



# CLINICAL GUIDELINE FOR THE CARE AND MANAGEMENT OF TRANSGENDER PATIENTS (ADULTS & CHILDREN) IN EPUT

<b>CLINICAL GUIDELINE REFERENCE NUMBER:</b>	CG97
<b>VERSION NUMBER:</b>	1
<b>KEY CHANGES FROM PREVIOUS VERSION</b>	New Clinical guideline; adopted from Secure Services local policy
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<b>CONSULTATION GROUPS:</b>	Sexual Safety Working Group
<b>IMPLEMENTATION DATE:</b>	August 2021
<b>AMENDMENT DATE(S):</b>	-
<b>LAST REVIEW DATE:</b>	-
<b>NEXT REVIEW DATE:</b>	August 2024
<b>APPROVAL BY CLINICAL GOVERNANCE AND QUALITY SUB-COMMITTEE:</b>	August 2021
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<b>CLINICAL GUIDELINE SUMMARY</b>
Essex Partnership University NHS Foundation Trust (EPUT) has a statutory duty to ensure that all clinical and corporate practices within the Trust are carried out in a fair, reasonable and consistent manner that prevents discrimination against Transgender people in line with the Equality Act (2010) and the Gender Recognition Act (2004). EPUT ensures that all service users are respected, valued and worked with in a collaborative, affirmative and non-discriminatory way that is sensitive to the needs of each service-user.
<b>The Trust monitors the implementation of and compliance with this clinical guideline in the following ways:</b>
This procedural guidance will be reviewed every three years by the Clinical Governance and Quality Sub-committee. Monitoring of this procedure will be undertaken through an audit of concerns and complaints raised in relation to the care of patients or service users who identify as trans, as well as through an audit of OLM training uptake

<b>Services</b>	<b>Applicable</b>	<b>Comments</b>
Trustwide	✓	
Essex MH&LD		
CHS		

**The Director responsible for monitoring and reviewing this Clinical Guideline is the Executive Nurse**

**ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST**

**CLINICAL GUIDELINE FOR THE CARE AND MANAGEMENT OF TRANSGENDER  
PATIENTS (ADULTS & CHILDREN)  
IN EPUT**

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**Equality and Diversity Statement**

The Trust is committed to ensuring that equality, diversity, and inclusion is considered in our decisions, actions and processes. The Trust and all trust staff have a responsibility to ensure that they adhere to the Trust principles of equality, diversity, and inclusion in all activities. In drawing up this policy all aspects of equality, diversity, and inclusion have been considered to ensure that it does not disproportionately impact any individuals who have a protected characteristic as defined by the Equality Act 2010

**1.0 INTRODUCTION**

- 1.1 Essex Partnership University NHS Foundation Trust (EPUT) has a statutory duty to ensure that all clinical and corporate practices within the Trust are carried out in a fair, reasonable and consistent manner that prevents discrimination against Transgender people in line with the Equality Act (2010) and the Gender Recognition Act (2004). EPUT ensures that all service users are respected, valued and worked with in a collaborative, affirmative and non-discriminatory way that is sensitive to the needs of each service-user.
- 1.2 Transgender (often abbreviated to 'trans') is used as an umbrella term referring to anyone whose gender identity does not fully correspond with their assigned sex at birth (natal sex). A person's gender identity is a personal definition, does not always involve medical intervention and is independent of their sexual orientation. Transgender (trans) people are entitled to be treated with dignity and respect and given access to our services that is free from harassment, unfair discrimination and/or unnecessary barriers.
- 1.3 This procedural guidance supports the Trust in its delivery of inclusive services and ensures that it does not breach the Equality Act (2010) in relation to the care of Transgender service users and their families. This legislation provides Transgender people with the legal right to be recognised as Transgender without them needing to provide proof of the gender they say they are. For example, a person who says they are transgender does not need to be under medical supervision and is not required to have a Gender Recognition Certificate (GRC) in order to be recognised as trans; they must be treated as the gender they have chosen to be as required by law (see Section 4 – 'Legislation and the Protection of Trans People').

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**2.0 SCOPE**

- 2.1 This procedural guidance provides staff and managers with the information and good practice required to care for Transgender (trans), non-binary or gender-questioning adults, children and young people who access its services. It applies to all staff working in EPUT whether employed in a substantive or bank role, or otherwise contracted by the Trust.
- 2.2 All Directors, Managers and Heads of Services are responsible for ensuring that the Trust is compliant with legislation and governmental guidance, including Equality and Human Rights legislation, and, as such, to promote a culture of valuing inclusion and diversity in its broadest sense.
- 2.3 Everyone working in EPUT has a responsibility to treat service-users, carers and colleagues with dignity and respect and with fairness and equity, in line with the NHS Constitution. All employees are responsible and accountable for their own behaviour and actions, and must understand the way in which their behaviour may affect others. All staff members are responsible for complying with this policy and for challenging/reporting discriminatory practice or language that may occur.

**3.0 GLOSSARY**

There is a broad range of terminology in describing trans people and it is recognised that trans people identify in many ways. It is also important to recognise the fact that language changes and evolves over time as understanding and perceptions also change. Different trans communities will adopt different terms and usage.

<b>Term</b>	<b>Meaning</b>
<b>Transgender, or trans</b>	An umbrella term referring to anyone whose gender identity or gender expression does not fully correspond with their assigned sex at birth (natal sex). A person's gender identity is a personal definition, does not always involve medical intervention and is independent of their sexual orientation.
<b>Gender Identity</b>	An individual's gender identity is their internal self-perception and psychological experience of their own gender. A person may identify as a male or female, or their identity may involve both of these aspects (gender fluid) or neither (non-binary).
<b>Gender Expression</b>	Refers to the way a person communicates gender identity to others through behaviour, clothing, hairstyles, voice, or body characteristics
<b>A Trans woman</b>	Someone who was assigned male at birth but experiences a clear and constant gender identity as a woman.
<b>A Trans man</b>	Someone who was assigned female at birth but experiences a clear and constant gender identity as a man.

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<b>Cisgender or cis</b>	Refers to a person who either fully or partly identifies with the sex they were assigned at birth.
<b>Pronouns</b>	<p>Trans people’s pronouns are often an important part of their identity. Trans men may use he/him and trans women may use she/her, but there are many more options. Some trans people use gender-neutral pronouns such as they/them, one, ze, sie, hir, co, ey, while others use the conventional binary pronouns he or she. Some trans people change their pronouns frequently (such as between she and xe), some use multiple sets of pronouns (such as he and they), and some prefer to use only their name and not use pronouns at all. Some people will also include their preferred pronouns in their email signatures.</p> <p>Moreover, non-binary people usually choose more neutral pronouns such as: they, zie, fey; non-gender people may use the pronoun ‘per’. Titles Mx or Pr may be preferred to Mr, Mrs, Miss or Ms. Using the name that a person was given at birth, after they have transitioned is unacceptable, and may be referred to as ‘dead-naming’.</p>
<b>Non-binary or Genderqueer</b>	<p>Refers to people who identify outside of the gender binary of male or female and may include bi-gender, pangender, genderless, agender, neutrois, third gender and gender fluid people.</p> <p>People may identify as one or more of the following:</p> <p>Multiple genders, such as both man and woman (bigender, pangender)</p> <p>Having no gender (genderless, agender) Moving between multiple genders (gender fluid)</p> <p>Third gender or other-gendered. This includes those people who do not place a name to their gender. There may be an overlap of, or blurred lines between, gender identity and sexual orientation. Some individuals may refer to this specifically as genderqueer. Non-western genders such as Two Spirit may also be considered to be other-gendered</p>

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<b>Transsexual and transvestite</b>	Medically defined terms which appear in diagnostic guides and some legal texts. However, these terms are usually seen as <b>offensive and stigmatising</b> and should be avoided, unless specifically used by a patient to refer to themselves.
<b>Bi-gendered</b>	A person who considers themselves to be both male and female at different times
<b>Cross dresses</b>	A person who <b>cross dresses</b> (also known as a ' <b>transvestite</b> ') is someone who sometimes wears clothes traditionally worn by and associated with the opposite sex. People who cross dress do not generally seek physical reassignment; they can be male or female.
<b>Gender dysphoria / Gender Incongruence</b>	Refers to a person's sense of distress or discomfort around some aspect of their gender experience. This can be physical dysphoria (i.e. a trans person who is distressed about their genitalia, face or body hair), or it can be social dysphoria (i.e. a trans person who is distressed about people assuming their gender incorrectly, and using incorrectly gendered language to refer to them). A transgender person may or may not have been medically diagnosed with 'gender dysphoria'.
<b>Gender euphoria</b>	Refers to a person's sense of joy around an aspect of their gender experience. Like dysphoria, this can be physical (i.e. a trans person being able to wear the clothes they feel most comfortable in for the first time), or social.
<b>Gender-questioning</b>	Refers to anyone's questioning of their sexuality or gender, along with the diverse areas related to it. It is a stage where exploration, learning and experimenting often occurs. While some people have little to no issue in self-identifying, some encounter a great deal of confusion and uncertainty. They may have difficulties understanding their sexual orientation, gender identity, or whether or not they fit into any preconceived social normative labels.
<b>Transitioning</b>	The process by which a public change of gender presentation takes place, sometimes with accompanying formal change of gender with associated documentation, and sometimes with accompanying medical transition. It is the way in which a person changes the way they live in order to bring these in line with their gender identity.

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<b>Gender reassignment</b>	Refers to the language used in the Equality Act (2010) to refer to any part of the process of transitioning to live in a different gender (regardless of whether any hormonal or surgical changes take place).
<b>Gender Affirming Treatment</b>	Or <b>Sex reassignment therapy</b> can include hormone replacement therapy (HRT) to modify secondary sex characters, surgery to alter primary sex characteristics, or permanent hair removal.
<b>A Gender Recognition Certificate (GRC)</b>	Enables trans people to be legally recognised in their self-identified/affirmed gender and to be issued with a new birth certificate. Not all trans people will, or want, to apply for a GRC and a person must be over 18 years to do so. An employer or service provider does not need to see a GRC in order to recognise an employee's or person's gender.
<b>Intersex</b>	<p>Intersex people are individuals who have a less common combination of sex chromosomes and thus have ambiguous sexual characteristics. The NHS defines it as '<i>Differences in Sex Development (DSD)</i>', which is a group of rare conditions involving genes, hormones and reproductive organs, including genitals. It means a person's sex development is different to most other people.</p> <p>In addition to undergoing medical procedures, trans people who go through sex reassignment therapy usually change their social gender roles, legal names and legal sex designation. Generally speaking, physicians who perform sex-reassignment surgery require the patient to live as members of their identified gender in all ways possible for at least a year, prior to the start of surgery, in order to assure that they can psychologically function in that life role. This period is sometimes called the Real-Life Experience; it is part of a number of requirements. Other frequent requirements are regular psychological counselling and letters of recommendation for this surgery.</p>
<b>Sexual Orientation</b>	Refers to an enduring pattern of emotional, romantic and/or sexual attractions to men, women or both sexes. Sexual orientation also refers to a person's sense of identity based on those attractions, related behaviors and membership in a community of others who share those attractions. Research over several decades has demonstrated that sexual orientation ranges along a continuum,

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	from exclusive attraction to the other sex to exclusive attraction to the same sex. Sexual orientation is distinct from other components of sex and gender, including biological sex, gender identity (the psychological sense of being male or female) and social gender role (the cultural norms that define feminine and masculine behavior) - <i>American Psychological Association</i> .
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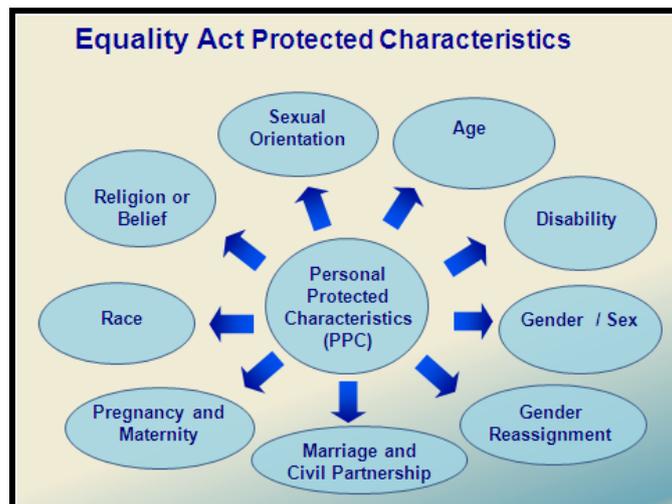
### 4.0 LEGISLATION AND THE PROTECTION OF TRANS PEOPLE

#### 4.1 The Equality Act 2010

4.1.1 The Equality Act 2010 provides protection for individuals with the following “protected characteristics”:

- Race
- Sex
- Disability
- Age
- Sexual orientation
- **Gender reassignment**
- Religion or belief
- Pregnancy and maternity
- Marriage and civil partnership

4.1.2 The Equality Act 2010 (The Act) protects trans people on the basis of ‘**gender reassignment**’ from direct and indirect discrimination and harassment. This includes discrimination by association and discrimination against people perceived to have the protected characteristic of gender reassignment. The Act also places a proactive duty on public organisations to promote equality of opportunity, foster good relations and eliminate unlawful discrimination between people who have the protected characteristic of gender reassignment and people who do not. The Equality Act (2010) also protects pupils from discrimination in schools.



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### 4.2 The Gender Recognition Act 2004

- 4.2.1 This Act of Parliament allows trans people to apply for a full Gender Recognition Certificate (GRC), which changes their legal gender and provides them with a new birth certificate. There are a number of restrictions and requirements on the issuing of a full GRC, including that the trans person is not married and not in a civil partnership. When a trans person has obtained a GRC any disclosure of information regarding that person's gender history, which has been obtained in an official capacity, constitutes a criminal offence if consent was not given by the person as per Section 22 of the Gender Recognition Act (*Gender Identity Research and Education Society, GIRES*).
- 4.2.2 Not all trans people choose to apply for a GRC and it is important to note that a GRC is not required for protection against discrimination.

### 4.3 The Human Rights Act 1998

This legislation safeguards trans people against discrimination and protects their right to be treated with dignity and respect.

### 4.4 The Data Protection Act 2018

This act controls how personal information can be processed and used. Trans history is treated as 'sensitive information' under the Data Protection Act.

### 4.5 Non-Binary identities and the law

- 4.5.1 There is a lack of clarity regarding non-binary identities within current legislation, and non-binary identities are not currently recognised within the law. However, it should be noted that, in 2020, an **Employment Tribunal** upheld a non-binary employee's claims of harassment, direct discrimination, victimisation and constructive dismissal against their employer in the UK; this landmark ruling highlights that gender is a spectrum and that people who identify as non-binary or gender-fluid are equally protected against discrimination under the Equality Act (Taylor vs JLR, 2020).
- 4.5.2 All staff should remember that people who self-identify as non-binary form part of the wider trans umbrella and should be treated in a person-centred, respectful, sensitive and flexible manner that is responsive to their unique gender needs (*Gender Identity Research and Education Society, GIRES*).

**5.0 CARING FOR OUR TRANS PATIENTS (ADULTS), SERVICE-USERS AND THEIR FAMILIES AND CARERS**

5.1 Good practice requires that clinical responses be patient-centred, respectful and flexible towards all transgender people, whether they live continuously or temporarily in a gender role that does not conform to their natal sex (NHSI, 2019). General key points, advised by the Gender Identity Research and Education Society (GIRES), are:

- Trans people should be accommodated according to their gender identity: the way they dress, and the name and pronouns they currently use. Different physical appearance should not be a barrier to this
- They way trans people present may not always accord with the physical sex appearance of the chest or genitalia
- It does not depend on their having a gender recognition certificate (GRC) or legal name change
- It applies to toilet and bathing facilities (except, for instance, that preoperative trans people should not share open shower facilities)

**5.2 Admission to Inpatient Units: Adult Trans Patients**

5.2.1 Transgender people should be accommodated in their gender-preferred ward (i.e. in the ward that best accommodates their identified gender) and should be allowed to:

- present and dress according to their identified gender
- adopt gender appropriate names and modes of address (e.g. pronouns)
- access items to maintain gender appearance, subject to risk assessment

5.2.2 Inquiries about the gender status of service-users should be made at the time of considering a referral for admission in order to ensure that all staff involved in the service-user's care can make the appropriate clinical and management decisions in advance of their arrival at the unit. It is recognised that this information may not always be available prior to admission but staff should make every effort to locate this as soon as possible.

5.2.3 If, upon admission, a staff member is unsure of a person's gender identity they should, where possible, ask discreetly where the person would be most comfortably admitted to. For non-binary people, asking where they would be most comfortably cared for should be explored. The following guidance should be adhered to:

- All decisions should be proportionate to achieve a safe environment for the individual; confidentiality and sensitivity are essential. Discussions related to placing/admitting a person in an inpatient environment and meeting their needs should be undertaken only with relevant persons and with the consent of the trans person

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- At times, the views of family members may not be in accord with the trans person's wishes. In this case, the trans person's view must take priority
- If, upon admission, it is impossible to ask the view of the person because they are unwell and unable to hold conversation, and/or lack capacity, in the first instance, inferences should be drawn from presentation and mode of dress on a case by case basis, with consent obtained as soon as is reasonably practicable. All decisions should be recorded

*(Gender Identity Research and Education Society, GIRES)*

5.2.4 Addressing trans people using correct and preferred pronouns is of great importance in maintaining dignity and respect. All staff must therefore take every care to avoid inadvertently misgendering patients (i.e. using their previous name or dead name) or sharing details of their former identity. If staff are unsure of a person's gender, they should, as with any other service-user, ask how they would like to be addressed and what pronouns they use. Their gender and pronoun choice should be recorded as their preferred gender within their admission notes and medical records.

### 5.3 Using toilets and showers

Trans people have equal rights to access single sex toilets or showers and should use the facilities which are consistent with their gender identity. Where available, gender-neutral toilets and facilities should be offered. Trans patients **must never** be asked to use a disabled/accessible toilet (which may be unisex) as this is considered discriminatory.

### 5.4 Physical Examinations

5.4.1 No investigations as to the genitalia of the person should be undertaken unless this is specifically necessary in order to carry out treatment.

5.4.2 Extra care may be required to ensure that privacy and dignity are maintained as a trans person, particularly post-operatively or if unconscious for any reason. For example, extra care should be taken if a trans person is required to remove their clothing or wear an open gown for a procedure, as they may feel especially vulnerable. If a trans person in your care is wearing a wig, a chest binder or any other item that aids in their gender presentation please be careful not to remove them unless absolutely necessary.

### 5.5 Physical Searches (e.g. Secure Services)

When physical searches of a patient's person are undertaken by staff (including security staff), it is important to ensure that such searches are undertaken by nursing personnel of the patient's identified gender.

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### **5.6 Other Areas/Clinics**

Staff need to consider the following points:

- Identify a private area, if possible, for the trans person to register their details only if they choose to do so, rather than in front of other patients or staff
- Provide trans people with opportunities to discuss any concerns or specific arrangements to meet their needs

### **5.7 Risk Assessment and Management of Trans Adults**

5.7.1 Effective clinical risk assessment and management is central to maintaining a safe therapeutic environment for all patients in an inpatient unit. Risks to and from a trans patient must be identified and managed appropriately by the multi-disciplinary team (MDT). On occasion, this may impact on the way a trans person is able to live their life. Where this is the case, the Responsible Clinician and MDT will work together with the patient to formulate a risk management and care plan that will:

- Consider the capacity of the patient in relation to the Mental Capacity Act (2005)
- Consider where the patient would feel most comfortably accommodated and the reasons for this (e.g. considering vulnerabilities and mental health issues associated with being placed in a ward with others of their assigned gender or preferred gender)
- Outline how we will keep them and others safe when in hospital, including where the patient would be best able to complete their care and treatment plan
- Maximise opportunities for them to spend as much time as possible with people of their identified gender where possible
- Minimise the risks, if any, from the individual to other patients in the service, and the risks, if any, to the individual from other patients in the current and potential service.

5.7.2 The outcome and supporting rationale following the management care plan must be documented in the patient's medical records.

**6.0 CARING FOR OUR TRANS AND GENDER-QUESTIONING CHILDREN AND YOUNG PEOPLE AND THEIR FAMILIES AND CARERS**

- 6.1 As with the care of adult trans and gender-questioning people at EPUT, all care for trans, non-binary and gender-questioning children and young people must be patient-centred, respectful and flexible, regardless of how they present.
- 6.2 These principles are listed to help staff care for children and young people in an inclusive environment. There may be situations on occasion where staff, care providers and commissioners find that their duty to recognise and respond appropriately and sensitively to an individual's chosen gender conflicts with other responsibilities. The following are the principles that staff at EPUT need to consider.
- 6.3 **Admission to Inpatient Units: Trans and Gender-Questioning Children and Young people**
- 6.3.1 EPUT's inpatient services for young people comprise mixed gender wards with male and female sleeping zones. Trans and gender-questioning children and young people admitted to inpatient units should be accommodated in their gender preferred sleeping zone and should be allowed to:
- present and dress according to their identified/preferred gender
  - adopt gender appropriate names and modes of address (e.g. pronouns)
  - access items to maintain gender appearance, subject to risk assessment
- 6.3.2 Discussions related to accommodating a child and meeting their needs should be undertaken with relevant persons and with the consent of the child. It is possible that the views of parents/carers may not be in accord with the trans or gender-questioning child or young person's wishes. In this case it is important that open and sensitive discussions take place with the parents/carers and other relevant people, and that the trans or gender-questioning child's or young person's view is strongly taken into account with Gillick competence and Fraser guidelines being considered. If possible, the child's preference should prevail even if the child is not Gillick competent (*Gender Identity Research and Education Society, GIRES*).
- Further details can be found here: <https://learning.nspcc.org.uk/media/1541/gillick-competency-factsheet.pdf>
- 6.3.3 All decisions should continue to be proportionate to achieve a safe therapeutic environment for the individual.
- 6.3.4 More in-depth discussion and greater sensitivity may need to be extended to adolescents whose secondary sex characteristics have developed and whose view of their gender identity may have consolidated in contradiction to their sex appearance. It should be noted that many trans adolescents will continue, as adults, to experience a gender identity that is inconsistent with their natal sex appearance. Therefore, their current gender identity should be fully supported in terms of their accommodation and use of toilet and bathing facilities (*Gender Identity Research and Education Society, GIRES*).

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**6.4 NOTE: Following a decision in the High Court on 1 December 2020, the provision of hormone blocking and gender affirming medication may have to be approved by a Court order (*GIRES*).**

### **6.5 Risk Assessment and Management of Trans Children and Young Adults**

6.5.1 Effective clinical risk assessment and management is central to maintaining a safe therapeutic environment for all patients in an inpatient Unit. Risks to and from a trans patient must be identified and managed appropriately by the multi-disciplinary team (MDT). On occasion, this may impact on the way a trans child or young person is able to live their life. When this is the case, the Responsible Clinician and MDT will work together with the patient to formulate a risk management and care plan that will:

- Consider the capacity of the patient in relation to the Mental Capacity Act (2005)
- Consider where the patient would feel most comfortably accommodated and the reasons for this (e.g. considering vulnerabilities and mental health issues associated with being placed in a ward with others of their assigned gender or affirmed gender)
- Outline how we will keep them and others safe when in hospital, including where the patient would be best able to complete their care and treatment plan
- Maximise opportunities for them to spend as much time as possible with people of their chosen gender where possible
- Minimise the risks, if any, from the individual to other patients in the service, and the risks, if any, to the individual from other patients in the current and potential service.

6.5.2 The outcome and supporting rationale following the management care plan must be documented in the patient's medical records.

### **6.6 Caring for Transitioning Patients**

6.6.1 If the patient is near the beginning of the reassignment process staff need to be aware that trans patients may need sensitive support for some areas of their care, e.g. a female may need to shave facial hair, a male may need feminine hygiene products such as sanitary towels. Staff may need to support patients in disposing sanitary towels if no bin is available in the ward's toilet/bathroom.

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6.6.2 The patient may be anxious and sensitive due to having high hormone levels from taking medication (this may be more notable for men transitioning to women). Additionally, the patient may be anxious about how they will be treated while in hospital due to past negative experiences of healthcare. It is therefore important that all staff are aware of this and ensure that trans patients are treated with the same level of respect and sensitivity as with all other patients.

### **6.7 Caring for Post-Transition Patients**

Patients who have permanently transitioned may have undertaken gender affirming treatment such as surgery and hormonal treatment. Such patients will therefore require on-going post-surgical care and self-care which may continue for many months or years. For example, trans women who have undergone surgery will need to dilate their vagina, at medically prescribed intervals, using a vaginal dilator in order to ensure that the vagina does not shrink and/or close (e.g. initially, twice daily immediately following surgery). It is important that staff are aware of such physical healthcare needs and that patients are supported to undertake these important self-care tasks with privacy and dignity, and in line with infection control procedures. It should be noted that vaginal dilators are medical devices and should not be considered, or referred to as, sex toys under any circumstances.

### **6.8 Medical Records**

6.8.1 It is acknowledged that medical record-keeping for trans people can be a challenging process. However, it is important that medical records are accurate, respectful and in alignment with patients' wishes:

- Trans patients have a legal right to change their name and gender on their NHS medical records and do not need a Gender Recognition Certificate (GRC) to do so. Requests by trans patients to have their details changed on their medical record (e.g. name, pronouns and gender) must be acceded to. Such requests should be submitted in writing by patients and signed
- When the medical record details appear incorrect (e.g. a trans woman's recorded gender is male), it is important that staff inform the patient of this and ask them whether they would like to request these details to be changed

6.8.2 Changes to medical records may inadvertently lead to physical health care needs being missed. For example, a trans woman may still require Prostate Specific Antigen (PSA) testing even if they have had reassignment surgery; their prostate gland is not removed during surgery and they may therefore still be at risk of prostate cancer. A trans man may still require smear tests to be undertaken.

## **7.0 WORKING PSYCHOLOGICALLY WITH TRANS SERVICE USERS**

7.1 Gender diversity is a natural part of human experience and variation and, in itself, is not evidence of psychopathology (BPS, 2019). EPUT views all gender identities, including trans, non-binary and gender-fluid identities, as fully valid and legitimate identities and, as such, is committed to providing its trans communities with psychological services that are inclusive and affirming of gender diversity.

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- 7.2 'Conversion therapy' is "an umbrella term for a therapeutic approach, or any model or individual viewpoint, that demonstrates an assumption that any sexual orientation or gender identity is inherently preferable to any other, and which attempts to bring about a change of sexual orientation or gender identity, or seeks to suppress an individual's expression of sexual orientation or gender identity on that basis" (MoU, 2017). EPUT agrees that 'conversion therapy' constitutes unethical and potentially harmful practice, and is committed to the *'Memorandum of Understanding on Conversion Therapy in the UK'* jointly signed by twenty health, counselling and psychotherapy organisations including the British Psychological Society (MoU, 2017).
- 7.3 Clinical practitioners working in EPUT, including Psychologists, Psychotherapists, Psychological Therapists, Occupational Therapists, Social Workers, Nurses and Psychiatrists who may be involved in clinical interventions must not practise any form of or attempt at 'conversion therapy' and must have sufficient knowledge, skills and experience to work affirmatively, inclusively and respectfully with trans service-users. Psychological practitioners should refer to the British Psychological Society's *'Guidelines for psychologists working with gender, sexuality and relationship diversity'* (BPS, 2019) in their work with gender diverse service-users. Psychiatrists should refer to the Royal College of Psychiatrists' position paper *'Supporting transgender and gender-diverse people'* (2018).

### 8.0 TRANSPHOBIC HARASSMENT AND TRANSPHOBIC CRIME

- 8.1 It is widely known that Transgender people experience significant levels of transphobia and transphobic hate crime in their personal, social and occupational lives. EPUT has a responsibility to ensure that all patients are protected from any form of harassment, prejudice and discrimination.
- 8.2 Transphobia is defined as the "*the fear or dislike of someone based on the fact they are trans, including denying their gender identity or refusing to accept it. Transphobia may be targeted at people who are, or who are perceived to be, trans*" (Stonewall.org.uk). The Equality Act (2010) defines discrimination as being treated unfairly because of who you are; this includes being trans.
- 8.3 A study undertaken by Stonewall (*LGBT in Britain, Trans Report*) found the following key results based on a sample of 871 trans and non-binary people who took part in the study in 2017:
- Two in five trans people (41%) and three in ten non-binary people (31%) have experienced a hate crime or incident because of their gender identity in the last 12 months
  - Two in five trans people (41 per cent) said that healthcare staff lacked understanding of specific trans health needs when accessing general healthcare services in the last year.

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- More than a quarter of trans people (28%) in a relationship in the last year have faced domestic abuse from a partner
  - One in four trans people (25%) have experienced homelessness at some point in their lives
  - One in eight trans employees (12%) have been physically attacked by colleagues or customers in the last year.
  - More than a third of trans university students (36%) in higher education have experienced negative comments or behaviour from staff in the last year
  - **Younger trans adults are at greatest risk:** 53% of trans people aged 18 to 24 have experienced a hate crime or incident based on their gender identity in the last 12 months
  - Hate crime against trans people is significantly underreported; most trans people - four in five (79%) - don't report it to the police. Some trans people who report a hate crime don't feel supported by the police or experience even further discrimination.
- 8.4 Clinicians and managers should, where required, put in place measures to manage the risk of transphobic harassment and hate crime to trans patients. All risk management plans should be documented in the patient's medical records.
- 8.5 All staff should be aware that the difficulties and challenges faced by trans people in society due to their gender identity are often amplified when intersectionality exists; for example, black trans people are more at risk of transphobia than white middle-class people. In the US, at least 26 trans or gender non-conforming people were killed by violent means in 2019; 91% of them were black women (Trans Actual, 2021).
- 8.6 Discrimination from staff, other patients or members of the public will not be tolerated. In the case of staff behaving in a discriminatory manner towards a trans patient or their family, managers will use the Trust's existing policies and procedures to manage the behaviour (e.g. Dignity, Respect and Grievance Policy; Disciplinary Policy; Capability and Conduct Policy).

## **9.0 GENERAL PRINCIPLES OF GOOD PRACTICE**

9.1 Trans people are a marginalised part of our community and face significant prejudice and discrimination in society. It is important that trans people are able to freely access all healthcare services without fear of discrimination or harassment. All staff at EPUT strive to provide the best level of care for all service-users of all gender identities. Below are some principles of good practice:

- Treat trans people with dignity and respect. You can show respect by being relaxed and courteous, avoiding negative facial expressions, and by speaking to trans people as you would any other patient or service user
- Do not make assumptions about people's gender identity or trans identity by their appearance
- Do not make assumptions that a person's medical issues are related to their gender identity (for example a person's suicidal behaviours are not necessarily or automatically attributable to them being trans). However, this should not preclude staff from sensitively exploring a person's gender identity as part of taking a holistic approach to treating their mental health condition
- Where possible avoid unnecessarily gendered language (for example, if having a conversation about menstrual health, do not use terms such as 'women do this')
- The presence of a trans person in your ward, unit or department is not a training opportunity for other staff. However, such as in other situations where a patient has a rare or unusual physical health finding (that is unrelated to their gender identity), asking a trans person's permission is a necessary first step before inviting in a colleague or a trainee
- Like most people, many trans people wish to maintain control over who sees them unclothed. Therefore, care should be taken where a trans person is getting changed. When patients are observed without first asking their permission, it can quickly feel like an invasion of privacy and creates a barrier to respectful and competent health care
- It is inappropriate to ask a trans person about their previous name, sex at birth, or genitals if it is unrelated to their care. A person's genital status – whether one has had any lower surgery or not – does not determine that person's gender identity for the purposes of social behaviour, service provision, or legal status. Remember that trans people might be very

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sensitive about that area of their body. Trans women may not wish to use a bottle and trans men may not wish to use a slipper pan for example.

- **Never disclose a person's trans status or gender identity history to anyone who does not explicitly need the information for their care.**

A person's status may be recorded in their medical record (if they have consented for this to be included). It is a criminal offence, under Section 22 of the Gender Recognition Act (2004), to disclose a trans person's gender history without their consent and breaches of such confidentiality must be reported on Datix and will be taken seriously. Trans status must also be treated as sensitive information under the Data Protection Act. Just as you would not needlessly disclose any other medical information, a person's gender identity is not an item for discussion or gossip. If disclosure is relevant to care, consent must be obtained where reasonably practicable.

- Remember to keep the focus on care rather than indulging in questions out of curiosity. In some health care situations, information about biological sex and/or hormone levels is important for assessing risk and/or drug interactions. However, in many health care situations, gender identity is irrelevant. Asking questions about a person's transgender status, if the motivation for the question is only your own curiosity and is unrelated to care, is inappropriate and can quickly create a discriminatory environment.
- Become knowledgeable about trans healthcare issues (which may include hormone treatments, vaginal dilation, chest binding or mental health issues related to gender dysphoria). Undergo training, stay up to date about trans issues, and know where to access resources to support your practice (see Section 10 – Staff Training).
- Safeguarding patients is a priority, transphobic abuse from staff or other patients and families must be submitted through the Datix incident reporting system, as this is a possible hate crime. Staff who are suspected of transphobic abuse may be subject to a disciplinary procedure.

*(Transgender Law Centre, 2012)*

## **10.0 STAFF TRAINING**

10.1 All staff must be knowledgeable about caring for Trans patients (adults, children and young people) and must continue to update their knowledge in line with both Trust and national policies, guidelines, legislation and clinical procedures.

10.2 All staff must attend Trust provided and externally provided e-learning training programmes and/or classroom training as directed by their service manager. Training programmes are available through OLM, which will enable monitoring of uptake.

### **10.3 Recommended Training for Clinical and Non-Clinical Staff:**

#### **10.4 *EPUT Resources***

10.5 The Trust has a range of learning and training resources that can be accessed by all staff. Please visit the Equality and Inclusion Hub on Input for further information at <https://input.eput.nhs.uk/Staff/networks/Pages/Home.aspx>

#### **10.6 External Resources**

#### **10.7 The Gender Identity Research and Education Society (GIRES)**



**The Gender Identity Research and Education Society** offers the following free online training sessions:

#### **✓ Gender Diversity Training for Primary Care Teams**

<https://www.gires.org.uk/e-learning/>

GIRES has produced CPD accredited e-Learning to support Primary Care Teams providing care for gender diverse individuals. Cultural competence is also addressed, as this is an essential element in underpinning the successful care across a broad range of medical and social services for service users of all ages. The e-learning programme is designed for:

- Health and social care providers including people working in care-homes, hospitals, schools and GP surgeries;
- Medical professionals;
- Non-clinical staff working in primary care
- Educational professionals including school nurses; and
- Gender diverse people and their families.

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The training consists of two modules:

**Module 1:** Healthcare for gender diverse (transgender, non-binary, non-gender) adults. The Training includes definitions of key terms, an overview of treatment and the role of Primary Care with regard to referral pathways, ongoing treatment and monitoring in collaboration with specialised services.

**Module 2:** Describes the care of gender diverse children and young people and gives an overview of the support and treatment provided to this group. Gender diversity may be experienced and expressed by young people of all ages, including pre-school children. The module also covers Primary Care responsibilities with regard to referral pathways, ongoing treatment and monitoring in collaboration with specialised services. Following a decision in the High Court on 1 December 2020, the provision of hormone blocking and gender affirming medication, as described in this resource, may have to be approved by a Court order.

### ✓ Supporting Gender Diverse Children and Young People

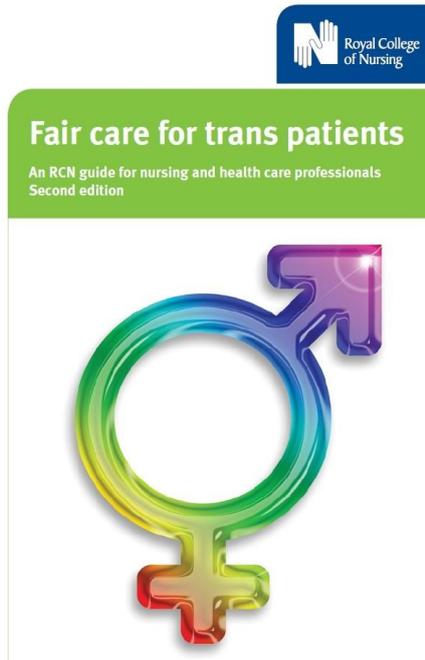
<https://www.gires.org.uk/e-learning/>

GIRES and Surrey and Borders Partnership NHS Foundation Trust have created this CPD accredited e-learning resource to help professionals and families understand the needs of gender diverse children and young people. The e-learning programme is designed for:

- Health and social care providers
- Medical professionals
- Educational professionals
- Families of gender diverse children and young people

The programme consists of three e-learning modules each of which will take about 25 minutes to complete.

11.0 RECOMMENDED READING

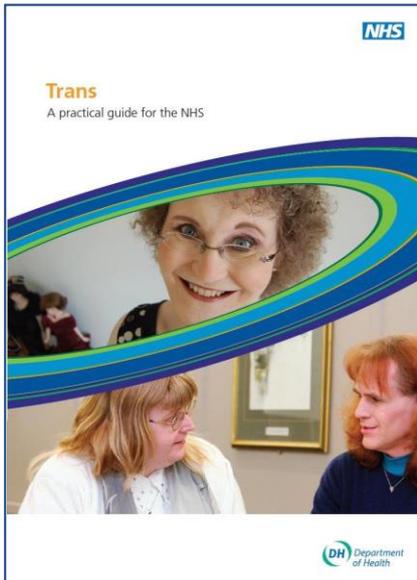


**FAIR CARE FOR TRANS PATIENTS**

An RCN Guide for Nursing and Healthcare Professionals  
*Second Edition*

This resource is designed to help you respond to the needs of patients and clients who identify as ‘transgender’ or simply as trans. Initially created in response to an RCN Congress resolution, this guidance has been updated following further research from other organisations.

The Royal College of Nursing (RCN) recognises that trans people frequently experience prejudice and discrimination. The nursing community can, through its professional actions and interests, work to eliminate and significantly reduce this at both an individual and a societal level in partnership with a range of organisations, including those that represent the needs of trans people.



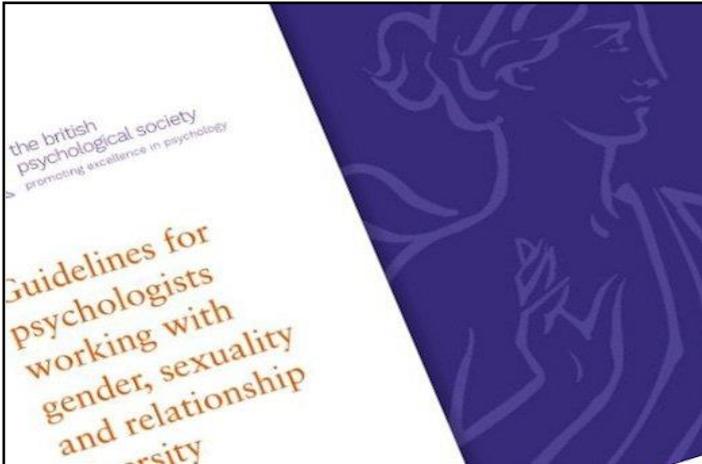
**TRANS**

A Practical Guide for the NHS

This guide is designed to equip NHS managers at all levels – as employers and as planners, commissioners and providers of services – to understand the needs of trans people so that they can ensure we care for them equally, alongside everyone else who works for the NHS or has need of our care.

## GUIDELINES FOR PSYCHOLOGISTS WORKING WITH GENDER, SEXUALITY AND RELATIONSHIP DIVERSITY

For adults and young people (aged 18 and over)



These guidelines are aimed at applied psychologists working with mental distress, but may also be applied in associated psychological fields. Indeed, the principles they are based upon, derived as they are from both the literature and best practice agreement of experts in the field, may be applied to other disciplines, such as counselling, psychotherapy, psychiatry, medicine, nursing and social work.



## MEMORANDUM OF UNDERSTANDING ON CONVERSION THERAPY IN THE UK (VERSION 2)

The primary purpose of this Memorandum of Understanding (MoU) is the protection of the public through a commitment to ending the practice of 'conversion therapy' in the UK.

Signatory organisations agree that the practice of conversion therapy, whether in relation to sexual orientation or gender identity, is unethical and potentially harmful.

This MoU also intends to ensure that:

- the public are well informed about the risks of conversion therapy
- healthcare professionals and psychological therapists are aware of the ethical issues relating to conversion therapy
- new and existing psychological therapists are appropriately trained
- evidence into conversion therapy is kept under regular review
- professionals from across the health, care and psychological professions work together to achieve the above goals

## 12.0 REVIEW AND MONITORING

- 12.1 This procedural guidance will be reviewed every three years by the Clinical Governance and Quality Sub-committee. Monitoring of this procedure will be undertaken through an audit of concerns and complaints raised in relation to the care of patients or service users who identify as trans, as well as through an audit of OLM training uptake.

## 13.0 CLINICAL GUIDELINE REFERENCES / ASSOCIATED DOCUMENTATION (EXTERNAL)

**American Psychological Association.** Answers to Your Questions ABOUT TRANSGENDER PEOPLE, GENDER IDENTITY, AND GENDER EXPRESSION - accessed at <https://www.apa.org/topics/lgbt/transgender.pdf>

**British Psychological Society (2019).** *Guidelines for psychologists working with gender, sexuality and relationship diversity.* Accessed at: <https://www.bps.org.uk/news-and-policy/guidelines-psychologists-working-gender-sexuality-and-relationship-diversity>

**Cambridge University Hospitals NHS Foundation Trust.** *Transgender Care Policy*

**Department of Health (2008).** Trans – a practical guide for NHS, PMSO, London. – accessed at [https://webarchive.nationalarchives.gov.uk/20130124044414/http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_089939.pdf](https://webarchive.nationalarchives.gov.uk/20130124044414/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_089939.pdf)

**Elysium Healthcare.** *The Care and Management of Transgender Patients*

**Gender Identity Research and Education Society** - accessed at <https://www.gires.org.uk>

**Gender Identity Research and Education Society.** *E-Learning* – accessed at <https://www.gires.org.uk/e-learning/>

**HM Government (2010).** *Equality Act*, PMSO, London

**HM Government (2004).** *Gender Recognition Act*, PMSO, London

**HM Government (1998).** *Data Protection Act*, PMSO, London

**Memorandum of Understanding on Conversion Therapy in the UK version 2 (2017).** Accessed at <https://www.bps.org.uk/news-and-policy/memorandum-understanding-conversion-therapy-uk>

**NHS England (2015).** Treatment and support of transgender and non-binary people across the health and care sector: Symposium Report – accessed at <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/09/symposium-report.pdf>

**NHS Improvement (2019).** Delivering same-sex accommodation (Annex B: Delivering same-sex accommodation for trans people and gender variant children) – accessed at

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[https://improvement.nhs.uk/documents/6005/Delivering\\_same\\_sex\\_accommodation\\_sep2019.pdf](https://improvement.nhs.uk/documents/6005/Delivering_same_sex_accommodation_sep2019.pdf)

**NSPCC.** *Gillick competency and Fraser guidelines* accessed at:  
<https://learning.nspcc.org.uk/media/1541/gillick-competency-factsheet.pdf>

**Royal College of Nursing (2017).** Fair Care for Trans Patients – accessed at  
<https://www.rcn.org.uk/professional-development/publications/pub-005575>

**Royal College of Psychiatrists (2018).** *Supporting transgender and gender-diverse people*: Position Statement.

**Royal Cornwall Hospitals NHS Trust (2020).** *Supporting People who Are Transgender Policy*

**Stonewall (2018).** LGBT in Britain: Trans Report – accessed at  
[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)

**Taylor vs JLR (2020).** *Employment Tribunal Decision* (Case No: 1304471/2018). Accessed at:  
[https://assets.publishing.service.gov.uk/media/5f68b2ebe90e077f5ac3bb5a/Ms\\_R\\_Taylor\\_V\\_Jaguar\\_Land\\_Rover\\_Ltd\\_-\\_1304471\\_2018\\_-\\_judgment.pdf](https://assets.publishing.service.gov.uk/media/5f68b2ebe90e077f5ac3bb5a/Ms_R_Taylor_V_Jaguar_Land_Rover_Ltd_-_1304471_2018_-_judgment.pdf)

**Transgender Law Centre.** *10 Tips for Working with Transgender Patients*. Accessed at:  
<http://www.wright.edu/sites/www.wright.edu/files/page/attachments/10Tips85x11.pdf>

**TransActual (2021).** <https://www.transactual.org.uk/>

**University Hospitals of Morecambe Bay (2017).** UHMB Transgender Care Policy

### 14.0 REFERENCE TO OTHER TRUST POLICIES/PROCEDURES (INTERNAL)

CP24 – Equality, Inclusion & Human Rights Policy & Procedure

CPG9b – Accessing Health Records Procedure

CPG9c – Storage, Retention and Destruction of Records

HR2 – Dignity, Respect and Grievance Policy

HR27a – Disciplinary policy

HR27b – Conduct and Capability Policy

HR32 – Conduct and Capability Policy (medical staff)

CLP28 – Clinical Risk Assessment & Safety Management Policy

SSOP22 – Searching of Patients, Patients' Property, Visitors and Areas Protocol

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