

Trans and Gender Diverse (TGD) Peer Support Gathering

Together - Safe, Belonging and Ready to Lead

March 15 and 16



Report to Participants

Over two days in March a diverse group of Victoria's Trans and Gender Diverse (TGD) community came together to help shape a future peer support initiative. This will be developed using a collective impact model (*see page 6*) with the TGD community. Transgender Victoria has partnered with the Department of Premier and Cabinet Equality Branch to take leadership on this work. The commitment from the Victorian Government is \$1 million towards the development of this ground-breaking program.

The ambition is to allow comprehensive TGD community ownership and voices to be centred at every stage of program design, delivery and evaluation. This event was the first test of that.

The Peer Support Program's aims are to:

1. increase capacity and resources of a statewide TGD Peer Support Network;
2. increase TGD peer support services and improve systems across all levels of the health system;
3. increase capacity and resilience of the TGD sector to deliver outcomes for TGD clients and the community; and
4. improve the health and well-being outcomes for TGD Victorians.



The purpose of the event was to set the foundations for a collective impact initiative that sets out to ensure *"All TGD people in Victoria feel a sense of belonging and safety in their communities and participate fully as a valued member of society."*

Outcomes we wanted on Friday night

Get a better understanding of the people leading and working on TGD issues across Victoria.

- Group norms established that keep people safe, build trust and a sense of belonging; and allow them to step into leadership.

Outcomes we wanted on Saturday

Participants to have:

- A deeper understanding of the TGD peer support program and their ability to contribute to and benefit from it.
- An insight into collective impact and why it might be useful and important to progressing the aspirations of the TGD peer support project.

"Everyone remembers the first time you meet another trans person - it changes your life. Sometimes though, when you become that person for a baby trans, you realize they can grab you like a life raft and nearly drown you both"

As an emerging collaboration the group has:

- A shared aspiration, an analysis of the systems and what might work, who some of the key partners are, and what can be done now at low cost or no cost and what will need investment.
- Understood their potential role(s) and help shaped management and governance structures, particularly the Community Reference Group.

Leadership

Ro Allen, the Commissioner for Gender and Diversity, and Jack Metcalfe, the Project Facilitator, provided the leadership to the event before, during and after. A newly established Expert Program Steering Group also advised on strategy and approach. Jack also did the pre-event consultation and communication, event management, logistics and managed a small team of others advising or designing the process, the environment and the delivery of the event.



Participants

To attend, participants needed to have at least one of the following:

- An interest in working collaboratively to strengthen TGD peer support in Victoria.
- Background or experience in providing peer support services for TGD people (either formal or informal).
- Lived experience of using peer support (particularly those who have intersectional identities).
- Insight regarding TGD people's needs from peer support, challenges, barriers to service access and/or drivers behind TGD health and well-being.

Not all groups and intersections were represented as well as hoped in those attending. Work was done to include people in communications even when it felt unsafe (e.g. for sex industry workers) to participate in a larger forum. Further engagement and consultation is/will be required to ensure active involvement and voice of all TGD communities who could benefit from this program (Aboriginal and/or Torres Strait Islander, sex workers, CALD and POC).

Before the event

In the lead up to the Gathering an extensive series of informal consultations were held with TGD groups and individuals who have been providing peer support across a variety of settings. The overarching themes of those conversations showed:

- Nearly everyone is providing peer support either formally or informally;
- We are doing it because we have to;
- We don't necessarily have skills, background or training;
- Boundaries and self-care are issues for many and this often leads to burnout and volunteer loss;
- We are not connected or sharing and are re-inventing the wheel in many cases. There is no central place that holds information to help counter this;
- Some of the specific skills individuals and the community as a whole would like to develop further are around facilitating challenging dynamics managing lateral violence;
- Themes people felt needed particular attention during the event included Intersectionality, siloing and safety;
- We also wanted to see specific improvements in referral pathways (medical system), paid opportunities that reflect the value of TGD expertise, experience and connections; and
- Many people were feeling isolated geographically, between TGD groups and as peers (leaders).

Process

The design of the event attempted to respond to a wide range of ideas and advice from the community provided in the run up. As a result:

- Only two cisgender people were permitted to attend, in support roles.
- We sought advice about how to create an environment that might work for neuro diverse people (thanks Mellum Rose). We took the advice and lowered the sensory stimulation in the space, built this into our process and behaviours.
- We took the time to get to know each other a little better before we started talking about the work.
- We had amazing facilitators from the community highlighting the community's ability to create safety, belonging and to lead.
- We set kind and supportive expectations of each other.

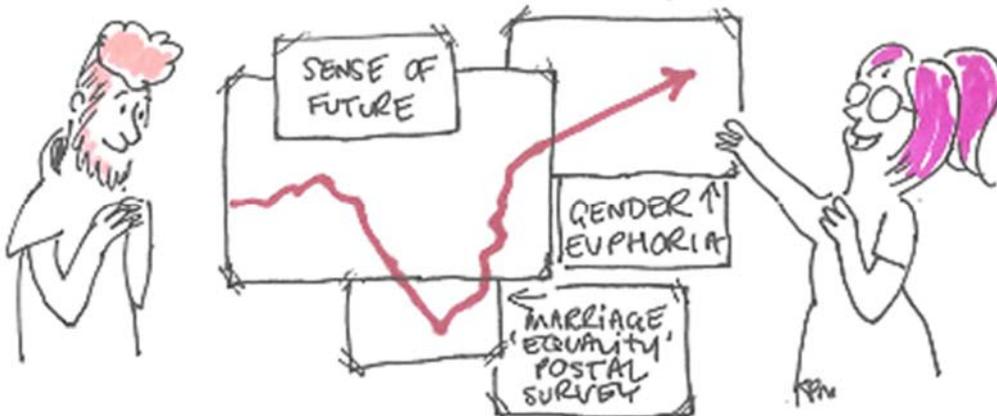
Gathering headlines

- We need an **overarching structure to coordinate groups and resourcing** for all the activity associated with this program and in support of the community more generally including - governance, policies, training centralisation, supervision, support and event coordination. (Whether this sits with TGV in their role as the 'backbone' organisation or not, is for discussion).
- **Connection** (inter-groups and also with community) is one of the most important contributions this initiative can help to remedy the issues being raised before and during the gathering.
- **Education and training** is a priority - across a range of education areas and also targeted at different levels of participant from peer worker embedded in a service, to volunteer supporter/facilitator as part of a formal TGD group setting, and community level informal peer supporters.
- An **online hub** of some kind was a repeated idea and there is the potential capacity to meet immediate needs via the Virtual Pride Centre. This might include a directory of groups, services, shared resources, opportunities to connect, find training/funding etc.
- Volunteer **recruitment/retention** strategies, support and capability building, need investment ensuring valuing and celebrating of contributions and reducing burn out.
- The importance of groups having the opportunity to have a consistent level of knowledge and competency around **intersectional communities** is also a priority.
- In order to improve the visibility and promotion of services a **skills mapping** of what currently exists would be valuable.

"There are many trans and non-binary folks who will never seek 'medical transition', this doesn't make them less trans. We're not defined by our medical needs or bodies. We're whole and vibrant humans who exist and engage with the world same as anyone else."

- It's important that we focus on **rural and regional** experiences and address the gaps in support and sustainability.
- **Growing the resources** available to TGD peer support and the community as a whole is also a priority; designated meeting places, partnerships and sponsorships, integrations and linkages between different services and pathways to employment and consulting opportunities.

"Intergenerational dialogue is very important; language and narrative are very different from one another and we can learn so much from one another."



Collective impact

Five Conditions of Collective Impact

Common Agenda

All participants have a **shared vision for change** including a common understanding of the problem and a joint approach to solving it through agreed actions. This is based on the wisdom of people's lived experience, where the data says to direct our efforts and what the evidence says works.

Shared Measurement

Collecting **data and measuring results** consistently across all participants ensures efforts remain aligned and participants hold each other accountable and that we are learning about what works and what doesn't as close to real time as we can.

Mutually Aligning Activities

A range of different activities take place that are coordinated through a shared plan of action. This often begins with existing activities being targeted better. Any new action is chosen according to what is most likely to have broad reach and influence.

Continuous Communication and Engagement

Consistent and open communication is needed across the many players to build trust, assure mutual objectives, appreciate common motivation and influence people in power. Authentic engagement of the communities who the activity is about ensures relevance, empowerment and sustainability. Even better is involving these people in the leadership, and delivery of the work.

Backbone Support and a Culture of Collaboration

Creating and managing collective impact requires dedicated staff and a specific set of skills to serve as the backbone for the entire initiative and coordinate participating organisations and agencies. It also requires a culture of collaboration and the right mindsets, but all the people involved.



So, what's different?

Scale - When we use collective impact we think big. We think about the whole population rather than individuals. For this project we are planning for the best outcomes for the whole of current and future TGD members of the Victorian Community.

Heart and head together ... and a little soul if we are really good - Decisions are based on lived experiences, what people care about and prioritise. We also look at where the data says the greatest need is and what the evidence says works. We keep going back to these things to learn about what to do more of and what to stop doing together. We also take a few risks and try new things. In this project the voices of the TGD community are central to any decision making, We will also look at the data and what we can learn from other peer support work.

Collaboration - We will also be breaking down silos and moving away from a system that encourages conflict and competition. This way of working asks us to take the time and use processes that help build trust and restore relationships. Our ways of working are one part of this process.

"Trauma and isolation of TGD people feed each other, and shame disconnects us."

Partnerships - Collective impact encourages us to partner with others that have a role to play in the solution. In this work we might want to partner with a whole range of organisations and individuals with people in the medical systems, people who can help with training, people who might want to provide financial support.

Accountability - Collective impact has clear measures of success built in of who we are working together and what change is happening in people's lives. This helps with and accountability up (to funders and managers), down (to the community) and sideways (to each other).

Community in the Centre - This is an important piece of repetition. That participation of people with lived experience in the design, delivery and governance is at the centre of this approach. For this project that means you.

Funding differently - funders are partners in the work and fund group agreements rather than individual services.

Collective impact sets out to ensure the best skills, talents and resources from across the whole community are brought to bear on the issues people most care about.



Creating safety

Going into the event the message came through loud and clear that people needed to feel safe and that organisers needed to make this explicit from the outset.

We choose to extend on this: Safe first, but we wanted more than this. We wanted to create an environment where people felt they belonged in keeping with the ethos of the work we work there to shape together – peer support. Beyond this we also set out to create the conditions for the TGD community in Victoria to be recognised for the leadership they currently play and for the expanded role we hope people can play in future.

On Friday night we got to know each other better and we worked on the values that would bind us together during the event. Afterwards people asked why did this event work so well? Why did it feel different? One of the reasons is that people had worked up and committed to these values. A lot of them spoke to what people seem to feel has been missing in parts of the community to date. There was a direct request in the feedback for organisers to do what they could to prevent lateral violence.

Our hope is we keep testing ourselves against how well we are creating safety, belonging and readiness to lead, that we are accountable to them and improving on how we communicate and understanding these ideas as a community over time. There was some cross-over in the lists below:

FOR PEOPLE TO FEEL 'SAFE' THEY NEEDED

Safe people: People acknowledged they felt safer with friends and community. They needed to feel connected to a community of peers.

Safe places: People indicated a need for a quiet and safe place, with the option for a low sensory environment, reduced high background noise and accessible (e.g. step-free access).

Behaviours: People asked that others be kind and respectful, with no hierarchy. People also wanted to have their feelings valued and heard, and to be offered support if triggered.

Respectful disagreement: People wanted an open-mindedness and needed the reassurance that opinions could be shared respectfully and debated without vilification of the individual.

Passing: People wanted to be able to take a moment without judgement, to step away if needed. Some wanted not only to be able to feel 'safe to meltdown' and to be able to leave without others judging them.

Language: Language was regarded as very important, not just around TGD terminology and pronoun use, but also 'safe talk' about suicide and mental health awareness.



FOR PEOPLE TO FEEL A SENSE OF 'BELONGING' THEY NEEDED

Validation: While people saw the strength in being with people they could relate to; the countering concern was around being accepted. People were concerned that their identities were valid and not questioned. That different opinions would be allowed.

Diversity/Intersectionality: It was enormously important for people that the group's diversity be supported. That participants be "respectful of everyone's intersection" and "revelling in our group diversity".

Inclusion: The need for inclusion ranged from disability inclusion (physical) through to inclusive language always being used. There was a need for the space to be anti-racist and non-judgemental.

Empathy: There was a need not just for respect but for people to actively learn from each other, to actively try and understand points of view other than your own.

Positive belonging: People spoke of the need to feel a part of the collective, and not in a tokenistic way. They also said this could happen through shared laughter and having difference be celebrated in a positive way.

FOR PEOPLE TO FEEL 'READY TO LEAD' THEY NEEDED

Trust and appreciation: People not only wanted to be trusted with responsibility and be offered a platform, they needed the confidence of and accountability with community.

Their contribution recognised: People wanted a chance to have their voices heard and not be interrupted. They wished to be affirmed and for other TGD folk to look for connection; seeking similarity rather than difference.

Support: People wanted to feel valued and included, and for there to be a support framework for groups.

Permission to fail: There was an emphasis on the need for it to be okay to fail. There was a call for people to allow others to make mistakes and to show compassion. One of the things people spoke of missing in TGD organisations too often is the acknowledgment of leaders' vulnerability and an addressing of lateral violence. There also needs to be an acknowledging of resilience and boundaries.

Access to resources: There needs to be knowledge and shared learnings, not just of content but also contacts and networks. Leadership also works best with actionable strategies.

Passion: Most there talked about the need for leaders to be passionate about the people we are leading. This includes leaders who listen before speaking, are open to intergenerational learning, be open to feedback and create the space for sharing opportunities.

Aims of the TransGathering

<p>Aim 1: Increase capacity and resources of a statewide TGD Peer Support Network</p> <p>Indicators to measure success against this aim</p> <ul style="list-style-type: none"> • #Attendance • Rate of reusing and sharing of resources • Peer worker wellbeing • #Volunteers - Access to support • #Groups - retention of volunteers - connection to other services
<p>What's the story?</p> <ul style="list-style-type: none"> • Nearly all TGD people are providing some kind of informal peer support • Our TGD groups feel disconnected, overworked and lack appropriate support • Facilitating TGD peer support groups has unique challenges • Parent peer support groups • Rural and regional TGD people have unique peer support needs • TGD groups need upskilling to support them to create diverse and inclusive spaces • TGD groups and peer supporters are ready to work together
<p>What works</p> <ul style="list-style-type: none"> • <i>Role and remuneration</i> - Need paid role particularly for regional or network roles and reimbursement for any out of pocket expenses including travel • <i>Structures</i> - networks and support structures for peer support leaders; and aim to integrate peer support into local organisations • <i>Regional support</i> - events to connect up regions to avoid siloing in rural areas, look to relationships Australia, L to P and switchboard for structures and volunteer network ideas • <i>Resources</i> - set up lists of councils/organisations to have agreements for spaces, service guide for peer support leaders, rainbow network for resources hub; peer support package (including training locations) • <i>Training and supervision</i> - on peer support skills, in rural communities how do trainers get peer support, supervision, mental health first aid, diversity and diversity needs, anti-oppressive practices, train the trainer • <i>Communications</i> - Joy FM for advertising
<p>What could we do?</p> <ul style="list-style-type: none"> • Mapping and establishing a baseline • Supporting new groups and services to fill the gaps • Centralising and sharing could help reduce burdens on TGD groups • Possible structures of program delivery for discussion • Online Hub: Database and resources • Develop training packages for TGD peer support
<p>Partners</p> <p>Councils, hospitality venues, councils, aged care, medical services, health care networks, homelessness organisations, trade unions, corporate LGBTIQ orgs, disability networks, assault services, aged care, Aboriginal and Torres Strait Islander organisations</p>
<p>Low cost</p> <ul style="list-style-type: none"> • Resources pack +peer support network + aiming efforts and creating partnerships • Coordinating leaders • Bringing trainers • Coordinating resource pack • Regional LGBTIQ+ penpals

Aim 2: Increase TGD peer support services and improve systems across all levels of the health system

Indicators to measure success against this aim

Data

- More accessible and accurate data in and out (collections and access)
- Individuals feeling safe
- Frequent and diverse data collection preservice, during and beyond service
- Information available for health professionals and used

Services

- TGD recognition by general health services
- TGD people having greater knowledge of systems
- Greater outreach
- Peer support being acknowledged

TGD Community

- TGD recognition by general health services as consumers and providers of services
- Increased understanding of TGD folks by healthcare professionals
- Increased Peer support availability (geographically and intersectionality)

What's the story behind these indicators?

- Historical and ongoing cis-systems, transphobia, intersex erasure by a binary society
TGD people experience a lack of power and sometimes fear being outed and fear the physical, emotional and mental pain of what might lie ahead. There is a difference in the speed of cultural change of the emergence of peer and community support and acceptance vs powerful system/service, diagnostics
- Many people experience exhaustion from the emotional labour. Knowledge is siloed and disconnected there is a lack of overarching, up to date resources
- There is no current database or collation of information for TGD folks or health professionals for peer support. Most of the information that does exist is out of date and inaccessible for many folks and very Melbourne-centric.
- There are feelings/anecdotes about TGD people being excluded from homeless and domestic violence services

What works?

- Embedding TGD people and peer support in all facets of practice, including standards
- Tiered education
- Leveraging shared values
- Diversity of people within diverse systems embedded through employment and volunteering opportunities
- Links beyond health services to education
- Having opportunities for safe schools and opportunities to come together when we feel capable/in need
- Safety for gender diverse sex workers
- Unpacking white privilege and acknowledging power with marginalised groups
- Multiple and diverse accessibility options
- Grant for exploring what the Men's shed has researched and costed creating this tool for peer support and info for healthcare providers
- Tool to link people and distribute information
- Tools for starting peer support group
- Need for actual physical meetups with dedicated spaces
- Celebrating /interest-based connection and spaces for that (art clubs, sport club etc) cultivate community, creating peer families

Aim 2: (continued) Increase TGD peer support services and improve systems across all levels of the health system

Strategies

- Get the government to allocate places in existing, funded programs to TGD people setting a community pay standard for roles we are currently asked to fill pro bono.
- Paying TGD people to provide PD to professional communities and emerging students within the healthcare
- Volunteer training positions and getting peer support skills recognised by employers etc
- Subsidised roles and education for TGD people
- Maintaining a database for grant applications
- Being paid for our consultations
-

Partners

- Community services - facilitating links with other services
- Executive-level public sector workers, politicians with decision making power
- Legislators
- parents/families/carers
- Education sector - schools, Unis, TAFEs, private training orgs.
- The technology to create peer support app (tinder grinder etc) separate from dating app available in multiple languages
- All TGD services and groups, peers, colleagues
- Local govt (community spaces)
- Universities
- Businesses - claim tax loss/corporations wanting making it mutually beneficial to attract pink dollar
- Get the government to allocate places in existing, funded programs to TGD people setting a community pay standard for roles we are currently asked to fill pro bono.

Low cost no cost

- Map/database of existing resources
- Volunteer training positions and getting peer support skills recognised by employers
- Low cost investing in spaces for people to meet up that are safe
- Investment tools such as website connects to TGD support groups combined with info for health care providers that collates and updates info

150K investment

- Subsidised roles
- Subsidised education for TGD people
- Maintaining a database people for grant applications
- Being paid for our consultations
- Training applications to try and improve our situations
- Paying TGD people to provide PD to professional communities and emerging students within healthcare



Aim 3: Increase capacity and resilience of the TGD sector to deliver outcomes for TGD clients and the community

Indicators to measure success against this aim

- A unified, intergenerational community that learns and addresses changing needs. This might be measured, for example, in events having increased participation in a range of age brackets or different postcodes
- Visible ongoing support and human focus frameworks finding a way to measure less burnout and self-reported improved outcomes.
- Communal and group diversity that supports intersectional needs and identities and experiences
- Self-reporting of levels of engagement (e.g. Queer focused businesses, venues, etc.) encouraging and sharing lists of queer focused groups/individual services, safe places etc. (registry) asking if people identify as POC > e.g. 5%

What's the story behind these indicators?

- Across TGD communities there is exhaustion, cynicism and hopelessness, fed by the disappointing times of the Marriage Equality postal survey
- There has been a lot of erasure of TGD work and histories, often alongside inappropriate expectations of needs been met by LGB structures leaves many TGD (individuals and organisations) in isolated and unsupported roles, resulting in exhaustion and collateral burnout
- There is a lot of burnout, a high turnover of staff and volunteers. Individuals find themselves pedestalled rather than their ideas and work; and if people find out they have done "something wrong" then everything they have done is "cancelled"
- Individuals are also placed under pressure and relied upon as energy batteries for organisations
- Where there have been TGD workers, there has been a lack of supervision for supporters/workers/activists, a lack of clear mission statements in organisations, compounded by individual personal trauma and a lack of boundaries.
- Historically there has not been good acceptance of difference within the TGD community and a disconnection of information from intersections and intergenerational perspectives
- In the broader LGBTIQ communities, TGD find themselves lumped with LGBQ or sexuality. There's not an understanding of the different identities within LGBTIQ communities, nor any understanding of differences and intersections with intersex variations
- What peer support there is, is very Melbourne centric
- There are some examples of intersectional and intergenerational groups sharing space and co-existing (e.g. Alphabet soup). Intergenerational groups bring; learning, progress, visibility, language and understanding (not leaving our elders behind, respecting the different needs for the different times of TGD experiences)
- Many peer organisations are organic and lack structure, left to be filling a need regardless of their capacity. We are left with people supporting people though empathy, working through luck and determination rather than support
- Intergenerational dialogue is seen as very important. To a degree, older generations are idolising younger generation as the leaders of today, while younger generations are looking up to older generation for how much they have gotten through and had to overcome. Leaders can be/need to be from both older and younger generation. We need a unified, intergenerational community, learning and addressing changing needs
- Different parts of the community can learn so much from one another (e.g. seeing more trans men and trans women interacting)

Aim 3 (continued): Increase capacity and resilience of the TGD sector to deliver outcomes for TGD clients and the community

What works?

- Active volunteer (state wide recruitment drive?) recruitment and standardised practise/standards/guidelines/duty of care
- Training, knowledge and skills development for peer leaders and volunteers to spread the working load through communities
- A 'hub': a centralised TGD network to enable connection between TGD peer support groups, information exchange, calendar sharing and community needs/resource gaps.
- Frameworks and structure that support people to step away and leave work for ideas/events/networks to continue to thrive
- Acknowledging varied perspectives and experiences
- A mapping gap analysis of the current situation and how has this changed over time.
- Online and face-to-face training, a hub for chat/sharing, resource sharing.
- Funding to co-ordinate, to assist in access to good training and a platform for collaboration

What structure/s can we give to support organisations to uphold longevity?

Inductions:

- Multiple opportunities, mental health first aid, intersectionalities and ensuring ongoing training (although this could be too much for small groups)

Supervision:

- Support for the peer supporters, a 'hub and spoke' model, offering pay and reciprocity and regular evaluation

'In-groups'/cliques

- Need to humble 'leaders', recruiting by widening the net, and avoid trans 'celebrity' focus and pedestals

Governance:

- Transparency, accountability, clarity, amplify strengths and value work done

What doesn't work:

- Personal holding of power and information
- Disconnect of information from intersectional perspectives
- Trauma and isolation of TGD people feed each other
- Shame disconnects us

Partners

- Thorne Harbour Health/Equinox, Monash university
- Hospitals and medical services
- Mental health organisations, community health organisations and social workers
- Government: State (departments) and local (Councils and shires)
- Other campaigners: share knowledge, Non-Government Organisations and grassroots

Low cost / no cost

- Recruit more volunteers/help
- Mapping organisations/projects that currently exist
- Regular and open social support for individuals doing peer support, esp. regionally
- Approach big organisations for resources, such as money for paid roles
- Supervision (mental health organisations, memorandum of understanding)

Aim 4: Improve the health and well-being outcomes for TGD Victorians

Indicators to measure success against this aim

Services

- Healthcare professionals having access to connections in TGD communities and greater outreach, TGD peer support being acknowledged
- Educate health care professional. Develop competencies to measure successful education (e.g. How many healthcare professionals/what proportion have a practical understanding of TGD folks)
- TGD people having greater knowledge of systems

TGD Communities

- Recognised within structures of health systems, as consumers and providers of services.
- Increase TGD peer support (Measures of how many TGD folk there are and how many are supported by peer support)
- TGD to educate Psychiatrists and other health care professionals addressing ignorance

Data

- More accessible, accurate data, in and out (collection and access)
- Individuals feel safe enough to contribute to data
- Frequent diverse data collection, pre-service, during and beyond service

What's the story behind these indicators?

- There is no current database or collation on information for TGD folks and healthcare professionals for peer support. The information that does exist is out of date and inaccessible for many folks and very Melbourne centric
- There's an historical and ongoing cis-sexism, transphobia, intersex erasure.
- We need to have opportunities for safe spaces and opportunities to come together when we feel capable/in need. We need to unpack white privilege and acknowledge power within marginalised groups (e.g. safety for gender diverse sex workers)
- How do we link individuals in regional areas before a peer support system exists?
- There remains a fear of pain; mental, physical and emotional exhaustion and emotional labour
- Currently there is disconnected/siloed knowledge and a lack of overarching, up-to-date resources

What (might) work?

- Embedding TGD people and peer support in all facets of practices including standards.
- A diversity of people within diverse systems, embedding through employment (and volunteering) opportunities
- Drawing from existing projects (e.g. The Shed) that have created tools for peer support and information for health care providers
- Develop tools to link people and distribute information and tools for starting peer support groups
- There's a need for actual physical meet ups and dedicated spaces that are celebratory/interest-based connection and other spaces which cultivate community (e.g. art club, sport club etc)
- Leverage shared values to create peer families
- The technology exists to create a peer support app (Tinder, Grindr etc) separate from a dating app available in multiple languages

(Cont'd.)

Aim 4 (continued): Improve the health and well-being outcomes for TGD Victorians

Partners

- Community services facilitating links between other services with Executives decision making/political power
- Legislators
- Parents/families/carers
- Peers; colleagues
- Corporations, private sector organisations
- Education sector: schools, universities, TAFE's, private training organisations.
- All TGD services and groups
- Local Government (community spaces)

Low cost no cost

- Map/database of existing resources (and maintain this)
- Volunteer training positions and getting peer support skills recognised by employers
- Get Government to allocate places in existing, funded programs to TGD people
- Setting a community pay standard for roles we are currently asked to do pro bono
- Investing in spaces for people to meet up that are safe

\$150,000 Wishlist

- Subsidised roles
- Education for TGD people
- Being paid for our consultations
- Training people for grant applications to try to extend longevity, political proof of our situations
- Paying TGD people to provide personal development to professional communities and emerging students within the health care sector.
- Tool/s (such as website, hardcopy, app) connected to peer support and groups combined with information for health care providers that collates and updates information



Advice about the formation of a community reference group

We wanted to know what you thought this group should look like in terms of its membership, their numbers and role and whether or not to compensate them. What we already know is they have an important role to play in terms of leading strategy setting, action planning and advice about what to prioritise for investment of the funds we have available.

Accountability to community

You wanted:

- Active outreach and regular easy to access communication.
- Transparent decision making and advice-giving processes and again active communication of outcomes of these processes and progress reporting.
- An ability to surface and manage conflicts of interest.
- Trans folk who represent diversity of all identities - Indigenous representation and other intersectionality, youth, parent rural and remote.
- Fair independent selection processes.

"The longevity of public figures is an issue."

Paid

We asked if they should be paid. Most of you said "yes" and the majority suggested this be needs to be based on a sliding scale according to current income. The reasons you gave for this advice was it would sustain engagement, make a clear statement about the value of the contribution - particularly if others in governance roles are being paid.

Skills

We asked about the skills you'd like to see represented on the CRG and you said people who:

- Know about engagement
- Can communicate in various forms
- Engage beyond the LGBTIQ+ community
- Have access to self-support
- Have different levels of experience from emerging to seasoned leaders
- Have a sense of humour

- Can raise money, write grants
- Have conflict resolution skills
- Have collaboration experience
- Know peer support
- Financial management
- Digital skills

*"We should have
journeys or
adventures in
beautiful spaces
together"*

Size

- Small but diverse was the message sent by most. By this they meant around 10 people. Some said up to 20 people
- TransGathering participants felt a smaller group will be swifter, and that meetings will be more efficient

A BIG Thanks

- Transgender Victoria, Equality Branch in Department of Premier and Cabinet and Commissioner for Gender and Diversity Ro Allen.
- Accenture and their Pride Network and volunteers whose partnership and generous donation of the space and their time at the event made the Gathering possible.
- For the contributions of TGD community members who have informed this report, your experience and insight is now at the centre of what lies ahead.
- Jack Metcalfe, for his tremendous work on the foundation phase of the project, and his work leading up to, during and after the TransGathering.
- All those that have come before, and all of the new and emerging leaders who will come. We recognize our advancements have been won by the tireless efforts of our TGD elders, advocates and allies
- This is history in the making, and we should look optimistically to the future

Image credits

- Visual scribe/Cartoonist – Kenton Penley Miller (Insta: @kentoornist1)
- Photography - Margot Fink and Michael Way

