who have felt unseen and unheard.

	centre. On a white square.	Story: As an ally and an occupational therapist working with young people in SEMH, having all voices heard, taken seriously and identities at the core of services <3
Ps04	"Allies are groovy!" in colourful text with stars on a white square.	Title: Groovy! Description: Funky writing in square "Allies are groovy!" Story: Supporting my partner and my best pal!
Ps05	A green frog with a small trans pride flag on a white square.	Title: Felicity the frog Description: A frog Story: Trans people shouldn't have to fight for their right to be healthy.
Ps06	A trans pride flag with text on a pink square, decorated with stickers, buttons, and ribbons. The text reads: "We are just people who want to be loved + RESPECTED"	Title: Loud + Proud Description: It is to get the word out and give us a voice. Explaining we are all human + should be equal! Story: We are just people
Ps07	A green and black heart on a blue square with several sections of text. The text above the heart (on a floral card) reads: "Bart's Hospital. London, Thank you" The text on the black section of the heart reads: "Mammograms are super SCARY and dysphoria inducing..." The text below that reads: "but you make it SO MUCH EASIER when you RESPECT MY PRONOUNS"	Title: Respect my pronouns Description: A blue square with a turquoise felt heart in the centre. There is a small card saying 'Bart's Hospital London, thank you'. Image of mammogram below and text. Story: I found a lump in my chest (not a fan of the B-word!) and was referred to Bart's Hospital screening service by my GP. I was very nervous and dysphoric and as I still hadn't had a first appointment at the GIC after four year's wait there was a part of me hoping it would be cancer (a very small and non-metastatic one!) so I could get top surgery sooner. Everyone at the clinic was very friendly and respected my pronouns, which made all the difference. I got the all clear and a couple of months later I finally got my pre-surgery letter from Nuffield Hospital in Brighton. I was very happy to get my discharge letter from Bart's referring to me as a 'pleasant gentleman' and gendering me correctly.

		All in all it was a very positive experience at a very stressful time and I'm incredibly grateful to the team at Bart's and to whoever trained them to be trans affirming.
Ps08	Some stick figures walking up stairs that go from black to colour, with a heart in the highest steps. There is text in the background that goes from negative phrases (e.g. weird, stop, no) to positive ones (kindness, amazing, friends). On a blue square.	Title: Rejecting the negativity – growth Description: Person walking up the stairs, from dark to light, negative comments to more positivity Story: I grew up hearing lots of negative opinions + language around people being trans. I grew up to do my own research and become friends with the most AMAZING trans+ people + reject those opinions.
Ps09	"LONG LIVE TRANS PEOPLE" written on a blue square with a "Trans Rebellion" lighter sticker.	Title: LONG LIVE TRANS PEOPLE Description: LONG LIVE TRANS PEOPLE!!! Story:
Ps10	"TRANS ALLY" with trans pride decorations (e.g. stickers, flower shapes, ribbons) on a blue square.	Title: Trans ally Description: Planet with ribbon. Love is love. Story: None. Just married to my trans husband.
Ps11	A big eye in a mouth with "I Love u!" written around it, decorated with swirls, flowers, and more. On a pink square.	Title: I love u Description: Eye in mouth I Love u! Story: I feel a lot of eyes can be on trans people and I can imagine they can be put under lots of pressure so I feel it's important to say I love u to everyone! :)
Ps12	A big red felt heart on a blue square with trans pride stickers and text reading: "Allies Aligned at Heart"	Title: "Trans Hearts Matter" Description: Square to illustrate that allies want to be aligned + it is an emotional connection at the heart of trans aware cancer care. Story:
Ps13	3 trans pride flag stickers on a blue square.	Title:

		Description: Story:
Ps14	A red-haired person in a "Trans Rights!" top with a trans pride flag. Text above them reads "Trans Rights are Human Rights" and there is a cat face sticker in trans pride colours. On a pink square.	Title: Description: Story:
Ps15	A yellow post-it that reads: God and Love is for <u>Everyone!</u> On a white square.	Title: Description: Story:
Ps16	Colourful text decorated with trans pride stickers and on a white square. The text reads: Together we can Transform healthcare	Title: Description: Story:
Ps17	Two people standing next to each other underneath a cat holding a trans pride flag. Text underneath them reads: T4T wins [heart] I [heart] my enby gf It is decorated with stickers and on a white square.	Title: Description: Story:
Ps18	A trans pride flag sticker continued to make a betta fish by some plants. On a white square.	Title: Description: Story:
Ps19	A clock face on a blue square surrounded by text and decorated with woven ribbons. The text reads (starting from 11, with brackets to show emphasis): [weave time] creatively making [more time] for understanding [extra time] for safety [make time] matter and work.	Title: Time matters Description: Clock with weaving surround Story: Being part of this workshop today and using time creatively and considerately meant that participants felt safe. For some, safer than before they arrived.
Ps20	A person made of felt and string on a pink square. Decorated with notes and hearts and with text that reads: CHRISIE EDKINS BE TRUE TO YOURSELF	Title: Be nice to yourself Description: Picture of Chrisie Story: In memory of Chrisie for being an inspiration and advocate for the trans community. I have donated the original of

		this square to the Museum of Transology.
Ps21	A rectangle of colourful lines on a pink square, decorated with trans ally flags and a "PRIDE NF" sticker.	Title: In the light Description: Emerging from the dark and coming into the light. Light = freedom, information and respect Story: Taking space in the world, we can respect what is needed when we hear how best to do this. TACC can show us the way...
Ps22	A person in a black dress with long yellow hair, playing with ribbons on pink square.	Title: Jo's Joy Description: A young trans girl playing with a ribbon streamer after her first pride. From a photo taken by me, a very proud 'auntie' Story: My hope that Jo will be listened to when accessing services, and her joy will not be diminished.
Ps23	A black square with colourful shapes coming out from under it. An "unapologetically ME" sticker surrounded by buttons. On a white square.	Title: Description: Story:
Ps24	Colourful text decorated with three foam shapes on a pink square. The text spread about reads: Sharing Stories / listening / Being Seen / Thought About / Support. / love / Caring / Being heard / Being Understood / Given the Chance	Title: An ally Description: Phrases and words that are a result of being an ally. How supporting transgender individuals makes individuals feel. Story: Doing university research about transgender experiences. I've been extremely lucky to chat with individuals and hear their stories. I hope to be able to share these stories to aid understanding and support for all trans+ individuals.
Ps25	Large quote on a blue square. It reads: "VALIDATION OF YOUR NHS GENDER JOURNEY IS KEY TO YOUR RECOVERY AND A SOURCE OF STRENGTH!"	Title: Validation is strength Description: A quote from my doctor during my diagnosis of depression. This made me feel valid and that I was working with someone who understood my experiences and needs. Story: Recently i was diagnosed with depression and prescribed a course of

		medication. When I informed my G.P. (registered at Shirley health Partnership) that I was genderfluid, they were very supportive and respectful. They even asked how well I felt supported by my wide with my transition. They offered extra support and suggested that I use that positive relationship to validate my experience further to improve my mental health. Very kind and positive.
Ps26	A circle with "BRAIN" in on a pink square. There are little hearts above it, some rainbow lines below it, and speech bubbles that read: "They Them" and "we support you" The corner reads: I am LOVED!	Title: "You are loved" Description: Story: Coming out at university and experiencing the outpour of love and support allowed me to access more support around my mental health
Ps27	A big heart in trans pride colours decorated with stickers on a white square. Text below it reads: I [heart] Trans Who doesn't?!	Title: I <3 trans Description: Coloured drawing on fabric Story:
Ps28	A bisexual pride flag above the words: LOVE PRIDE DAY It is decorated with owls and elephants and on a pink square.	Title: Description: Story:
Ps29	Plushie sharks "swimming" through the colours of a trans pride flag	Title: All hail mighty Blåhaj! Description: Some IKEA shark plushies swimming across a trans flag Story: There are several explanations for why the IKEA shark plushie Blåhaj (often just called "Blahaj") has become a mascot of the trans+ community, but whatever the truth of the origins may be, the shark brings comfort to many trans+ people. Several trans-flag-coloured shark plushies were handed out at the Pride workshops to those whose days were improved by them.
Ps30	One of the TACC chat images: a square speech bubble on a pink square. It depicts one figure saying "I think I might be trans..." and another replying with "Here's a trans support group to help you"	When she brought up thinking that she might be trans, her GP pointed her towards Beyond Reflections (a local trans+ support group) to help her process those feelings.

	figure it out!"	
Ps31	Rainbow text and a line on a white square. The text reads: Chiropractors love all backs (and everybody!!) The first "o" of "chiropractors" is a heart that a big, wavy, rainbow line comes down from.	Title: CHIROPRACTORS LOVE EVERYONE Description: Stylised "spine" Story: As chiropractors we strongly believe that everyone should feel comfortable and welcome within our clinics so they are able to get the care they need in the musculoskeletal sector.

Neutral

Code	Visual description	Participant form
Nu01	Four hearts inside the text on a white square. The text reads: Trans rights in epilepsy	Title: Epilepsy Description: Yes. Story: I got diagnosed epileptic 2 weeks after coming out.
Nu02	A plain white square.	Title: Blank Description: Blank Story: Blank due to my anxieties of interacting with other people.
Nu03	Several patches of felt sewn onto a white square. Three of them have buttonholes (two with buttons in), and some have beads. There is one button by itself and some beads are behind a line.	Title: Buttonholed Description: Buttons and buttonholes Story: HCP. Personalised care is the way forward. One size or type of care <u>does not</u> fit all. We need to know more to respect individual wishes and give care to meet needs and wishes.
Nu04	The text "THERE ARE MANY PARTS OF ME" and then numerous buttons paired with text on a white square. The text reads: RESILIENT / AUTISTIC / MUMMY / CREATIVE / HAPPY / QUEER / KIND / TRAUMA / COURAGE / ADVOCATE / WRITER / WIFE / FRIEND / SURVIVOR. / TRANS+	Title: You need to see all of me Description: Story: I come to the doctors as many things, not just as a person who needs help, but as a friend, mother, as a queer Autistic writer and creative, as a survivor of complex and consistent trauma. I wish I didn't have to be so courageous, brave and resilient all the time. I wish going to the doctors felt as good as going for coffee with a friend.

Nu05	Text on a white square that reads: IF WE CAN SUPPORT THEM Why can't you!	Title: Description: Story:
Nu06	Text on a pink square that reads: From the perspective of an ally and friend of trans people, the inequality within the system is disgusting and inappropriate. Help the fight for their rights.	Title: The fight for rights Description: Written on square Story:
Nu07	One of the TACC chat images: a square speech bubble on a pink square. It depicts two figures: one holding a red cross away from the other, who is speaking about two figures holding the cross together.	Title: In partnership Description: I want to work in partnership with you and all health care providers; I don't want to be unwell; I want to get better Story: Health inequality happens because of outside social prejudices, limitations, pressures and expectations – compounded by negative experiences with NHS but it is not NHS' 'fault'. It is difficult for frontline practitioners who are dealing with trans patients for the first time as there is an immense responsibility (and at all levels of healthcare), but we need to help the clinicians relax and be human centred.
Nu08	One of the TACC chat images: a square speech bubble on a blue square. It depicts a figure of a person, a greater-than symbol, and a book.	Title: Treat the person not the condition Description: I want to say...I know my body better than you know the book about my body. Story: GPs do not know your history like family GPs used to, it's problematic as I present as outside the norm and it creates a problem. I want what is best for me right now. My medical record only has F for gender, nothing says previously M (should this be the case?) – We need to be open, or we may not be given the best treatment. I don't want to be treated as female where I need to be treated as male, but if you meet me outside of medical setting, treat me only as female.

Negative

Code	Visual description	Participant form
Ng01	3 characters on a white square: a woman with orange hair, black lipstick and a choker. To her left, a brown unicorn with a mane in trans flag colours. To the right/above the woman, an IKEA shark in trans flag colours. The woman has a speech bubble that reads: "I am lost in my doubts and feeling, I am about to pair close. ha they accept... me... I want to just feel myself and be treated as anyone else. I am just asking for understanding and to be able to stand in my shoes"	Title: Description: Stress before the session. Docs and questions and met only before sessions but when meeting with new people how they will react. Story: Never been and using these services. I am on the beginning of my journey. I would like to be prepared and see how I can process if this happens to me. I am lost in my doubts and feelings. I am about to panic. How they accept me...I want just to feel myself and be treated as anyone else. I am just asking for understanding and to be able to stand in my shoes.
Ng02	A poem written over a picture of a rainbow going behind mountains next to a river. The poem is "Wonder Woman" by Ada Limon.	Title: Wonder Woman Description: This is a poem I liked, with a background of mountains with a rainbow. The poem is Wonder woman by Ada Limon, which describes a cis woman's experiences of healthcare for her chronic pain, but I see a lot of gender feelings in it. Story: This isn't a poem that says, 'everything is going to be okay', but reminds us that we will challenge everything they know. As a trans woman, I have to do everything myself, (with the help of every community and loved charities). I dressed up as a girl as a little kid just like the made woman in the poem. I wonder if I ever made anyone feel the way the poet did when dressed up. I'm sure I did.
Ng03	A yellow post-it note on a blue square. The note reads: Dear Project I have always been hesitant to enquire in mainstream NHS GP services..... What were the chances of	Title: Description: Story:

	contracting some kind of throat or tongue cancer!!! Because a) of oral sex + b) one of my lesbian friend had cancer of the tongue. I've never plucked up the courage to ask + so from 18-65 – I could have but avoided asking. [name] xxx	
Ng04	A selection of hanging trans+ pride flags plus the disabled pride flag, the neurodiverse pride symbol and the autistic pride symbol (all labelled) on a white square. The section under them has text that reads: Trans People Deserve HEALTHCARE!!! Speak out! we hear you [smiley face] Disabled Trans people Exist! Autistic Trans people Exist! ADHD Trans people exist!	Title: Disabled Trans Healthcare Unity Description: Seeing many different trans flags and nonbinary flags, because we are such a big spectrum. Expressing the family you make and community love you share. Story: I worry about not being supported within the healthcare system. I often hide my enby self to get the medical care I deserve. I want the disabled community to know Fuck off ableists and transphobes. We aren't going anywhere.
Ng05	Text on a blue square that reads: NHS WAITING LIST ARE FAR TOO LONG. BUT THE WAIT FOR TRANSGENDER PAITANCE IS JUST CRUEL AND SHOULD NOT BE ALLOWED.	Title: Waiting Description: Statement of a long wait Story: Five years of waiting just to be seen and denied services of any kind until you are seen should be made criminal.
Ng06	Text on blue square decorated with foam shapes at two corners. The text reads: 7 YEARS of waiting and I still haven't had my first GIC appointment	Title: 7 years Description: Blue square w/ stickers Text that says "7 years of waiting and I still haven't had my first GIC appointment" Story: I was referred to Tavistock when I was 11. I still haven't had my first appointment + get letters from the GIC w/ my deadname.
Ng07	Blue and red text on a blue square. The text reads: My <u>notes</u> tell you my name & My Gender. DON'T add MISS to my name I AM HE/HIM	Title: Read my notes Description: Don't misgender me because you didn't even read my notes. Story: Misgendered Misnamed Tactless

		Non-sensitive. Doctors have been dicks. Nurses are brilliant.
Ng08	A picture of a unicorn on white paper attached to a white square, decorated with ribbon. The unicorn is deer-like is watching water run into a black puddle. Text above reads: I worry about what's left to save...	Title: I worry Description: A deer-like unicorn looking at a tiny stream flowing into a tarry puddle. Text above reads, "I worry about what's left to save..." Story: I'm concerned about the state of the NHS and know what it's like to wait for confirmation of your cancer's stage.
Ng09	A felt depiction of the Earth wearing headphones while a small figure shouts from besides it. On a white square. The figure is shouting: TRANS LIVES MATTER!!! PRONOUNS MATTER!!! EQUAL ACCESS FOR TRANS PEOPLE!!!	Title: Is anyone listening? Description: - Story: Sometimes as an ally, it feels as though it doesn't matter how much work you do to try to improve the world for trans+ people nothing changes. Like no one is listening. I want to live in a world where all people are able to live authentically as themselves and try to do all I can to help make that a reality. But is anyone listening?
Ng10	Branching chains of colourful paperclips safety-pinned to a blue square. Text along the paths reads: WTF!?! / SHARE EVERYTHING AGAIN / ROUND IN A CIRCLE / ARE WE GETTING THERE? / HERE WE GO / NOT SURE WHAT HAPPENED HERE... Text at the end of the paths reads: NOT HERE / TRY AGAIN / EH? / NO. / NOPE! / END?	Title: The ellipsis of care Description: Rainbow paperclips used as chains to show the complexity of getting anywhere in healthcare. Passed from one professional to the next. Story: Mine was a reflection on chronic illness healthcare – being pushed from person to person and no one wants to take responsibility for my care or diagnosis.
Ng11	A pink skirt made of felt attached to a blue square with several notes on white paper around/under it, some of which hide the notes. 2 trans pride stickers are used as decoration. The top note reads: I want to be respected and taken seriously for who I am. Understand doing something to a part of my body I don't relate to makes a smear even	Title: Wear a skirt Description: A felt skirt attached to the square, with writing surrounding it: "I want to be respected and taken seriously for who I am. Understand doing something to a part of my body I don't relate to makes a smear even more uncomfortable than it already is.", "Helpful: Suggest something comfortable, would be more helpful", "Not helpful: on GP's smear top tips: Don't tell me to wear a skirt.", and "Don't deadname

	more uncomfortable than it already is. The left note reads: on GP's smear top tips Don't tell me to [skirt] a skirt The right note reads: Suggest something comfortable would be more helpful The fourth note is covered by the skirt.	me mid-smear. I am vulnerable. You have all the power." Story:
Ng12	A felt brick wall across a blue square. It has staples as barbed wire, and on one side there are felt shapes, a TACC sticker, and a felt sign saying: Every Contact Counts Together we can make a difference On the other side of the wall, there is a pile of bricks (by a "Build it up" note) and a pickaxe (by a "Break it down" note), with text in the middle that reads: We each have a choice	Title: Barriers Description: Wall with wire More bricks / pick axe choice: build it up or knock it down Story: As an ally I am ashamed to be part of a system (I am thinking socialised government, which influences healthcare) that seems to want to retain/build barriers for trans people
Ng13	Several crossing lines of stitching with text on a white square. The first section reads: If you miss us you risk us The text at the bottom reads: Trans+ people get cancer too	Title: If you miss us you risk us Description: White fabric square with blue, pink, white, grey, and black short downward stitches. With black writing at top "If you miss us, you risk us" and at bottom in purple writing "Trans+ people get cancer too" Story: Prefer not to share.
Ng14	Text on a blue square with some illustrations. The top reads: As a parent you feel helpless and disempowered by the disjointed and under resourced system There is a picture of figures in a house saying "Help us!" and a barbed wire barrier ("Access denied") between them and the "Help here" side, which has papers (documents and/or checklists).	Title: Supporting my daughter Description: Supporting and loving my trans daughter is a lovely journey. As a family we try to create a safe home but feel the disjointed services and extreme long wait (years!) for help Story: Rather hopeless and makes you feel that your daughter's life is not important to the world and that is extremely distressing as a parent to see.

	The last section reads: Media stories are so harmful and everyday new spin on hate = Not welcome here	
Ng15	A picture of a roulette wheel on a pink square. The six sections of the wheel have faces with different expressions (e.g. grinning, crying, angry)	Title: GP lottery Description: Roulette wheel of outcomes from approaching GP for trans healthcare. Story: Accessing healthcare feels like a lottery. There's no consistency from one GP to the next.
Ng16	A picture of two people sitting opposite each other on a white square. The person with their back to us has a blue aura surrounding them, while the person we can see is looking to the side with their arms crossed	Title: isolation Description: Doctor sat in chair opposite boy Story: Talking to doctors feels isolating as a trans person because all they hear is the high voice, all they see is the binder. It's hard to discuss health outside of being transgender, because health issues are always blamed on being queer.
Ng17	Two stick figures on a pink square. One figure has a speech bubble full of lines while the other, wearing a nurse's hat, is smiling and covering their ears. Text underneath reads: NOBODY WANTS TO LISTEN!	Title: Nobody wants to listen Description: I deal with chronic pain and whenever I go to seek medical help I get brushed off and told it's just part of being a woman and my pain is dismissed because of this. As well as using the wrong pronouns – things need to be better for trans and disabled people Story:
Ng18	A picture of a snake eating its tail on a pink square.	Title: No title Description: A snake eating itself as a metaphor for dealing with my mental health Story: I deal with PTSD as well as some undiagnosed disorder and trying to deal with mental health professionals always loops back around and no progress is made. They are also terrible for misgendering and deadnaming.
Ng19	A yellow post-it note on a blue square. The note reads: I Don't trust NHS System allows ignorant managers	Title: Bleeding obvious Description: Showing people that NHS services for transgender people are poor,

	to pass off trans people as lifestyle choices	not caring and hurtful. Story:
Ng20	A question mark on a pink square.	Title: Confusion Description: A question mark representing my confusion about why some life threatening conditions are taken seriously while others aren't. Story: When I came to my GP with a mysterious lump, I was still in the middle of fighting then for a referral to the gender service. Unlike that, which took over a year, unlike with that, they practically leapt into action – I had an in-person appointment within a few days, and my first specialist appointment within a month. It's now been almost 2 years since that day – the tumours are benign (but weird). And while they may cause me issues down the line, it'll be decades before that happens. I'm still on the waiting list for the GIC – apparently the NHS only moves fast when it wants to.
Ng21	Text on a pink square. The central text reads "Trans Women need to know..." and text around reads: • they need to have regular mamograms • Bone Health implications? • To get their Triple A test • They can still get prostate cancer	Title: Trans women need to know Description: Trans women need to know Story: From my peers I know that many trans women do not access the healthcare they need to keep them well in later life.
Ng22	Some figures at a table next to the Nando's icon on a pink square. One of the figures is smiling, the other is sad. There is a picture of a phone next to a note that reads: I was having lunch at Nando's with my friend, when the GP called to let me know I have to choose between my identity and healthcare. There is a picture of some chips in a basket, and below that a folded-up note. Unfolded it reads:	Title: Description: Story:

	- You can't change your title with us yet - Why? - Oh, because of the cancer screenings for women, of course - Oh - Is that alright? I look at my friend, at the other tables No, I think - Yeah, sure! I say	
Ng23	One of the TACC chat images: a square speech bubble on a pink square. It depicts a figure with an exclamation point above their head, looking at their phone. The phone's speech bubble reads: Hope this talk helped your mental health. (BTW, we outed you to your GP)	After taking part in an online talk session for her mental health, she saw the letter sent to her GP and realised it outed her as trans! (She had given general consent at the start, but that hadn't been on her mind during the session and so she hadn't realised at the time.) Her GP never brought it up and it's unclear why.
Ng24	One of the TACC chat images: a square speech bubble on a blue square. It depicts two figures holding hands, an adult and a child. The child is asking (in a speech bubble with non-binary pride colours): Why does the GP get my pronouns wrong?	A non-binary child asking why the doctor kept misgendering them. Their parent (also non-binary) didn't see it as malicious: they thought it was due to how rarely you see the same GP often enough to build up a connection.
Ng25	One of the TACC chat images: a square speech bubble on a white square. It depicts a figure surrounded by orbs, all of which have outlines. All of the outlines are pale blue, apart from that of one orb and the figure, which are red. The text underneath reads: One misgender can negate a hundred affirmations	Title: One misgender can negate a hundred affirmations Description: One misgender can negate a hundred affirmations Story: The fact you don't understand is no reflection on me. I know people considering detransition because of abuse received. It comes from the top and should be role modelled for people to have compassion for all patients and clients. It needs to begin with CEOs and Practice Managers and GPs. "We don't need to know" was the GP's response to my offer of talking/offering training about trans issues in healthcare, and 'I'm too old to change now' – was a

		response from a surgeon when challenged to consider the trans perspective.
Ng26	A depiction of the famous photo of Marilyn Monroe's over the subway grating on a blue background (and a blue square). Monroe's dress has been coloured blue and she's been given white boots. She is partially obscuring text. The text reads: DON'T TELL ME TO WEAR A FU[Monroe]NG SKIRT	Title: Don't tell me to wear a skirt Description: Marilyn Monroe saying not to wear a skirt Story: When looking at what is best to do before a smear test they suggest to wear a skirt or a long jumper and as someone that and as a person who isn't comfortable in a skirt I was lost as to what would be best to wear and I was happy taking off.

Extra negative

Code	Visual description	Participant form
No01	Colourful text on a pink square. There is an upright smily face and a text bubble that reads: What gender where you born as?! The main text reads: I avoid the doctors: WHY • They always ask for the gender I was born as • I have to tell them I'm on testosterone • Because I go private my GP refuse to give me a blood test for my testosterone levels and for a full health work up • I dread for when I have to go for my breast cancer check as I won't belong there and fear I will be judged. Underneath is "Trans and proud!!" with two hearts.	Title: I avoid the doctors Description: My art is about why I don't like going to the doctors and how I struggle to get blood tests because I go private. Story: I don't have any personal experience with cancer.
No02	A picture of a torso above text on a white square. The torso has top surgery scars and a red button heart, and the text reads: "Well, there's a waiting list."	Title: "I wish GICs didn't exist" Description: A self portrait of a fat trans man's chest following a double mastectomy with the following text below it: "Well, there's a waiting list." Story: During an appointment with a GIC psychologist, prescribing me HRT, I asked to be on the waitlist for top surgery. He told me I would need to be on T for 6 months

		but that our next appointment would be in 18 months' time. When I began to cry and asked why, he began to explain what a waitlist was, with no emotion or compassion in his tone.
No03	Text on a pink square decorated with trans pride stickers and hearts. The text reads: TRANS HEALTHCARE <u>IS A RIGHT</u>	Title: Healthcare Description: Trans rights are human rights Trans healthcare is healthcare Story: Going to the Drs is always a hassle. I constantly get misgendered and was regularly deadnamed. In a referral to the GIC, the notes stated word for word, "She thinks she is a man". I don't think. I know.
No04	Text in trans pride colours around an image on a white square. The image has a trans pride planet sticker and two stick figures skating over top surgery scars that are dripping with trans pride colours. The text reads: TRANS HEALTH CARE SAVES LIVES	Title: Trans proud skaters Description: Top surgery scars bleeding the trans colours with skaters using scars as ramps. It says "trans healthcare saves lives" Story: My nan died of cancer not too long ago and she was the only person in my family that listened and accepted me for who I am.
No05	A brain-like shape made from letters inside a circle on a pink square. The letters are squished together but can read: ALONE HELP!	Title: Mental health Description: The picture is a brain with Alone & help spelled out on it trapped in a bubble. Story: I've not needed access to cancer support. But for me healthcare started with mental health care and bad experiences with it leads me to mistrust and fear accessing healthcare, meaning I feel isolated and struggle to help to live better.
No06	Text on a pale pink square. The text reads: LGBTQ+ (+trans especially) RIGHTS Should be Human rights WITHOUT Question	Title: Rights should be normalised for us Description: Pastel coloured fabric with the words LGBTQ rights should be human rights Story: I had a cancer/stroke scare when I was younger and was made fun of how I felt about this, i.e. 'deluded'
No07	Text on a pale pink square with a	Title: Listening ear

	picture of an ear. The text reads: Really Listening [picture of an ear] to what is being said. When people don't listen to me they miss things. Don't pass me off.	Description: N/A Story: On out. My friend died of cancer because they were passed off.
No08	Colourful text on a blue square. There is a speech bubble ("Your not a boy it's just a phase!") and several sections of text. The text reads: AVOID Public BATHROOMS: ● Get called a girl saying I don't belong here ● "Just because your on testosterone doesn't make you a man" ● "you should be dead" WHY because I'm trans I have to wait for a stall to be free. WHY I Avoid doctors: Call me by my dead name they use she/her pronouns even after I have said. People always say it's just a phase. "you'll out grow up"	Title: Avoid public bathrooms / doctors Description: Why I am uncomfortable in public bathrooms and doctors. Story:
No09	Felt images and speech bubbles on a blue square. The top image has a smiling face with a pink speech bubble ("!") that is surrounded by black scribbles. There is a white rectangle with a line attaching it to what could be an arm. There is a knife by a skin-coloured rectangle with a line on it. There are two partially unfolded pink paper clips that have been crossed out with red felt.	Title: I'm just so tired Description: Collage using mixed materials depicting the effects of my cancer treatment Story: I feel that I have been treated as female and have been too overwhelmed and tired to argue with professionals quite often.

	The speech bubble at the bottom reads: IM JUST SO TIRED	
No10	Text on a blue square decorated with a trans pride star and some felt hearts. The text is in varying fonts in trans pride colours and reads: MEDICAL SPACES especially for mental health first aid MAKE ME FEEL judged, unsafe and ashamed, and too AFRAID TO BE MYSELF	Title: Mental Health First Aid Description: Blue fabric square with drawn lettering 'Medical spaces make me afraid to be myself' and stickers Story: I've had a lot of hospital admissions for self-harm and suicide attempts and never once has it even felt like an option to share my identity and gender preferences.
No11	A picture of a letter and text on a blue square. The letter has "MR" on the envelope and "Miss" and "Her" on the letter. The text reads: DON'T GET MY HOPES UP! Your letters <u>HURT</u>	Title: Choices Description: Envelope with Mr. Letters with Her/Miss. Story: Letters are addressed with my right name & pronouns, but letters will always misgender me & sound insensitive. Don't put the right things on the envelope, but the wrong things in the letter.
No12	A spiral with text on a white square. The spiral is sewn on and is more chaotic in the middle of the square. The text that follows it out from the middle reads: I DESERVE CARE & SAFETY	Title: I deserve care & safety Description: A connected spiral of thread representing my feelings towards screening as a trans person. Story: I don't have any experience, but I find the idea of screening stressful and inaccessible.
No13	A picture of a person lying down, partially obscured by felt shapes on a pink square. The head is replaced by a line of three teardrops, the chest is covered by a square, there is a star over the belly, then a line of triangles coming out from the groin. Two corners of the square are scribbled out so that the person appears to be lying on a rectangle.	Title: - Description: A pink square with a reddening, splayed figure in ink. The figure is shaded with magenta. The corners have blue squiggles in light & dark. The figure is covered by sponge shapes, teardrops for a face/shapes all down their body. Story: I have had multiple bad experiences of cervical screening where I have been misgendered & bullied by nurses for finding the experience traumatic. It took me 3 years to have a 'successful' screening after multiple attempts! As well, I have a bowel illness & the screening process of that is haunting

		me given a history of bowel cancer in my family.
No14	Text on a pink square decorated with butterflies and flowers. The text is several phrases that read: • "But our doctors don't do that" • You can't guarantee a 'Safe Space' • WHERE DOES THE £ GO? • WHAT ARE MY BOUNDARIES!? • HORMONES CHANGE EVERYTHING • [Next to a picture of a safety pin] QUEER HEALING • ADMIN IS A FULL-TIME JOB. • Radical Imagination = [ribbon made of felt] • TRANS RIGHTS ARE HUMAN RIGHTS ARE HEALTHCARE RIGHTS	Title: Exhaustion Description: Story: This is a visual of some of my exhaustion before I have even entered the healthcare setting – I am chronically ill, queer and a parent and have experienced a lot of shame and prejudice from all the ways I have been treated and how I have been perceived. I carry this baggage with me everywhere and a bad day at the doctors could be the frosting on the trauma cake.
No15	Text on a blue square decorated with trans pride stickers ("LOVE IS LOVE" and a cat face). The text reads: WE SHOULD <u>NOT</u> HAVE TO FIGHT TO GET PROPER CARE	Title: Wake up call Description: Message to encourage a positive outcome. "WE SHOULD NOT HAVE TO FIGHT FOR PROPER CARE" Story: My mother died on my 16th bday to breast cancer. It was a mess up on the NHS in the end.
No16	A picture of a hairy torso with breasts on a pale pink square. The text around it reads: MY BODY MY CHOICE	Title: My body / My choice Description: People should be able to share their bodies in any way they want without doctors gatekeeping certain procedures from certain people Story: I will never get a cervical screening because my doctors are transphobic and don't respect my personage. I could get cervical cancer at any point and may never know until it's too late. This fact is more bearable to me than receiving care being treated as a woman.
No17	Text and a crying stick figure on a pink square. The stick figure is	Title: Tears from the long wait

	wearing a skirt and the tears are raining down towards a blue line that goes along the bottom of the square. The text is a list that reads: ● Abuse ● Deadnaming ● Misgendering ● doxxing ● The long wait ● getting disowned ● Media ● People thinking they know better than us ● not understanding	Description: My bad experiences waiting for healthcare. My families' actions and reactions Story: On 111 I have no problems, unlike in person.
No18	A bullet-pointed list on a blue square. The bullet-points are stars. The text reads: ● A&E never has my updated medical files or name. They will turn me away + accuse me of false identity. No matter how ill I am. ● Doctors will try to remove my binder, they don't know what it is. They have no idea what to do with me. I have to do my own ECGs. ● My nhs GIC appointments are full of anger that I access hrt privately. They threaten that my clinic will be shutdown + I will have nowhere to turn. ● I am a guinea pig at my local surgery, I am told I am the only trans patient they've ever had. I have to walk them through basic trans healthcare. ● I won't get cancer screenings, how can I trust I will receive healthcare with dignity after my experiences? ● I hope more is taught about our healthcare!	Title: My stories Description: Written summaries of my experiences Story: So many times, my healthcare experiences have been poor. There is confusion between my preferred name and my NHS number. When I go to A&E they tell me I don't exist, that I don't have a medical file. They tried to turn me away from urgent care once when I was having a seizure. My partner had to advocate for me and eventually they found me in an "un-named file". Another time in A&E with rib pain and recurrent chest infection (because of binding) I was accused of drug seeking – I was shaking from anxiety and being so unwell. Doctors try and remove my binding without consent. They don't understand what a binder is and how to do an ECG with one in place. I am 27 and have been told I can choose to have a smear but why would I, my experiences are so awful I avoid healthcare. My chest infection was nearly sepsis as I didn't seek treatment and ended up in A&E. My GP practise has never had a trans person before and never had to change anyone's details before – I feel like a guinea pig. My files have been changed but my historical medical records

		are now missing from my file. Because of this I get accused of covering up issues or making things up.
No19	A picture of a lower torso with text on a pale pink square. The text has a line pointing to the groin and reads: tumour. less the [blurry] no [blurry] just [blurry] I wait [blurry] prevents [blur] going secondary	Title: Early treatment saves lives Description: Early treatment saves lives Story: I have very early stage prostate cancer identified 3 years ago, I have had no treatment. Treatment exists Cryosurgery – but I have not been offered it – Why? Is it my age 68?
No20	Text on a pink square decorated with two trans pride stickers (star and "TRANS RIGHTS ARE HUMAN RIGHTS"). The text is in several sections and reads: • You are valid • Just keep swimming • Things will get better • You are loved, <u>always</u> • One day we won't have to fight	Title: Things will get better Description: A trans star in the top left corner, trans rights are human rights in the bottom left and plenty of affirmations in blue pen on a pink square. Story: Referred to Steps 2 Wellbeing for anxiety and depression unrelated to my struggles, I mentioned in passing that I was trans so that I could ask them to call me by my chosen name but made sure to stress that it was separate to the issues I was calling about. When they called me back, they refused to see me because they are not specialised in gender related health care.
No21	A picture of a heart monitor display with text on a blue square, with a trans pride sticker. The text above the display reads: You cant tell im trans from my ECG The display has a very jagged line and [heart] 250 underneath. Below that, there are top surgery scars and a (realistic) heart with text that reads: MY HEART IS THE SAME!	Title: Waiting times Description: Drawing with ECG Story: I was told waiting times would be longer because I was trans and they needed someone who was “comfortable” with assessing me. I was in A&E resus with a heart condition.

Mixed

Code	Visual description	Participant form
------	--------------------	------------------

Mx01	Two columns of text on a white square. The left is under a red X and reads (bold to show emphasis): "You can't have the morning-after pill unless you prove to me you're capable of getting pregnant." - pharmacist The right is under a green tick and reads (bold to show emphasis): "Here is some information about pelvic screening. I've checked it has gender-neutral language and I'm here to talk you through it if that helps. Just tell me what you need." - Practice nurse aka legend	Title: Description: Story:
Mx02	Text decorated with butterflies and blue felt shapes on a pink square. The text reads: TRANS is Beautiful	Title: Butterflies Description: "Trans is beautiful" with butterflies and shapes Story: 2 years before I was born my auntie wasn't able to get access to trans healthcare because of the time. I want to live a life she couldn't.
Mx03	Trans pride stickers on a white square. The stickers are a whale, a cat face, and a cannabis leaf, and (also in trans pride colours) a heart has been drawn and wavy lines along the bottom.	Title: Gender clinic changes Description: Story of my experience with gender clinics. Story: When I was 16, I waited a year and a half for an appointment. My clinic was amazing & saved my life. 8 years later, I get no responses at all after 2 years of constant contacting. It is so sad how much gender clinics have gotten worse. I wish current trans youth had my experience. Dr Rashid is the best NHS GRC Surgeon! Couldn't recommend her more.
Mx04	A vortex of short lines around some buttons on a pink square. The corners are scribbled out black to make the image circular, and the lines in the vortex are trans pride colours plus some black. In the centre there are some buttons: a	Title: Spiral Description: Transitioning brought joy + happiness but it's messy and contrasted with darkness and fears you never expected.

	butterfly, some flowers, a circle and heart.	Story: I was recently misgendered during a prostate exam making an already uncomfortable check even worse. In general, I'm always fearful seeing new doctors, those who are informed + supportive make a huge difference, but unfortunately most have been ignorant.
Mx05	A quote on a pale pink square underneath a trans pride flag. The first word ("Joy") is large and sewn while the rest is in pen and each line alternates between being blocky and blue or pink handwriting. The text reads: Joy is not unfettered delight driven by external circumstances; rather it is something that we create in spite of what's going on in the world around us - Imara Jones	Title: - Description: Quote by Imara Jones on 'Joy' Story: I have been made to feel uncomfortable at routine cancer screening by a well meaning nurse who attempted to put me at ease by appealing to our shared femininity in her greeting to me. Once the assumption has been made it is so much harder to correct people especially in a vulnerable situation like that one... I have since had another experience after moving to a much more trans aware GP practice where the nurse was affirming of my gender and checked my preferred name when I entered. The second experience was a long time after the first, but knowing that I will feel safe attending my new GP will mean I do not ignore screening reminders next time.
Mx06	An image with four differing quarters on a blue square. The top left is just text and reads: If you miss us, you risk us. Trans+ people get cancer too. The top right is a yellow post-it note on a red square. The note reads: Healthcare professionals' chuffy badge [arrow to button] Well done, you wear a rainbow! The bottom left is a post-it note stuck on with a butterfly sticker. There are beads, some sewing, and felt star about the note. The note reads: "I'm trying soooo hard to respect you! It's so hard for me!"	This square was lovingly donated to the Museum of Transology Katie: My portion of the square reflects on rainbow performativity – it is not enough that staff just wear rainbows, they in themselves mean nothing. You can't just tell me you are a safe person, you have to do the work to become one, consistently. Becoming a safe person or ally is active lifelong work, it is not a chuffy badge you get to parade around with whilst queer people's lives are at stake. Zak: My portion reflects the part of my trans journey where I realised gender was real: that other people didn't avoid conforming to gendered stereotypes because they actually liked being seen as their gender, and that I could also enjoy

	The bottom right is a colourful square patterned with leaves. There are some plain scraps of paper stabled on that read: Wait, I have a GENDER?	that if I figured out what mine was.
--	--	---

10.2 Appendix B: Resources to enjoy

A selection of recommendations from the TACC team to help with deepening your understanding of the trans+ community in whatever way suits you!

Things to watch



I Emailed My Doctor 133 Times: The Crisis in the British Healthcare System

Informative YouTube video
by Abigail Thorn (Philosophy Tube)

A passionate overview of her journey trying to get trans+ healthcare from the NHS (funny and depressing).

Quote: "The lesson I took from this was that my doctor was either so incompetent she couldn't work a post box, or, more likely, she didn't want to give me medical care, neither of which is great, to be honest."

Trans People Are Real and Detransitioning Isn't That Common

Informative YouTube video
by SOME MORE NEWS

A look at the political landscape surrounding trans rights in January 2025, both in the US and the UK (it's fun despite the subject matter).



Will and Harper (2024)

Film on Netflix

When Will Ferrell's good friend Harper comes out as a trans woman, they take a road trip to bond and reintroduce Harper to the country as her true self. A really love film about friendship, love and authenticity.

Things to read

Uncomfortable Labels: My Life as a Gay Autistic Trans Woman

A book by Laura Kate Dale

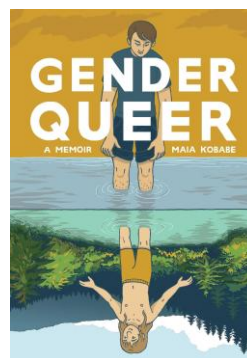
Laura draws on her personal experiences from life prior to transition and diagnosis, moving on to the years of self-discovery to give a unique insight into the nuances of sexuality, gender, and autism and how they intersect.



Gender Queer: A Memoir

A graphic novel by Maia Kobabe

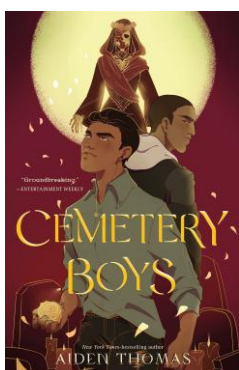
Follow Kobabe's journey from adolescence to adulthood through the author's exploration of gender identity and sexuality, ultimately identifying as being outside of the gender binary.



Cemetery Boys

Novel by Aiden Thomas

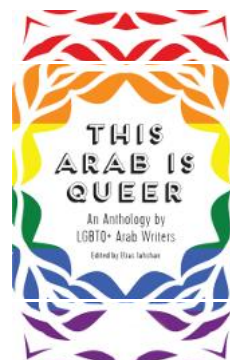
- A YA fantasy/romance novel with fluffy romance (i.e. the relationship is pretty straightforward and drama-free)
- Latinx culture
- A young gay trans man is trying to prove himself to his family by solving a murder, but he accidentally summons a ghost

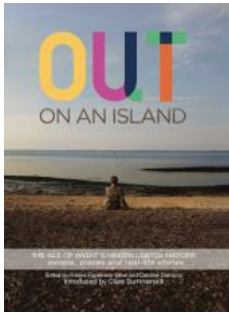


This Arab is Queer

An Anthology by LGBTQ+ Arab Writers

Edited by Elias Jahshan





Out On An Island

The Isle of Wight's Hidden LGBTQ+ History; People, Places, and Real-life Stories

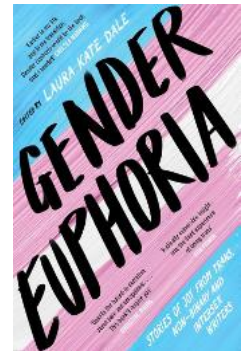
Edited by Frank Figueiredo and Caroline Diamond

Gender Euphoria

Stories of joy from trans, non-binary and intersex writers

Edited by Laura Kate Dale

(also available as an audio book)



The Transgender Issue

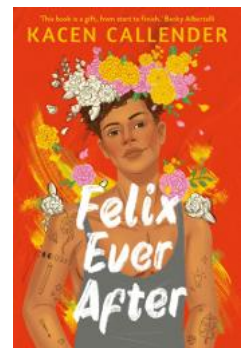
An Argument for Justice

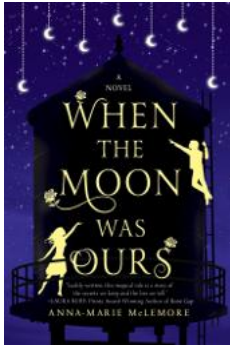
By Shon Faye

(also available as an audio book)

Felix Ever After

Novel by Kacen Callender





When the Moon Was Ours

Novel by Anna-Marie McLemore

All That's Left in the World

Novel by Erik J. Brown

A queer, dystopian romance about courage, hope and humanity



Things to listen to



Transvox

(Podcast)

Talk for Trans People

Queer as Fact

A Queer History Podcast





What The Trans!?

The Transgender News Pod