



GENDER CONNECT
COUNTRY SA

Enhancing the Understanding of the Health Needs of Trans and Gender Diverse People in Country SA

Scoping Project Report

SHINE_{SA}

Funded by

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COUNTRY SA

An Australian Government Initiative

Executive Summary

Between January and June 2025, Gender Connect Country SA conducted a scoping project to understand the current state of transgender and gender diverse (TGD) inclusive practice across regional and rural South Australia. Through interviews with 12 service providers representing health, community, and social services, this project explored strengths, challenges, and opportunities for inclusive care.

The findings reveal that while some providers are committed to inclusive practice, significant barriers remain, including geographic isolation, workforce limitations, inconsistent internal policies, and a lack of inclusive general practitioners (GPs). A reliance on individual staff champions and the absence of lived experience in service delivery further compound challenges.

Recommendations

This report outlines five recommended action areas to support affirming practices for TGD and LGBTIQ+ people:

- Implement a 'No Wrong Door' systems approach to inclusive service delivery
- Address internal organisational barriers
- Prioritise workforce development
- Integrate lived experience
- Strengthen community networks and visibility

These recommendations aim to guide Country SA PHN and other stakeholders in creating more inclusive, accessible, and equitable services across the region.





1. Project Overview

This project aimed to:

- Assess current levels of TGD-inclusive practice
- Identify enablers and barriers to inclusion
- Capture service provider perspectives and lived experience insights
- Recommend systemic strategies for inclusive service delivery.

Twelve service providers across Country SA participated in semi-structured interviews covering topics such as organisational readiness, current practices, training, and opportunities for improvement.

2 Key Findings

2.1 Commitment to Inclusion Varies

While all interviewees expressed value for inclusive practices, this commitment was inconsistent across their broader organisations. Some described a disconnect between affirming frontline staff and less supportive executive or parent organisations.

2.2 Geographic and Cultural Barriers Persist

Challenges include:

- Long travel distances and limited public transport
- Lack of inclusive primary care providers
- Political and cultural resistance to LGBTIQ+ inclusion
- Time and resourcing limitations to build inclusive practices.

2.3 Unsafe Referral Pathways

A lack of trusted referral options leaves TGD and LGBTIQ+ people without necessary supports, especially in government services, general practices, and NGOs.

2.4 Reliance on Individual Champions

Over 40% of providers relied on a few LGBTIQ+ staff to drive inclusion efforts. While valuable, this can lead to burnout and unsustainable progress. Inclusive practice must be embedded in organisational systems, not individuals.

2.5 Gaps in Inclusive Services

Service gaps include:

- Inclusive services for children, youth, older adults, and families
- Face-to-face specialist mental health services
- Gender affirming healthcare
- Legal affirmation support
- Inclusive outreach and early intervention programs.

2.6 Lack of Lived Experience Representation

Only 25% of organisations employed a TGD staff member. This limits authenticity and effectiveness of service delivery. Staff with lived experience can help shift cultural norms and improve trust.

3. The Case for a ‘No Wrong Door’ Approach

A ‘No Wrong Door’ approach ensures that all service access points are safe, inclusive, and affirming. Community members reported identifying which staff were affirming, highlighting inconsistent experiences across teams.

Providers advocated for:

- Standardised expectations for inclusive practice
- Organisational leadership support
- Inclusive training as a funding requirement.

4. Workforce Development & System Enablers

4.1 Access to Training

Providers valued professional development and saw observable improvements in organisational culture following training. However, gaps remain:

- Training often focused on broader LGBTIQ+ issues with limited TGD-specific content
- Accreditation programs were often resource-intensive and unsuitable for rural contexts.

4.2 Standardising Inclusive Practice

Providers wanted inclusive practice to be the organisational standard, not dependent on individual staff or isolated programs.

4.3 Embedding Lived Experience

Service users are more likely to access support when they see themselves reflected in staff. Embedding lived experience through hiring, co-design, and training development is essential.

5. Risk, Visibility, and Safety

5.1 Accessing Unsafe Services as a Risk

Service avoidance due to safety concerns is a major health risk for TGD people. Providers shared examples where unsafe services presented greater harm than no service at all.

5.2 Visibility vs. Privacy

Visible inclusion can:

- Promote belonging and visibility
- Empower isolated community members.

However, it also raises privacy concerns in small communities. Strategies to balance visibility and safety include:

- Clear privacy protocols
- Sensitive use of IT systems and data fields
- Alerts for staff about safe disclosure practices.

5.3 Inclusive Data Collection

Most organisations did not collect data on gender identity. Providers supported doing so, provided confidentiality and consent are prioritised.

6. Cultural Change and Community Networks

Providers stressed the importance of cultural change at community level. Attitudes and beliefs were cited as significant barriers, particularly when influenced by faith-based or political values.

Key enablers of cultural change:

- Visible allies and LGBTIQ+ community members
- School-based inclusion and youth visibility
- Networking among regional services and community groups.

Examples of progress included towns where youth visibility prompted broader shifts in community acceptance.

7. Recommendations

7.1 Implement a 'No Wrong Door' Approach

- Develop a standardised inclusive practice framework across commissioned services
- Use inclusive training and accreditation as reporting metrics.

7.2 Address Internal Organisational Barriers

- Identify and respond to cultural, logistical, and values-based challenges
- Support system-wide upskilling and internal policy development.

7.3 Prioritise Workforce Development

- Offer regular, TGD-specific training and materials
- Support access to professional development for non-commissioned services
- Address rural-specific barriers to accreditation and training uptake.

7.4 Integrate Lived Experience

- Collaborate with LGBTIQ+ leaders and lived experience professionals
- Promote co-design and advisory roles
- Support employment of TGD staff across roles and regions.

7.5 Support Community Networks

- Resource existing LGBTIQ+ networks and hubs (e.g. Limestone Coast Queer Hub)
- Engage with schools and youth groups for early intervention
- Promote visibility through digital platforms and community events.

8. Next Steps

This report can inform strategic planning for Gender Connect Country SA and guide Country SA PHN's future commissioning. Ongoing collaboration with service providers, lived experience professionals, and community groups will be essential to implement these



Appendix A: Interview Subjects

Participants included service providers from mental health, primary health, social and community services, and employment support agencies across Country SA. Providers were anonymised to promote candid responses.

Appendix B: Interview Questions

Structured into six domains:

- Organisational Readiness & Commitment
- Attitudes & Awareness
- Current Practices
- Workforce Capability
- Areas for Improvement
- Collaborative Opportunities

Interview schedules focused on assessing current inclusive practices, lived experience integration, professional development, service gaps, and willingness to collaborate.

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