



Submission on Pae Ora (Healthy Futures) (Improving Mental Health Outcomes) Amendment Bill

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Signed by:

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The Rainbow Support Collective

This submission is written by members of the Rainbow Support Collective. The Collective is made up of organisations doing the day to day work of supporting rainbow people across Aotearoa. Together we contain national as well as regional organisations, and our areas of focus include transgender people, intersex people, and youth.

We wish to present our submission to the Select Committee in person.

We use 'rainbow' to refer to anyone who is not heterosexual, not cisgender or not endosex. That is anyone whose sexuality is not strictly heterosexual, anyone whose gender is different from the one assigned to them at birth and anyone who has innate variations of sex characteristics. We acknowledge that some people who fall inside these categories will not necessarily feel they align with the term rainbow. Additionally, the research cited may use other terminology, e.g. Rainbow+ or LGBT+, and when referring to specific research we use the terminology used by the research.

We Support the Amendment

We support the proposed changes to add a Mental Health Strategy to the list of strategies required to be developed under the Pae Ora (Healthy Futures) Act. Mental health is of considerable concern to the populations we support, whose mental health is additionally impacted by minority stress, discrimination and by unmet needs within the healthcare sector.

However, we believe that even with the addition of a Mental Health strategy, it will not achieve the equity in health outcomes or promote Pae Ora for *all* New Zealanders as laid out in the aims of the Act without also including a Rainbow Health Strategy. This strategy would also need to be evidence based and proportionate to the need that exists within the rainbow population. In particular, it is evident from research that transgender people have especially high unmet needs, additional barriers to healthcare access and poor health outcomes, and this strategy would need to adequately address these problems for transgender people specifically. We also know that many intersex people have been harmed by the healthcare system itself, and any Rainbow Health Strategy would need to also address these harms. Additionally, it should also ensure that sexual health and reproductive health services are responsive to the distinct needs of rainbow and transgender people, and specialised services are funded and available.

We also believe that rainbow people, particularly transgender people and people with rainbow identities that intersect with other marginalised identities have specific mental healthcare needs. In order for the Mental Health and Wellbeing Strategy to achieve its own Pae Ora goals, it is necessary for it to be inclusive of these needs, and community experts and members must be thoroughly consulted during its construction.

Executive Summary

For several years, our organisations, as well as others within the rainbow and healthcare sectors have been campaigning for rainbow people's needs to be recognised at the highest levels in healthcare strategy. This submission contains an evidence based appeal for rainbow people to be recognised both as a priority population under the Pae Ora Act with a specialised rainbow health strategy, and also for the Mental Health and Wellbeing Strategy to take into account the specific disparities faced by, and unmet needs of rainbow, takatāpui, transgender and intersex people.

There is a growing evidence base from research produced in New Zealand that shows that rainbow populations face severe inequities in healthcare outcomes, face adverse social determinants of health in comparison to the general population, experience additional barriers when it comes to accessing healthcare services of all kinds and the unique needs of rainbow people are not being met - particularly with regard to access to gender affirming healthcare. The evidence base also clearly demonstrates how rainbow people who are also Māori, Pasifika, from ethnic communities, disabled, living rurally or youth face even further barriers as a result of these intersecting identities, and that the existing healthcare strategies are not sufficient to meet these acute levels of need. Further research shows that with a lack of rainbow led education, services that claim to meet the needs of rainbow people end up doing further harm, particularly to transgender and intersex people, without fully understanding what they are doing.

In the past, the Pae Ora Legislation Committee judged that additional specialised healthcare strategies would not be necessary although they did report having considered the need for a rainbow strategy at length. Since then, a Women's Health Strategy, a Rural Health Strategy and now a Mental Health Strategy have all been added under Pae Ora. It is clear that rainbow health is still insufficiently recognised, and despite the Pae Ora Legislation Committee's claims that national healthcare strategies would account for other marginalised groups with unmet need or additional barriers, there is no national approach, plan or strategy for improving the health and healthcare of rainbow people.

We are also calling for the Mental Health and Wellbeing Strategy to be fully rainbow inclusive. We are calling for in depth consultation with rainbow community experts, and for this consultation to reflect the diversity within rainbow populations. We believe the strategy should endorse and provide for an increase in accessibility to gender affirming healthcare, for sector wide and fit for purpose rainbow competency training, to endorse a rights based healthcare framework for intersex people and for the protection of specific takatāpui roles within the national health system and the Hauora Māori Advisory Committee, which are at risk from the disestablishment of Te Aka Whai Ora.

Previous Calls for Recognition of Rainbow Populations

Rainbow organisations and healthcare providers have been calling for years for national level strategies to explicitly recognise rainbow, takatāpui, transgender and intersex populations as having high levels of unmet need, unequal health outcomes and facing additional barriers to healthcare access. A notable example is an OutLine NZ submission from 2019 to the Mental Health and Wellbeing Committee asking for rainbow populations to be named as a priority within the Mental Health and Wellbeing Commission Bill, which was broadly supported by the sector, including dozens of rainbow organisations and healthcare providers as well as hundreds of individuals from both communities.¹ Another strong example is the Professional Association for Transgender Health Aotearoa's briefs to the incoming minister in both 2020 and 2023, which explicitly call for national leadership on improving gender affirming healthcare.^{2 3}

This trend continued during the Select Committee process for the original Pae Ora (Healthy Futures) Bill, where Rainbow Support Collective member organisations, Gender Minorities Aotearoa and Te Ngākau Kahukura both wrote submissions, advocating for a specialised transgender healthcare strategy⁴ and a takatāpui and rainbow healthcare strategy⁵ respectively to be added to the legislation in order to achieve its aims. A supplementary submission from Te Ngākau Kahukura added the support of, and further comments from twenty organisations from across both the rainbow and healthcare sectors and over 70 individuals including leaders from rainbow communities, clinicians and prominent researchers.⁶

The Rainbow Support Collective also identified healthcare as a key area of inequality facing our populations, and called for a national level strategy to address transgender healthcare, a rights based approach to intersex healthcare and rainbow sexual health in our key issues document in the run up to the 2023 election.⁷

¹ OutLine. "Name Rainbow Communities: a submission to the Mental Health and Wellbeing Commission Bill". 2019. At <https://outline.org.nz/wp-content/uploads/2020/01/Name-rainbow-communities-submission-to-the-Mental-Health-and-Wellbeing-Commission-Bill.pdf>

² PATHA. "Transgender Health: briefing to the incoming Minister of Health. 2020. At <https://patha.nz/2020-briefing>

³ PATHA. "Transgender Health: briefing to the incoming Minister of Health. 2023. At <https://patha.nz/resources/Documents/PATHA%20Briefing%20to%20the%20Incoming%20Minister%20of%20Health%202023.pdf>

⁴ Gender Minorities Aotearoa. "Submission on the Pae Ora (Healthy Futures) Bill". 2021. At https://www.parliament.nz/resource/en-NZ/53SCPOL_EVI_116317_POL3020/dbcb0507e5d01f011a11c569860bd9323de2f629

⁵ Te Ngākau Kahukura. "Submission on Pae Ora (Healthy Futures) Bill". 2021. At https://www.parliament.nz/resource/en-NZ/53SCPOL_EVI_116317_POL2474/fe940d53411db060d3907dcc53fa185aef3e24f5

⁶ Te Ngākau Kahukura. "Supplementary Submission on Pae Ora (Healthy Futures) Bill. 2021. At https://www.parliament.nz/resource/en-NZ/53SCPOL_EVI_116317_POL4846/0d8ee1950d6ee39a205ea46e77f252e0f77923ee

⁷ Rainbow Support Collective. "Key Issues in the 2023 General Election". 2023. At <https://www.rainbowsupportcollective.nz/key-election-issues>

Evidence Supporting the Need for Recognition of Rainbow Populations

Previous submissions referenced research that was available at the time, which shows that rainbow, takatāpui, transgender and intersex people are heavily affected by: poor social determinants of health, adverse health outcomes particularly with regard to mental health, additional barriers to accessing mainstream health services and they have unique healthcare needs which are severely underserved by the current healthcare system.

The most prominent research at that time was the Counting Ourselves study and Youth 19 study. Counting Ourselves was the first ever population representative study on transgender and non-binary people in New Zealand. It showed that the transgender population experiences discrimination, poverty, sexual violence and homelessness all at rates notably higher than the general population⁸ contributing to very adverse social determinants of health. It also showed that transgender people have specific unmet healthcare needs:

- One in three transgender people will avoid seeing a doctor when sick for fear of being mistreated on the basis of being transgender
- The healthcare system does not sufficiently provide gender affirming healthcare - particularly with regard to gender affirming surgeries - (though every gender affirming treatment has high levels of unmet need)
- Transgender and non-binary people experience high or very high levels of psychological distress at rates nine times higher than that of the general population.⁹

The Youth 19 study published findings about transgender and rainbow high school students as separate reports. The report on same or multiple sex attracted students found that 19% of high school students have a sexuality included under the rainbow banner, including those who were unsure of their attractions and those who do not experience sexual attraction.¹⁰ Mental health was a massive concern for rainbow young people, with over half of the same or multiple sex attracted participants reporting depressive symptoms, and half having self harmed in the past year.¹¹ In addition to mental health and self harm, rainbow identified students were also less likely to feel they had a parent that cares a lot about them, less likely to feel safe in their neighbourhood, less likely to feel part of their school and more likely to have foregone healthcare compared to the general student body.¹² While transgender

⁸ Veale, J., Byrne, J., Tan, K. K., Guy, S., Yee, A., Nopera, T. M. L., & Bentham, R. (2019). "Counting ourselves: the health and wellbeing of trans and non-binary people in Aotearoa New Zealand". Transgender Health Research Lab, University of Waikato. pp. 67-74,86-92,77-78,87

⁹ Veale, J., Byrne, J., Tan, K. K., Guy, S., Yee, A., Nopera, T. M. L., & Bentham, R. (2019). "Counting ourselves: the health and wellbeing of trans and non-binary people in Aotearoa New Zealand". Transgender Health Research Lab, University of Waikato. pp. 40-44,12-33, 45-48

¹⁰ Roy, R., Greaves, L. M., Peiris-John, R., Clark, T., Fenaughty, J., Sutcliffe, K., Barnett, D., Hawthorne, V., Tiatia-Seath, J., & Fleming, T. (2021). "A Youth 19 Brief: Same- and multiple-sexattracted students". The Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand. p.2

¹¹ Roy, R., Greaves, L. M., Peiris-John, R., Clark, T., Fenaughty, J., Sutcliffe, K., Barnett, D., Hawthorne, V., Tiatia-Seath, J., & Fleming, T. (2021). "A Youth 19 Brief: Same- and multiple-sexattracted students". The Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand. p.3

¹² Roy, R., Greaves, L. M., Peiris-John, R., Clark, T., Fenaughty, J., Sutcliffe, K., Barnett, D., Hawthorne, V., Tiatia-Seath, J., & Fleming, T. (2021). "A Youth 19 Brief: Same- and multiple-sexattracted students". The Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand. p.3

students had very slightly higher levels of depressive symptoms and self harm than same or multiple sex attracted students, they were also much less likely to feel they had a parent that cares about them a lot, much more likely to experience bullying on a weekly or more often basis, much more likely to have foregone healthcare and less likely to feel safe in their neighbourhood than either the same or multiple sex attracted student population or the general student population.¹³

The Stats NZ Household survey for the year ending 2020 found that LGBT+ adults are more likely to experience anxiety and depression relative to their peers, and that LGBT+ people, particularly transgender people, have less disposable income than their peers.¹⁴

Further research points to the harms resulting from a lack of access to gender affirming healthcare and the pathologising model for gender affirming healthcare that has been used throughout the healthcare system.¹⁵ ¹⁶ A pathologising model for healthcare which presumes particular body types which align with heteronormative and endosex ideals are more desirable, has been the medical basis for extensive harms done to intersex people in the name of “normalisation”, while intersex people themselves around the world are pushing back against this narrative.¹⁷

Since these submissions, several more significant pieces of research have been produced, many focussing on particular intersections between rainbow identities, and other identities which have been recognised within Pae Ora legislation or other submissions.

The Honour project was published in 2020 and was an in depth investigation into the identity and experiences of takatāpui/Māori LGBT+ people to find insights that promote healthcare and wellbeing for this subsection of the Māori population. The research found that for many participants, their rainbow identity was inherently tied to their Māori identity, that experiences of both homophobia and racism shaped their experience and that even when encountering homophobia in Māori spaces or racism in rainbow spaces, that both racism and homophobia are seen by many as a product of the same colonisation.¹⁸ Regarding the healthcare system and access to healthcare, the report found that:

The need for increased knowledge in training of health professionals in regards to Māori health generally and takatāpui and Māori LGBTQI-plus health needs more specifically

¹³ Roy, R., Greaves, L. M., Peiris-John, R., Clark, T., Fenaughty, J., Sutcliffe, K., Barnett, D., Hawthorne, V., Tiatia-Seath, J., & Fleming, T. (2021). “A Youth 19 Brief: Transgender and gender diverse students”. The Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand. p.3

¹⁴ Stats NZ. “LGBT+ population of Aotearoa: Year ended June 2020”. 2021. At <https://www.stats.govt.nz/reports/lgbt-plus-population-of-aotearoa-year-ended-june-2020>

¹⁵ K K H Tan, J M Schmidt, S J Ellis, J F Veale and J Byrne. “It’s how the world around you treats you for being trans”: Mental health and wellbeing of transgender people in Aotearoa New Zealand. (Hamilton, 2021). Published in Psychology and Sexuality

¹⁶ G. Fraser, A. Brady & M. S. Wilson. “What if I’m not trans enough? What if I’m not man enough?”: Transgender young adults’ experiences of gender-affirming healthcare readiness assessments in Aotearoa New Zealand, International Journal of Transgender Health (2021) pp.6-9

¹⁷ Intersex Aotearoa. “All About Intersex” 2021. At <https://www.intersexaotearoa.org/all-about-intersex> retrieved 22 March 2024

¹⁸ Pihama, L., Green, A., Mika, C., Roskrudge, M., Simmonds, S., Nopera, T., Skipper, H., & Laurence, R. 2020. Honour Project Aotearoa. Te Kotahi Research Institute. The University of Waikato. Hamilton. Aotearoa

was clearly expressed, including the need for more takatāpui and Māori LGBTQI-plus practitioners within the health workforce. What is also clear is that the notion of what is health and wellbeing for takatāpui and Māori LGBTQI-plus people is broad and inclusive of all parts of ourselves as Māori, this is also highlighted in the Honour Project Survey¹⁹

Pai Tū: Hauora Māori Strategy identifies rainbow people, as well as disabled people and women as important subsections within the Māori population with unique and important unmet needs.²⁰ However the strategy itself does not provide specific targets or plans to improve health outcomes for takatāpui, and unlike disabled people or women, their needs are not addressed specifically in any other healthcare strategies. Pai Tū also seeks to put into action the vision laid out in the 2014 He Korowai Oranga Māori Healthcare strategy.²¹ Key objectives built into He Korowai Oranga include building a holistic network of wellbeing that extends beyond services into whānau and communities, recognising the barriers that services have in place that result in unequal health outcomes for Māori, ensuring that all mainstream services are adequately set up so that they can actually meet the healthcare needs of Māori people and ensuring that Māori voices hold a significant place in the design of services which are intended to meet these goals.²² This is a powerful framework, which gives the healthcare sector a clear set of expectations, which can lead to meaningful change. In order for Pae Ora to achieve a similar structural framework for rainbow people and takatāpui to have their needs met, reduce inequity of outcomes and for their voices to be heard within the design of healthcare pathways, it is necessary for a similar healthcare plan that meaningfully addresses the unique needs and inequities of takatāpui and other rainbow people.

The Manalagi Project from 2023 is a major piece of research into the wellbeing and health of Pacific Rainbow+ people in New Zealand, and revealed an extremely diverse population. “A notable outcome is that the binary of male-female or man-woman was only selected by 44.85% of respondents, with the remaining choosing either a combination, a Pacific indigenous term or a term that existed outside the binary.”²³ This shows that the medical framework which categorises people according to their sex characteristics at birth, is particularly alienating for Pacific peoples. The study also shows Pacific rainbow people report high levels of healthcare avoidance, due to cost, discrimination and lack of accessibility as well as high levels of unawareness of rainbow mental health services and gender affirming care services available to them, and for those who did seek support there was a clear preference for services that are specialised for Pacific rainbow people.²⁴ The recommendations that resulted from this research called for:

¹⁹ Pihama, L., Green, A., Mika, C., Roskrudge, M., Simmonds, S., Nopera, T., Skipper, H., & Laurence, R. 2020. Honour Project Aotearoa. Te Kotahi Research Institute. The University of Waikato. Hamilton. Aotearoa p. 54

²⁰ Minister of Health. 2023. Pae Tū: Hauora Māori Strategy. Wellington: Ministry of Health. p.18

²¹ Minister of Health. 2023. Pae Tū: Hauora Māori Strategy. Wellington: Ministry of Health. p.13

²² Ministry of Health: Manatu Hauora. 2014. The Guide to He Korowai Oranga Māori Health Strategy 2014. Wellington: Ministry of Health

²³ Thomsen, P., Brown-Acton, P., Manuela, S., Tiatia-Siau, J., Greaves, L., Sluyter, J. (2023) The Manalagi Survey Community Report: Examining the Health and Wellbeing of Pacific Rainbow+ Peoples in Aotearoa-New Zealand. The Manalagi Project Team: Auckland, New Zealand. p.25

²⁴ Thomsen, P., Brown-Acton, P., Manuela, S., Tiatia-Siau, J., Greaves, L., Sluyter, J. (2023) The Manalagi Survey Community Report: Examining the Health and Wellbeing of Pacific Rainbow+ Peoples in Aotearoa-New Zealand. The Manalagi Project Team: Auckland, New Zealand. pp.2-3

- A better standard of both Pacific and rainbow healthcare, particularly support and mental health services that cater for people with intersecting rainbow and Pacific identities
- Discrimination within healthcare and Pacific support services to be addressed
- Research on the role that religion and spirituality plays in influencing Pacific rainbow wellbeing
- Support for Pacific families and churches
- Greater awareness of rainbow healthcare needs particularly gender affirming healthcare
- More Pacific rainbow people to be involved in both the provision of healthcare and healthcare research.²⁵

Te Mana Ola, The Pacific Health Strategy specifically sought out rainbow Pasifika people for their advisory group who would have input into the overall strategy and recognise rainbow people as a high priority group within Pasifika populations, and the strategy also recognises the need for more Pasifika people to be involved in healthcare services and healthcare research.²⁶ This is the healthcare strategy where rainbow people's needs are better recognised, however it still falls short of the recommendations of the Manalagi Project.

Adhikaar Aotearoa produced Community is Where the Knowledge is: the Adhikaar Report in 2022, which is a study concerning the wellbeing of LGBT South Asian people in New Zealand. This research also revealed that people with intersecting ethnic identities and rainbow identities experience a "double marginalisation", and that the unique identities of LGBT South Asian people are made invisible in the South Asian communities, in Rainbow communities and also within mainstream New Zealand.²⁷ Major findings with regard to healthcare included:

- A stigma around mental health, additional cultural barriers preventing people from accessing mental health support
- Elevated rates of being subjected to violence, most notably for transgender South Asian participants
- Inadequate access to gender affirming healthcare.²⁸

While the report had many findings, a clear theme was that a narrative of 'Queerness as Whiteness' is harmful for LGBT South Asian people in both South Asian and rainbow settings, and the report recommends a deeper cross cultural and historical understanding, it also advocates for greater understanding and better education across support services about nuanced LGBT experiences within ethnic communities and the development of support frameworks that work for a wider range of people than the Eurocentric ones that currently exist.²⁹ While there is currently no healthcare strategy in place that addresses the needs of Asian people in New Zealand, this was advocated for by various community groups

²⁵ Thomsen, P., Brown-Acton, P., Manuela, S., Tiatia-Siau, J., Greaves, L., Sluyter, J. (2023) The Manalagi Survey Community Report: Examining the Health and Wellbeing of Pacific Rainbow+ Peoples in Aotearoa-New Zealand. The Manalagi Project Team: Auckland, New Zealand. p.3

²⁶ Minister of Health. 2023. Te Mana Ola: The Pacific Health Strategy. Wellington: Ministry of Health.

²⁷ Bal, V., & Divakalala, C. (2022). Community is Where the Knowledge is: the Adhikaar Report. Adhikaar Aotearoa. p.13

²⁸ Bal, V., & Divakalala, C. (2022). Community is Where the Knowledge is: the Adhikaar Report. Adhikaar Aotearoa.pp.24-26

²⁹ Bal, V., & Divakalala, C. (2022). Community is Where the Knowledge is: the Adhikaar Report. Adhikaar Aotearoa.p.57, 64

during the Select Committee stage of the Pae Ora (Healthy Futures) Bill, and this advocacy is acknowledged within the Select Committee report, alongside the push for a rainbow health strategy.³⁰

Further evidence about youth as a key intersection within rainbow populations is provided by the 2022 Identity Survey Community and Advocacy Report. Specifically this included rainbow participants aged 14-26, meaning that it includes data from rainbow young people in secondary and tertiary education, as well as in employment and unemployment. A key finding across all sectors was that rainbow young people have less disposable income in comparison to their older peers, and in comparison to their non-rainbow peers, which applied to rainbow young people both in and out of education.³¹ Other key findings included:

- Disturbingly high rates of psychological distress and suicidality
- High rates of discrimination
- A small but notable proportion of participants had been subjected to conversion practices
- Although participants who had accessed gender affirming healthcare felt overwhelmingly positive about it, a large proportion of those who wished to access it had been unable to do so.³²

The report's recommendations include coordinated planning and action by government, including in healthcare, a Te Tiriti based response to the additional barriers faced by takatāpui/Māori rainbow young people, centreing the particularly concerning disparities faced by transgender, non-binary and disabled rainbow young people, specific steps taken to address the needs of intersex young people, addressing specific challenges faced by Pacific and Asian rainbow young people, and specific provisions for providing equitable, accessible and adequate healthcare, particularly with regard to gender affirming healthcare.³³

The Making Ourselves Visible study worked with a small group of takatāpui and rainbow young people who had been in state care and is a qualitative look into their experiences and what they would like Oranga Tamariki to know from 2023.³⁴ Of the nine participants, only one was cisgender. Findings show that:

- over half had experienced abuse (either physical, sexual or emotional) in care
- 78% shared experience of suicidality

³⁰ Pae Ora Legislation Committee. "Pae Ora (Healthy Futures) Bill As Recommended by the Pae Ora Legislation Committee Commentary". 2021. At <https://selectcommittees.parliament.nz/view/SelectCommitteeReport/84a20769-71dc-4da3-a04e-b520dacec977>

³¹ Fenaughty, J., Ker, A., Alansari, M., Besley, T., Kerekere, E., Pasley, A., Saxton, P., Subramanian, P., Thomsen, P. & Veale, J. (2022). "Identify survey: Community and advocacy report." Identify Survey Team.

³² Fenaughty, J., Ker, A., Alansari, M., Besley, T., Kerekere, E., Pasley, A., Saxton, P., Subramanian, P., Thomsen, P. & Veale, J. (2022). "Identify survey: Community and advocacy report." Identify Survey Team.p.14-15

³³ Fenaughty, J., Ker, A., Alansari, M., Besley, T., Kerekere, E., Pasley, A., Saxton, P., Subramanian, P., Thomsen, P. & Veale, J. (2022). "Identify survey: Community and advocacy report." Identify Survey Team.p.19

³⁴ Point and Associates and the Community Design Team. "Making Ourselves Visible: The experiences of takatāpui and rainbow rangatahi in care. 2023. p.4 At <https://static1.squarespace.com/static/5db7614cb2b9f86491787a93/t/64891bccb741bb290bb1bf2e/1686707159296/Making+Ourselves+Visible+The+Experiences+of+Takat%C4%81pui+and+Rangatahi+in+Care+Final+Report.pdf>

- In both State Care and in the foster system, they were mistreated because of their rainbow identities
- Access to gender affirming healthcare was a particular concern, including a lack of consistency in the care they had access to
- Despite takatāpui identity being fundamentally both a rainbow and a Māori identity, takatāpui participants were almost exclusively in the care of non-Māori³⁵

This research shows the harms caused by a system which is intended to help and provide wellbeing, but through a lack of appropriate direction it ends up harming those in its care. The recommendations included fit for purpose training for Oranga Tamariki staff and social workers that is both rainbow and culturally competent, systemic recognition of the specific needs of rainbow people in care, particularly with regard to gender affirming healthcare, the creation of specialised roles within the system to respond to takatāpui needs, strategic policy to improve the wellbeing of rainbow young people in care and specific provisions for their mental health needs.³⁶

The final piece of research for this submission is the ARC Anti-Violence Resource Centre, published by Gender Minorities Aotearoa in collaboration with Intersex Aotearoa in 2023. This research was specifically interested in the sexual and family violence sector and how accessible and useful their services are for transgender and intersex people in New Zealand. While sexual and family violence services may not be the first thing that comes to mind when considering healthcare, these services do make up part of the mental health framework, and they do make direct referrals to mental healthcare providers. The full study is split across several reports with different areas of focus.

In their review of sexual and family violence services, the study found that the majority of services do not have consistent policy in place for how they handle transgender and intersex service users, with only 5% of participants responding that their organisation had any analysis of intersex experiences in healthcare and the majority of services reporting that transgender and intersex service users were treated differently on the basis of their gender or intersex status, some services even restricting access to their service on the basis of gender (transgender status) and that most participants were not aware of any organisational policies pertaining to transgender service users.³⁷ While there was a clear appetite within service providers to receive training and resources to improve services for transgender and intersex people, fewer than 10% of organisations had received training that went beyond basic diversity training for transgender people, and the majority of organisations did not

³⁵ Point and Associates and the Community Design Team. "Making Ourselves Visible: The experiences of takatāpui and rainbow rangatahi in care. 2023. pp,4-6 At <https://static1.squarespace.com/static/5db7614cb2b9f86491787a93/t/64891bccb741bb290bb1bf2e/1686707159296/Making+Ourselves+Visible+The+Experiences+of+Takat%C4%81pui+and+Rangatahi+in+Care+Final+Report.pdf>

³⁶ Point and Associates and the Community Design Team. "Making Ourselves Visible: The experiences of takatāpui and rainbow rangatahi in care. 2023. At <https://static1.squarespace.com/static/5db7614cb2b9f86491787a93/t/64891bccb741bb290bb1bf2e/1686707159296/Making+Ourselves+Visible+The+Experiences+of+Takat%C4%81pui+and+Rangatahi+in+Care+Final+Report.pdf>

³⁷ Gender Minorities Aotearoa. "ARC Readiness Assessment: transgender and intersex competency in violence prevention services". 2023. Wellington. Aotearoa New Zealand. ISBN: 978-0-473-70228-1 pp.12-13

provide training on intersex people in any capacity.³⁸ Notably, what training was available on transgender people, was predominantly not transgender led, and did not cover the specific needs transgender people have with regard to violence services.³⁹ Furthermore, several free text responses from service providers reflected specifically anti-trans attitudes and bias, reflecting a lack of competent training and connection with these communities.⁴⁰

Another part of the study was community reports, where transgender and intersex people's experiences of accessing sexual and family violence services were reported separately. These reports make for particularly concerning reading, as the experiences of service users paint a significantly different picture to the perspectives of the service providers. Overwhelmingly, transgender service users report that both government and non-government service providers were difficult to access, and interacting with them caused more harm than help, leading to an inevitable conclusion that "Deprivation of support services is experienced consistently for transgender survivors of sexual and family violence" and that "High levels of harm are experienced during the process of seeking help"⁴¹ While the Intersex Community Report had less data to draw on, and was less overwhelmingly negative, there were still no instances of people who had consistently positive experience when seeking support as a survivor of sexual or family violence, once again the theme was that high levels of harm are being inflicted on people seeking help and that there is a "deprivation of understanding and support for intersex people across government and non-government support agencies".⁴²

These findings in particular reflect the reality of what healthcare provision looks like for transgender and intersex people. The recommendations provided in the report echo similar recommendations made by other studies cited in this submission:

- Comprehensive and fit for purpose sector wide training
- A transgender and intersex inclusive lens on gender analysis for services
- Hiring transgender and intersex staff to provide specific services including gender matching service users with a transgender or intersex service providers
- Requirements that policy and training transgender and intersex service providers that must be developed in close consultation with transgender and intersex community experts
- Production of resources that better enable understanding of transgender and intersex needs

³⁸ Gender Minorities Aotearoa. "ARC Readiness Assessment: transgender and intersex competency in violence prevention services". 2023. Wellington. Aotearoa New Zealand. ISBN: 978-0-473-70228-1 p.14

³⁹ Gender Minorities Aotearoa. "ARC Readiness Assessment: transgender and intersex competency in violence prevention services". 2023. Wellington. Aotearoa New Zealand. ISBN: 978-0-473-70228-1 pp.52-53

⁴⁰ Gender Minorities Aotearoa. "ARC Readiness Assessment: transgender and intersex competency in violence prevention services". 2023. Wellington. Aotearoa New Zealand. ISBN: 978-0-473-70228-1 p.47

⁴¹ Gender Minorities Aotearoa. "Transgender Community Report: Seeking Help for Sexual Violence or Family Violence". 2023. Wellington. Aotearoa New Zealand.p.10

⁴² Intersex Aotearoa. "ARC Intersex Community Survey Report: Intersex community members seeking help for Sexual Violence or Family Violence". 2023. Wellington. Aotearoa New Zealand.p.17

- Funding to expand services to be truly inclusive of transgender and intersex people.⁴³ These changes are necessary not just within sexual and family violence, but across the entire healthcare sector, yet none are adequately provided for in any healthcare strategy.

While the evidence provided here is significant, it is far from comprehensive. There is a wealth of further research, like Elizabeth Kerekere's thesis *Part of the Whānau: The Emergence of Takatāpui Identity*, which in many ways kick-started the push for further intersectional research and continues to inspire university graduate students and seasoned researchers alike. We are also anticipating the second edition of the *Counting Ourselves* study later this year, and further evidence for the ARC resource centre as well.

Pae Ora Strategies

The initial Pae Ora draft required the creation of three national health strategies: a Hauora Māori strategy, a Pacific Health strategy and a Disability Health strategy. The Select Committee Report tells us that the Committee gave specific consideration to the potential additions of rainbow, rural communities and mental health strategies, going on to state:

We were advised that specifying further strategies based on particular population groups or conditions could result in certain populations having too much or too little focus on them. It could also result in a lack of flexibility in the system and an overemphasis on producing strategic plans rather than on innovative service design and provision. Also, the list of strategies required in subpart 5 is not intended to be exhaustive and nothing would prevent the Minister, HNZ, or the MHA from developing strategies for specific issues. While entities would not have the same statutory obligation to have regard to such strategies, they could be reflected in the planning processes, such as the GPS, as appropriate.⁴⁴

Despite this, the Select Committee Report recommended that a Women's Health Strategy should be added, and by the time the legislation was passed into law, provisions for a Rural Health Strategy were also added to the legislation. The current amendment provides for a Mental Health and Wellbeing Strategy to also be added, bringing the total number of specific strategies to six from the original three. Rainbow populations are now a notable exception, as the only group that the Select Committee considered for their own strategy who do not have one required by this legislation.

Other justifications provided by the Select Committee report for not including a rainbow (or rural or mental health) strategy included that the Government Policy Statement on Health and New Zealand Health Plan would set priorities for different populations and review their needs, while providing an opportunity to identify priority population needs.⁴⁵

⁴³ Gender Minorities Aotearoa. "ARC Readiness Assessment: transgender and intersex competency in violence prevention services". 2023. Wellington. Aotearoa New Zealand. ISBN: 978-0-473-70228-1 pp.49-53

⁴⁴ Pae Ora Legislation Committee. "Pae Ora (Healthy Futures) Bill As Recommended by the Pae Ora Legislation Committee Commentary". 2021. p.9

⁴⁵ Pae Ora Legislation Committee. "Pae Ora (Healthy Futures) Bill As Recommended by the Pae Ora Legislation Committee Commentary". 2021. p.9

The Government Policy Statement on Health makes just three references to LGBT+, while the words 'rainbow', 'takatāpui', 'transgender' and 'intersex' do not appear at all. In all three instances where 'LGBT+' is mentioned it is simply one in a list of underserved populations, including many who have a healthcare strategy in place. Positively, gender affirming care is listed as one of the services to be monitored for improvement.⁴⁶ Te Pae Tata New Zealand Health Plan lays out an intention to develop a platform for rainbow voices to have a say in the planning and delivery of healthcare services within Te Whatu Ora as well as specific provisions for rainbow people within the Pacific Health Strategy, and several mentions of rainbow people as a priority population for healthcare provision generally.⁴⁷ This does show an increase in awareness regarding rainbow healthcare from the Government compared to the 2019 Health and Disability System Review, where the only mention of rainbow people of any kind was in the glossary and at the end of a list of people with specific mental health needs pertaining to suicidality.⁴⁸ However, the inclusions under the Government Policy Statement and the New Zealand Health Plan do not come close to addressing the inequities in health outcomes or unmet need demonstrated by the evidence included in this submission.

As previously mentioned, the Hauora Māori Strategy only gives passing consideration to Māori rainbow people, while the Pacific Health Strategy does better, explicitly recognising rainbow Pacific people as having unique and acute unmet needs, and seeking rainbow Pacific people to participate in the overall advisory group. The Rural Health Strategy is careful to acknowledge that there is a shortage of research into rural rainbow populations, that rainbow people in rural areas face elevated levels of discrimination, and that rural settings can be isolating for rainbow young people.⁴⁹ Of all the current specialised healthcare strategies, the Health of Disabled Peoples Strategy gives the most comprehensive consideration to the intersection of its target population and rainbow people, acknowledging the disproportionately high number of disabled people within the rainbow population, the additional barriers that intersecting rainbow identities and disabilities create and also including specific expectations for healthcare entities to improve accessibility and quality of care for disabled rainbow people.⁵⁰

According to the Women's Health Strategy, "Health data makes women and their realities visible, and a gender lens is applied to health research to ensure there are no significant research gaps in women's health."⁵¹ However this gender lens is not applied to health research with regard to transgender people, resulting in significant unmet needs. While the Women's Health Strategy makes several references to a need to respond to the needs and voices of "all women" it was communicated to us by the Ministry of Health team responsible for the strategy that the needs or voices of transgender, non-binary and intersex people were

⁴⁶ Ministry of Health. 2022. Interim Government Policy Statement on Health 2022-2024. Wellington: Ministry of Health.

⁴⁷ Health New Zealand | Te Whatu Ora, Te Aka Whai Ora - Māori Health Authority. "Te Pae Tata Interim New Zealand Health Plan 2022. 2022.ISBN: 978-1-99-117126-9

⁴⁸ Health and Disability System Review. 2019. Health and Disability System Review - Interim Report. Hauora Manaaki ki Aotearoa Whānui – Pūrongo mō Tēnei Wā. Wellington: HDSR.

⁴⁹ Minister of Health. 2023. "Rural Health Strategy." Wellington: Ministry of Health.

⁵⁰ Minister of Health. 2023. "Provisional Health of Disabled People Strategy." Wellington: Ministry of Health.

⁵¹ Minister of Health. 2023. Women's Health Strategy. Wellington: Ministry of Health. p.40

only considered relevant when their needs intersected with the needs of [cisgender] women when we sought to engage with them.

The fact that a strategy is in place to respond to gender discrimination, but explicitly excludes transgender discrimination only compounds the damage done to transgender people by a healthcare system not fit for purpose by superficially ticking the gender box. For example, when discussing how women disproportionately bear the brunt of poor health outcomes, the Women's Health Strategy cites rates of psychological distress faced by rainbow women - specifically statistics from the Counting Ourselves study which refers to transgender and non-binary people exclusively,⁵² and also when discussing the diversity of people that the Women's Health Strategy covers, they make a point of claiming that "Transgender and Cisgender Women make up 53.5% of the rainbow community".⁵³ Despite making these claims, and stating that the Women's Health Strategy aims to be inclusive of these populations, the plan does nothing to actually address the specific needs of transgender, non-binary and intersex people which result from their being transgender, non-binary or intersex, and the only group of women whose needs are not covered at all by the Women's Health Strategy are transgender and intersex women. While there is an obvious need for a plan that addresses the healthcare needs of people assigned female at birth, and people with female sex characteristics, if we accept that the Women's Health Strategy addresses the needs of transgender, non-binary and intersex people as it claims to, then we are compounding the neglect and harm done to these populations by the healthcare system.

While the inclusions within some of these healthcare plans for rainbow people with intersecting identities with other priority populations are good, they do not compensate for the overall lack of a rainbow health strategy. Across the research cited in this submission are calls for:

- Sector wide fit for purpose rainbow competency training
- A focus on hiring rainbow staff and funding rainbow led research into rainbow experiences
- An increase in specialised support services that meet the needs of intersecting identities within rainbow populations that are both rainbow and culturally competent for their target service users
- Specific strategies that address the needs to takatāpui, transgender, intersex and intersecting subsections of the rainbow population
- A call to bring rainbow voices into service planning
- An enduring and repeated call for *significant* action to improve the provision of gender affirming healthcare
- Education, healthcare pathways and resourcing to ensure the healthcare system treats intersex people in a rights-based and competent way

None of these needs are addressed currently by either the New Zealand Health Strategy, the Health Workforce Plan or any of the population specific strategies produced under Pae Ora.

⁵² Minister of Health. 2023. Women's Health Strategy. Wellington: Ministry of Health. p.26

⁵³ Minister of Health. 2023. Women's Health Strategy. Wellington: Ministry of Health. p.20

Recommendations

1. Our Primary recommendation is that the Government add a rainbow health strategy to the list of strategies the Minister of Health is required to produce under Pae Ora, which specifically makes reference to the unique needs of takatāpui, transgender and intersex people within the wider rainbow population. Current research provides ample evidence that this is needed.
2. The specific Mental Health needs of rainbow, takatāpui, transgender and intersex people should be acknowledged and focussed on within the Mental Health and Wellbeing strategy
3. Rainbow community experts should be broadly consulted regarding the needs of rainbow people, and any advisory groups overseeing input into the Mental Health and Wellbeing strategy should seek out rainbow, takatāpui, transgender and intersex community experts. In addition to consultation with community experts, wānanga with rainbow people who also have takatāpui/irawhiti, Pasifika, Ethnic communities, youth, transgender and intersex lived experience should be built into the process for producing the Mental Health plan.
4. The Mental Health strategy should include a requirement for sector wide rainbow competency training which is fit for purpose for mental healthcare providers, addictions and rehabilitation services, residential care facilities, family and sexual violence services and emergency and transitional housing providers.
5. Ensure that the health system retains specific expertise in takatāpui health following the disestablishment of Te Aka Whai Ora, including retaining roles within the national health system and the Hauora Māori Advisory Committee.

Contact

For questions or to arrange an in person presentation of our submission to the Health Committee, please contact [REDACTED] [REDACTED]