

SUPPORTING TRANS PEOPLE

Best practice guidance for health and wellbeing practitioners

“Healthcare professionals who have taken the time to sit with me, find out answers together, and support me with everything from referrals, hormones, surgery, and the everyday realities of transitioning gender have been, and continue to be, the most fundamental cornerstone of why my NHS experience has been life-changing, but crucially, not faultless. The NHS still has many areas to improve, but driven with support from clinicians who take responsibility and ownership for ensuring trans, non-binary and gender diverse people get the care they need, are ones who give me huge hope for an even stronger, more inclusive NHS in the future. I hope this guide will encourage all services and practitioners to strive for best-practice.” – Trans man, aged 31, Bristol

Introduction

Thank you for taking the time to read this booklet!

The purpose of this booklet is to provide you and other health professionals with a toolkit to help you when working with trans people, their families and carers.

The trans community has received a lot of attention in the media in recent times. More and more trans people are reaching out and are comfortable in expressing themselves. They represent a significant proportion of our community (recent studies suggest up to 1% although this is well-accepted as being significantly under-reported). You are likely to encounter gender diversity in all aspects of your life.

You may feel less confident or even uncomfortable with this due to the lack of information and training available on this subject. This booklet is here to help you deliver the best care and support for trans people. It contains background information on trans people and the types of treatment they receive in England. In addition there are pointers to relevant and useful medical information that has a strong research evidence-base with recent guidelines and recommendations.

After reading this booklet I am confident that you will feel much better equipped to relate to trans people in your day-to-day work, both as patients and as work colleagues. There is a wealth of other resources available and there are suggestions for further reading within this toolkit.

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What Does It Mean to be Trans?

When a baby is born, or these days when we get the first clear ultrasound picture, we assign a sex to that child based on the appearance of their genitals. Much follows from that, including our expectations of the child's future behaviour and life. However, anatomy is not always a good guide to what gender a child will be, or even what sex they are.

When Western science first considered sex and gender it was assumed that there were only two types of humans: men, who were masculine and attracted to women; and women, who were feminine and attracted to men. Anyone outside of that simple binary was assumed to be ill; and needed to be cured. We now know, as other cultures always have done, that humans are much more complicated than that.

These days we understand that love may have nothing to do with what sex or gender you are. We are also much more relaxed about people's clothing choices. We understand that some people are born *intersex*. And we know that some people are *transgender*.

Someone is transgender, or trans, if they identify as a gender other than that which they were assigned at birth. Some undergo lengthy medical treatment to make changes to their bodies with hormones and surgery. Others only have limited medical treatment, or none at all. We say that these people have a *gender identity* that is different to that they were assigned at birth.

Sex: Assigned by medical practitioners at birth based on physical characteristics. Sex-based physical characteristics include hormones, chromosomes, genitalia, internal sex organs and secondary sex characteristics (breasts, facial hair, etc., mostly acquired at puberty).

Gender: A social system for coding the behaviour of people as either masculine, feminine, or something else.

Intersex: An umbrella term for people who are born with a diversity of sex-based physical characteristics. Many different variations exist.

Glossary of Terms

The language used to describe trans people has been evolving rapidly. The terms defined here represent the current most popular definitions, but please be aware that terms may change, and that not everyone uses them in the same way. In addition, while many people are happy to be included under umbrella terms such as “trans” or “non-binary”, others may prefer to use a term that describes them more precisely. Some people who have undergone gender transition say that they are no longer trans, they are simply men and women. Some people from non-Western backgrounds prefer to use terms that are common in their culture rather than Western terms such as trans which may have subtly different meanings.

Gender Identity: a person’s individual understanding of whether they are male, female or something different. Most people have a gender identity that aligns with the sex they were assigned at birth.

Cisgender: a person whose gender identity aligns with the sex that they were assigned at birth.

Gender Expression: how people express their gender through clothing, hairstyles, accessories, mannerisms and so on.

Trans/Transgender: an umbrella term for people whose gender identity and/or gender expression diverges in some way from the sex they were assigned at birth.

Non-Binary: an umbrella term for people whose gender identity and/or expression is neither male nor female.

Gender Non-Conforming: an umbrella term for people whose gender identity is the same as the sex they were assigned at birth, but whose gender expression does not conform to social expectations for someone of that sex. Such people may call themselves cross-dressers, or occasionally transvestites.

Trans Man: a person who has transitioned, or is in the process of transitioning, from female to male. The abbreviation FTM is sometimes used for “female to male”.

Trans Woman: a person who has transitioned, or is in the process of transitioning, from male to female. The abbreviation MTF is sometimes used for “male to female”.

Genderqueer, Genderfluid, Agender: terms used by non-binary people to indicate the particular way in which they express their gender.

Questioning: a person who is currently unsure what gender and/or sexuality suits them best.

Please note that these definitions are not always understood and/or accepted. For example, a non-binary person may not identify as trans because, in their view, being trans is strongly associated with a medical transition process that they have no interest in. Some gender non-conforming people strongly identify as not trans, while some may be on a journey towards transition.

Terminology does change with time, and some trans people, particularly older ones, may have attachments to, or concerns about, these changes. The term “transsexual” has now fallen out of favour, but some older trans people may still prefer it as it was what they called themselves when they came out. Some people still use it to distinguish those transgender people who have had/want medical intervention from those who have/do not.

Some trans people associate being trans with gender dysphoria and hold that after transition they are no longer trans. Such people may describe themselves as someone with trans history.

Reasons Why People May Need Support

“being trans is not an illness” – Theresa May¹

★ **66% of respondents** reported that they had used mental health services for reasons other than access to gender reassignment medical assistance – Sheffield Hallam University study

★ **Over half of the respondents** felt that they had been so distressed at some point that they had needed to seek help or support urgently. When asked for more information about their experiences, 35% of those individuals had avoided seeking urgent help due to being trans or having a trans history. – Sheffield Hallam University study

In the past people were deemed to be “mentally ill” for all sorts of social transgressions, from being gay to becoming pregnant outside marriage. We no longer stigmatise people in this way, from July 2018 the World Health Organisation officially stated that trans people are not mentally ill.

Nevertheless, trans people may need the help of medical professionals. In some cases that is to access hormones and surgery, but sometimes they need help with their mental health.

For those trans people who experience an extreme disconnect between their idea of self and their physical bodies, life prior to transition is very stressful. This is described as gender dysphoria. The good news is that the treatments provided by gender clinics are highly successful in making trans people happier in themselves.

Other trans people have fewer issues with their bodies, but may still experience extreme stress due to lack of acceptance by family, friends and wider society. Those who identify outside of the gender binary are less likely to find such acceptance.

Trans people worry about losing friends, family and jobs. They worry about whether they will be accepted as themselves. The slowness of the process, which may take many years, can also be economically, emotionally and spiritually challenging.

Wider society is not always understanding of trans people and their lives. A 2012 Study by Sheffield Hallam University

found that trans people had many mental health issues, and that these were often brought on by discrimination.²

Issue	Prevalence
Diagnosed with depression	55%
Have self-harmed	53%
Had considered suicide	84%
Had attempted suicide	48%
Had experienced problems at work due to being trans	52%
Believed they had a problem with drug use	18%
Had been homeless at some point	19%
Described parents as "not at all supportive"	17%

Finally, some trans people do have poor mental health, just like everyone else in society. It is important not to assume that if someone has a recognised condition, this is somehow a symptom of, or caused by, their being trans.

Sadly many trans people avoid seeking help for mental health issues because they fear being discriminated against.

“Been in and out of therapy since I started coming out as a teenager. As you can imagine there was little in way of pro-trans help back in the nineties.”
– Trans woman, aged 36-40, Bristol

¹ From a speech at the Pink News Awards in London, October 2017; <https://www.independent.co.uk/news/uk/politics/theresa-may-transgender-not-illness-gender-recognition-act-lgbt-rights-sex-edution-homophobia-pink-a8008486.html>

² Available from: https://www.scottishtrans.org/trans_mh_study/

The Trans Pathway

“If your patient requests treatment for gender dysphoria, referring them to a Gender Identity Clinic (GIC) or gender specialist without delay will likely be the best option.” – GMC website³

“The whole process took over 10 years!”
– Trans woman, aged 61–65, Devon

There are a number of Gender Identity Clinics or Gender Dysphoria Centres in the UK, which specialise in the treatment of trans people. The nearest to Bristol is The Laurels in Exeter. Some local people may be using clinics elsewhere in the country.

The clinic will undertake a holistic assessment of the patient to see if they are someone who will benefit from being provided with medical help with transition. While such checks are a standard part of the process, the most significant indicator of suitability is that the patient has asked for a referral. Given the level of discrimination they see others facing, trans people tend not to come out until they are very determined to proceed.

Because of the lengthy waiting lists, many trans people will begin the transition process independently, either through a private provider, or by self-medicating.

Having accepted someone onto their programme, the clinic will require the patient to undergo a process by which they come to be recognised as the person they know themselves to be in all aspects of their day-to-day life. In addition the hormonal changes in their bodies can have psychological effects similar to those experienced during puberty.

Many trans people will undergo more than one surgical process. In particular trans men may undergo several different operations. However, some patients have no surgery at all. Patients may need support while going through the process of deciding what surgery to have, and dealing with questions of what treatments are available through the NHS versus what they can afford privately.

³ <https://www.gmc-uk.org/ethical-guidance/ethical-hub/trans-healthcare>

The Pathway for Young People

Young people are exploring, identifying and recognising their gender in many different ways. Some young people identify broadly as trans or transgender; with a strong sense of a male or female identity. Others may feel a disconnect or ambivalence to their gender, sex and sense of self. There is no textbook answer. Regardless of how they identify, or their age at the time, they should be treated with dignity and respect.

For people under the age of 18, referral must be through the Gender Identity Development Service (GIDS) who are a separate service from adult clinics. Young people will be transferred to adult services when they turn 18.

For young people who are struggling to maintain their mental health and wellbeing a practitioner should consider a referral to Child & Adolescent Mental Health Services (CAHMS). Some young people work with CAHMS before attending the GIDS service if risk or safeguarding issues are present, whereas others do not. Each case should be considered individually.

“I wanted to cut off their genitals when they were little, that is how distressed they were” - a parent talking about their child aged 4 at the time.

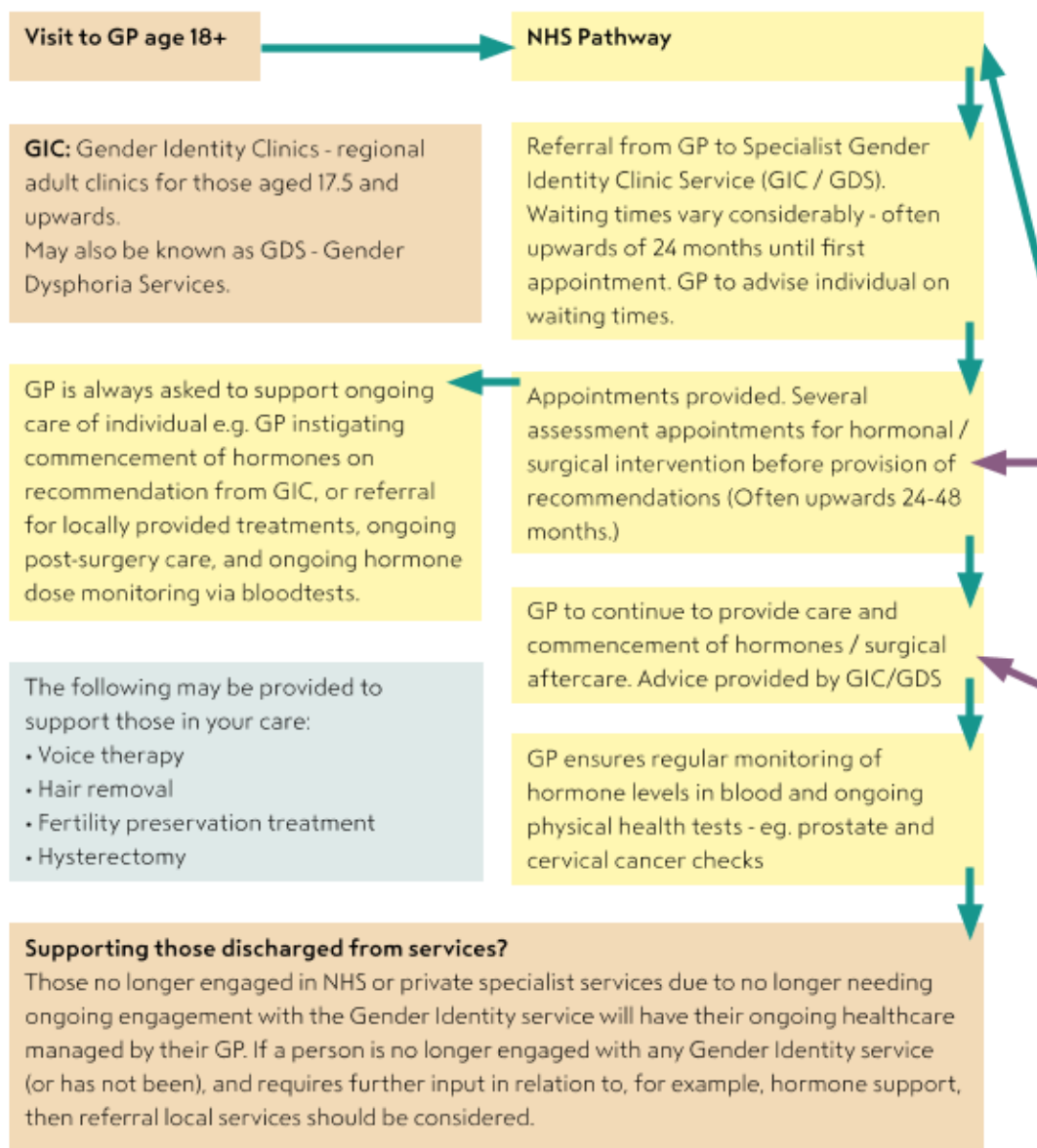
Presently in the UK, cross-sex hormones are not normally prescribed to children under 16 years of age. Gender-related surgery is not normally permitted until the person is 18 or over.

GIDS may prescribe puberty blockers to delay the effects of puberty in the patient. These drugs have been in regular use for many years for treatment of precocious puberty in very young children. The primary reasons using blockers are to alleviate the distress caused by body changes during puberty, and potentially to avoid surgery to reverse those effects.

Delaying puberty also allows the patient extra time to think through their situation before undergoing any irreversible treatment.

Some young people do go on to transition permanently to a gender different to their assigned birth sex. Other young people may explore their gender but not go on to transition. Both groups need access to information, advice and support.

Adult Pathway Flowchart



Private Pathway

Individual pays to undertake hormones / surgery via private providers. A person may engage with this route to reduce time the process takes. It is costly and requires several appointments of assessment and surgical costs.

A shared care agreement may be put into place with GP prescribing under supervision from private provider.

Individual may continue to engage with private care, or wish to be referred to an NHS provider for surgical options.

All surgery may involve local primary care support - eg. removal of staples, stitches, drains, catheters.

Not all trans / non-binary people follow a binary pathway of surgical intervention and hormonal interventions. Options may involve low dose hormones, or surgery without hormones.

Support options - Ensuring a person has local support from community groups, encouraging engagement with friends/ family where possible, and ensuring access to mental health and wellbeing services where appropriate. Create a care pathway for your surgery for trans and non-binary people is a good way to demonstrate positive practice.

Self-medicating cross-gender hormones
Clinicians may encounter someone self-medicating oestrogen or testosterone obtained online / elsewhere and undertake harm reduction measures - eg. taking over prescribing, monitoring blood levels and engaging person in local services. Ensure access to safe injecting equipment and explore motivations for self-medication and referral to a gender identity service.

Issues for Young People

Young trans people have decisions to make about fertility, which could be compromised if hormonal and surgical treatments are undertaken. Fertility preservation services may be sought. Other people may opt to forego certain treatments in order to preserve their fertility.

Social, information and community spaces are often crucially important to trans, non-binary and gender diverse young people. These may be within their youth groups or schools. Spaces and places to meet others in a safe, supportive and social environment can provide opportunities for young people to access friendship, information and advice, and additionally, in some services, for parents/carers to meet.

Young people who have not yet started with GIDS, or do not wish to, may seek support with worries around development and puberty: menstruation, hair growth, etc., alongside other everyday health issues. Young people may also flatten their chest tissue or tuck genitalia. Issues around body image and eating disorders are higher among trans young people. These issues need to be dealt with, and supportive information provided, so as to reduce potential harm, regardless of whether referral to GIDS is foreseen in the future.

Young trans and non-binary people still need support with health, relationships, wellbeing, exercise etc. This should be tailored to their bodies and experiences.

For young people, parental consent is normally required before a GIDS referral, and also for issues such as changes of name.

Nearly
1 in 10
trans pupils
(nine per cent)
are subjected to
death threats at
school.

More than
4 in 5
trans young
people (84 per
cent) have self-
harmed.

More than
2 in 5 trans
young people (45
per cent) have
attempted to take
their own life.

Parents & Carers

Young people and their parents and carers can be confused or worried if they are unsure of support options available if their gender identity is causing them distress, worry or concern. Often young people may face stigma from those around them or a lack of understanding of how they feel or recognise themselves to be. Parents and carers may feel lacking in knowledge, have their own worries, and turn to health, education and social care agencies for support.

Research shows supportive environments improve young people's reported wellbeing and mental health outcomes considerably. Good mental health support is critical for trans youth, and may also be necessary for parents, carers and siblings.

Practitioners can use Fraser Guidelines to make a referral without parental consent if they consider that young person is at risk of harm to themselves or someone else. Also, if the parent/carer behaviour is non-supportive, the practitioner should consider whether the young person needs assistance to feel supported and safe.

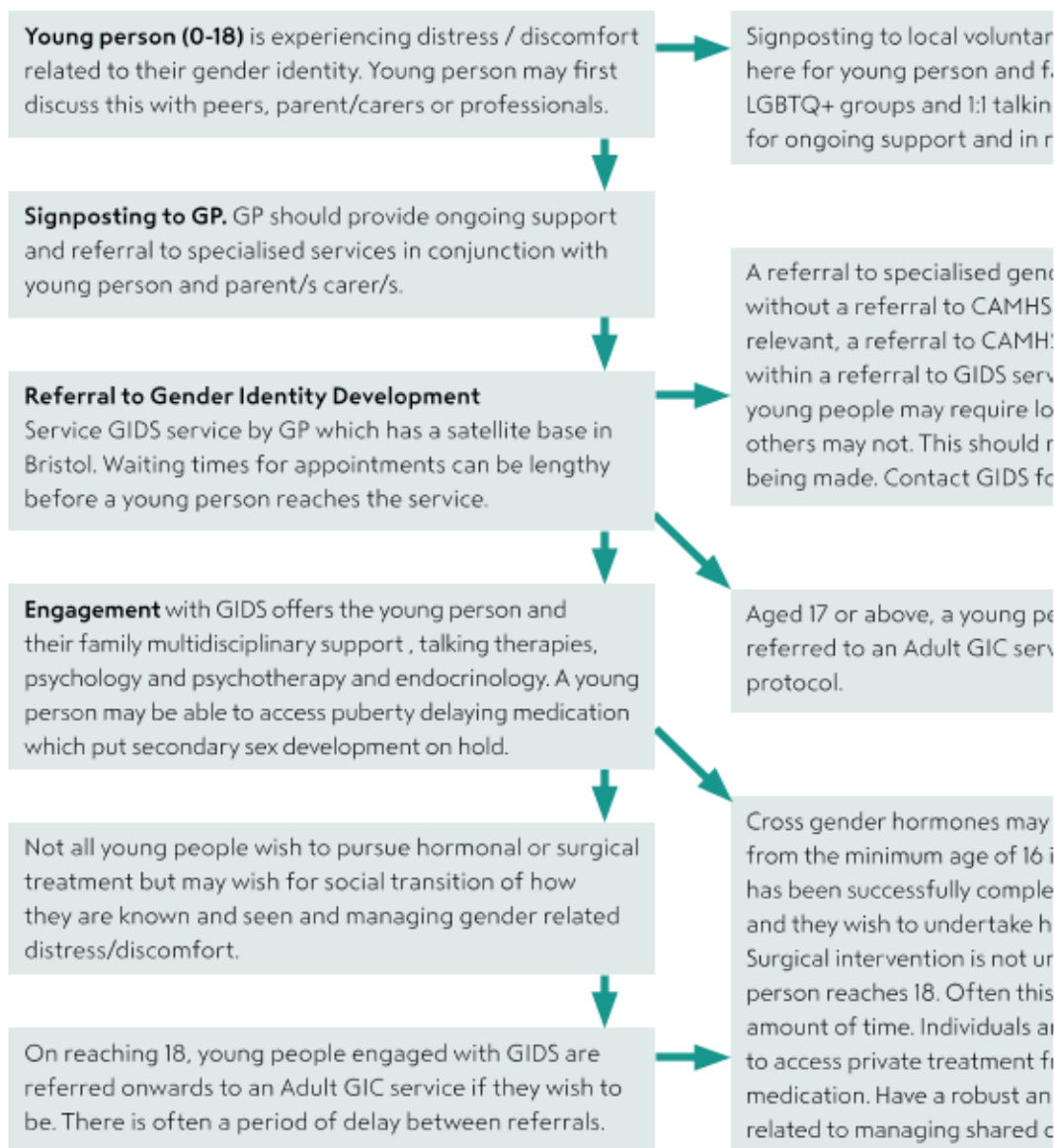
“Socially transitioned transgender children who are supported in their gender identity have developmentally normative levels of depression and only minimal elevations in anxiety, suggesting that psychopathology is not inevitable within this group.” – Olson et al

“My Mum not supporting me and my gender – she ignores it most of the time- makes me feel like she just doesn't understand. I go to my local sexual health clinic and talk to the nurses there about how I feel as it helps me. They also suggested I go to my LGBTQ+ youth group where I have met lots of friends and heard other people's stories.”

[*Mental Health of Transgender Children Who Are Supported in Their Identities", Kristina R. Olson, Lily Durwood, Madeleine DeMeules, Katie A. McLaughlin. *Pediatrics* 2016 ;137(3):e2015322

"Hormonal therapy and sex reassignment: a systematic review and meta-analysis of quality of life and psychosocial outcomes", Murad MHI, Elamin MB, Garcia MZ, Mullan RJ, Murad A, Erwin PJ, Montori VM. *Clin Endocrinol (Oxf)*. 2010 Feb;72(2):214-31]

Young People's Pathway Flowchart



ity and community services families. Peer support and group therapies may be useful in reducing isolation.



Involvement with Local targeted support provision such as youth groups and helplines, and support for parents, carers and schools. See support pages.

der service can take place. If GP feels clinically unwell or inclusion of the team may be useful. Some local CAHMS support, but do not delay a GIDS referral for advice.

erson may be directly involved. Check individual clinic

be prescribed on the NHS during the period of assessment and supported by the young person or hormonal intervention. Assessment undertaken until a young person's process takes a considerable time and their families may opt to travel from overseas, or self-referral and thoughtful policy in place are.

KEY:

CAMHS: Child & Adolescent Mental Health Services.

GIDS: Gender Identity Development Service (GIDS) Tavistock and Portman <http://gids.nhs.uk/>

GIC: Gender Identity Clinics - regional adult clinics for those aged 17 and upwards. Increasingly known as GDC - Gender Dysphoria Centres.

SAFEGUARDING:

Lack of support from parents/carers may result in safeguarding concerns (eg. loss of accommodation, young person feeling unsafe or threatened). Manage this as per organisational Safeguarding protocol for Children and Young people.

The Treatment Works

Given the high level of discrimination that trans people face, you may wonder why anyone would undergo gender transition. The answer is that trans people are mostly happier in themselves after transition, despite exposing themselves to that discrimination. Many trans people say that they only opted to transition when their lives became so unhappy that suicide seemed the only other option.

Studies that have been done on trans people post-transition show significant levels of satisfaction, both with surgical outcomes and with quality of life.

Newspaper articles on trans issues often focus on people who have undergone transition and later regretted it. However, the number of cases of genuine regret is very low, and will hopefully continue to fall as treatment protocols improve. Recent studies at two UK clinics put the de-transition rate at around 1%. Those who leave the programme often do so for practical reasons and resume transition once they are able.

The acceptance of non-binary genders, rather than forcing all patients to undergo full binary transition if they wanted any treatment at all, as has been the case in the past, should make a big difference.

Outcomes are also improved, particularly in the case of young people, if family support can be secured. Support for families during the transition process is thus very important.

Doing nothing or delaying treatment **CAUSES HARM.**

“The participants were also asked if hormones had changed how satisfied they were with their overall lives. Of 398 people, 82% reported greater levels of life satisfaction than pre-hormones. As before, only 2% were less satisfied. – Sheffield Hallam University Mental Health Study]

<https://whatweknow.inequality.cornell.edu/topics/lgbt-equality/what-does-the-scholarly-research-say-about-the-well-being-of-transgender-people/>

“Young Adult Psychological Outcome After Puberty Suppression and Gender Reassignment”, Annelou L.C. de Vries, Jenifer K. McGuire, Thomas D. Steensma, Eva C.F. Wagenaar, Theo A.H. Doreleijers and Peggy T. Cohen-Kettenis. *Pediatrics* 2014;134:696

“Intervenable factors associated with suicide risk in transgender persons: a respondent driven sampling study in Ontario, Canada”, Bauer GR, Scheim AI, Pyne J, Travers R, Hammond R. *BMC Public Health*; 15:525; Jun 2 2015]

Hate Crime

Transgender hate crime is any incident perceived by the recipient (or a 3rd party) to be motivated by prejudice towards an individual because of transgender identity. It can happen to people perceived to be trans or who are associated with trans people.

Hate crime takes many forms including: verbal abuse, physical violence, teasing, intimidation, bullying, online abuse, and damage to property. The impact can be catastrophic with serious mental health repercussions including self-harm (including substance abuse) and at worst suicide.

SARI collaborates with several agencies to deliver hate crime services across Avon & Somerset including **LGBT Bristol** and the **Diversity Trust**. In Bristol their collaboration is **Called Bristol Hate Crime & Discrimination Services (BHCDS)**. They encourage anyone who suffers hate crime in Avon & Somerset area to report it. They offer free, **confidential advice** and can open a case to support victims further. For more info, call 0800 171 2272 or visit www.sariweb.org.uk.

If the victim or anyone else thinks an act was hate motivated, it should be recorded as a hate crime or incident by the agency you report to. In an emergency call the police on 999 or contact them on 101 or online for less serious incidents.

“I was verbally assaulted, called a ‘tranny’, ‘shim’, he/she, ‘pussyboy’, groped and had someone try to yank my binder outside a nightclub and this was all on the same night.”
– Sean, 23 (South West), Stonewall 2017 Report]

41%
of trans people
suffered a hate
crime or incident
in the past 12
months

12%
of trans employees
were physically
attacked by a
colleague or
customer in the
last year

- Stonewall 2017 Report

Legal Issues

The two pieces of UK legislation that deal specifically with trans people are the Gender Recognition Act (GRA, 2004) and the Equality Act (EA, 2010). The EA is by far the most important as it deals with day-to-day issues and gave rise to the Public Sector Equality Duty (PSED, 2011).

Gender Reassignment is one of the nine Protected Characteristics in the EA. Anyone with that characteristic is entitled to equality in the provision of goods & services, including healthcare. Under the PSED, health services have a duty to eliminate discrimination, advance equality of opportunity, and foster good community relations.

A person acquires the Protected Characteristics of Gender Reassignment from the moment that they propose to undergo such treatment. They do not need to have started treatment, nor do they need to have changed any legal documentation.

A person is also protected if they are discriminated against because they are assumed to have a Protected Characteristic.

For specific issues regarding admission to single-sex facilities, see the section on Crisis Management.

Many issues that trans people face when accessing the NHS are a result of interacting with other patients rather than direct discrimination by NHS staff. See the section on the Service Environment for suggestions.

The GRA is currently undergoing reform. However, it deals only with matters of legal gender. In almost all cases trans people's protections under the EA apply regardless of whether they have changed their legal gender or not.

- ★ For advice on changing trans people's records within the NHS, see: <https://www.gp.brightonandhoveccg.nhs.uk/changing-nhs-records>]
- ★ For specific issues regarding data protection and trans people, see: "CPS Transgender Equality Management Guidance", Crown Prosecution Service
- ★ For the impact of the GRA on NHS records see Section 7 of the PDS NHAIS Interaction Procedure Guide

“The NHS is letting down trans people: it is failing in its legal duty under the Equality Act.”
– House of Commons Women & Equalities Committee Report on Transgender Equality, 2016

Tips for Interacting with Trans People

- ★ The most important thing to remember when interacting with trans people is to accept them as who they are. Use the name and pronouns that they ask you to use. This simple act of acceptance will go a long way towards earning their confidence.
- ★ Terminology can be a minefield, even for trans people. Try to worry less about the precise meanings of words, and more about what individual patients mean by them.
- ★ Everyone makes mistakes. However, if you are genuinely sorry, and make that clear in your apology, most trans people will be happy with that. Don't get defensive or try to blame someone else. Don't make a big show of apologising as this will only embarrass the person you have upset.
- ★ Many trans people have to put up with a constant stream of belittling comments from others. Your mistake might be small, but it might be the last straw in a day of humiliations.
- ★ Try to use inclusive language, especially when people's genders are unknown to you. Use "partner" instead of "husband" or "wife". Use "person" instead of "man" or "woman".
- ★ Do not ask trans people for details of their treatment unless it is relevant to the work you are doing with them.
- ★ Don't assume that you know what the needs and preferences of a trans person are. Even if someone is presenting very obviously as one binary gender, they may be afraid to be placed in a single-sex facility.
- ★ Try to make sure that patients have some means of support outside of the health services. Trans people can be very lonely and isolated. Offer support to friends and family if that will help.
- ★ Involve trans people in your process design and feedback systems. Also involve them in recruitment and service development.

More tips are available in the following sections.

Service Environment

The environment that trans people are presented with when they seek treatment has a major influence on how much they trust the practitioners that they meet. If that environment feels unduly hostile they may fail to disclose important details relating to their care, or even just leave.

Avoid requiring anyone to state their gender in public. For example, do not have separate registration lines for men and women, or use sign-in machines that ask for gender in a very visible way.

Talk to patients about how best to announce and/or display their name when they are being called to be seen.

Have posters or leaflets on display showing that your service is trans inclusive. While a rainbow flag is a good means of indicating LGB inclusion, it may not speak to trans people. It is better to use the trans flag and/or symbol.



The increasing number of people identifying as non-binary poses a particular issue in a service that traditionally has catered only to two genders. Providing ways to cater for these people is therefore an urgent priority. Such provision may also help some binary-identified trans people, particularly when they are just starting transition and may be very nervous of how they will be received by others.

Ensure that discriminatory behaviour by other patients towards trans people is dealt with firmly.

Care Planning

The Care Programme Approach⁴ provides a framework for managing the care of service users. Service users are entitled to a care coordinator, key nurse and a care plan for a continuity of care and prevent the loss of contact with mental health services.

The care plans should be followed by all the nurses and worked on in collaboration with service users. The key nurse should also review them regularly for any changes and if they are still working for the service user. Care plans could include how to manage risks around gender on mental health units; personal care, one-to-one's, de-escalation, pronouns, preferred names and so on. The plan can also include guidance on how to deal with family who may be unaware of or hostile to the service user's gender identity. Additional support and resources are available, including from the care coordinator and gender champions within both BMH and AWP.

The main aim is to provide patient-centred and compassionate care led by the individual with the support of the health professionals. To establish this, it is good to have a frank and honest discussion early in the relationship. Don't be afraid to say you are learning and have limited knowledge. Ask politely and privately. Listen to what the patient says, and respect their understanding of their identity.

In particular, ask what name, pronoun and identity description a trans person prefers to use in written and verbal communication. Do this politely and in private.

Staff should seek feedback from trans service users about the quality of their care. This can form the basis for further improvements to the service.

⁴ <https://www.nhs.uk/conditions/social-care-and-support-guide/help-from-social-services-and-charities/care-for-people-with-mental-health-problems-care-programme-approach/>

Crisis Management

“I had to go to casualty once and when the doctor discovered I was trans she asked to see my genitals and show them to another colleague.” – Trans man, aged 36–40, North Somerset

Trans people may present in acute emotional crisis that may be brought on by gender dysphoria, or another reason. Trans people can have mental health difficulties completely unrelated to their gender identity. Do not assume that these are related, as they may not be!

If a person is in crisis it is even more important to make sure you acknowledge that person correctly and respectfully. Failure to do so will deepen the crisis that the person is suffering.

If a trans person is to be admitted to hospital you should carry out a risk assessment, taking into consideration known higher risks such as deliberate self-harm, harassment and transphobia.

Forcing a trans person to use a single-sex ward that does not conform to their gender identity is likely to have a catastrophic effect on their emotional wellbeing. The needs of the patient need to be given priority. Trans people may feel unsafe in any ward with other patients. Where to place a trans patient should always be a case by case decision. Ask and involve the patient rather than making decisions for them.

Providing education to other service users in a ward to prevent ignorant or transphobic comments is, if successful, a better solution than having to protect or isolate the trans service user.

There may be no ideal solution. Weigh up risks and benefits of each possibility. Make sure any decisions are made

after consulting the patient fully. Ask for help from senior managers if difficult decisions need to be made.

There may be some circumstances where it is lawful under the Equality Act to provide a different service or exclude a trans person from their preferred treatment or inpatient facility. This is justifiable provided that it is a proportionate means of achieving a legitimate aim. You need to balance the needs of the trans person and the detriment to them if they are denied access etc. versus managing risk safely.

Don't place a trans patient in isolation simply because there is no clear option. Patients should not be punished for being trans. If a sub-optimal decision has to be made, explain the reason to the patient. Make sure that they understand that the decision is unavoidable in the circumstances and not a result of discrimination. Offer advocacy and support for the patient.

In situations where a patient lacks capacity, be very careful who you involve in decision making. Family members are sometimes deeply hostile to trans people.

“What prevents me from accessing services is not knowing how staff members will react, and how much knowledge about trans issues they will have.”

Monitoring

Good quality data is essential for making a business case to provide better services to a particular community and can mean people feel heard. However, trans people may be very reluctant to share information about themselves, especially if the questions seem inappropriate.

Often questions are not asked at all so this leaves Trans people and their needs invisible.

Do's

Do give people the opportunity to identify as non-binary.

Do give the option to use Mx as a title as well as adding non-binary to the gender question.

Do include a free text box for "other". It isn't easy to analyse, but it does make people feel wanted.

Always give the option to decline to answer.

Ask about intersex people separately.

Ask separately about trans status.

Don'ts

Do not ask people if they are lesbian, gay, straight or trans. Being trans is not a sexuality.

Do not ask people if they are female, male or trans. Being trans is not a gender.

Don't try to include every gender you have heard of. There will always be more. The more options you have, the more likely it is that people whose identities are not listed will be upset.

Don't ask for "legal gender." This has a specific meaning and is not relevant to providing health care.

Most intersex people don't identify as trans. Don't assume they are trans.

Some trans people will cease to identify as trans after their treatment is completed. Don't assume or guess.

Suggested questions

Gender:

- ★ Male
- ★ Female
- ★ Non-Binary
- ★ Other [text box]
- ★ Decline to answer

Do you identify as intersex:

- ★ Yes
- ★ No
- ★ Decline to answer

Is your gender different from the sex you were assigned at birth:

- ★ Yes
- ★ No
- ★ Decline to answer

Staff Issues

Policies, Training and Continuous Personal Development (CPD)

Your organisation will have equalities, LGBT+ or trans-specific policies. Staff are expected to read, understand and comply with them. These policies can help staff to understand in more detail the diversity of trans healthcare and terminology. Staff should also be aware of other associated policies, including:

- ★ Acceptable Behaviour
- ★ Concerns and complaints
- ★ Whistleblowing

Your organisation should have mandatory equalities training including face-to-face training at induction with e-Learning refresher courses either annually or every other year.

Each service should have an equality, diversity and inclusion champion(s) and it is recommended that champions attend face-to-face trans awareness training to support their role.

Practitioners are encouraged to discuss equalities issues in relation to clinical practice during clinical supervision and to access the support of equality leads for guidance and advice.

Interacting with trans employees

Staff should act fairly and compassionately, treating trans colleagues with the same dignity and respect as any other colleague. The guidance above for interacting with trans patients applies equally to trans colleagues.

Services should offer a person who identifies that they are, or wish to transition a workplace support plan which could include transition timeframes, how the staff member wishes to be supported, and how they wish to manage communication to colleagues.

Any repeated or deliberate misgendering/use of previous names ('deadnaming') undermines trans people's identity, constitutes harassment and should be reported to a line manager or alternative person. Staff should never inappropriately disclose a colleague's personal history relating to their gender identity as this is a criminal offence under the Data Protection Act 1998.

Training

Research suggests that most problems that staff have when interacting with trans patients is a result of ignorance rather than malice. With increasing visibility of trans people in the media, more people have an opportunity to educate themselves. Unfortunately this visibility has given rise to anti-trans campaigns in certain parts of the media that spread misinformation.

“Sometimes a bad attitude can undermine what little self-confidence a person has. Everyone here and in the NHS needs trans inclusivity training.”

Good quality trans awareness training for staff is invaluable, especially if it involves actual trans people who are able to tell their own stories. Training should be given at all levels. There is no point in clinical staff being well trained if trans patients are put off by interactions with receptionists, and vice versa.

Training Resources

E-Learning courses on trans issues are available from GIRES: <https://www.gires.org.uk/e-learning/>.

Opportunities for training on trans issues that can be part of Continuous Professional Development schemes include:

- ★ AWP Champions
- ★ Shadowing or advice from gender specialists.
- ★ Royal College CPD modules.
- ★ GMC CPD modules.

External organisations providing in-depth, face-to-face training on trans issues include:

- ★ Gendered Intelligence: <http://genderedintelligence.co.uk/>
- ★ The Diversity Trust: <https://www.diversitytrust.org.uk/>
- ★ Off the Record: <https://www.otrbristol.org.uk/>
- ★ SARI: <https://www.sariweb.org.uk/>

The SARI training is available through Bristol Mental Health and regular courses are scheduled.

Other Non-NHS Resources

Mental health support

Priory Hospital Bristol – A team of psychiatrists and therapists, trained on supporting the trans community to tackle a wide range of mental health challenges. www.priorygroup.com

Books

Transgender Health: A Practitioner's Guide to Binary and Non-Binary Trans Patient Care, Ben Vincent PhD, Jessica Kingsley Publishers, 2018 (short, accessible and practical)
Understanding Trans Health, Ruth Pearce, Policy Press, 2018 (more academic)

Guides

Guidance for GPs, other clinicians and health professionals on the care of gender variant people, NHS, 2008
Transgender Guide for NHS Acute Hospital Trusts, Royal Free Hampstead NHS Trust, 2010
Good practice guidelines for the assessment and treatment of adults with gender dysphoria (CRI81), Royal College of Psychiatrists, 2013
Fair care for trans patients, Royal College of Nursing, 2017
Supporting & Caring for Transgender Children – American

College of Osteopathic Pediatricians, American Academy of Pediatrics, Human Rights Campaign (2016)

Australian Standards of Care and Treatment Guidelines for trans and gender diverse children and adolescents – The Royal Children's Hospital, Melbourne (2018):

Supporting transgender and gender-diverse people – The Royal College of Psychiatrists (2018)
Trans Equality At Work – Unite the Union <https://unitetheunion.org/media/2511/trans-equality-at-work-guide.pdf>

Studies

Trans Health, Care and Wellbeing, The Diversity Trust (April 2018)
Experiences of health care in Sheffield's trans community, Healthwatch Sheffield (March 2019)

Trans Inclusion Policies

Morecambe Bay NHS Trust

https://www.uhmb.nhs.uk/files/3115/1067/2200/UHMB_Transgender_Care_Policy_V1.1.pdf

South London & Maudsley NHS Trust

<https://www.slam.nhs.uk/>

[media/409809/trans%20guidance.pdf](https://www.slam.nhs.uk/media/409809/trans%20guidance.pdf)

Support Groups

Mermaids – A national support group for trans young people and their families: <https://www.mermaidsuk.org.uk/>.

Freedom Youth – social information, advice and support offering 1:1 and group work for young people across Bristol and South Glos. Working with those 11-25, and supporting their schools and communities. <http://www.otrbristol.org.uk/> and <http://www.freedomyouth.co.uk>

FFLAG – a national organisation for the friend and families of LGBT+ people. Useful for families where the trans person is no longer a child: <https://www.fflag.org.uk/>.

MindLine Trans+ is a UK wide service offering a confidential, non-judgemental listening space for people who identify as Trans+, non-binary and their friends and families to talk. www.bristolmind.org.uk/mindlinetransplus

Bristol Crossroads provides a supportive, safe, secure social space for all TG people, their partners and family. www.bristol-crossroads.org.uk



**STAND AGAINST
RACISM & INEQUALITY**



**Bristol, North Somerset
and South Gloucestershire**
Clinical Commissioning Group

