This workshop explores the outcomes of collaboration between academia and the transgender community. The areas that will be investigated are families, health, education, legalisation and politics. Ireland has become a more inclusive society in which minority groups have had their rights enshrined in law, for example the Equal Status Act (2000). The focus of this workshop will be on the transgender community who are one of the hidden, marginalised and least catered for minority groups in Ireland thus enhancing knowledge about this stigmatised group. Absolute numbers are unknown; however WHO figures extrapolate to 1%, or between 40-50,000 Irish people in this minority group. The European Union Agency for Fundamental Rights [FRA] (2013 p.9-10) state trans-people experience an environment that is less tolerant towards them and are the most likely of all LGBT subgroups to say that they had personally felt discriminated against in the past year, particularly in the areas of employment and healthcare.

For example the health care profession has had a history of services for Transgender people which have changed significantly over the last 50 years: from being misunderstood; defining the situation; creation of institutional care; devising treatments and cures to a growing understanding of the medical and social care needs of the Transgender person. Historically being Transgender was socially and medically stigmatised resulting in negative mental health connotations. Thus the medical profession became a powerful group in society as they devised medical language to describe the problem, adopting a medical framework to understand a problem, or using a medical intervention to ‘treat’ it (Conrad 1975 p.211). Understanding of Transgender issue within society were framed from a medical professional understating which in turn translated into the lives of the Transgender person and their families through internalising this understanding (Mayock et al 2009). Living in a transphobic society may result in individuals facing health issues such as: stress; depression; anxiety; low self-esteem that may also lead to alcohol, drug abuse and risky sexual behaviour (Jay et al. 2012; Collins, Nexus Research and Sheehan 2004). This is compounded as the trans-community remains a hidden and marginalised minority group in Ireland (McIlroy 2009). Members of the trans community have reported that their initial contacts with health care services were through General Practitioners, and that these experiences were often negative (McNeill et al 2013). The reason given for this was that General Practitioners were often unaware of the issues facing transgender people and their initial response often led to lengthy delays in accessing more appropriate care. While there have been developments internally on trans-gender health care McNeill et al (2013) found that Irish trans-people present, on average, 10 years later than in other countries and this represents a significant healthcare issue (Zunner and Grace 2012; Dewey 2008; McLean and Shaw 2005; Blanchard and Lurie 2004; Kelleher and Oxenham 1993).

Participation in society is negated when communities are invisible or simply not recognised. This invisibility can lead to social exclusion resulting in non-participation and involvement in situations that may have a direct effect on people’s lives. Reflecting other communities, the trans-community...
has a diversity of individuals but knowledge about their lives and social experiences is limited (Collins, Nexus Research and Sheehan 2004).

This workshop will unpack the developments from an Irish context and how there is a growing awareness of the trans-community reflecting international progress. Existing international research raises particular cultural issues (FRA 2013). Specific outcomes in one context may not readily transfer to another culture or location. The relevance and importance of this workshop is its ability to highlight the growing awareness and developments of a hidden community in Ireland, adding to the growing body of national and international work on marginalised populations.

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