

## Supporting Transgender Service Users Policy

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POLICY AUTHOR	Head of Nursing for Acute Care & People Participation Lead

### EXECUTIVE SUMMARY:

All people who use Trust services are entitled to be respected, valued and worked with in a way that it is sensitive to the needs of each individual. This policy aims to provide staff with information and good practice required to achieve this aim for people using our services who are trans..

**If you require this document in another format such as large print, audio or other community language please contact the Corporate Governance Team on:  
0300 304 1195 or email:  
[policies@sussexpartnership.nhs.uk](mailto:policies@sussexpartnership.nhs.uk)**

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## 1.0 Introduction

### 1.1 Purpose of policy

- Transgender (trans) or non-binary people are people who live all or part of the time in a gender not normally associated with the gender they were given at birth. Trans people self-identify in many ways. A person's gender identity is self-defining, does not always involve a medical process and is a different issue to their sexual orientation.
- It is the aim of Sussex Partnership NHS Foundation Trust to ensure that all people using our services are respected, valued and cared for in a collaborative way that it is sensitive to the needs of each individual. This policy aims to provide staff with information and good practice in order to achieve this aim for trans people.

### 1.2 Definitions

- **Carers:** A carer is someone who provides care and support to someone using one of our services. As defined by the Carers Trust (2018), a family, friend or is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support.
- **Trans/transgender people:** is an inclusive term that embraces the wide diversity of trans people who live all or part of the time in a gender not associated with the gender they were given at birth. Although non-binary and intersex aren't explicit protected characteristics, the Equality Act may protect non-binary or intersex people, depending on the nature of the incidents. It has never been tested in case law, however. For example, a non-binary person may experience discrimination based on having undergone some medical and/or social transitioning, or may be perceived to be undergoing. Then they are protected under gender reassignment. In some instances, discrimination against intersex people may be covered under sex or gender reassignment, depending on what happened.

### 1.3 Scope of policy

This policy aims to provide relevant and useful information on key issues relating to the care of trans adults to help staff to provide a person-centred, compassionate, safe and effective service. Support to trans children or young people is not addressed in this policy (but is available in a separate document entitled 'Guidance on Supporting Trans Children, Young People and their carers to access services (added as an appendix))

### 1.4 Principles

This policy is guided by the Trust's values;

- People First
- Future focussed
- Embracing Change
- Working together

- Everyone counts

## 2.0 Policy Statement

Transgender people have very specific protection against discrimination within the current Gender Recognition Act 2014. This protects a trans person who intends to undergo, is undergoing or has undergone gender reassignment. In addition, good NHS practice dictates clinical responses be patient-centred, respectful and flexible towards all trans people including those who do not meet these criteria but who live continuously or temporarily in their confirmed gender role.

General key points are that:

- Trans people should be accommodated according to the pronouns that they currently use
- This presentation may not always accord with the physical sex appearance of the chest or genitalia
- Allocation of accommodation does not depend upon their having a gender recognition certificate (GRC) or legal name change
- Allocation of accommodation will apply to toilet and bathing facilities (except, for instance, that pre-operative trans people should not share open shower facilities)
- The views of the trans person should take precedence over those of family members where these are not the same. (please refer to section 12.2 for further guidance)

In embedding this policy, the focus should be “patient-centred”. This ensures a flexible approach to caring for trans people at any stage in their transition towards their target gender, and for those people who may not have the intention to transition but who see gender and transient and changeable state. Adopting a flexible approach in policy and practice will benefit all people and make sure that no one is left out.

## 3.0 Duties

**3.1 The Board of Directors** hold overall responsibility for ensuring an up to date policy is in place, which is fit for purpose and based on best practice. The Board is required to ensure that the Trust treats all people equally.

**3.2 The Chief Nurse** will act as the overall sponsor for this policy and will oversee that compliance with this policy and the required standards are monitored and reported, and best practice achieved and shared.

**3.3 Service/ Clinical Directors** are responsible for ensuring there is local compliance with the policy; that staff members have the necessary knowledge and have accessed the relevant training to be able to work well with trans people.

### 3.4 Matrons and Service Managers

- Ensure the policy is implemented throughout local services.
- Ensure all staff are made aware of and have read the policy
- Identify any additional training and support needs required to enable their teams to provide person-centred, compassionate, safe and effective care to trans people and highlight this to the Trust’s Equality & Diversity lead.
- Will seek feedback from trans people on their experience of care and ensure periodic monitoring of the quality and effectiveness of the care provided to trans

people using our services.

**3.5 Equality and Diversity Lead** will monitor compliance and progress against nationally mandated standards, deliver core training, and offer advice and guidance

**3.6 All staff will** follow the good practice and guidelines set out within this policy when supporting trans people.

## 4. Legal information

### 4.1 The Equality Act 2010

This law makes it unlawful to discriminate against 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 have the protected characteristic of gender reassignment.'*

#### **IMPORTANT:**

- Trust staff and services demonstrate and respect trans people and respond to their identified gender.
- The law protects a broad range of trans people and a person does not have to have undergone a medical procedure to be protected against discrimination.
- There may be some circumstances where it is lawful to provide a different service or exclude a trans person from a single sex service but only if this a **proportionate means** of achieving a **legitimate aim**. This should only occur in exceptional circumstances and in these cases staff will need to show that a less discriminatory way to achieve the objective was not available.

### 4.2 The Gender Recognition Act 2004

This law enables trans people to apply for a Gender Recognition Certificate (GRC). This is legal recognition of a person's identified gender. Not all trans people apply for a GRC and a GRC is not required for protection against discrimination.

#### **IMPORTANT: When a trans person using our services has a Gender Recognition Certificate:**

- It is a criminal offence to disclose a person's previous gender without permission from the individual.
- An exception exists for health care professionals, where the person disclosing information has reasonable belief that:
  1. Consent has been given or that consent cannot be given,**AND**
  2. Disclosure is made to a health professional for medical purposes.
- Please see Appendix 1 – Consent to disclose previous gender.

## **5. Terminology**

Staff should always use the name, pronoun or term a trans person requests in written and verbal communication with them. If in doubt, ask the person how they want to be addressed and respond accordingly.

Most trans people will use the most common pronouns, 'he' and 'she', to refer to themselves. However, some people may use the gender neutral pronouns 'they' and 'their' in the singular sense. You may also meet a trans person who uses less common gender neutral pronouns (such as 'zie' or 'hir') but these are currently mostly used online. In place of the gendered titles of address (Mr, Miss, Mrs, Ms), you might see the use of a newly created gender-neutral title of Mx.

## **6. Staff behaviour**

Staff should treat trans people using our services with dignity and respect and act in accordance with the Trust's policies and their professional or occupational standards. Providing person-centred and compassionate care is the most powerful thing staff can do to support trans people.

It is unacceptable for members of staff to treat trans people using our services less favourably due to personal, cultural or religious attitudes toward trans people.

## **7. Involving trans people in their care**

Staff should involve and consult with trans people in all aspects of their care and support. Many trans people will face harassment and abuse in their everyday life so it is essential that we do everything we can to ensure they feel safe and welcome when they are using our services. Fundamentally we will achieve this by treating people as individuals and following the guidance in this policy. Involving and consulting with people on all matters of their care and support will help staff understand the individual needs of the service user and enable them to respond appropriately. It is also vital that staff seek feedback from trans people about the quality of their care and take action to make any required improvements.

## **8 Harassment**

Trans people have equal rights to protection from harassment as any other people. Staff should address negative behaviour displayed towards trans people from other staff or people using our services; e.g. a trans-woman reportedly referred to as "he" despite having requested to use their preferred pronoun "she". If staff members need advice about how to challenge stigma and discrimination towards trans people they can contact the LGBT Staff Network on [timeoutnetwork@sussexpartnership.nhs.uk](mailto:timeoutnetwork@sussexpartnership.nhs.uk)

If staff have particular worries or concerns about another member of staff's attitude towards trans people (or any other person) they should address this with their line manager in the first instance. They may also access the Freedom to Speak Up

Guardian and/or contact HR for advice if they feel that their concern is not dealt with appropriately.

It should be noted that discrimination against trans people and discriminatory behaviour such as repeatedly using the wrong gender pronoun is tantamount to abuse and such incidents may be reported and investigated through safeguarding and through our trust internal investigation and complaints processes.

## **9. Confidentiality**

Details relating to an individual's trans status are confidential and classified as one of the special classes of personal data under the General Data Protection Regulation. This should only be shared with others with the consent of the individual involved, if the information is relevant to the care provided to the person.

Inappropriate disclosure of information about the gender history of a person using a Trust service with a gender recognition certificate is a criminal offence for which staff members can be prosecuted. This information can only be disclosed by certain staff in very strict circumstances when consent has been sought and the transmission of data is required for the medical care of the trans person. Please refer back to section 4 for more information.

As previously stated, people who hold gender recognition certificates may or may not inform us; and may well wish to keep any discussion of their previous gender to an absolute minimum, unless it is really necessary. Much of the care and support the Trust provides can proceed without the need for knowledge or reference to a trans service user's previous gender.

## **10. Working well with trans people' carer and relatives**

Some trans people may not have informed family members of their intention to transition. It is therefore important that staff ask people how they would like staff members to work with their family. It may be helpful to refer to the person using our service as 'them' or by their preferred name, as opposed to using pronouns, when speaking with the family and to ensure that all correspondence uses gender neutral pronouns.

If the family member or carer of the person using our service doesn't support the intention to transition, the person using our service' preference should be accepted. It is important for staff, supported by a clinical lead or senior practitioner, to explain the Trust's position on supporting trans people to family or carers, stating what the Trust is legally obliged to do, whilst remaining sensitive to the way this is explained to the family, showing respect for their perspective and view.

## **11. Clinical records on Carenotes**

Trust staff and services need to respect and respond to people in their identified gender. Therefore:

- **When a trans person enters our services for the first time:** a Carenotes

record should be created reflecting their identified gender.

- **When somebody already using our services discloses they are trans or intend to transition:** a new Carenotes record should be created reflecting the person's identified gender. The previous Carenotes record should be archived and only accessed, with written consent from the person themselves if there are valid clinical reasons for doing so.
- **When someone who previously used our services in the gender they were given at birth returns to use a Trust service living in their identified (different) gender:** a new Carenotes record should be created reflecting the person's identified gender. Any previous Carenotes record should be archived and only accessed, with written consent from the person themselves, if there are valid clinical reasons for doing so.
- **In relation to accessing the person's previous Carenotes record,** it would be best practice to ask the person for written consent to do this if they have the ability and capacity to do this if access is needed for reasons of health, safety and wellbeing. In cases where a person does not consent or does not have the capacity to consent, the best interests of the safety and wellbeing of the person and those around them will need to be considered.
- The Gender Recognition Act (2004) clearly states that this information can be accessed and shared if it is being done for medical purposes by a health professional and the health professional reasonably believes that the person has given consent, is unable to give consent or the information is needed to maintain the safety of the person and/or those around them. The Act states that the term 'medical purposes' includes the purposes of preventative medicine, medical diagnosis and the provision of care and treatment.
- The RCN (2007) further state that records may need to be accessed when it is essential for the delivery of care for the person, but information must only be shared with people who need to know it in order to deliver safe and efficient care.

## 12. Supporting transgender people using our services

### 12.1 Admission to single sex accommodation

Those who live in their confirmed gender should always be offered accommodation according to their gender presentation. Trans people have equal rights to access appropriate services for their needs as any other person and therefore should be admitted to a ward that is as close to their support networks as possible. It is good practice to involve the person using the service in their care as much as is possible in the admission process. This can help reassure them and help staff understand what they can do to support the trans person.

There may be some circumstances where it is lawful to provide a different service or exclude a trans person from the single sex ward of their identified gender but only if this a **proportionate means** of achieving a **legitimate aim**. Any decision to do this must therefore be based on:

- an objective and evidence-based assessment of the circumstances and relevant information
- balancing the need of the trans person and the detriment to them if they are denied access, against the needs of other service users and any detriment to them if the trans person is admitted.

An appropriately trained individual (by which we mean someone who has undertaken

trans-specific healthcare related training), the person themselves if appropriate, the person's family, friend or carer, or people from the person's care team who they choose could all be approached for advice in circumstances where an alternative service to that meant for the identified gender is provided.

## **12.2 Risk assessment**

Staff may be concerned about the possible risks and vulnerabilities that could arise as a consequence of a trans person being admitted to a ward in accordance with their identified gender. These should be assessed objectively in light of the cause of that concern.

After consideration it may be appropriate to take additional action to manage risks, such as reviewing the care plans of all those affected, facilitating discussions with all parties to see if education and understanding about inclusive practices is necessary; for the people using the ward services and the staff working on the ward. A trans person should not be moved solely in response to this enhanced risk and if it is deemed necessary to move someone the focus should be on the person exhibiting prejudicial behaviours not the person affected by them..

Incidents and threats against someone because of their disability, transgender-identity, race, religion or belief, or sexual orientation are hate crimes and should be reported to the police.

## **12.3 Changes in gender presentation**

Staff should be mindful that sometimes a person's presentation may change due to circumstances and how someone identifies. Some people prefer to occasionally wear clothing not usually worn by the gender with which they identify for reasons of comfort. This should be respected so long as (as with cisgender people) it is not overly revealing or sexualised. Clinical decision making should not be affected by things like the clothes someone wears, their voice or their hairstyle.

## **12.4 People using our services that have difficulties accepting trans people**

This may put the trans person at risk, so it is important to spend time with the person exhibiting prejudiced beliefs so that you can support them to understand the benefits of good inclusive practices and why your service embraces this. A trans person should not be moved solely in response to this enhanced risk and if it is deemed necessary to move someone the focus should be on the person exhibiting prejudicial behaviours not the person affected by them. It may also be prudent to begin to pro-actively run activities on the ward to discuss trans issues or issues relating to difference generally to help improve awareness and attitudes of people towards trans people.

Further information and advice on doing this can be obtained from the useful contacts section. It is also advisable that staff speak to the trans person being admitted to discuss options because they might have ideas about what activities could be undertaken, with other people who are using the service' help.

## **12.5 Physical healthcare**

All people who use our services will be offered a full physical health assessment on admission to mental health services; this should include an assessment of the cardio-metabolic risk factors and the offer of health advice regarding activity, diet, stopping smoking. For transgender people there are some additional physical health

considerations for the health care team, such as any pre or post-operative care or follow-up that may be required; hair treatment including transplantation or removal; and speech and language therapy. Wherever possible, this should be included in the overall care and treatment programme. Some important considerations are included in Appendix A.

## 12.6 Searching

Careful consideration must be given to who carries out such a search and one member of staff must be the same gender as the patient (or the gender the patient self identifies) as well as one member of staff being a registered nurse. It is incumbent upon staff to treat a trans person with the same respect they would give any other person. Intimate searches should not be undertaken by Trust staff.

See policy - Searching Patients and Their Property Policy & Procedure TPCL/022

## 12.7 Observation

The clinical team, in discussion with the person using our services, will need to decide upon how observation should be carried out, dependent on the observation levels being used at any given time.

Observation of clothed people is not normally a gender-specific function. But observation of trans people that may include intimate observation should be performed by a member of staff of the same gender as the trans person identifies wherever possible. In such circumstances a trans man should be observed by a male member of staff and a trans woman observed by a female member of staff.

If no staff member of the same gender as the person using the service is available the observation may be performed by a staff member who is not of the same gender. However in the early stages of transition, where a trans man still has many female physical features, with the consent of the person, it would be appropriate for a female member of staff to perform observation and vice versa. This should only be undertaken with the consent of the person using the service. This is the same as any personal care that is required for any person using our services.

## 12.8 Using toilets and showers

Trans people have equal rights to access single gender toilets or showers as any other person. Consequently trans people should be able to use the facility appropriate to their identified gender.

There may be some circumstances where it is lawful to exclude a trans person from single gender toilets or showers of their identified gender but only if this a **proportionate means** of achieving a **legitimate aim**. Any decision to do this must be made on a case by case basis following an objective and evidence-based assessment of the circumstances and relevant information.

Services should be striving to have gender neutral toilets available wherever possible.

## 13. Access to gender specific groups

Trans people have equal rights to access gender specific support groups as any other man or woman. However there may be some circumstances where it is lawful to exclude trans people but only if this a **proportionate means** of achieving a **legitimate**

**aim.** Any decision to do this must be made on a case by case basis following an objective and evidence-based assessment of the circumstances and relevant information.

#### 14. Useful contacts and information:

**Equality and Diversity Team:** [Equality.Diversity@sussexpartnership.nhs.uk](mailto:Equality.Diversity@sussexpartnership.nhs.uk)

**Safeguarding Team:** [safeguardingteam@sussexpartnership.nhs.uk](mailto:safeguardingteam@sussexpartnership.nhs.uk)

**Freedom to Speak Up Guardian:** [Lynn.richardson@sabp.nhs.uk](mailto:Lynn.richardson@sabp.nhs.uk)

**LGBT Staff Network/Time out:** [timeoutnetwork@sussexpartnership.nhs.uk](mailto:timeoutnetwork@sussexpartnership.nhs.uk)

#### 15. Glossary of transgender terms

- **Asexual** – A person who chooses not to be genitally sexual with others whilst not indicating what their romantic or sexual orientations might be.
- **Assigned sex** – The sex you were given when you were born.
- **Bisexual or Bi** – refers to a person who has an emotional and/or sexual orientation towards more than one gender.
- **Biphobia** - the fear or dislike of someone whose sexual orientation is bisexual. Historically the bisexual community have faced discrimination from the heterosexual, gay and lesbian communities – this is often linked to misconception that bisexual people are greedy and want the best of both worlds.
- **Cisgender or Cis** – A match between your assigned sex and gender identity. A person who is not transgender. Non-trans is also used by some people.
- **Coming out** – A process by which an LGBT person will tell friends/family/co-workers etc. about their LGBT status
- **Cross Dresser / Transvestite** – An individual of either sex that likes to wear the clothes of the opposite sex, but are otherwise happy with their gender identity.
- **Gender Identity** – The cognitive process of recognising one's own identity. How a person feels in regards to male/female/neither/both.
- **Gender dysphoria** – 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 Fluid** - a gender identity best described as a dynamic mix of male and female. A person who is Gender Fluid may always feel like a mix of the two traditional genders, but may feel more masculine/male some days, and more feminine/female other days. Being Gender Fluid has nothing to do with which set of genitalia one has, nor their sexual orientation.
- **Gender Identity Clinic (GIC)** – A specialist transgender health service offered by seven different NHS Trust's throughout England.
- **Gender neutral/neutrality** - can refer to supporting and enforcing the idea of a gender neutral society: that we should avoid giving roles to genders and sexes in schools, the workplace, places of worship and other institutions.
- **Genderqueer** - most commonly used to describe a person who feels that his/her/their gender identity does not fit into the socially constructed "norms" associated with his/her biological sex. Genderqueer is an identity that falls

anywhere between man/boy/male and woman/girl/female on the spectrum of gender identities. Genderqueer people might use binary pronouns.

- **Gender reassignment** – 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.
- **Gender stereotypes** - the ways that we expect people to behave in society according to their gender, or what is commonly accepted as ‘normal’ for someone of that gender.
- **Gender variant** - someone who does not conform to the gender roles and behaviours assigned to them at birth. This is often used in relation to children or young people.
- **Heteronormativity** - A viewpoint that expresses heterosexuality as a given instead of being one of many possibilities. Often expressed subtly, heterosexuality is widely "accepted" as the default sexuality by both print and electronic media, education, law makers, and a range of attitudes expressed by society in general. The assumption of heterosexuality can be very harmful to those who do not entirely fit within its bounds because it is stigmatizing and marginalizing, making people who are LGBT feel like they are perceived as deviant or unnatural.
- **Heterosexism** - a system of attitudes, bias, and discrimination in favour of opposite-sex sexuality and relationships. It can include the presumption that other people are heterosexual or that opposite-sex attractions and relationships are the only norm and therefore superior.
- **Homophobia** - the fear or dislike of someone whose sexual orientation is lesbian or gay.
- **Homosexual** - a person who is sexually attracted to people of their own sex. This term is best to be avoided because of its negative pathological use historically, which placed an overemphasis on the role of sexual acts.
- **Intersex** – An individual born with - or who develops at puberty - the genitalia and/or secondary sex characteristics determined as neither exclusively male nor female, or which combine features of the male and female sexes.
- **LGBT** – the acronym for lesbian, gay, bisexual and trans. Also used are LGBTQI, QUILTBAG amongst others.
- **LGBT Ally** - a (typically) straight and/or cis person who supports members of the LGBT community.
- **Non binary** – To not identify within the binary male or female ideologies in Western society.
- **Oestrogen** – Female hormone for trans women / transfeminine persons.
- **Outed** – when a lesbian, gay, bi or trans person’s sexual orientation or gender identity is disclosed to someone else without their consent.
- **Pansexual** - refers to a person who is not limited in sexual choice with regard to biological sex, gender or gender identity.
- **Passing** – Being seen or read as the gender you present yourself as e.g. a male identifying person being read as male.
- **Pronouns** – words we use to refer to people’s gender in conversation - for example, ‘he’ or ‘she’. Some people may prefer others to refer to them in gender

neutral language and use pronouns such as they / their and ze / zir. Others may choose not to use any pronouns; they will ask to be referred to by their name.

- **Post/pre op** – Referring to the surgery status of the individual.
- **Queer** – in the past a derogatory term for LGBT individuals. The expression has now been reclaimed by the LGBT community but is still viewed to be a derogatory word by some. This umbrella term can be used in conjunction with traditional categories of sexual orientation and/or gender identity but it may not. The definition of what queer means to an individual may vary widely and must be defined by that person.
- **Questioning** – the process of exploring your own sexual orientation and/or gender identity.
- **Sex** – Assigned at birth in relation to one's genitals, chromosomes etc.
- **Sexual Orientation** – Emotional, romantic or sexual attraction to people i.e. gay, straight, bisexual, pansexual etc.
- **Stealth** – Living in one's acquired gender without anyone knowing about one's trans status.
- **Testosterone** – Male hormone for trans men / transmasculine persons.
- **To gender** – To assign someone else a gender by noticing behaviour and body presentation.
- **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. Trans people may describe themselves using one or more of a wide variety of terms, including (but not limited to) transgender, transsexual, cross dresser, non-binary, genderqueer (GQ).
- **Transgender man** – a term used to describe someone who is assigned female at birth but identifies and lives as a man. This may be shortened to trans man, or FTM, an abbreviation for female-to-male.
- **Transgender woman** – a term used to describe someone who is assigned male at birth but identifies and lives as a woman. This may be shortened to trans woman, or MTF, an abbreviation for male-to-female.
- **Transitioning** – 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.
- **Transphobia** – The discrimination of others based upon their gender identity. A person does not have to be trans to suffer from transphobia.
- **Transsexual**- A person who medically transitions from the sex they were assigned to at birth with the gender identity they feel they are e.g. a person transitioning from male to female.
- **Transvestite**: it refers to a person who for various reasons may wear clothes usually worn by people of another sex. They may be male or female and may or may not wish undergo transition. This is not always a safe term and should only be used after the person themselves has used it to pertain to themselves. Instead using the term trans is better practice.

## 16. Development, consultation and ratification

This policy was initially developed by members of the Sexual Orientation and Gender Identity Reference Group. It was subsequently reviewed again by the Head of Nursing:

Acute Care and the People Participation Lead. This review was then shared with a wide range of partners, many of who identified as trans or worked for LGBTQ+ organisations, who were invited to comment and advise on any omissions or suggested changes. The policy was ratified by the Clinical Policy Forum chaired by the Chief medical Officer

## **17. Equality and Human Rights Impact Assessment (EHRIA)**

Equality and human rights impact analysis has been completed.

## **18. Monitoring Compliance**

The Executive sponsor for the Sexual Orientation and Gender Identity group (SOGI) group is the Chief Nurse

The content and application of this policy is monitored through the Sexual Orientation and Gender Identity group.

The Equalities Hub provides information/data on the number of trans service users on caseloads and how services are utilised. Performance Information is included in the Care Delivery Services quality and performance framework.

An annual report on Equality and Diversity includes the experience of transgender people and is presented to the Board of Directors.

## **19 Freedom of Information Act 2000**

All Trust policies are public documents. They will be listed on the Trust's website and FOI document schedule and may be requested by any member of the public under the Freedom of Information Act (2000).

## **20. Dissemination and Implementation of policy**

20.1 The Corporate Governance Team is responsible for uploading this policy to the Trust's intranet. The Trust's Partnership Bulletin will alert stakeholders to the issuing of the policy and any subsequently revised versions. Local clinical leads will ensure that clinical staff are alerted to the issue, reissue and review of versions of this policy.

20.2 The implementation of this policy is supported by appropriate policy and training to enable staff to provide gender sensitive care that promotes service user privacy, dignity and safety.

## **21. Document Control including Archive Arrangements**

21.1 Following ratification of this policy the Corporate Governance Team will allocate an official document number and upload the policy onto the Trust data base and website.

21.2 This document will be reviewed at least every three years in line with Trust processes.

- 21.3 The front cover indicates the version, date of issue and review date of this document. Following each review the policy will be issued as a new version, whether or not there have been changes to the content. The most recent version will be available on the Trust intranet.
- 21.4 The Corporate Governance Team will maintain previous versions of this policy in an archive and will update the Trust data base and website.

## **22. Reference Documents**

- South London & Maudsley NHS Foundation Trust Policy on supporting adult transgender service users.
- Government Response to the Women and Equalities Committee Report on transgender Equality, 2016
- The National Offender Management Service, The Care and Management of transgender Offenders
- Gires, (2019). Terminology. Available online via <https://www.gires.org.uk/resources/terminology/> [Date of Access 14/06/2019]
- Gov, UK (2010). The Equality Act. Available online via <https://www.legislation.gov.uk/ukpga/2010/15/contents> [Date of Access 14/06/2019]
- Gov, UK (2004). Gender Recognition Act. Available online via <https://www.legislation.gov.uk/ukpga/2004/7/contents> [Date of Access 14/06/2019]
- Stonewall, (2018). LGBT in Britain Trans Report. Available online via [https://www.stonewall.org.uk/system/files/lgbt\\_in\\_britain\\_-\\_trans\\_report\\_final.pdf](https://www.stonewall.org.uk/system/files/lgbt_in_britain_-_trans_report_final.pdf) [Date of Access 14/06/2017]

## **23. Bibliography**

- Royal College of Nursing – Fair Care for trans Patients 2<sup>nd</sup> ed. March 2017

## **24. Appendices**

### **24.1 Appendix A**

#### **Hormonal treatment**

A trans person may be undertaking hormonal treatment as part of a transition process. This should be identified in any initial assessment undertaken at admission and steps taken to maintain any treatment during an inpatient stay. There is no evidence to suggest hormone treatment influences psychosis however hormone treatment may impact on physical health.

Trans women pre gonad removal surgery may be prescribed depot injections of gonadotrophin-releasing hormone and post operatively oestrogen supplementation either orally (1-6 mg per day) or subcutaneously (50-150 microgram patches every three days or in gel). It is important to maintain lifelong hormone treatment and optimum dosage is confirmed by monitoring of plasma levels. When undertaking a physical health assessment it is important to consider that oral oestrogen treatment for transgender women may be related to an increase risk of venous thrombosis and other vascular events. Specialist consultant haematologist input would be recommended for any transgender woman assessed to be high risk of VTE.

Trans males will receive testosterone replacement which may be given in the form of transdermal gel or by depo injections administered every 2-3 weeks or three monthly depending on treatment choice. In-patient service users should have haemoglobin and haematocrit levels monitored as polycythaemia may occur. Altered haematocrit can cause spurious results from point of care blood glucose analysers. If the service user has diabetes the haematocrit range for the blood glucose meter must be checked from the manufacturer's user guide and random or fasting plasma glucose or HbA1c considered as an alternative monitoring method.

#### **Cancers**

Hormone therapy has not been shown to increase transgender peoples' cancer risk however, there are a few reported cases of trans women having developed prostate cancer and a very small number of reported cases of trans men having developed breast cancer. trans men who have retained a vagina and cervix should be supported to receive periodic pap smear test. trans service users should be supported to access to sexual health and age-appropriate cancer screening programmes including screening for cancers of the sex assigned at birth.

#### **Blood glucose regulation**

Studies on blood glucose control in individuals receiving hormone treatment report increased insulin resistance and fasting glucose resulting in type 2 diabetes in both trans males and females. The risks associated with antipsychotic medications and blood glucose regulation are well known, however the risks of combining antipsychotic medications with hormone treatment for transgender men or women have not been studied. trans service users with signs or symptoms of diabetes should be offered appropriate blood tests.

**Bone mass**

Up to a quarter of trans women experience osteoporosis and the continuation of hormone treatment is an important factor in reducing the risk of developing osteoporosis. Positive health choices such as having a well-balanced healthy diet with calcium, stopping smoking and avoiding excess alcohol intake and undertaking weight bearing exercise is important in maintaining healthy bones