

UK SLT Pride Network Event Q&A

No question is a daft one - ask away :)

SLT@INDIGO JUN 17, 2021 08:50AM

I would also like to ask about that, would you recommend the PGDip or the PGCert? (Just trying to think in terms of funding and time if NHS funding isn't available)

You can find out more about both these courses here:

<https://london.ac.uk/courses/gender-identity-healthcare>.

It's really a personal decision when it comes to further study. I'd encourage you to weigh up what you'll gain against your other life commitments and see if you can maintain a work-life balance that suits you. For your info, the PGDip is longer and has more modules but goes into more depth.

In retrospect now that you've had the experience with Indigo is there anything you would have done differently in your previous jobs?

Great question. My simple answer is no. I always believe you're where you're meant to be at any given point in life and I've picked up a lot of transferable skills from my previous posts on a stroke ward and working with children in nurseries and schools, including caseload management and prioritisation, multidisciplinary working and empathy.

How can SLT learn more about this field of voice therapy? Do Indigo run courses for SLT?

We don't currently run training courses as a pilot gender identity service. However, interested student and qualified Speech and Language Therapists are welcome to volunteer their time with us to gain practical experience. See role profile and application form at <https://lgbt.foundation/regular-volunteering>

You mention a course you do at Indigo. Can you tell me more about this, who can be referred and how? Can people who have already had some voice therapy be referred?

Please see our eligibility criteria here:

<https://indigogenderservice.uk/our-services/accessing-service>

What's the best thing SLT students can do if they want to work in this area after qualifying?

Interested student Speech and Language Therapists are welcome to volunteer their time with us to gain practical experience. See role profile and application form at <https://lgbt.foundation/regular-volunteering>. You might also want to read/watch trans-produced books and media to get a wider understanding of trans' people's lived experience. Cultural competency is hugely important for working in this field. Also, consider working through the RCSLT's Trans and Gender-Diverse Voice and Communication Therapy Competency Framework: <https://www.rcslt.org/wp-content/uploads/media/Project/RCSLT/rcslt-trans-and-gender-diverse-voice-comm-therapy-2019.pdf>

Which areas of the country do you accept referrals from, and if it's regional, are there other similarly supportive services that you know of eg in Wales, NI etc?

Please see our eligibility criteria here:

<https://indigogenderservice.uk/our-services/accessing-service>

There are two other NHS-commissioned pilot gender identity services at the moment in London and Liverpool: <https://wearetransplus.co.uk/> (London) and <https://www.mersecare.nhs.uk/our-services/liverpool/sexual-health/cmagic-cheshire-and-merseyside-adult-gender-identity-collaborative> (Liverpool). The pilots are exploring different models of care to pre-existing gender identity clinics and services. Indigo has an ethos of co-production and this feeds into our entire service: <https://indigogenderservice.uk/about-us/our-people/our-co-production-group>

For a list of pre-existing gender identity services, please see: <https://www.nhs.uk/live-well/healthy-body/how-to-find-an-nhs-gender-identity-clinic/>

What have the most meaningful things about your work with Indigo been so far?

Big question! By far the most meaningful thing is when you get positive feedback from service users, e.g. "I had low expectations

regarding changing my voice, and this workshop has changed that. I now see that changing my voice is like learning an instrument. It just takes every day practise and commitment." [consent given for sharing publicly]

What led to your interest in trans voice and communication?

As a student I volunteered on voice and communication change workshops being run at LGBT Foundation (prior to Indigo being launched). Connecting with the trans community highlighted the huge level of need for more local services and more qualified and culturally competent healthcare professionals. People travelled from far and wide to access these weekend intensive workshops and I wanted to be part of Indigo to bring care closer to home, where it should be.

I'm an SLT student (also neurodivergent and LGBTQIA), and I worry that I just won't be good enough or consistently neurotypical-passing enough to succeed in this field. Have you faced any challenges like this (whether they be within yourself, from a client, or colleague)? How did you cope or overcome this? I know this is really personal, so no worries if you'd rather not answer.

Hello! I hear you. Internalised ableism and masking are common in our community. It's difficult to accept yourself as a human being with a set of strengths and needs (which we all have) when society predominantly pushes a medicalised, deficits-based view of neurodivergence. For me I've only recently come to self-identify as autistic. So I've got a history of thinking "why can't I understand people when they speak fast/talk over each other?" or "why can't I cope with this heavy caseload without burnout?" without knowing why. My self-identification (and access to a brilliant therapist) helped me to view myself more kindly. We all have needs but we're not always great at (i) accepting that, (ii) communicating that to those who could make things easier for us. I'm thankful at Indigo that diversity is valued and if anything I am realising the positives I bring to my team for the first time in my life. It's been great to connect with the autistic community online as well. It makes you feel less alone and actually you realise how amazing you are. We are in a world that privileges neurotypicality. This is really hard. Connecting with the community grounds me and helps reduce my negative inner chatter.

I've always found it quite troubling that, although they're often (but certainly not always) very well-meaning and knowledgable and experienced, most people working in trans healthcare are cis. How can we, as a community (and healthcare professionals), encourage and empower more trans people to work in these fields?

I hear you. I'd like to consider your question from multiple angles. We need to root out discrimination in our education and recruitment systems, ensuring trans people have the same opportunities in life as cis folks. Having trans people on my own interview panel meant that, for a trans-led service like Indigo, they were able to assess my values and ensure I would be a good fit for the service. My team also links in with Indigo's coproduction group (made up of trans and non-binary people) when we're thinking of publishing information leaflets etc. It's important to strike the right tone in everything we do. My team and I are also passionate about school/college outreach work, and have presented to a local sixth form as part of the "Inspiring the Future" scheme: <https://www.inspiringthefuture.org/>. We hope that any trans kids listening to us will be inspired to get into healthcare.

To properly root out transphobia though and ensure that whoever is delivering trans healthcare is doing so respectfully, I feel cis people have a responsibility to be actively anti-transphobic. We need to call out transphobia, both internalised within ourselves and externalised. We need to get educated on the historical treatment of trans people by society, and particularly by healthcare professionals. Doing so will help us better understand why trans people might be cautious - or even reluctant - to access healthcare services. We must do better and it takes collaboration between cis and trans people to bring about change. It isn't the job of a trans person to have to educate a cis person.

The work that Indigo is doing is wonderful. Thank you for this talk! Just wanted to ask, do you find/how often are you finding that trans patient's are coming to SLT services and monitoring what they say due to gatekeeping concerns? Historically I know there have been plenty of issues, is this still a view that some hold on SLT?

It's difficult to know when someone is monitoring what they're saying. That being said, I think my team's attitude to authentic voice (rather than pushing our own agenda/stereotypes as healthcare professionals) helps service users know they can change their voice and communication style in lots of ways and directions without judgement. We aren't here to challenge or convince - we recognise our service users are the experts in their own voices and our job is to listen. Being trans is not a mental health condition nor a pathology. We've taken steps to demedicalise the language we use: Our initial appointments (not

"assessments") are an open conversation led by the individual where they let us know what they like, what they want to change and we use our specialist skills to come up with goals together. I know that historically trans people have had to "fit a stereotype" to gain access to services, presenting in ways that may - or may not - be true to themselves. This is rooted in cis people's poor understanding of what it means to be trans. At Indigo we recognise there are as many ways to be trans as there are to be cis. We aim to deliver healthcare that is individualised and centres the trans person and their needs.

What has been the most difficult thing to navigate so far?

I would say the personal and professional boundaries. Our service users commonly present with mental health histories and I too have my own lived experience. I've had to learn where my responsibility lies as a Speech and Language Therapist and, more importantly, where the professional boundary is and when I need to hand over to someone else and step back.

I know that, for so many trans people, accessing NHS services can be very traumatic. Have you found clients to be nervous about engaging with the Indigo Service? If so, have their attitudes changed (because the service does seem to be very heavily lead by LGBTQIA+ people)?

Yes. We see this in practical terms with people not wanting to have their camera on for virtual appointments, for example. But you can also hear it in people's voices and in their histories, which we're privileged to hear at initial appointment. Our feedback within the Voice and Communication Change service suggests people are responding well to our approach and our group model:

- (1) Everyone's sensitivity and dedication was really bloody wonderful.
- (2) "It was much easier and more comfortable trying out exercises knowing I was with other trans people."
- (3) Got a real sense of solidarity from it.

[consent given for sharing publicly]
