healthwatch Cumberland

Trans voices

Project Report

July 2026

A community interest project amplifying the voices of Cumberland's gender diverse community

Contents

About Healthwatch Cumberland:

Healthwatch Cumberland (**HWC**) is the local health and social care champion. With a statutory duty to engage with local people, communities, and neighbourhoods, we listen to their views, feelings, and experiences, and share these with commissioners of services.

We are independent of all services and work to reduce inequalities and barriers to services by seeking out the experiences of those who are identified as 'seldom heard' and sharing intelligence gathered to drive improvements.

More information on our statutory duties can be found here:
https://healthwatchcumberland.co.uk/our-mission/

To fulfill our statutory functions, Healthwatch undertakes a range of engagement. From pop-up engagements in villages and towns, attending existing support groups and running focus groups

By law, there must be a Healthwatch in every local authority area, therefore, Healthwatch is funded by, and accountable to, local authorities. Healthwatch England (HWE) acts as the national consumer champion for all local Healthwatch organisations, enabling and supporting HWC to bring important issues to the attention of decision makers nationally.

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Introduction

Why are we focusing on Gender Diversity?

Healthwatch Cumberland select core projects based on feedback from our community, with previous research highlighting areas of focus and feedback from residents in Cumberland. People we spoke with directed us to this topic after they shared difficulties accessing healthcare, experiences with healthcare professionals and not feeling listened to.

What did we do?

During planning stages, Healthwatch Cumberland staff reached out to LGBTQ+ organisations as part of a consultation on our online survey content and interview question content. Furthermore, we contacted Healthwatch Essex about their 'Transitions' project to discuss our approach to engaging the gender diverse community in research.

Following this, we launched our online survey and began reaching out for participants in case study interviews and focus groups. We engaged with several LGBTQ+ groups in the area to get involved with existing sessions and peer support provision in the area.

A message from Co-Project Lead Suzannah:

Trans and gender diverse people are facing more and more challenges. From stigma to a lack of care and an ever growing mental health crisis, the Healthwatch Cumberland team decided it was time to act.

We all have a responsibility to support others and to speak up for those who are being treated unfairly.

Trans people are often excluded from healthcare campaigns and discussions. It's time to change this.

We hope this project report can educate and encourage people to listen to trans people's voices.

Acknowledgements

This project would have not been possible without the bravery of participants sharing their experiences. The team extend a huge thank you to those who spoke with us. This report aims to amplify your voice, act as a passive educational resource and be used by local stakeholders to improve health and social care services.

Pride In North Cumbria (PINC) kindly supported this project by allowing us to host a viewing of their 'I, Me, Us' documentary film, including a catalogue of personal stories from Transgender, non-binary, and gender non-conforming individuals in Cumberland. The film was produced by Eden Film (a Carlisle-based organisation), and made possible by the Heritage Lottery Fund.

We previewed the film at Tullie House in Carlisle during their Zine Fest in April 2026. The film was a great accompaniment to this project and provided an educational output that highlights challenges and bravery by this community in addition to featuring deeply personal stories.

The Healthwatch Cumberland team would like to thank all who got involved in this project whether you allowed us to visit your community group, completed our survey, shared your experiences via case study with us, shared our posts, or simply just picked up this report to read about the project findings.

Background Research

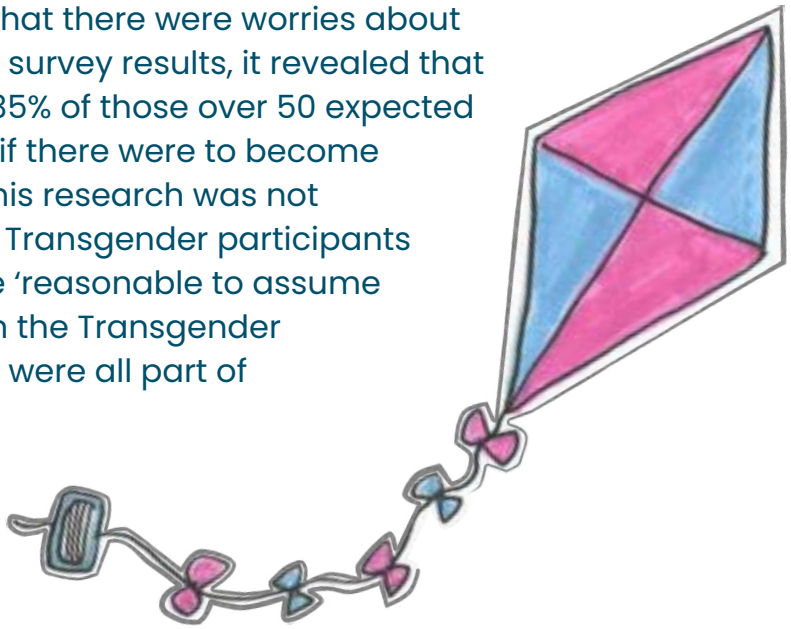
What is Gender?

Gender is largely misunderstood with many mistakenly associating the term with one's biological sex. Gender identity refers to a person's internal sense of self. This may be male, female or many other descriptions, what is important to note here is that someone's gender does not have to 'match' their assigned sex at birth. Gender can be expressed through the way someone behaves, the clothing they choose, hairstyle, voice or body characteristics. These definitions have been drawn from the American Psychological Association website for the most up-to-date information available (APA, 2024).

Under the Equality Act 2010, Gender Reassignment is stated, making it one of many protected characteristics alongside sex, age, race, sexual orientation & religion. Despite this legislation, Transgender people are often discriminated against and victims of hate crime. Discrimination can be defined as the treatment of a person or group differently or worse than others. For instance, Transgender healthcare staff and patients still experience discrimination and bullying regardless of being protected under legislation (Somerville, 2015).

Wider Impact

Research suggests that discrimination and anticipatory discrimination is a large barrier to Transgender people when it comes to accessing healthcare. A survey with 2092 respondents showed that there were worries about future care needs. From the survey results, it revealed that 31% of all respondents and 35% of those over 50 expected to receive worse treatment if there were to become residents in a care home. This research was not carried out specifically with Transgender participants however, it was stated to be 'reasonable to assume similar worries from those in the Transgender community' as participants were all part of the LGBTQIA+ community (Guasp, 2013).



It was suggested that even one negative experience with a healthcare service is likely to cause a Transgender person to feel uncomfortable and 'unable' to use that same service/facility again in future. Therefore, leading to an increased likelihood of postponed care when needed (Grant et al., 2010).

Barriers within the healthcare systems include limited provider understanding, inaccessible communication, and difficulties navigating services contributing to poor healthcare experiences for both autistic adults and Transgender/gender diverse people (Nicolaidis et al., 2015; Mason et al., 2019; Safer et al., 2016). These barriers and consequent delay in seeking care when needed is a considerable factor contributing to health inequalities in this community. Through raising awareness of this wider impact in health and social care settings, this may assist to reduce these delays.

Recent findings highlight that autistic Transgender and gender diverse (TGD) people experience disproportionately poor health and healthcare outcomes compared with both autistic cisgender individuals and non-autistic cisgender adults. Studies show that autistic TGD adults have elevated rates of both physical and mental health difficulties compared with cisgender adults, including a higher prevalence of chronic conditions, alongside significantly higher rates of self-harm (Downing & Przedworski, 2018; Hanna et al., 2019; Newcomb et al., 2020).

TGD populations also report poorer experiences across 50 of 51 measured aspects of healthcare quality, including communication, accessibility, and feeling understood by professionals (Green et al., 2025). These findings reinforce the urgent need for health and social care environments to recognise the intersection of neurodivergence and gender diversity, ensuring services are accessible, respectful, and responsive to the unique barriers faced by autistic TGD people.

In summary, it is clear that a general focus on improving access to healthcare for Transgender and gender diverse people is required, with significant health inequalities evident for this population.

This project delivered by Healthwatch Cumberland will provide qualitative evidence highlighting key themes and areas of focus for relevant stakeholders to take action on improving care delivery and access for gender diverse populations in Cumberland.

Methodology

In August 2025, we launched our Transvoices project. Healthwatch Cumberland attended various Pride events over the summer to promote the project and engage with the LGBTQ+ community. Initially, there were challenges in communication between community groups engaging with us, and this delayed the project. In late autumn, engagements picked up, people seemed more interested in the project and survey responses began coming through.

7 case studies

18 survey responses

33 people engaged with at groups visited

Engagement Methods Used:

Focus Groups with LGBTQ+ organisations

Online Survey (printed physical copies available on engagements)

Case Studies (Personal Experiences)

Groups Engaged With:

FFLAG

TRANS ACTION WEST CUMBRIA

OutREACH Cumbria LGBT GSRD

QUEER CUMBRIA
(West Cumbria and Carlisle)

Online Survey:

At Healthwatch Cumberland we develop our surveys on the platform Smart Survey. In this project survey, participants could be allies of the Trans community, friends or family members of a gender diverse person or those who have Transitioned themselves.

The survey asked participants about their experience using open and closed questions, including questions around support networks, healthcare access and treatment plus many more.

Case Studies:

This project aimed to amplify the voices of the gender diverse community, highlighting issues in health and social care in addition to societal stigmas.

7 Case studies were completed, navigating Transition journeys, communication with healthcare professionals and overall experiences as a gender diverse individual.

Distribution and Communication

The online survey was shared through Healthwatch Cumberland's social media platforms, via email to relevant organisations and in our monthly newsletter.

Posters and postcards were made inviting people in our community to participate or get in touch.

Furthermore, engagement officers verbally promoted the project while out at engagement events and in system meetings.

Summary of Findings

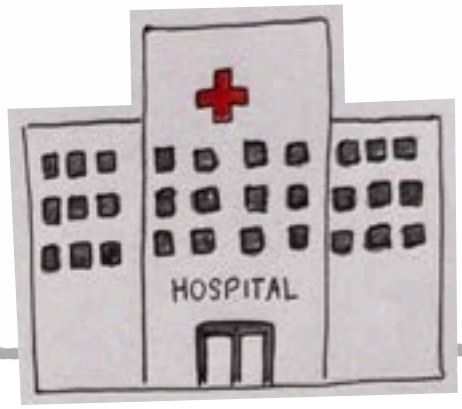
This Transvoices project set out to understand the experiences of Transgender and gender diverse (TGD) people in Cumberland. This mixed methods project with a strong qualitative weighting draws on 13 survey responses and 7 case studies. The findings reveal clear patterns of unmet need in healthcare, significant mental health pressures, and mixed experiences of safety and acceptance in Cumberland.

Key Findings

Access to Healthcare

Both survey respondents and case study participants reported long waiting times and systemic gaps in gender-affirming healthcare. Experiences included:

- Waits ranging from several years up to nearly a decade for gender clinic appointments.
- GP refusals to support blood tests, name/pronoun changes, or shared-care arrangements.
- Participants turning to private care or DIY HRT due to NHS delays or refusals.
- Cases of missed consultations, lack of follow-up, and complete disengagement from services.



Mental Health and Wellbeing

- All respondents who answered reported mental health difficulties, including anxiety, depression, PTSD, and suicidal thoughts
- Case studies highlighted trauma linked to bullying, social rejection, assault, family conflict, and long-term concealment of identity.
- Many participants connected their mental distress with delays in care, discrimination, and persistent misgendering.

Despite this, many individuals demonstrated resilience, describing periods of growth, self-acceptance, and improved wellbeing when supported by friends, employers, or LGBTQ+ spaces.

Social Attitudes and Community Experiences

Experiences of living in Cumberland varied widely:

- Many case study participants described staring, microaggressions, misgendering, and feeling unsafe in public spaces.
- Some faced open hostility, especially in rural or tight-knit communities where “everyone knows each other.”
- Others reported positive experiences at Pride events,
- inclusive workplaces, or supportive social groups
- Participants emphasised the need for greater public
- education, consistent use of pronouns, and a more
- informed understanding of gender diversity.

Multiple participants described a generational divide, with younger people generally being more accepting than older people in Cumberland.

Support Networks

Survey data showed that most Trans and Gender diverse people rely heavily on informal support:

- Friends and family were the primary sources of support.
- Access to professional support (GPs, counsellors, specialist services) was inconsistent or unavailable.
- Several case study participants lived with significant social isolation.

Lived Experience

Across the case studies, participants described:

- Lifelong feelings of gender difference beginning in childhood.
- Barriers in expressing identity safely in public spaces.
- Experiences of bullying, harassment, and discrimination.
- Mental health impact when their identity was dismissed or invalidated by professionals or family members.

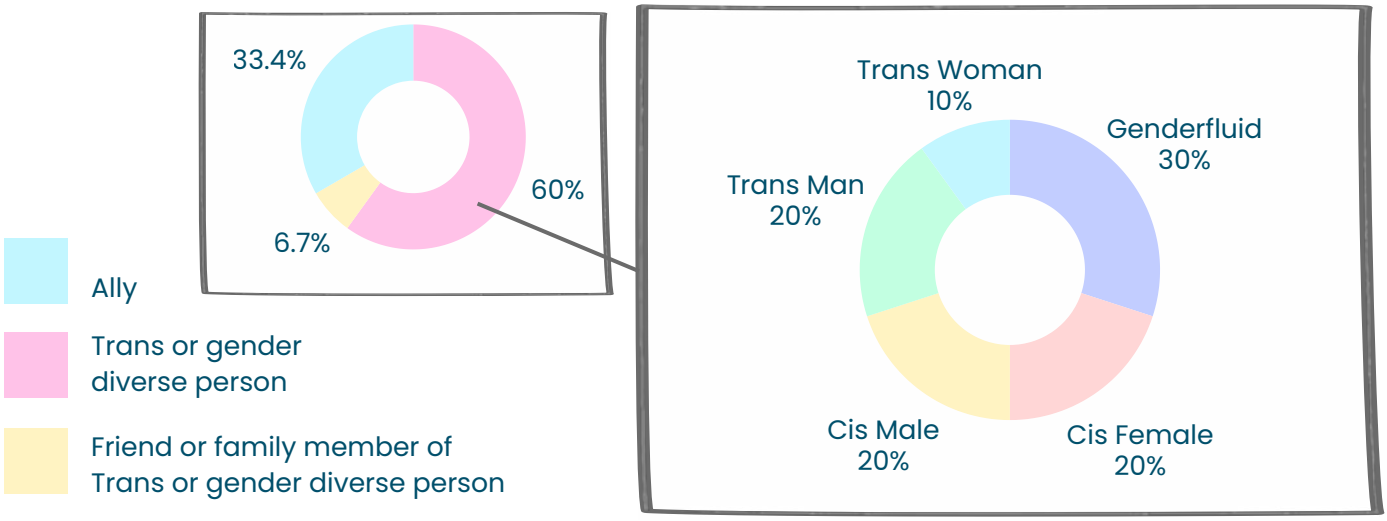
Significant barriers have become clear during this project, with long wait times of healthcare and discrimination in public and healthcare settings.

These barriers contribute to poor mental health outcomes and reduced quality of life.

Survey Results

This project took a mixed-methods approach using an online survey and case studies to collect data. Initially, there were challenges with limited participation with case studies becoming the favoured method of response by groups we engaged with. As a result, the following data is representative of 18 partial and 13 full survey responses. For responses with greater or lower than 13 responses, this will be stated.

Demographics of respondents:



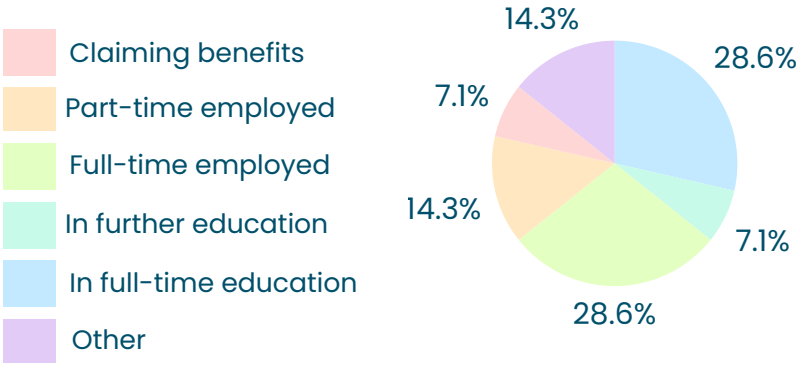
In order to limit how restrictive our data collection methods were, we allowed allies and friends/family of Trans and gender diverse people to respond to our online survey.

Cis (gender): *relating to a person whose gender identity corresponds with the sex assigned to them at birth.*

Age Distribution:

- Under 16 **15.4%**
- 16-18 **23.1%**
- 22-24 **15.4%**
- 25-27 **15.4%**
- 41-50 **7.7%**
- 51-60 **15.4%**
- 61-70 **7.7%**

Employment Status:



Further information:

Sample size: 8

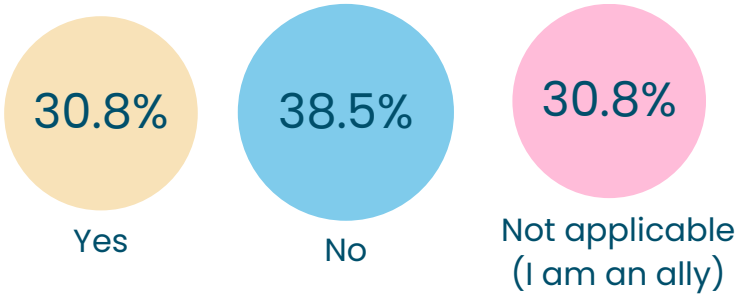
75% of respondents stated they have a long term health condition (mental or physical)

75% of respondents stated they are neurodiverse e.g. Autistic, ADHD

Survey Results

Survey Question Responses

We asked if respondents had been referred to a Gender Clinic:



For those accessing a Gender Clinic,we asked about wait times:

"I waited 3 years for my assessment and 7 years in total for treatment"

"I've been waiting over five years for an appointment."

"I've been on the waiting list for around 3 years"

"I have been wanting to for years but it just doesn't happen"

"I gave up and went private"

We asked about services and care they have received already:

"I've received mental health support before, but it wasn't Trans-related."

"I've received absolutely nothing"

"I know that they go to an LGBTQ+ club and I am unsure of their other support."

"I don't get any official support, but I take my own DIY HRT. I did have one gender clinic appointment but it was just the initial one."

"I go to a peer support group, and a social group. My Transmasculine HRT is in progress and I receive other mental health support"

We asked about whether care was received in Cumbria or elsewhere:

"What care?"

"I get DIY HRT from abroad and am under a gender clinic in Nottingham."

"I received support in Cumbria"

"The only local service for me on the NHS is in Newcastle."

"All my care has been remote so far"

"All my care is in Cumbria except for private consultations for diagnosis in London and Brighton."

We asked about how long respondents had to wait to receive this care:

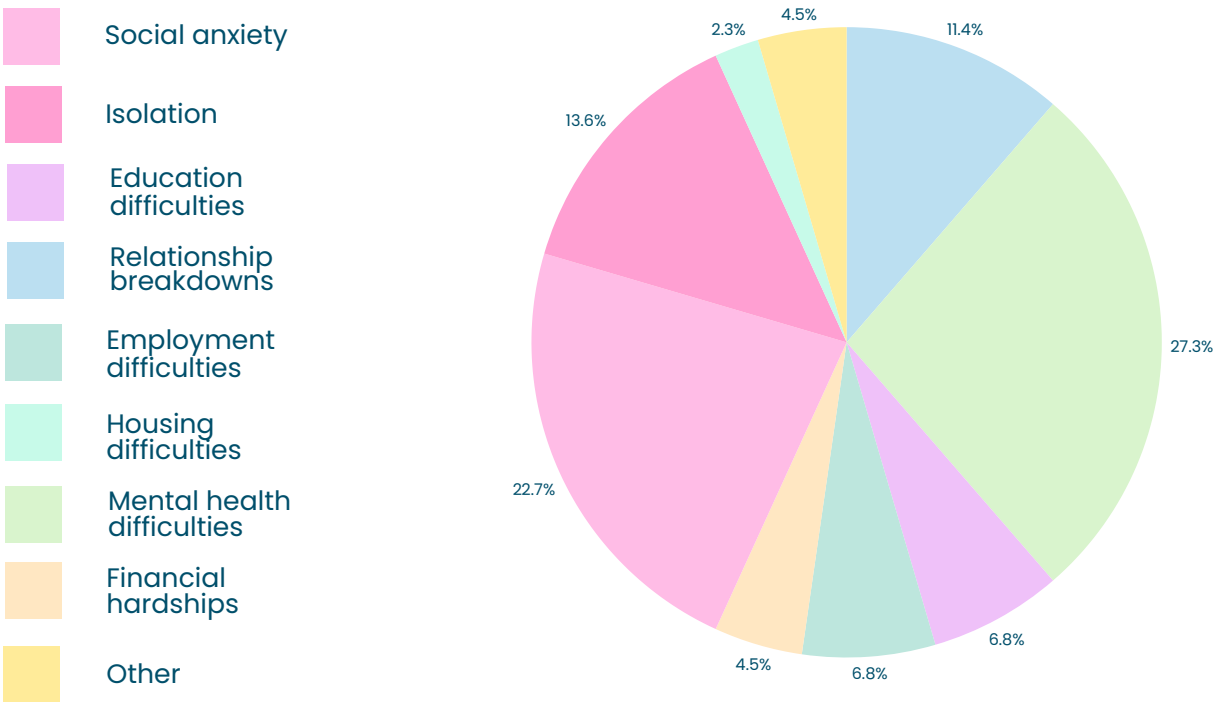
"6 months"

"A few months for HRT"

"As I went private, waiting times didn't take too long."

We asked about the impact of their experience:

Sample size: 12



We asked:

What do you think about current social attitudes towards Trans and gender diverse communities?

How do you think this is impacting you, or a Trans or gender diverse person you know?'

Some people are really Transphobic and some are really nice and accepting but it can make me feel isolated.

I'm so scared. It's hard to be hopeful for the future when it feels like no one wants you to have one.

Individuals are mostly alright with it, it's when it gets to larger groups and people in power that pass legislation that it gets scary. There needs to be more open acceptance across the board. Corporations and organisations tend to do stuff 'about' us but not 'for' us.

It feels like hell. Literally.
People treat me as a butch woman, no matter how much I correct them.
My family refuse to use my name and think I'm severely mentally ill.

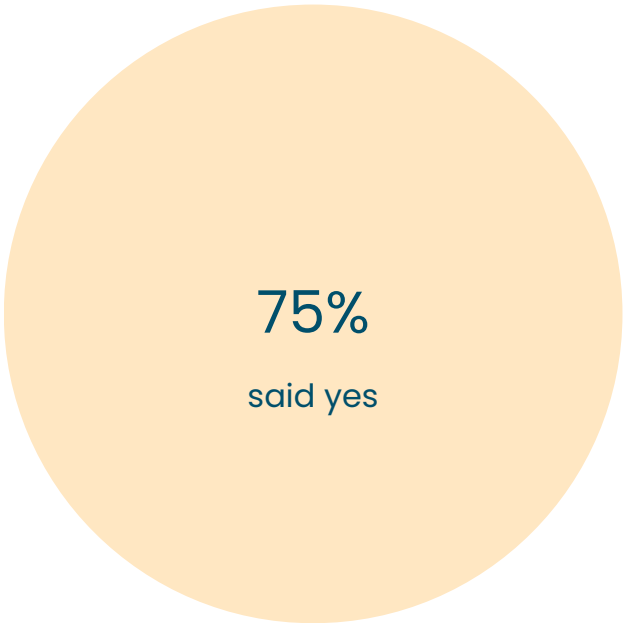
There are lots of people who hate us

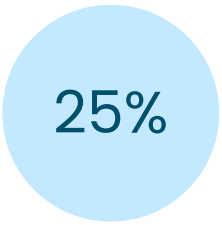
I think they are slowly getting better but it still needs improvement. I think a better education about it and more Lgbtq and such clubs can help awareness and support.

I believe that gender diverse people still are not completely accepted by people around them especially if they look a certain way but they sound a different way and that can cause people to look differently at them and may cause people to have negative thoughts about them.

When asked about whether respondents had experienced thoughts/or attempts to take their own life:

Sample size: 12





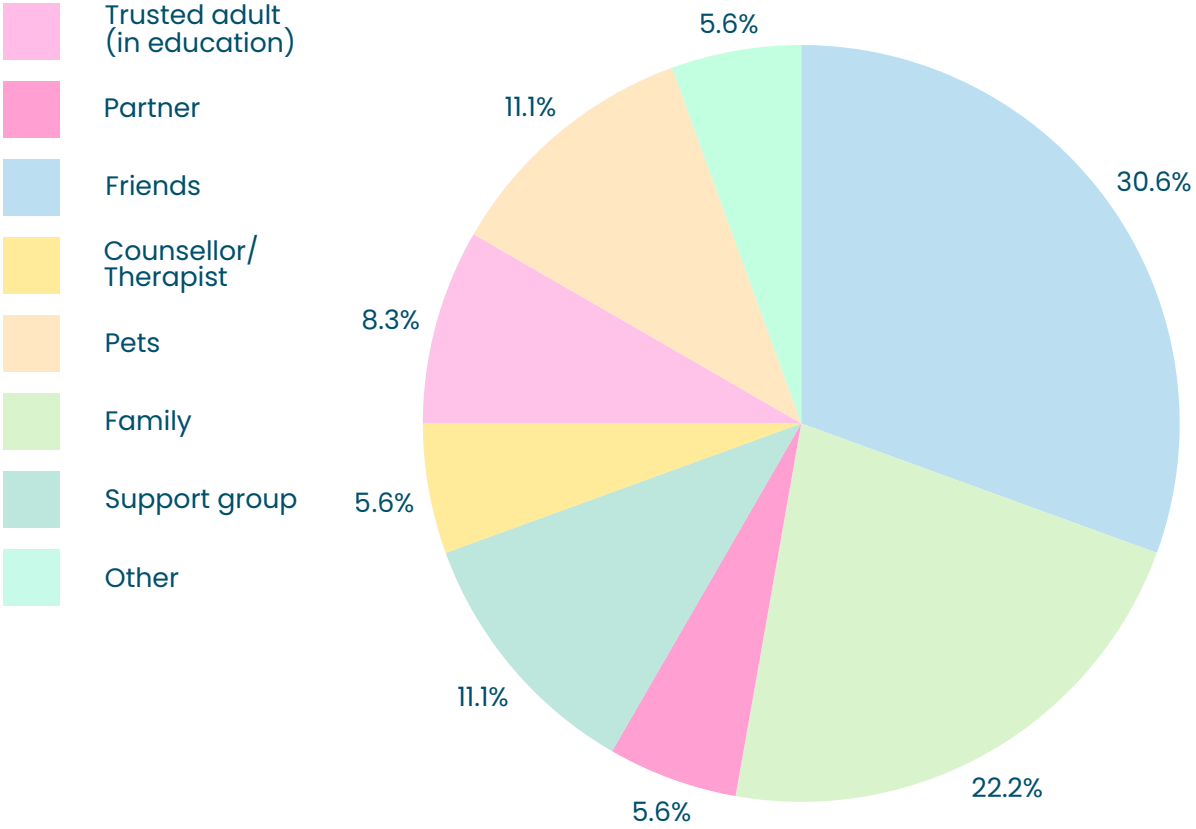
preferred not to say

It is alarming that not one **respondent said they have not thought about suicide.**

Lastly, we asked about respondents support networks:

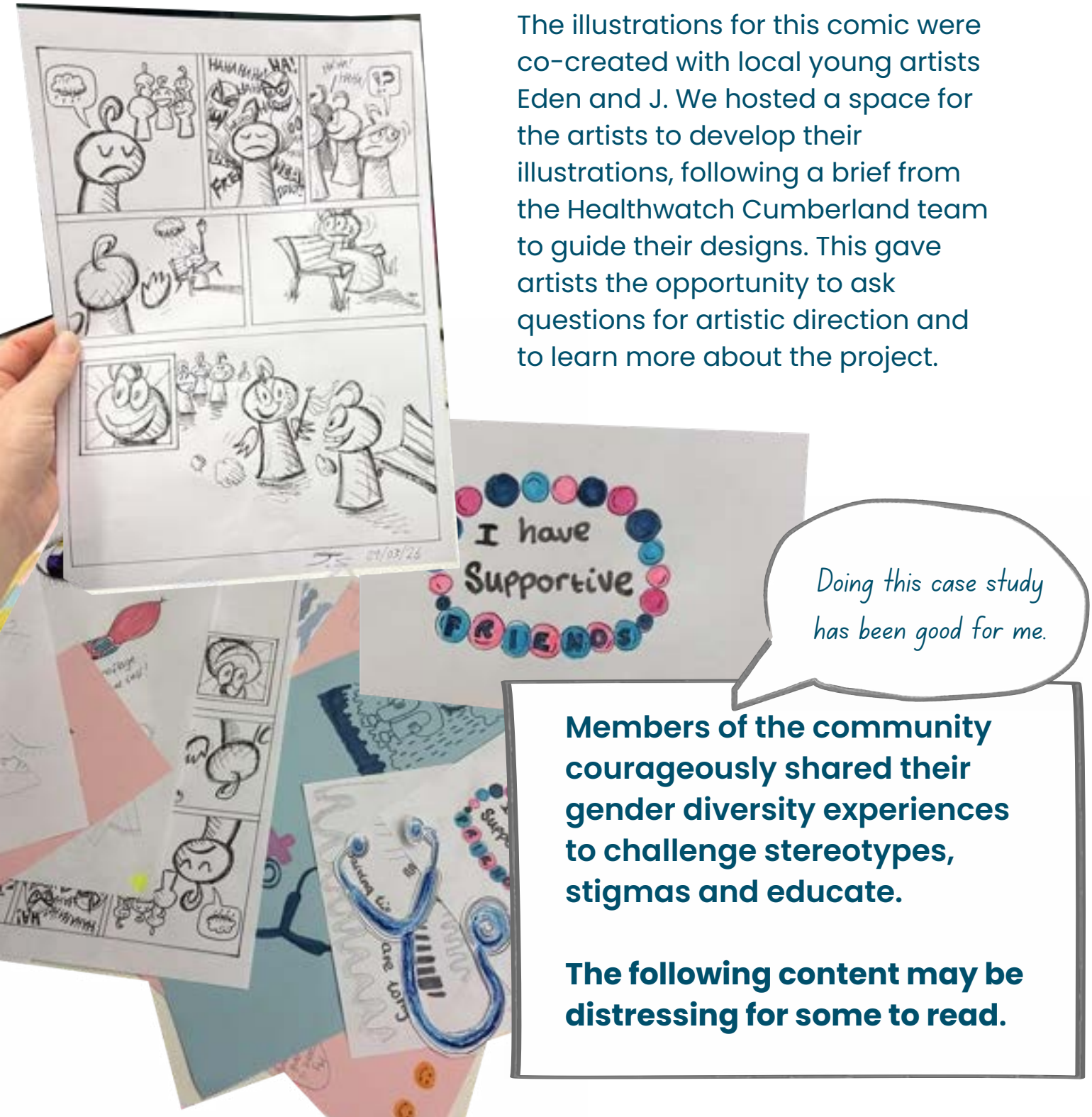
Support resources and signposting were available at the end of the survey.

Sample size: 12



Comic

After hearing these powerful stories from project participants, we decided to create a comic to present these case studies in a more engaging and accessible way. Our aim is that this will help boost the readership of these stories, so that more people can better understand the experiences of local Trans and gender diverse people.



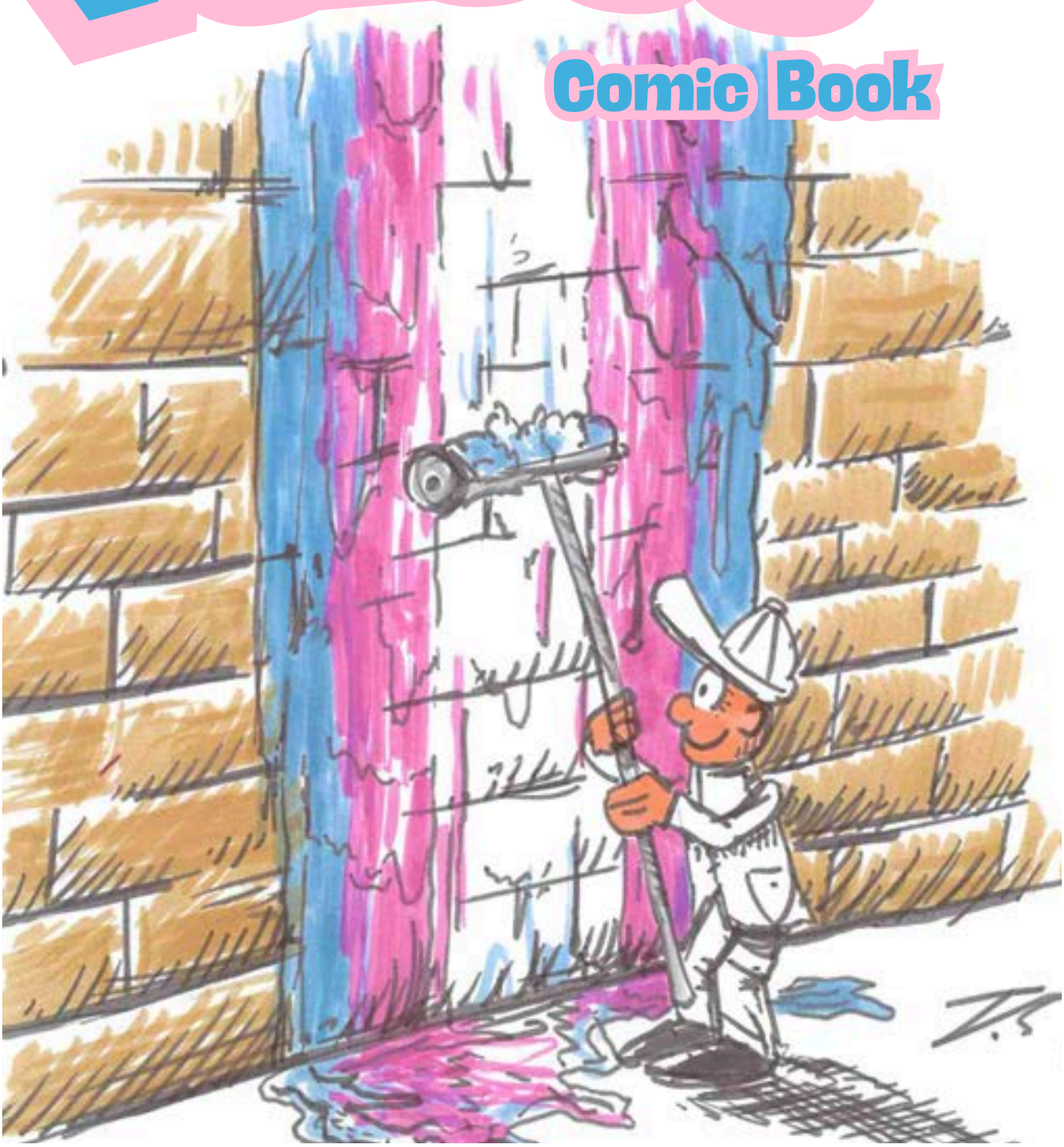
The illustrations for this comic were co-created with local young artists Eden and J. We hosted a space for the artists to develop their illustrations, following a brief from the Healthwatch Cumberland team to guide their designs. This gave artists the opportunity to ask questions for artistic direction and to learn more about the project.

Members of the community courageously shared their gender diversity experiences to challenge stereotypes, stigmas and educate.

The following content may be distressing for some to read.

Trans voices

Comic Book



"I spent most of my childhood years trying not to be me."

A young Trans woman's story of finding herself despite a lack of role models.

I didn't know Trans people existed until I went to university. **The LGBTQ+ Community was not visible in my childhood.**

"I spent most of my childhood years trying not to be me."

During COVID I was shut in with my feelings. **I hit my lowest point.**

Living in Cumbria can be scary and there isn't much Queer Culture. **You don't feel safe. People stare at you.**

"No-one at work has known a Trans person before. **I am a spectacle.**"

My friends were okay with me being Trans, but **my family didn't understand.**

"Trans women end up being invisible women."

I'm viewed as a problem by the healthcare system. I ask them for things that aren't funded. The system is not built with Trans and gender diverse people in mind.

"I believe a system has been created to segregate who is and who isn't allowed to be Trans."

In terms of my mental health now **I am the happiest I have ever been.** Next year I will be happier.

Case Study 1:

"I didn't know Trans people existed until I went to university."

I didn't know Trans people existed until I went to university. The LGBTQ+ Community was not visible in my childhood. Since the age of 12, I experienced a 'dark patch' and was unhappy, but I didn't know why.

"I spent most of my childhood years trying not to be me."

During COVID I was shut in with my feelings. I hit my lowest point. My friends were okay with me being Trans, but my family didn't understand. The hardest thing was dealing with reactions from my wider family.

My GP has been f*****g awful. They refused to do blood tests when I was DIY-ing hormone medication. I was made to wait 6 months for my GP to change my name and pronouns. I previously went to a Gender GP and had a diagnosis of Gender Dysphoria.

I'm on a waiting list where the clinic was only just seeing patients who have been waiting since 2019.

Living in Cumbria can be scary and there isn't much Queer Culture. You don't feel safe. People stare at you.

"No-one at work has known a Trans person before. I am a spectacle."

I'm viewed as a problem by the healthcare system. I ask them for things that aren't funded. The system is not built with Trans and gender diverse people in mind.

"Trans women end up being invisible women."

I think it's very unfair how ageing men are given gender affirming testosterone for example, but for Trans people it's much harder to get gender affirming care.

When you're DIY-ing you have to take loads of time off work to get blood tests.

"The system is designed to cause suffering. I believe a system has been created to segregate who is and who isn't allowed to be Trans.""

I would like to see the NHS repair the shared care agreement for Trans care, and to remove the risks to Trans patients. I think staff should have more training. It feels insulting to show doctors a surgery passport to change my name and pronouns. Getting new passports is a massive challenge for the Trans community.

Case Study 2:

Trigger Warning:
Self-performed surgery mention

From a very young age, I knew I was not male. I dreamed of being a girl, prayed to wake up as a girl, and felt deep gender dysphoria. I had no support, and there was no safe way to express this.

I was terrified of male changing rooms and toilets, which still causes me distress. I had no one to talk to and spent much of my life in silence about who I truly was. I suffered from severe, persistent acne that required hospital treatment and left permanent facial scarring. This made me the target of intense bullying at secondary school.

During my apprenticeship in my teens, I was bullied again; this time more severely by older men. These experiences left me traumatised and fearful, contributing to ongoing mental health struggles including anxiety, PTSD, and suicidal thoughts.

I first disclosed my gender identity to a doctor, who smirked at me when I said I was Transgender. I approached several other doctors asking for HRT but was always refused. There was no pathway, no support, and no compassion. Years later, under the care of another doctor, I was told that I would never "pass as a woman" unless I had extensive facial surgery.

Despite asking repeatedly for an orchiectomy, I was consistently refused. **In despair and feeling trapped, I performed an orchiectomy on myself.**

"I almost died, but I have never regretted the decision." This act was born of desperation and abandonment, and it was caused by NHS neglect.

I am socially isolated.

Neighbours, some family members, and even strangers continue to tell me that I do not "look like a woman".

I now face potential refusal of Gender Recognition Act related surgery and facial gender-affirming surgery procedures. I have sought this for years and these procedures are vital for my wellbeing and safety in society.

On 17th February 2025, I was told I would have an online consultation with a surgeon. This appointment never took place and there has been no follow-up. The surgeon only communicates by letter, and this delay with no Transparency has left me feeling completely powerless and discarded. Advocates have stopped trying to contact PALS at Hospital, because they do not respond.

"Being non-binary made sense to me."

A young non-binary person's story of discovering what their identity means to them.

I felt like I related to male characters in books, in films, in tv etc. I especially connected with Anime so **I thought that the closest label that I could be was 'Trans Male' but then I discovered what non-binary was** and that felt like a better fit and made sense to me.

I remember messaging a friend on instagram and I saying that I don't really feel that my gender is what I am on the outside. We chatted about labels, but didn't have the clarity of what I might be then.

I didn't tell my parents how I felt for another 5 years. It was a relief once they knew. It meant that they could then advocate for me with extended family and friends.

I felt my birth name was a bit too 'princessy' and I did not feel like that was my name.

My parents worked hard (and still do) on the pro-nouns and my name change.

My Mum really helped with choosing my name. She wrote a list of all the unisex names she could think of and **we chose my name together.**

My friendship group from college were really diverse, I ended up in a group of people who were also non-binary or neurodiverse so there was a lot of support and understanding.

I think there is a lot more acceptance and inclusion within the creative world.

I remember a situation when I was with my friends in McDonalds and there was some younger children being verbally abusive, using words that children shouldn't know which makes me think that they got that from parents/adults which is concerning. **The acceptance and tolerance of others, starts at home.**

Gender is everywhere. Belonging and my identity is closely linked to my gender.

Case Study 3:

At 14 I was shy, quiet and unsure.
At 24 I am confident, creative, comfortable.

I think I must've been about 14. Everything just felt 'off'. I remember messaging a friend saying that I don't really feel that my gender is what I am on the outside. We chatted about labels. I related to male characters in books and films.

I discovered what non-binary was and that felt like a better fit. I didn't tell my parents for another 5 years. It was a relief once they knew.

When I came out to my parents, I wasn't sure if they would understand the non-binary concept. They worked hard on the pronouns and my name change.

My Mum really helped with choosing the name. My sister was amazing. Dad reacted positively but did take a bit longer. My grandparents have been really good about the name change but they are still working on the pronouns. My other grandparents accepted the name change but we felt it would be wise not to delve into the pronoun stuff. My friendship group from college were really diverse and there was a lot of support and understanding.

I often feel nervous. It is difficult to know what people may think or say. I don't blend in but I don't particularly want to stand out for being different either. I remember a situation in a restaurant when younger children were being verbally abusive. The acceptance and tolerance of others starts at home. Lots of people my age are confident and comfortable chatting about gender conforming, sexuality and neurodiversity. Gender is everywhere. Belonging and my identity is closely linked to my gender.

My mental health is impacted more by my autism than anything. I am doing much better now and I am able to feel more like myself. I feel happier now that I have a job and have been accepted as myself there. I had periods of helplessness with the anxiety of not knowing how an employer would perceive me as non-binary. I am so grateful for the opportunities in front of me.

Doing this case study has been good for me.

No issues to recall with GP surgeries, hospital staff or other services.

More work needs to be done towards societal change regarding gender and identity. There needs to be improved research/understanding into the links between neurodiversity and gender identity/sexuality.

Case Study 4:

My first inkling was during junior school.

By the time I was 10 I knew something was 'wrong'. I would just wish that I was a girl. I absolutely hated becoming a teenage boy. I was very unhappy about having a penis and I was in utter despair when my voice broke and my Adam's Apple developed.

I was bullied incessantly for being 'an outsider' and for being neurodiverse, and **I was also sexually assaulted on two occasions** by men as a teenager.

For over 30 years I struggled. I was cross dressing in private and meeting 'Transsexual' people in the secret. The pressure from family and societal expectations were overwhelming and took over. We ended up having children but in all honesty, we probably shouldn't have.

I had a mental breakdown which I put down to my gender crisis and issues with mental health. I attempted to take my own life but couldn't go through with it. I had a full mental breakdown.

When I returned to work I was in a new team that didn't know my history. I had hope. I started being a 'she/her' at home and remained a 'he/him' in the workplace.

My mother found me wearing women's clothes when I was young and scared the living daylights out of me by saying that if I go down that path my life would be unbearable. **I held it in for 30 years until after she died.**

As time went on and my Transition progressed in my 40's, my brother was supportive. I also had the acceptance of my step-mum, an Aunt and eventually my Dad.

My employer really messed up. I was outed in the staff newsletter and the story was leaked to the press. Reporters turned up and my children were harassed. The whole experience was horrendous. Most staff were supportive, but the management division was very macho/egotistical.

I am fortunate that I 'pass' well.

My confidence has grown. I am generally accepted and I really do feel welcome here. I have made a few good friends.
Living rurally can be very isolating and lonely. Volunteering helps keep me in contact with people. This gives me purpose.

The first time I discussed my gender identity with a health professional was at the age of 41. All my GP experiences have been positive. I had to pay privately and travelled to Thailand for surgery. I have self-funded several surgeries, probably around £20K throughout the 90's.

I would like to see more care and support for the next generation of Trans people.

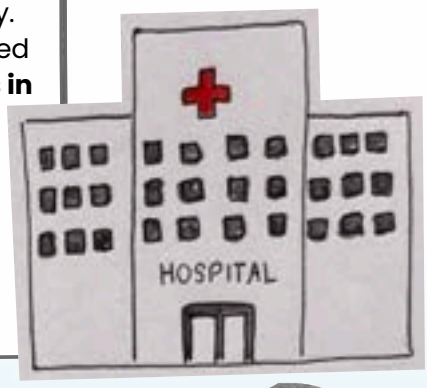
I've been very fortunate to have had supportive GPs.
They have never had an issue supporting my hormone replacement over the past 25 years.

"I've come out of my shell so much."

A Trans man's story of his improving mental health after Transitioning.

In 2011 I came out as gay. A few years later I realised I'm Trans. **I felt like I was in the wrong body.**

Before I Transitioned, I was in hospital because of my mental health.



I spoke to other Trans people at a group and felt a lot better.

"I've come out of my shell so much."

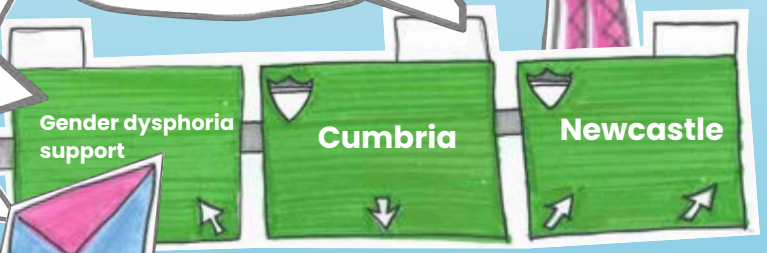
"I've got no idea what you mean"

I've been on the waiting list to speak to a Gender Identity Clinic since 2018. I was told to come back at first as they said "I've got no idea what you mean" Referred two weeks later to NRGDS.

My Mam and dad still find it hard. They use my new name but sometimes use the wrong pronouns.

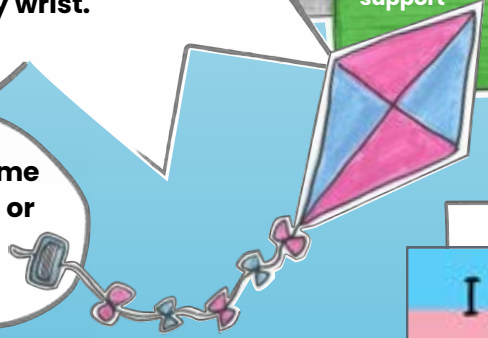
My brother has been really supportive and said "I love you for who you are."

It was so frustrating to wait for NRGDS treatment. **I got so upset I punched a wall and damaged my wrist.**



I was offered a peer support group in Newcastle by the NRGDs but it's too far away.

Some people call me the wrong names or pronouns on purpose.



Living in Whitehaven can be hard as everyone knows each other. I didn't realise there were many other Trans people in Whitehaven. **I Didn't have role models.**

I Feel like I'm behind as I didn't realise I was Trans sooner. But I'm getting further on now that I've got NRGDS appointments.

It's set my confidence sky high now I've Transitioned.

Case Study 5:

In 2011 came out as gay. A few years later realised Trans. Felt like in wrong body.

"I've come out of my shell so much."
"Everything started clicking into place."

Mam and dad still find it hard. Use my new name but sometimes use wrong pronouns. Brother said "I love you for who you are." A few people call me wrong names or pronouns on purpose. Friends are supportive. "They're happy that I've found who I want to be."

I've been on a waiting list since 2018 through GP. Told me to come back at first as they said "I've got no idea what you mean." Referred two weeks later to [NRGDS]. Language used makes it sound like an illness. "Diagnosed me with gender dysphoria."

It was frustrating to wait for treatment. I got so upset I punched a wall and damaged my wrist. Sometimes get upset when others talk about their surgery.

Colours Café is a great place to volunteer. "They treat me really well."

Living here can be hard as everyone knows each other. I didn't realise there were many other Trans people. I didn't have role models and feel like I'm behind as I didn't realise I was Trans sooner. I'm getting further on now that I've got appointments. They told me it can take up to 6 months to get testosterone. It would be helpful to get more of a breakdown on timescales.

Additional notes from support volunteer at the session that this case study was completed:

There are friendly people in West Cumbria but some people have ignorance. Some people are angry at Trans people. [NRGDS] still use gender stereotyping.

Some people don't understand "I wouldn't put myself through all this if I didn't really want to Transition." Hormone side effects can be drastic and risky. "Why would I risk it if I wasn't sure?"
Medical staff don't explain options. They need more person-centred care.

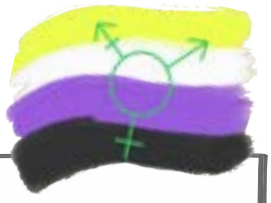
"It felt affirming to hear the term non-binary."

A young non-binary person's story of realising they didn't have to fit into a box.

I was never 'girly' and probably would have been classed as a 'tomboy'. However **when my best friend came out as Trans I thought that I also wanted to be a boy.**

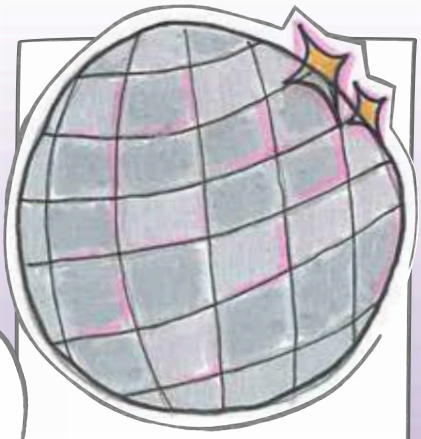
Watching tik tok and **meeting new people showed me it was ok to play with gender.**

My family fully embraced me. I have an older brother and I wanted to be just like him! **There was no 'this is for boys and this is for girls' influence in our house.**



I felt boxed in by being 'masc' so I couldn't embrace my femininity. That is different now. I have an androgenous style but can be sassy and fun, **I feel that my gender is no longer a consideration – I am just me.**

I do remember learning the term 'nonbinary' and how affirming it felt, it was then that I realised that I didn't actually want to be a boy.

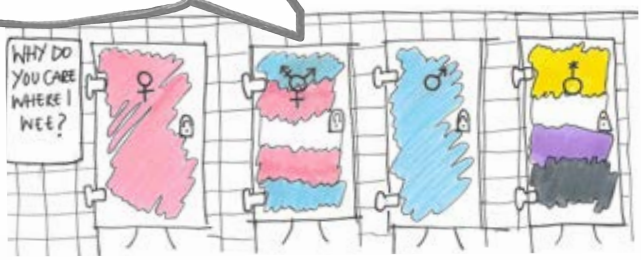


I would affectionately self-describe as a gay man trapped in a lesbian's body.

In Cumbria it is a daily occurrence that I need to come out or introduce myself.

I recently spent some time as an inpatient and the whole time, my gender was assumed and my full name used.

I find it so freeing not to have to conform to gender, societal rules or stereotypes.



My current workplace is great. All introductions are name and preferred pro-nouns from the off and there has been policy changes to accommodate Trans and nonbinary employees.

Without having those people who are different, we all miss out.

As long as we have the right values, we are kind people and nice to others – that is all that matters!

Case Study 6:

I can't remember a specific time. I have only ever known who I am now.

My whole life, I have just been accepted. I was never 'girly'.

When my best friend came out as Trans I thought that I also wanted to be a boy. As a lesbian, there is societal pressure to be masculine. I do remember learning the term 'nonbinary' and how affirming it felt. They/them just feel right.

I felt boxed in by being 'masc' so I couldn't embrace my femininity. I have an androgenous style but can be sassy and fun. I feel that my gender is no longer a consideration - I am just me.

My family fully embraced me. There was no "this is for boys and this is for girls" influence in our house. My parents have always been open and mega supportive. Gender isn't a thing. The supportive families don't get enough air time.

It has been a mixed bag between school and my workplace. School wasn't an easy time. Some people are really on it and others just don't get it. I will never publicly correct anyone. My current workplace is great. I work in the youth sector and generally it is more inclusive and tolerant. All introductions are name and preferred pronouns. However, I am aware that if I was to work in more mainstream employment this could be more tricky.

We are 30 years behind and have an old-fashioned mindset in Cumbria.

I have never had a night out in town without a negative incident or name calling.

I was once followed in the toilets by a man in a bar. There are the microaggressions with the looks, the staring, the avoidance.

As queer people we surround ourselves with safe people. The older generation are naïve to what it is like to be a young queer person today. Education is key. Self-advocacy and being activists in our own right is key.

Professionals have never asked me how I would like to be identified. The clinical environment is cold, no room for self-expression. My gender was assumed and my full name used. Using my preferred name wouldn't impact care but would make all the difference. I don't want to Transition or have gender reassignment surgery, but I would benefit from a breast reduction. I wouldn't know where to start.

I would like to see options for self-identifying in hospital settings.

Case Study 7:

"I would describe myself as a new woman."

I first realised I was Trans when I was 10. My mum used to love styling my hair.

One day I parted my hair the "girls' way". I looked in the mirror and saw a pretty girl looking back at me. My mum said "you would have made a pretty girl."

I found out later I was the surviving twin and Mum had always wanted a daughter. After seeing myself with a girl's parting, I wanted to see more of "her". I used to raid the laundry basket. I wanted to "know" the "Girl in the mirror". I was always deemed "sensitive". I was polite, well-mannered and artistic. My mum encouraged this.

I was disgusted by the misogyny amongst my male peers and my father. My mum's friend became a great support to discuss relationships and gender. I decided to make the formal Transition and live 100% as a woman in August 2025.

My friends have been very supportive. I separated with my wife years ago, but not because of being Trans. She was aware I cross-dressed. We are now best friends.

I strongly believe my GP practice is Transphobic and discriminatory. **They are a barrier to care.**

I have had zero input from my whole GP practice. They did the bare minimum.

They mishandled the referral to a Gender Identity Clinic. No initial assessment, no beard treatment discussion, no speech therapy. I had to pressure them to get support from a mental health nurse.

I have had a few good experiences. When I got my bloods done, and when I met with my mental health nurse, they acknowledged my new name.

Police officers and my bank have also been supportive. But someone at the bank said “you don’t sound like a woman.” I got a full apology and £100 compensation.

The vast majority of people don’t give a monkeys. I make an effort to “blend in”. I am respectful of others.

At the moment, I feel tired, frustrated and stuck. My GP practice seems determined to keep me simply as a cross-dressing man. This is distressing. I think there should be someone in every GP practice who can deliver a baseline gender dysphoria assessment. Gender Identity Clinics are willing to liaise with GPs to begin hormone treatments. GPs are point-blank refusing to do so.

Theme Analysis of Case Studies

The seven case studies that we gathered during this project provide insight into the lived experiences of Transgender and gender diverse (TGD) people in Cumberland. While each experience varies, recurring themes have been demonstrated which highlight systemic barriers in healthcare access, the impact of discrimination, the importance of support networks and groups, and the resilience demonstrated by participants despite significant adversity.

1. Barriers to Gender-Affirming Healthcare

A strong theme across almost all case studies included difficulty accessing timely, appropriate, and compassionate healthcare. Participants described long waiting times for Gender Identity Clinics (often several years), poorly managed referrals, and a lack of follow-up or communication. GPs were described to be acting as gatekeepers rather than facilitators of care, with reports of refusals to support blood tests, shared care arrangements, or even basic actions such as updating names and pronouns on records.

Several participants described feeling forced into private care or DIY hormone treatment due to NHS delays. In the most extreme case, sustained medical refusal and dismissal contributed to a self-performed surgical intervention, highlighting the potential consequences of prolonged neglect.

These experiences showed a healthcare system that is unprepared for Trans and gender diverse patients.

2. Psychological Harm and Mental Health Impact

All case studies revealed a significant mental health burden, including anxiety, depression, trauma, suicidal ideation, and self-harm. These difficulties were closely linked to delayed access to care, communication with healthcare professionals, family rejection, bullying, and fear for personal safety.

Several participants described prolonged periods of living “in hiding” or suppressing their identity, leading to emotional exhaustion and psychological distress. Participants emphasised that their mental health difficulties were intensified when their identity was ignored, questioned, or obstructed. Comparatively, progress in Transition, or feeling respected by others (such as attending support groups) were associated with improvements in wellbeing and self-esteem.

3. Experiences of Discrimination, Stigma, and Invalidation

Participants reported multiple forms of discrimination across healthcare, employment, education, and public spaces. These ranged from microaggressions such as misgendering and staring, to more hostility including bullying, harassment, outing, and verbal abuse.

Several participants described fear when using public toilets or navigating small, close-knit communities where visibility felt unsafe.

Healthcare professionals as a theme emerged as being especially damaging with invalidating participants. Case studies mentioned doctors smirking, dismissing requests for care, framing gender identity as an illness, or making assumptions about a person's ability to "pass."

These experiences often reinforced feelings of being seen as a problem rather than a person, and contributed to disengagement from services.

4. The Importance of Supportive Relationships and Safe Spaces

In contrast to negative experiences, supportive environments played a vital protective role. Friends, partners, chosen family, supportive parents, inclusive employers, voluntary organisations, and LGBTQ+ groups were frequently mentioned. Some participants credited supportive workplaces, volunteering, or peer groups with restoring confidence, providing purpose, and reducing social isolation.

Where participants felt accepted, individuals described feeling calmer, happier, and more able to live authentically. Pride events and LGBTQ+ spaces were highlighted as rare environments where participants felt visible, safe, and understood.

5. Visibility, Identity, and Safety in Cumberland

Living openly as a Trans or gender diverse person in Cumberland was described as a difficult and often exhausting. Many participants spoke about constantly assessing risk, deciding when to correct pronouns, or altering their appearance to avoid attention. Rurality and social familiarity intensified this experience, with some describing Cumberland as isolating despite some strong community support networks.

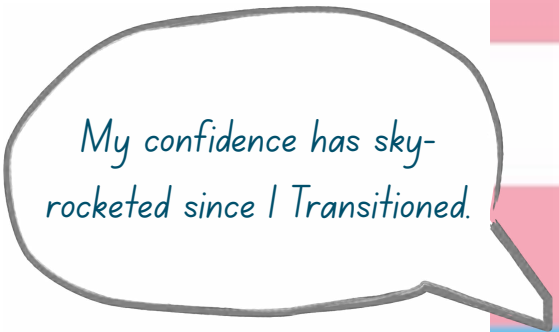
Participants consistently emphasised the need for wider public education to reduce stigma, improve awareness, and normalise gender diversity in everyday life.

6. Resilience and Identity Affirmation

Despite adversity experienced, the case studies highlighted resilience and strength. Many participants described significant personal growth following self-acceptance, Transition, or increased authenticity.

Participants spoke of feeling more settled, emotionally open, confident, and aligned with themselves after taking steps to live in their affirmed gender.

Creativity, activism, volunteering, pets, and advocacy were cited as important coping strategies. This resilience should not be seen to reduce the responsibility of services to improve; it simply highlights the potential for wellbeing improvements when barriers are removed.



Recommendations

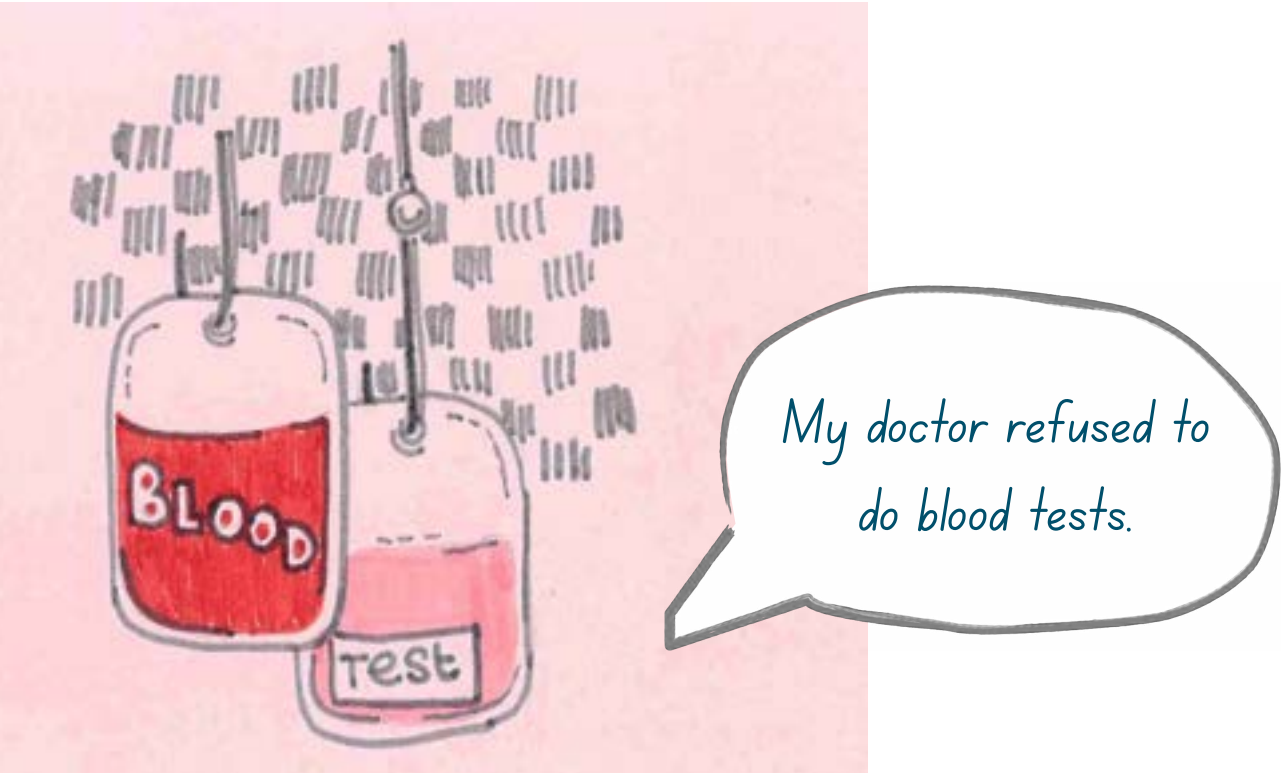
Harm Reduction

Healthwatch Cumberland recommends that NHS services adopt a compassionate, safety-focused harm-reduction approach for Trans and gender diverse patients who are unable to access timely care.

A harm-reduction approach has the potential to limit preventable deterioration in mental health, reduce medical emergencies, and ultimately save lives.

This may include:

- Ensuring GP practices provide appropriate blood monitoring, physical health checks, and general wellbeing support for patients who disclose private or non-NHS hormone use, without judgement or threat of withdrawal of care.
- Clear, consistent guidance for GPs on responding safely and ethically when patients disclose DIY HRT use, prioritising patient safety over gatekeeping.
- Recognition that refusal to engage with patients who are self-medicating does not prevent the practice, but instead increases health risks, psychological harm, and service avoidance.
- Acknowledging the link between delayed or denied care and escalating mental health difficulties, including self-harm and suicidal ideation, as evidenced throughout this project.



Self-identification during appointments

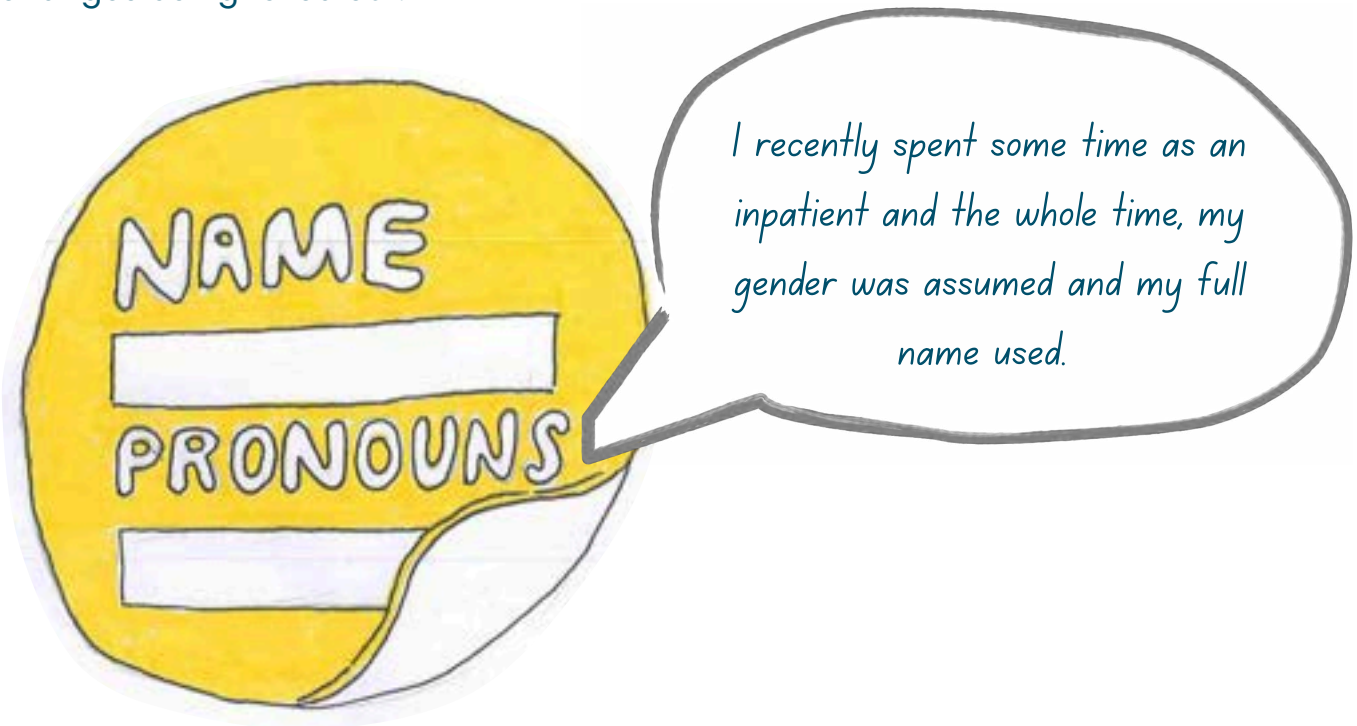
Participants consistently reported distress caused by misgendering, assumptions, and repeated disclosure of their gender identity within healthcare settings. These experiences often contributed to feelings of invisibility, invalidation, and disengagement from care.

Correct use of names and pronouns is a low-cost intervention that significantly improves patient experience, trust, and dignity, and should be considered a fundamental aspect of person-centred care.

Healthwatch Cumberland recommends that health and care services implement systems that enable self-identification, such as:

- The routine collection and visible recording of a person's chosen name and pronouns across healthcare records.
- The introduction or wider adoption of a gender passport or digital equivalent, allowing patients to share their identity information across services where they choose to do so.
- Encouraging healthcare professionals to ask patients how they wish to be addressed, rather than making assumptions based on appearance or records.
- Ensuring that updates to names and pronouns are completed promptly and without unnecessary barriers.

It is important to note that any local changes should align with any national changes being rolled out.



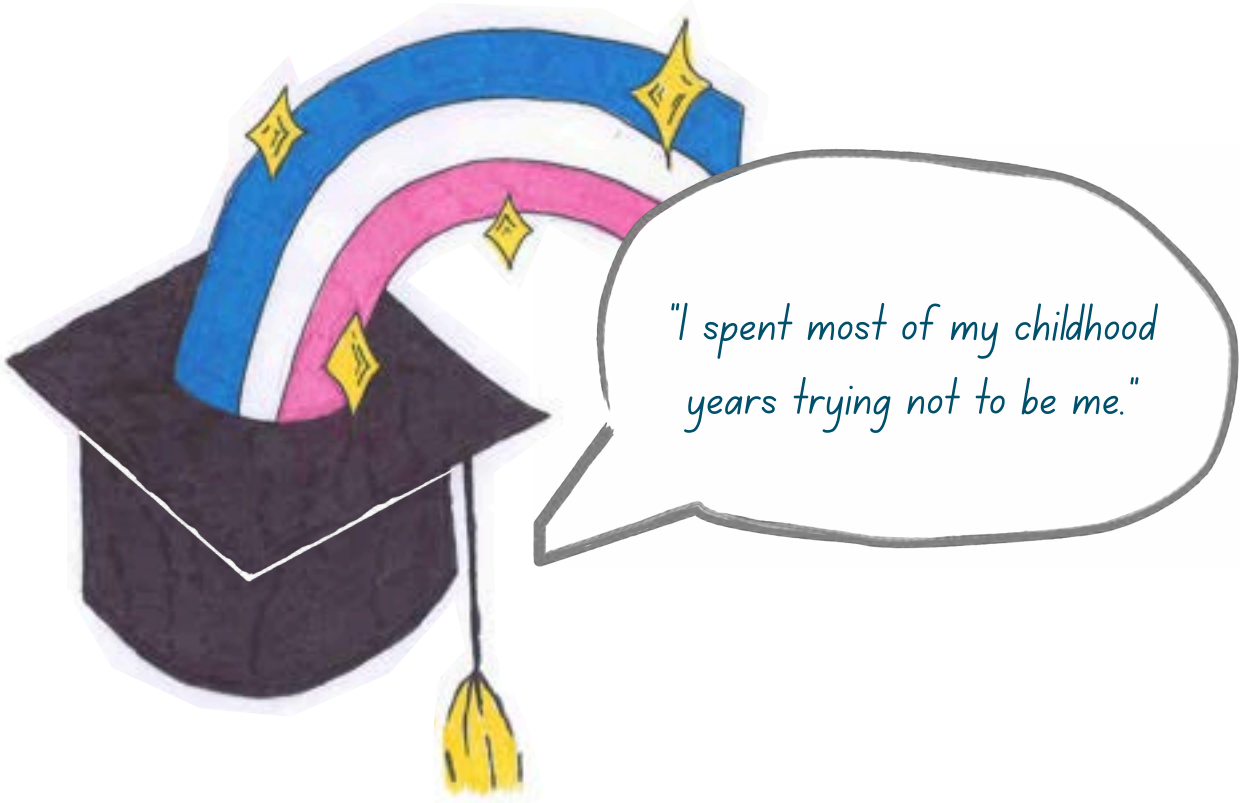
Support in education settings

Younger respondents and case study participants described education settings as central to their wellbeing, with experiences ranging from highly supportive to deeply harmful. Early experiences of bullying, isolation, and lack of understanding were often linked to long-term mental health impacts.

Providing affirming and supportive educational environments is a crucial preventative measure, supporting mental wellbeing and reducing long-term inequalities.

Healthwatch Cumberland recommends strengthened support for Trans and gender diverse pupils and students across education settings, such as:

- Clear anti-bullying policies that explicitly include gender identity and gender expression.
- Consistent use of chosen names and pronouns across registers, records, and daily interactions.
- Staff training to build confidence and understanding around gender diversity, neurodiversity, and mental health.
- Access to trusted adults and safe spaces where young people can seek support.
- Improved signposting to appropriate mental health and wellbeing services.



Local authority funding for support groups

This project demonstrates the vital role that peer support groups and community organisations play in supporting Trans and gender diverse people in Cumberland. Many participants identified support groups as their primary or only safe source of understanding and connection.

Healthwatch Cumberland recommends that local authorities:

- Continue and expand funding for LGBTQ+ and Trans-specific support groups and community organisations.
- Recognise peer support as a vital component of local health and wellbeing infrastructure, not an optional extra.
- Work collaboratively with NHS services and voluntary sector organisations to improve referral pathways and awareness of available support.
- View funding for support groups as preventative investment, reducing social isolation, crisis presentations, and pressure on statutory services.

The evidence from this project shows that well-supported communities are stronger, safer, and experience better mental health.

Employee wellbeing support

Workplace experiences varied widely across the case studies, with inclusive environments contributing positively to wellbeing, confidence, and identity affirmation, while poor practices led to distress and exclusion.

Healthwatch Cumberland recommends that employers across Cumberland take proactive steps to support Trans and gender diverse staff by:

- Providing access to gender-neutral toilets and inclusive facilities.
- Using inclusive language and gender-neutral terminology in policies, forms, and communications.
- Establishing clear and simple processes for name and pronoun changes at work.
- Creating Trans-safe spaces, staff networks, or wellbeing initiatives where appropriate.
- Delivering education and training for managers and staff to reduce discrimination, microaggressions, and misunderstanding.

Inclusive workplaces contribute to improved staff wellbeing, reduced absenteeism, and increased retention, benefiting individuals and organisations.

Timeline for Recommendations

Timelines are suggestive. Healthwatch Cumberland recognise implementation of recommendations may take significantly longer than stated.

Recommendation	0–3 Months	3–6 Months	6–12 Months	Responsibility
Harm Reduction	Issue interim guidance encouraging non-judgemental, safety-focused care. Begin local discussions on harm-reduction approaches.	Deliver GP briefings and agree local pathways for responding to private or DIY HRT disclosure.	Embed harm-reduction guidance into primary care policies and monitor safety outcomes.	NHS, ICBs, GP Practices
Self-Identification / Gender Passport	Encourage routine collection of chosen names and pronouns. Promote gender passport tools.	Update systems to record names/pronouns consistently. Pilot gender passport use.	Roll out self-identification practices and review patient experience.	NHS, ICBs, GP Practices
Support in Education Settings	Review inclusion and anti-bullying policies. Identify trusted staff.	Deliver staff training and improve wellbeing signposting.	Embed inclusive practice and gather student feedback.	Education Providers, Local Authority

Recommendation	0–3 Months	3–6 Months	6–12 Months	Responsibility
Funding for Support Groups	Map existing provision and identify funding gaps.	Secure continuation funding and improve referral pathways.	Develop longer-term funding and evaluate wellbeing outcomes.	Local Authority, Voluntary Sector
Employee Wellbeing Support	Review policies for inclusive language and name/pronoun changes.	Deliver training and establish inclusive wellbeing initiatives.	Embed inclusion into HR and wellbeing strategies.	Employers, HR Teams

Support and resources

If you or someone you know identifies as Trans or gender diverse, there are organisations and services who may be able to offer some support.

Support available locally:

Queer Cumbria
https://www.queercumbria.com/

PiNC
https://www.prideinnorthcumbria.org/

OutReach Cumbria
https://www.outreachcumbria.co.uk/

Trans Action West Cumbria (TAWC)
https://www.Transactioncumbria.co.uk/

FFLAG
https://fflag.org.uk/

Colours Cafe, Whitehaven

Sticky Bits Cafe/LGBThq, Carlisle

Support nationally:

Stonewall
https://www.stonewall.org.uk/

Switchboard
https://switchboard.lgbt/
Email: hello@switchboard.lgbt

Trans Actual
https://Transactual.org.uk/

Thank you for reading.

We hope you found this report inspiring and insightful. The powerful stories included reflect the true experiences of local people navigating their gender identity in Cumberland. Thank you again to everyone who shared their story.

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