Hertfordshire Partnership NHS
University NHS Foundation Trust

Supporting Gender Identity within HPFT services

Operational Policy

Version: 1.1

Executive Lead: Executive Director Quality and Safety
Lead Author: Inclusion & Engagement Team Manager

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Ratified By: Policy Panel

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Target Audience:
This Policy must be understood by staff working in all frontline services.

Preface - concerning the Trust Policy Management System (PMS)

P1 - Version Control History:
Below notes the current and previous Version details

Version	Date of Issue	Author	Status	Comment
V1	22/09/2016	Inclusion & Engagement Team Manager	Current	Current version
V1.1	12/06/2018	Inclusion & Engagement Team Manager	Current	Reviewed under GDPR

P2 - Relevant Standards:

a) NHSLA Risk Management Standards

b) Equality and RESPECT: The Trust operates a policy of fairness and RESPECT in relation to the treatment and care of service users and carers; and support for staff.

c) General Data Protection Regulations - From 25 May 2018 the main piece of legislation is the EU General Data Protection Regulation (GDPR). This is being complemented with domestic legislation, which will become the new Data Protection Act (DPA). Until the new Act receives Royal Assent, and this policy is revised, the policy continues to refer to either the GDPR or the more generic terminology of 'Data Protection Legislation'. For further information please see the Trusts Information Governance Policy.

P3 - The 2012 Policy Management System and the Policy Format:
The PMS requires all Policy documents to follow the relevant Template

- **Policy Template** is the essential format for most Policies. It contains all that staff need to know to carry out their duties in the area covered by the Policy.
- **Operational Policies Template** provides the format to describe our services ,how they work and who can access them
- **Guidance Template** is a sub-section of the Policy to guide Staff and provide specific details of a particular area. An over-arching Policy can contain several Guidance's which will need to go back to the Approval Group annually.
- **Recovery Care Pathways (RCP)** are documents that describe a clear route from assessment, through intervention to recovery.

Symbols used in Policies:

RULE **=internally agreed, that this is a rule and must be done the way described**

STANDARD **= a national standard which we must comply with, so must be followed**

Managers must bring all relevant policies to the attention of their staff, where possible, viewing and discussing the contents so that the team is aware of what they need to do.

Individual staff/students/learners are responsible for implementing the requirements appropriate to their role, through reading the Policy and demonstrating to their manager that they understand the key points.
All Trust Policies will change to these formats as Policies are reviewed every 3 years, or when national Policy or legislation or other change prompts a review.

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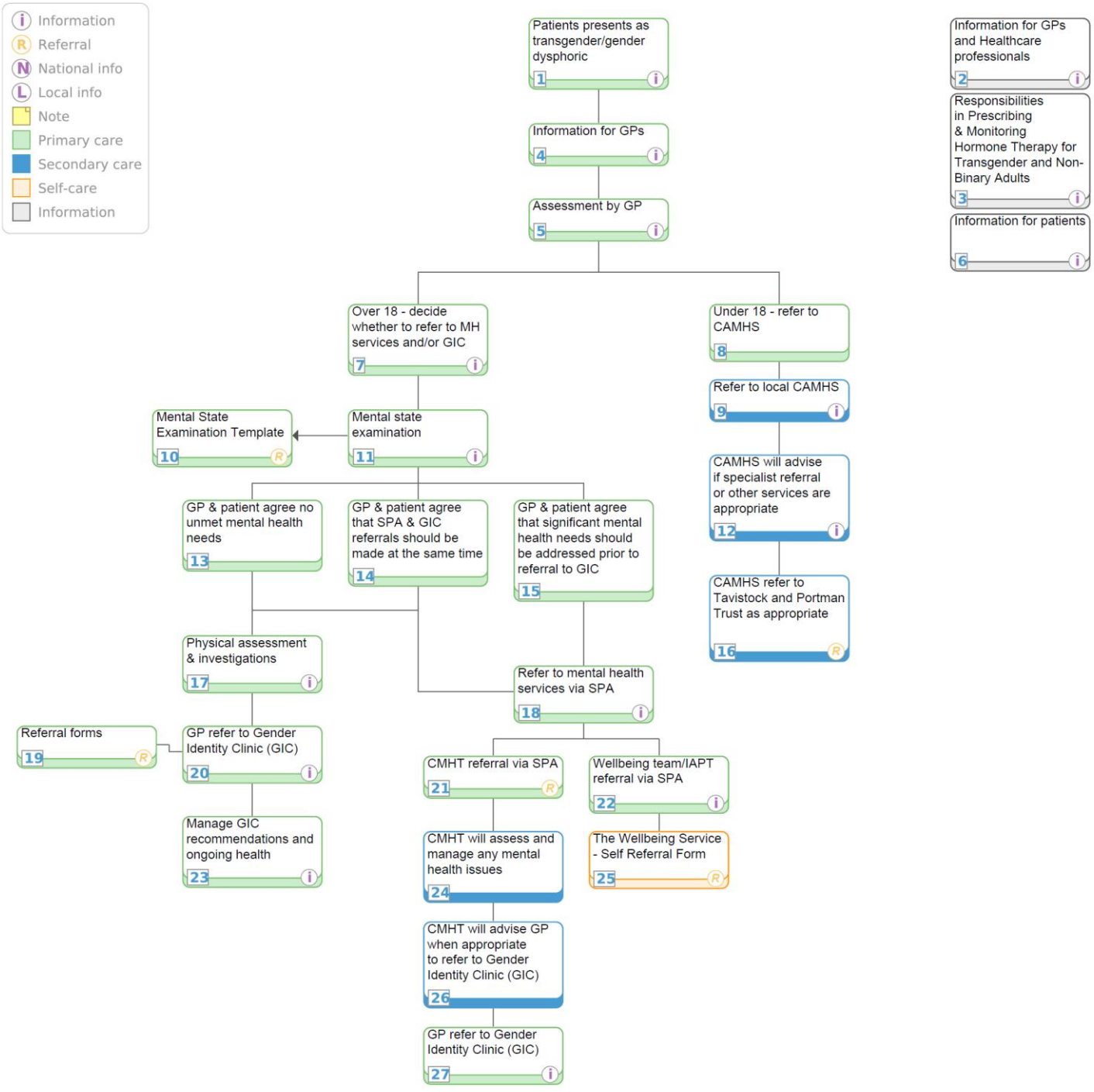
PART 1 – Flowchart

Primary Care Assessment and Referral of Transgender People

Referral Information E&N Herts CCG > Referral Threshold & Priorities Forum Pathways > Primary Care Assessment and Referral of Transgender People



1. Summary

Transgender (or trans) 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.[1]

Hertfordshire Partnership University NHS Foundation Trust is a values focused organisation and it is expected that all service users and carers receive the full range of support available to them and are not disadvantaged in any way in relation to any characteristic they may or may not have.

This policy is an inclusive policy for Service Users and Carers who identify as transgender (trans) using services within Hertfordshire Partnership University NHS Foundation Trust (the Trust) where they have a need for secondary mental health services or specialist learning disability services. It provides a clear framework of the commitment that Service Users and Carers can expect from the Trust when using our services.

2. Purpose

Hertfordshire Partnership University NHS Foundation Trust (HPFT) is firmly committed to the principles of equality and diversity in both employment and the delivery of services. This means:

- Promoting equality of opportunity for Trans people.
- Eliminating discrimination for Trans people that is unlawful under the Equality Act 2010 and Gender Recognition Act 2004.
- Promoting equality of opportunity and helping to foster good relations between Trans people and other people.

It is unlawful for HPFT to discriminate against people because of their gender or gender re-assignment/gender identity in the provision of goods and services.

This document aims to provide a standard approach to all HPFT services on how to best support the needs of Trans people using HPFT services.

It is important to ensure that services are clear on the needs of Trans people as well as how to involve Trans people in making decisions on how to provide support.

The policy is designed to ensure models of good practice are used throughout Trust services and encourage services to ensure the full participation of service users and carers who are Trans* in their care. This includes:

- Ensuring Staff are addressing trans matters in an inclusive and sensitive way.
- Providing an inclusive environment for any trans Service Users
- Ensuring all Staff are aware of and educated on issues relating to people who are trans

[1] Taken from Guidance on supporting adult transgender service users (SLaM 2016)

3. Definitions

STANDARD

Trans - A term of identification often used by people who have, are or are wanting to reassign their gender to that other than gender assigned to them at birth. However there are a significant proportion of people who identify as Trans who do not want to undergo gender reassignment. They may identify as non-binary (i.e. neither male nor female) gender fluid and may not seek any clinical intervention to reassign their gender. May people use the term Trans. The star/asterix is used to denote the wide spectrum of gender identities that Trans people may identify with, rather than a traditional binary definition of male and female. However it should be noted that this is not universally recognised by all people identifying as Trans.

Cis-gender – This is a term used to refer to someone whose gender identity is aligned with the gender they were assigned at birth.

Equality Act 2010 - The Equality Act 2010 extends protection from discrimination on the grounds of gender reassignment and clarifies protection against discrimination 'by association.' It revises the definition of gender reassignment to make clear that trans people do not have to be under medical supervision to be protected from discrimination and harassment and are protected by law from the moment they intend to reassign or transition. Additionally, the Public Sector Equality Duty requires the Trust to consider the needs of Trans people in designing and delivering services.

The Gender Recognition Act (2004) – effective from April 2005 - The Act provides Trans people with legal recognition in their acquired gender. A Trans person can apply to a Gender Recognition Panel for a Gender Recognition Certificate (GRC) to grant them all the rights appropriate to their acquired gender. If their birth was registered in the UK they will receive a new birth certificate. To qualify the person must meet certain criteria but, here too, surgery is not a prerequisite for gender recognition.

A person with a Gender Recognition Certificate has no obligation to disclose the fact, although they may need to do so in certain circumstances. These could include (but not always) where:

- Criminal records or safeguarding disclosure is required (although the employer would not be informed by the Disclosure & Barring Service (DBS) of the existence of a Gender Recognition Certificate.)
- Medical assessment is required and this involves information about surgery undergone or medication taken.
- The person wishes their personal records to be amended to remove references to their previous gender.

It is a criminal offence for any individual who has obtained information in an official capacity that someone holds a GRC, or intends to apply for a GRC, to disclose that information without explicit informed consent from the individual. It is strongly advisable that written consent is obtained should there be a legal challenge. An example consent form is provided in appendix 2.

4. Duties and Responsibilities

All staff within the Trust have a responsibility to ensure they are working in line with the Trust values and ensure that people of all gender identities (including non-binary) are treated with dignity and respect and have their needs addressed appropriately.

The following specific responsibilities are expected:

Medical Staff – In additional to general duties, there may be a need to ensure the physical health checks are both appropriate and take account of any hormone medications currently being taken as well as gender specific physical health conditions (see section 8).

Service Line Leaders – Ensuring appropriate process is following, including flowchart for referral to gender reassignment services.

Staff admitting to acute services – Ensure compliance with guidance on how appropriate inpatient setting is determined, including treated people as they present their gender and not making assumptions about what is needed.

Service managers/team leaders – Ensuring staff teams understand and comply with this policy and that the dignity of trans service users is maintained at all times within services.

Pharmacists – provide advice and guidance to staff should there be queries re: hormone medications currently being taken by trans service users, particularly in relation to how this may interact with any other medications prescribed.

5. Terminology

One of the most common concerns raised by trans people using health services, is the lack of awareness from staff in the correct use of language.

The Trust should actively seek to support Service Users and Carers identifying as Trans and safeguard their identity within the legal framework and methods of best practice. This includes understanding terminology, including use of appropriate pronouns when referring to service users and carers who are trans.

5.1 Trans & Transgender

Trans is a term often preferred to refer to transsexual/transgender people who are individuals who have, and/or have been clinically assessed as having a gender dysphoria (i.e. usually described as feeling of being born into the wrong physical body). They are people living, and intend to live permanently, in their chosen or acquired gender – the gender that they feel best represents who they are.

However for many trans people, this will not necessarily fit neatly into gender binary terms (i.e. man, woman) but may also include identities such as 'gender variant' denoting a more fluid understanding of their own gender identity.

To remain living in their physical birth gender can cause a range of social and health problems for trans people. Many people experience mental health problems including depression, anxiety and self-harming and/or sexual risk taking and drugs and alcohol problems. Many trans people will experience none of these yet may still feel isolated by their place in the world if there is a feeling that they cannot fully contribute to their communities or be open and accepted by friends and family. This is hardly surprising when considering the long term, routine, pressure someone may be under when continually having to deny or lie about who they truly are.

People who are trans are protected against discrimination whether or not they have had gender reassignment surgery. During provision of services, it is illegal to ask for a gender recognition certificate (GRC)[2] where the individual has fully transitioned.

Not all individuals going through gender reassignment undergo surgery to change their gender. Surgery is not a key criterion in the process of definition of gender change and individuals can receive full legal recognition of their acquired gender for all purposes without undergoing any surgery.

For further definitions and appropriate terminology see Appendix 1.

5.2 Pronouns

When someone transitions their gender, it can be very difficult to interact with services where basic terminology is not used. When talking about pronouns, this means about ensuring reference to someone's correct gender identity. I.e. if a service user or carer identifies as male or female (or another identity) they should be referred to as such. The best way to

[2] A gender recognition certificate can be applied for and affords a trans person the full rights of the gender they have transitioned to. These include change of passport, birth certificate, and the right to marry someone of the opposite gender or enter into a civil partnership with someone of the same gender.

understand this is through discussion with the individual as gender identity for some people can change.

6. Referral & Treatment for Gender Reassignment

The rates of mental health issues amongst people who are trans* is extremely high. Often cited as reasons for this are isolation, discrimination, physical and emotional violence and associated problems including drug & alcohol addiction.

It is therefore the case, that many trans people will require services from HPFT, many of whom report being unaware how to receive these. As a contact people for mental health and wellbeing support, the Trust has an important role to play to ensure people wishing to transition are given a clear understanding of the process to follow, and what support is available.

Whilst the Trust is not responsible for formal referrals of people through to gender identity clinics (GIC), staff have an important role to play in helping people understand the process.

6.1 The role of the GP

The GP is responsible for making a referral for gender reassignment to a Gender Identity Clinic. However as with many professional groups it is unclear for many as to who is responsible. Research conducted in 2013 focused on the health needs of trans people found a perceived lack of understanding by GPs in the correct process to follow re: referrals**.**

It is important that all GPs are aware of their role as primary referrer to the Gender Identity Clinic (GIC). A Service Users' GP plays a major role in treatment. If a Service User is having a problem with their GP it's worth having a chat with them to find out what this difficulty may be.

Anyone referring somebody for Gender Identity Services is not allowed to refuse to do so on religious or cultural grounds.

A flowchart outlining the current UK approved process for Gender Reassignment is provided in Appendix 3 however the flowchart at the beginning of this document clarifies what should happen within primary care.

6.2 Referral route for young people

Diagnosis and treatment for gender reassignment in young people (under 17) is currently only possible through a specialist team based at a gender identity clinic at the Tavistock and Portman NHS Foundation Trust in North London.

Gender transition in young people is an unfamiliar topic for many. However, as with all other practice, staff should not make judgements about the behaviour of young people unless it is clinically justified to do so. Irrespective of this, most or all young people identifying as trans (and their families) will need some expert support as they grow up and develop.

7. Support from HPFT Services

Although initiating the referral process for gender reassignment rests with the GP, a person may be waiting some time for first appointment. In December 2014, a study carried out

showed that the waiting times for first appointments at a Gender Identity Clinic (GIC) showed people waiting up to 60 weeks for this.[3] This can increase risk of anxiety and depression, commonly reported by trans people. Therefore it is essential that trans people have access to the full range of HPFT services when required. Additionally it is essential that all services are clear on best practice re: ensuring gender equality, particularly in gender specific services within acute services.

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.

7.1 Guidance for Wellbeing & Community Services

The Hertfordshire Transgender Health Needs Assessment (2013) provided a number of recommendations for local health and social care services, seeking to see improvements in the overall treatment and care of trans people. Included were:

- Recommendation 3: "Investigate the increased risks of suicide and self-harm, including self-medication with hormones, and raise awareness in mental health services….."
- Recommendation 7: "Provide specialised transgender counselling and therapy in Hertfordshire."

However, also acknowledged throughout the research was the importance of much earlier intervention for trans people re: support for their overall wellbeing, particularly emotional wellbeing.

RULE:

Staff working in wellbeing & community teams should ensure that they are up to date with relevant information re: supporting trans people, including access to support networks, process for gender reassignment and access to local resources such as the Herts LGBT*Q Guide, available at http://www.hpft.nhs.uk/lgbtguide/.

7.2 Guidance for Inpatient Services

STANDARD

Trust inpatient services are required to comply with the following guidance, as taken from the East of England Mixed Sex Occurrence Regional Guidance:

Trans people (those who have proposed, commenced or completed reassignment of gender) enjoy legal protection against discrimination. In addition, good practice requires that clinical responses be patient-centred, respectful and flexible towards all trans people who do not meet these criteria but who live continuously or temporarily in the gender role that is opposite to their birth sex.

General key points are that:

[3] Current Waiting Times & Patient Population For NHS England Gender Identity Services – UK Trans Info (2014)

- Trans people should be accommodated according to their presentation (the way they dress, and the name and pronouns that they currently use)
- this presentation may not always accord with the physical sex appearance of the chest or genitalia
- it does not depend upon them having a gender recognition certificate (GRC) or legal name change
- it applies to toilet and bathing facilities
- The views of the trans person should take precedence over those of family members where these are not the same.

Those who have undergone 'full-time' gender transition should always be accommodated according to their gender presentation. Different genital or breast sex appearance is not a bar to this. This approach may only be varied under special circumstances where, for instance, the treatment is sex-specific and necessitates a trans person being placed in an otherwise opposite sex ward. Such departures should be proportionate to achieving a 'legitimate aim', for instance, a safe nursing environment.

In addition to these safeguards, where admission staff are unsure of a person's gender, they should, where possible, ask discreetly where the person would be most comfortably accommodated. They should then comply with the patient's preference immediately, or as soon as practicable. If patients are transferred to a ward, this should also be in accordance with their continuous gender presentation (unless the patient requests otherwise).

If upon admission it is impossible to ask the view of the person because he or she is unconscious or incapacitated then, in the first instance, inferences should be drawn from presentation and mode of dress. No investigation as to the genital sex of the person should be undertaken unless this is specifically necessary in order to carry out treatment.

In addition to the usual safeguards outlined in relation to all other patients, it is important to take into account that immediately post-operatively, or while unconscious for any reason, those trans women who usually wear wigs are unlikely to be wearing them and so may be 'read' incorrectly as men. Extra care is therefore required so that their privacy and dignity as women is appropriately ensured.

Trans men whose facial appearance is clearly male may still have female genital appearance, so extra care is needed to ensure their dignity and privacy as men.

RULE:

Teams are encouraged to discuss possible scenarios where trans people and their families may need support to work through how they would approach this support. This can include how this links to goals setting and supporting the service user to feel more confident about themselves

7.3 Guidance for CAMHS services

Having a child who is trans can be a difficult time for parents and family members. There is very little information about how to approach trans issues with young people. Having said this, CAMHS services (as with all services) should support families in navigating the support that is available in a non-judgemental way. The Trust has supported a number of young people struggling with their gender identity. Many studies of gender identity highlight that children are often aware of their own gender identity from the ages of 5-7 with issues of gender dysphoria in adolescents tending to persist into adulthood (Steensma et al, 2011).

Within CAMHS inpatient environments Gender variant children and young people should be accorded the same respect for their self-defined gender as are trans adults, regardless of their genital sex.

Where there is no segregation, as is often the case with children, there may be no requirement to treat a young gender variant person any differently from other children and young people. Where segregation is deemed necessary, then it should be in accordance with the dress, preferred name and/or stated gender identity of the child or young person.

In some instances, parents or those with parental responsibility may have a view that is not consistent with the child's view. If possible, the child's preference should prevail even if the child is not Gillick competent.

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 borne in mind that they are extremely likely to continue to experience a gender identity that is inconsistent with their birth sex appearance so their current gender identity should be fully supported in terms of their accommodation and use of toilet and bathing facilities.

It should also be noted that, although rare, children may have conditions where genital appearance is not clearly male or female and therefore personal privacy may be a priority.

RULE:

Teams are encouraged to discuss possible scenarios where trans people and their families may need support to work through how they would approach this support. This can include how this links to goals setting and supporting the young person to feel more confident about themselves.

There are also specialist services available for both gender reassignment in young people and support networks for trans teens:

Gender Identity Development Services (Tavistock & Portman NHS Trust)	http://tavistockandportman.uk/care-and-treatment/information-parents-and-carers/our-clinical-services/gender-identity-development
Mermaids (Family & Individual Support for teenagers and children with gender identity problems)	http://www.mermaidsuk.org.uk/

7.4 Important Information for all services

7.4.1 Changes in gender presentation

Staff should be mindful that some trans service users' presentation may change due to circumstances and how someone identifies themselves. For example, an individual may identify as a trans man, but in times of crisis get comfort from wearing female clothing. There may be times when staff will need to determine if their presentation is due to the current mental health needs, or otherwise. Each case will need to be determined individually. Some

people prefer to occasionally wear clothing not usually worn by their assigned gender for reasons of comfort. This should be respected so long as (as with cisgender service users) it is not overly revealing or sexualised.

7.4.2 Service users not accepting of trans people

This may put the user at risk, so enhanced observation may be necessary, until it is felt that the risk is no longer present. It may be sensible for the service 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 service users towards trans people.

Further information and advice on doing this can obtained from equality@hpft.nhs.uk. It is also advisable that staff speak to the trans person being admitted to discuss options of what activities could be undertaken with other service users to help.

8. Physical Healthcare

All service users should 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 trans men and women 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, appointments for specialist care and treatment should be enabled.

8.1 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.

8.2 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.

8.3 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.

8.4 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

9. Dealing with family, friends and carers of trans service users

Some trans service users may not have informed family members of their desire for transition. It is therefore important that staff ask service users how they would like the staff to deal with their family. It may be helpful to refer to the service user as ‘them’ or by their preferred name as opposed to using pronouns, when speaking with the family.

If the service user’s family or carer disagrees with their decision to transition, the service user’s preference should be accepted. It is important for staff, led by the lead clinician, to explain the Trust’s position on supporting trans service users 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 and their views.

10. Confidentiality

It is common place within Trust settings to disclose certain information to colleagues about a service user, for the purposes of providing an appropriate level of care. Having said this, there are some specific constraints for services, as outlined within the Gender Recognition Act 2004 (The Act), which prevents disclosure that someone holds a Gender Recognition Certificate (GRC).

10.1 Section 22 of the Gender Recognition Act 2004

Section 22 of the Act provides that it is an offence for person who has acquired protected information in an official capacity to disclose the information to any other person. “Protected information” is defined in section 22(2) as information relating to a person who has applied for a gender recognition certificate under the Act, and which concerns that application (or a

subsequent application by them), or their gender prior to being granted a full GRC. Section 22(3) defines where a person acquires protected information "in an official capacity".

Section 22 of the Act is designed to protect the privacy rights of trans people under Article 8 of the European Convention on Human Rights by criminalising the disclosure of information relating to their gender history by a person who acquired that information in an official capacity.

10.2 Disclosure for medical purposes

Section 22 of the Act sets out a series of exceptions, where disclosure is considered to be justified. There is only one exception to disclosure which is relevant to Trust services and this includes disclosure for medical purposes. This is defined in the Act as below:

It is not an offence under section 22 of the Act to disclose protected information if:

- *the disclosure is made to a health professional;*
- *the disclosure is made for medical purposes; and*
- *the person making the disclosure reasonably believes that the subject has given consent to the disclosure or cannot give such consent.*

"Medical purposes" includes the purposes of preventative medicine, medical diagnosis and the provision of care and treatment.

"Health professional" means any of the following:

- *a registered medical practitioner;*
- *a registered dentist within the meaning of section 53(1) of the Dentists Act 1984(a);*
- *a registered pharmaceutical chemist within the meaning of section 24(1) of the Pharmacy*
- *Act 1954(b) or a registered person within the meaning of article 2(2) of the Pharmacy*
- *(Northern Ireland) Order 1976(c);*
- *a registered nurse;*
- *a person who is registered under the Health Professions Order 2001(d) as a paramedic or*
- *operating department practitioner;*
- *a person working lawfully in a trainee capacity in any of the professions specified in this paragraph.*

RULE:

As the above indicates, any disclosure that is made that someone holds a gender recognition certificate (i.e. that they are trans) should only be done for medical purposes and by an appropriate registered staff member. Any practice contrary to this is considered an offence.

If there is any doubt from the service re: what information can be shared, services are encouraged to ask service users to complete a consent form that identifies their wishes re: disclosure that they identify as trans. An example of this can be found in Appendix 2.

10.3 Data Protection

Information about a person's Transgender status is considered 'special category data' and is subject to tighter controls than other personal data. Explicit consent is required before it can be processed.

Personal data must be looked after properly following the six data protection principles, which include ensuring personal data is accurate, secure and processed fairly and lawfully.

Failure to change a persons' title, name and gender when requested could lead to the following offences under Data Protection Legislation.

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- Disclosure of personal information that is used held or disclosed unfairly, or without proper security.
- Failure to ensure personal information is accurate and up-to-date
- Processing of data likely to cause distress to the individual

11. Eliminating Discrimination & Living the Values

Discrimination (Including Bullying, Harassment and Victimisation) of an individual on the grounds of their trans status or gender reassignment is unlawful and will not be tolerated by the Trust and is not in keeping with the Trust values. Depending upon the nature of what is reported it may also be classified as a 'Hate Incident.'

HPFT has an incident process which is to be used for reporting all incidents of discrimination including transphobia (fear of trans people) which should be used by staff who witness these incidents.

As standard practice in keeping with the Trust Values, and maintaining appropriate behaviours, staff are required to ensure:

- All forms of harassment and bullying are challenged
- Incidents are dealt with quickly and effectively
- Individuals have the confidence and support to bring complaints without fear of ridicule or reprisal from the service.
- Everyone takes a personal responsibility to ensure that the dignity of service users and carers is not abused or demeaned

Harassment of trans people (part of transphobia) includes:

- Refusing to use the service user or carer's new name
- Refusing to use appropriate gender terms when addressing or referring to the service user or carer verbally or in writing.
- Revealing or threatening to reveal to someone else that a service user or carer is trans
- Asking the service user or carer to use inappropriate toilet or changing facilities
- Name-calling or other verbal abuse.

STANDARD

In order for the Trust to be supportive and to develop its provision, trans Service Users and Carers will be given regular opportunities to feedback their experiences and opinions and say that they are trans when doing so. (this is included on all HPFT Having Your Say forms).

12. Training/Awareness

STANDARD

Course	For	Renewal Period	Delivery Mode	Contact Information

Equality & Diversity E-Learning	All Staff	Annually	E-learning	Learning@hpft.nhs.uk

13. Embedding a culture of Equality & RESPECT

STANDARD

The Trust promotes fairness and respect in relation to the treatment, care and support of service users, carers and staff.

Respect means ensuring that the particular needs of 'protected groups' are upheld at all times and individually assessed on entry to the service. This includes the needs of people based on their age, disability, ethnicity, gender, gender reassignment status, relationship status, religion or belief, sexual orientation and in some instances, pregnancy and maternity.

Working in this way builds a culture where service users can flourish and be fully involved in their care and where staff and carers receive appropriate support. Where discrimination, inappropriate behaviour or some other barrier occurs, the Trust expects the full cooperation of staff in addressing and recording these issues through appropriate Trust processes.

RULE: Access to and provision of services must therefore take full account of needs relating to all protected groups listed above and care and support for service users, carers and staff should be planned that takes into account individual needs. Where staff need further information regarding these groups, they should speak to their manager or a member of the Trust Inclusion & Engagement team.

Where service users and carers experience barriers to accessing services, the Trust is required to take appropriate remedial action.

Service user, carer and/or staff access needs (including disability)	In the context of this policy, access requirements re: trans people (as enhanced from usual processes) include: • **All services** – ensuring use of correct gender pronouns and preferred name. With this in mind services should be aware that it would constitute harassment to deliberately use pronouns and names other than those the service user or carer presents staff with. • **Inpatient services** – in accordance with guidelines for ensuring elimination of mixed sex occurrences, trans people, in the main, should be treated as the gender they present with. This is different to someone who may cross dress (transvestitism) in clothes of the opposite gender temporarily. • **CAMHS Services** – Age should not be a barrier to someone receiving support for gender identity issues. Services should be open to having these discussions with young people and their families.
Involvement	Trans people, as with all others, should be actively encvouraged to provide their feedback on services. Furthermore, all Having Your Say surveys include the opportunity for people to, anonymously, say whether they identify as transgender.

Relationships & Sexual Orientation	As with anyone else, trans people will have a range of relationships with other people, whether partners, friends or family and this should be respected. Services are encouraged to remember that being trans is not the same as being lesbian, gay or bisexual. Gender identity is a completely different areas to sexual orientation and trans people are just as likely to be lesbian, gay, straight bisexual etc as anyone else.
Culture & Ethnicity	Whilst not always the case, there can sometimes be a conflict for people between their culture and desire to reassign their gender. This can add to difficulties that someone may already be experiencing and should be supported as much as possible. Helping trans people connect to networks or examples of positive role models can often help with this. This could include signposting to BME LGBT support. Given the rapid regeneration of LGBT support networks, internet search engines are a valkuable tool for staff wanting to find out what exists, or email equality@hpft.nhs.uk
Spirituality	As above, many trans people have a deep rooted spirituality, often based in faith but very often not. Undergoing gender reassignment is described by many trans people as an enlightening process which changes outlook on the world. Therefore, support from chaplains in a pastoral capacity may be needed where people are staying within inpatient facilities.
Age	Already specified in this policy are issues for trans* youth and the need for service to be proactive in providing support. However, older trans people are often overlooked. It can be hugely isolating for trans older adults using HPFT services where there are fewer role models. Services are encouraged to connect as much as possible to national mailing lists of programs supporting trans older adults to keep abreast of good practice.
Gender & Gender Reassignment	This entire policy is focused on this protected group.
Advancing equality of opportunity	If this policy is implemented effectively, it should contribute greatly to eliminating discrimination, promoting equality of opportunity and fostering good relations between trans service users and carers and the Trust.

14. Process for monitoring compliance with this document

RULE: This section should identify how the organisation plans to monitor compliance with the process/system being described, presented in a table.

Action:	Lead	Method	Frequency	Report to:
Review of compliance with National Standards	Compliance and Risk Manager	Review policy against National standards	Policy checked annually	IGC
Check policies for compliance with the general requirements of this	Compliance and Risk Facilitator	Review sample of Policies against an agreed checklist	Annual report and action plan	and Policy Panel

policy				
Check policies for compliance with the ratification, control of documents and archiving process	Compliance and Risk Facilitator	Gather evidence demonstrating compliance.		
Ensure the Equalities and RESPECT box has been completed for relevant Policies	Compliance and Risk Facilitator	Check against the EA list published on the Trust website.		

PART 3 – Associated Issues

15. Version Control

STANDARD

Version	Date of Issue	Author	Status	Comment
V1	**22/09/2016**	**Inclusion & Engagement Team Manager**	**Current**	**Current version**

16. Archiving Arrangements

STANDARD: All policy documents when no longer in use must be retained for a period of 10 years from the date the document is superseded as set out in the Trust Business and Corporate (Non-Health) Records Retention Schedule available on the Trust Intranet

A database of archived policies is kept as an electronic archive administered by the Compliance and Risk Facilitator. This archive is held on a central server and copies of these archived documents can be obtained from the Compliance and Risk Facilitator on request.

17. Associated Documents

STANDARD

- Operational policies
- Equality, Inclusion & Human Rights Strategy
- Care Planning Policy
- Safeguarding Policy
- Confidentiality Policy

18. Supporting References

STANDARD

- Hertfordshire Transgender Health Needs Assessment 2013 (Viewpoint, HCC, HealthWatch Hertfordshire)
- Gender Recognition Act 2004

19. Comments and Feedback – List people/ groups involved in developing the Policy.

STANDARD

Inclusion & Engagement Team Manager	Heads of Nursing
Equality & Diversity Coordinator	
HPFT Equality Strategy Group	
Practice Governance Leads	

APPENDICES

Appendices – Detailed guidance or other supplementary information to be attached as numbered appendices. Any significant information about the document should always be in the main body. Refer to all appendices in the text.

Appendix 1: Terminology

Androgyny: a quality exhibited by people who are difficult to identify as either clearly male or clearly female. Some trans people whose genders cannot be classified as strictly male or strictly female call themselves androgynes.

Cisgender Person: a person who is content to remain the sex they were assigned at birth.

Cross-dressing: a term that describes the practice of using clothing tailored toward the wearer's "opposite" gender. Not everyone who cross-dresses would characterise themselves as transgender. The law offers protection against discrimination to a person who cross-dresses as part of the process of reassigning their gender but not where someone chooses to cross-dress for some other reason.

Gender Dysphoria: anxiety or persistently uncomfortable feelings felt by an individual about their assigned gender which is in conflict with their internal gender identity.

Drag: A performance that features cross-dressed people but not all cross-dressing is part of a drag act. Women who perform drag are called drag kings, and men drag queens. Kings and queens may or may not call themselves trans.

Gender: the sociological set of boundaries and signifiers that may define people as being feminine, masculine, or androgynous. When you look at someone and decide that she's a girl, based on her appearance, behaviour, and presentation of self, you're judging her gender (not her sex).

Gender Identity: is a person's sense of identity in relation to the categories of male and female.

Gender presentation: The way a person looks, dresses, or acts; describes "gender signifiers" that are part of their external appearance or mannerisms.

Genderqueer: a gender identity which lies outside the traditional "male" and "female." Some genderqueer people may choose to present their gender in non-conforming ways which reflect their non-traditional gender identity.

Intersex Person: An individual who is born with male and female physiological characteristics and may or may not have various degrees of gender dysphoria.

Real Life Experience (RLE): is a process where trans people live full-time in their preferred gender identity for a period of time to demonstrate they can function as a member of that gender. This may include the following abilities:

- To maintain full or part-time employment
- To function as a student
- To function in community-based volunteer activity
- To acquire a (legal) gender-identity-appropriate first name

- To provide documentation that persons other than the therapist know that the patient functions in the desired gender role.

Historically, this process was a prerequisite to receive permission for hormonal treatment and sex reassignment surgery.

Re-assignment: refers to the process people undertake to move towards living in their preferred gender. This is a personal process rather than a medical one but can involve medical procedures. It is bad practice to ask trans people what surgery they have had without a medical need for this information.

Sex: the various qualities displayed by the human body that, medically speaking, define people as being male, female, or intersex. A person's sex is made up of physical traits, genitals, hormone levels, chromosomes, internal sex organs, and secondary sex characteristics. Sex is distinct from gender.

Stealth: a term for when people have begun transition and are living in their preferred genders, but do not readily tell others. This can include taking steps to change how their gender is recorded in public records. Some people may only comfortable when living in "deep" stealth, some practice stealth to a degree, and some choose to be more or less open about their trans status.

Trans, transgender: an inclusive and umbrella term referring to people who do not always identify with the sex or gender they were assigned at birth. It covers a wide spectrum of non-traditional gender identities including transsexual people, transvestites and cross-dressers. Trans is generally a safe term, although it is best practice to use the term a person prefers.

Trans man and trans woman: a relatively safe term to use for trans people when the fact that they are trans is pertinent. A trans man is someone who was assigned female at birth and is now male and a trans woman is someone who was assigned male at birth and is now female.

Transition: the social, psychological, emotional and economic processes that a trans person undergoes to move from their assigned gender role into their preferred gender. The time this takes is variable and there may be specifically required time periods required to undergo genital surgical procedures.

Transphobia: the fear and hatred of people who are trans or transgender.

Transsexual Person: a person who feels a consistent desire to transition and fulfil their life as a member of the gender they were not assigned at birth.

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.

In order to help understand the issues around gender reassignment it is necessary to understand the terms that are used.

Acquired gender – when a person has changed gender, their new gender is referred to as their acquired gender.

Bisexual - a term which refers to women and men who are emotionally and/or sexually attracted to people of the same and opposite sex.

Despite misconceptions, bisexuality does not require that a person be attracted *equally* to both sexes. In fact, people who have a distinct but not exclusive preference for one sex over the other may still identify themselves as bisexual.

Gay - Used to refer to people whose orientation is to the same sex. *Gay* can be used to refer to both gay men and women. However it is more commonly used by men, women often using the term ‘lesbian’

NB A trans person is just as likely to be gay; bi-sexual or straight as any other person.

Appendix 2

Hertfordshire Partnership NHS
University NHS Foundation Trust

Disclosure of Gender Transition

I acknowledge that I have informed …… that I:

- ☐ Have transitioned my gender and possess a Gender Recognition Certificate confirming my gender as **<insert gender>**
- ☐ Have transitioned my gender and have confirmed my gender as **<insert gender>** – I do not have a Gender Recognition Certificate

I have chosen to make this disclosure for the following reasons:

I wish to be called by my chosen name which is **<insert name>** and by using the following pronouns: **<insert pronouns e.g. he, she, they, him, her etc>**

I understand that for the purposes I have listed above, it may be necessary to inform the following members of staff of the disclosure to ensure my care is of an appropriate standard, but that no disclosure will be made to any other person without my consent.

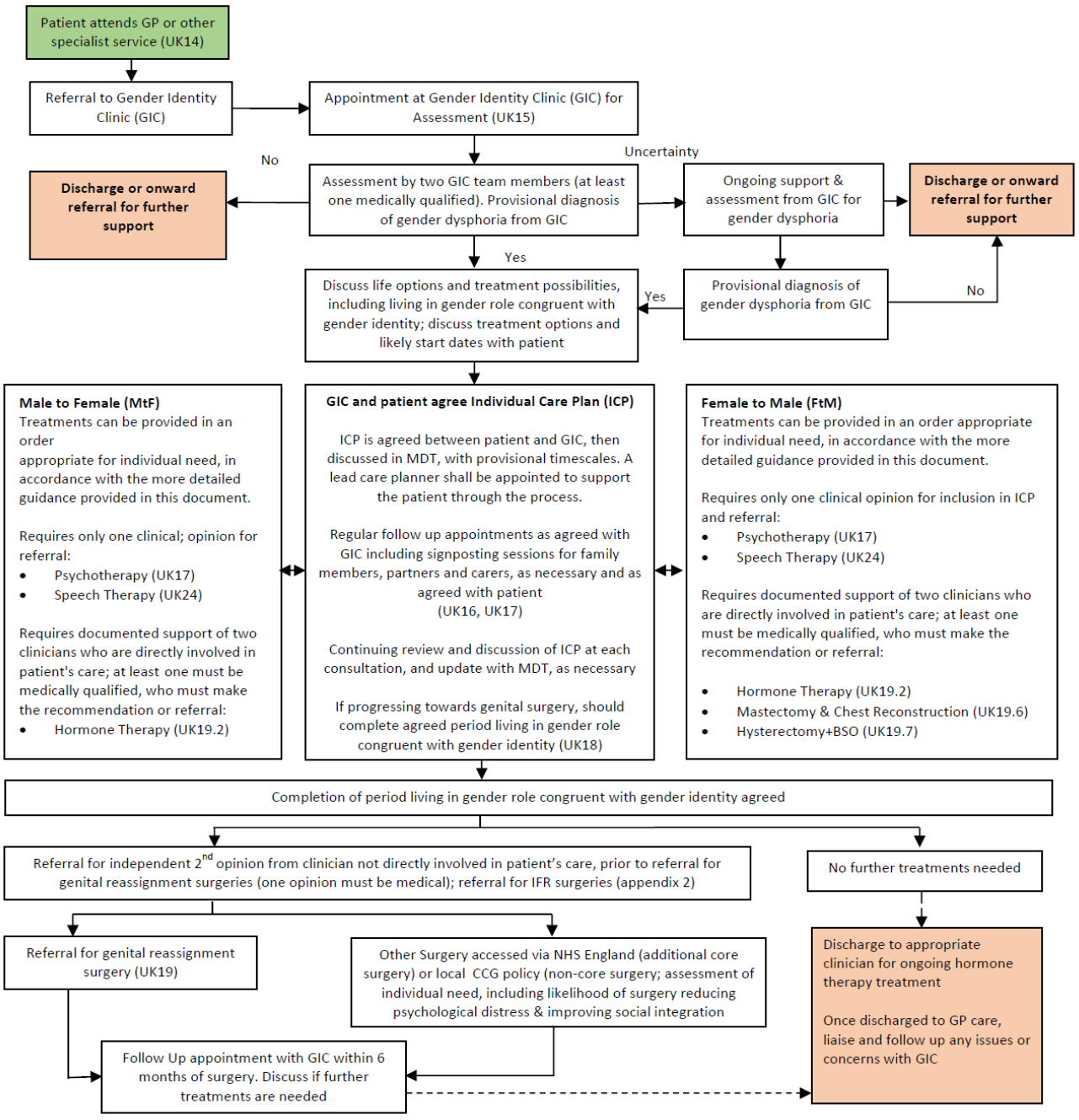
- [names]
-
-

I understand that all those whom I have authorised to receive this disclosure have been or, at the point of disclosure, will be made aware that informing any other person of my gender transition is contrary to Trust policy.

Name (Block capitals): .....

Signed: …… Date: …….....

Appendix 3 – Process/pathway for gender reassignment in NHS in England & Wales.



Taken from Interim NHS England Gender Dysphoria Protocol and Guideline 2013/14 – CPAG Approved 12th July 2013

Our Values

Welcoming Kind Positive Respectful Professional