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**Expanding and improving trans affirming care in Australia:  
Experiences with healthcare professionals among transgender young  
people and their parents**

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## **Expanding and improving trans affirming care in Australia: Experiences with healthcare professionals among transgender young people and their parents**

Access to medical care is significant for many transgender young people and their families, which involves interactions with healthcare professionals. While a trans affirming model is used across Australian paediatric gender clinics, this does not automatically mean that all transgender young people and their parents experience the care they receive as affirming. This article considers the experiences and views of transgender young people (aged 11-17) and their parents in relation to healthcare professionals inside and outside of gender clinics in Australia. Ten qualitative interviews were conducted with parent-child dyads in two Australian states. Key themes relating to healthcare professionals were: differing levels of healthcare professional knowledge and affirmation, quality of service is dependent on individual healthcare professionals, and lack of connected services and referral pathways. The discussion explores specific issues arising from the findings that suggest implications for training for healthcare professionals so as to be better equipped to provide trans affirming clinical care.

Keywords: transgender; medical care; healthcare professionals; young people; parents; Australia

# **Expanding and improving trans affirming care in Australia: Experiences with healthcare professionals among transgender young people and their parents**

## **Introduction**

Increasing numbers of transgender young people are presenting to gender clinics for services in Australia and internationally. As a result, more dedicated gender clinics with multidisciplinary teams are emerging (e.g. Chen et al., 2016; Kaltiala et al., 2020; Telfer et al., 2015). Importantly, such clinics exist in the context of broader healthcare services accessed by transgender young people and their families. Previous research on transgender young people's experiences with healthcare professionals provides evidence for both strengths and limitations in the healthcare sector in terms of providing trans affirming clinical care. Trans affirming clinical care is defined as an approach that treats gender diversity as an aspect of human gender expression, and seeks to validate transgender people's experiences of their gender (Chang et al., 2018). In terms of strengths, professionals who are supportive, knowledgeable, and, respectful – including by using correct names and pronouns – are experienced as affirming (Corliss et al., 2007; Guss et al., 2019; Riggs et al., 2020; Strauss et al., 2017). Experiences of such affirming responses have been related to high levels of satisfaction among young people and their families attending paediatric gender clinics (Inwards-Breland et al., 2019; Pullen Sansfaçon et al., 2019; Tollit et al., 2019). In terms of limitations, research has identified a lack of understanding by healthcare professionals of transgender young people's needs, discrimination, misgendering, and a lack of training about gender diversity (Carlile, 2020; Corliss et al., 2007; Eisenberg et al., 2020; Goldenberg et al., 2019; Gridley et al., 2016; Guss et al., 2019; Heard et al., 2017; Strauss et al., 2017; Temple Newhook et al., 2018). Such lack of understanding on the part of healthcare

professionals can lead to transgender young people and their parents foregoing care (Clark et al., 2017; Goldenberg et al., 2019).

In this article we consider the experiences of transgender young people and their parents in relation to healthcare professionals both inside and outside of paediatric gender clinics in two states in Australia: Victoria and South Australia. There is currently limited research on experiences of Australian gender clinics for young people (aside from Tollit et al., 2019). In Victoria, the *Royal Children's Hospital* provides a comprehensive dedicated gender clinic. In South Australia, a newly named gender clinic exists at the *Women's and Children's Hospital*, offering services specific to transgender young people. Gender services for young people also currently exist in New South Wales, Queensland, and Western Australia. The analysis presented below aims to contribute to the literature by examining some of the more subtle ways in which clinical care may or may not meet be trans affirming, both in gender clinics and broader healthcare services. In other words, the focus of this article is on how the practices of individual clinicians may be shaped by individual, institutional, and ideological factors that may impact on how transgender young people and their parents experience the clinical care they receive.

## **Materials and methods**

This article draws on an Australian pilot study focused on the clinical care experiences of transgender young people and their families. This Australian project is an iteration of a Canadian study led by the third author (Pullen Sansfaçon et al., 2020) that has also been conducted in the UK and in Switzerland (Medico et al., 2020). Ethics approval for the Australian pilot study was granted by the Flinders University Social and Behavioural Research Ethics Committee and the research ethics board of the University

of Montreal.

### ***Reflexivity statement***

We are a team of three cisgender researchers who over the past decade have conducted research, engaged in advocacy, and contributed to the provision of training for healthcare professionals in terms of providing trans affirming care. The first author is an academic who works in the social sciences and education, with a particular focus on research with children and young people about gender. The second author is a psychology academic whose research focuses on the lives of transgender people, and who is a psychotherapist who specialises in working with transgender young people from an affirming approach. The third author is a social work academic whose research focuses on the lives of transgender people, and who is a parent of a transgender young person.

### ***Participants and interviews***

Information regarding the study was distributed to groups for parents of transgender and gender diverse children, asking parents to contact the research team if they and their child were interested in participating. Inclusion criteria for participating were: 1) being a parent/transgender child dyad willing to be interviewed together (young people aged between 11 and 17), 2) living in South Australia or Victoria, and 3) having received clinical services in relation to gender (from a gender clinic and/or elsewhere).

Upon contacting the research team, potential parent participants were provided with two information sheets: one for themselves, and one for their child. Both information sheets outlined the focus of the project, what was being requested of participants, and contacts should they need support following participation. Having read the applicable information sheet, parents and young people signed a consent form and

parents completed a demographic sheet before scheduling an interview. Based on the preferences and location of participants, eight interviews were conducted in person and two interviews were conducted via Skype. The young people in each dyad were provided with a \$25 (Australian dollars) voucher for their time. All interviews were conducted by the first author from May-July 2019. Interviews were transcribed by a professional transcription service and pseudonyms were allocated following transcription.

Young people and their parent(s) were interviewed together due to ethics requirements. Dyadic interviews meant that young people had a supportive adult present during the interview, which may have helped allay some fears about being interviewed by a stranger and also assisted with remembering events. However, having a parent present may also have meant that some young people felt that certain topics could not be broached. From our reading of the interview transcripts, however, and as the findings presented below suggest, young people appeared to speak relatively freely about a variety of topics (including their families), in front of their parents. This occasionally included young people disagreeing with the perspectives of their parents, however such disagreements were not evident in the analysis of specific aspects of the data undertaken for the present article.

Interview questions focused on several key topics: coping and resiliency, experience of coming to the clinic, experiences of puberty blockers and/or hormones (if applicable), fertility preservation, and advice to others. Questions were devised for both young people and parents to ensure all participants could contribute, however, participants were invited to add comments at any time.

### *Analytic approach*

An inductive thematic analysis was undertaken of the data, focusing on mentions of

healthcare professionals. Other areas of the interviews, including experiences of the receipt of puberty blockers or hormones, are the focus of another article (Riggs et al., 2020). The analytic process was informed by Braun and Clarke (2006): 1) becoming familiar with the data, 2) generating codes, 3) identifying themes, 4) reviewing themes, 5) refining specifics of the themes, and 6) selecting extracts that best illustrate the themes identified. The first author identified all responses in the interview transcripts which mentioned healthcare professionals. This included specific questions relating to healthcare professionals (e.g., how participants decided to see a professional about their gender, their experiences with professionals) and all other mentions of healthcare professionals in the transcripts. Having collated the data set, the first author then read these data extracts repeatedly, developing codes across the set. These broad codes were used to develop specific themes. These themes were confirmed by the second and third authors. Indicative extracts from the interviews were selected to illustrate the themes in the analysis below.

## **Results**

### ***Participant demographics***

Ten interviews were conducted in total (five with participants in South Australia and five with participants in Victoria). A total of 21 people participated as one young person was interviewed with two parents. The average age of the young people participating was 14.3 years (ranging from 11-17 years). Of the young people participating, five reported their gender as male, four as female, and one as male and female or non-binary. In terms of current medical care, four young people were in receipt of puberty blockers, two were in receipt of both puberty blockers and hormones, two were in receipt of hormones, and two were not accessing either. The average age of parent

participants was 47.3 years (ranging from 38-53 years). Of the parent participants, nine reported their gender as female, one as male, and one as non-binary. Of the parent participants, eight reported that they were married or partnered, and three reported that they were divorced or separated. A wide diversity of household yearly income was reported by participants, ranging from under \$40,000 to over \$150,000 (Australian dollars). Participants were primarily white.

### ***Differing levels of healthcare professional knowledge and affirmation***

Trans healthcare guidelines advise that healthcare professionals working with transgender young people should be both affirming and knowledgeable (Oliphant et al., 2018; Telfer et al., 2017; World Professional Association for Transgender Health, 2011). For our participants, however, this was not always the case. Differing experiences of professional knowledge and affirmation are reflected in three subthemes: 1) professionals who were affirming and knowledgeable, 2) professionals who were affirming but lacked knowledge, and 3) professionals who were knowledgeable in their area but were not necessarily affirming.

#### ***Professionals who were affirming and knowledgeable***

Several of the participants had experiences with healthcare professionals who were both affirming and knowledgeable, and this was most likely to be the case when attending a paediatric gender clinic. For example, Mariah discussed her experiences with a paediatrician and a psychiatrist at a gender clinic:

They were very positive experiences. They were very professional. I knew that they wanted to help me as quick as possible because the clock was ticking. And they wanted me to feel good, happy, and like my true self. (Mariah, age 17)

Here Mariah indicates that the professionals she engaged with were mindful that delaying treatment can have negative impacts, and that timely access is necessary to ensure the best outcome (Tollit et al., 2019). Similarly, Robyn highlighted her family's positive experiences during their first appointments with a gender clinic:

It was exciting just to be able to openly discuss it with somebody who knew what they were talking about and to be able to openly express our fears as parents and touch on all those questions that had been building for that amount of time. So, it was a breath for us all, a chance to exhale. (Robyn, parent of Nate, age 16)

Parents may often bring with them fears, as Robyn notes. Professionals who adopt an affirming approach can both listen to such fears, and address them by helping to explore the beliefs that may underpin them.

#### *Professionals who were affirming but lacked knowledge*

While it is ideal that healthcare professionals working with transgender young people are both knowledgeable and affirming, professionals may be affirming even when they have not undertaken specific training about working with transgender young people. This was particularly mentioned by participants in terms of general practitioners (GPs). For example, Amanda had seen a GP for treatment for an injury and thought he may be a good GP for her daughter:

Amanda: I actually made an appointment and went back and explained the situation about Ashleigh and said 'could you be her doctor?' And he said 'yes of course'

Interviewer: So was he experienced in seeing trans people or ...

Amanda: No. What I found is that even people who aren't experienced, if they're open to listening and learning, we found that doesn't matter. (parent of Ashleigh, age 15)

We suggest, based on the extract from Amanda, that a willingness to be open is a hallmark of a general approach to professional practice that is mindful of the effects of marginalisation upon individuals.

Kya's mother Johannah also highlighted her family's positive experiences with their GP, which Johannah related to the GP's willingness to learn: 'our GP, we were pretty lucky with her, she didn't know a lot but she's learned with us' (Johannah, parent of Kya, age 17). As others have also found with GPs, transgender young people value open-minded professionals who seek to be helpful and understanding, even if they are inexperienced in the area (Strauss et al., 2017).

*Professionals who were knowledgeable in their area but not necessarily affirming*

In our interviews it was evident that the professionals seen by participants were very knowledgeable in their profession, yet not necessarily knowledgeable or affirming in terms of working with transgender young people specifically. For example, Miles and Jules discussed a psychologist who Miles saw outside of the gender clinic, whom they both viewed as a good psychologist generally, but who did not seem to have knowledge on working with transgender young people:

She was good, but I felt like I was educating her on it which wasn't really my job. She was supposed to be helping me. I wasn't supposed to be helping her, really. [...] I think she was a good psychologist and she knew what she was doing. But at the same time, I don't think she was really educated enough on terms and stuff like that. (Miles, age 13)

This experience of needing to educate healthcare professionals is one that has been well documented in relation to both transgender adults (e.g. Riggs et al., 2014) and transgender young people (e.g., Strauss et al., 2017).

Other participants also noted the difficult balance between being knowledgeable in the general healthcare area and being affirming, including in relation to healthcare professionals they had been referred to for different services outside of paediatric gender clinics:

The guy at [fertility clinic], he was very informed in his area but not very informed, clearly, in the area of gender diverse people. So, if you're going to be seeing a gender diverse person, if you're in fact the person that they're being referred to, then be informed about them. And know that they're not there to see you because you're necessarily their priority. The fertility is not necessarily their priority; it's just part of their process. (Liz, parent of Jasmine, age 13)

In this extract, Liz is clear that the fertility specialist was well informed about the topic of fertility, yet appeared to have less than adequate knowledge about gender diversity (as has also been found in other studies about fertility preservation, e.g. Bartholomaeus & Riggs, 2020). As Liz notes, the impetus is on healthcare professionals to have adequate knowledge when accepting referrals.

### ***Quality of service is dependent on individual healthcare professionals***

From the interviews it was clear that the quality of many services, including at gender clinics, were dependent on the aptitude and commitment of individual healthcare professionals. Reliance upon the trans-affirming knowledge of specific professionals may suggest that, at least to some extent, transgender health is seen as solely the province of specialists, rather than being part of general healthcare. This was evident in two sub-themes: 1) significant variation between services provided by different professionals, and 2) reliance on the goodwill and dedication of individual professionals.

### *Significant variation between professionals*

Participants reported significant variation in their experience of different professionals, even within the same service or the same profession. In terms of gender clinics, participants noted that they experienced differing quality of service when engaging with different professionals in the same role. In some cases, it appeared that families were reliant on the care that individual professionals were comfortable providing, and services were provided at their discretion. For example, Liz discussed her family's experiences of a paediatric endocrinologist who was ready to prescribe puberty blockers when they were needed, in contrast to a paediatrician who was less forthcoming:

They wanted us seeing someone working in what was to become the Gender Clinic. Then we found [paediatrician] completely different. So while [paediatric endocrinologist] was ready to give [blockers] and as soon as it was needed, [paediatrician] had all this red tape, and many papers to read through and sign. A completely different process, which made me realise it wasn't a legal thing, it wasn't even a hospital thing. *It was a doctor-specific requirement.* (emphasis added) (Liz, parent of Jasmine, age 13)

The widest variations in approaches discussed by participants related to GPs and psychologists/counsellors, which may be at least in part attributed to the frequency with which these professionals are sought out by transgender young people and their family outside of gender clinics. For example, Tara highlighted that the first GP they saw had little awareness of other services, whereas the second GP had experience and knowledge:

the second GP that we saw, but they're at another clinic and they're really hard to get to, he was up on it. He'd had two previous [transgender] children because he focused more on children so he knew exactly, whereas the [first] GP that we saw, they were lovely but no idea who to contact, what sort of support services were out there, anything like that. (Tara, parent of Paul, age 13)

These findings are similar to what Gridley and colleagues (2016) refer to as ‘uncoordinated care’, where there are not clear care pathways, and where families may be told by one professional they cannot receive hormones, but another professional is willing to provide them.

*Goodwill and dedication of individual professionals*

Participants also pointed out very positive experiences with particular healthcare professionals, noting their goodwill and dedication. Notably, across the interviews, two professionals working at gender clinics were frequently referred to as going out of their way to be supportive. For example, Marc highlighted the important role a particular paediatrician had played in their lives:

she’s quite a busy person. She sees so many people and she makes the time to have these one on one conversations and show support. Even when she’s not even scheduled to work... she’s actually emailed us and done scripts and all sorts of things. She’s really there for Mariah in every way. (Marc, parent of Mariah, age 17)

It would seem that this particular professional has adopted a deliberately trans affirming approach that involves going out of one’s way to provide support. Other participants discussed how much they liked a particular endocrine nurse who gave puberty blocker injections, including her dedication to the role and the young people she saw:

the endocrine nurse that gives the injections, I think she just kind of put her hand up and said ‘oh, I’ve given Lupron injections [puberty blockers] before’ because some other kids have them for precocious puberty, so she had said ‘oh, I can do that.’ [...] So that was kind of her goodwill, it’s not anything official, you know, it’s someone just saying ‘oh, I can do that injection and I’ve got space for three

kids.' [...] But I mean, I always think what happens if she gets really sick or she feels like she might like a new job? (Amanda, parent of Ashleigh, age 15)

While it is clear that these professionals provided important services to participants, it is potentially problematic that services rely on the goodwill and dedication of a small number of professionals.

### ***Lack of connected services and referral pathways***

As explored in this third theme, participants noted a lack of connected services and referral pathways, which had the potential to impact on their wellbeing. A lack of connected services, where transgender healthcare is treated as an isolated matter, can mean that transgender health is seen solely as a specialist concern, as we suggested in the previous theme. This was evident in two sub-themes: 1) holistic care and complex needs were not addressed sufficiently at gender clinics, and 2) there was a difficulty in finding additional services needed outside of the gender clinic.

### ***Holistic care and complex needs not addressed sufficiently at gender clinics***

Participants discussed needing to seek care outside of gender clinics for two key reasons: additional, more frequent counselling needed for holistic care, and complex needs not being addressed at gender clinics. This, we argue, speaks to broader issues associated with the fact that paediatric clinics consistently face a lack of funding.

Parent participants specifically spoke of the need for further counselling required for their child, for themselves, or for their family as a group. This level of counselling was not available at gender clinics as it was required more frequently and about a broader range of issues:

we realised that's Jasmine needed a bit more in the way of counselling I suppose, and just individual guidance, which the hospital process doesn't really allow for. If

you want to go and chat to someone every few weeks about what's going on, they just don't really have the scope for that, so that's where [psychotherapist] came in. (Liz, parent of Jasmine, age 13)

it would be lovely if we could have [gender clinic psychologist] locally and see her once or twice a week but we can't do that and really when he's in there all they're really doing is checking in that everything's going okay with gender. They can't help with what most kids really need which is anxiety management and all of that stuff and that's what we really need, I think. (Claudia, parent of Thomas, age 11)

Some of the parent participants discussed the difficulties finding services which addressed their children's complex needs. For example, Hunter's child was on the autism spectrum, and found it difficult to find professionals who had experience in both gender and the autism spectrum:

I hunted around and went through all the different mental health services, trying to chase up another psychiatrist who could do the assessment who had the experience in both autism and gender, which was a tricky one. We ended up having our first assessment with a guy who was absolutely damaging and jaded, like a court-ordered assessment. (Hunter, parent of Mitch, age 15)

Due to the lack of available services within a gender clinic, Hunter and Mitch were forced to negotiate with a psychiatrist whose views impacted negatively on them.

### *The difficulty finding affirming services*

Finding informed and affirming healthcare professionals could often be difficult for participants. Parent participants discussed their need to be proactive in finding services, and the significant 'trial and error' required before finding the right services. This often occurred prior to receiving services from a gender clinic, given the often long wait times to access gender clinics. For example, Liz noted that she had to proactively look for services in ways which likely would not occur if her child had needed medical services

for something else:

I was given some information to start off with, but I had to proactively pursue a lot of things myself. I called people. I got referrals. I looked into things. It wasn't given to me along the way as just part of the process. I keep going back to a child with any other type of medical concern gets told, "We'll refer you to this person, and we'll give you this and we'll give this". (Liz, parent of Jasmine, age 13)

Amelie also noted that counselling services in particular did not know about other services available and that more awareness of other services was needed:

I feel like the [counselling services] need to know a lot more about other groups, because I find that a lot of groups and counselling, they only know about the hospital and a couple of other counsellors, and then with supportive groups that just know about themselves. I feel like everyone just needs to know about everyone. (Amelie, age 12)

These views clearly document a need for more connected and integrated services and for effective referrals between affirming healthcare professionals. This has been reflected in other research, where transgender young people and their families found out about other services through 'word of mouth' from their friends and other community members (Corliss et al., 2007). That there is not a more systematic approach to providing affirming transgender healthcare indicates the marginal and precarious position of those who are seeking to secure access to quality care in this domain.

## **Discussion**

This article adds to the existing research by considering interactions with healthcare professionals both inside and outside of gender clinics in order to provide a broader and more complex picture of what healthcare needs and experiences can look like for transgender young people and their parents. Overall, and as expected, transgender

young people and their parents received more informed and affirming care from dedicated gender clinics than from broader healthcare services. Largely positive experiences of care in gender clinics reflects the existing limited number of studies with young people and their families in Australia (Tollit et al., 2019), Canada (Pullen Sansfaçon et al., 2019), and the US (Inwards-Breland et al., 2019). Receiving such care is particularly important for those accessing medical treatment (puberty blockers and hormones). However, as the findings suggest, healthcare professionals can act as facilitators or barriers to treatment, including in paediatric gender clinics.

Further in regard to paediatric gender clinics, participants noted that the services they received within clinics varied between professionals – particularly in terms of some professionals being more conservative in their approach – and participants describing feeling grateful for and reliant on the goodwill and dedication of individual professionals. It was also apparent that professionals at gender clinics were not always in a position to provide the frequency and level of services needed (particularly counselling) or to address the full range of complex needs of some young people. Finally, it appeared that gender clinics rarely provided recommendations for affirming and knowledgeable healthcare professionals and services outside the clinics, and it was usually up to parents to seek out the additional services needed. Specifically, we note that, at least in our sample, the work of negotiating referrals and linked up care was primarily the responsibility of mothers, constituting a specific form of emotional labour (see Riggs et al., 2020). While, as we note below, some parents appreciated the support provided by gender clinics, this does not necessarily mitigate the emotional labour involved.

Transgender young people and their parents described a diversity of experiences with healthcare professionals outside of gender clinics. Interactions with GPs can be

significant for transgender young people and their parents, particularly early on when seeking services and support (e.g. Strauss et al., 2017). In addition, GPs are often relied upon to provide written referrals to other services, such as gender clinics and psychologists. It was clear that experiences with GPs varied, particularly in terms of levels of affirmation and knowledge. Psychologists and counsellors outside of gender clinics can also be particularly important both initially and when more counselling is needed outside of a paediatric gender clinic. However, experiences with psychologists and counsellors outside of gender clinics were also mixed, and for some resulted in potentially damaging experiences.

Overall, the findings we present in this article provide evidence for a number of opportunities for improvement in the provision of trans affirming healthcare, as well as insights regarding the social and structural factors that shape the provision of and engagement of this form of care. The first of these pertains to the effects of cisgenderism in and on healthcare practice. As defined by Ansara and colleagues, cisgenderism refers to ‘the discriminatory ideology that delegitimises people’s own designations of their genders and bodies’ (Ansara & Hegarty, 2013, p. 162).

Cisgenderism can take more overt forms (e.g., pathologising gender diversity, silencing conversations about gender diversity), as well as more subtle forms (e.g., a lack of awareness about gender diversity). When discussing their experiences with dedicated gender clinics, it is unsurprising that it was rare for overt cisgenderism to be mentioned by participants (although, as the findings suggest, overt cisgenderism still occurs outside of paediatric gender clinics). Nonetheless, more subtle forms of cisgenderism were arguably evident, even in the accounts of those who reported satisfaction with their care. This includes examples discussed in which transgender health is seen to be the sole responsibility of specialists and, related to this, when wait lists become greatly extended

due to lack of funding, leading to immense distress among those waiting to gain access to the care they need. This suggests a pressing need for continued advocacy about how cisgenderism as an ideology impacts upon the healthcare experiences of transgender young people and their parents in Australia, even in a context in which the model of care is arguably more affirming and accessible than in much of the rest of the world.

Additionally, it is important to recognise that knowledge is still developing in some areas of trans affirming care, and there is not always definitive medical knowledge that healthcare professionals can rely upon (e.g. Shuster, 2016). For professionals working outside of gender clinics, supports for their work may be less clear and they may need to seek out resources and training themselves. Training is thus a vital component suggested by the present article in terms of both initial training in the context of universities and other tertiary institutions, and continued professional development. Importantly, training on trans affirming healthcare should be provided to *all* healthcare professionals, not just those who specialise in the area, and needs to take into account the specifics of working with young people and their families. Such training needs to be mindful of the effects of cisgenderism – both its overt and more subtle forms – and actively seek to provide education for healthcare professionals as to how they can seek to avoid enacting and reproducing cisgenderism in clinical care. Blakey and Treharne (2019), for example, advocate for the importance of the inclusion of paid transgender community members in the training of healthcare professionals. Importantly, this is not simply to include the lived experience of transgender people, but also to recognise the specific knowledges that transgender people hold about what constitutes trans affirming care, including in recognising, naming and challenging the effects of cisgenderism. Training in this way of conceptualising it goes beyond a question of ‘awareness’, to insist that healthcare institutions have a responsibility and

the opportunity to address the many ways in which their systems are designed on cisgenderist assumptions, and must be rethought at every level if they are to become truly trans affirming in their practice. Healthcare professionals of all genders can be impacted by institutional cisgenderism in their workplaces and professions, impacting on the care they are able to provide.

There are a growing number of resources available to professionals. Along with the World Professional Association for Transgender Health's (2013) *Standards of Care*, there are professional guidelines for working with transgender people and their families, such as the *Australian Standards of Care and Treatment Guidelines: For trans and gender diverse children and adolescents* released by the Royal Children's Hospital in Melbourne (Telfer et al., 2017). In addition, guidelines and resources have been developed for specific healthcare professionals. For example, there are multiple guidelines and resources for psychologists and counsellors (e.g. American Psychological Association, 2015; Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling, 2009; Australian Psychological Society, 2016), and a free module specifically developed for primary healthcare providers, including GPs (McNair, no date). Nonetheless, there is a pressing need for evidence-based practice guidelines for trans affirming care for young people. The present article makes an initial contribution to identifying what does and does not constitute such care.

### ***Limitations***

While this article contributes new knowledge relating to experiences of healthcare professionals amongst transgender young people and their parents, some limitations need to be acknowledged. This article draws on a pilot study with 10 parent/child dyads from two Australian states. In addition, the young people and their parents participated in dyad interviews and had attended gender clinics which suggests relatively high levels

of family support. Finally, interviewing young people and their parent(s) together has possible limitations for what participants were willing to share in the interviews.

However, this approach enabled young people and their parent(s) to build on each other's responses and provided support for participating.

## **Conclusion**

In conclusion, we note that while the findings reported in this article highlight potential limitations to trans affirming care in Australia at present, there were also many examples of positive experiences. Young people appreciated the opportunity to be seen, heard, and affirmed. Participants especially valued healthcare professionals who went out of their way to provide affirming care. In regard to parents in particular, many participants appreciated opportunities to talk through their concerns, and that knowledgeable and affirming healthcare professionals were well placed to address such concerns. Even in cases where professionals were less knowledgeable than might be ideal, the opportunity to 'learn alongside one another' was valued by parents. These findings suggest that while there is still some way to go in terms of the provision of trans affirming care for transgender young people and their parents in Australia, there are many examples that suggest that such care provision is indeed possible. Recognising and transforming the conditions which reproduce cisgenderism in healthcare systems is essential for supporting this work.

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## **Declaration of interest statement**

The authors declare they have no conflict of interest.

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