

Transgender Policy

Version number :	2.0
Consultation Groups	BLB Directors and Clinical Directors
Approved by (Sponsor Group)	Lead Nurses
Ratified by:	Quality Committee
Date ratified:	21st April 2021
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Implementation Date :	April 2021
Last Review Date	April 2021
Next Review date:	April 2024

Services	Applicable to
Trustwide	√
Mental Health and LD	
Community Health Services	

Contents

1	Introduction	3
2	The Legal Context.....	3
3	Admission to Single Sex Wards	4
4	Staff Behaviour	4
5	Correspondence sent out to the Service User	6
	Appendix - Glossary of Gender Terminology.....	7

Transgender Inpatients Policy

1 Introduction

- 1.1 East London NHS Foundation Trust's values are care, respect and inclusiveness. The Trust seeks to ensure that all service users are respected, valued and included in their own care in a way that acknowledges and addresses the needs of each individual, and enhances their experience of services.
- 1.2 Transgender mental health is influenced by multiple socio-political factors and minority status. Transgender individuals experience an excess health burden and have difficulties that are poorly understood by many health practitioners. This is partly the result of both informational and institutional biases (Kealey-Batemann, 2018).
- 1.3 Inpatients facilities can send a positive and welcoming message to transgender service users and create a safe environment which provides high quality care to transgender patients.
- 1.4 This protocol aims to provide inpatients staff with good practice guidelines to enable them to achieve these aims for transgender service users.

2 The Legal Context

- 2.1 According to the Equality Act 2010, it is unlawful to discriminate against transgender people and people who "are proposing to undergo, are undergoing or have undergone a process (or part of a process) to reassign their sex by changing physiological or other attributes of sex" Such people have the protected characteristic of gender reassignment.
- 2.2 The 2015 "Providing services for transgender customers" by the Government Equalities Office clarifies that it is not necessary to undergo a medical process to change physiological attributes of sex in order to have the protected characteristic of gender reassignment.
- 2.3 Gender reassignment is when a person takes steps to alter the outward expression of their gender so that it better aligns with their sense of who they are, in other words, their identity.
- 2.4 If someone adopts a new gender role by changing their name, title and pronoun and/or by wearing different clothing, altering their body language, speech and hairstyle, they have reassigned their gender.
- 2.5 As part of their gender reassignment some people may choose to take hormones and/or have surgery, but medical intervention is not always necessary.
- 2.6 The Sex Discrimination (Amendment to Legislation) Regulations 2008 extended legal protection for transgender people to include the provision of goods, facilities, services and premises.
- 2.7 The Gender Recognition Act 2004 establishes the right for transgender people to apply for a Gender Recognition Certificate (GRC), which is a legal recognition of a person's preferred gender.

- 2.8 The Data Protection Act 1998 established that details of an individual's transgender status are confidential and classified as 'sensitive' information.

3 Admission to Single Sex Wards

- 3.1 The move to single sex wards, whilst enhancing quality of care for many service users, has also created a dichotomous context for gender identification that might not be ideal for transgender service users, especially when they are in the phase of transition.
- 3.2 Allocation of transgender patients to single-sex mental health wards is a point of care that can go wrong.
- 3.3 Transgender people have the right to access single sex wards in accordance with the gender they identify with. They will be involved, as much as is possible, in the admission process with a view to help staff understand what they can do to support the transgender person on the identified ward.
- 3.4 On the ward, transgender patients will be granted the right to use any spaces, facilities and activities appropriate to their gender identity.
- 3.5 In the presence of any risk related to the admission of a transgender service user to the ward where they feel more comfortable, additional measures will be taken, as much as practicable, to address and contain the risk.
- 3.6 Some service users might pose a risk to the transgender person for particular aspects of their mental state. In these cases, risk will be assessed and priority will be given to the transgender person remaining on their preferred ward, with additional measures put in place to contain the risk.
- 3.7 On admission, transgender service users will be offered a comprehensive physical health assessment which, besides the requirements set by the Trust physical health policy, will include particular attention to the following:
- i) Pre/post-operative care or follow up as necessary
 - ii) Enabling any pre-booked medical appointments related to gender reassignment
 - iii) Hormone replacement therapy
 - iv) Liaison with the relevant gender reassignment clinic
 - v) The obstacles to the transgender medical transition are long waiting times and poor communication between service users and gender identity clinics. Trust staff liaison with gender identity clinics must never hinder the progress of an individual's transition.

4 Staff Behaviour

- 4.1 Staff will involve transgender service users in all aspects of their care and will respond to their individual needs.
- 4.2 Staff will seek feedback from transgender service users about the care they receive and take action to make any required improvements in order to achieve the

establishment of an environment of care that is inclusive, equal, non-discriminatory, accessible and conducive to the delivery of high quality care.

- 4.3 Staff will always use the name, pronoun or term a transgender service user prefers in all written and verbal communication with them and among staff, including handover and electronic records.
- 4.4 Staff will take each person's lead regarding language and respond accordingly. If someone makes it clear how they would like to be addressed in terms of gender, respect their choice.
- 4.5 Staff will treat transgender service users with dignity and respect at all times, and act in accordance with their professional standards and the Trust ethos. Staff will provide individualised, person-centred and compassionate care to transgender service users.
- 4.6 Staff will ask transgender service users how they would like the staff to communicate with their families, especially in those cases where service users have not informed their family members of their intention to transition, or where the families disagree with this decision.
- 4.7 Where families are unsupportive of a Service User's trans identity, staff will explain the Trust's position on supporting trans service users to their parents/carers; stating clearly what the Trust is legally obliged to do in the context of anti-discriminatory legislation.
- 4.8 For non-urgent searches and medical examinations involving intimate contact, the care team will make every effort to provide a member of staff of the preferred gender of the trans service user. If this is not possible a chaperone could be considered.
- 4.9 The care team will make every effort to ensure that any intimate observation of a trans service user will be performed by a member of staff of the preferred gender choice.
- 4.10 Staff will protect transgender service users from harassment and will address any negative behaviour displayed towards them from other staff or service users.
- 4.11 Staff will, if appropriate, run planned ward activities in a sensitive way to help increase awareness and improve attitudes of other service users towards transgender people.
- 4.12 Allegations and complaints from service users about less favourable treatment, discrimination or unauthorised disclosure of information about the gender history, due to personal, political, cultural or religious beliefs and attitudes will be investigated and if found to be factual will lead to disciplinary action by the Trust.
- 4.13 Staff are encouraged to develop knowledge and gain expertise and experience in issues related to transgender mental health, as part of their own professional and personal development.
- 4.14 The following are useful guidelines for pursuing excellence in the care of transgender service users (Alicia Lucksted, 2004 – Government Equalities Office, 2015):
 - i) Treat transgender people as you would treat any other service user, whilst considering the additional sensitivities they may face.

- ii) Try not to assume someone's gender simply by their appearance. Gender presentation can vary over time in one person. People who neglect their appearance may be displaying the symptoms of being very unwell.
- iii) Do not assume that the absence of genital reconstruction is any reflection of a person's trans identity.
- iv) Consider whether you need to ask about someone's gender and whether the questions you are asking are appropriate. Ask yourself why it is important for you to know.
 - v) Ask those who transition whilst using your service how you can support them. Ask a transgender person what would make them feel most comfortable.
 - vi) Update documentation and records efficiently and sensitively.
 - vii) Publicise your good practice and inclusivity to diverse groups. Transgender service users may have experienced difficult challenges and would be helped more by seeing clear evidence that services are transgender friendly and welcoming.
 - viii) Educate yourself: read, attend community events, follow issues, take action to be an ally.
 - ix) Explore sexual orientation and gender identity issues in your own supervision.
 - x) Consult formally with members of the groups you are trying to learn about.
 - xi) Seek substantial supervision when treating transgender service users.
 - xii) Speak up when you see discrimination, insensitivity, gaps in knowledge and take action.
 - xiii) Look for and create opportunities for self, colleagues, and students to gain information and experience.
 - xiv) Cultivate an atmosphere and culture inclusive of transgender people in the ward setting so that the presence of a transgender person is nothing remarkable.
 - xv) Examine your own language use and social behaviour for heteronormative assumptions.
 - xvi) Reflect on your reactions and feelings as you attempt and do these things.
 - xvii) Take a holistic perspective. When a trans person has a mental health condition. Symptoms of distress may be exacerbated or triggered by any number of circumstances, do not assume that being trans is the cause. For example; the worsening symptoms of an eating disorder may not be due to gender dysphoria.

5 Correspondence sent out to the Service User

- 5.1 If a Gender Recognition Certificate (GRC) application has been approved a new birth certificate will be issued. If a recognition certificate of gender re-assignment (GRC) application has been approved a new birth certification will be issued. The GP informs the Primary Care Support England (PCSE) who creates a new record or identity for the service user on the National Spine (personal demographics service) along with a new NHS number. The Trust should update the existing records with the new NHS number and name to match the spine but would not issue a new hospital number. This is because there is existing and precious clinical history attached to the current clinical record has to be retained and available to clinicians.
- 5.2 Irrespective of whether a GRC is approved, all correspondence and clinical documentation should reflect the correct pronoun and name.

Appendix - Glossary of Gender Terminology

Gender dysphoria - this is used to describe when a person experiences discomfort or distress because there is a mismatch between their sex assigned at birth and their gender identity. This is also the clinical diagnosis for someone who doesn't feel comfortable with the gender they were assigned at birth.

Gender identity - a person's internal sense of their own gender, whether male, female or something else (see non-binary below).

Gender reassignment / Gender Affirmation - another way of describing a person's transition. To undergo gender reassignment usually means to undergo some sort of medical intervention, but it can also mean changing names, pronouns, dressing differently and living in their self-identified gender. Gender reassignment is a characteristic that is protected by the Equality Act 2010.

Gender Recognition Certificate (GRC) – this enables trans* people to be legally recognised in their self-identified gender and to be issued with a new birth certificate. Not all trans* people will apply for a GRC and you have to be over 18 to apply. You do not need a GRC to change your gender at work or to legally change your gender on other documents such as your passport.

Intersex – a term used to describe a person who due to certain chromosomal abnormalities may have the biological attributes of both sexes or whose biological attributes do not fit with societal assumptions about what constitutes male or female; e.g. genitalia that is not exclusively male or female, . They might have internal reproductive organs that do not match their external sex characteristics. or hormone levels that are uncommon for the assigned sex at birth There are approximately 358,105 people with intersex variations in the UK alone. Many people may not be aware that they are intersex, since many intersex variations are not external. They might have internal reproductive organs that do not match their external sex characteristics. Intersex people can identify as male, female or non-binary. (Outlife, 2021)

Non-binary –a term for people who don't neatly fit into the categories of "man" or "woman," or "male" or "female." For example, some people have a gender that blends elements of being a man or a woman, or a gender that is different than either male or female. Some people don't identify with any gender. Some people's gender changes over time. (Understanding non-binary people, 2021)

Pronoun – words we use to refer to people's gender in conversation - for example, 'he' or 'she'.

Sex –assigned to a person on the basis of primary sex characteristics (genitalia) and reproductive functions. Sometimes the terms 'sex' and 'gender' are interchanged to mean 'male' or 'female'.

Trans* – an umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth.

Transgender man / Transman – a term used to describe someone who is assigned

female at birth but identifies and lives as a man. This may be shortened to transman, or FTM, an abbreviation for female-to-male.

Transgender woman / Transwoman – a term used to describe someone who is assigned male at birth but identifies and lives as a woman. This may be shortened to transwoman, or MTF, an abbreviation for male-to-female.

Transitioning / Transition - the steps a trans* person may take to live in the gender with which they identify. Each person's transition will involve different things. For some this involves medical intervention, such as hormone therapy and surgeries, but not all trans* people want or are able to have this. Transitioning also might involve things such as telling friends and family, dressing differently and changing official documents.

Transsexual – this was used in the past as a more medical term (similarly to homosexual) to refer to someone who transitioned to live in the 'opposite' gender to the one assigned at birth. This term is still used by some although many people prefer the term trans* or transgender.

[What is Intersex? | OutLife](#) (accessed 19th February 2021)

[Understanding Non-Binary People: How to Be Respectful and Supportive | National Center for Transgender Equality \(transequality.org\)](#) (accessed 19th February)