

A History of “Dandelion”

A note on language:
In this article there may be some new language in reference to transgender people you may not be familiar with. I have deliberately avoided using terms like “gender affirming care” and have designated it all as transition care. Transition is an act we undertake, one that can be social, legal, medical and/or cultural. Not all trans people do all of these acts and it’s vital we understand trans people pluralistically. For many trans people they might never engage in the act of medical transition. If you want to be trans, you can be, and I have no qualms with anyone self-identifying with the term. Nonetheless I will broadly refer to ‘trans people’ in this piece, as it’s all centred on a particular pathway of transition. There’s no such thing as a correct way to transition, though, and I would hate for anyone to think this piece is trying to suggest there is. It’s an act we undertake that should be celebrated not shunned, and done for ourselves with our community.

“*When a trans person in the UK seeks support for transition from the National Health Service, they enter a workplace in which they are abused, policed, oppressed and exploited, in which they do endless labour for which they are never paid.* “

- Harry Josephine Giles, Wages for Transition (Edinburgh, Easter Road Press, 2019)[1]

Trans histories are often made up of us taking care of each other after the state has failed to protect trans existence. When psychiatrists pathologise the means of your transition, political opponents aggressively organise against your right to public life and the media class gives into reactionary thinking, trans people are often left with only ourselves to help us. This is the history of Dandelion, an autonomous care collective established to support trans people undertaking 'DIY' hormone replacement therapy. To understand why this collective exists and its aims we first need to understand the act of transition, specifically the medical acts thereof and the state failures that developed in trans healthcare since the 2010s. It will require delving into broader trans histories as well as local. Queer history is alive in dialogue, so this piece features two anonymous interviews.

I want to thank Dandelion for everything they've done for the transgender, intersex and non-binary community and speaking with me to document this history. Thank you comrades and I love you.

Dandelion is hope.

What do we mean by DIY, and by harm reduction?
You may have seen recently that Bristol has been declared a city of harm reduction[2]. A harm reduction to drug use challenges blanket prohibition and instead is designed to recognise the realities. People use illegal and illicit substances and a harm reduction approach asks us to recognise they still deserve to be safe and live. Organisations such as Bristol Drugs Project focus on making sure a drug user may test their drugs or gain access to clean needles. In a similar vein, Dandelion uses a harm reduction approach for people who have begun Hormone Replacement Therapy (HRT) without support from a private gender clinic provider and/or the NHS.

DIY is of course, Do-It-Yourself. It may be a very familiar acronym to many in lots of different queer contexts. In terms of HRT, it means hormones made, provided outside of the orthodox pharmaceutical means. It is difficult to articulate and document, as much of this work must be conducted secretly. Trying to document this contemporary crisis is a potential security risk to all hard working people ensuring that transgender people are able to transition how they like. This might read as shocking to some cisgender readers. The idea that hormone replacement therapy feels so necessary is always alien to those who do not understand how it can help you return home to yourself. It comes with risks which is exactly why Dandelion was founded to keep people safer than being left to their own devices.

Many I am sure will question the ethics, safety and wisdom of doing so. Harm reduction doesn't mean ignoring risk, it means informing people best we can to make sure they can continue

[1] Harry Josephine Giles, "Wages for Transition"
[2] https://www.theguardian.com/uk-news/2026/jul/15/bristol-drug-policy-city-of-harm-reduction-greens Accessed 24 September 2026,

safely. One of the central tenets to harm reduction, too, is that people will engage in harmful activity anyway. There is a duty and obligation to ensure that those who do feel safer, and organisers on these projects take that safety seriously.

A brief history of trans healthcare in the UK

The Gender Identity Clinic emerged as a heavily gatekept system run by a psychiatrist John Randell in the early 1970s, only 15% of patients ever gained access to surgical intervention. The cruelty in this system still informs how trans patients are seen today; transitioning is seen as drastic, and you must commit to be '100% committed' to doing so.[3] The system was and is designed to be a gatekeeper, to dissuade transition as a positive option and more as sort of last resort for people to turn to. We see this in the language politicians use against us, as well as in guidance issued by recent UK governments in their avoidance of the use of "trans" opting for such terms as "gender questioning". Bristol has been always featured in transition history, too. Michael Dillon, a transgender man, was the first UK patient to have a phalloplasty. He did so at the Bristol Royal Infirmary. Others have written about this account before on OutStories too, which I highly recommend reading as an example of how much UK trans healthcare has been around for decades and how Bristol has played a part.[4]

Waiting lists and visibility didn't save us

Over the 2010s there was an explosion in the sociocultural exposure of transgender people across the world. Many attribute the 2014 'Transgender Tipping Point' TIME Magazine cover, with Laverne Cox on the front as well as Caitlyn Jenner's 2015 coming out, with this sudden exposure[5][6]. This coupled with the emerging subcultural spaces on the internet; wide access forums such as Reddit, 4Chan in comparison to the more exclusive trans forums of the 2000s such as Suzy's Place with their own gatekeeping methods. All of this exposure has led to waiting lists for Gender Identity Clinics in the UK lengthening. Digital literacy and access resulted in more trans people having a framework they didn't have access to previously to aid with self-realisation than ever before.

From 2012-17 the waiting list for the local Bristol GIC, known as the Laurels in Exeter, rose sharply. Currently patients referred in 2017 are being seen for the first time now.[7] As visibility increased it did not necessarily lead to an increase or improvement in care. As the NHS waiting lists have worsened people have turned to private options. By late 2021 the Royal College of General Practitioners no longer accepted 'shared care agreements' as part of action short of a strike. This has resulted in trans people being unable to go to private providers for transition

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[3] Stuart Lorimer, "Charing Cross Hospital Gender Identity Clinic. Part I: 1818-1982" <https://zagria.blogspot.com/2016/09/charing-cross-hospital-gender-identity.html> accessed September 2026

[4] https://outstoriesbristol.org.uk/people/biographies/dillon-michael/> Accessed September 2026

[5] https://time.com/135480/transgender-tipping-point/

[6] https://abcnews.com/Entertainment/caitlyn-jenner-reflects-life-changed-transitioning-woman/story?id=46861647

[7] It is important to note too, that a first appointment doesn't guarantee access to care. It is the first of two screenings one must undertake to be deemed psychiatrically appropriate on an NHS pathway. It is intensively invasive. Source: Service details | Devon Partnership NHS Trust

related care and get support from their GP Surgery. All in all it has generated a crisis of transgender healthcare.

Briefly in the late 2010s national organisations such as Action for Trans Health emerged but are now defunct, along with local student activists' attempt for more support in shared care agreements, many in Bristol felt trans healthcare was a political dead end.[8] We see more focus in protest materials between 2021-23 more on ongoing attempts of gender criticals to infiltrate Bristol. Many a counter demo organised meant less focused attention on healthcare. This has been coupled with the Labour party's capitulation on trans rights, resulting in many disengaging from civic and institutional engagement in Bristol. Cut to 2022. A flurry of transgender activity has developed in Bristol. In my case I began a mutual aid organisation, although it was a bit confused on its purpose (shoutout to Trans Aid Bristol who still do brilliant work. Much better than when I was involved). A new project was emerging, one that had anarchistic principles of autonomy and harm reduction. I was trepidatiously curious, as a transfeminist socialist myself.

Speaking with Organisers

This was conducted with a founding organizer of Dandelion and deliberately conversational. I was keen to hear about its origins, and whether there were particular theoretical inspirations as well as consider Dandelion's impact.

Can you tell what inspirations there were for Dandelion?

We were inspired by T-Rexx the Netherlands. They were squatters who hosted workshops twice a month on DIY HRT harm reduction but not just that, they did free haircuts or a film screening or something. It was a trans women majority group. We also spoke a lot with Needle Exchanges, they were really enthusiastic about the whole project. They (Needle Exchanges) had done drug harm reduction for years but were enthusiastic to support us with this....they offered us help with supplies.

Did Trans Harm Reduction in Ireland, set up a few years earlier, inspire you at all?

We actually disagreed a little with them at first...we went in a slightly different direction to their work, which focuses on safety of product a lot rather than user. We spoke to a nice lady from Dublin, who gave helpful advice.

In the early days you would insist that Dandelion is not a service and people accessing support from Dandelion were not 'service users'. I would be curious to understand a bit more about how and why you made this distinction?

Dandelion was set up within the frame of it being mutual aid and part of mutual aid means to me is peer to peer support. The context of a peer to peer to support; needle exchanges has been a longstanding part of harm reduction activism. We felt it was important that people had lived experience of DIYing, so it could actually be successful and have an active involvement. Some

[8] https://www.actionfortranshealth.org.uk /

drug services have a tendency such as “service users” which is fine, but that distinction...a barrier, and we didn't want Dandelion.

It's quite difficult to do that with something where you're giving people information, because you need to stand on some... authority to be able to combat disinformation if someone else in that space which isn't evidence based

In the beginning we were going to have lanyards as a symbol of “we are running this, you are attending” but we tried to erase the distinction of who's organising and those attending and wanted to make sure that everyone organising - even those on the door, making cups tea, we welcomed attendees to stay to debrief and help get a say in the decision making. That's just anarchist organising and well, Dandelion was founded by anarchists.

the group did start out as majority non-diy and on a bit of a backfoot but that's changed, which makes me really chuffed

Did you ever envision the level of growth the collective and project have undergone?
I think if you told me at the start that we would have to take over the entire building, we could have up to forty people dropping by. I would have been surprised. The thing about mutual aid is that it doesn't grow indefinitely. I'm glad to see lots more growing across the country, decentralizing the concept and doing what works for them. It feels like it's sustainable, rather than becoming, say a franchise (a laugh was shared).

We did a couple of training sessions which I think was really useful to help do that.

We are documenting local queer history. What's the historical lesson to take away from Dandelion?

I think this might be contentious. The lesson would be not...you don't have to speak to an MP to achieve change. For a lot of people that's the default mode of “doing activism”, but I hope people will look at what the organisation does, giving out information, providing a space to hang out but the *way* that we do that... we're a group of people, we're not professionals. I hope people feel more empowered, and whilst we're looking around despairing at healthcare being taken away by the NHS and the government and be able to pick up the pieces with what we have in front of us.

Hearing from an attendee: Ruin*
I also felt it was important, as this is a non-hirearchal collective, to hear from someone who has accessed care. They are not a service provider, instead a collective that is respecting the autonomy of individuals in an anarchist tradition. With this in mind, I have spoken to Ruin*, a transmasculine non-binary person about their experiences attending Dandelion. I was keen particularly to hear from transmasculine people. There is a long history of transfeminine DIY resources, and less so for transmasculine individuals.

*this name has been changed so the attendee can remain anonymous.

Why did you go to Dandelion?
I knew it existed as somewhere that trans people could go and wanted to access the information to potentially and learn routes to accessing hormones. I trusted the organisation because I knew people involved; like, it's vouched as a community source.

What made Dandelion more appealing than speaking to the NHS or a private provider?
Private providers are too expensive and it feels more accessible than the NHS. It felt like there were lots of hoops to jump over and I was gonna have to wait a long time. Because I'm exploring and I've not decided "I'm a trans man and that's what I'm doing" I didn't wanna go through the whole thing [the process of the GDC waiting list] and it felt like a safer, less scary option because I could just check it out and speak to people who've gone through the process before or going through the process now, I didn't necessarily trust the NHS to have that kind of support.

Did you find the advice and support useful?
Yeah.

Could I hear a bit more of yes or no...?
It was a yes/no question to be fair.

Yeah they gave me a lot of information about the sort of testosterone I could get and the mechanical actual...the doing and administering of hormones. They gave me a leaflet, and it was just. Very nice and a welcoming environment.

Conclusion
After speaking with participants of Dandelion, I am reminded of the words of Dean Spade writing about mutual aid; that 'disasters are opportunities for exposing injustice [...] We don't need to be saved by the professionals"[9]. Two points of this analysis stand out to me; that Dandelion exposes the injustice of state failure and offers a chance to wrestle back power from a professional class who do not always have trans people's best interests at heart. Its decentralised organising is spreading as the crisis of trans healthcare worsens. Despite recommendations from the Levy Review aimed to improve services, many trans people are feeling these are too little and too late.[10] This alternative project, to me, offers an insight to the ever-continual process of queer people searching for medical justice against our oppressors.

Importantly, the lesson the organiser I spoke to wanted to impart has since spread. No more are people reduced to a binary of The Protest or The Lobby, now, they know there is action to

[9] Dean Spade's *Mutual Aid: Building Solidarity During This Crisis (And the Next)* (2020), p. 35 & 40 respectively
[10] TransActual "Initial Response to the Publication of the Levy Reiew" <https://transactual.org.uk/blog/2025/12/18/initial-response-to-the-publication-of-the-levy-review-of-adult-gender-services-in-england/> accessed September 2026

participate locally within. There are over 200 LGBT+ groups in Bristol at the time of writing all with a variety of focuses, including on supporting trans people accessing care such as Serving Bristol, who do meals monthly to raise money for people to access transition care.[11] Ultimately, I do not want to forget something amongst the hopeful message of a state alternative: this entire situation should anger you. You should feel it in your bones. As ACT UP says in their manifesto *the Queer Nation*; “I'm angry. I'm angry for being condemned to death by strangers saying [...] hands are chained to a pharmaceutical company's reception desk while the receptionist looks on in horror”[12]. Although the context of our chaining to the pharmaceutical company’s reception desk is incredibly different, it is undoubtedly the same fury shared by trans people all over the world. Dandelion exists, and is quintessential to the history of Queer Bristol in the 2020s, but comes from total injustice. May I and other queer writers get to one day write about the world where that justice is answered.

[11] Serving Bristol <https://www.headfirstbristol.co.uk/whats-on/serving/sun-10-nov-serving-a-supper-club-for-gender-affirming-care-117183#/e117183> accessed September 2026

[12] ACT UP “Queer Nation Manifesto: Queers Read This” (1990) in *Burn it Down! Feminist Manifestos For the Revolution* (2020;2024), pp.28-30