

TOWER HAMLETS TRANSGENDER NEEDS ASSESSMENT

**COMMUNITY
RESEARCH REPORT**
MARCH 2026



ACKNOWLEDGMENTS

This report would not be alive today without the participants who chose to share their living and felt experiences with us. At a time when trans people are facing increasing violence at every level of society, we recognise the energy it takes to be vulnerable. We are deeply honoured that you trusted us to hold your stories — stories that speak not only to the pain of transphobia, experienced physically, mentally, and psychically, but also to the tremendous resistance, power, and care that persist in the face of it all.

We also want to thank trans communities at large for their steadfast determination to speak truth to power under the harshest of conditions — to keep building community, nurturing trans youth, fighting for our rights, supporting those in greatest need, and bearing witness to trauma while still finding joy in all the things that make being trans magical. We are always learning from you, and for that, we are truly grateful.

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EXECUTIVE SUMMARY

Overview

Our community research report found that trans people in Tower Hamlets experience multiple, intersecting barriers across healthcare, housing, employment, and community life. Further, the research revealed that discrimination, lack of targeted support, and inadequate infrastructure contribute to exclusion, insecurity, and poor mental and physical wellbeing. While local trans-led organisations and venues provide essential services and cultural hubs, they often operate with insufficient funding and limited recognition.

Key Findings

- **Healthcare:** Trans residents face unsafe, inaccessible, and non-affirming healthcare services. Thus, there is a critical need for trauma-informed, culturally competent care, and clear pathways to blood testing and gender-affirming treatments.
- **Housing:** Many trans people encounter discrimination from landlords, inadequate protections, and a lack of tailored support. This was especially true of the most vulnerable groups, including trans young people, disabled trans people, and those experiencing homelessness - all of which face compounded risks.
- **Employment:** Workplace discrimination and systemic barriers hinder trans people's access to stable employment. Employment and benefit services often lack trans-competency and fail to meet the community's needs.
- **Community Spaces:** Trans-led social, cultural, and nightlife venues are vital for connection and wellbeing but face threats of closure due to underfunding and insufficient council support.
- **Leisure & Nightlife:** Leisure facilities frequently lack gender-neutral changing rooms and bathrooms, and staff are untrained in trans inclusion and safeguarding, increasing safety risks.
- **Accessibility & Safety:** Venues often fall short on disability access and COVID-19 safety protocols, which disproportionately impact disabled trans people and those with additional health needs.

The Love Tank CIC's Recommendations

The following recommendations have been made by The Love Tank CIC and are separate and distinct from recommendations made by Tower Hamlets Council.

1. Improve Healthcare Access and Quality:

- Provide dedicated funding for trans-led healthcare initiatives and services. Mandate trans-awareness and trauma-informed training for all healthcare staff.
- Develop integrated blood testing and sexual health services that are accessible and affirming for trans people.

- Develop accessible, well-signposted pathways for gender-affirming care and mental health support.

2. Strengthen Housing Protections and Support:

- Enforce existing housing rights rigorously and hold landlords accountable for discrimination.
- Fund LGBTQ+ organisations to provide advocates and safe drop-in services tailored to trans tenants, with special focus on young people, disabled trans residents, and those facing houselessness.

3. Enhance Employment Inclusion and Support:

- Require mandatory trans awareness training across workplaces, job centres, and employment services.
- Invest in community-led employment hubs offering skills development, legal advice, and emotional support for trans jobseekers.

4. Sustain and Expand Trans Community Spaces:

- Allocate long-term, flexible funding to support existing trans-led groups, cultural venues, and events, preventing closures of key spaces like The Common Press Bookshop and Bethnal Green Working Men's Club.
- Support the creation of sober social spaces and trans-led nightlife that foster safety and community connection.

5. Ensure Inclusive Leisure and Nightlife Facilities:

- Prioritise the installation of gender-neutral bathrooms and changing rooms in gyms, pools, and venues.
- Deliver co-produced trans safeguarding and inclusion training for nightlife staff, including security teams.
- Publish clear, accessible gender-centred access plans for local leisure spaces.

6. Improve Accessibility and Safety Standards:

- Enforce disability access requirements and promote quiet spaces in venues.
- Implement mandatory COVID-19 safety measures such as HEPA filters, mask policies, and hand sanitation, with funding incentives for compliance.
- Establish award schemes recognising venues excelling in accessibility and trans inclusion.

Conclusion

In order to foster a genuinely inclusive and equitable Tower Hamlets for trans people, the council must invest in collaborative, long-term strategies that address systemic inequalities faced by the community. By prioritising these recommendations, Tower Hamlets can become a safer, more supportive borough, where trans residents can thrive across all areas of life.

1. INTRODUCTION

Guided by the living experiences of trans and nonbinary people, this community research intends to better understand the needs of trans and non-binary people living, working, socialising, or accessing healthcare in the London Borough of Tower Hamlets. Ultimately the research seeks to seriously listen, with care, to a demographic currently struggling to get their voices heard, and to platform their needs with the aim to better support the trans community so they can live a full and thriving life in the borough.

As the first London-centric report of its kind - and only the second to be conducted in the UK since Brighton and Hove's 2015 Trans Needs Assessment - this research also acts as a milestone in a broader move to uplift the trans community, which despite making up less than 1% of the UK population (Census 2021) has become one of the most at risk groups in the UK. Data shows that trans people are disproportionately affected by high levels of hate crime, houselessness, domestic abuse, discrimination, and mental health problems compared to that of cisgender (cis) individuals, all of which leaves trans people struggling to lead safe and rich lives. This report, then, also hopes to act as a guide for other boroughs and counties around the UK to better support their trans communities.

Crucially, this study centres intersectionality (Crenshaw 1989; 1991) and takes seriously that trans people are not a monolith, but rather a community with differing needs depending on other facets of their identity such as race, nationality, sexuality, disability, age, and class. The participants who took part in this research inhabited a range of different identities, all of which affected their experiences of existing in Tower Hamlets. Thus, the research does, as much as possible, provide an expansive window into trans life in the borough.

1.1 A Note on the 2025 Supreme Court Ruling for Women of Scotland Ltd v The Scottish Ministers

The qualitative research that underpins this report was conducted from November 2024 to January 2025, prior to the UK Supreme Court ruling on the definitions of woman and man within the context of the 2010 Equality Act and subsequent EHRC guidance. Consequently, what would likely now be a key discussion point among participants regarding the safety and protection of trans individuals, both in the borough of Tower Hamlets and across the UK more broadly, was not addressed.

As a result, the findings do not consider how the ruling may further exacerbate the alienation, harassment, and hostility that trans individuals face in society, nor do they address the practical implications of such a ruling on trans people's access to institutions, organisations, services, and spaces — especially concerning gendered spaces and services — that comprise everyday life in the UK. Therefore, when engaging with the report and its resulting recommendations, it is crucial to recognise that the barriers highlighted by the lived and living experiences of trans individuals in Tower Hamlets have been greatly intensified by the hearing, thus making the report and its recommendations all the more pressing.

2. RESEARCH QUESTIONS

The community research element of the assessment sought to explore three important questions

- 1) What are the experiences of transgender people who are currently living, working, socialising or accessing healthcare in Tower Hamlets?
- 2) What do transgender people identify as key barriers in and across Tower Hamlets?
- 3) What suggestions do transgender people have to make Tower Hamlets a safer place for the community?

These research questions were posed in relation to four key areas pertaining to life as a trans person in the borough: healthcare and wellbeing, housing and houselessness, employment and economic inclusion, and leisure and recreation. These themes form the structure of the findings and recommendations outlined in this report.

The intention of the research is threefold. First, it seeks to lend visibility to the transgender community, a group that has, and continues to be, ostracised from society. Second, it seeks to draw attention to the living experiences of transgender people as expressed by them and for them. And, finally, it seeks to expose the barriers that transgender people face in Tower Hamlets and provide strategies to overcome them.

This report recognises that gender is expansive; thus, we use the terms trans and non-binary as an umbrella to encompass all individuals whose gender differs from what was presumed of them at birth.

3. COMMUNITY RESEARCH METHODS AND METHODOLOGIES

In order to answer our core research questions, this research draws on Black feminist methodologies, specifically Black feminist qualitative research design and Black feminist kitchen table praxis.

3.1 Black Feminist Qualitative Research Design

Black feminist qualitative design draws on the architect of Black feminist thought Patricia Hill Collins' (2002) four dimensions of Black feminist epistemology, which are: a) lived experience as the touchstone of meaning; b) the importance of establishing dialogues and story exchange to assess knowledge claims; c) ethics of care; d) ethics of accountability. These four principles are considered to aid the researcher in establishing a relationship with participants where their agency and history are supported and appreciated with kindness. Black feminist qualitative research moves beyond; 'what is' to 'what could be' – a mantra that lies at the very heart of The Love Tank's values and ethos.

3.2 Black Feminist Kitchen Table Praxis

Black feminist kitchen table praxis has grown from Black feminist and activist Barabara Smith – specifically, her feminist printing press: *Kitchen Table: Women of Colour Press* (1989). Smith sought to create a cross-cultural private space where women of colour could commune and platform each other's voices. Kitchen table praxis is the act of those on the margins coming together to eat food and share stories of their experiences of systematic violence and survival strategies outside of the confines of institutional and/or alienating spaces. Such a practice centres rather than buries discussions of existing and resisting in non-normative bodies (Navarro, Williams & Ahmed 2013). Ultimately, kitchen table praxis seeks to carve out spaces where marginalised groups can alleviate some of the oppression they have faced and reflect on their experiences to work towards robust change.

4. RESEARCH METHODS

In order to gain a rigorous and in-depth understanding of the needs of transgender people in the Borough of Tower Hamlets, we adopted a multifaceted, qualitative approach to the research. This consisted of three community dinners, post-dinner written reflections by participants, and individual interviews.

4.1 Community Knowledge Generation: Dinner Parties

To create a welcoming environment for participants to feel safe enough to share their experiences of being trans in Tower Hamlets, we resisted the ‘traditional’ structured focus group and opted, instead, for a dinner party format. A core feature of the research conducted by The Love Tank is to centre, where appropriate, community care, harm reduction and anti-extractive methods. As such the creation of a welcoming space for participants was not only to aid in organic conversation but also intended to build community and connection with one another, which could then be taken and held in the broader world.

In total, we held three knowledge-generation dinner parties. These consisted of one for trans women and transfemme people, one for non-binary and genderqueer people, and one for trans men and transmasculine people.

The decision to conduct three demographically separate dinners, as opposed to mixed ones, was to better understand the nuances of each demographic under the trans umbrella – where needs overlapped, separated, or intertwined. However, as is evident from the findings, many of the experiences regarding existing in Tower Hamlets were shared across the board.



Photo of our dinner party space

The dinner parties were held at a workspace in Tower Hamlets, where The Love Tank CIC office is based. We had originally intended to host the dinners at a local Tower Hamlets restaurant; however, we were unable to find a space that was wheelchair accessible and had gender-neutral bathrooms. Thus, in order to keep participants safe – and to honour a strong commitment to meeting access needs – we decided to host the dinners in-house. To make the space welcoming we decorated the room. A HEPA air purifier ran throughout, and masks were made available for COVID safety. The food provided was vegan and bought from local takeaways. The dinner parties themselves lasted two hours, however, many participants stayed much longer to socialise.

4.2 Participant Journaling

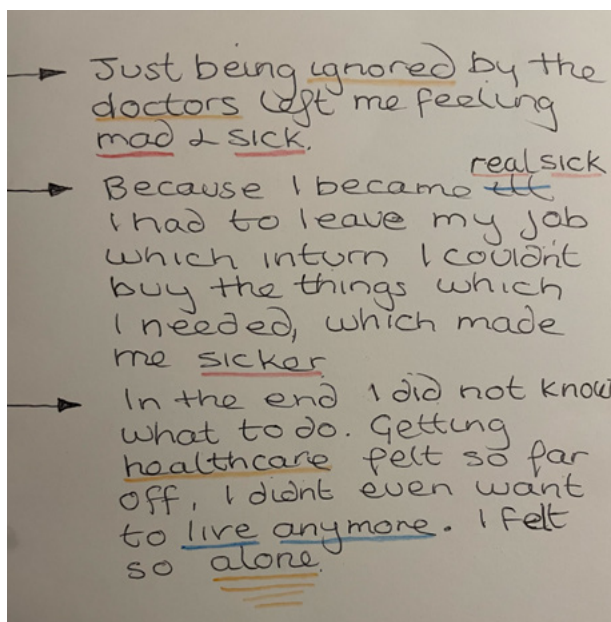


Photo of a Journal entry

Alongside the dinner parties, we provided the participants with a high-quality notebook and pen and asked them to write, map out, or draw any reflections they had after the dinner party. We did this with the understanding that some people might not feel comfortable sharing their experiences publicly. Equally, we recognised that some conversations take longer to process and that participants might have something they would like to share after the event. As such, reflexive journaling is a method that allows participants to describe recent experiences, unpack salient aspects of an experience or interactions, and provide the opportunity for expression on a micro-level.

4.3 Narrative Unstructured Interviews

In tandem with the dinner parties, we conducted 12 interviews with individuals who attended a knowledge generation event, as well as with those who were unable to attend but still wanted to be involved.

The interviews themselves were narrative unstructured interviews. Unstructured interviews seek to gain an in-depth understanding of the complex world of an individual without imposing a priori categorisation, which can disrupt social justice-oriented enquiry. They provide only brief guidelines for steering the interview, leaving the discussion points and direction to the participant, with minimal interference from the interviewer (Punch 2013). Narrative interviews can be viewed as how protagonists interpret things. They seek to organically encourage participants to tell a story in their own way that is significant to their own life. Narrative interviews move beyond the rigid question-asking schema and place participants at the heart of the conversation (Jovchelovitch & Bauer 2000).

The interviews took place either at The Love Tank CIC or via Zoom (whichever the participants were most comfortable with) and each interview lasted up to an hour.

5. RESEARCH POSITIONALITY

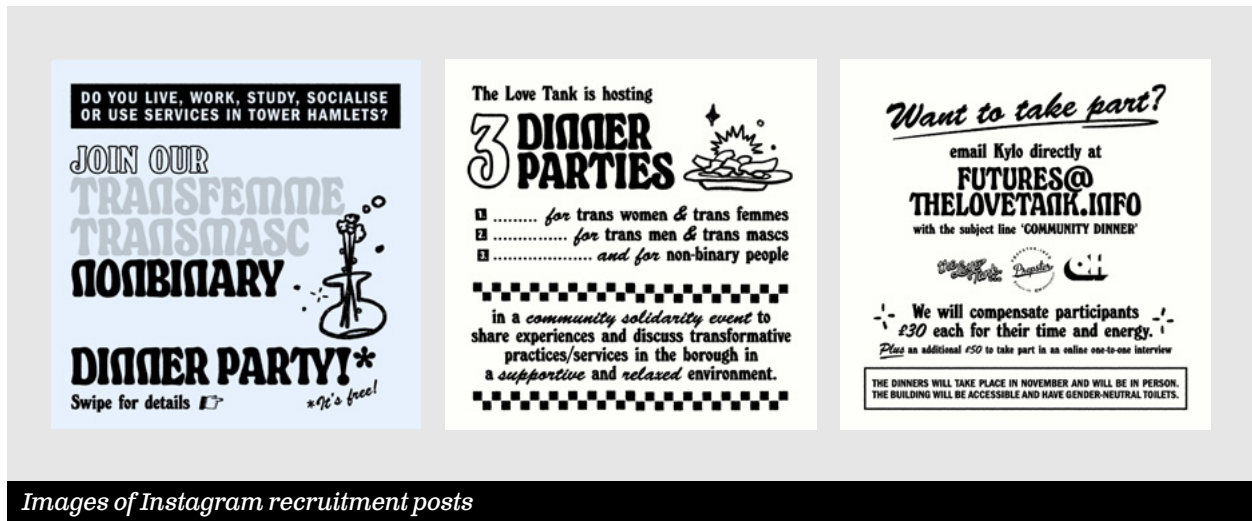
The Love Tank CIC is a not-for-profit community interest company (CIC) that promotes the health & wellbeing of underserved communities.

The research was led by Dr. Kylo Thomas, a White, queer, disabled, transmasculine person. The research was supported by Dr. Benjamin Weil a White, queer, nonbinary person, who also reviewed and edited the report. The research is embedded within a broader queer, gender and racially diverse team, all of whom contributed to the development of the research.

We felt that it was important that the research was led by a transgender person for three fundamental reasons. First, due to the moral panic surrounding the trans community and resultant hostility, trans people can be excluded from research that concerns them, which in turn leads to their needs not being met. Second, researchers with living experience are typically better able to connect to the community within which they may be embedded or share experiences and, therefore, understand both the explicit and implicit barriers that make up their everyday life (which may or may not come to bear upon the research process). Finally, the researcher's shared identity with participants often translates into a more robust and nuanced analysis of the data, and in turn a more robust and fit-for-purpose set of recommendations.

6. ETHICS

Participants were recruited via The Love Tank’s social media platform, other queer and trans organisations and via word of mouth.



Images of Instagram recruitment posts

Participant data was collected and stored in compliance with GDPR guidelines and held in The Love Tank’s shared drive. Audio recordings of the dinner parties and interviews were transcribed with Otter.ai which is a GDPR compliant transcription software. Audio recording will be deleted upon submission of the report and a transcript kept for a maximum of seven years.

Each participant was provided with information about the research and a consent form. Because trans people occupy an extremely small demographic both within Tower Hamlets and the broader UK population, it was important that anonymity and confidentiality were carefully considered and upheld. As such participants have been anonymised and given pseudonyms. We have also retracted any clear markers within the testimony, such as workplaces and names of doctors, that might reveal their identity.

6.1 Participant profiles and Demographics

Dinner Party	Number of Attendee
Transmasc and Trans men Dinner Party	6 attendees
Non-binary and Genderqueer Dinner Party	12 attendees
Transfemme and Trans women Dinner Party	4 attendees

Total Attendees: 22

Number of Interviews of participants who also attended a dinner party	10 Gender breakdown: 4 transmasc; 3 transfemme; 3 non-binary
Number of Interviews of participants who only took part in interviews and did not attend a dinner party	3 Gender breakdown: 1 transfemme; 2 transmasc

Total Interviews: 13
Total number of people who took part in the study: 25

Participant demographics

- 17 (68%) of the participants identified as non-White or a migrant
- 20 (80%) of the participants identified as disabled and/or neurodivergent
- Participants' ages ranged between 19 and 45

For their time, energy, and expertise, all participants who attended a dinner party were remunerated £30, and all participants who engaged in a one-to-one interview were remunerated £50.

Participant Sample Set

We recognise that the sample size of this study is not large-scale. A significant reason for this is an understandable hesitance among trans communities to share their experiences at a time of such political and societal hostility. Speaking out, in some circumstances, can be risky, both in terms of actual and perceived repercussions.

However, what is important to note about this sample set is the broader demographics of the participants. The greater proportion of the sample were intersectionally marginalised, with 68% of participants identifying as non-White or as migrants, and 80% identifying as disabled. This is a significant figure, made all the more notable when we consider that, historically, the greater proportion of trans-centred research has, albeit unintentionally, focused on the experiences of predominantly White trans communities. The result is that our understanding of the needs of trans people has been centred around the most privileged within a marginalised group.

This research, then, underlines the more complex needs of trans communities at the margins – demographics who face not simply structural transphobia, but also intersecting structural racism, xenophobia, and ableism. This leaves them at greater risk when accessing services, housing, employment, and leisure facilities in the borough. By bringing to the fore the needs of those most marginalised within this demographic, this report covers, as far as possible, the needs of trans communities as a whole. As a result, this research provides a clearer and more concise understanding of the barriers that trans people face in the Borough of Tower Hamlets.

7. FINDINGS

The themes this research will explore, in order, are: (1) healthcare and wellbeing services in Tower Hamlets, (2) housing and houselessness in Tower Hamlets, (3) employment and economic inclusion in Tower Hamlets, and (4) leisure and recreation in Tower Hamlets. Each section will end with community suggestions, which are direct responses from the participants regarding what they feel they need as a community.

8. HEALTHCARE AND WELLBEING SERVICES IN TOWER HAMLETS

This section will cover participants' experiences of GPs and the effect that has on access to safe and timely healthcare. It unpacks how, due to poor treatment in healthcare systems, trans people are frequently choosing to disengage from GPs. In turn, the section underlines the struggles trans people experience in mental health services, as well as the inconsistent nature of care in sexual health services. The section also draws attention to the struggle trans people in the borough have regarding access to gender affirming care. Finally, the section ends with suggestions explicitly made by participants to better healthcare services in Tower Hamlets.

8.1 Inadequate GPs and Dismissal of Trans Identities

When discussing their experiences of seeking support regarding trans healthcare and referrals to Gender Identity Clinics (GICs) from local GPs, participants described that their needs were often dismissed or denied. On this, Oscar, a White transmasculine in his mid-20s, articulated:

My GP is in Tower Hamlets and straight off the bat, they wouldn't do any of my bloods or anything like shared care, which does mean that I basically just can't interact with them. I'm kind of at the stage where I don't trust my GP with that, so I just don't engage with them.

Oscar is describing that, despite having the power to conduct crucial bloodwork to monitor hormone therapy (TransActual 2025), prescribe bridging prescriptions (The Love Tank 2025), and action shared care agreements with private clinics, GPs often, in his opinion, choose not to. During the dinners, participants suggested that they believe GPs' refusal to engage with trans health care has become increasingly more common and severe since the publication of the Cass Report. They underlined that this is likely to do with a fear of backlash from both lobby groups and the media due to the current moral panic around trans people.

Participants stressed that the refusal to engage with or learn about transgender healthcare from GPs often resulted in trans people having to do the legwork to educate healthcare professionals during appointments to access support – which, they suggested, is still more than often denied. This point was stressed by Dominic, a White transmasculine in his 30s:

I literally was gentle parenting a GP through how they can read liver function on our blood tests, and that it's not difficult. I'm sure they taught you that at med school. We shouldn't have to rely on the same guy in that massive WhatsApp group to interpret our blood tests. But then they'll be like, well, that wasn't my specialism.

Dominic is describing how he had to coax and convince his GP into doing a very routine liver function test, which is considered important for transmasculine people undertaking testosterone therapy. Moreover, Dominic is underlining that, although community knowledge is on the whole robust and currently crucial for the health and wellbeing of trans people in the UK, it should not be the only avenue for support.

Building on discussions surrounding how to navigate getting GPs to do bloodwork whilst DIYing Hormone Replacement Therapy (HRT), also known as self-medicating, Isabella, a Latina transfemme in her 20s, articulated:

Quite often if you're going to your GP and you're trying to get your bloods done, and you're, like, upfront about the fact that you DIY, you know, just be like, OK I DIY, they'll just be like, no, and they are going to deny and not help you.

Isabella is highlighting how, despite GPs having a responsibility of care over their patients, they will often refuse to engage in harm reduction practices with trans people who DIY, whilst also not recognising that the only reason many trans people have to DIY is because they do not have access to safe gender-affirming care pathways to begin with.

8.2 Trans People Choosing to Disengage from GPs

Participants described how due to both the explicit and implicit harm that trans people endure when trying to seek care from GPs – or even the fear of harm from them – they often choose to disengage completely. On this, Esi, a Black non-binary person in their 20s, stated:

For some people, it goes further, and actually you become traumatised by accessing healthcare, and if this is what it is going to be like, then you avoid it.

Participants suggested that many trans people suffer from medical PTSD as a direct result of their experiences with GP and medical services more generally, which makes it incredibly difficult for them to enter healthcare spaces. When discussing the realities of medical trauma, Dominic disclosed an experience that occurred outside of the borough:

I was assaulted by a medical professional [in a medical setting outside of Tower Hamlets] and this was the first time I was like, this has gone beyond the pale, because otherwise I just don't speak. But then I, you know, talked to them. There's been all these other things before that, but they weren't as egregious. It was only when it tipped over to this point [that I spoke up].

Dominic is drawing attention to the insidious ways violence can play out in medical settings. There is the assault itself, which was described as an explicit act of transphobia – one that could be recognised by the medical institution as something ‘bad’ that needs to be addressed. However, Dominic is also naming how medical trauma is not always attached to a single event but rather can be understood as long-term sustained cumulative attacks, of which the assault is the most recent and explosive in a history of poor treatment.

However, when discussing stepping back from GP services to protect themselves, participants noted that it was not without a knock-on risk to other health conditions. Oliver, a White non-binary person in their 30s, explained:

You end up just not going, you know, it’s just not worth the trouble. I’ll just go, or other [trans people] only go to their GP if it’s like, an absolute nightmare situation where they’ve got no other choice which then makes you go. This has real consequences when you consider other health conditions.

The implications on other areas of health were shared by Cairo, a non-binary migrant in their 30s, who stressed:

I don’t know if I’m going to turn up and they’re going to be open to even having a conversation roughly about it, and that sort of anxiety can also put me off engaging with mental services and then actually accessing healthcare altogether.

Both Oliver and Cairo are describing how, on account of experiencing sustained malpractice at the hands of GPs, trans people are being made more vulnerable to other risks and health conditions that could otherwise be avoided.

8.3 Access to and Experiences of Gender-Affirming Care Beyond GPs in Tower Hamlets

When discussing the realities of accessing trans health in the UK and the implications that this has on the lives of trans people, participants articulated how inhumane they felt accessing gender care in the UK to be. On this, Caelan, a White non-binary person in their 30s, expressed:

Obviously, we understand that the NHS is at a crunch, but what, gender clinics see how many patients a month? Like, it’s ridiculously small, and it is having a hugely detrimental effect on the trans community. It’s hard to know, like, is it on purpose with the rollback of trans healthcare in general, as we’ve seen with the puberty blockers ban, or is it just that they don’t care enough about us to resource the things that we need. I don’t know but it’s scary. Nobody should be waiting up to 10 years for a first appointment.

Caelan here is describing a fear that transgender health is doubly precarious in an architecture of widespread NHS cuts, which often renders health a ‘zero-sum game’. Under such conditions, stigmatised groups, like trans people, often are, or fear being, at the sharpest end of a strained NHS (the first groups on the chopping block, so to speak).

The issue of accessing gender-affirming care through NHS pathways becomes even more complex and hostile for trans people of colour and migrants seeking gender support. On the realities of accessing care as a multiply-marginalised trans person, Isabella stressed:

I guess I'm a immigrant, so sometimes I don't feel safe, and I don't know what should I ask for? I don't know, sometimes I don't know my rights [...] and I need to advocate better for myself. Like having someone that has gone through the process of life, finding hormones and through the checks will be so helpful. For example, my case is so intimidating, and, I know for cases, like in the community, DIY hormones are so common. We'll go with DIY and help each other. But, like, we have to hide it because we don't know what they're gonna think or do.

Isabella is describing how, when seeking gender-affirming care from the NHS, migrants are often not made aware of their rights, which in turn leaves them in an extremely vulnerable position. The withholding of information and rights is a shared reality for all trans people. However, Isabella's situation is compounded because of her positionality as a migrant and non-native English speaker. Indeed, she labels herself a complex case for health providers as a direct result of her being a migrant transfemme of colour, leaving her without adequate care. These realities leave trans people of colour and migrants, particularly trans women of colour and migrants, having to source their own HRT, whilst hiding self-medicating from GPs for fear of having their healthcare removed altogether.

There was a consensus amongst participants that even the small minority of trans people who do, against all odds, gain access to a GIC, still struggle with inconsistent and neglectful care. On this, Vix, a migrant transfemme in her 30s, shared:

I do get [HRT] through like a GIC, but regardless of that, because there's been gaps in the clinic prescribing to me, sometimes I've had to force someone to get me the prescription. Even if it's only been a month or so, I know with DIY I will get my hormones regardless.

Vix is drawing attention to how, even when trans people do survive what is up to an 8 year wait for their first appointment, at least another two years for their second, and yet another long wait for their third (when they might finally be prescribed HRT), they still face inconsistent access to HRT from within the clinics themselves. It should be noted that missed doses of HRT can cause fluctuating hormone levels which can have a significant impact on a trans person's physical and mental health. Ultimately then, as articulated by Vix and other participants, self-sourcing hormones is often rendered to be a safer option (albeit still a precarious one, contingent on supply chains and acquisition routes), allowing for more control and autonomy over their bodies.

8.4 Mental Health Services

Access to mental health support was a key discussion point for participants on account of the high rates of mental health problems, self-harm, and suicide within the community, much of which stem from widespread transphobia and poor treatment in society.

A significant number of participants had contact with community mental health teams – both in Tower Hamlets and London more broadly. When discussing the realities of entering NHS group therapy sessions as a trans person, Caelan shared:

You're often going because you need something, right? Yeah, and in those moments, it can be scary and vulnerable, and all of the general emotions that everybody feels when they are trying to access something for extra support. Then to be walking through the door and to have to navigate whether or not people are going to think that you are weird or bad, or something, and not even because of the things that you're looking for from the space, which is like, usually what the space is there to support. But it's like, oh, you might support me on this but actually, do you think that I'm weird or bad because of my transness? But being able to also have services that are actually ready to make it—I don't want to say normal, but like, sort of run of the mill or not make you feel othered, and that's kind of part and parcel of everything that they do.

Caelan is articulating how, in their experience of navigating mental health services, there is an anxiety around exclusion and alienation even before entering the space. This anxiety is not unfounded. Mental health services are spaces that are typically only entered when someone is vulnerable, and, given the sensitive nature of the work they entail, are a potential hotbed for inappropriate questioning, misgendering and pathologisation for trans people (in the hands of staff who may or may not be equipped to provide appropriate support for them). This idea was supported by Esi who shared that “[in those spaces] the way that we are talked to makes me so dysphoric because the services are so intrusive”. Moreover, participants noted that mental health services – particularly in the case of group therapy and in-patient care – are frequently strictly (binary) gendered spaces, thus posing a risk in terms of harm for trans people.

Participants also felt that the stretched capacity of NHS mental health services frequently led to their neglect and dismissal by those services. On this, Wisteria, a Brown disabled non-binary person in their late teens, described their experience in child and adolescent mental health services (CAMH):

Well, CAMH have forgotten about me about five or six time now and that's also done me no justice. Most people will just get told, like, you're not eligible for the system. And then people end up going to hospitals who then say, you're not mentally ill enough, and it's just like, what are we meant to do? [...] because you'll tell them. Because I've had an incident, and they're like, did you try to off yourself? And I said no, and they're like, oh, so you just took 36 tablets, and I'm like yes, I thought it would be a good idea, and they say okay, essentially saying you're good to go, and it's like how are you not seeing this, are you seeing us at all?

Wisteria, even when actively seeking help, faced a level of disbelief about their experiences and distress (including of suicidality). Indeed, incidents like Wisteria's with mental health services mirror participants' experiences of exclusion and denial within health services more broadly.

8.5 Sexual Health Services

Another service trans people brought to the fore when discussing health care was access to and experiences in sexual health services in Tower Hamlets. Sexual health services are typically considered to be better than other health services providers at offering inclusive care for trans communities, and some participants agreed with this. Oscar shared:

I had a really good time at the Whitechapel [sexual health clinic]. I think that generally the model of sexual health services could be put on the rest of the NHS, a lot of the way that, like, the form is set up with sexual health London and things like that, where the form is set up to be what information is relevant and valid, like, for you. It's asking the questions, rather than, like, I don't know, what's your gender? It's like, okay, but what parts do you have? Like, what do you need? What do you actually need the service for? And I think back to when I got my coil removed and it was the first time I'd engaged with sexual health services. Like, in person. And it was just so fine.

Oscar is describing two separate sexual health services, the first is the in-person clinic in Whitechapel, the Ambrose King Sexual Health Centre, where he had a positive experience and was made to feel safe as a transmasculine person. The second service is Sexual Health London (www.shl.uk), which provides online STI testing kits and regular and emergency contraception, a service that has been intentionally designed to be inclusive of trans people and to which Tower Hamlets has bought-in.

However, not all experiences were so positive, suggesting there is still room for improvement even in domains explicitly committed to trans inclusion. On this, Vix shared her experience of visiting a sexual health clinic in Whitechapel:

I had a horrible experience in sexual health services. I forgot about this. I was looking for like a local sexual outreach, and for some reason I couldn't go to Dean Street that month, so I end up just going to one in Whitechapel, and they were so shit both like in terms of my transness but also like in terms of being a sex worker and around transness. The person who was seeing me just got really uncomfortable when he realised that I'm trans and included asking me questions which made no sense like, for example, have I had this surgery? And if so like, do I still have an anus, and it's like, but what do you imagine? What is, what's going on in your head? What is really going on in your head?

Vix's description brings to the fore how trans bodies are at once erased within healthcare but also hypervisible – subject to prurient curiosity from cis healthcare professionals. For Vix, this intrusive violation of her body within the medical space is further compounded by the fact that she is a sex worker, and thus occupies a profession where, because of severe discrimination and broader false stereotypes, her body is viewed as fair game for unsolicited questions. The result being that Vix was ultimately left without clear and appropriate access to sexual health support in the area.

The understanding that trans people may not be properly understood, cared for, or heard in sexual health services, as well as the anxiety that that causes, was a core discussion theme amongst the participants. On this, Blue, a non-binary migrant in their 40s, shared:

I used a walk-in sexual health clinic in the borough [of Tower hamlets] and I was kind of thinking, I don't live here so how is this space going to be, like, is this space going to be trans friendly and are they gonna understand, and it's not gonna feel like an exhausting experience where I have to, like, explain my personality and identity.

Here, Blue echoes participants' experiences with mental health services, gripped with trepidation of entering an unknown health space and full of worry of how they might be perceived. Moreover, Blue highlights another shared burden for trans people: the likelihood of having to provide an *ad hoc* education to healthcare professionals on trans bodies, culminating in extra time and labour for what should be a routine and straightforward appointment. The excessive strain and labour trans people experience even before entering the most routine appointment can, participants suggest, compel trans people to stop using sexual health services altogether – especially when paired with feelings about insufficiency of the care received.

Marginalisation for trans people in sexual health extended beyond their experiences in clinics. It also encompassed the kinds of knowledge about sexual health that trans people living in Tower Hamlets felt they had access to. Dominic shared the experiences of a trans friend:

I have a transgender friend who is looking to DIY but is also terrified that it can somehow interact with their HIV meds which he's been using and there is nothing for you to read online or like on the NHS website, so you have to, like, decode it yourself [...]. It's just the amount of decoding that you have to do, just to survive and nothing quite fits.

Dominic here draws attention to how precarity, stigma and marginalisation – which can often, as has already been noted, compel people to choose DIY HRT – create knowledge gaps for certain people about their sexual health (in this case, somebody living with HIV who is thinking about DIYing). Without full-fledged and rounded support from statutory providers. As noted above, trans people are often compelled to source information and rely on community knowledge (which is both labour-intensive and may be partial in its scope).

8.6 Community Suggestions for Healthcare in Tower Hamlets

The following table contains explicit suggestions from the community about their needs in terms of health care in Tower Hamlets.

Quote	Overview
<p>I've got an idea about a suggestion for Tower Hamlets Council. So trans people need bloods, like you said, these are two things you can get at once. Sexual health services do blood tests for other things. They just need funding to also do it for us. They can't do it because it costs extra money, that's what they say. Anyway, they can do it easily. And if you just have a bit more money, just open up the ability to get more blood tests. It's not complicated is what I am trying to say.</p>	<p>Participants across the board suggested a want for sexual health services in Tower Hamlets to also provide blood monitoring for hormone levels and a more rounded knowledge of trans healthcare in general.</p>
<p>One minor thing that popped to my head is just having more places where people can pick up like needles for submitting, and for those places to be equipped to do that materially. So having the resources for them to advertise that well, for trans people, or that being like explicitly an option for them to have some basic understanding of what trans people might need for self-medding.</p>	<p>Participants asked for more input in harm reduction, and for spaces such as needle exchanges to be better-equipped to support trans people who are DIYing hormones.</p>
<p>Well, we need to be able to make our own spaces. What our community needs is the brick and the mortar and the money in order to make that happen. Because realistically, I don't think what anyone of any marginalised group needs is somebody from outside that group to come along and be like, I've got this for you. What we need is to talk to people within the community and people with that lived experience to go, okay, what do you need? And what do you see your community needing? And what have you already created that we can support? I think yes, we need to fund things that already exist.</p>	<p>Participants made clear that the community does not want people from outside the group making decisions on their behalf. The groups stressed that there are many trans and queer led grassroot health organisations doing work to support the health needs of trans people and felt that the first port of call should be funding them.</p>

<p>I do wonder if there can be resources for health admin, even just what are those diagrams called when you follow an arrow, yeah, like a flow chart of referrals or like systems, or who does what?</p>	<p>Participants stressed the need for community centred advocates that could support them in coming to appointments or helping them understand processes. In a similar vein, participants stressed the need for resources that would help them navigate healthcare systems when seeking support.</p>
<p>We need advocates to go with you to appointments or even help fill out forms. The general public have [The Patient Advice and Liaison Service] but there is no trust there for us. I think we could get organisations in our community to help, who know our specific needs, and come from a place of trust.</p>	

9. HOUSING AND HOUSELESSNESS¹ IN TOWER HAMLETS

This section will bring to the fore participants' experiences of housing and houselessness in Tower Hamlets. The section draws attention to how houselessness is an epidemic amongst the trans community in Tower Hamlets, and that the cycle of not having access to safe housing often starts young for trans people. In turn, the section underlines how houselessness in the community does not exist in isolation but is attached to other systemic issues. In tandem, the section underscores how not having safe housing makes trans people more likely to suffer violence and hostility in Tower Hamlets, as well as how being both transgender and houseless is disabling. Finally, the section ends with suggestions explicitly made by participants on how to best support trans people to access safe housing.

9.1 Houselessness in Tower Hamlets is Severe and Enduring

Everyone who participated had either experienced precarious housing or houselessness, is currently houseless, or knows a trans person who has been/ is currently houseless. Indeed, participants underlined that houselessness has become a core concern of trans people both within the borough of Tower Hamlets and, indeed, London more generally. Participants considered the severity of this equal to that of accessing healthcare. On this, Oscar noted:

Housing is a huge problem. And it is probably because we're all so worried about healthcare and stuff, it gets overshadowed by that. But I would say housing is the number one concern for trans people at the moment.

Oscar's point underlines a deficit in support beyond the much-discussed exclusion of trans people from healthcare. The result of an excessive fixation on transgender medicine (at the epicentre of a fraught and unnecessary debate about transgender bodies) is a failure to address other critical areas of transgender life in the borough, including access to safe and adequate housing.

When discussing access to safe and secure housing, participants shared a frustration of landlords and the degrees to which they ignore housing regulations, as well as a dissatisfaction with Tower Hamlets for not doing more to reprimand landlords when they are acting unfairly or illegally. In turn, participants stressed how trans people often place themselves in danger when trying to find, or moving in with, new housemates, thus increasing the likelihood of falling prey to exploitative landlords on account of having fewer options. Equally, as noted in the following section, hostility and precarity in the workplace means that many trans people do not have the financial stability to afford safer housing.

Building on this, participants underscored how being forced out of Tower Hamlets by rogue landlords placed them at real risk by distancing them from access to their communities that are, very literally, a lifeline for trans people. On this, Jules, a White transfemme in her 30s, stated:

¹ We use the term houseless instead of homeless because a house (or housing) is a physical space that an individual currently does not have. A home is beyond a singular location, it is a community, social connection, and memories. Thus, houselessness humanises the experiences of individuals who are housing deprived.

Because of rent prices and fucking landlords you have to be pushed to these more sketchier places, and like, I don't know, I think that there's a real issue [...] being pushed out isn't just simply being pushed out, but it's like, you're losing community the further you go, and if you're being priced out, it's not just like, oh, we're moving to a different part of London. You're losing community. You need to be in the community, it's like losing family.

The connection between being pushed out of Tower Hamlets and losing family was shared by Oscar who stated:

It's not just not being able to see your friends. It's community. A lot of these people, the reason they're in these situations is because they have lost their family or been kicked out, so like we are their family, and this is now cutting them off from their [chosen] family. That's not just like, oh, you don't get to go to the club every so often. It's like, well, that's your whole support network that you're now 50 mins away from.

Both Jules and Oscar are bringing to the fore how, for many trans people, having to move out of Tower Hamlets can mean having to let go of an entire care web, which is so vital considering that, as this report shows, the community is alienated in a multiplicity of other areas of their lives.

Participants underlined that houselessness within the transgender community in Tower Hamlets is not predicated by age or 'adulthood'. Rather, the cycle of precarious housing begins in childhood and quickly becomes an embedded pattern, in part due to a lack of secure and safe care pathways for trans youth (Shelton 2015). On this, Vix stressed:

I did trans youth work. And I did that for like 8 years, and I met quite a few young adults who were really in shitty housing situations, many of them were like in Tower Hamlets and just finding it really hard to find housing. Finding housing that's affordable and to be able to see a future where they have stable housing of any sort, and this was not only an issue with cost and the prices being ridiculous, but also it was really just because they are trans.

Vix believes that in Tower Hamlets there is a lack of both specialist services and safe affordable housing for trans youth who are experiencing houselessness. This, Vix suggests, ultimately affects their ability to carve a safe and grounded future. Further, Vix is stressing a consensus that was shared across the groups. That is, the issue goes beyond the cost-of-living crisis to the fact that trans youth are more likely to experience hostility and exclusion from housing in Tower Hamlets as a direct result of being transgender.

Participants also described how the lack of housing support services for transgender youth, and the knock-on effects for trans adults, results in trans people across the age spectrum in Tower Hamlets relying on alternate, and often high-risk, methods to stay off the street or dangerous shelters. On this, Dominic stated:

[The trans people who he was seeing] were people who'd like, come out to parents and then had been booted out, which is a tale as old as time. Unfortunately, a lot of people are doing things like survivor sex work, yeah, you know, people using hookups to find somewhere to sleep. So, yeah, you sleep with a stranger, but then you also get a bed for the night. And yeah, just sort of, you know, they tended to skew young.

Dominic underscores survivor sex work as a response to the trans houselessness issues in the borough. While sex work is not inherently (or always) risky or dangerous the fact that Dominic notes that the people he accounted skew young suggests that they are more vulnerable to having their autonomy compromised, thus heightening their risk of harm (Kattari & Begun 2017).

9.2 Houselessness and its Relationship to Broader Systemic Issues in Tower Hamlets

Participants stressed that access to secure housing was exacerbated by a lack of support in other basic services in the borough – including healthcare, employment, and community safety – which could place trans people in dangerous situations. On the intertwined ways that exclusionary welfare services lock trans people out of stable housing, Eve articulates:

I find when engaging with mental health and the NHS, they're very slow to action anything, even when I stress the urgency of things. Yeah, I find the domestic violence leads to be equally deprioritised, yeah, I've had bad experiences with Clarion housing [...] they'll come up with endless reason why they won't help when in the meantime people are at risk of repeated violence.

Here, Eve draws attention to how, in their experience of supporting trans people in accessing safe housing in Tower Hamlets, there has been resistance by housing associations that are designed to provide affordable, safe housing to support trans people experiencing domestic abuse². The consequences of this may force trans survivors of domestic abuse back into violent households or leave them without housing altogether.

This is a critical issue for the borough, as domestic abuse against trans people in the UK is disproportionately high compared to their cisgender counterparts, with 50% of trans people experiencing domestic/relationship abuse at some point in their lifetime (Stokes 2021). Further, trans survivors have other complex needs, with 58% experiencing houselessness as well as 56% experiencing mental health problems (Stokes 2021). Thus, highlighting how, as noted by Eve and other participants, the lack of support from both NHS mental health services and social housing in Tower Hamlets can be considered to have a catastrophic impact on the ability for trans people to exist safely in society.

The diverse perspectives of participants also highlighted that the likelihood of houselessness – and inability to gain safe housing – is exacerbated further for the most intersectionally marginalised trans people. For instance, amongst participants,

² This report follows Galop's definition of abuse as follows: "Domestic abuse can take many forms. Domestic abuse can affect anyone from any background and any identity. Domestic abuse can include psychological, sexual, economic, emotional or physical abuse, coercive or controlling behaviour, so-called honour-based violence or forced marriage" (2025).

it was clear that private landlords are more likely to reject or evict Black, Brown, migrant, disabled, under-resourced, and sex-working trans people. On this, Eve pointed out that, within London, there is a culture that excludes trans people of colour from housing entirely. Eve stated:

The thing I have found with London, with all its history and stuff, we still have barriers where trans people like Black trans people and trans people of colour, are treated like they are just wasted lives.

Eve is drawing attention to how, trans people of colour, particularly trans women of colour, suffer disproportionately on account of existing at the crossroads of systemic racism, transphobia, and queerphobia (Snorton 2017).

Building on the unique challenges that trans people who are intersectionally marginalised face, Vix shared her experience of houselessness and its relationship to trans people who do sex work, Vix noted:

So many of the trans sex workers I meet are finding it hard to find housing for being trans and find it even harder to find housing for being a sex worker. But then, like having this complex relationship like, where will I live and where will I work. Then many trans people end up living together and sex working from home. But that is criminalised, so it's illegal. Then you have some really difficult situations with managing clients who might become violent or you might be unsafe if they realise that that's the case, they can then use that as a like a tool to be like, well, fuck you I'm gonna report you to the police because you have a brothel here.

Vix is describing how trans people who do sex work face further barriers to accessing secure housing on account of both facets of their identity being highly discriminated against in society and laws that criminalise sex workers who live and work together. Within Tower Hamlets, this can translate to hostility from both private landlords and housing associations, which results in trans sex workers being placed in violent and life-threatening situations, which in turn impacts their mental and physical wellbeing, which, again, as noted above, there is limited support for.

9.3 Houselessness and 'Passing'

In addition to highlighting how houselessness can be inflamed for trans communities with multiple marginalities and the failures of broader provisions, participants also highlighted the knock-on effects of houselessness for transgender life in the borough of Tower Hamlets. In particular, participants cited the interconnected complexities of houselessness, trans identities, and personal safety, emphasising how poverty acts as an additional barrier to being perceived as cisgender. This leaves houseless trans individuals vulnerable to further violence, which affects their chances of accessing care, employment, and secure housing. Oliver states:

The fact that if you are trans and you're experiencing houselessness, odds are you're not going to be paid, so will not be able to access gender affirming care, even just sort of like being able to wear the clothes that you want to wear. So again, you are more likely to then also be standing out, which is scary because, you know, you're sort of a

target for two reasons. So then, not only are you sort of trying to duck one type of violence, but you're also trying to duck another. We do still have this very clear idea that it's like, oh, we don't mind trans people as long as they are trying to pass as cis, you know, as soon as you add in like racialised elements or like class, this gets worse. And I remember meeting somebody a few years back and she was like, I would love to be able to pass more. But the fact of the matter is, I can't afford things like laser hair removal. I can't afford good makeup, and so then I end up using what I can, which then people use against me because they don't think I'm performing cis.

Oliver describes how cycles of poverty and houselessness make trans people in the borough more vulnerable to violence and hostility due to their lack of economic capital to access both medical support and the daily essentials necessary for social transition. This not only affects a trans individual's mental wellbeing – e.g. their experience of gender euphoria – but also imposes social pressures on trans individuals to 'pass'³, further increasing their risk of marginalisation.

9.4 Being Trans and Houseless in Tower Hamlets is Disabling

Participants also underlined the interconnected experiences of transness and disability. Specifically, some participants described how they felt that disabled trans people are repeatedly neglected by services in Tower Hamlets regarding access to housing, which in turn further exacerbates their health and ability to interact fully in society. On this, Lizzie, a Black trans-disabled care leaver who is currently houseless, articulated:

So basically, I was meant to move into Tower Hamlets, and this woman called [from assisted housing] and asked, can you walk? and I said no, and she said, have you tried, because people are just faking it. You can walk you're lying to me. I'm not going to give you a flat because you're lying that you can't walk everywhere. And then she argued with me for multiple hours. Then one day, she was like, I found you a bed and breakfast, and then I was like, Thanks. Is it accessible? And then she went, what does that mean? What do you mean? What does that mean? And I was like, also, I have a lot of seizures and stuff, so are there emergency procedures that I can use if I'm using the stove and something happens. And she said, how would I do that? You can't pick and choose where you're going.

Here, Lizzie describes how, when seeking support for safe and secure housing in Tower Hamlets she encountered both transphobia and ableism. Consequently, her claims regarding the extent and severity of her disability were not believed, leading to her denial of secure housing. The expectation that trans disabled individuals must prove their disability, similarly to how they are expected to prove they are cisgender, is stark and has significant real-life consequences for those seeking housing support in the borough. At least three participants engaged in this work considered themselves to be currently without housing as a direct result of housing associations' refusal to support disabled trans people both in terms of providing appropriate provisions and lack of trans awareness training.

³ It is important to note that not all trans people want to pass, and passing does not make you more transgender. However, in our society there is a strong pressure from cisgender people to pass.

When discussing the lack of substantive services across the borough to support trans-disabled people and trans domestic abuse survivors, participants made clear how severe and far-reaching the issue stretches. On this, Eve underlined:

I just feel like it's pretty consistent and poor across like the police, the NHS, the Council and obviously healthcare and housing. These are just basic infrastructure for people's lives. But yeah, and the thing I found in London with all its history and stuff, we still have barriers and continue to treat trans people just like Black trans people and trans people of colour as this wasted life.

Eve describes how for houseless disabled trans people and domestic abuse survivors, particularly disabled trans people of colour, there is no material support available for them to engage in society on account of them being pushed out of or denied entry to all services in the borough. Eve's point is pertinent as it underlines what many transgender people feel: that within the current infrastructure of the borough, and indeed London more generally, transphobia and ableism are such that society would rather erase disabled trans people of colour altogether than support them to thrive and prosper in the community (Brown 2017).

9.5 Community Suggestions for Housing and Houselessness

The following table contains explicit suggestions from the community about their needs in terms of housing and houselessness in Tower Hamlets.

Quote	Overview
<p>I just think that maybe actually doing something about the rogue landlords in the area would benefit the whole borough, and especially queer people, because if you finally found your golden ticket, and then you have to leave because there's rats and you call the council, and they're like, oh, well, they are just rats. Like, it's all good having the regulations. But who is like making sure they are followed? Where's the oversight for this, if landlords break those things, because frankly if someone's not giving your deposit back to you, which then means that you can't like, well people are using that deposit to then get their next place. Yeah, if you don't get your deposit back, then you could lose your next bit of housing, and then that makes you homeless.</p>	<p>Participants stressed that councils need to do more, across the board, to stop landlords breaking the law and committing unfair practice.</p>

<p>There needs to be an online platform where you can talk to someone about your housing rights because I've been looking at landlords, you know, knowing rights around rental properties in London. And so many of these pages and websites that talk about your rights are so you could do this, and maybe you could go here and talk to these people, or maybe, but none of its actually the right information. It's just yeah, lots of jargon and words to buff out a website that says one thing, call us please, and pay us money.</p>	<p>Participants stressed the importance of a dedicated space on Tower Hamlets web infrastructure that can better support queer and trans people in knowing their rights and accessing support regarding renting.</p>
<p>Just any advice or any help or advocates when [accessing housing when houseless]. It's just everything was very congested, and I just can't deal with that especially, whereas the situation where I was like, I was like, how do I get there, what do I do? What is this place like? And nothing was being answered. Everything was a big unknown. So, I was like, am I meant to just go to the people who I'm staying with and say, can you drive me to this place that I don't know the address of currently.</p>	<p>Participants stressed the need for trans and queer advocates and support navigating access to securing housing when houseless, as the current system is failing them.</p>
<p>I mean, actually, I think that would be one solution, just like trying to bring trans people together to find people to live with.</p>	<p>Participants advocated for events and groups specifically geared towards finding other trans people to live with.</p>
<p>To train people to know in that very specific way. Do accountability training, all of that, not like quality and diversity, but actual proper, like transformative justice trauma informed training. Yeah, that you can actually use so it's not just that you get a pat on the back of work, yeah, that you actually will use.</p>	<p>Participants stressed that, when supporting trans houseless people, proper trauma-informed and non-punitive training needs to take place.</p>

10. EMPLOYMENT AND ECONOMIC INCLUSION IN TOWER HAMLETS

This section will cover participants' experiences of employment, unemployment, and accessing benefits in Tower Hamlets. The section explores the impact of bullying and harassment towards trans people in the workplace and how, combined with institutional transphobia and continuous microaggressions, the workplace can become unbearable for trans people and significantly impact their mental health. Further, this section explores trans peoples' experiences of navigating Job Centres in Tower Hamlets and the blocks that occur when seeking support to find work. Finally, the section concludes with suggestions explicitly made by participants to make access to safe employment and benefits better in Tower Hamlets for trans people.

10.1 Explicit Transphobia and Bullying in the Workplace

When discussing the realities of being transgender in the workplace and the specific barriers trans people face, participants shared experiences of discrimination and harassment both on an institutional level and from colleagues and managers alike: all of which had a profound impact on their wellbeing. Oscar described his experience of being employed in Tower Hamlets:

I was working in Tower Hamlets, basically, a colleague next to me who, you know, kind of saw me as another queer woman at the time, [who] previously had never really said anything to me. She just went on this really transphobic rant in the middle of the [cultural sector workplace] when we were doing an evaluation. And I, like, let them finish and then went and was like, hey, this person's just gone off about this. We sat in the same general awareness training when we did our gender training, and still.

Oscar is describing how he was subject to a transphobic attack by a fellow employee. His testimony is important, as it underlines how transphobia is not confined to organisations that might be considered more conservative or corporate but is a systemic issue. Equally, Oscar's experience highlights that, despite transgender people being a part of the LGBTQ+ umbrella, they are not necessarily safe within these communities, thus leading to further alienation and isolation in the workplace. It is also important to note that, despite the organisation having gender awareness training, it did little to stop the attack taking place, thus underlining that mandatory training alone is not sufficient to tackle transphobia in the workplace.

The experience of alienation in the face of transphobia in creative and cultural workplaces was also shared by Dominic, who, on bullying, stressed:

Nobody stood up for me. If I ever corrected anyone [misgendering me], I was told I was snapping at people, or people really just find you quite unpleasant to be around. So that was, you know, a horrible experience, and that was working in an arts organisation that was owned by a housing association, so it's a place you would never expect that to happen. So, I mean, yeah, I became unwell, like I had to quit my job because I was covered in a full body rash and was thinking about if I was to walk in front of a bus.

Dominic's testimony reveals the complex and often insidious ways transphobia plays out in employment settings. Not only did Dominic experience the violence of being consistently misgendered at work, but he was also labelled a problem for correcting people, a tactic often used in institutional and employment settings to dismiss discrimination (Ahmed 2007). The act of reframing Dominic's act of self-defence as an attack compounds the transphobia taking place. Not only was he denied his identity, he was labelled aggressive – a common and unfounded stereotype of people on testosterone replacement therapy (TransVitae 2025).

10.2 Institutional Violence in and Across the Workplace.

When discussing harassment in the workplace, participants described how transphobia arises on an institutional level both in Tower Hamlets and across London more generally. Participants particularly drew attention to how HR often seemed to intentionally work against them, a reality that has been described by other marginalised groups, including Black women (Thomas 2024). On the realities of battling a discriminatory HR system, Seb, a Black transmasculine in his 20's articulated:

Employers trying to shirk responsibility is so dangerous because these are the people who are in control of paying you so you can afford your life and also do have legal responsibilities to you, to look after you and protect you in the workplace. Like, for example, I had a good experience with the arts admin team, but then, when it came to HR, and I was asking for parental leave. I don't think I explicitly ever said to anyone I'm trans, but they, like, immediately gave me the paternity form, which gives you only two weeks. My co-parent was planning to take full maternity leave. So, I came to ask if we could do shared parental leave [...] and when I looked into it, and I was talking through it with the HR person, she asked some random question that meant I had to directly say I was trans and we were co-parenting, and she literally was like, oh, I'm not really sure what to put you down as, because you're not actually biologically related to the baby are you. I just went really quiet, and I was just like, okay, I was so stressed.

Seb is underlining how, despite being supported by the broader team, institutional structures and regulations, often staunchly defended by HR, often fail to fulfil their legal obligations to protect trans individuals (Ahmed 2021; Thomas 2024). This can leave trans people, as described by Seb, vulnerable when seeking support for what should be simple issues, such as shared parental leave. Seb's experience highlights how current frameworks are not built for trans people and may actively move to strip them of their employment rights altogether.

Echoing Seb's sentiment, when discussing the slippery role HR plays within employment procedure, Oscar stated:

So I think what's so common with a lot of things whether it's like healthcare, work, you can have these just like life-changing, awful interactions with someone who you're supposed to trust, whether it's like HR, obviously we all know HR is there to protect the company, but they do say on their forms that they're supposed to protect us too. So like, there's even more of a thing with all of us. Whether the people who are supposed to be protecting us, we have no trust that they can, and like, they will

just walk away from those interactions like literally nothing has happened. Probably won't even remember, and then those things will have a lasting impact, and like affect how you engage with any support services in the future.

Oscar is underlining how – as with other institutions such as healthcare – mechanisms of transphobia, and the corresponding erasure of identity in the workplace have significant, and potentially life-threatening effects on trans people. The consequences of this may be, in an act of self-preservation on the part of the trans person, a refusal to engage with 'support' services such as HR. This often leaves trans people suffering in silence in the workplace, eventually leading to illness, burnout, and/or unfair dismissal. On this cycle, Seb stressed:

It goes back to what we've just talked about with harassment, is the fact that it actually makes you ill. It makes you ill, but you don't have a doctor to go to because you don't trust the doctor so...

Here, Seb highlights, in tandem with the other participants, how transphobia stretches across social systems, moving from healthcare to employment to housing, creating a cycle that leaves trans people excluded from multiple facets of society.

10.3 Microaggressions in the Workplace

When discussing their experiences of transphobia in the workplace, participants also drew attention to how microaggressions play out in employment settings. Microaggressions can be understood as the everyday ways in which marginalised people are subject to harm. They are subtle, stunning, and often automatic non-verbal exchanges that move to put down and disregard marginalised groups – in this case, trans people (Pierce 1978).

When discussing the impact of microaggressions at work, Caelan shared their experience of employment in an organisation based in Tower Hamlets:

You come up against a lot of like, people not listening and not taking the importance on board of the things that you're kind of expressing, so for trans people that might be in those roles, it's not only just extra labour but like continually, you're hitting up against this disbelief, or there's this sort of, like, not being taken seriously, and so you're having to do all this extra stuff, but it's like, it can really, really burn you out and be detrimental, and you're having to do the rest of your job too.

Caelan is describing how in their previous workplace, on the one hand, their trans identity was dismissed, but on the other, they frequently felt they were not taken seriously on account of their trans identity (Fricker 2007). This results in trans people feeling that they have to work significantly harder in the workspace to do their job and resist infantilisation from their cis colleagues (Puwar 2004). As Caelan notes, the result of this can lead to significant burnout.

The act of having one's sense of self denied, erased, and ignored in the workplace was shared by some participants, including Andy, a White transmasculine in their 20s,

who in their experience of working in a restaurant, was forced back into the closet by colleagues. They noted:

I went into work, into a restaurant, and I said to the head chef, it was a kitchen. I was like, oh by the way I'm non-binary. I use these pronouns. And he's like, oh no don't worry your secret's safe with me, and I was like, that wasn't what I was saying. What the hell?

Andy is articulating how, despite actively telling their boss they are non-binary, their identity was not only dismissed but treated as something to be hidden at work. Andy's experience is important as it is an example of the ways trans people are made to feel shame about who they are and their gender identity. Transphobia is manifest here as a form of shame that is shifted away from the broader structure within which a trans person resides and back onto the individual. In other words, in this case, Andy was made to feel shame (about their open and unabashed identity) because of his boss' own shame about having an openly trans person in the workplace. In this respect, Andy's experience mimics that of Dominic's, insofar as Andy is also made to feel like the problem in the workplace.

10.4 Navigating Unemployment and Access to Benefits

All of the participants we engaged with had experienced stages of unemployment and/or precarious employment, with over 40% of them accessing state benefits – including Personal Independence Payment (PIP) and additional financial support because of disability and ill health.

When discussing access to Universal Credit and New Style Job Seekers Allowance, participants described how navigating administration bureaucracy was a major barrier to getting support. On this, Oscar stated:

A major barrier for people to engage with benefits, will be not using like the name that is on your official documents. Like, if that's not your name, and you have to check in with the job coach every week - that'd be a horrible process wondering as well, you know, has the job centre done any queer awareness training. Because, like if you're having to engage with them the amount that you have to, in this hostile environment. Yeah, that's a huge part of your life that is engaging with people who are actively hostile to you.

Oscar is describing how, for trans people, the job centre – an already notoriously stressful place – becomes even more so on account of administrative blocks (e.g. pertaining to formal or informal name changes) and fears about untrained staff that appear to work against them. As it stands, participants stressed that there is a significant issue within local government regarding the lack of effective training about how to support trans people. For example, Oscar described how a staff member asked them for an official document, such as a passport to action a name change, when in reality all that is needed is an unenrolled deed poll (TransActual 2025). The lack of knowledge surrounding what should be simple admin leaves trans people, once again, having to bear the brunt of the labour and stress to be recognised as who they are and to access support to which they are entitled.

The effects of administrative hostility were elaborated on by Dominic who stressed that:

I'm not just talking about misgendering. But if, like, you're repeatedly met with people who say they don't understand anything about your existence. That is going to be a barrier, and you kind of don't have a choice then in those spaces.

Dominic is articulating how fighting to be recognised bureaucratically in systems – such as the Department of Work and Pensions – goes beyond misgendering to a total erasure of personhood. This significantly limits trans people's ability to engage in council services, and in turn, profoundly impacts their ability to engage with society more generally.

Alongside administrative struggles within the benefits system, participants stressed the need to be discerning and cautious when applying for jobs. Crucially, this was not only because of perceived transphobia in certain workplaces (e.g. as described above) but because of a growing tendency amongst certain employers to recruit trans people as diversity hires. On this, Eve, a Brown non-binary person in their 20s, articulated that:

So being hired, how am I going to put this. Well, you don't want to be tokenised. So, there's this really fine line about being hired because of the certain skills that we or our community might have, to also then being hired just because you're trans, and so then you're in that awful situation where you're at work and you're not being seen, listened to or heard [because you are the token hire].

Eve is underlining how trans people are sometimes hired only because they fulfil a diversity quota, which ultimately exists for the organisation to look good in terms of equitable practice (Ahmed 2012). Tokenisation within hiring practices becomes even more common when people are racialised. A trans person of colour can be seen to represent the gold standard of doing diversity well. Importantly, paired with the descriptions of the realities of workplace transphobia, participants felt that 'diversity' hiring did little to actually address safety for trans people in the workplace – including the creation of environments where trans people are able to express their whole selves.

10.5 Community Suggestions for Employment and Benefits Support in Tower Hamlets

The following table contains explicit suggestions from the community about their needs in terms of employment and benefits in Tower Hamlets

Quote	Overview
<p>You can do training with Gendered Intelligence or training with Mermaids, and all power to them they're amazing. But that is really going to take a very limited approach as it's not local. So why would Tower Hamlets be providing that? What they can do is provide something that is specific to what services are available nearby, even just, like, having a directory of community things, because I know that for me [...] when I've had a bad time with trans stuff and work stuff like, I just want to go and be around other queer people. Also looking into wellbeing opportunities and, like, not just seeing employment as a, you know, as employment, but seeing it, it's where you spend the majority of your day.</p>	<p>Participants stressed that gender training and/or changing employment and benefit structures – be it in a single organisation or across the board – is best when it happens with the guidance of local community partnerships, who can provide holistic support around employment needs.</p>
<p>Institution needs to be embedding the practice across the board, like, get your finance people in, get whoever does council tax in to do a trans awareness course. Yeah, the people who do community engagement, yeah, sure. So that every person that's on a phone line and stuff has had some awareness of these things.</p>	<p>Participants wanted trans awareness training to be embedded across organisations and not just limited to the Equality, Diversity, and Inclusion team.</p>
<p>There is already a service with Tower Hamlets Council where you can highlight unfair employment practices. Is there anyone in that office that would be able to answer a concern about discrimination, based on being trans, in that in office? Or anyone that they could put you on the phone to, or would they just pass you off onto the same phone number that none of us can get through to anyway? Something like that, or even just having a guide where employers who don't know can turn to. Also, it should be local as well.</p>	<p>Participants suggested already-existing platforms regarding welfare and employment be expanded to include trans-centred discrimination.</p>

<p>[Organisations need to] employ transformative justice principles, and ask are you willing to actually invest the time to create the space that you want to create? Or is it about efficiency? And if it's about efficiency, why is it? because everybody's overworked, and if everybody's overworked, then why? and then do you have to look at how many people you're hiring or how much investment you're putting into? Like, there's so many different things, but I think being able to have any thoughts of care throughout organisations, then it generally means that maybe you can work on a case-by-case basis a little better, to deal with these things as they come up.</p>	<p>Participants stressed that organisations need to reflect on their overall practice as employers if they hope to create sustainable and equitable workplaces for marginalised groups.</p>
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11. LEISURE AND RECREATION IN TOWER HAMLETS

This section will cover participants' experiences of access to leisure and recreational spaces in Tower Hamlets. The section covers the importance of community spaces for trans people and how the council might better support current trans-led organisations. Next, the section underlines the need for more sober spaces for the trans community, followed by how Tower Hamlets can support trans people to access gyms and pools. The section also draws attention to how night life in Tower Hamlets needs to be made safer for trans people, and the importance of addressing the access needs of the trans community. Finally, the section ends with suggestions explicitly made by participants on how to support trans people in accessing leisure and recreation in Tower Hamlets.

11.1 The Importance of Community Spaces for Trans People

When discussing leisure and recreation the participants stressed the importance of having dedicated queer and trans spaces within the borough. Participants underlined that such spaces provided respite, allowing trans people simply to be able to exist in the world. One space that was cited by participants as an exemplar of this was The Common Press – a much-loved queer intersectional bookshop and event space in Tower Hamlets (currently at risk of closing down). Caelan shared their experience of visiting The Common Press, after the loss of someone important in their life:

I didn't really know what to do with myself, and I knew that I had to, like, leave the house. So, I left the house and got on the bus and found myself just like going to The Common Press. I needed to be out and like around people, and I think like, just to be able to, like, give myself a little bit of space, to process and to distract myself a little bit as well. And it was the one place, the closest place, the easiest place to get to, where I could just go and just get a coffee and, I don't know, read a book [...] I guess I think it's important because, those sorts of things are so, like, important in general day to day life, you just need a space where you can just be.

Caelan here draws attention to the healing qualities of queer-specific spaces for trans people, spaces that participants felt were both much-needed and far too rare. The need for such spaces, participants suggested, often stemmed from their experiences navigating other public spaces. Throughout the research, participants articulated that they often feel hypervisible in public spaces. As a result, everyday spaces, such as a coffee shop – which might feel comfortable for a cisgender person – can be a potential or perceived site of hostility for a trans person. The result is that trans people are offered very little opportunity to relax and just be and frequently feel hypervigilant in (what ought to be neutral) public spaces. Spaces like The Common Press offer safety, refuge, and a feeling of calm in public that trans people do not otherwise feel afforded.

Similarly, on their experiences of moving to London, Eve shared that both The Common Press and the neighbouring The Glass House (which has since closed down) were crucial to finding a queer community in London:

I love to frequent The Common Press, the amazing events that cover, like, I love the poetry nights and book launches. There's been some great talks on topics I'm really interested in from new and upcoming queer and trans writers, yeah, it's really important space [...] and adjacent to that, the Glass House, which is now [gone], well, it was a really important space when I first moved to London. I met a lot of my friends there who I am still friends with now. Yeah, I think it's really important.

Eve is underlining that The Common Press, and what was The Glass House, are spaces where trans and queer people can gather to be themselves and build lasting community and learn and celebrate the work being done by the broader trans community. These spaces are thus also cultural hubs, which allow the trans community in Tower Hamlets to access creative and educational resources they would otherwise not be privy to.

11.2 Space: By, For, and With the Trans Community.

When discussing what leisure and recreation meant to the trans community in Tower Hamlets, participants stressed that most of the events they attend are community-led, and that the trans community within the borough are working hard to create safe and nourishing spaces for their peers. On this, Vix shared their experiences:

We did a little barbecue. We invited people, but it was also open access for people just to come to. I've been doing a Christmas thing on the 25th so that people have also somewhere to come to and that sort of also being advertised quite broadly within sex worker spaces as well. Also, because, Sex Worker Breakfast is just a few blocks away every Wednesday – there's also this geographical connection to places. With Trans Hookers Resistance Network, we ended up in Tower Hamlets because the Harm Reduction hub is there. So, we've done some stuff, a few things, there for people to be able to pick up more resources, and then also, more recently, Scarlet Letter [now known as The People's Letters] which is this sex worker led bookstore and just having a sex worker led space I think every day it's so major and so amazing and so cool and then I guess, like all of this, also ties to like Pelican House as bit of a hub where stuff is happening, where it's warm and there are offices there for example, and we organise like warm suppers. So, it's like monthly suppers for sex workers there as well. But then a lot of people just end up sort of being between all of these places.

In describing how different sex worker-led community networks and harm reduction networks pool resources to produce trans-inclusive spaces, Vix underscores how community care is strengthened when groups come together and support one another. This point was echoed by Dominic who articulated “we look after us”, and expanded upon by Anna, a White non-binary person in their 40s, who stated:

We create our own spaces, with our own communities, well, all sorts of communities. Trans people are, I think because of how we have been treated, aware of how hard it is for other people who are, say not White, or are disabled or living from hand to mouth, or you know. So, we build communities which do not, like, rely on the state, because honestly what good has that ever done us, why should we trust them when we can, like, just do it ourselves.

Anna, like so many of the participants, is describing how she feels that trans people have, on account of existing on the margins of society, a great empathy and understanding of others, which the state does not. In light of this, participants agreed that it is often safer and more appealing to community members to access and enact interlocking community support instead.

Alongside this, participants stressed the importance of having designated community spaces for trans people of colour and migrants. On forming such spaces Isabella, one of the organisers of Transfemme Social, a monthly social group for trans women and transfems, shared:

The original Transfemme Social has been around for four or five years. Yeah, it's grown so much! And then another trans Latina, and it's really cute, we started to have this edition for people of colour we're trying to have every three months or so, actually. We have one soon and it's in Hackney City Farm. So, it's literally so community based. It's so cute. It definitely helps a lot of us, specifically with information, like finding it for each other. So, I'm pleased to have such a good community. Yeah, and it's really cute to see how [Hackney City Farm] they also see us part of the community as well. It's so nice. It's really safe. I don't think they charge much at all. It's just really a nice relationship.

Isabella is describing the importance of creating spaces for transfemmes of colour, an extremely marginalised group, where they can enjoy each other's company regularly and share information about how to navigate UK systems (which can be extremely complicated for and hostile to trans migrants). Once again, this underscores that community-building and community spaces are both sites of pleasure, safety, and connection and form crucial information-sharing architecture in the absence of other provisions (and may well be preferable to 'formal' alternatives produced by statutory powers).

However, participants also shared that building and sustaining care-centred communities on a grassroots level is not without its stress. Most of this, participants suggested, comes from not having enough funding, and at times working at a loss. Building on her experiences of community building, Isabella went on to share:

[The organiser of Transfemme Social] cannot lose this money every month in a way. She just pays the people that host them, and then also commission other trans women, like the posters every month. So, it's kind of really her, and the only way that we've got some fundings, of course, it the co-founders, basically. So basically, community money, and it will be great to support these groups without tying them to the system. So yeah, whoever gives money to this type of community space, we don't have to give anything back. That would be perfect, the beauty of it is because of how community is. Trust us and give us that. And I think also finding more communal spaces that can allow that. For example, we do it just on Wednesdays, because that's what the museum can give us.

Isabella is drawing attention to the ways in which the community sustains itself internally, but how at times this sustenance has its limits. For example, being resource-limited, they are at the mercy of when the event space can host them,

which might limit who can come. However, participants expressed concerns about the potential impact of accepting funding from external sources – not least the way this might lead to ‘outsider interference’ in organising. They stressed that if funding was made available, then it should not make the community beholden to the value system of the funders. Rather, participants suggested, funders need to understand that the community are best placed to recognise the needs of the community and should be empowered to make decisions in this regard. On this, Eve who runs Trans Sauna, a monthly sauna event for trans people, based in Hackney, stated:

One thing I will push, I guess, is for them to put their money where their mouth is [when supporting local trans lead organisations], like, fund them because with the sauna, you have something going that could be easier if it had more money. It’d be great if we have money. Like, we could subsidise tickets, give more free tickets out. We could employ chefs and sort caterers, from within the community and especially, I don’t know, even for staff getting paid for Ubers – safe travel and transportation home from the venues.

Eve is highlighting, when it comes to grassroots trans-lead community spaces, especially ones creating safe/r spaces for trans people, it is the organisers themselves that know exactly what the needs of the community are and how best to achieve them. As such, if funding schemes are set up by the Council then they have to be created in a way that doesn’t involve undue council interference. Or as Oscar put it, for local authorities looking to support trans communities: “there is no need to reinvent the wheel. We have what we need, just support that”.

11.3 Sober Spaces

When discussing nightlife in Tower Hamlets, participants were aware of a distinct lack of sober spaces for the trans community. During conversations, participants stressed that nightlife is an extremely important space for the community to come together but that these spaces are not necessarily welcoming to all members of the community. On this, Cam, a White non-binary person in their 40s, shared:

I don’t want to just be in my house, because I don’t want to drink. I don’t want to be around drinking. I just, I can’t. I’m a recovering addict. I have tea and I leave and everyone else gets drunk. It’s uncomfortable, and it usually smells gross and it’s just not that nice, you know. And I used to love going to pubs to like eat food as well, and I just don’t like it anymore.

Cam is describing how, on account of a deficit of sober spaces and events in Tower Hamlets, they feel like they don’t have access to large swathes of community. During the dinners, participants articulated that recreational substances and sexualised drug use are common in the community and that many people find joy and pleasure in this (The Love Tank 2024). However, both in response to and independently of this, there is also an increasing rise in sobriety amongst trans communities (including older trans people) without corresponding spaces in Tower Hamlets for trans people where alcohol (or drugs) are not present (or a focus). This frustration was also shared by Dominic, who stressed:

I really wish that there was more sober spaces coming up. I feel like the Common Press has done a lot of good stuff around that, but I wish I remember saying to somebody a couple years ago, when there was another trans night, like, a t boys night, basically, and I was like, why isn't there somewhere that's just for transmasc folks who just want to sit and have a chat where the music's not too loud, you know? [...] I'm past my clubbing days and I'd love to have more spaces where it is just sort of going to the theatre or chatting and playing board games and just, you know, and these things don't require much, but in our own space where you're not sort of, like trying to carve out a little niche somewhere in a space that already exists.

Noting that many people choose sobriety as they get older, Oscar here stresses how the need for sober spaces also combats a trend of events for transmascs that are club-oriented and/or largely designed for a younger demographic. The result is that there is a deficit in spaces designed explicitly for older trans people who would like to come together, without having to enter cis-dominated environments.

Participants stressed that offering more sober spaces should not be at the detriment of supporting nightlife. There was an active concern amongst the groups that, especially since Covid and often due to escalating rent prices, there has been a decline in queer nightlife spaces. It was strongly felt that, in addition to the creation of sober spaces, nightlife spaces also need to be protected by the Council. On this, Anna noted, "just because we are trans we should not have to choose between one thing and another. Cis people don't have to do that – so why should we?"

11.4 Gyms and Pools

When discussing exercise and leisure, participants expressed a want for better access to both swimming pools and gyms. Participants broadly felt that both of these spaces are not necessarily safe enough for trans people. On this, Jules described the challenges her trans friends who currently uses a gym in Tower Hamlets faced:

He has to go either really early in the morning or really late at night, it's like no rush hours because he doesn't feel comfortable, because there's not a gender neutral space, because it doesn't feel like safe, yeah, so it's like, we are literally pushing ourselves to be as less visible as possible, because we just don't feel safe. And it's just as simple as having a gender-neutral cubicle or toilet.

The experiences of Jules' friend highlights how in order to do something as simple as exercise and stay healthy, trans people must navigate a constant or perceived threat of danger. Jules shared her own experiences:

If I know a gym, a swimming pool, I can feel comfortable using a gendered space. But like, if you don't know it and go into it for the first time, it's fucking terrifying a couple of times in gyms I've just being shouted at by horrible cis men saying stuff.

Jules is describing how, unless they know the space and the layout of changing rooms, they are at risk of active hostility from cis people using the space. This, in turn, makes finding new spaces very difficult. When discussing the very real risks of harm in gyms spaces, participants shared a frustration of being excluded from these

spaces. On this, River, a non-binary person of colour in their 20s, articulated:

There needs to be a targeted thing, just like ways to get you back into just thriving as a person as well, not just community, but just enjoying yourself and just giving you more to enjoy about living in Tower Hamlets. I think the exercise thing is a big one, especially with what's going on with the bathrooms. I think just making that way more inclusive is really beneficial and less binding with gender. But that is also probably just down to funding of the way the gyms are being run.

River is highlighting how the current binary way gyms are organised – and the lack of gender neutral facilities – mean that the trans community are being excluded from thriving in the borough more generally, a reality that has the potential to further escalate as a result of the Supreme Court ruling on the definition of woman and man in the Equality Act 2010 (see Section 1.1). Indeed, participants relayed a bitter irony: that GPs in Tower Hamlets often recommend exercise as a way to manage depression – much of which is caused by not being able to access gender care – but that when trans people want to exercise in the borough, they aren't or don't feel enabled to.

The desire to be able to visit a pool was shared across demographics – as were concerns about safety upon entering gendered changing rooms. In order to circumnavigate this, participants suggested trans-only or queer-specific swimming sessions. On this Esi noted.

I would love something like that. Just have it like in every single centre where there's like, one day or two days a week for LGBTQ people, because right now they only, they predominantly cater for the Muslim women.

This was a point echoed by Oscar, who shared:

There was a response to a community need for people who for like modesty reasons, don't want to be like swimming with men. I think that is something that they could be doing like for trans people as well. Like looking at a like, higher community need there, and responding to it.

Esi and Oscar are drawing attention to extant examples of how swimming pools have already crafted protected spaces for other communities who otherwise would not be able to swim. As such, there is already a framework in place to create a similar space for trans people.

11.5 Safety Protocol and Nightlife

Participants stressed the need for a better safety protocol in Tower Hamlets to help keep trans people safe when they attend events. Safety issues discussed were two-fold: how to keep trans people safe when out in nightlife spaces in general, and how to keep them safe in trans-only night spaces. On the former, Tadhgh, a White nonbinary migrant, said:

We don't need to necessarily just have exclusively our own spaces that only we access. What happens is, you need to make sure that there are safety protocols in place so that if anything does happen, the management knows what they're doing. You know the management of a venue needs to know how to respectfully handle if an attendee says that guy over there is like, misgendering me, or that guy is taking pictures of me kissing my girlfriend. Are, you know, not always, necessarily a guy either, sometimes it could be that a woman was having a go at me for using the women's toilet.

Here Tadhgh describes the potential for hostility in non-trans-specific spaces and stresses that trans people should be afforded safety in all nightlife spaces - not just queer-specific ones.

Building on this, participants articulated the need for heightened community awareness of what to do if somebody experiences a transphobic or queerphobic attack within a nightlife setting. Several participants also wanted to know how to intervene when a trans person is photographed by a (mocking) stranger, which was an experience that was sadly shared by many participants. Groups also felt that pubs and bars need to be held accountable if they profess to be queer-friendly spaces but then don't uphold that in practice. On this, Tadhgh continued:

Because in practice, what if it is not just some arbitrary person who's committing this act, it's someone who they can see in front of them, who might be a very respectful person, it could even be one of their regulars, and when a push comes to shove they might not actually understand, like, the severity of the situation, you know. And again, some venues I have worked with have, you know, sworn on their mother's lives, that they'll kick out any transphobes or, like, homophobes or anything. Then we've had an incident where we've gone to a pub manager and said this, one of the customers has been inappropriate with our attendees and the venue, he's just like he comes in every week. And again, it's just gonna be why can't you just say to him not tonight, or have a word with him, if he is one of your regulars that you see very often, why can't you have a word with him?

Tadhgh is underlying a precariousness when it comes to safety even within those spaces that profess to be trans-allied. The issue here, as participants stressed, is that it leaves trans people in an even more vulnerable position given that they have entered the space with the expectation of being protected (and thus may have let their typically hypervigilant guard down).

A number of participants shared that they had had particularly bad experiences with security guards in queer settings, who are often hired from outside organisations. Oscar stressed

If you are going to have these places, it's really important that your security know what they're doing and don't, because, God, when they're like, oh, we need to do pat downs, we're just deciding what gender you are by pushing you towards one of the people. And you're like, cool. Great. Love this for me. But. There are obviously amazing organisations doing it. They need to be able to do more. They need to be better funded. They need to be like the standard. We've got this small pool of people who actually know what they're doing but if there's a party happening here, then there's

not enough people to then cover this event here, because Safe Only do a lot of great like work with harm reduction and stuff within the spaces as well, but there needs to be more.

Oscar here highlights that, as it stands, there are only a limited number of organisations - like Safe Only CIC, a queer welfare, security, and harm reduction consultancy - to act as trans-informed security and welfare leads in trans and queer spaces. Organisations like this were considered to be essential in creating spaces where trans people aren't at risk of potential harm from security staff. Participants stressed that the council needs to do more to support queer peer-led security and welfare organisations if they are going to create secure nightlife spaces for trans people.

11.6 Access Needs and Safety

When discussing the creation of leisure, recreation, and event spaces for trans people in Tower Hamlets, participants stressed that a core priority for the council must be ensuring the access needs of disabled trans people. On the frustrations around the current state of access in the borough, Dominic voiced:

I'm really glad that our community does have a really high standard with these sorts of things, and it means that we're going to venues and we're being non-compromising about that, and that is, like, limiting us. And if that's something that we're demanding the council should be doing what's in their powers to not grant licenses to places like showing that they've got a proper access plan.

Dominic is describing that there is severe limitation to spaces in Tower Hamlets that cater for disabled people, which in turn means that the overall needs of trans people are not being met. Participants across the board noted the high crossover of gender non-conformity and disability (as has already been described). This was echoed by Oscar, who stated:

One thing for [the council] to take away from these conversations, you can't just ask us about trans issues in a silo, because disability is a trans issue [because so many trans people are disabled].

11.7 The Closure and Loss of Spaces in Tower Hamlets

All participants - across all demographics, dinner parties, and interviews - expressed a frustration that Tower Hamlets were enquiring into their leisure and recreation needs whilst simultaneously doing nothing, to their knowledge, to support The Common Press and Bethnal Green Working Men's Club. Both venues are considered vital to the trans community in Tower Hamlets and are at very immediate risk of closure. On this, Tadhgh stated:

The two big queer spaces in Tower Hamlets are the Common Press Bookshop and Bethnal Green Working Men's Club. So those are really crucial hubs for the community. I've been to so many drag shows in Bethnal Green Working Men's Club. My partner competed in a drag show which is hosted there. It's a really vital

community space for performance. Especially because performance is such a big part of gender expression. And then on the flip side, something that's like The Common Press is really valuable as a much more low key, like an incidentally sober space, which is really valuable.

Tadhgh is describing how Tower Hamlets is fortunate to have two vital hubs for trans people to come together, one of which caters to nightlife and performance, the other to the creation of sober events, and both of which are greatly loved by the community. As such, participants voiced that saving these venues needs to be a priority for the council and that, without them, trans people will have even fewer places to feel safe. This was stressed by Caelan who stated:

The Common Press, at the moment is struggling to stay open because a lot of the time, from what I know about Council funding or grants, what I know about funding in general around projects surrounding marginalisation or having impact in communities, there's usually lots of things that organisations have to hit to show impact, or lots of monitoring and evaluation that is usually made by people who don't actually know the communities that they're aiming to serve anyway. So, I think the distribution of untethered funding into the hands of organisations that already know how to do this work [is important]. Just give them the resources to do the stuff that they know how to do already.

Caelan is pointing, once again, towards the facilitation of funding towards existing spaces already supporting the community, rather than 'reinventing the wheel'.

11.8 Community Suggestions to Support Leisure and Recreation in Tower Hamlets for Trans People

Quote	Overview
<p>If it was possible for the council as a body that has quite a lot of power to take action, and a pub in Tower Hamlets is quite beholden to Tower Hamlets council to stay open. Why can't the council provide that training like, ideally led by members of the community, members of the community, like queer people, trans people, are people who are very well informed, and they could do some of that legwork in terms of going to these venues and explaining to them, you know, the needs. I guess we always call like the specific needs of the community and, yeah, like that would just make it so much easier for me as a producer to prioritise Tower Hamlets as a place to take my business, run my events. If I knew I walked into a pub in Tower Hamlets or a venue in Tower Hamlets, that's one thing you'd have to worry about. I know that that's been dealt with, and I can trust that these venues have been given this information and by an authority they trust.</p>	<p>Councils need to provide training, developed and led by trans community members, to give to pubs, clubs, and event spaces on how to support the specific safety and wellbeing needs of the community in nightlife spaces. Alongside councils need to produce a charter that organisations can sign up to get direct links to training.</p>

<p>And obviously, as someone who you know does a lot of work where I handle money well and know what to do, know how to put money to use very effectively. I think just giving money to the people who are already doing this work would be a super effective way of keeping it going and supporting it, and encouraging event producers and promoters like me to pick Tower Hamlets.</p>	<p>Councils need to fund and support trans event organisers that are already active in the area. Equally councils need to provide training for venue owners to keep trans people safe.</p>
<p>I had this sort of idea, which was to contact all of the gyms in London and just be like, what is the layout of the changing rooms? Is it family style, one where, like, it's just lockers, lockers and cubicles, no open space. Is it an all-gender space, or is it divided, like, if it's divided into men's and women's is there a space that someone who doesn't want to use those spaces can use? Or could they be used by a disabled woman and, like, finding that stuff out so that then when someone goes into the gym, they have some index they can look up and be like, cool. It's a family style room. I'm gonna feel I know what it is. I know what I'm gonna do when I walk in. Yeah, I don't have to think about that. I think we'd be like, this huge, helpful resource.</p>	<p>Councils need to create and make available access plans for trans people explaining the layout of each gym and/or pool and the types of changing rooms and bathrooms they have and any gender neutral facilities.</p>
<p>I do think actionable things for the council in terms of leisure things they have licenses for. In one of the group chats for one of the trans women groups, like two people recently have either started or just finished their swim teacher qualification, and everyone was like, fucking amazing. Like, there is no reason why Tower Hamlets couldn't specifically target trans people to get them to train to become swim teachers, and then not just have them in the trans only swimming classes. They should be teaching kids, yeah, should be teaching the school groups that come visit and those kinds of things are very actionable and make sense for them to do?</p>	<p>Councils need to fund training and qualification opportunities for trans swimming teachers, who are then able to work in across swimming pools in Tower Hamlets.</p>

12. DISCUSSION

“I don’t like the term falling through the cracks. It makes it sound passive, when it’s active: it’s like being pushed underwater” – Eve

The purpose of this report was to bring to the fore the experiences of trans and non-binary people living, working, socialising, or using healthcare services in the London Borough of Tower Hamlets. The research sought to platform the voices of trans and non-binary people, and provide a space for the community to share, in their words, their needs and the barriers they feel affect their ability to thrive in the borough, as well as how they survive and come together as a community despite these barriers. In order to gain an accurate understanding of the multiplicity of hurdles trans people must overcome to engage in everyday life the research focused on four core areas: health and wellbeing services; housing and homelessness; employment and economic inclusion; and access to leisure and recreation. By situating the report in this way, we were able to highlight the interlocking ways in which these areas feed into and across each other, and the overall effect that this has on the trans community/trans communities in Tower Hamlets.

The findings of this report make for dismal reading. They reveal that trans people feel pushed to the margins in all areas of their lives in and across Tower Hamlets. Within the context of healthcare, the report findings reveal that participants felt they did not receive adequate care and support from GPs, evidenced by the denial of blood monitoring and access to bridging prescriptions (to which they are entitled). Further, the study found that participants felt unsupported in mental health services and that the current structures in place neglected the needs and wellbeing of trans people. In tandem, the findings show that sexual health clinics in the area, which frequently have a better and more nuanced understanding of the needs of trans people, were not consistent across the board. Good care, therefore, is at times reliant on who is on duty or if protocol is being followed on the day. Further, the research reveals the impact that the overall state of poor trans health care has on the trans community in the borough.

The findings of this research have equally shone a light on the degree to which trans people within Tower Hamlets are struggling to find and stay in secure housing, particularly trans young people. Within this, the findings show that access to safe housing for trans people is part of a broader systemic issue - as evidenced by participants’ descriptions of how marginalisation in other areas of life often acts as an additional hurdle when trying to access housing. Equally, the study shows that the effects of homelessness on trans people in Tower Hamlets in turn contributes to poor health in the community. Further, the report underlined how poor housing impacted trans people’s ability to ‘pass’ making them hyper-visible in society and thus more likely to suffer harassment and violence in public spaces.

The study has also found that trans people in Tower Hamlets face significant barriers in the workplace and when accessing benefit schemes and Job Centres. This is evidenced by participants’ experiences of explicit bullying, microaggression, and institutional transphobia at work were rife in the community, often leading to poor health and potential unfair dismissal. Equally, the research shows that Job Centres

in Tower Hamlets are not adequately trained to support trans people in applying for benefits, with participants giving examples of unnecessary admin and bureaucracy, leading to severe anxiety.

Findings from the report do, however, reveal that there are strong trans-led community networks in Tower Hamlets, which are forging vital spaces for communities to come together and for resources to be pooled and shared. However, the study also underscores how community spaces are struggling in terms of funding and that often it is the community themselves who have to sustain these spaces, which places them at risk of closure. The study also found that trans people in Tower Hamlets feel left out of gyms, pools, and leisure centres, and are not able to fully enjoy exercise in Tower Hamlets, as evidenced by participants' description of avoiding gyms and pools, despite wanting to go. Equally, the research found that further support for trans nightlife is required so that trans people are offered the opportunity to enjoy going out safely in Tower Hamlets without fear of harassment.

Ultimately, the findings of this report, led by trans and non-binary people living, working, socialising, and using services in Tower Hamlets, reveal barriers in manifold areas of their lives, and a lack of support services to overcome them. Equally, the report has brought to the fore that, when addressing the needs of trans people, there must be a recognition that these barriers cannot be solved in isolation. Rather, sustainable and effective solutions to problems faced by trans communities requires an understanding of how health, housing, employment, and leisure are intimately intertwined, and thus to support trans and non-binary people to not simply survive but thrive in Tower Hamlets, a holistic approach must be adopted.

13. RECOMMENDATIONS

The following recommendations are based on the in-depth research presented in this report. They are grouped into four key areas: health and wellbeing, housing and homelessness, employment and economic inclusion, and leisure and recreation. Each recommendation also identifies the key parties responsible for implementing the proposed actions.

These recommendations have been made by The Love Tank CIC and are separate and distinct from recommendations made by Tower Hamlets Council.

13.1 Health and Wellbeing Recommendations for Trans People in Tower Hamlets

1) Safe and Accessible Hormone Monitoring Services

Recommendation

Trans residents in Tower Hamlets must have access to safe, inclusive, and appropriately staffed services for the monitoring of hormone levels associated with HRT (Hormone Replacement Therapy), including individuals accessing hormones through non-NHS routes (e.g. DIY).

Rationale

Our research found that due to long wait times and gatekeeping in NHS gender identity services, many trans individuals choose to DIY HRT. Without access to regular blood monitoring, this can create serious health risks. Current local provisions do not meet this need in a consistent or inclusive manner.

Actions Required

- **Commission blood monitoring services** accessible to all trans people, including those self-medicating.
- **Provide borough-wide training** for GPs and primary care providers on:
 - Monitoring hormone levels in trans patients.
 - Prescribing practices for HRT (including shared care protocols).
 - Referral systems to Gender Identity Clinics (GICs) and local support services.
- **Ensure sexual health clinics** and community health organisations are resourced and trained to offer hormone monitoring where appropriate.
- **Mandate visibility and transparency:** GP practices and sexual health clinics should publicly indicate whether they offer hormone monitoring for trans individuals.
- **Embed cultural competency:** All services must offer trauma-informed, trans-inclusive, and stigma-free care.

Responsible Parties

Tower Hamlets Council (THC); NHS Trusts; Primary Care Networks; Local Sexual Health Services; LGBTQ+ Health Organisations

2) Consistent, Trans-Inclusive Sexual Health Services

Recommendation

Trans people must have access to sexual health services that are uniformly trained, informed, and culturally competent across Tower Hamlets.

Rationale

Our research revealed that trans individuals frequently report inconsistent care in sexual health clinics, including being misgendered, misunderstood, or denied appropriate services due to lack of staff knowledge on trans bodies and healthcare needs.

Actions Required

- **Mandate borough-wide trans awareness training** for all staff in sexual health clinics, regardless of role or seniority.
- **Develop and implement bespoke clinical modules** on:
 - Trans anatomy and sexual health needs.
 - STI testing, contraception, and reproductive health for trans people.
- **Co-design training programmes** with local trans-led and LGBTQ+ organisations to ensure lived experience is embedded.
- **Fund local LGBTQ+ organisations** to act as advisors and training partners.
- **Conduct annual audits of all sexual health services** to ensure compliance with training and service standards.
- **Ensure physical and digital signage** clearly indicates clinics are trans-affirming spaces.

Responsible Parties

THC; Local Sexual Health Providers; LGBTQ+ Organisations

3) Trans-Inclusive GP and Primary Care Services

Recommendation

All GP practices and primary care providers in Tower Hamlets must be trained, equipped, and resourced to provide trans-affirming care, including hormone care, mental health support, and navigation of referral pathways.

Rationale

Our study showed that primary care is a key access point for trans people. Many face ignorance or discrimination in GP surgeries, leading to delays in care, poor mental health outcomes, or reliance on potentially unsafe alternatives.

Actions Required

- **Commission a specialist trans health clinic** in Tower Hamlets, based on successful models such as The Bridge Clinic (Southwark), offering:
 - GP-led hormone care (including bridging prescriptions)
 - Mental health support
 - Referrals to GICs, sexual health, and wellbeing services
- **Fund borough-wide training** for all GP surgeries, covering:
 - Trans-specific health needs and anatomy
 - HRT prescribing, monitoring, and shared care
 - Inclusive communication and safeguarding practices

- **Support the development of referral pathways** that include sexual health, gender clinics, mental health services, and peer support.
- **Mandate participation of trans-led organisations** in the development and delivery of training.
- **Conduct quality assurance monitoring** to ensure service compliance and cultural competency.

Responsible Parties

THC; NHS Primary Care Networks; Local GPs; LGBTQ+ Health Organisations

4) Specialist Harm Reduction Services for Trans People

Recommendation

Tower Hamlets must fund and support dedicated harm reduction services, including safe needle exchanges, tailored specifically to the needs of trans people who self-administer HRT.

Rationale

Our research found that Trans people using injectable hormones without supervision need access to clean needles and harm reduction information to avoid potential health complications. A culturally unsafe or stigmatising environment deters many from accessing mainstream services.

Actions Required

- **Commission trans-led harm reduction programmes** that provide:
 - Safe needle exchanges
 - Education on injection safety and hygienically
 - Peer support and referral to appropriate services
- **Provide sustainable funding to existing grassroots services** such as THNX that already deliver trans-informed care.
- **Expand these services** into holistic health hubs, combining harm reduction with mental health and wellbeing support.
- **Ensure outreach capacity** to reach isolated or marginalised trans people (e.g. migrants, sex workers).

Responsible Parties

THC; Local LGBTQ+ Health Organisations; Public Health Teams

5) Health Navigation Resources and Complaints System

Recommendation

Trans individuals need accessible, localised resources that explain healthcare pathways and a robust complaints system for reporting discrimination or malpractice.

Rationale

Our research indicated that many trans people are unaware of how to navigate complex healthcare systems or advocate for themselves. They also lack safe mechanisms for reporting poor care.

Actions Required

- **Fund LGBTQ+ organisations** to create accessible, multilingual guides (online and in print) outlining:
 - How to access gender care and fertility services (e.g. egg freezing)
 - How to self-refer, understand waitlists, and prepare for appointments
 - Rights and protection under law.
- **Develop targeted materials** for trans migrants and people of colour, addressing:
 - Rights under immigration law
 - Healthcare access entitlements
 - Responses to racism and xenophobia in healthcare
- **Establish a specialist trans patient complaints liaison service**, offering:
 - Advocacy and legal support
 - Translation services
 - Mental health referrals for those harmed by discrimination
- **Create drop-in centres** run by LGBTQ+ organisations where trans individuals can get in-person support navigating services or filing complaints.

Responsible Parties

THC; NHS Complaints Services; LGBTQ+ Health Organisations; Advocacy Groups

6) Trained Trans Health Advocates

Recommendation

Invest in a trained network of trans health advocates who support individuals navigating medical appointments, referrals, and wellbeing services.

Rationale

Our study uncovered that many trans individuals face anxiety, discrimination, or misunderstanding in medical environments and would benefit from trained support workers.

Actions Required

- **Fund the recruitment and training of trans advocates** who can:
 - Attend medical appointments with service users
 - Explain healthcare processes and provide reassurance
 - Assist in safeguarding and mental health crisis responses
- **Develop community-designed training programmes** covering:
 - Trans healthcare pathways
 - Cultural safety and trauma-informed care
 - Emotional support and patient rights
- **Ensure all advocates are paid, trained, and themselves members of the trans community.**

Responsible Parties

THC; Local LGBTQ+ Health Organisations; Advocacy Services

7) Shorter Waiting Times and Legal Reform

Recommendation

Advocate for the reduction of waiting times for gender-affirming healthcare services and challenge legal interpretations that restrict access to care.

Rationale

Our study found that NHS Gender Identity Clinics often have waiting times exceeding five years, far beyond the legal NHS standard of 18 weeks. This contributes to DIY HRT and mental health deterioration.

Actions Required

- **Tower Hamlets Council and MPs must advocate nationally** for urgent reform of gender services and waiting times.
- **Lobby NHS England** for additional funding, streamlined pathways, and decentralised models of care.
- **Equip GPs to offer interim support**, such as bridging prescriptions and referrals to wellbeing services.
- **Challenge interpretations of the Supreme Court Ruling on Sex in the 2010 Equality Act** that restrict trans people's access to gendered healthcare spaces.
- **Integrate trans healthcare into MP and Council manifestos**, making Tower Hamlets a borough of best practice.

Responsible Parties

THC; Tower Hamlets MPs; NHS England; Local LGBTQ+ Health Organisations

8) Inclusive, Accessible, Mental Health Support

Recommendation

Ensure trans people have access to timely, culturally competent, and safe mental health services across Tower Hamlets.

Rationale

Our research indicated that trans individuals experience disproportionately high rates of mental distress, often exacerbated by systemic discrimination in mainstream mental health services.

Actions Required

- **Greater investment** in Mental Health Services
- **Mandate borough-wide training** for all mental health service staff, covering:
 - Trans-specific mental health needs
 - Crisis intervention and suicide prevention
 - Respectful interactions during physical exams or assessments
- **Tailor training by profession**, e.g. psychiatrists, therapists, nurses.
- **Fund peer-led wellbeing spaces**, facilitated by trained trans people, that provide:
 - Group therapy and support sessions
 - Mental health advocacy and check-ins
 - Culturally specific spaces for trans migrants and people of colour

Responsible Parties

THC; NHS Mental Health Trusts; LGBTQ+ Mental Health Organisations

13.2 Housing and Houselessness Recommendations for Trans People in Tower Hamlets

1) Ensure Trans Tenants Are Protected from Discrimination and Unsafe Housing Conditions

Recommendation

Tower Hamlets must strengthen housing protections to ensure that trans people are safe, supported, and treated fairly when renting privately or through housing associations.

Rationale

Our research indicated that trans people are disproportionately vulnerable to housing discrimination, unsafe living conditions, and harassment from landlords. Legal protections under the Private Renters' Charter and the Homes (Fitness for Human Habitation) Act 2018 are often not enforced or accessible to those at the margins.

Actions Required

- **THC must:**
 - Enforce private renters' rights through local accountability structures.
 - Publicly commit to protecting vulnerable renters, including trans people.
 - Hold landlords accountable when they violate housing law.
- **Create an accessible, multilingual online portal** detailing housing rights and local services for trans tenants.
- **Fund regular drop-in sessions**, hosted by LGBTQ+ organisations, offering legal advice, advocacy, and emotional support.
- **Train housing advocates** in trans-inclusive practices, housing law, and safeguarding to attend high-stakes meetings with landlords.

Responsible Parties

Tower Hamlets Council (THC); Local LGBTQ+ Organisations (LQOs); Local Legal Aid Services; Private Landlords; Housing Associations

2) Provide Holistic Housing Support That Accounts for the Complex Needs of Trans People

Recommendation

Housing access policies and services must reflect the interconnected barriers trans people face — including poverty, discrimination in healthcare and employment, and disability — and offer wraparound support.

Rationale

Our study uncovered that trans people often face systemic disadvantages that hinder access to secure and safe housing. Financial precarity, health challenges, and intersecting oppressions increase their risk of housing instability.

Actions Required

- **THC must:**
 - Commission specialist support pathways for trans tenants.
 - Ensure disabled trans people receive accessible, adapted housing.
 - Conduct regular audits of housing stock for accessibility compliance.
- **Develop guidance for housing associations** on accommodating complex trans access needs.
- **Expand financial assistance programmes** for trans people struggling to secure housing.

Responsible Parties

THC; Housing Associations; Social Housing Providers; LQOs; Disability Rights Organisations

3) Establish Targeted Housing Support for Trans Young People

Recommendation

Create dedicated systems and long-term support structures for trans young people experiencing or at risk of houselessness, including those fleeing family abuse or rejection.

Rationale

Our research found that trans youth are disproportionately affected by houselessness, often due to familial violence, transphobia, or systemic neglect. Their needs extend beyond housing to include mental health, education, and trauma recovery.

Actions Required

- **THC should:**
 - Partner with LGBTQ+ youth houselessness charities to co-design safe housing pathways.
 - Ensure services are trauma-informed and intersectional, addressing needs related to mental health, substance use, disability, and education.
- **Fund regular drop-ins** for trans youth, offering:
 - Peer support and social opportunities.
 - Trained advocates for housing meetings.
 - Wellbeing services and access to information.

Responsible Parties

THC; LQOs; LGBTQ+ Houselessness Charities; Youth Services; Social Workers

4) Ensure Access to Free Gender-Affirming Essentials for Houseless Trans People

Recommendation

Trans people facing houselessness must have access to free gender-affirming clothing, products, and care spaces that affirm identity and provide dignity.

Rationale

Our research showed that gender-affirming clothing, binders, wigs, and grooming services play a vital role in trans people's safety and wellbeing — especially when they are unstably housed or navigating public services.

Actions Required

- **Fund community events that offer:**
 - Free clothing, binders, make-up, wigs, and toiletries.
 - Gender-affirming haircuts, spa treatments, and tutorials.
- **Ensure all services are trans-led** and include embedded wellbeing support.

Responsible Parties

THC; LQOs; Trans-Led Mutual Aid Networks; Beauty and Wellness Practitioners

5) Create Safe, Dedicated Spaces for Houseless Trans People

Recommendation

Tower Hamlets must commission a dedicated LGBTQ+ shelter and domestic violence refuge to support trans people in housing crisis.

Rationale

Our study revealed that mainstream shelters often exclude or endanger trans people. Safe, community-led alternatives are critical for those facing houselessness, violence, or hidden housing insecurity.

Actions Required

- **THC to commission a shelter led by LGBTQ+ houselessness charities** with:
 - Trauma-informed staff.
 - Peer support.
 - Wraparound advocacy across housing, health, and legal systems.
- **Fund daytime safe spaces** for houseless trans people to access:
 - Food, resources, showers, and internet.
 - Social connection and support from trained staff.

Responsible Parties

THC; LGBTQ+ Houselessness Charities; LQOs; Domestic Violence Services; Community Health Organisations

13.3 Employment and Economic Inclusion Recommendations for Trans People in Tower Hamlets

1) Ensure All Workplaces Deliver Mandatory Trans Awareness Training Co-Produced with the Trans Community

Recommendation

Workplaces and organisations in Tower Hamlets must implement mandatory trans awareness training for all staff, developed and delivered in collaboration with local trans-led LGBTQ+ organisations.

Rationale

Our research revealed that trans individuals face disproportionate discrimination and exclusion in employment settings. Mandatory training is essential to foster inclusive and safe work environments, promote understanding of trans experiences, and eliminate bias.

Actions Required

- **All public and private organisations** should adopt trans awareness training as part of standard induction and continuing professional development.
- **Training must be co-designed** and delivered by local trans and queer-led organisations to ensure it is rooted in living experience.
- **Tower Hamlets Council should:**
 - Champion the benefits of inclusive hiring and workplace cultures.
 - Create a “Trans-Inclusive Employer” award to recognise best practice.
 - Make trans awareness training a condition of council contracts and grants.
- **Workplaces must integrate this training** into HR and EDI strategies and ensure it is regularly updated.

Responsible Parties

Tower Hamlets Council (THC); Employers across public and private sectors; Local LGBTQ+ Organisations (LQOs)

2) Guarantee Workplace Safety and Protection from Bullying and Harassment

Recommendation

Trans employees must be protected from bullying, discrimination, and harassment through strong, trans-specific workplace policies and support mechanisms.

Rationale

Our study found that despite legal protections under the Equality Act 2010, trans people regularly face workplace hostility, exclusion, and victimisation, often without adequate redress mechanisms.

Actions Required

- **All workplaces must:**
 - Have clear, zero-tolerance anti-harassment policies explicitly addressing transphobia.
 - Implement confidential, transparent complaints pathways that use a victim-first approach.
 - Provide gender-neutral facilities, including toilets and changing rooms.
- **Tower Hamlets Council should encourage employers** to audit and revise internal policies for systemic transphobia.
- **Fund and support trans advocate training programmes** to assist trans workers during grievance processes.
- **LQOs should create safe drop-in spaces** with legal and emotional support for trans people navigating employment issues.

Responsible Parties

THC; Employers; LQOs

3) Improve Trans Inclusion in Job Centres and Employment Services

Recommendation

Job Centres in Tower Hamlets must provide inclusive, trans-affirming services, free from bureaucratic barriers and discriminatory practices.

Rationale

Our research revealed that trans people often face exclusion in employment services due to inflexible systems, misgendering, and lack of understanding from staff.

Actions Required

- **The Department for Work and Pensions (DWP)** must:
 - Update administrative systems to accept all legal name changes (including unenrolled deed polls).
 - Ensure consistency in handling records and correspondence across platforms.
- **Job Centre staff must undergo mandatory trans awareness** training co-designed by LQOs.
- **Job Centres should maintain a vetted list** of trans-inclusive employers to ensure safe job placements for trans clients.
- **Training should include how to provide trauma-informed**, respectful service and guidance for trans job seekers.

Responsible Parties

DWP; THC; Job Centres; LQOs

4) Create Trans-Led Employment Support Spaces Outside Job Centres

Recommendation

Funding must be allocated for trans-specific employment support hubs run by local LGBTQ+ organisations.

Rationale

Our study indicated that mainstream employment services often fail to meet the needs of trans people. Community-led, culturally competent spaces are essential for skill-building and emotional support.

Actions Required

- **THC should fund regular trans-led employment workshops** covering:
 - CV and cover letter writing
 - Interview skills and job search strategies
 - Rights at work and dealing with discrimination
- **Develop peer-support programmes** to build confidence and community.
- **Offer trauma-informed wellbeing support** in parallel to employment services.

Responsible Parties

THC; LQOs

5) Establish Formal Support Pathways for Trans People Facing Unfair Employment Practice

Recommendation

Specialist legal and advocacy services must be made available to support trans people experiencing employment discrimination.

Rationale

Our research found that trans individuals are often unsure of their rights or how to pursue legal action when experiencing workplace injustice.

Actions Required

- Commission a borough-wide trans employment rights support service grounded in the Equality Act 2010 and UNISON policy.
- Provide:
 - Guidance on informal and formal complaint routes
 - Referral pathways to legal aid and employment tribunals
 - Advice on documentation and evidence gathering
- Ensure services are accessible in multiple languages and tailored for trans people of colour, disabled people, and migrants.

Responsible Parties

THC; Legal Advice Services; LQOs

13.4 Leisure and Recreation Recommendations for Trans People in Tower Hamlets

1) Fund and Sustain Trans Community-Led Spaces and Events

Recommendation

Tower Hamlets must allocate funding to support existing and new trans-led events and spaces, including nightlife venues, without bureaucratic interference or restrictive funding conditions.

Rationale

Our study showed that trans communities are currently sustaining vital cultural and social spaces without financial support, placing undue pressure on individuals. These spaces are essential for wellbeing, community connection, and public visibility. Without direct financial intervention, key spaces are at risk of closure, causing long-term harm to the trans community's safety, happiness, and cultural life.

Actions Required

- **Provide unrestricted funding to sustain existing** trans-led events and community spaces.
- **Create new, accessible funding pots** specifically for trans people looking to launch initiatives, arts spaces, and nightlife venues.
- **Immediately intervene to support high-risk venues** like The Common Press Bookshop and Bethnal Green Working Men's Club with sustainable grants and long-term affordable tenancy provision.
- **Publicly recognise Tower Hamlets as a trans-affirming borough** and cultural hub.

Responsible Parties

Tower Hamlets Council (THC); Greater London Authority (GLA); Local LGBTQ+ Organisations (LQOs); Arts and Cultural Funding Bodies

2) Increase Access to Sober, Trans-Affirming Social Spaces

Recommendation

Tower Hamlets must support the development of sober, trans-inclusive venues and programming that provide alternatives to alcohol-focused environments.

Rationale

Our study found that many trans people do not feel safe or welcome in traditional cisgender nightlife settings. Alcohol-centred spaces exclude those in recovery, younger people, older people, or those simply seeking more accessible, low-stimulation environments. Sober spaces foster safer, healthier, community connections.

Actions Required

- **Allocate funding to LGBTQ+ organisations** to design and deliver regular sober social events.
- **Promote varied activities** such as art nights, board games, creative workshops, film screenings, and peer-led discussion groups.
- **Prioritise intergenerational and accessible programming** that invites community building without the need for substances.

Responsible Parties

THC; LQOs; Local Community Centres; Arts & Culture Teams

3) Ensure Safe and Inclusive Access to Gyms and Swimming Pools

Recommendation

All leisure centres, gyms, and pools must urgently improve access and safety for trans people through physical infrastructure, inclusive policies, and staff training.

Rationale

Our study revealed that trans people often avoid fitness spaces due to fear of violence, misgendering, or exclusion. Without safe changing facilities or inclusive environments, they are effectively denied access to essential wellbeing resources.

Actions Required

- **Mandate the inclusion of gender-neutral changing rooms** and toilets in all new and existing leisure centres.
- **Issue a borough-wide guidance clarifying that trans people have legal rights** to use the facilities that match their gender identity.
- **Commission co-designed training with LGBTQ+ groups** for all staff, especially in gyms and pools, covering:
 - Trans rights and legal obligations
 - De-escalation and safeguarding
 - Creating visibly welcoming environments

- **Develop and publish Gender-Centred Access Plans online**, detailing:
 - Facilities available (e.g., number of gender-neutral bathrooms)
 - Safety protocols and point-of-contact info
- **Fund the launch of trans-only swim groups**, modelled on existing “women-only” and culturally specific sessions.

Responsible Parties

THC Leisure Services; GLL/Better; Local Gym and Pool Operators; LQOs

4) Make Nightlife Safer and More Inclusive for Trans People

Recommendation

Tower Hamlets must regulate and support nightlife venues to improve safety, inclusion, and safeguarding for trans patrons, including staff training and community-led welfare initiatives.

Rationale

Our research found that trans people regularly experience harassment in nightlife spaces. Without enforced safeguards and trained teams, nightlife becomes inaccessible or actively harmful to trans communities.

Actions Required

- **Require all nightlife venues to:**
 - Undergo trans awareness training co-produced with LGBTQ+ nightlife organisers.
 - Implement harassment response protocols (e.g., Ask for Angela).
 - Display signage affirming their space as trans-inclusive.
- **Hold venues accountable for safeguarding failures** and transphobic incidents.
- **Fund and expand community-led welfare teams** that can attend trans and queer events to provide onsite support.
- **Support trans event promoters in liaising with venues** and provide official endorsement from the council for safe event planning.

Responsible Parties

THC Licensing & Nightlife Teams; Pub/Bar/Club Owners; Venue Security Providers; LQOs; LGBTQ+ Nightlife CICs

5) Ensure Full Accessibility of Venues and Events, Including Gender-Neutral Toilets

Recommendation

All venues must meet accessibility standards including physical access, gender-neutral toilets, and COVID-19 safety, with support from an incentive-based scheme.

Rationale

Our study indicated that many trans people – especially disabled and immunocompromised individuals – are excluded from events due to inaccessible infrastructure and lack of safety measures. Gender-neutral facilities are still missing in many venues, posing barriers to safety and comfort.

Actions Required

- **Commission audits and improvements** to ensure all venues meet accessibility standards:
 - Step-free access
 - Quiet/low-stim zones
 - Accessible toilets
 - Gender-neutral toilets
- **Introduce a “Trans-Accessible Venue” award scheme** to encourage best practice.
- **Provide funding to events adhering to COVID-19 safety protocols** (e.g., HEPA filters, mask-friendly zones, hand sanitiser availability).
- **Require venue owners to integrate access planning** into licensing and operational practices.

Responsible Parties

THC Licensing & Accessibility Teams; Venue Owners; Event Organisers; Disability Advocacy Groups; LQOs

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