

A First of our Kind

Sexual Health, HIV & Holistic Wellbeing

CliniQ CIC

Michelle Ross MBACP accredited
Founder Director cliniQ.org.uk
Holistic Wellbeing and Sexual Health for Trans people
Michelle@cliniQ.org.uk



A BRIEF HISTORY CLINIQ

Why a Trans Service ?

2007 HIV and trans people – invisible in UK.

❖ Inspired by Centre of Excellence Trans Health Care - San Francisco 2

2008 In House training at THT and first booklets on HIV and trans people. 2010.

2010 Ideas for a Space for Sexual Health and HIV

CliniQ founded 2012 - First of its Kind

ByUsForUs

Not Just passive receivers of services

Six Trans Health Matters Conferences

❖ Three International Speakers

Two IAS Durban South Africa & Amsterdam

2 Stage Data Collection – inspired by CoE Trans Health Care.

PHE HARS HIV / AIDS Reporting System

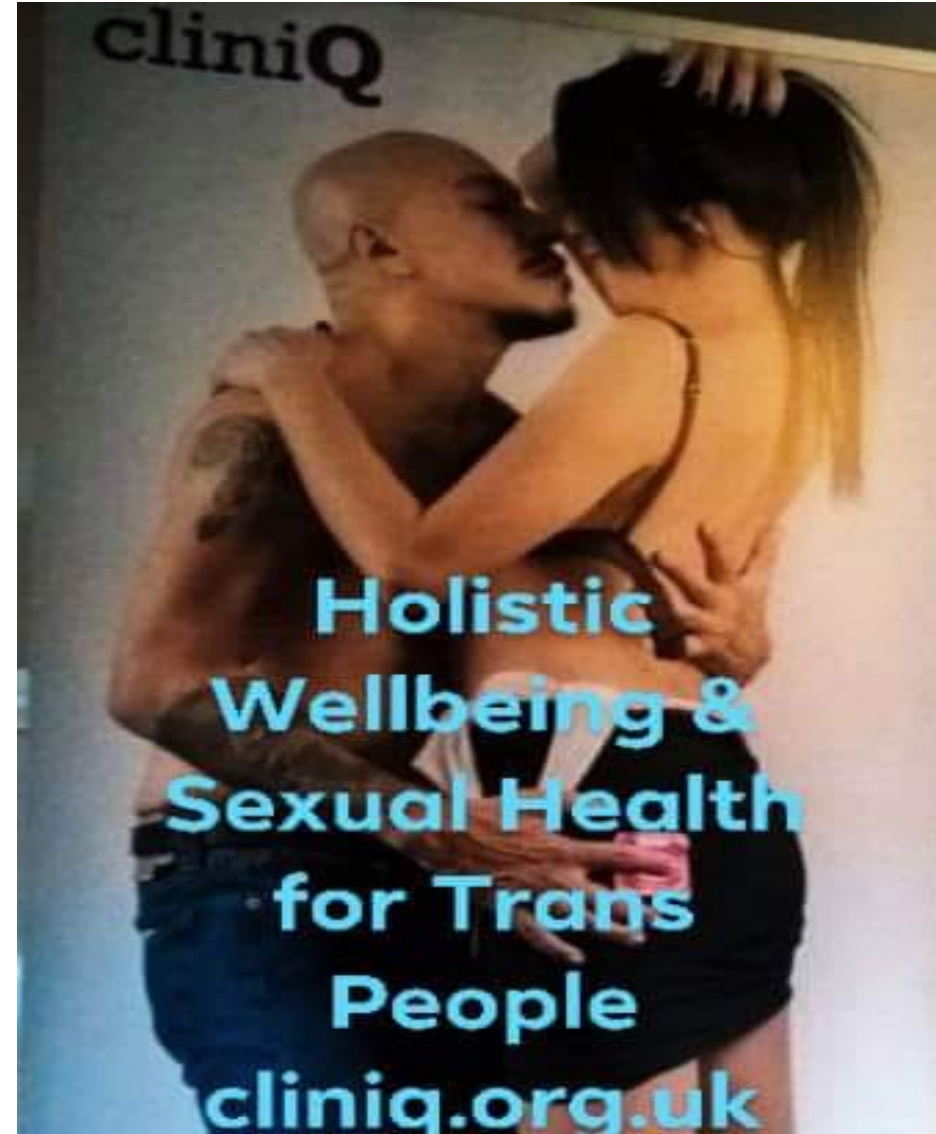
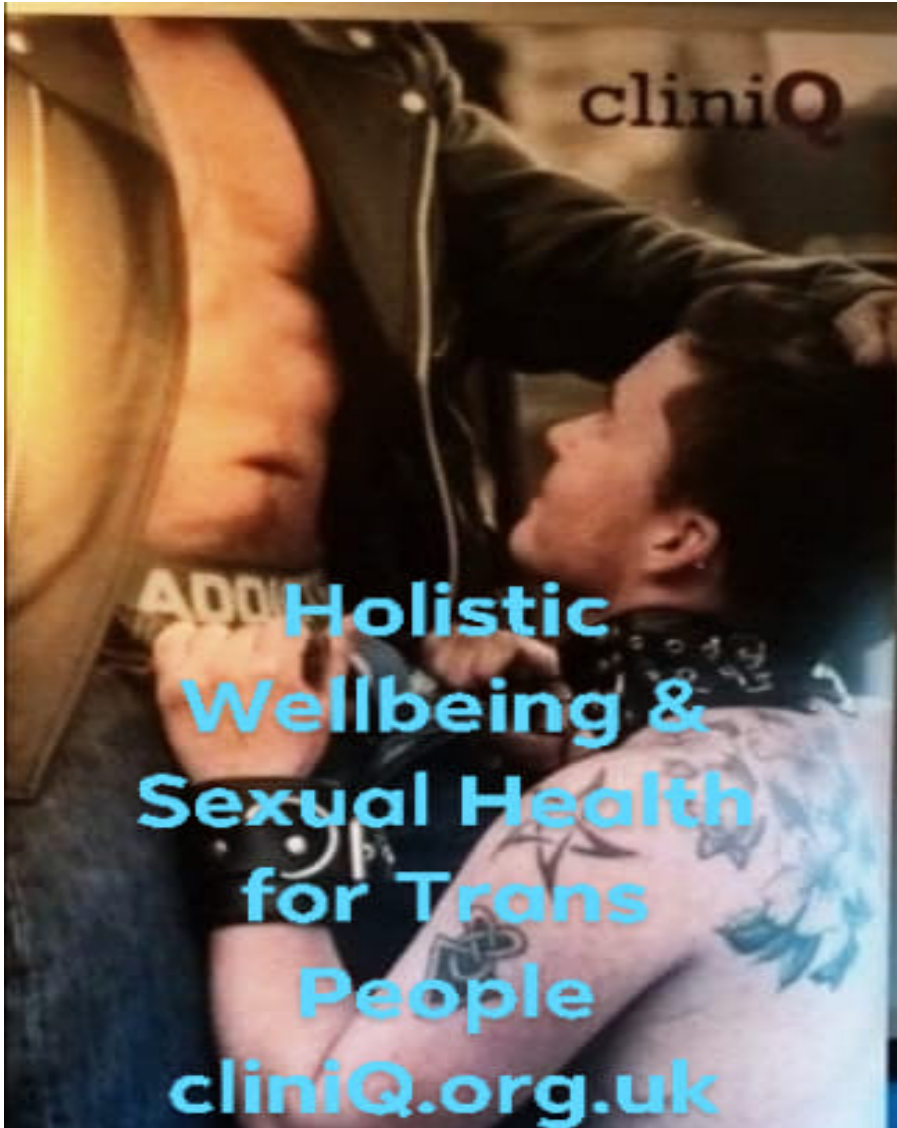
2017 HIV data a first in UK

PReP and trans folk

PHE Innovation Fund Sex & Trans Folk

South London CliniQ & Kings College Hospital NHS Trust – what another first!

SEX. TRANS AND NON-BINARY FOLK



**CLINIQ ROOTED IN OUR COMMUNITIES
8 YEARS OF HOLISTIC WELLBEING & SEXUAL HEALTH
OUR SERVICES FOR TRANS/NON-BINARY PEOPLE &
THEIR PARTNERS:**

Full sexual health & HIV services

PrEP impact Trial

Hormone injections / Hormone Monitoring

Cervical smears for anyone (over 25) w/ cervix

**Counselling / One-to-one and group
counselling & Peer mentoring**

Drug & alcohol support

Acupuncture & yoga

Housing, benefits & employment support

Health promotion & community HIV PoCT



**Tuesday evening clinic in
Partnership with King's
College Hospital &
cliniQ
Therapy Centre St Pancras**



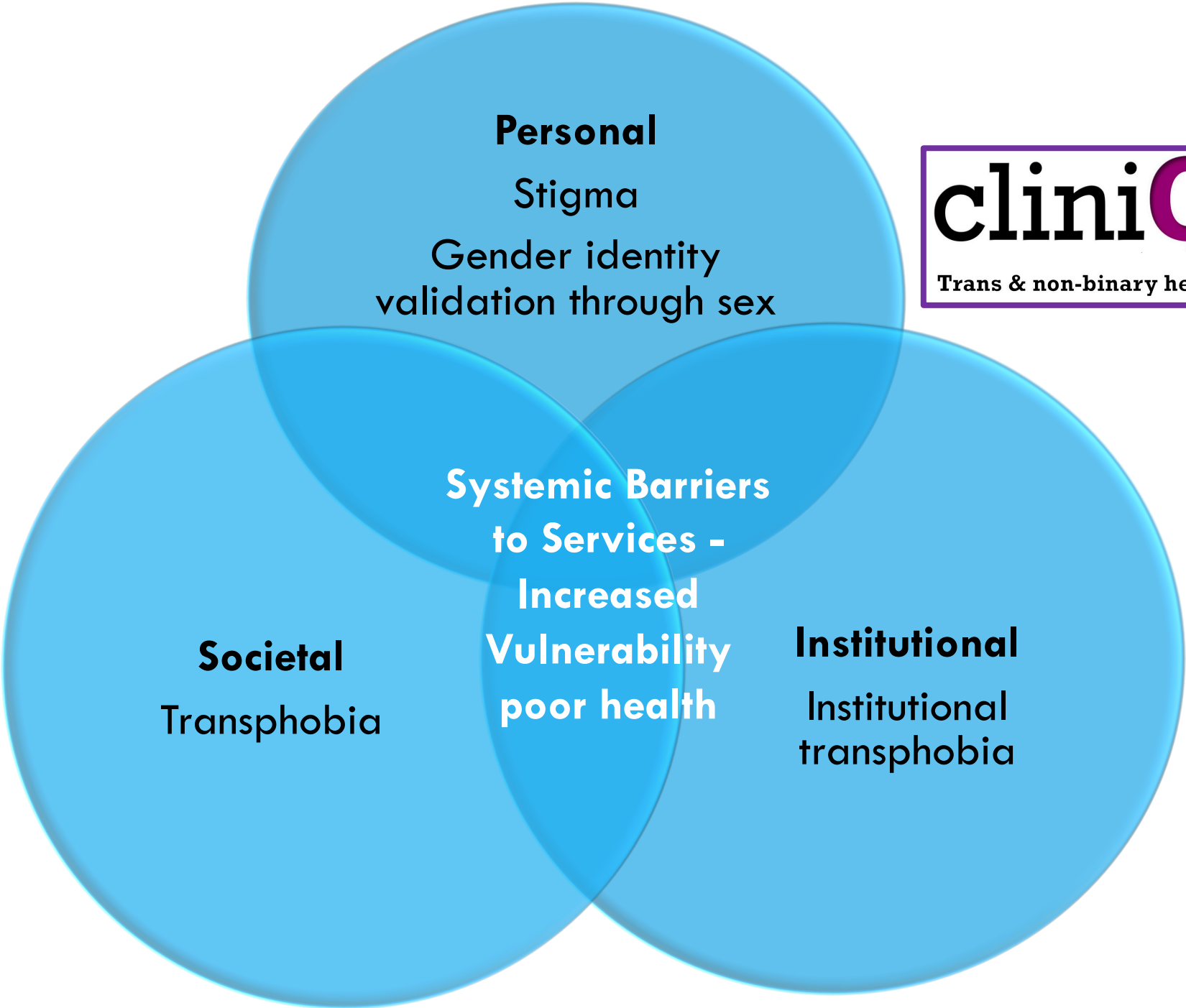
GOOD PRACTICE

Trans folks' inclusion in sexual health: a key population:
Michelle Ross MBACP(Accred)

Trans queer health in a binary system is a hidden population - without data we are invisible.

An holistic approach to trans queer health plays a key part in reducing vulnerability to sexually-transmitted infection/HIV acquisition with improving mental health, self-esteem and wellbeing, and reducing isolation.

Health services need to have an intersectional, trans-led, trans-competent approach to the care continuum and be able to manage risk factors holistically.



Personal
Stigma
Gender identity
validation through sex

Societal
Transphobia

Institutional
Institutional
transphobia

**Systemic Barriers
to Services -
Increased
Vulnerability
poor health**

Intersectionality

Inequalities are connected



Gender inequality is impacted by racism, class, homophobia, transphobia, discrimination against disabilities (ableism) & other issues.

OTHER
sociologist



National Diversity Awards 2019
Celebrating Unity in Society
IN ASSOCIATION WITH **itv NEWS**

2019 WINNER
COMMUNITY ORGANISATION
AWARD FOR LGBT

CLINIQ
Community Interest Company

2019 Sponsors
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www.nationaldiversityawards.co.uk

INCLUSIVE COMPANIES



EXAMPLES OF PARTNERSHIP WORKING

Supported by Lambeth, Southwark and Lewisham

PHE HIV HARS

BASHH Recommendations

SLaM developing

Other trans services

Our community UK and Internationally

Trans Health Service
cliniQ at King's
Sexual Health & Holistic Wellbeing

cliniQ
Community Interest Company

NHS
King's College Hospital
NHS Foundation Trust

Visit us on a Tuesday:
Appointments: 4-7pm 020 3299 5000
Walk-in: 4-6pm

Caldecot Centre, Caldecot Road, Denmark Hill SE5 9RS
www.cliniq.org.uk counselling@cliniq.org.uk



WHY IS HIV DATA IMPORTANT?

Used to directly inform prevention strategies and health policy:

- People at risk of acquiring HIV
- Characterising people living with diagnosed HIV
- Service needs of those living with diagnosed HIV
- Clinical outcomes of people accessing HIV care

No trans people in a dataset

=

No Trans people visible

HOW IS GENDER COLLECTED?

CONFIDENTIAL REPORT OF:

- FIRST UK DIAGNOSIS OF HIV INFECTION** (Sections A, B & D)
[Excludes transfers of care within UK]
- and/or **ALL FIRST UK DIAGNOSES OF AIDS** (Sections A, C & D)
- and/or **DEATH WITHOUT AIDS IN AN HIV INFECTED PERSON** (Sections A, C & D)

HPA use only **C3**

Rep Date [] [] [] [] [] [] [] [] [] []

CHR No **C** [] [] [] [] [] [] [] [] [] []

AIDS/
DwoA No [] [] [] [] [] [] [] [] [] []

A: ALL REPORTS

Hospital/Centre

Dept./Ward

Reporting Consultant

Telephone

PATIENT DETAILS

Soundex code/surname

Initials

DOB

 / /

Sex

M

F

Clinic/Hosp No

If in UK temporarily, usual country of residence

Country of birth

If not UK, date of first arrival (mm/yy)

 /

REVISED QUESTIONS

A2 How do you identify your gender?

Woman
(including trans woman)

Man
(including trans man)

Non-binary

In another way

Prefer not to say

A3 Is this the same gender you were assigned at birth?

Yes

No

Prefer not to say

- Two-stage question developed in collaboration with CliniQ, the LGBT Foundation, and a partnership of other LGB&T organisations.

NATIONAL HIV DATA

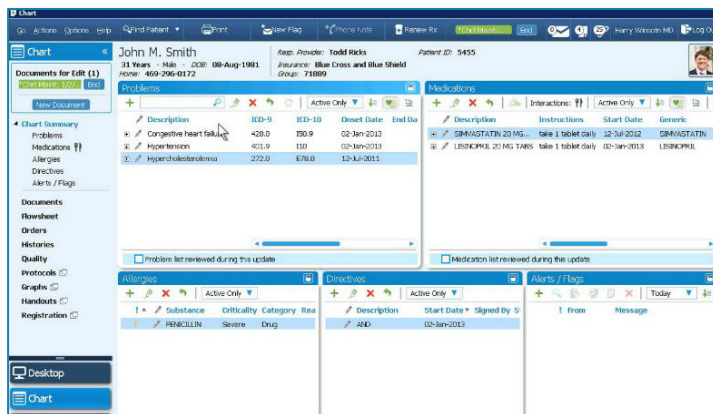
HARS

HIV & AIDS Reporting System

National system for monitoring HIV outpatient care in England

Collects clinical data at every attendance

Gender identity data **may be partially complete**, this is being addressed through continued follow-up with clinics and improved guidance



EXERCISE TO VALIDATE TRANS HIV DATA

0.62% (609/94,885) people potentially trans accessing care between 2015 and 2017



For each person, the clinic was contacted and asked to verify gender identity and gender assigned at birth



178 were confirmed as trans (0.19% of people in care)



79% (140) identified as women

7% (12) identified as men

11% (20) identified as non-binary

3% (6) identified as other/ non-binary

UK HAD NO DATA ON TRANS PEOPLE AND HIV CLINIQ WE WORKED WITH PHE TO CHANGE THIS AND IN 2017

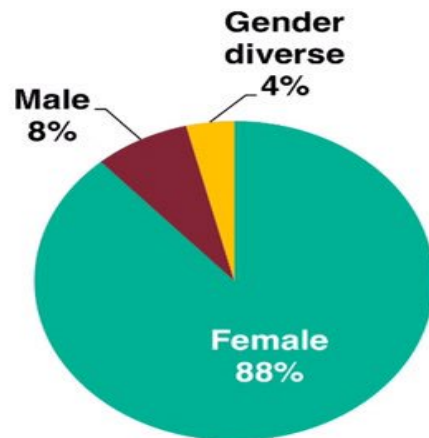
Data on trans people and HIV in the UK



Trans people accessing HIV care

123 trans people were accessing HIV care in England in 2017

Gender identity

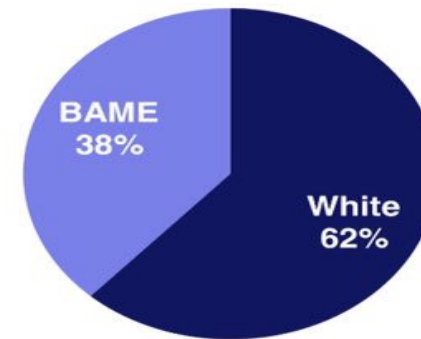
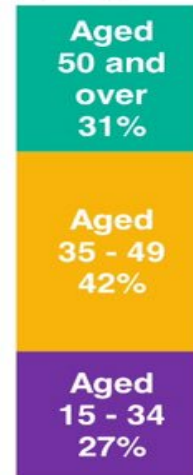


56%
live in London



Residency

Age group



Ethnicity

Further breakdowns are published online: <https://www.gov.uk/government/statistics/hiv-annual-data-tables>
Trans is an umbrella term that refers to all people whose gender identity is different to the gender given at birth, this includes trans men, trans women, genderqueer, non-binary, and other gender identities.

BRITISH ASSOCIATION FOR SEXUAL HEALTH & HIV RECOMMENDATIONS

[HTTPS://CLINIQ.ORG.UK/WP-CONTENT/UPLOADS/2018/11/BASHH-T-AND-NB-SH-STANDARDS-PRESENTATION-2.PDF](https://cliniq.org.uk/wp-content/uploads/2018/11/BASHH-T-AND-NB-SH-STANDARDS-PRESENTATION-2.PDF)



RECOMMENDATIONS FOR INTEGRATED
SEXUAL HEALTH SERVICES FOR TRANS
AND NON-BINARY INDIVIDUALS

BARRIERS & BUILDING, FACILITIES, CLINIC ROOMS

Barriers to Healthcare

Previous negative experiences

Lack of targeted health promotion

Unaware of (increased) health needs

Personal, social, institution, economic and structural barriers to care

Building Services

No gendered waiting rooms

Toilets

Interchangeable examination couches

Drop-in services or online support

Gender diversity training for reception, clinical and administrative staff

“What name would you like me to use?”

“What words do you use to refer to your genitals?”

“What gender are your partners?”

SO.. JOB DONE THEN?



No . A long way to go



While we have began to make the changes mentioned



There is huge work to do on Primary Care, Secondary Care, Mental Health, Systemic Cultural of Exclusion...



Dr Michael Brady National Advisor for LGBT Health work on these areas



Gender Care



And finally for now...

IMPLEMENTING COMPREHENSIVE HIV AND STI PROGRAMMES WITH TRANSGENDER PEOPLE PRACTICAL GUIDANCE FOR COLLABORATIVE INTERVENTIONS 2016

Table 1.1 Characteristics of programme approaches

DONE FOR TRANS PEOPLE	DONE WITH OR LED BY TRANS PEOPLE
Prescriptive: Programmes sometimes focus on telling trans people what to do and how to do it.	Collaborative: Programmes listen and respond to trans people’s ideas about what to do and how to do it.
Paternalistic: Often assume that knowledge, skills and power reside with the programme staff and managers and not with community members.	Participatory: Honour and actively seek to leverage the knowledge, skills and power that reside with the community of trans people.
Tokenistic: Involve trans people in programme implementation mainly as volunteers, not as equal partners.	Inclusive: Involve trans people as equal partners in programme design, implementation and evaluation, more commonly as paid employees working with the community.
Commodity-oriented: Monitoring mainly focuses on goods and services delivered and targets to be achieved.	Quality assurance-oriented: Monitoring mainly focuses on quality, safety, accessibility and acceptability of services and programmes, community engagement, community cohesion and community connectedness, as well as adequacy of service coverage.
Top-down: Focus on building relationships mainly within the health system with health-care providers.	Bottom-up: Focus on building relationships within communities of trans people as well as between trans people and other organizations, service-providers, human-rights institutions and similar groups.