

# Stronger Voices



Trans Housing,  
Community & Livelihood



Research by:

Grace Desouza  
Kirrin Medcalf  
Lowarn Mills  
Milo Bischof  
Ruth Pearce  
Alon Lischinsky  
Mathew Wilkie  
Vixx Thompson

A Trans Learning Partnership Research Project

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# Foreword

**The Trans Learning Partnership (TLP) involves trans people in all stages of research on trans issues; to ensure research about us does not happen without us.**

This report has two key aims.

First, it reports on an asset-based study of Housing, Community, and Livelihoods for trans people living in England and Scotland.

Secondly, it outlines a participatory action research (CPAR) model that uplifts rather than exploits trans communities.

The report is split into four main sections:

## Methods

Contextualises our findings, and outlines methods so other groups can apply this community-created approach to their own research.

## Housing

Explores trans people's experiences and needs within housing.

## Community Assets

Explores how trans people create and use community as an asset to offset the impact of transphobia within systems like housing.

## Interconnected Assets

Looks at trans livelihoods via the assets of education and employment, and explores how these can inform access to medical transition.

We aim to build an understanding of how housing is experienced by trans people, while also exploring how trans people and our communities create and imagine ideal livelihoods. This work stands in contrast to a deficit-based approach which focuses only on negative outcomes for trans people, such as the lack of good housing<sup>1</sup>. Instead, this report goes beyond simply reporting the problems that trans people experience. We therefore explore what assets trans people create, use, and need to build space for living and belonging, and how trans community assets can inform better approaches to research.



<sup>1</sup> <https://www.researchgate.net/publication/275126972>

## Terminology

In this report, we use the term 'trans' inclusively, as a stand-in for the rich variety of terms our participants used to communicate their gender, genders, or lack of gender. This includes non-binary people, and anyone whose current gender/s or lack of gender is different from the gender they were assumed to be at birth. There is no one single voice for trans communities, and as such, in these reports, we have worked to hold space for multiple trans communities, identities, and experiences.



## Acknowledgements

**This project would not have been possible without the generosity, trust, and dedication of every trans person who contributed.**

Particular thanks go to: **TC Oakes-Monger, Dr Mathew Wilkie, and Jon Blackledge** for designing and conducting the research, and for their original data analysis and write-up; **Dr Ruth Pearce** from the University of Glasgow, **Dr Matthew Carlile, and Dr Alon Lischinsky** for their academic and ethical oversight plus practical support; **Grace Desouza, Lowarn Mills, Milo Bischof, and Kirrin Medcalf** for writing this report and conducting further data analysis; **Jessie Holder and Vixx Thompson** for their work on making the findings accessible to a broader audience; **Dr Dean Connolly** for their consultancy on statistical data analysis, and every research participant and volunteer researcher who took part.

Four organisations came together to support the creation of this initiative: Spectra, Gendered Intelligence, LGBT Foundation, and Mermaids. Without our partner organisations' support, this research would not have been possible.

This *Stronger Voices* project is funded by Trust for London.

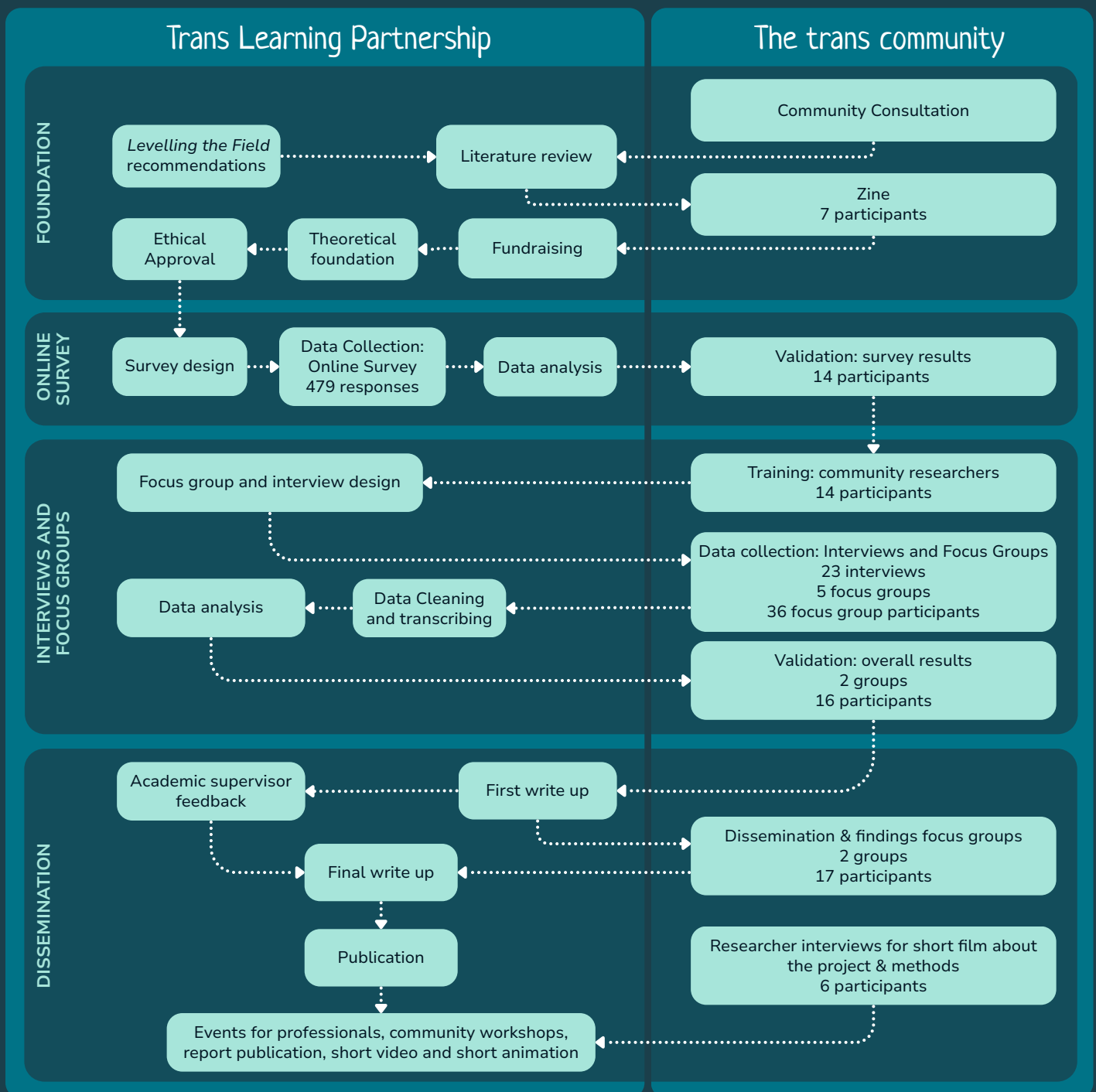
**Joel Robinson**

CEO, Spectra,  
on behalf of the Trans Learning Partnership

# Methods

The **Stronger Voices** study is a collaborative process involving the Trans Learning Partnership (TLP) and trans communities. The methodology was informed by the findings of an earlier TLP project, **Levelling the Field**, which was run by and for trans people of colour. Our approach aims to rebalance unequal power dynamics between researchers and the communities researched.

Through involving research participants at every stage and collapsing the distinction between researcher and those being researched, we ensured that participants were collaborators on this project, with the power to make decisions about the research approach and direction.



## Theoretical Foundation

Before collecting any data, we obtained ethical approval and put together a theoretical framework for the research.

For the research to be ethical, it was essential to assess **potential risks** of the research for participants, and to mitigate these as much as possible. We outlined the project's purpose, a data management plan, and how participants' data would be used. We gained **ethical approval** from the Ethics Committee for the University of Glasgow College of Social Sciences, who provided oversight of our approach and useful feedback. This will also help enable us to publish the results in academic journals in the future.

The original focus of this research was housing. We conducted a **literature review** in 2022 to ensure that this research would fill a genuine gap in the published literature on trans people and housing, rather than merely repeating previous reports. The full literature review is available on our website<sup>2</sup>. The review identified 14 relevant peer-reviewed academic articles and 13 pieces of grey literature (non-academic sources). It concluded that within trans housing, the focus is largely on older people and homelessness, as well as crisis points, rather than looking at all within trans communities. We also identified that the current research focuses on deficits. This approach risks positioning trans people as being without agency<sup>3</sup>.

With the input of community members, we therefore decided to focus on **assets as well as housing** in this research. The word "assets" is often tied to ideas of property and ownership, but we extend our definition beyond these capitalist limitations. We use assets to mean **strengths, gifts, and resources**. Assets are what trans people have created to navigate and resist current systems, and in their place make space for trans people to belong and thrive. Assets are also the wider resources trans people need to be able to navigate current society. In this report, we therefore explore how assets exist for trans people within a range of contexts, including community, education, and employment. Trans people's access to assets impacts how they navigate housing systems, as well as other essential services such as healthcare.

<sup>2</sup><https://www.the-tlp.org.uk/publications/>

<sup>3</sup>There was one publication with the same focus as this report, specific to Wales and published in 2021. However, our research includes England and Scotland.

## Community-Based Participatory Research

We conducted the project using Community-Based Participatory Research (CBPR), a research approach that is non-extractive and led by the community that the research is about<sup>4</sup>. It centres on lived experience as a form of knowledge held by research participants, and invites research participants to shape the research process directly.

The reason for using CBPR as a method is that research into marginalised groups has often been harmful and exploitative. Studies into trans communities is no exception, and trans communities frequently experience 'consultation fatigue' and worry about being involved in research. There have been calls for research on trans people that directly benefits the trans community<sup>5</sup>.

## Approach

### Accessibility

We tried to make our research as accessible as possible to trans communities by:

- Conducting research both online and in person.
- Asking participants about their access needs ahead of events.
- Paying participants and community researchers for their time, providing food and drinks at events, and covering travel costs.
- Captioning at online events.

- Ensuring counselling support was available throughout the research process for participants and community researchers.
- Scheduling breaks every hour, with participants were encouraged to take part in as much or as little as they felt able to.
- Providing information about venues ahead of events, and choosing venues that:
  - Were in a central location with good transport links;
  - Were fully wheelchair accessible;
  - Had lighting and furniture information available in advance;
  - Had accessible, all-gender toilet provision;
  - Had private use of the space;
  - Had a separate quiet room available

### Initial Scoping

Our first consultation involved producing a zine with seven trans community contributors, creatively exploring the theme of housing before the project began. This helped form the basis of the theoretical framework for the research.

<sup>4</sup> <https://journals.sagepub.com/doi/10.1177/1476750318818875>

<sup>5</sup> [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)02806-3](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02806-3)

# Data Collection

## Survey

We developed a UK-wide survey to collect quantitative data on trans people's employment, housing, and assets. The survey was hosted on Jotform and asked questions about:

- Demographic data (age; location; gender; sexuality; ethnicity and race; education and qualifications; faith, religion or spirituality; and immigration status).
- Support networks.
- Health and well-being.
- Caring and parenting responsibilities.
- Work and worklessness.
- Pathways to transition and costs incurred.
- Housing.
- Employment and income.
- The final section of the survey asked respondents whether they would be interested in future research events for this project.

We developed the questions based on existing TLP questionnaires and the 2021 UK Census. We were also informed by community consultations and the literature review. We advertised the survey using a one-page flyer in spaces that would be familiar to potential participants: through TLP partner organisations; contacts with community networks; and in two NHS pilot gender services, TransPlus (based at 56 Dean Street in London), and Merseyside CMAGIC. The survey ran from spring to autumn 2023 and received **479 responses**.

We ran a **validation workshop with 14 trans community members** to discuss the survey results. The workshop aimed to work out the best ways to analyse the data and the priorities of community members, find areas that were most important for community members, and encourage attendees to continue their involvement.

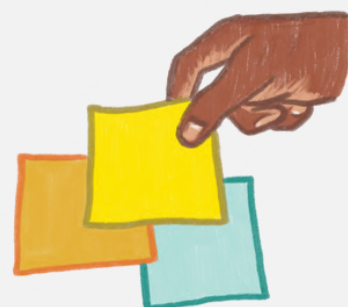
## Community Researchers

The *Stronger Voices* project aimed not just to conduct research, but also to build understanding, skills, and confidence in research methods among trans participants. We invited those who had taken part in the survey to consider training as community researchers. The training was led by Dr Ruth Pearce and was designed specifically for this project. Topics included research ethics, how to conduct research interviews and focus groups, and data analysis methods. Community researchers then worked in partnership with the TLP to create and deliver the qualitative focus groups and interviews.

## Focus Groups

Our community researchers ran focus groups with trans people in Glasgow, London, and Manchester, in late 2023. In total, **16 community researchers led five focus groups and engaged 20 additional research participants**. Each set of activities and discussions were guided by community researchers and supported by an experienced academic facilitator. The community researchers took turns to facilitate, and when not facilitating, participated in the focus groups. This meant that **36 people in total** took part as focus group participants.

The focus groups centred on mapping existing trans community assets. This was done verbally through discussion points, and visually by writing answers on post-it notes and sticking them on a large piece of paper that corresponded to the question being discussed. The closing activity involved the creation of a parallel map of community assets that the group would like to see.



## Illuminate Interviews

Illuminate interviews are a peer-to-peer interview method in which participants conduct interviews with each other<sup>6</sup>. Participants developed their own research questions based on the themes that emerged from the first round of validation workshops. The interviews took place in London during September 2023, with training and data gathering on the same day. Dr Matthew Carlile facilitated the session. **11 people** attended, with **seven** acting as both community researchers and participants, and **four** solely as research participants. **23 interviews** were conducted in total, with each interview lasting around half an hour.

## Analysis

To analyse the results of the survey, we used the data analysis platform Python to analyse answers to our categorical and ordinal questions, divided by demographic groups. We also used the code to test the statistical significance of differences between groups or demography, exposure and outcome.

Transcripts of the focus group discussions and Illuminate Interviews were thematically analysed using a combination of inductive coding (starting with the data and pulling out themes) and deductive coding (starting with themes and uncovering the data that relates to these). Trans community members were trained in inductive and deductive coding. They took part in a workshop where they applied this approach to the qualitative data gathered from the focus groups and Illuminate interviews. Then, we read through all the data to draw out commonalities and thematic narratives.

We shared the findings and thematic groups from this analysis with two further focus groups in April 2025, made up of a mix of community researchers and participants, as well as community members who were new to the project. These groups highlighted findings they felt were important to centre within this report, and advised on how it should be communicated and disseminated.

## Dissemination

This report represents the main output from the research. All statistics about trans people and quotes from trans people within it — if not cited as coming from elsewhere — represent the findings and analysis of the data from our research participants. We are working towards making our data accessible to others so that further analysis can be undertaken.

In addition to this report, we also organised **two events in each city where we ran research events: London, Manchester, and Glasgow**. In each city, one event focused on sharing the findings with relevant public and voluntary sector organisations and institutions. The other event focused on sharing the methodology with trans communities and creating space for trans communities to reflect on the findings and approach. We also created a short video exploring the experience of undertaking this type of methodology with the trans people who took part, and a short animation sharing the findings. Through communicating via a variety of mediums, we aimed to make our approach to research and the research findings accessible to a diverse audience.

<sup>6</sup> <https://www.tandfonline.com/doi/abs/10.1080/14681366.2012.712053>

# Housing

## Key Findings



Transition can complicate the process of sourcing **references and identity checks** for trans people who may not be out to previous landlords, or have legally changed their details.

Transition and **disclosure** of trans status risked participants' access to housing and safety.



In turn, lack of access to reliable, affordable and safe **housing directly impacts access to transition-related healthcare.**

Whilst family and partners can be a source of safety for housing, this is not universally the case. For many, **living at home can affect their transition** or ongoing stable access to housing.



More **trans people of colour** have experienced unstable housing, such as labour for rent or homelessness, compared to white trans people.

# 10%

OF **TRANS PEOPLE** HAVE EXPERIENCED

**DISCRIMINATION,  
HARASSMENT OR OTHER  
FORMS OF HARM**

WHEN TRYING TO RENT OR BUY,  
DUE TO THEIR TRANS STATUS

# Housing

## Key Findings

**20%**

**OF TRANS RESPONDENTS  
OWN THEIR OWN HOME**

**52%**

**ARE RENTING**

**15%**

**ARE LIVING WITH FAMILY**

**5% ARE IN STUDENT ACCOMODATION**

**3%**

**ARE IN COUNCIL  
HOUSING**

**1%**

**ARE SOFA-SURFING, WHICH IS A  
FORM OF HOMELESSNESS**

10

BY CONTRAST,

**64%**

**OF UK ADULTS IN THE  
GENERAL POPULATION<sup>7</sup>  
OWN A PROPERTY**

In our survey and focus groups, we spoke to trans people about their experiences with housing. The trans people we talked to told us they are experiencing issues with administration and disclosure, financial barriers, plus fear and discrimination in all forms of housing.

Despite these challenges, **76% of trans people say they like where they live, and 87% say that they feel safe in their accommodation.** Hopes for a better future and the asset of 'community' continue to embolden trans people whilst navigating difficult housing situations.

<sup>7</sup> <https://www.uswitch.com/mortgages/home-ownership-statistics/>

## References

Some trans people are **outed by their references** to potential new landlords, as the reference uses a different name and pronouns from their current identity. Other trans people are **denied positive references** due to transphobia from previous landlords. Providing reference checks and having guarantors is a barrier to rented housing for people who have recently moved to the UK, have unstable employment, or a low income. In these contexts, access to references or guarantors deemed valid by landlords and letting agents is limited due to differences in: language on documents, housing norms, and generational wealth.

“[I] started lodging with someone who liked to think of themselves as accepting but wasn't. [I] had difficulty getting through referencing for the place afterwards...”

“When I first moved to the UK, I couldn't get a proper flat for the first 1.5 years or so because landlords would demand "references" which I couldn't have, by definition of having just moved [...] and not having to rent in my home country.”

## Identification Documents

The **requirement to present identification (ID)** documents provides a similar barrier to references. ID with a trans person's previous name or gender will out them to the potential landlord, increasing the renter's anxiety and risk of experiencing discrimination. This was also true for those purchasing housing and engaging with solicitors and estate agents. To navigate these situations, trans people feel forced to choose between incurring additional expenses by updating their ID, or presenting as their sex assigned at birth on paper when engaging with letting agents and landlords.

The most common reason behind not updating ID documents is **financial**. Whilst it is free to change your name on a driver's license<sup>8</sup>, and a Gender Recognition Certificate costs £5, there are other financial and resource costs to consider, which one participant describes as a “trans tax”.



<sup>8</sup> <https://www.gov.uk/driving-licence-fees>

At the time of writing this report:

- The letter confirming a gender dysphoria diagnosis, which can help to change gender on official ID, can cost up to £50<sup>9</sup>.
- There are significant costs associated with gaining a diagnosis privately, with first appointments costing £250-£500<sup>10</sup>, and a diagnosis is not guaranteed at the first appointment.
- A new passport costs £94.50<sup>11</sup>.
- The process for obtaining a Gender Recognition Certificate has been criticised for being bureaucratic, time-consuming, and invasive of applicants' privacy<sup>12</sup>.

As such, **24% of trans people say they are not able** to change their ID documents because of the prohibitive costs and practical barriers. This leaves many trans people to choose between the option of appearing as their sex assigned at birth to access housing, or being outed by the difference between their documentation and presentation.

**“It was a fight to get all mortgage documents and land registry stuff in my current name when my last house was purchased in my dead name. A lot of paperwork and solicitors appointments were needed.”**

Fear is a key motivation for trans people to not disclose their trans status. Discrimination from landlords, letting agents, or estate agents can result in losing access to housing, and consequently, access to healthcare and other support networks. Some trans people also fear repercussions from those they live with, worrying about their potential safety if they were to be openly trans in their own home. Among those who live in rented accommodation, some report that they are greeted with inclusion and acceptance. Yet, those with positive experiences often frame them as unusual or lucky, indicating that discrimination is perceived as expected and common.

**“My situation was unusual, in that I came out to my landlady and she was actually wonderfully supportive. We've since become friends, and regularly meet up for coffee!”**

Issues with post-transition ID documents are also present when accessing state housing, with the additional pressure of aligning the required paperwork compounding the issue of needing immediate housing support. Similar to renting, trans people fear discrimination or low-quality housing support because of their trans status.



<sup>9</sup> <https://www.ukdeedpolloffice.org/can-you-legally-change-your-gender-in-the-uk/>

<sup>10</sup> <https://transactual.org.uk/medical-transition/private-care>

<sup>11</sup> <https://www.gov.uk/changing-passport-information>

<sup>12</sup> <https://www.gov.uk/government/publications/response-to-the-gender-recognition-act-2004-consultation/gender-recognition-act-analysis-of-consultation-results>

## Medical Transition

Transition affects trans people's access to housing, but the reverse is also true. The cost, location and length of a housing agreement impacts a trans person's ability to find supportive healthcare providers and fund their medical transition.

Trans people spend more of their income on housing compared to the rest of the UK population. The average **housing costs for trans people in 2023 was £857 per month, which equals 45% of their average monthly salary.** This figure is 10% higher than the average income spent on housing for the UK population in the same year<sup>13</sup>. This could be because **1 in 5 trans people are living alone** and paying for all housing costs themselves, or that 79% of trans people are either privately renting, living in co-ops or council accommodation, paying to live with family, or paying a mortgage — rather than owning their homes outright, or living with family at no cost.

50% of the trans people we spoke to say that their housing costs make it harder for them to afford transition-related care. Trans people may choose to access transition-related healthcare privately because of barriers to NHS healthcare, including long waiting times to access NHS Gender Dysphoria Clinics.

**“By the time I saw the gender clinic after being on the waiting list for YEARS, it was then several more years of having a single 1 hour appointment a year, before any hormone treatment.”**

**“[I] Am under private care in the London transgender clinic but also on the waiting list for the NHS London clinic”**

**Private healthcare** inevitably presents a financial burden, which causes some individuals to choose between healthcare and housing. Some choose to forgo safe housing options to afford healthcare, while others prioritise access to housing over timely medical transition.

**“My rent is so expensive that I cannot afford to go privately for my transition.”**

The **location of a home** has an impact on access to healthcare, which is often referred to as a postcode lottery. For trans people, the geographic inequity of healthcare also affects their access to medical transition as well as other healthcare. Once a trans person has found a GP practice which can cater to their needs, moving out of this catchment area is a worry because they could lose access to their healthcare. For others who live within areas where there are no trans-inclusive GPs, they have to find GPs who would accept both an out-of-area registration and provide trans-inclusive healthcare.

**“I had to switch GP away from a local one to find a trans friendly practice.”**

**Short-term rentals** and frequent changes of address also present a barrier and additional workload to accessing transition-related healthcare. An example of this saw research participants needing to update their Gender Clinic with each move, as a missed letter could result in going to **the back of multi-year waitlists** or having to reschedule appointments, causing multi-month delays.

<sup>13</sup> <https://www.ons.gov.uk/peoplepopulationandcommunity/housing/bulletins/privaterentalaffordabilityengland/2023>

## Family

Living in a family home is not always straightforward for trans people. In this section, we use family to mean family into which people were born, adopted, blended, or married. It is different to “chosen family” which was a term research participants use to describe a kinship network that exists outside of cisgender normativity and often lacks state recognition.

**Family can be supportive emotionally and financially**, giving more security overall to a trans person to continue their transition:

“As I live with my parents and am not paying rent, this has allowed me to be able to afford private HRT and take other transition steps without worrying about accommodation. This is likely one of the biggest reasons I have been able to transition at all.”



Trans people also report a **profound negative impact** from unsupportive or transphobic family members, with some being forced to leave their family homes due to their trans status. Lack of support from family creates a need for alternative support networks to fall back on in times of difficulty. Trans people report turning to chosen family, partners, and the wider trans or queer community for housing advice, support and provision.

“Unfortunately, I am estranged from my family, but my partner's family has been nothing but accepting. They've helped me emotionally, financially and gave me a place to stay when I didn't have anywhere.”

Whilst these support networks do help trans people access housing, a **lack of legal recognition** for chosen family and other kinship arrangements can lead to **eviction or homelessness** if a relationship were to end.

“My partner is soon to be ex-partner and is moving out soon and so I am scared this will trigger my eviction.”

## Instability

# 31%

OF SURVEY RESPONDENTS WERE

## WORRIED ABOUT EVICTION OR LOSING THEIR HOUSING

THIS IS THREE TIMES THE NATIONAL  
AVERAGE<sup>14</sup> FOR THE SAME YEAR.

# 26%

OF SURVEY RESPONDENTS  
HAD ALREADY

## EXPERIENCED HOMELESSNESS

This aligns with previous research indicating that a quarter of trans people in the UK have been homeless<sup>15</sup>. Homelessness takes many forms beyond sleeping outdoors. Other forms of homelessness trans people described to us include **couch-surfing, travelling or living in vehicles, and exchanging services for shelter** via interpersonal arrangements.

“Queer communities provide for ourselves but there is no systematic provision.”

**Social or council housing** was not mentioned as a supportive solution by any trans participant in this research. Some barriers to accessing state housing are not specific to trans identity: for example, it is hard to find correct information on how to access state housing options or personal housing rights, housing policy, contracts use inaccessible legal language, and there are few adjustments available for neurodiverse people. For trans people there are the added difficulties of deciding whether to disclose their trans status and providing identity documents that match their gender. Some trans people feel strongly that when accessing housing support they are “the least powerful person in the room”. For **trans people of colour**, racialisation, in addition to trans identity, can lead to people not being listened to or cared for.



<sup>14</sup> <https://www.ons.gov.uk/peoplepopulationandcommunity/housing/bulletins/private rental affordability england/2023>

<sup>15</sup> <https://www.stonewall.org.uk/resources/lgbt-britain-trans-report-2018>

BASED ON OUR DATA,  
WE ESTIMATE THAT IN 2023

**7%**  
OF  
**TRANS  
PEOPLE**

EXPERIENCED

**LABOUR  
FOR RENT  
ARRANGEMENTS,**

THIS INCLUDED TRANS PEOPLE PROVIDING  
DOMESTIC LABOUR, MANUAL LABOUR, AND/  
OR SEX IN EXCHANGE FOR SHELTER.

**PRECARITY WITHIN  
THE TRANS POPULATION  
IS NOT DISTRIBUTED EQUALLY.**

AFTER ERROR AND SIGNIFICANCE TESTING,  
THERE IS STRONG EVIDENCE THAT

**BLACK TRANS PEOPLE**

HAVE A HIGHER PROPORTION OF

**HOUSING  
PRECARITY**

COMPARED TO OTHER TRANS PEOPLE  
OF COLOUR AND WHITE TRANS PEOPLE.

**71%**

OF **BLACK TRANS PEOPLE** HAVE

**EXPERIENCED  
HOMELESSNESS**

WHICH IS MORE THAN **DOUBLE** THE  
PREVALENCE OF ALL OTHER ETHNIC  
GROUPS COMBINED.

**BLACK TRANS PEOPLE**

HAVE A

**24%  
HIGHER**

PROPORTION OF

**LABOUR FOR RENT  
ARRANGEMENTS**

COMPARED TO OTHER ETHNIC GROUPS.

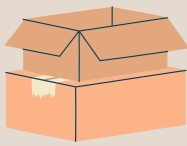
THESE FIGURES ARE BASED ON ROBUST  
DATA BUT A SMALLER SAMPLE SIZE.

**We recommend future trans  
research specifically into the  
housing wellbeing of  
Black trans people.**

## Refugees & Asylum Seekers

Refugee residency and asylum status is linked to unstable housing within the trans population. **10% of our survey cohort have experience of the immigration system** in the UK as a refugee and/or asylum seeker.

**Experiences in Home Office accommodations are commonly traumatic.** These include detention, threats of deportation, and being sent to new houses in another city with no notice. These issues are described by one trans asylum seeker as a "wheel of worry".



SUDDEN CHANGES IN THE  
**LOCATION OF ACCOMMODATION**  
 AFFECT A TRANS PERSON'S  
 ABILITY TO RECEIVE  
**CONTINUOUS GENDER  
 AFFIRMING CARE**  
 FROM THEIR GP AND  
**RESTARTS THEIR EFFORTS**  
 TO CREATE MEANINGFUL  
**LOCAL COMMUNITY  
 NETWORKS**

Some trans people in Home Office accommodation experienced transphobia such as abusive language within their temporary home from other residents with whom they had to share communal facilities, such as bathrooms. For these individuals, the fear of not passing in the communal home is associated with the risk of discrimination and violence if inadvertently outed.

### Case Study

One individual who had been through the asylum system shared that operational transience and housing upheaval had given them lifelong anxiety, mental ill-health, and feelings of always being on edge. They reported that they do not trust that good situations will stay good, and that they have a general feeling of foreboding about life. They linked these feelings to having to sign in for housing every Wednesday, and their solicitor warning them on countless occasions to pack an overnight bag and have it nearby. They were in and out of detention frequently. Each Thursday they felt a little better, but by Saturday they were worrying about the next Wednesday again.

In contrast, some interview participants highlighted that their gender could provide them with bargaining power within the asylum system. By this they meant that, although there was not adequate support for them within the Home Office accommodation or indeed national policy, they felt **emboldened by their trans status** and stronger for it.

## Fear & Safety

Trans people report that not having their housing needs met negatively impacts their mental health, causing them to feel unsafe, uncomfortable and suffocated. Having **insufficient bathrooms** specifically was mentioned in our interviews as a cause of unsafety and discomfort due to their trans status. Two disabled interviewees shared with us that they were living in housing conditions that were dangerous due to unmet **accessibility needs**.

FEELINGS OF SAFETY FOR TRANS PEOPLE OF COLOUR ARE CONSISTENT WITH THE UNSTABLE NATURE OF THEIR HOUSING:

COMPARED TO WHITE TRANS PEOPLE,

**11% FEWER  
TRANS PEOPLE  
OF COLOUR**

FEEL SAFE IN THEIR HOUSING.

**10%**

OF **TRANS PEOPLE** HAVE EXPERIENCED

**DISCRIMINATION,  
HARASSMENT OR  
OTHER FORMS  
OF HARM**

WHEN TRYING TO RENT OR BUY,  
DUE TO THEIR TRANS STATUS

## HARASSMENT

WHEN FINDING A PLACE TO LIVE IS

**8%  
HIGHER**

FOR

**TRANS WOMEN AND  
TRANSFEMININE  
FOLKS**

COMPARED TO ANY OTHER GENDER.

THE ELEVATED LEVEL OF DISCRIMINATION FOR TRANS WOMEN AND TRANSFEMININE PEOPLE ALSO AFFECTS THEIR ABILITY TO TRANSITION.

**10% MORE  
TRANS WOMEN  
AND TRANSFEMININE  
PEOPLE**

SAY THAT THEIR CURRENT HOUSING SITUATION IS MAKING IT

**HARDER FOR THEM TO  
TRANSITION**

COMPARED TO TRANS MEN AND TRANSMASCULINE PEOPLE.

“I have a neighbour who has threatened my life. His anger towards me has grown since he found out I am trans. I’m trying desperately to move but I’m scared to disclose my identity to landlords or potential housemates in case I’m denied tenancy because of it.”

“I have not attempted to transition until housing was secure and safe.”

While 90% of trans people said that they hadn’t experienced direct discrimination when seeking housing in the past, the grounded **fear of future discrimination** results in anxiety and caution. To navigate these concerns, trans people report: changing the presentation of their gender and/or sexuality; presenting as their sex assigned at birth to people in positions of power; not disclosing their trans status; delaying aspects of their transition; moving to new areas; and actively seeking trans or LGBT+ housing setups.

“I’m worried my elderly landlady won’t understand / will be discriminatory if I change my name and title.”

**15%**  
 OF TRANS PEOPLE WE SPOKE TO  
**HAVE NOT DISCLOSED THEIR TRANS STATUS**  
 WHEN IT COMES TO HOUSING, AND  
**ALL OUR INTERVIEWEES**  
 REPORTED AT LEAST ONE OCCASION WHERE THEY  
**HAD HIDDEN THEIR TRANS STATUS FROM SOMEONE**  
 TO GAIN ACCESS TO HOUSING.

As such, the **fear of discrimination** in housing had similar impacts on trans people’s approach to housing as **lived experience of discrimination** did.

# Community Assets

The focus on assets alongside housing in this report originated from our initial scoping on what trans communities desire and deserve from research. Participants in these focus groups felt that a weakness of other research was that it too often **focused just on describing trans people's negative experiences**. Such research does not acknowledge the strengths present in trans communities, including collective responses to problems in contexts such as the housing system.

Our research participants identified community itself as a crucial asset for standing up to transphobia within the systems they were navigating. They also emphasised the importance of **community** for cultivating self-sufficiency and joy.

“I rerouted the course of my life to meet other trans people in person and that social group saved my life. That in-person trans group [led] me to online trans groups who have advised me with every aspect of my transition. I am very lucky to also now have supportive cis family and friends. But it is unfailingly the trans people of the world who have been and are always there for me.”

## Key Findings

**Trans communities thrive** through providing trans people with the connection, care, information, and resources they need to survive a hostile wider culture.

Trans communities offer **a lifeline** for successfully navigating life as a trans person, with many finding deep personal meaning through giving back to the communities that helped them.

However, rural and disabled research participants, as well as trans service providers, highlighted **access barriers** to engaging meaningfully with community activities and benefits.

Trans people **deserve support outside of their immediate community**.

The same community asset that supports trans people to thrive can threaten their sustainable wellbeing. Burnout and precarity is possible when relying on a singular mode of support so heavily.

## Accessing Community

**“I would not be alive if not for the support and love they've shown me.”**

**FOR MOST TRANS PEOPLE, THEIR COMMUNITY SUPPORT NETWORK IS A KEY ASSET.**

OVERALL,

**86%  
OF TRANS  
PEOPLE**

**SAY THAT THEY HAVE  
A SUPPORT NETWORK.**

THIS FIGURE IS LOWER FOR ACCESS TO OTHER ASSETS AMONGST TRANS PEOPLE;

**41%  
OF TRANS  
PEOPLE**

**ARE IN FULL-TIME EMPLOYMENT,**

AND

**20%  
OF TRANS  
PEOPLE  
OWN THEIR OWN HOME.**

**Trans people access community through a variety of formats, including:**

**Close interpersonal relationships:**

romantic and sexual partner/s; t4t (trans for trans) relationships; found or chosen family; close family and wider kin; and children.

**Structured groups or events** that unite around an identity, issue or interest, such as: social networks or support groups; digital platforms and forums; Prides.

**Institutions and organisations**

such as: workplaces; educational institutions; charities and organisations providing trans support and services.

**Professionals** such as therapists or support workers.

**Role models** and influencers.

From this, it can be seen that for trans people, community can take many different forms, and is accessed through a wide range of formal and informal channels.

In the remainder of this chapter, we focus on trans people's access to **trans-specific communities**, and what we have learned about trans community assets.

**85%**  
**OF TRANS**  
**PEOPLE**  
HAVE **OTHER TRANS OR NON-**  
**BINARY PEOPLE** IN THEIR  
SUPPORT NETWORK.

The most frequent route for daily access to specifically trans communities is the internet. **51% of trans people interact with other trans people online every day**, while only 16% spend daily in-person time with trans people. In their lives more generally, 91% of trans people connect with trans community online, while with 88% of trans people spending at least some time together with other trans people in person.

## Community as an Asset

**“I also think like the cool thing about assets is we don't all need to have like all of them individually. It's about what we've got as community and like if each of us is able to bring a little bit of it. Together, they're much, much stronger.”**

## Restorative Activities

Research participants reported that communities are restorative for trans people. Restoration was seen to arise out of a variety of avenues, including:

**The interpersonal**, such as: emotional support, affirmation, space to be oneself, confidence building.

**The collective**, such as: space for group consciousness, representation, and shared responsibility.

**Creative and physically engaging spaces**, including: queer sports, yoga, burlesque groups, spaces based around art, music or hobbies.

**Place-based activities and interactions**, such as within a neighbourhood or other shared location.

**Facilitated** community groups or support groups.

Trans communities offer many diverse ways of living. Trans people therefore find it affirming to share a tailored space with others who share similar experiences and values, even if an activity is primarily physical and not conversation-based. Access to these spaces and environments nurtures essential confidence and resilience.

“Having a support network has pushed me towards having a healthier relationship with both myself, as well as those around me. I actually feel comfortable in my skin, and don't have to avoid looking in the mirror. I also have had the opportunity to meet other trans people who have had the same experience as me; which has helped me feel so much safer with who I'm with.”

## Emotional Support

Trans communities were a source of emotional support for two-thirds of survey respondents, and a social connection for one-third.

“Emotional support is a big asset in itself.”

For many trans people, emotional support is *the* main function of their community. 76% of trans people were living with depression and anxiety, which is more than three times the general UK population<sup>16</sup>. The support and **open conversation** provided by communities is therefore not just about being trans, but also about navigating general well-being, in addition to healthcare, housing or immigration processes.

## Information Sharing

Trans communities are alive with resource-sharing and creative activities intended to **dismantle access barriers**. In this way, community assets provide support for individual decision-making. Trans communities are spaces where information that isn't easily available elsewhere is shared, linking between different community groups to create a network of resources, information, and opportunities for gathering. 27% of trans people say that they use their support networks to help them understand how the NHS gender clinic system works, showing a lack of information to be a barrier to navigating NHS gender clinics that trans communities are an asset to overcoming.

“About 85% of my close friends are also trans, so it is exceptionally easy to find someone who gets it or who knows how to access a given resource regarding medical/social transition, or who knows what protests are coming, what developments in law are coming, etc.”

There are a wide range of different approaches used to facilitate information sharing, including: learning from elders (both in age and stage of transition); culture and art; influencers, and group-based skill sharing. Research produced by trans and LGBT+ organisations and service providers is also used within trans communities to organise and share knowledge.



<sup>16</sup> <https://www.ons.gov.uk/peoplepopulationandcommunity/housing/bulletins/privaterentalaffordabilityengland/2023>

Having a community support network measurably changes access to transition. Trans people who reported being involved in a community support network had a **22% higher prevalence of access to transition support** than those without.

TRANS PEOPLE WANT TO BE INFORMED ABOUT  
**THEIR OWN HEALTH NEEDS, REQUIREMENTS AND GENERAL BASIC RIGHTS**  
 — WITH THAT INFORMATION FREQUENTLY COMING  
**FROM OTHER TRANS PEOPLE**  
 RATHER THAN MORE FORMALISED SERVICES.

### Practical Access

Trans people use community for practical and financial support when navigating barriers such as transphobia within services or inaccessible support structures. Practical support and advocacy within trans communities includes support to gain healthcare access, especially after experiences of discrimination.

**“I would have abandoned transition if it wasn't for my support network of trans friends who were able to point out where I'd been given incorrect information. They were able to direct me to another GP who was more experienced with referrals to restart the process.”**

As well as providing support to navigate these systems, communities also directly provide services that they felt national systems should provide, such as mental health care, prescription replacement, supplying medicine, or covering the cost of private healthcare while waiting to access NHS care.

**“One of the [HRT] patches fell off and I was like shit I hadn't realised and then I was feeling like really dysphoric on the train to London. [Then,] I was like, oh, wait, you're going to Trans Pride like... [laughter] I said to my friends: hey guys anyone got some oestrogen? and there was like five bottles of oestrogen! I was like okay nice! [more laughter]”**

### Safety

Community helps trans people feel safe at home. Acceptance is essential for feeling physically and emotionally safe, particularly in a house, flat, or neighbourhood. Examples of safety at home shared by participants included: living with friends or pets; being able to easily access a queer area; or feeling reassured by the presence of people from another community they align with — such those based around a specific ethnicity.

Previous experiences of precarity such as homelessness, family estrangement, and within the immigration system affect trans people not only in terms of their current feeling of safety but can also elevate fears of future instability. We explored some of these experiences in the Housing chapter. Living within a known queer community area or accessing accommodation already used by queer or trans community members can alleviate some of this daily stress.

## Barriers to Community

While trans communities are essential for many, they do not necessarily provide for all. There remains a need to advocate for improved general services, and more diverse sources of support.

**“I would be completely lost without my support network but I also feel like the reason my network is so robust is due in a large part to the ways I benefit from structural privilege.”**

Trans communities often have barriers to in-person participation, especially for disabled people and those living in rural areas. Some community venues are not physically accessible, while others are overwhelming to neurodivergent folks. Meanwhile, some trans people simply live too far from in-person events to attend them.

**1 IN 4**

RESPONDENTS LIVING **RURALLY**

**DO NOT HAVE OTHER TRANS PEOPLE AS PART OF THEIR SUPPORT NETWORK.**

THIS COMPARES TO

**1 IN 5**

TRANS PEOPLE IN **SUBURBAN AREAS,**

AND

**1 IN 10**

OF TRANS PEOPLE LIVING IN **URBAN AREAS**

**WHO DO NOT HAVE OTHER TRANS PEOPLE WITHIN THEIR SUPPORT NETWORKS.**

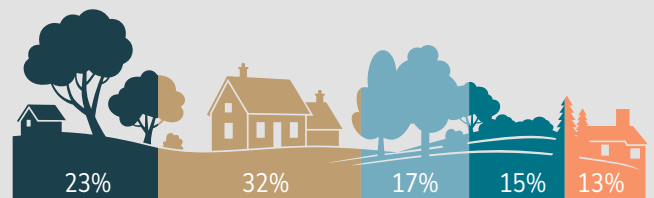
Conversely, 69% of respondents living in urban areas were able to spend in-person time with other trans people at least a few times a month, compared to 51% of those living in suburban areas and 45% of those living rurally.

In-person events are a key part of engaging with trans community. With these disparities in mind, it is clear that not all trans people can access community equally.

### How often are you able to spend time with/interact with other members of trans communities face-to-face?

- Never
- A few times a year
- A few times a month
- A few times a week
- Every day

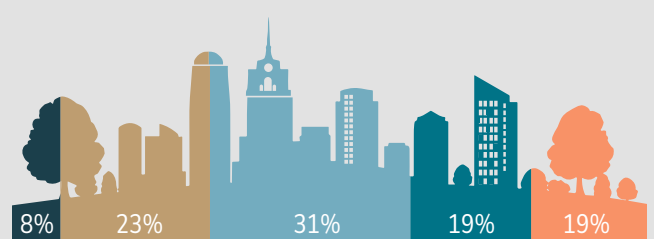
#### Rural



#### Suburban



#### Urban



“I am unable to meet any trans people in person due to the fact I don't live in any of the ‘main’ cities. There is an LGBT centre in Leicester but it's over an hour away on bus and [they] only hold adult trans social meets once or twice a month. I feel incredibly isolated and I am afraid that this is how it's always going to be.”

Online communities are accessed 16% more often than in-person trans groups; they are more accessible for many, removing the issues of travel or venue amenities. However, online content is not always usable, with participants reporting concerns about surveillance or doxxing by people motivated by transphobia. Another disadvantage of online content and communities is that incorrect or biased information can be easy to access, and often misrepresented as the voice of the whole community. In some cases, online trans spaces may be detrimental to wellbeing, becoming a barrier to accessing regular support.

“I don't feel online communities are as supportive as they could be and therefore I stay away from them. They are often filled with people who feel alone and are in pain and project their frustrations at me. I have more negative experiences online than in person”

Some trans people are also isolated from in-person communities due to **responsibilities in their lives**, such as parenthood, issues with scheduling, and cultural expectations of a group. Furthermore, **racism**, ableism and other prejudices that exist within wider society were also replicated within trans communities. This can result in community groups becoming sites of harm rather than support:

“Being very fat in addition to being Black, disabled and old means it's impossible for me to find any inclusive trans and nonbinary community. So much emphasis is placed on youth, thinness, muscle and whiteness in trans communities.”

Trans people also reported finding that the community groups they had accessed both online, and in person, were often **unrepresentative** of wider diversity and consisted of a narrow range of demographics. This presented a barrier, as people felt isolated or as if they did not belong, even if there was no discrimination based on those characteristics. **Age** was the demographic most mentioned in these scenarios:

“Discussions weren't reflective of me. I struggled to make connections I think as an older non-binary person”

Given the significant benefits of community assets, as outlined above, these access barriers pose a **sincere challenge to equity** across the trans population.

## Under Strain

Trans communities are filling the gaps left by state and voluntary sector failings. People turn to trans communities for support with housing, finances, hormone access and sharing, bereavement, disability, navigating difficult relationships, and signposting within crisis.

Community is therefore an essential asset for trans people's general wellbeing. However, trans communities are also overstretched; **the sustainability of peer support is at risk from burnout.**

**“[supporting other trans people] made me feel more connected to the trans community than I ever had before, but also gave me severe burnout due to hyper-empathy, second-hand trauma and the stress of effectively being an untrained mental health first-aider on call for around 9 hours a day nearly every day for at least half a year.**”

**I helped a lot of people stay alive and I'm proud of that, but it makes me so angry that most of the support services in the UK had failed them previously due to lack of trans-specific understanding and knowledge.**

**If they hadn't been burned by those services before, my attempts to refer them to those services might have actually succeeded even once.”**



Those providing resources in trans communities are often in need of support themselves. Whilst a mutually beneficial cycle of support within a community is an ideal goal, it is difficult in practice without a foundation of wellbeing and assets to start from.

**“There is huge pressure for community organisers to appear to have all the answers.**”

**Yet even now as an ‘expert’, I still experience significant difficulty in accessing care; having others to chaperone or advocate for me is the only thing that has stopped me from being denied transition support multiple times from organisations that think they offer high-quality care.”**

Therefore, while community is important as an asset for trans people's survival, external support structures should play a role to prevent burnout and reduce access barriers. In other parts of this report, we detail how trans people face measurably worse living conditions and fewer financial assets compared to the general population. **43% of trans people we surveyed** describe professionals such as counsellors, support workers, medical professionals, or teachers as part of their support network; this is **less than half the number** of folks who reported being supported by friends.

In this context, radical mutual aid is a means of survival. It is not always a sustainable model for collective wellbeing and does not fully counteract the measurable inequality and vulnerability trans people experience within wider society.

# Interconnected Assets: Education, Employment & Healthcare

Understanding the assets trans people create, use, and need, helps build a more nuanced and holistic picture of the foundations for trans people's dreams, hopes and desires for their lives. Through understanding these key assets, and scoping the ability to access them, it is possible to see how systems interlink with one another. As such, assets can help tell us not only what trans communities want from their housing and wider lives and what they need to achieve this, but also how systems form as access to one asset can shape access to others.

The focus groups explored which assets are of the most value to the participants, why they are of value, and how these assets are utilised. In addition to community and housing, the participants saw education, employment, and healthcare as key assets for trans people.

“**[Assets are] all the information, skills, knowledge, networks, and power our communities have; what trans and non-binary communities are good at; and access to healthcare, social support, social networks and community support networks.**”

## Key Findings

The median **annual salary** for trans people is **only two-thirds** of the salary for the UK population in the same year.

At the same time, trans people we spoke to in this research had also completed **more higher education** than most of the general population.

Trans people face a **high risk of discrimination** in education and employment, and a pervasive sense of fear.

**Self-advocacy, support and adjustments** in education and employment settings are important in shaping whether trans people have positive or negative experiences

The cost of transitioning is high. Paired with a low income, the **strain of balancing finances** for some trans people is an every-month negotiation.

## Education

### Education and Income

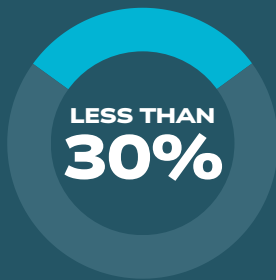
Education is a key asset for accessing financial stability. In general, trans people with higher levels of educational qualifications report higher salaries and stability in employment.

#### FULL-TIME SALARIED EMPLOYMENT

OF TRANS PEOPLE WITH

MASTER'S OR PHD

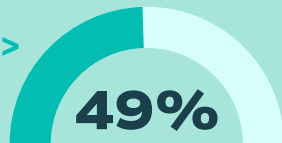
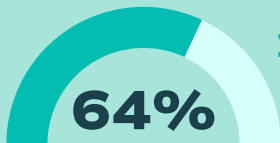
GCSES OR EQUIVALENT



#### BACHELOR'S DEGREE OR HIGHER

OUR SURVEY SAMPLE

NATIONAL AVERAGE IN THE UK<sup>17</sup>



15% >

“I put my degree because I think that's an asset. It's gonna get me places, like a door opener.”

#### PEOPLE AGED 25–34 WITH A MASTER'S DEGREE

OUR SURVEY SAMPLE

NATIONAL AVERAGE IN THE UK<sup>18</sup>



6% >

A similar finding was reported in a 2007 survey of over 800 trans people, suggesting that trans folk have remained more likely to access higher education over time<sup>19</sup>.

Given the high average educational attainment of trans people, wider social trends regarding social mobility<sup>20</sup> would imply that this group should also have above-average earnings compared to the general population. This unfortunately is **not the case**.

£22,500 =

2/3



THE MEDIAN INDIVIDUAL SALARY FOR OUR SURVEY SAMPLE

OF THE UK AVERAGE FOR THE SAME YEAR<sup>21</sup>.

A similar finding was found in the 2018 National LGBT Survey<sup>22</sup>. When looking only at trans people aged 25 and over, twice as many trans people were earning under the median individual salary than the general population at any age.

Therefore, while trans people with **higher levels of education** are more likely to experience greater financial security, this does **not necessarily offset the disadvantages** they experience simply for being trans.

<sup>17</sup> <https://www.ons.gov.uk/peoplepopulationandcommunity/housing/bulletins/privaterentallaffordabilityengland/2023>

<sup>18</sup> [https://www.oecd.org/en/publications/education-at-a-glance-2025\\_1a3543e2-en/united-kingdom\\_c93708b1-en.html](https://www.oecd.org/en/publications/education-at-a-glance-2025_1a3543e2-en/united-kingdom_c93708b1-en.html)

<sup>19</sup> [https://www.ilga-europe.org/sites/default/files/trans\\_country\\_report\\_-\\_engenderedpenalties.pdf](https://www.ilga-europe.org/sites/default/files/trans_country_report_-_engenderedpenalties.pdf)

<sup>20</sup> [https://social-mobility.data.gov.uk/intermediate\\_outcomes/work\\_in\\_early\\_adulthood\\_\(25\\_to\\_29\\_years\)/income\\_returns\\_to\\_education/latest](https://social-mobility.data.gov.uk/intermediate_outcomes/work_in_early_adulthood_(25_to_29_years)/income_returns_to_education/latest)

<sup>21</sup> <https://commonslibrary.parliament.uk/research-briefings/sn02795/>

<sup>22</sup> <https://assets.publishing.service.gov.uk/media/5b3b2d1eed915d33e245f3/LGBT-survey-research-report.pdf>



## Educational Environments

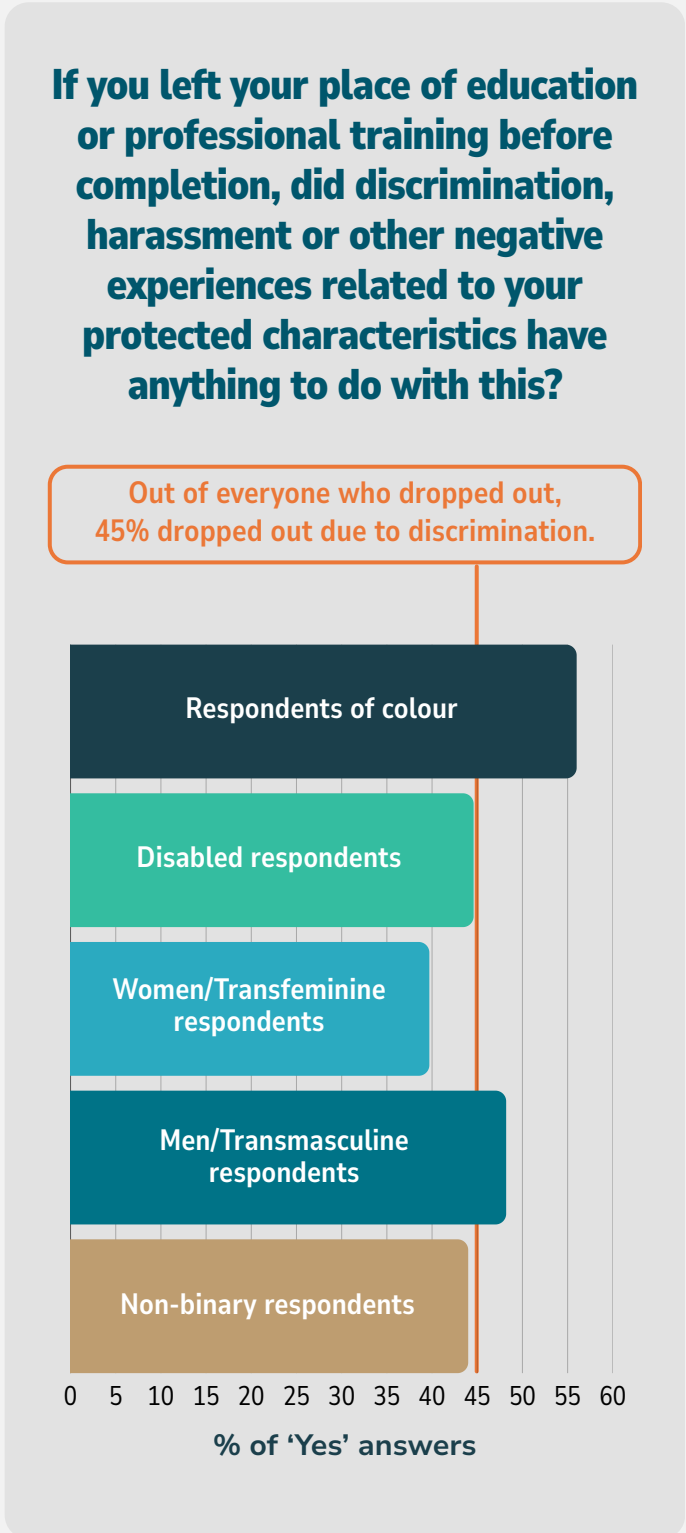
Educational environments themselves also poses challenges. While for some trans people educational settings were spaces of acceptance, others endure harassment and a lack of support. Many trans students spend time on self-advocacy alongside their studies, to navigate a space that is at times oppositional to their needs. The effects of adverse experiences in education endure for many of the trans people we spoke to, extending well into adulthood and their entry to the workforce.

Support is instrumental to trans people completing all levels of education and training. **61%** of trans people who transition in education said that as a result of their transition, they found it harder to focus. Among those who transitioned while in education, we found that trans people who felt **supported by their educational institution had an 11% higher prevalence of completing their qualifications** compared to those who were not supported. Our standard error (95%CI of -1% to 24%) and significance testing ( $0.05 < p < 0.1$ ) for this association suggests that this difference in prevalence may not be true in the wider UK population. We would therefore **recommend future research** into an important topic highlighted in our qualitative research but only borderline supported by our quantitative data.

**“My university has been very supportive and they have financial bursaries available to be able to attend appointments”**

**50%** of respondents said that they were not supported by their educational institution, and 40% of respondents left an educational programme without completing it. Trans people of colour and disabled people represent a higher proportion of non-completion in education or training due to harassment, compared to white trans people and non-disabled people respectively.

**“I encountered no support or awareness and it made it extremely hard to focus on studying”**



Not all trans people will be openly trans in their place of education. One reason for not being out is trans people do not always feel safe to be openly trans in their place of education. Some trans people leave education before finishing their course or degree due to the mental toll of being stealth for safety. However, for others, being 'stealth' or 'passing' allows them to focus on their education and avoid negative experiences associated with discrimination. Those who, for safety reasons, did not transition while in education also report a negative impact on their well-being, with some reporting dropping out of education due to the dysphoria of not transitioning. As such, the options of being stealth, being out as trans, not transitioning, and transitioning within education can all be harmful to trans people's wellbeing.

**“LGBT issues of any kind were not talked about at all and any queer student was not allowed to be openly out to peers, even though everyone knew. It felt like a farce to just keep teachers happy. I'm middle aged now so I'm clearly not over this yet! I realise now how much I had to disassociate from myself in order to survive this period of my life and grieving that has been a very difficult process even if necessary in order to heal.”**

**“I was much happier after coming out, and I was lucky that I had a lot of support from friends and staff members.”**

**“I took a gap year and used that to transition, so by the time I went to university I passed as my gender, so I haven't had any issues.”**

Trans people use self-advocacy as a tool to navigate educational institutions and aid their ability to complete their studies. They may negotiate for access to reasonable adjustments in education, such as time scales, mentoring, and adaptations to technology and surroundings.

Some of these needs relate directly to trans status, such as adjusting deadlines due to medical appointments. Individual research and informal community support networks are often used to find out about the available adjustments and support, although some participants described formalised support such as through school and college counsellors.

Overall there is a sense that **the onus is on the individual to advocate for themselves** to get the adjustments needed, which presents a challenging task due to the lack of access to information on their rights, and knowledge on how to navigate adjustment processes.



## Employment

Adjustments, positivity, and stability in a trans individual's workplace environment improves their well-being. Where these assets are not present, a trans person's welfare, income and access to transition-related healthcare suffers.

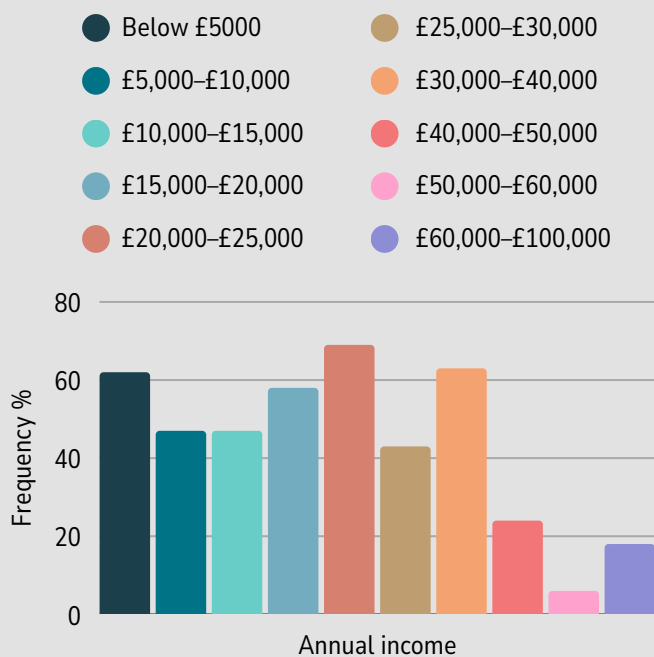
### Income

Trans people with disposable income have the opportunity to meet some or all of their needs. This includes the ability to transition medically within a timescale that meets their personal goals. Out of the trans people who took part in the survey, **73% were currently in some form of employment.**

Within our sample, trans women and transfeminine people have an 8% higher prevalence of individuals earning over £60,000 when compared to other trans people. At the same time, 1 in 10 trans women and transfeminine people had an income of less than £5,000 per year. When comparing incomes of disabled and non-disabled trans people, there was a **7% higher prevalence of disabled trans people earning less than £15,000 per year.**

However, our research found that all trans people experience complexities related to income. To understand the aspects impacting trans people's income, we explored the experiences of trans people at work in more depth.

### Frequency vs Annual income



**“Having a stable job [that] pays well, means that I've been able to then to not have to wait for the NHS or anything less and then actually go privately, which is like the absolute lifesaver game changer.”**

**“I am very privileged and have a high income. This has enabled access to transition related care more easily for me. I have not attempted to transition until this was the case.”**

The income distribution in our sample departs from a normal (bell-shaped) pattern, showing a significant concentration of observations with an annual personal income below £5,000. Differences in income appear to be shaped by factors including gender and disability. For example, **income disparity is especially disparate among trans women and other transfeminine people.**



## Being Trans at Work

Research participants reported various needs are associated with being trans at work, including needing to take time off to access healthcare, and needing to feel safe at work. Meeting these needs requires external support, or self-advocacy. Participants also reported barriers to safe employment, which included experiences of discrimination in the workplace, struggling with confidence in the workplace, and losing jobs due to their trans status.

Taking **time off for transition-related appointments** is, and has long been<sup>23</sup>, a key issue for trans people. It is not uncommon for trans people to delay surgery to avoid having to take extended periods of time off work for recovery. Even non-surgical-related appointments at Gender Clinics require taking a day or more off work due to the distance needed to travel. Not being able to take time off from work can cause trans people to lose access to medical support within the NHS due to being discharged following missed appointments. Lack of access to NHS transition-related healthcare, leads to many having to pursue costly do-it-yourself (DIY) or private forms of healthcare.

**“I live nearly 100 miles away from Cardiff GIC and had to travel there and stay overnight.”**



### Good experiences of support within the workplace for trans people include:

**Assistance taking time off** for surgeries.

**Positive responses** from employers after coming out.

**Support to maintain client relationships** during and post-transition.

Clear **internal policies** and employee expectations.

The inclusion of **transition-related care in private healthcare** packages for employees.

**“I'm lucky in that I work remotely as a software engineer for a very forward-thinking company. They have all been wonderfully supportive of me and my transition, and were the main driving force behind my finally making steps to transition — knowing that my job (and thus financial) security was assured, I was confident in taking the first steps.”**

<sup>23</sup> [https://www.ilga-europe.org/sites/default/files/trans\\_country\\_report\\_-\\_engenderedpenalties.pdf](https://www.ilga-europe.org/sites/default/files/trans_country_report_-_engenderedpenalties.pdf)



When the appropriate support is not present for trans people in the workplace this can lead to discrimination. Participants mostly reported that they perceived their experiences in the past as a result of oversight and cis-centrism rather than intentional or direct discrimination. Nevertheless, the self-advocacy trans people find themselves doing in the workplace comes at a personal cost, especially in terms of increased workload.

“Once my appearance became more male, there was then the difficulty for myself navigating the change in caring for female clients. I had no support with this from my peers, the Trust or Union as my cis male counterparts would have gone through this in training and not as a very experienced nurse with a client base and clinical practice already very established.”

“My team and manager have been accepting, [but] policy is unclear about taking leave/sick pay for transition related care. I also had to help rewrite the trans policy doc because it was outdated and not fit for purpose.”

In addition to issues with managerial oversight and lack of support, trans people report experiences of direct discrimination in the workplace and while looking for work.

**81%**  
OF TRANS PEOPLE HAVE  
**EXPERIENCED  
DISCRIMINATION**  
IN THE WORKPLACE.

**45%**  
OF TRANS PEOPLE SAID THAT THIS WAS  
**DIRECTLY RELATED TO  
THEIR TRANS STATUS.**

WHEN LOOKING FOR WORK  
**57%**  
OF TRANS PEOPLE HAVE EXPERIENCED  
**DISCRIMINATION,**  
WITH **OVER HALF** OF THIS DISCRIMINATION  
TARGETING PEOPLE'S TRANS STATUS.

**HALF** OF TRANS WOMEN AND  
TRANSFEMMES, AND **HALF** OF  
NON-BINARY PEOPLE  
**HAVE EXPERIENCED  
DISCRIMINATION RELATING TO  
THEIR TRANS STATUS  
AT WORK.**



THIS IS IN COMPARISON  
TO **ONE-FIFTH** OF MEN AND  
TRANSMASCULINE PEOPLE.

### Negative experiences in the workplace include:



Being **refused promotion** or job offers after transition.



**Misgendering** and being referred to with the wrong pronouns.



**Requirements to wear work clothes** that do not fit with one's gender.

Nearly **70%** of trans people have experienced a **health condition made worse** by the stress of discrimination, harassment, or other negative experiences at work. Fear of future discrimination is a central concern for trans people within employment, and experiencing support does not necessarily reduce the apprehension.

“A good job as well can be an asset, but it also can kind of trap you because you're like, ‘well, I've got this job right now. That's okay. What if I leave this job and the next situation is worse’. And so I think that's quite often why trans people kind of stay in the same roles for a really long time.”

In our survey population, **trans people of colour** had a 9% higher prevalence of irregular working hours, 11% higher prevalence of working multiple jobs, and 12% higher proportion of those working in vulnerable employment compared to white trans people.

### Transition at Work

The relationship between transitioning at work and income is a complex one. Among the survey respondents who had transitioned since entering the workforce, 14% felt their income had gone down since transitioning, 34% said they feel it had increased, and 43% did not think that their income had changed. For many trans people wanting to be out in the workplace, this is good news. Concerns around discrimination in the workplace are not unfounded, but equally, it is not necessarily true that all trans people will experience an income disadvantage after coming out.

For many, being ‘out’ in the workplace is a rewarding experience.

**75%**

OF **TRANS PEOPLE** WHO TRANSITIONED IN THEIR WORKPLACE SAY THAT THIS HAS MADE THEM

**MORE CONFIDENT IN THEIR ABILITY**

TO CARRY OUT THEIR WORK.

Nevertheless, there are important differences according to gender and racialisation. Of those who transitioned at work, the proportion of trans men and transmasculine people who feel more confident in the workplace post-transition is 21% higher than other genders. This trend is coherent with the previously mentioned lower proportion of transmasculine people who experienced gender discrimination in the workplace. Some found that their colleagues were supportive, and their confidence and performance at work improved after being open about their identity.

“Transitioning has been great for my career. It has improved my confidence dramatically and made me much more able to trust my intuition, which then results in better work performance.”

Trans women, transfeminine people, and trans people of colour experience less advantages from transitioning at work. The proportion of **women and transfeminine people who felt confident at work was 17% lower than other genders**. Women and transfeminine people also reported a 6% higher prevalence of losing their jobs after transitioning compared to other genders. For **trans people of colour**, the proportion who felt confident after transition was 25% lower than white trans people.

## Healthcare

Healthcare is a key asset for trans people. Healthcare extends **beyond transition related healthcare** to also include general healthcare, for example, access to counselling and therapy, or cancer prevention screenings. However, transition-related healthcare and other healthcare cannot be fully separated, as accessing one can impact access to the other.

**84% of disabled respondents were worried** that their other conditions, illnesses or diagnoses would prevent them from accessing transition-related care or services. Trans people also encounter difficulties when accessing healthcare due to systems not having the flexibility to accommodate trans realities.

These inflexibilities included personal details not being updated universally across NHS systems, leading to difficulties in accessing healthcare, and services focused on specific body parts becoming harder to access once NHS numbers are updated to reflect trans people's gender.

**Transition-related healthcare** is the healthcare asset most discussed by participants. Transition, including, but not limited to, medical transition, is seen as a key asset for building the lives many trans people desire to live. 55% of participants are or were under the care of an NHS clinic, and 46% had or are accessing private providers of transition-related healthcare.



While medical transition was a positive in trans peoples lives, the route to accessing it is often difficult. 1 in 10 participants struggle to get a referral to an NHS gender clinic. Travel distance to clinics, long waiting lists for gender clinics, and complex systems are some of the barriers to NHS healthcare.

“Poor service provision, lack of affirmative healthcare, waiting lists, the ever-increasing animosity towards the trans community in public, in politics, in governance and policy. My personal transition has brought great joy, but publicly at times it’s felt impossible.”

Barriers to accessing private transition-related healthcare include difficulties related to shared care, such as accessing blood monitoring. 62% of respondents who are self-medicating, and 38% of respondents who are accessing hormone therapy through private providers, could not access blood tests through their GPs.

For both NHS and private transition-related healthcare, cost is a significant factor that impacts access to the asset of healthcare.

## The Cost of Healthcare

Expenses related to trans-specific healthcare may include paying for blood tests, hormones, diagnoses, and/or surgery; travelling to appointments; taking time off work (with the related risk of losing work); and buying new clothes. Some of these costs apply to all avenues for healthcare access. Others are unique to private and DIY forms of transition.

Travel to appointments was the main cost related barrier reported by survey respondents when it comes to accessing trans healthcare via the NHS.

In particular, **61% of rural trans people reported having to pay over £50 for a round-trip to a gender clinic appointment.** Given the disproportionate income inequality experienced by trans people, this can be a significant cost. Where NHS bodies cover travel costs, the savings for trans people can be significant.

“Although I have stated it would cost over £300 for a round trip to a single appointment, this cost was covered by my local NHS board [...]. If I were to pay for this myself and I required an overnight stay due to flight times, the cost for a single appointment would easily exceed £500 for travel, accommodation and food.”

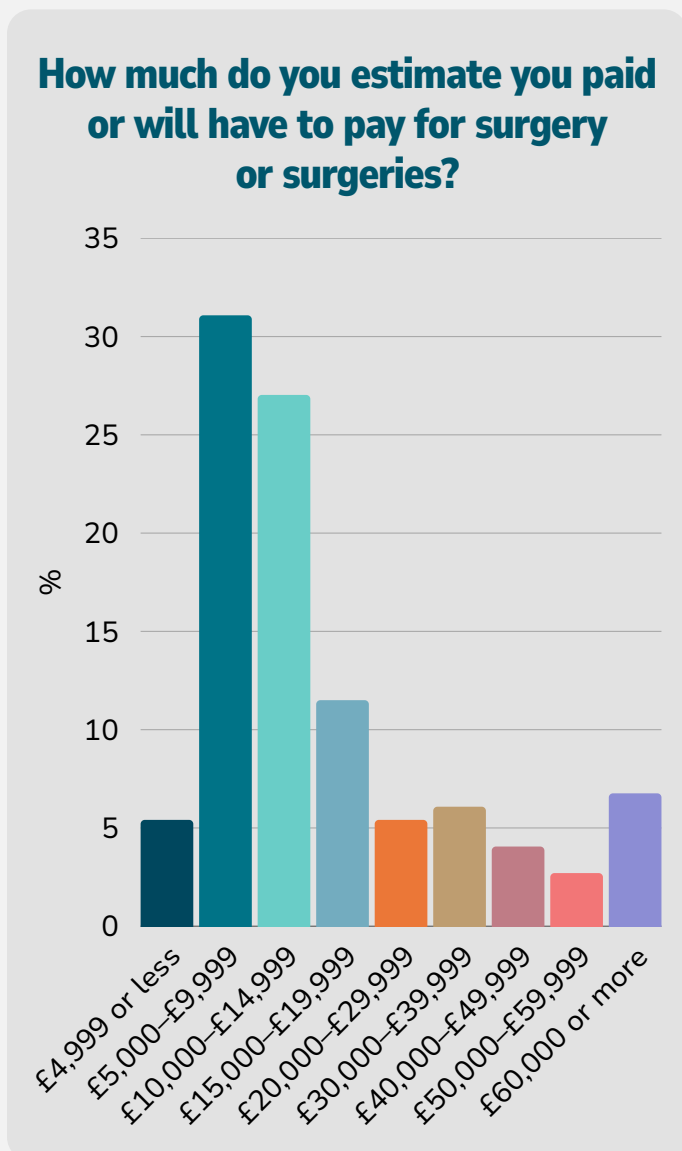
Private healthcare is also a major expense. Around 25% of those who had a private assessment for gender dysphoria paid **£200-£299** per appointment, and over 25% paid between **£300-£399** per appointment. Of those who purchase a monthly subscription fee to a private provider for their hormones, over 60% have a **yearly cost of £360-£470** for this service. Additionally, among trans people paying for private blood tests and hormone monitoring, around 60% pay **£100-£199** for this service, with over 20% paying more than this.





Many trans people also budget for surgeries. This is true even for those who largely use the NHS, since not all desirable procedures are available through NHS services. For example, facial feminisation surgery for trans women and transfeminine people is rarely covered by NHS bodies.

The **average cost of surgery** for trans people who participated in this research was **£20,051** per person, a similar figure to the average annual wage reported by research participants. The **majority of surgeries** (60%) cost between **£10,000 and £15,000**. The average cost being higher than the price the majority reported is due to **1 in 15 trans people paying £60,000 or more** for their surgeries.



The costs of transition, trans people have other competing needs: housing, dependents, education, debt, and basic items like food. The many people who cannot access care through the NHS must choose between paying for transition privately or addressing other important needs.

Periods of unemployment and low income can affect trans people’s access to medical transition. This can be a dysphoric experience which negatively impacts individual’s mental health and stress levels.

“Due to not being able to find a job, at times I have been unable to pay for my Testosterone.”

“Unemployment [led] to massive stress about money and depression & [my] anxiety got much worse than before because I had no way of moving forward with transitioning.”

Personal funding is not the only route to private or DIY medical transition. Trans people also draw on assets such as community support, support from family, personal inheritance, and private loans as routes to accessing medical transition. In particular, as explored in the chapter on ‘Community’, other trans people often provide a vital source of creativity and support in meeting collective medical or financial needs.

# Summary

Through using trans community-based and anti-oppressive research methods our research has been able to identify not just negative experiences, but also capture positive experiences and routes used to resist the factors that produce systems of harm for trans people.

The cost of housing and healthcare, the difficulties associated with obtaining documentation that accurately reflects trans people's lived gender, the experiences of discrimination and fears of future discrimination, racism and ableism, and lack of resources or barriers to available resources, are all factors that play a part in the systemic barriers to well-being for trans people.

Housing and transition represent significant and competing costs for many trans people. The dilemma this can cause is exacerbated for those who: have to privately finance their care due to barriers to NHS healthcare, such as long waiting times to access NHS Gender Clinics; or are seeking to update the very identity documents which are often necessary to access safe housing. Disclosing or being outed as trans was a source of fear for many trans people, and risked their access to safety in housing, education, and work. In turn, a lack of access to reliable, affordable, and safe housing or work directly impacts access to transition-related healthcare.

Despite being overall more highly educated than the general population, trans people are generally unable to access the increased earnings that educational attainment normally provides. Some trans people successfully access forms of support, inclusion, and financial benefit through personal access to assets including education and employment; however, this access is far from universal.

As a result, not all trans people are able to complete their education or thrive in the workplace. This can impact trans people's earning power, which in turn can impact their access to housing and to healthcare.

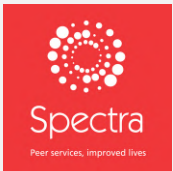
These compounding interdependencies between healthcare, housing, education and employment can create a negative feedback loop that continually impacts trans people's ongoing access to housing, education, and employment. For example, a trans person may struggle to access employment because they do not have housing, and in turn struggle to access housing because they are not in employment and do not have the correct identity documents. They may not be able to update their identity documents due to not having housing, and due to not having employment. All of these factors impact well-being while also reducing access to healthcare. A lack of access to healthcare can in turn make accessing housing and employment harder.

In response, trans people have created communities both online and in-person to address these cycles and factors that perpetuate disadvantage. Trans communities are an important asset, providing access to resources and forms of support that enhance wellbeing and seek to counterbalance deficiencies in healthcare and housing services. They are powerful sites for cultural and knowledge production. These mutual aid networks are as much a means of survival as a response to measurable inequality and vulnerability within wider society. However, without equal access to external asset, as well as addressing reproductions of discrimination and disadvantage internally, trans communities are unable to fully counteract the harmful cycles of inadequate access to healthcare, housing, employment, and education. As such, while they can mitigate for factors that produce disadvantage, they cannot fully resolve them.

# Appendix

## Partnership Organisations

The following organisations comprise the Trans Learning Partnership:



### Spectra

Sexual Health and Wellbeing CIC

[spectra-london.org.uk](https://spectra-london.org.uk)



### Gendered Intelligence

Trans Youth and Adult Wellbeing, Support, and Professional Services

[genderedintelligence.co.uk](https://genderedintelligence.co.uk)



### LGBT Foundation

LGBTQ+ Health and Wellbeing charity

[lgbt.foundation](https://lgbt.foundation)



### Mermaids

Support for trans, non-binary and gender diverse young people and their families

[mermaidsuk.org.uk](https://mermaidsuk.org.uk)

# Appendix

## Participant Mapped Organisations

Within the research, particularly the interviews focused on identifying trans community assets, participants shared the organisations and groups they were accessing for support or resources.

While none of the groups below are involved with this research project, we have decided to share them. This is with the intent that readers accessing our report may also need to access the resources and services mentioned by our participants.

The following trans led groups and third sector organisations were named repeatedly by multiple individuals within the research, in addition to our partnership organisations:

**Galop** — An LGBT+ anti-abuse charity

[galop.org.uk](https://galop.org.uk)

**It Gets Better** — a not-for-profit organisation aimed at sharing uplifting and informative stories with LGBTQ+ youth

[itgetsbetter.org](https://itgetsbetter.org)

**Manchester Trans Rise Up** — a grassroots trans community action group.

[instagram.com/manctransriseup](https://instagram.com/manctransriseup)

**MORF** - Manchester's peer support and social group for AFAB trans people

[morf.org.uk](https://morf.org.uk)

**Open Out** — non-profit community hair space, previously called Open Barbers

[openouthair.com](https://openouthair.com)

**Proud Trust** — an LGBTQ+ youth charity

[theproudtrust.org](https://theproudtrust.org)

**Shout** — a free 24/7 text messaging service for anyone struggling to cope

[giveusashout.org](https://giveusashout.org)

**Stonewall** — an LGBTQ+ rights charity

[stonewall.org.uk](https://stonewall.org.uk)

**Trans Living International** — a social events and support group

[transliving.co.uk](https://transliving.co.uk)

# Glossary

## Ableism

is discrimination, prejudice, or social stigma against people with disabilities, including neurodiversity, that privileges or favours non-disabled people.

## Chosen family

is a group of people who have formed strong, intentional, and loving bonds beyond that are often given weighting beyond the expectations of friendship, and provide a kinship network of mutual emotional support, care, and a sense of belonging.

## Cisgender/cis

is someone whose gender identity is the same as the sex they were assigned at birth.

## Cishetnormativity

is the assumption that all individuals are Cisgender and Heterosexual. This is an assumption that prioritises cisgender and heterosexual understandings and experiences as universal truths. This assumption underpins many systems and processes within society, creating barriers for those who are not cisgender and/or heterosexual.

## DIY transition

is when a person obtains and self-administers hormone therapy without supervision or the provision of a prescription from a medical professional.

## Gender Clinics/Gender Identity Clinics

are the specialist clinics, both NHS and private, from which trans people who wish to transition medically can get a diagnosis of gender dysphoria from, access hormone prescriptions, and gain surgical referrals. They were previously called Gender Identity Clinics (GICs) but were renamed to Gender Dysphoria Clinics (GDCs). Trans communities still refer to them as Gender Identity Clinics.

## GPs/General Practitioners

are community-based doctors who treat all minor and chronic medical conditions, and refer patients to hospitals or other medical services for urgent and specialist treatment.

## Non-binary

is an umbrella term for people whose gender identity does not fit within the binary categories of 'man' or 'woman'. Non-binary identities are varied and can include people who identify as: a gender other than man or woman, no gender, or multiple genders which may include man or woman.

## Pronouns

are words we use to refer to people in conversation, some of which are gendered, for example, 'he' or 'she'. Some people may prefer others to refer to them in gender-neutral language and use pronouns such as they/them and ze/zir.

## Queer

is an umbrella term used to refer to people who are not cisgender and/or not heterosexual.

## Racism

is a system of power, oppression, prejudice, stereotypes and/or discrimination based on the belief in a hierarchy of races, including for social, economic, and political advantage.

## TPOC

is an acronym for Trans People/Person of Colour. This is an umbrella term for trans people from a wide variety of cultures and ethnicities who experience systemic racism.

## Trans man

is a term used to describe a man who transitioned after being assigned female at birth.

## Trans woman

is a term used to describe a woman who transitioned after being assigned male at birth.

## Transfeminine/transfemmes

is a term used to describe a trans person who has a female, woman-aligned, or femme identity and is impacted by transmisogyny.

## Transmasculine/transmascs

is term used to describe a trans person who has a male, male-aligned, or masculine identity and is exempt from direct transmisogyny.

## Transition

means the steps a trans person may take to live in the gender with which they identify. Each person's transition will be different. For some, it involves medical intervention, such as hormone therapy and surgeries, but not all trans people want to transition medically or are able to access this. Transitioning also might involve: changing names and/or pronouns, telling friends and family, dressing differently, and changing official documents.

## Transphobia

is the prejudice, fear, or dislike of someone based on the fact that they are trans. Transphobia may be expressed indirectly and unconsciously, as physical, emotional, psychological, and sexual abuse, or through denial of access to needed services and rights.



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